PUBLIC REQUEST TO ADDRESS
THE BOARD OF SUPERVISORS
COUNTY OF LOS ANGELES, CALIFORNIA

MEMBERS OF THE BOARD

HILDA L. SOLIS
HOLLY J. MITCHELL
SHEILA KUEHL
JANICE HAHN
KATHRYN BARGER

Correspondence Received

			The following individuals submitted comments on agenda item:	
Agenda #	**Relate To**	**Position**	**Name**	**Comments**
Set Matter 2		**Favor**	Alex Salgado	
			Alicia Carr Wanke	Made my comment!! Hello, thank you for listening and reading my comment out loud. I would like to think that you as parents/ board members would see that if masking was actually working then we would not see covid cases at our schools? My daughter decided to use her voice and peacefully protest a few weeks ago on her own. She was given the CDPH guidelines to read (she's 8 years old) from Susan Wildes. She of course didn't understand what she was reading because none of the "recommendations" make sense. Even to adults. We tried to explain to her that their are many sides to this masking issue and we believe that the doctors have said that she can't give or get covid again but some people in our community think that we need to wear a mask to protect others? Sorry this still makes no sense. Our Governor, Mayor, and others have not set a good example for our young students regarding masking that we have seen over the last few weeks that makes it also hard to explain to our kids why they need to continue to wear a mask. It is sad that I have to explain that because our district decided to take a whole lot of money to follow recommendations we can't go without a mask? That's my answer? I really understand now that this was done for the money and not for the well-being of our children. Please fight for our kids, give the money back, and lets move forward! Thank you again for hearing our kids voices.
			Alissa Longo	Please unmask our children and allow them to learn in the most least restrive environment. These children are not at high risk.
			Anastasia Brown	
			Andrew Martino	Let our kids breathe
			Andrew Silva	
			Andy Le	
			Angela Miller	Unmask the children. This is beyond ridiculous. Any small benefit has been outpaced by all the obvious damage that has been caused.
			Ann Molen	
			Anthony N Lara	
			Antonia Vitanza	End Mask ?? Mandates. This is ridiculous. We have a right to breathe.

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			The following individuals submitted comments on agenda item:	
Agenda #	**Relate To**	**Position**	**Name**	**Comments**
Set Matter 2		**Favor**	April J Droddy	Greetings Los Angeles Board of Supervisors and all present, I am April Droddy. I've been a part of this community for 18 years and I'm raising my 13-year-old daughter here who attends an LAUSD school. I want to first address Supervisor Barger. Supervisor Barger, if we had a city full of officials with your level of integrity, sensibilities, sincerity and gall, I believe there would be no need for this meeting. Since this Covid-19 regime was executed in our city, I've watched you boldly go against the grain and take many, many stands...against our governor, our teachers' union, our mayor, and many others while your constituents left you standing there as they towed the crooked line. I hope they don't do that today. Supervisors, I don't claim to know the full scope of your respective jurisdictions nor what you do and do not have the power to change, but You do know. You'll have to forgive me. I haven't been in politics very long. I didn't get in politics until politicians and leaders in this city became my child's direct perpetrators. There is no legal, scientific, or medical basis for this mask requirement. You are suffocating our children, literally, as well as mentally and spiritually. As elected officials, we are asking you to demand that all schools stop testing, injecting, quarantining, and MASKING children that have a 99.98% chance of recovery should they legitimately contract Covid-19 or any variants. If you are truly looking for something to focus on regarding the health and safety of our children, we don't need any more food, we don't need any more grab & goes, we can feed our own children-look at LAUSD's admitted dramatic increase in rates of depression, anxiety, and suicide along with the effects of CONSTANTLY telling our children they are a literal death threat to themselves and others and muzzling their breath and speech to that end. And look around! There is more of a threat of our children getting ill and being harmed from tracking in the human feces and urine that they step in and around in our city or being shot, stabbed, raped and robbed on our streets than there is of Covid. Which is another reason to stop harassing our police and firemen and women, along with our children. Thank you and have a blessed day.

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Agenda #	**Relate To**	**Position**	**Name**	**Comments**
Set Matter 2		**Favor**	Ashley Ghaderi	Lift the school mask mandate! It's child abuse! If we can host the super bowl, our kids can go to school without a mask on. DO BETTER
			Ashley Podgorski	
			Bob Johnson	
			Bobby Hammers	End this Tyranny, if you continue down this dangerous path eventually the masses will reach a breaking point they will revolt against you. When people just want to be left alone and continue on with their life. Life continued after 1918, still millions don't get a flu shot and survive. Do what you all know is right in your hearts and seek God's forgiveness.
			Brian Savarese	If the city of LA can host a Superbowl for 70,000 unmasked adults and children, why are you still making children mask at school? When you end the indoor mask mandate...end it all. Enough is enough.
			Brittany Rothenberg	Unmask our kids!!
			Brock Flynn	
			Bryan Rose	Get with the program and stop all pointless vac and mask mandates
			Carla Bravo	
			Carla Bumgardner	Please do not vote to take away the livelihood of 18,000 Los Angeles County employees, including 4,000 LASD employees!!! The men and women of LASD that were heroes not so long ago, now are at risk of losing all they have worked for. You are choosing this because of your beliefs. The"science" does not support this vaccine, if you do your homework, you would know that. Not to mention the short and long term side effects of this vaccine. The mandate oversteps boundaries both personally and, in many cases, religious beliefs. As well, when hired, no one had to show their vaccine card. Additionally, public safety would be devastated by the loss of so many LASD employees. I urge you to think long and hard about violating the civil liberties of our Los Angeles County employees. The very liberties that you claim to want LASD to protect.
			Carlos Rojas	Stop masking our children they don't work you have the facts! We voted you in we will vote you out!
			Carolina Sheridan	Unmask the kids immediately
			Cat Vit	

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Agenda #	**Relate To**	**Position**	**Name**	**Comments**
Set Matter 2		**Favor**	Cherif Amin	All mask and vaccine mandates should be rescinded. The use of masks are proven to be ineffective on slowing or stopping the spread of SARS Covi-2 virus. The vaccine is also ineffective when it comes to stopping or even reducing the infection rate and rate of spread of the coronavirus. It is purely discriminatory to have a vaccine passport requirement based on the science we now have in that the vaccinated are equally at risk of getting and spreading the Covid-19 virus.
			Crystal Rodriguez	
			Danny R Ybarra	
			David Letona	
			David R Christie	
			Debbie Sannes	CANCEL the MASK MANDATE! The public is over the public health director and her 20 mins (2years) of fame! We are going to have to live with this virus just as we live with the flu and the common cold! Enough is enough.....
			Denise Sheffield	Mask mandates should be gone
			Dorothy Fogarty	Remove the horrible mask mandates for our public schools!!! It's damaging our young children!
			Elizabeth Mendoza	
			Elsa Aldeguer	Stop the illegal injection and mask mandates
			erica kopmar	My kids are 7 and 9 and attend an LAUSD elementary school and are struggling day to day with the current mask mandate and it's time for them to come off completely, but especially while outdoors at school. They are sad not seeing their friends faces and deserve some sort of normalcy 2 years after this pandemic started. It's time to make masks optional and let parents & kids have a say in the mask usage - let teachers focus on teaching instead of being mask police. Both of my kids say how hard it is to hear their teachers and even some of their friends who have speech issues. This is not healthy and I see what their masks look like after wearing them all day and they are disgusting and dirty. Our kids deserve to breathe like healthy normal children and need to stop being the scapegoats for this whole pandemic. Let kids be kids and get back to a more normal life.
			Gary Fung	
			Gevorg Harutyunyan	I don't support the vaccine mandate for la county employees

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Agenda #	**Relate To**	**Position**	**Name**	**Comments**
Set Matter 2		**Favor**	Grant Williams	Dr. Barbara Ferrer has failed. Two years into this pandemic, Los Angeles County continues to operate under some of the most strict restrictions in the nation. Despite wide availability of vaccines and boosters, Los Angeles County dramatically underperforms neighboring counties in vaccination rates for the elderly. Instead of protecting the most at risk, Dr. Ferrer has decided to distract from her continued failure by promoting divisive but useless interventions, such as mask mandates on kids at recess. This is an abdication of duty, has cost numerous lives of the elderly, and stolen unrecoverable experiences from our children. She must go. Our children have not had a normal school year since 2019. For two years we have written to this Board begging for relief for our children. For two years, you have put the unions and special interests ahead of our children. Experts around the world and our own US Surgeon General have sounded the alarm of a mental health crisis in our children due to the pandemic school closures and continued restrictions. Our children are in crisis, and YOU continue to ignore it. Not a single message from LA County Public Health addresses the social, emotional, and mental harm done to our children. This is an epic failure by this Board and the Public Health Department. Our children were locked out of their schools and sports for over a year. Now that the school doors opened, our children are distanced from friends, masked for 7+ hours a day, with no parties, field trips or fun. Children are being forced to wear masks to run, exercise and play sports, even outdoors. Children are made to believe that people would get sick and die from the simple act of them breathing. None of these restrictions are imposed on adults. We will not let you ignore us anymore. We will not let you harm our children no longer. The testing, quarantining, and masking of our children needs to end now.
			Holly Moss-Naim	OPPOSE KIDS WEARING A MASK ALL AT SCHOOL. RIGHT NOW IF THEY OUTSIDE .. THEY CAN TAKE OFF THEIR MASKS.
			Ivette A Nunez	
			jacqueline rivera	If we can host the Superbowl in LA CITY, we can lift the mandates on our children. School Districts demand our kids to be masked up outside and indoors. It is time to stop this child abuse. We are no longer in a state of emergency. Our kids have gone through so much already. In the City of Santa Clarita, our children have been victims of a school shooting and a pandemic. It's time to bring back normalcy to our kids before we lose them to suicide or mental health disorders. Do the right thing.
			James Molen	

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Set Matter 2		**Favor**	Jami R Galvan	
			Jamie Jensen	Lift the mask mandates immediately for all residents including children. This insanity must end! Children should have NEVER been masked in the first place. The US is an outlier in the world.
			Jamie Shepherd	For the love of God overrule the public health department and end this mask mandate on the 16th. It's oppressive and overbearing at this point, and more importantly it is impossible to police. It is causing divisive social discord. We cannot continue wearing masks for infinity. Please end this mask mandate at the same time as the rest of the state. The mask mandate is unenforceable, and there is nothing worse than an unenforceable law because it breeds complete disrespect for every other law.
			jana petrgalovic	Lift the mandate on mask specially in school if kids are fully vaccinated and weekly tested so we can avoid further anxiety of our children and actually see their smile and laughter
			Jane Lee	Covid mask and vaccine mandates are a violation of our rights under the Constitution. Those partaking in these crimes against humanity to our fellow Americans should be held accountable under the Nuremberg Code.
			Janisa Z Partida	
			Jen Tavaglione	I strongly oppose firing employees for refusing the vaccine.
			Jennifer S Endicott	It has been 695 days since our world shut down over a virus. Here we are nearly TWO YEARS later and the restrictions and mandates continue to be forced upon us despite a less severe illness and treatment for this virus. Our freedoms have been taken away, our right as parents to choose our children's medical treatment is being threatened and our kids' airways are covered all day long while at school. I WANT MASK CHOICE. LET ME DECIDE AS THE PARENT IF MY CHILD SHOULD WEAR A MASK OR BE VACINATED. ITS TIME TO TAKE THE MASKS OFF THESE KIDS!!! IF NEWSOME & GARSHITTY CAN GO MASKLESS IN A STADIUM OF THOUSANDS, MY CHILD SHOULD BE ABLE TO REMOVE THEIR MASK IN A CLASSROOM OF 22 KIDS.

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Agenda #	**Relate To**	**Position**	**Name**	**Comments**
Set Matter 2		**Favor**	Jessica Enayati	Our children have not had a normal school year since 2019. For two years we have written to this Board begging for relief for our children. For two years, you have put the unions and special interests ahead of our children. Experts around the world and our own US Surgeon General have sounded the alarm of a mental health crisis in our children due to the pandemic school closures and continued restrictions. Our children are in crisis, and YOU continue to ignore it. Not a single message from LA County Public Health addresses the social, emotional, and mental harm done to our children. This is an epic failure by this Board and the Public Health Department.Our children were locked out of their schools and sports for over a year. Now that the school doors opened, our children are distanced from friends, masked for 7+ hours a day, with no parties, field trips or fun. Children are being forced to wear masks to run, exercise and play sports, even outdoors. Children are made to believe that people would get sick and die from the simple act of them breathing. None of these restrictions are imposed on adults.We will not let you ignore us anymore. We will not let you harm our children no longer. The testing, quarantining, and masking of our children needs to END NOW.
			Jessica Moffett	End the mask mandate for all school kids. Kids are suffering the most. We need to normalize their environments
			Jessica Vitanza	End The Mask Mandates! ALL OF IT!
			Jill Buck	Remove masks from our schools immediately!
			Joanne R Bowen	PLEASE… UNMASK OUR KIDS! Aside from the masks being ineffective, and Petri dishes stuck on their faces, they are affecting the mental health of our children. Having known many suicidal kids, we have a much bigger problems within the community of children/ adolescents. Let's get smart!! Help our kids!! Please!!!!!!
			Joe Mireles	

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Agenda #	**Relate To**	**Position**	**Name**	**Comments**
Set Matter 2		**Favor**	Joe C Martins	Dear Board of Supervisors, My name is Joe C. Martins. I am a constituent living in the city of Artesia in Los Angeles County. I am writing to request that you add the following item to your next meeting agenda: A letter or resolution opposing SB 871 Pan. Public health: immunizations. SB 871, if passed by our legislature will devastate school districts enrollment and Average Daily Attendance in our county and therefore will greatly diminish our county funding. ? SB 871 takes away the personal beliefs (which includes religious beliefs) exemptions for the COVID vaccine as well as future vaccines. ? This bill begins for children in the age range of day care and preschool. ? The COVID vaccine is under Emergency Use Authorization for several of the age groups. ? The bill does not account for natural immunity. ? The COVID vaccine does not stop anyone from getting or transmitting COVID. ? When LAUSD tried to enforce a covid vaccine mandate for students without allowing for exemptions, they had a surplus of 34,000 students that chose not to get the covid vaccine and, therefore, would have to enroll in the City of Angels, a virtual independent type school. This was beyond their capacity to maintain as they did not have the staff, nor the infrastructure to support that many students. LAUSD backed off and delayed the covid vaccine mandate implementation. This would likely happen to school districts statewide including in our county. ? Several districts have surveyed their families and overwhelmingly found that parents do not support a COVID vaccine mandate. See Brea Olinda Unified School District as well as Chaffey Joint Union High School District. For these reasons, districts around the state are beginning to put forward letters or resolutions to oppose SB 871. We ask that our Board of Supervisors does the same. When you add this letter or resolution to your next agenda please include that it be sent to Senator Pan and all co authors asking them to withdraw and/or oppose SB 871. Please also send to local legislators, school districts in our county as well as the county board of education. In order that this letter or resolution is included in the legislative bill analysis it is imperative that it is submitted to the legislative portal. Thank you for your time and attention to this important request. Sincerely, Joe C. Martins
			John Morrisey	

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Set Matter 2		**Favor**	John-Patrick Sheffield	I very much want mask mandates for kids to be over. COVID cases are plummeting and symptoms are extremely mild for children. Both of our children had Covid in January and had virtually no symptoms. Masks are far more damaging psychologically and developmentally.
			Joyce E Bingham	It is time to end all mask mandated for our children. Many countries and states have ended this abuse to our children. Studies show that all the schools that have ended or never had mask mandates are doing just as well as put totally masks schools. Our children will have serious mental ramifications for years to come. If the Mayor of KA and our Governor can watch a football game with 80 000 of their closest friend then we can unmask our children.Follow the science abd free our children.
			Julie Mulholland	Our children are suffering unnecessarily with mask mandates, social distancing, testing and now a new threat of having to take an emergency use vaccination which lacks longitudinal studies in order to attend school. My son is in the second half of 3rd grade and the last NORMAL year of school he attended was Kindergarten. Our kids have carried this burden for far too long, as we know that they are not high risk, so please let's stop playing politics with our children. My family and I have complied with the mandates and followed the rules. We've done our part as good citizens, however, we cannot comply any longer; our children deserve to breathe freely. There is research demonstrating the negative effects of breathing high levels of CO2 from being masked and we have tons of anecdotal evidence of the damaging impact on our children's mental, emotional, and social well-being. At this point, smiles are far more contagious than the virus and it's time we mandate Barbara Ferrer to allow our children to see each other's faces. Our children are starving to reconnect with those around them--to build upon the empathy that comes from reading one's face. Please stand up for our children who do not have a voice or the power to stop these harmful mask mandates. And please champion on our behalf to STOP SB 871 and SB 866. Thank you for your time and thank you for standing up for our children.
			Julie L Morrow	Masking kids should have never happened. I am a parent of a special needs kid and he has missed out on crucial therapies with these ridiculous mandates. Please put a stop to these masks immediately.
			Justin Bowen	Despite whatever small benefit there is to masking kids at school, the harm to the kids more than outweighs it. Especially given that so many kids are either vaccinated, naturally immune or both, it is way past time to prioritize the mental health of students and drop the mask mandates at schools.
			Kala Rogers	UNMASK our kids
			Karina Sarkissian	
			Katie Flynn	

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Agenda #	**Relate To**	**Position**	**Name**	**Comments**
Set Matter 2		**Favor**	Kayla Walker	Stop the mandates! Unmask our children
			Kelly Martino	Let our kids breathe! Enough is enough!
			Kelsie Gigandet	In favor of Ending mask mandate
			Kevin Honea	
			Knute Lee	How does an unelected position have the authority to maintain a clownish rule that clearly has no correlative relationship to the reasons for the rule? Masking has not worked. Please revoke this rule and let us get back to joining the rest of the world (UK, Sweden, etc) and other states Arizona, Texas, Florida, etc where they have prioritized free peoples making informed choices. Every person on the board should be ashamed that this farce is ongoing. End the mask mandates.
			Kristi Mayer	Remove all COVID mandates for our children. Let them breathe.
			Kristie Christie	Ending Mask Mandates.
			Kristin R Glover	Since many studies have revealed that masking children is especially harmful on so many levels, and because In addition the isolation of the lock downs has caused many young people to self harm and even commit suicide, I am begging you to lift all mask mandates as well as the vaccine mandates which are proving to be ineffective and even harmful. For the sake of our Children and our future, please end this madness!
			Kristina Irwin	
			Kristina D OBrien	UNMASK OUR CHILDREN...for the love of God. Please. Greetings all! Our kids are being failed by the system. I have three kids, 10 eight and six and I am just absolutely distraught and heartbroken to see how our city has treated them. It is unbelievable that my kids are still wearing masks 6 to 8 hours a day when we know that when our kids get the virus they will not die or be hospitalized. In fact all three kids of mine have had the Covid virus and nobody seems to care. They did just fine! Basically asymptomatic. My daughter who is in first grade doesn't even remember what school was like before masks. This is insane and I am a mother and I want to cry. There will be long term affects for what LA County has done to my children. I am heartbroken. I am disgusted. Children in masks for 6 to 8 hours a day?!?? This is inhumane. Please have a heart. Barbara Ferrer- you have failed our children. There is no way I have a desire to vaccinate my child with a new drug that has zero long-term data. In my opinion this would be child abuse.

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				It's time for a new approach, one that acknowledges mitigation protocols that make sense but that also treats the citizens of Los Angeles as informed adults with all of the rights and responsibilities entitled to us. 1 - We urge an immediate end to this perpetual state of emergency that failed to yield the promised results while causing harm to many segments of society. Please! 2 - We urge that children, our least vulnerable group, have all restrictions removed for them - their risk is and has always been remarkably low, and the impact on these measures is instilling fear that will last a lifetime. Please!!! 3 - We urge the removal of mandates for the majority of COVID policies in public including masking and vaccines (which are now acknowledged by even the CDC to not stop spread), leaving those decisions to be made between individuals and their physicians, based on their unique risk profile and other personal factors. 4 - Testing should only continue in situations where the clinical evidence has proven that it is necessary to protect people at risk; for example, most school children and vaccinated teachers are not at high risk of severe illness or death. 5 - We urge LACDPH to refocus its efforts where they will do the most good - protecting the vulnerable, and offering therapeutics for people who contract symptomatic COVID. 6 - Finally, we demand that Dr. Barbara Ferrer step down (please Jesus!) from her position as County Health Director, and make room for new leadership that can start anew and earn the confidence of a public that is understandably frustrated and skeptical of LACDPH's failed policies. It is time to accept we are going to need to live with COVID and that we have all the tools (vaccines, treatments) needed to focus our protection on the vulnerable. We need to restore confidence, health, and mental health back to the population of Los Angeles County. ? Kristina O'Brien kristinapearce@yahoo.com 511 Monterey Blvd Hermosa Beach, California 90254
			Krys Sosa	
			Laura Giles	Our children have not had a normal school year since 2019. For two years we have written to this Board begging for relief for our children. For two years,

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				you have put the unions and special interests ahead of our children. Experts around the world and our own US Surgeon General have sounded the alarm of a mental health crisis in our children due to the pandemic school closures and continued restrictions. Our children are in crisis, and YOU continue to ignore it. Not a single message from LA County Public Health addresses the social, emotional, and mental harm done to our children. This is an epic failure by this Board and the Public Health Department.Our children were locked out of their schools and sports for over a year. Now that the school doors opened, our children are distanced from friends, masked for 7+ hours a day, with no parties, field trips or fun. Children are being forced to wear masks to run, exercise and play sports, even outdoors. Children are made to believe that people would get sick and die from the simple act of them breathing. None of these restrictions are imposed on adults.We will not let you ignore us anymore. We will not let you harm our children no longer. The testing, quarantining, and masking of our children needs to end now. If our governor , LA mayor, along with70,000 people can attend football games maskless, while football players, coaches and referees can play maskless, then our kids can attend school without masks!!!!! The rest of California will drop masks on February 15 but not LA county!!!! END ALL MANDATES NOW!!!!
			Laura Plourde	End school masking mandates and indoor mask mandates in LA County now. The impact on our children and the community has not been addressed by the LADPH nor our elected officials. Mask wearing is not and has never been effective. Read the Johns Hopkins report. Follow the science.
			Laura Stevenson	I am adamantly opposed to forcing children to wear masks in school. It causes more harm than good and is completely unnecessary
			Lauren Hennessy	UNMASK OUR KIDS
			Laz Gortay	
			Libny Granadis	I oppose to this mandates that continues to mask our kids when most of the population has been vaccinated. The percentage of kids dying of covid is zero to none. For two years I have complied with you mask and weekly testing . I have reached my limit when you crossed the line between me and my kids. I make the decision for what is best for my kids not the government. I have reached my limit and if this mandates come to pass for vaccines I'm willing to take my 3 kids out of public schools. I will not do homeschool through City of Angels since you violate my kid's rights then you shouldn't get money for them either. To those who vote in favor I will keep in mind for the next election! It's a hypocrisy to hold a massive even it we are under an emergency order when our leaders demonstrate the opposite or the rules simply don't apply to them. I have seen pictures of our leaders unmask at schools with masked kids. It's either hypocritical or plain disgusting to put this kids in danger if what they preach is true. Stop abusing our kids enough is enough!! I have seen in one of my kid how he has academically suffer because of this

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	mask and I have seen a decline in his speech . I'm done with this mandates let our kids breath!!!!
Lisa Vasquez	
Lisa E Cleveland	Please remove masks from our children! Especially when outdoors. Less than a 1% chance of catching covid outdoors. These children are having to to physical activity while wearing masks, running track outdoors it's ridiculous. They ate getting detention for pulling their masks down in class to breathe! Detention for trying to breath??? Imagine that! Please, us as patents and all children, please let our kids breathe!
Lois Salcer	
Magdalena Gudino	Dear Board of Supervisors, My name is Magdalena Gudino. I am a constituent living in the city of Cerritos in Los Angeles County. I am writing to request that you add the following item to your next meeting agenda: A letter or resolution opposing SB 871 Pan. Public health: immunizations. SB 871, if passed by our legislature will devastate school districts enrollment and Average Daily Attendance in our county and therefore will greatly diminish our county funding. ? SB 871 takes away the personal beliefs (which includes religious beliefs) exemptions for the COVID vaccine as well as future vaccines. ? This bill begins for children in the age range of day care and preschool. ? The COVID vaccine is under Emergency Use Authorization for several of the age groups. ? The bill does not account for natural immunity. ? The COVID vaccine does not stop anyone from getting or transmitting COVID. ? When LAUSD tried to enforce a covid vaccine mandate for students without allowing for exemptions, they had a surplus of 34,000 students that chose not to get the covid vaccine and, therefore, would have to enroll in the City of Angels, a virtual independent type school. This was beyond their capacity to maintain as they did not have the staff, nor the infrastructure to support that many students. LAUSD backed off and delayed the covid vaccine mandate implementation. This would likely happen to school districts statewide including in our county. ? Several districts have surveyed their families and overwhelmingly found that parents do not support a COVID vaccine mandate. See Brea Olinda Unified School District as well as Chaffey Joint Union High School District. For these reasons, districts around the state are beginning to put forward letters or resolutions to oppose SB 871. We ask that our Board of Supervisors does the same. When you add this letter or resolution to your next agenda please include that it be sent to Senator Pan and all co authors asking them to withdraw and/or oppose SB 871. Please also send to local legislators, school districts in our county as well as the county board of education. In order that this letter or resolution is included in the legislative bill analysis it is imperative that it is submitted to the legislative portal.

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HOLLY J. MITCHELL
SHEILA KUEHL
JANICE HAHN
KATHRYN BARGER

Correspondence Received

	Thank you for your time and attention to this important request. Sincerely, Magdalena Gudiño
Mandy Budesa	
Maria Crawford	It has been 695 days since our world shut down over a virus. Here we are nearly TWO YEARS later and the restrictions and mandates continue to be forced upon us despite a less severe illness and treatment for this virus. Our freedoms have been taken away, our right as parents to choose our children's medical treatment is being threatened and our kids' airways are covered all day long while at school. PLEASE remove ALL mask mandates and let us get on with our lives!!!!!
Maria D Solares	Dear Board of Supervisors, My name is Maria. I am a constituent living in the city of Los Angeles in Los Angeles County. I am writing to request that you add the following item to your next meeting agenda: A letter or resolution opposing SB 871 Pan. Public health: immunizations. SB 871, if passed by our legislature will devastate school districts enrollment and Average Daily Attendance in our county and therefore will greatly diminish our county funding. ? SB 871 takes away the personal beliefs (which includes religious beliefs) exemptions for the COVID vaccine as well as future vaccines. ? This bill begins for children in the age range of day care and preschool. ? The COVID vaccine is under Emergency Use Authorization for several of the age groups. ? The bill does not account for natural immunity. ? The COVID vaccine does not stop anyone from getting or transmitting COVID. ? When LAUSD tried to enforce a covid vaccine mandate for students without allowing for exemptions, they had a surplus of 34,000 students that chose not to get the covid vaccine and, therefore, would have to enroll in the City of Angels, a virtual independent type school. This was beyond their capacity to maintain as they did not have the staff, nor the infrastructure to support that many students. LAUSD backed off and delayed the covid vaccine mandate implementation. This would likely happen to school districts statewide including in our county. ? Several districts have surveyed their families and overwhelmingly found that parents do not support a COVID vaccine mandate. See Brea Olinda Unified School District as well as Chaffey Joint Union High School District. For these reasons, districts around the state are beginning to put forward letters or resolutions to oppose SB 871. We ask that our Board of Supervisors does the same. When you add this letter or resolution to your next agenda please include that it be sent to Senator Pan and all co authors asking them to withdraw and/or oppose SB 871. Please also send to local legislators, school districts in our county as well as the county board of education. In order that this letter or resolution is included in the legislative bill analysis it is

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	imperative that it is submitted to the legislative portal. Thank you for your time and attention to this important request. Sincerely, Maria Solares
Marisa Sheffield	END THE SCHOOL MASK MANDATES ON OUR CHILDREN. If Los Angeles can host the Super Bowl, there is no health emergency. Vaccines and boosters are plentiful for anyone that wants one. There is no reason to force children to wear masks for one more second. They have missed 2 years of normal school for a virus that is a statistically zero risk to them. Put our children first.
Mark A Cervi	All COVID mandates need to end in schools now vaccines are widely available. These mandates have created a mental health crisis with my 9 y/o son.
Mary Burton	Remove the mandates for wearing masks in schools now. Our children need to breath freely without wearing masks while in school in a classroom and out of the classroom.
Mary Beth Solorzano	It is time for LA County to align with state masking guidelines. Why does the Board of Supervisors allow Barbara Ferrer to go above and beyond state guidelines? For too long you have abdicated your duties to an unelected bureaucrat. Additionally, all restrictions must be removed from our children today! Barbara Ferrer, has not addressed the cost to our youth's mental health and social and emotional development. We can no longer rely on Barbara Ferrer to do what is in the best interest of the kids. It is up to the Board to act. End all mandates.
Mary E Nieves	Our children have not had a normal school year since 2019. For two years we have written to this Board begging for relief for our children. For two years, you have put the unions and special interests ahead of our children. Experts around the world and our own US Surgeon General have sounded the alarm of a mental health crisis in our children due to the pandemic school closures and continued restrictions. Our children are in crisis, and YOU continue to ignore it. Not a single message from LA County Public Health addresses the social, emotional, and mental harm done to our children. This is an epic failure by this Board and the Public Health Department.Our children were locked out of their schools and sports for over a year. Now that the school doors opened, our children are distanced from friends, masked for 7+ hours a day, with no parties, field trips or fun. Children are being forced to wear masks to run, exercise and play sports, even outdoors. Children are made to believe that people would get sick and die from the simple act of them breathing. None of these restrictions are imposed on adults.We will not let you ignore us anymore. We will not let you harm our children no longer. The testing, quarantining, and masking of our children needs to end now.
Mary L Espinosa	
Mathew Fraijo	
Maura Kratz	PLEASE UNMASK OUR KIDS

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McKenzie Stuckman	Please get the masks off our children! Can we please promote Mask Choice? You want to wear it go for it.
Melissa Rosen	End the mandates. All mandates. This is no longer a state of emergency if elected officials can violate their own policies for photo ops and we can host the Super Bowl as a city. The government overreach has broken our local economy and harmed our children in a way that will be viewed as manically stupid or inherently evil by history. Greed must no longer trump courage. The children and essential workers of Los Angeles deserve the moral arc to return to justice. Our restrictions have been far greater than other parts of the nation and we do not have data to validate the harm they are causing in a cost benefit analysis of the totality of all matters. The Department of Public Health must shift focus to actually encourages health and healthy living to our population at large. Prevention and early intervention treatments should be promoted for a host of issues like the NCDs that burden our healthcare system far more than just the virus.
Michael Gordon	I oppose the mask mandate. Repeal the mask mandate. Please choose a new director of the LA County Health Dept. as Barbara Ferrer is not following the science or the will of the people.
Michael Machado	
Mounika Haftavani	
Myriam Sage	Unmask our children!!!!!
Naomi deLeon	In favor of reevaluating mask and vaccine mandates.
Narine Minasyan	No more mask for our kids
Natalia Ozerskiy	
Natasha Majano	Stop the mask and vaccine mandates. It is no longer about our public health. The children are suffering by not having a proper education. You can stop the abuse against children and the people you represent.
NEEL SODHA	It is time Los Angeles County join the other 40 US states, and even the state of CA, and lift the indoor mask mandate. We know it's all theater and has been since Day 1. Traffic is quiet on the roads, the economy is dying (the national economy is only up thanks to Red/Free states being open). Let's join the rest of America or we continue to watch LA crumble. I'm speaking as a local business owner who has a recreation business in the city.
Nicki Burlingame	
Nicole Lamb	Unmask our children at school! This is child abuse! Masks do nothing!!!
Nicole Marr	You are imposing impossible metrics to keep children in masks at school indefinitely. If you can allow the super bowl then you can remove masks in children! If you can sit at a table in a restaurant without a mask then a kid can sit in a classroom without a mask!

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Nicole Thomas	
Olga Hernandez	"Unmask are Kids" let them breathe
Olga Krimon	
Oscar Estrada	
Pamela DeVito	You know what keeps me up at night as a mom? Not fear of my son contracting Covid…he's a very healthy young man with basically "0" chance of facing "serious illness or death ". I'm up because I worry about the effects of hypoxia or infection on his developing brain. I worry about his mental health and increased risk of suicide. I worry that he won't be able to make new friends or form relationships with his teachers since he never sees them smile and project the reassurance that he needs so badly as a rather timid teenager! Please consider that masking or not should be a choice made by parents in the best interest of their own children!
Paul Villegas	End all mandates now. If Ferrer will not do so, she must be fired.
Paul J Stout	Government-forced lockdowns and restrictions don't work. There is a new John Hopkins University study of the effects lockdowns have. The article was published in the academic journal, Studies in Applied Economics. The report concludes that lockdowns are NOT an effective way of reducing mortality rates during a pandemic. What you all are doing is reducing economic activity, raising unemployment, reducing schooling, causing political unrest, contributing to domestic violence, and undermining our REPUBLIC according to the report. You all know masks do not work, unless we all hold our breath like Mayor Garcetti did at the football game. Thank you.
PONI SUMMER ALTVATER	
Rachelle Calzada	
Richard A Wagonert	Of COURSE LA County will be keeping the mask mandate longer than California, which itself has had a higher infection and hospitalization rate for covid than states without mask mandates. Mask mandates don't work. But the fake doctor you have running LA County Health — who has NO MEDICAL TRAINING — is going to force us all to stay unhealthy because she is incompetent to understand virology.. Fire Ferrer now. Let her take the time to get heathy herself — she needs the time off to do so. Let us all get back to living after the false narratives and ineffective rules and mandates are removed. And they should be removed NOW. Sincerely,

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	Richard Wagoner
Robert Steele	No mandates
robert p nickell	PLEASE VOTE TO REMOVE MASK MANDATE FOR CHILDREN AND TEACHERS IN SCHOOLS
Ron Salcer	
Ron E Dragoo	
Rosie Loprino	
Roxanne H Hoge	It is time to end the forced masking of children ages 2 to 22 who attend schools in Los Angeles. Barbara Ferrer, PhD, has overstepped her bounds and is clearly operating as an arm of the UTLA, who want private schools and colleges to bend to their whims. Not only is masking ineffective as an NPI in the fight against covid, it is harmful to the social and emotional development of kids, as well to their ability to speak and understand. I am the mother of four young people, one of whom has been able to move to another state, but three who have had their academic and social lives severely curtailed by the lockdowns we now all know were useless. Please explain why LA children have to suffer while kids all over the country and the world are free to breathe and play and learn and hear and speak. I've seen too many deaths and depressed kids to think this is anything but an evil that must be reversed. My friends who are teachers are being crippled by this as well. Human faces are necessary for life. You can start to erase the stain of your bad policies by reversing them today. Thank you Supervisor Barger for listening to the parents of LA County. I look forward to Supervisor Hahn and Solis joining you as well. When Supervisor Mitchell claims that we must keep mask mandates for the workers, I hope she realizes that workers are people too, that they hate seeing their kids suffer. Let people make their own decisions. In no sane world should schools be treated like prisons and nursing homes. Lastly, when Barbara Ferrer ties school masking to hospitalizations, remember this: *A COVID-19 hospital admission is defined by: 1. A positive COVID PCR test at any point during the hospital stay. 2. A hospital admission with an ICD-10 diagnosis code of U07.1 3. Any hospital admissions within 30 days of a positive COVID PCR test
Sachiko DeGruy	Unmask our kids
Sara Habib-Stubbs	We must end mask mandates, especially in schools. We have vaccines and treatments. Covid is endemic. We must move on. Kids needs to learn and develop their speech skills. Parents can decide if their kids needs to wear masks or not. Stop punishing kids.
Sarah Raza	No masks in schools
Sarah Worthen Vasquez	

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Shannon Gibbs	Completely against mandates. Look over mandates.
Shannon Hoffmann	Los Angeles County needs to consider the growing mountain of research that masks in schools, for K-12 as well as colleges, has a net harm and does little to slow the spread in communities. The burden of proof needs to be on Barbara Ferrer to prove the efficacy of face coverings outweighs the harm. This is specifically true for students learning English, the hearing impaired, those on the autism spectrum, and those with any developmental or speech delays. Simply repeating "masks work" without substantial, unequivocal proof that the efficacy outweighs the harm is not good public health. Public health includes equity as well as consideration of all the other factors involved, not just a laser focus on one respiratory virus. COVID-19 is a respiratory virus that is substantially stratified by age and obvious comorbidities. Targeting the young, when vaccines and treatments are available for whoever CHOOSES them for their own protection, is harmful and unnecessary. The long-term deleterious effects of masking our youth will be far reaching. Obesity, substance abuse, mental health disorders, suicide attempts, language delays, delays of service, and so much more. Vaccines are available for all that want them or need them. Masks and mandates have proven themselves ineffective at best. Dr. Ferrer has had two years at the helm of our public health response and has failed. The impositions imposed on the people of Los Angeles County have not measurably been proven to have a net positive impact. That is becoming more and more clear as data from other states and counties becomes available. REMOVE the current public health orders and allow individuals to weigh their own risks by providing data, not mandates and orders.
Shirin Pezeshk	Unmask kids!!!!
Silas Ellman	UNMASK our Kids! There is no science that supports our children wearing cloth masks. Please let them be kids and remove their masks.
Silva David	
Sonia Sanchez	
Sonik Arutyunyan	Our masks must come off
Stacey Marcus	Please unmask our children. LA officials have shown that the state of emergency is over by socializing indoors, unmasked. LA is hosting the Super Bowl- so we as a city must not be too concerned. Now let our children have their normal lives back, seeing faces, expressions, smiles - not breathing their own carbon dioxide for hours at a time. Please lift all mask mandates for children.
Staci Gordon	Thank you for keeping the indoor mask mandate in place. I hope it will continue at least children under 5 have the opportunity to be fully vaccinated but ideally until rates of transmission are consistently low for a significant period of time.
Stephanie MARTINEZ	
Stephanie N Lara	

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			Steve Greanias	No more vaccine mandates or requirements. Recognize natural immunity and the infinitesimal risk poses on kids. They do not need vaccines. Stop the insanity.
			Susanne E St George	Please remove all face mask mandates for children. This mandate implemented by an unelected official is ridiculous. States that did away with mask mandates within the first year have no worse COVID results than us. She has set metrics that are unachievable and our children need to get back to seeing their peers, teachers and family without the use of masks. Their learning is being affected. Personally, speech and enunciation are being affected because of this. We are only one of a handful of states that still has a mask mandate for the children. Stop the madness now!
			Suzanne V Opdyke	No question masking is reducing our daily exposure to microbes necessary for our bodies to develop immunity to allergies and autoimmune diseases, not to mention the danger of causing an imbalance in the microbiome. These dangers are magnified in young children. Another great harm is the loss of social interaction from the inability to see others faces and read expressions due to masking. Omicron is receding. Covid-19 is morphing from pandemic to endemic. It is time to rescind the mandate for proof of vaccination to enter certain indoor locations. It is past time to rescind the mask mandate in Los Angeles County.
			Terri Harrid	
			Trach Lupo	Please get our children out of masks at school. Follow the state and drop the mask mandate!! Thank you!!
			Travis Studt	
			Veronija Tresl	Stop sll mandates. Stop mask mandates for kids at school immediately. Stop vaccines mandates!!!
			Waleska Perez	Unvaccinated are not the danger. Vaccinated are getting it and spreading the truth is out.
			Wendy Palatucci	LA county employees should not be fired!
			William McBride	End all mask mandates including children.
		Oppose	A Nguyen	
			Adam Gonzalez	
			Adam Kilian	This state of emergency has gone on way to long.
			Adam Vargas	
			Adam Walker	
			Adrian Abnosi	
			Adrian Camera	

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Adrian Sanchez	
Adriana B	
Adriana Hernandez	Please unmask our kids!
Adriana Rojas	
Adrien Grbavac	
Adrienne Shaouli	
Agnes Novie	Our children have not had a normal school year since 2019. For two years we have written to this Board begging for relief for our children. For two years, you have put the unions and special interests ahead of our children. Our children are in crisis, and YOU continue to ignore it. Not a single message from LA County Public Health addresses the social, emotional, and mental harm done to our children. This is an epic failure by this Board and the Public Health Department. Our children were locked out of their schools and sports for over a year. Now that the school doors opened, our children are distanced from friends, masked for 7+ hours a day, with no parties, field trips or fun. Children are being forced to wear masks to run, exercise and play sports, even outdoors. Children are made to believe that people would get sick and die from the simple act of them breathing. None of these restrictions are imposed on adults. We will not let you ignore us anymore. We will not let you harm our children any longer. The testing, quarantining, and masking of our children needs to end now.
Agustine De La Torre	
Aida Bekaryan	
Aileen Mora	
Aileen C Rodriguez	
Aimee Lopez	Unmask our children
Alan Weinstock	Follow the science. Let kids be kids. The CDC has said kids don't need to wear masks at school.
Alana Brewer	Please make masks optional for kids at school both indoor and outside on the playground. These kids need to breathe, see smiles, and be kids. I am so concerned for the mental health and well being of all the kids.
Alana McGaughy	I oppose the continuing of the mandates. How are we still doing this, maybe we need to consult with some of the world's scientists when so many other countries and well states in our own country have none of these orders. This is killing our youth. Please do a study and release the number of suicide attempts, suicide deaths and OD's in school age children vs Covid deaths

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	and we can see what's really harming our country. When a child commits suicide due to this "new" way of life we "just have to get use to" is that a Covid death??
Aldo Sanchez	
Aldrino Massarotti	
Alec Khachatourian	Masks off
Alejandra Morataya	
Alejandra Orozco	
Alejandra E Rodriguez	Please end mask mandates in our schools and daycares. There is no formal evidence that proves that masking children outweighs the detrimental effects it has on their social, emotional and mental wellbeing/ The adverse effects of masking on our children's mental health is so severe, you can witness it wherever you go - church, schools, children's museums, parks, etc. The kids are living in fear and we know how important it is for their social development to be able to see the grown ups they trust smile at them and all the other benefits of seeing people's facial expressions. Most EU countries never masked their kids. Why does our state continue to mandate it when adults aren't held to the same standard?
Alesha Rucci	STOP masking our children! Children are NOT at high risk if they contract COVID. Every adult that wants the vaccine has had a chance to get it or have been forced to so let the children be! Their mental well being has been harmed enough.
Alex Davidson	
Alex Gillott	Keeping kids in masks in school only harms the children. The data speaks for itself, children are 99%+ survival with Covid-19. The harm to education, peer to peer interaction, emotions, etc is far more worrisome than this virus. If we keep them from getting sick, eventually their immune systems will weaken and allow worse things to happen if another more deadly virus was to spread. Not to mention no resistance to the common cold, flu, RSV, and many more illnesses that everyone currently fights off without even knowing. Kids get sick, that's what they do and how they grow. Think about this… how many times were you sick as a child? Now how many as an adult? I'll bet progressively throughout life those instances have gotten fewer (at least until late stages of life). Ever wonder why? It's because of your immune system getting a work out throughout your life. If you're going to say "trust the science" then look into "immune system, and how it works". That's all you'll need to know.
Alex Martinez	
Alex Orudzhyan	
Alex Rabin	
Alex Salgado	

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Alex J Alexander	
Alexa Regalado	
Alexandra Branca	We urge you to lift mask mandates for children. Risk assessment no longer supports masking children inside or outside. The damage of this burden we have put on our children to protect the community is inconceivable. Listen to the parents! Unmask our kids!!!! We will no longer comply.
Alexandra Machado	Please remove this mandate for masks needing to wear masks. There have already been so many children negatively affected by the masks due to inability to learn and socialize effectively and also creating hysteria which also is linked to PTSD
Alexandria Rios	
Alfonso Echevarria	
Alfonso Martinez	
Alfredo Chaverra	
Ali Schaening	Unmask children! The army of mothers behind this fight are growing. We no longer consent to masking children, outdoor masking is HORRIFIC. It is a HEALTH HAZARD. Shame on anyone supporting this.
Alicia Braxhoofden	Unmask our children. The damage you are doing to them outweigh the low risk they have with Covid.
Alicia Carrillo-Hernandez	
Alin Matossian	
Alisa Wilson	UNMASK OUR CHILDREN. THEY ARE NOT PUTTING ANYONE AT RISK AND DESERVE A CHILDHOOD FREE OF MENTAL HEALTH ISSUES CAUSED BY WEARING MASKS AT SCHOOL.
Allen Khachatourian	Masks off
Allen SEMERJIAN	
Alli Gents	As a mother of 2 school aged children, and the wife of a public health servant, I strongly oppose. I oppose mandatory covid tests, vaccinations, masks and all discriminatory policies intended to make life difficult for the unvaccinated, especially our children. I oppose mandatory covid tests and vaccines for small businesses, employees and employers who have been impacted by unneccessary and unscientific policies for the unvaccinated.
Allison Darensbourg	
Allison Saba	Unmask our children in school. It is affecting them socially, emotionally, and academically. It's been two years and it's time to allow our children to feel a sense of normalcy.

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			Allison Tietz	I strongly oppose 18K, this is horrifying that it has come to this when its been proven the Vaxed and unvaxed both can contract and spread covid. So this is just an attempt yo control people. Please vote No on this Nazi style bill that only leads to segregation. This is not what America is about. Thank you
			Allison R Burke	
			Ally Mardi	HILDA Solis Needs to be investigated and Fired and all of you who are not working for the people, you took an Oath remember
			Alma Rojas	
			Alma V Bernal	
			Alysha W HENRIKSON	The mask mandate in our schools is not founded in science nor common sense. Children have a near zero risk of health concerns form covid, Mask disrupt learning, human connection, and mental health. If they are not removed we will leave the state.
			Alyshia Beck	NO MORE MANDATES . NO MORE VACCINE MANDATES, NO MORE MASK MANDATES!! Freedom of choice is all we want.
			Alyson Pernecky	Thank you for your time and a special thank you to Supervisor Barger for questioning the efficacy of mask mandates. We all know this debate went into overdrive after we saw our mayor, governor and other proponents of mask mandates taking maskless photos at the NFC Championship at SoFi stadium a week ago. I know there are many people, parents especially, that were outraged at the hypocrisy of knowing our children would be in masks, all day at school - EVEN OUTDOORS - the very next day. We scoured the CDC and health websites looking for the data and science that could explain why our children (and we) had to be masked whether indoors or out, and how that benefited them in any way compared to the obvious harm and suffering we see that only seems to get worse and more hopeless. I for one read a report on Brownstone that looked at 150 studies comparing mask wearing and NOT ONE showed a measurable difference. Dr. Vinay Prasad, an oncologist at UCSF, and 2 colleagues performed an umbrella review of this topic and found the CDC, despite recommending masking as a mitigation to spreading covid, ran NO randomized control trials to prove they work. This week, the CDC, undoubtedly noticing the rise in outrage among parents, released a study claiming masks work, even cloth ones which is ODD because they have repeatedly said, as had Dr. Fauci on "60 Minutes", that masks, including and especially cloth ones, don't work. Dr. Prasad looked at that study and found it "extremely flawed." I am limited in my words here, but they pointed to: small numbers of self-reporting individuals with a poor response rate - meaning very few answered the phone to participate in the study. The Doctor said the study did not account for vaccination status and the effect size was implausibly large. Prior tests had - AT BEST - an 11% efficacy rate whereas this study showed the SAME mask had a 66% efficacy rate. This should have raised red flags. The study also framed that masks protect the WEARER, which is NOT the reason we are given that kids must wear masks. Speaking of that reason, we have been told it’s to protect teachers, staff (the same reason spectators must mask at the Super Bowl) and the more vulnerable members of our households whom are largely if not entirely vaccinated. What

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				is that actual risk to them? According to the NIH and CDC who tracked 1 million vaccinated adults in 2021, NONE of the healthy people under 65 had a severe case that required ICU. There were 36 total deaths mostly among a small minority of older people with a multitude of co-morbidities. The odds of covid death are longer than odds of dying in an earthquake or being killed by lightening. There is an expression, “READ THE ROOM!” The room is reading the science and it is obvious masks are cruel, unnecessary and do not work. Just ask the Democrat Governors of Pennsylvania, New Jersey, Delaware who have already said they will lift the mandates.
			Alyssa Humphrey	END ALL MANDATES
			Alyssa Nguyen	End the mask mandate for children in school. Forcing them to cover their faces does more harm than good. They are the least at-risk of anyone. They do not need to be conditioned to think they or their friends are dangerous without covering their breathing holes. We do not need to continue to put them through this when we now know masks don't really work, and the fact that the percentage of children dying from Covid is 0%. End the mask mandate in schools now.
			Alyssa Serafin	Oppose
			Amada Rodgers	It’s time to lift all mandates and end the state of emergency!!! Especially mask mandates for children at school. This is criminal!!
			Amanda Benson	End mask mandates
			Amanda Carson	
			Amanda Costella	
			Amanda Kreuzberger	It is absolutely ridiculous that our smallest humans need to be masked while at school. It should be the parent’s choice as to whether or not their child wears a mask. I am 100% against all day mask wearing, especially while outdoors.
			Amanda Page	
			Amanda Ponce de Leon	People should have free choice of what is best for themselves and families. Every person assumes risk of their health and safety when they choose to leave their homes and you should not have the authority to attempt to enforce any mandates. If this was about health, LA would not have allowed SoFi Stadium to open and sell out at over 70,000 seats every weekend, host the Grammy's, the Rose Parade, the Rose Bowl, Superbowl, etc. It is about power and money and nothing to do about the overall "health and safety" of anyone that you all claim.
			Amanda Price	
			Amanda Raj	
			Amanda Woodruff	I strongly oppose the continued order to mask children in schools. The negative mental, social, and emotional impacts this has on our children is heartbreaking. The lack of discipline shown in our own Governor and Mayor should be all the evidence you need to end the mandate. I request that you

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	eliminate any further indoor/outdoor masking requirements statewide.
Ambar Weber	
Amber Campana	
Amber Greene	
Amber Karp	
Amber Miles	
Amber D Baird	This is seriously getting out of control. Free our kids! Free our county! Free our state! We need to stop living in fear! Covid is hear and hear to stay unfortunately. The mask are not doing anything,not slowing it down, not preventing it. We are all going to get it. If you are worried about it get vaccinated, boosted, or stay home. We as Americans should be Free to make wise medical decisions for ourselves and individual families. Enough is enough. We don't force or prevent abortion and we should definitely not force or prevent someone to cover their face or put something into their body. Thank you for doing the right thing and putting a stop to this madness.
Amy Cannon	
Amy Hernandez	NO masks for kids!!!
Amy Hill	
Amy Holmes	The vaccines have failed us. Stop mandates, passports, and stop trying to fire our HEROES for their medical choices you don't like. UNMASK THE CHILDREN NOW!
Amy J	Please end the indoor and outdoor mask mandates for kids at all schools as well as the Covid vaccine mandate . Don’t let the districts decide. End it all for everyone or else the teachers unions will use it as a bargaining chip. You have the power to do this. Don’t hide behind Ferrer and if she doesn’t agree, pls find her replacement that will put kids first. Kids have been masked for 2 years. More than any adult. They need to breathe freely and live free. Pls help them. The public health dept should not have this much power when they’re not elected officials.
Amy Magnotta	Please direct Dr Ferrer to remove the mask mandate for schools. It’s beyond time…kids are suffering the most. We are awake & we are done with these ‘rules’. Free these kids & let them learn without a muzzle.
Amy Ochoa	Oppose
Amy Williams	
Amy L Viger	
Amy O Garrity	Please consider dropping the mask order for all our children in school K-12. Our kids need to see their classmates smiles and expressions for their healthy socialization young and for the teenagers. It has been very difficult

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				watching our children play soccer, tennis, basketball, etc. with masks on. Thank you for dropping this mandate for our children, their health and well being are at risk.
			Ana Babakhani	End the mandates. We want choice.
			Ana Cadman	
			Ana Granados	
			Ana Sandoval	
			Ana SEMERJIAN	
			Ana Valerie	PLEASE unmask our kids at school. This is the MOST important thing you can do for the sake of our kids mental health as well as physical health. It is so sad to watch my kids and their friends go off to school every day and endure 6-7 hours in a mask. It is SO unhealthy and is not protecting them. The risks outweigh the benefits! I've also seen how the teachers have suffered. They have to wear N95 or KN95's now, which are not meant for even healthcare professionals to wear for long periods of time. They wear these masks and have to speak to the kids all day. This is setting themselves up for future health issues. Not to mention the psychological effects on the kids. They are not able to see their teachers' expressions and it's harder to hear with everyone muffled in a mask. Also, these kids are being yelled at constantly on the playgrounds too to put their masks up even though they are out of breath and running around. It's more like a prison camp these days then school with the constant yelling by the staff. It seems like SO much negativity!! And all of this for what?? Before 2020, I noticed how parents would send their kids to school even though the kid had a bad cough or constant green snotty noses. I thought to myself, "How could these parents send their kids to school like that?" The answer to me seemed clear (common sense): 1) Parents need to keep kids at home with symptoms other than allergies.; 2) Schools need to call parents out and send kids home with obvious symptoms. Flash forward to 2022. Now we have SO many ridiculous rules the schools have to follow that they are SO bogged down with following all these COVID protocols, that they can barely function. Parents seemed to have learned the common sense measures as well and are more likely to keep sick kids home on their own calls. We need a way to meet in the middle. We all want our kids safe at school, but I'm realistic too. I know my kids will get sick from time to time but I also know that they have strong immune systems. They will get a cold or flu or stomach bug and be OK. They already got COVID and it was milder than a prior cold or flu. All this fuss about COVID when it barely effects kids (99.98% mortality rate in kids). Stop the unnecessary testing too. Test if someone has symptoms but not if they don't. The tests are VERY inaccurate if the user has no symptoms. It even says that in the test paperwork. It seems like a HUGE waste of money and just bureaucratic tape/useless procedures and rules to continue us in this "state of emergency" forever... We also have a high vaccination rate in adults in LA County and whatever families want their kids to have it, are doing just that. I don't believe that

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	COVID shots need to mandated on ANYONE. The data is clear that people that have been vaccinated are still getting COVID AND STILL SPREADING IT. So if this vaccine does not prevent transmission, why is it necessary to mandate it against a person's will? That does not feel like a democracy to me!!
Ana M De La Torre	
Anabell Ramirez	
Anahit Karamyan	
Anahit Melikyan	
Anait Ovasapyan	
Analina Palmer	Everyone should feel our representative have our best interest! Instead, you have been hurting our children by mandating masks, testing, and now vaccination. Online learning doesn't work, children need to interface with other kids, play, learn and feel there is a future. Stop the Mask, Stop the Vaccine and Start Working for your County.
Anayeli Santiago	No more mask or vaccine mandate
Andre Bajanov	
andre lua	
Andrea Boyle	I oppose all mask mandates, testing, and vaccine passports/mandates. We are ready to go back to our pre-March 2020 life and "learn to live with" COVID-19, just as we do with the flu, or any other cold. Please treat us like human beings that live in the USA and give us back our rights to make our own decisions. AND PLEASE, STOP MASKING OUR KIDS!!! It is absolute child abuse to mask kids over 2 years old. I am APPALLED that you voted on this! I can't believe you can sleep at night knowing that you wanted to mask a 2 year old??! That is utter nonsense! So cruel!! Please walk back your policies and let people choose before they all vacate this state which has gone WAY TOO FAR with all of their overreach!!
Andrea Greanias	Children in schools are affected greatly by these mask mandates both emotionally, academically and socially. They should be allowed to remove them. Any person despite vaccination status should have the right to choose if they want to be masked. They can access their own risk. According to LA Public Health and CDC data less than 1% of those contracting infection have symptom distress and that is despite vaccination status.
Andrea Lopez	End the mandates
Andrea Maldonado	No more masks for children. No more vaccine mandates for children.
Andrea Wood	
Andreina Ochoa	The current masking policies for kids in schools is causing more harm to all children: psychologically, emotionally and physically; as well as, in their education, especially for children with learning disabilities. Children are at a

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				very low risk and I oppose the current health order and all mandates on our children. It is also important to note that such policies is also a form of child abuse and no child should be restricted in any shape or form of breathing freely, which can be found under the State of California Education Code Section 49005.8 therefore, forcing masks on children is illegal. If the Governor of California and the Mayor of Los Angeles, along with other politicians can breathe freely and they don't abide by their own policies, then it is only fair and right for all children despite of medical status to breathe free and get educated in person as it is their given right. Once again, I oppose all health orders and mandates on children of ALL ages.
			Andres Miranda	What is wrong with you ? Even CNN is saying we need to move on with our lives. I know if my rep votes for this, I am voting against her next time she is up for election.
			Andres Tistoj Chan	
			Andrew Boaz	Please End the mask mandate for children and schools. It does not prevent the spread of Covid, and has harmful long term affects on mental health. Children do not have luxury of taking masks off for pictures like our governor or mayor. Just be reasonable and move on. Please put this past us.
			Andrew Cortez	
			Andrew Dorso	End mandates . We have a right to choose
			Andrew Granados	
			Andrew Marbach	
			Andrew Pryor	Unmask our children! The BOS via Barbara Ferrer is essentially engaged in State sponsored child abuse by masking children k-12. I have never been more embarrassed or infuriated as a resident of LA County. End all mandates, masks and vaccination, for everyone! Don't be the last ones to not recognize and respond to the changing science. The entire narrative is crumbling. History will not look well on those who chose to go the way of lockdowns, child mask mandates, forced vaccination, vaccine passports, termination, coercion, etc. The residents and children of Los Angeles County need leaders who will do the right thing. Admitting you were wrong and correcting course is a brave thing to do. Be brave. The time is NOW.
			Andrew Ross	Enough is enough: LA County must align with the state and drop mandates for all residents, including children in school, on February 15. Barbara Ferrer has recently re-affirmed the metrics to remove masks that were set last year for a much less transmissible variant. They have not been re-calculated and are nearly impossible to meet with the Omicron variant. They also have a vague, open-ended requirement about "new variants" that can be abused to keep masks on indefinitely. It would be one thing if LA County was outperforming our neighboring counties, or even those from the rest of the state or country. Unfortunately, we are not. LA County has almost 3,000 deaths per million, a catastrophic

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				number, while having some of the most onerous restrictions in the country. That death rate ranks 3rd worst in the entire state of California. Please, let me repeat this: LA County has the 3rd highest death rate of all 58 counties in California, while having the most restrictions. What is LADPH's explanation for this? It is time for the Board of Supervisors to rein in LADPH and restore common sense to our COVID response. LADPH has lost our trust.
			Andrew White	Align with state
			Andrew J Adams	Omicron has leveled the playing field for vaccinated vs. unvaccinated. Let the hero's work.
			Andrew J Bonilla	
			Andy Martinez	
			Angel Wright	
			Angela Hauser	
			Angela Lopez	
			Angela Mehtemetian	
			Angela Nichols	No no no
			Angela Nonenmacher	Stop all mandates!
			Angela Wenz	End the mask mandates. Our kids do not need to wear them. They are not at risk for covid and it negatively affects their mental health
			Angelica UMALI	You have no right to give yourselves this kind of powere.
			Angelina Marquez Holguin	
			Angelo Sabatino	Having children masked is doing them more harm than good. Let the parents choose for their children.
			Ani Azaryan	
			Anita Harutunian	No more masks for the kids.
			Ann Durham	Repeal Mask mandates, especially for school children
			Ann Molen	
			ann marie Luera	No longer trust your office to make decisions based on facts
			Anna Griese	Rescind the mask mandates in schools is priority #1. Look at what other states have just announced today. Do what's right!!!! And make it effective now and not in 30 days.
			anna jones	

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Anna Kuznetsov	Stop masking our children End all the mandates
Anna Madorskaya	
Annaka Telles	
Anne Barbour	
Anne Kent	No masks for children. Remove mask mandate for Los Angeles county.
Anne Kent	Remove mask and/or vaccine mandates. No masks for children.
Annet Larkin	Absolutely not!!!
Annette Hernandez	
Annie Falck	I am STRONGLY opposed to vax mandates for our firefighters, police officers, first responders. Vote No! The mandate is unconstitutional! Let them choose!
Annie Wypchlak	
Anthony Armas	
Anthony Cardenas	I don't like my grandchildren masked up outside..the surge is down
anthony ledesma	
Anthony Levin	Covid has turned out to be a big pharma profiting scam. As free Americas, we can make our own choices for our health.
Anthony Roman	
antoine michael	I'm a father of a young 3-year-old daughter who has yet to see a normal environment in the critical years of her development. As we've come to thankfully learn, Covid 19 is not in any way a greater risk to her any more than seasonal influenza would be. Despite that, in the critical years of her speech development, social and emotional development, she's been forced to wear a mask. I will put aside the blatant hypocrisy from our "leaders" like Garcetti and Newsom respectively, who've made a mockery of our city and state. For two years we have written to this Board pleading for a reasonable approach for relief for our children. Despite that, you've prioritized the unions and special interests ahead of our children. Experts around the world and our own US Surgeon General have sounded the alarm of a mental health crisis in our children due to the pandemic school closures and continued restrictions. Our children are in crisis, and you have decided to continue to ignore it. Covid 19 and other communicable diseases are not the only health concern for our children. Nevertheless, you have not given a remote concern about the social, emotional, and mental harm done to our children. This is an epic failure by this Board and the Public Health Department and will be noted by all who permitted this debacle to continue. Our children were locked out of their schools and sports for over a year. Now that the school doors opened, our children are distanced from friends, masked for 7+ hours a day, with no parties, field trips or fun. Children are

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				being forced to wear masks to run, exercise and play sports, even outdoors. This runs in contrast to the World Health Organization, particularly for children under 6 years of age. Psychologically, children are made to believe that people would get sick and die from the simple act of them breathing. None of these restrictions are imposed on adults. Whether you chose to end it or not, either way, we will begin the non-compliance at large. And when you inevitably start to change your direction due to polling numbers rather than the science that's been public knowledge for a long time, we will make sure everyone is aware of your priorites. We can disagree on many things, but the well-being of our children, is where many will unite and draw the line.
			Antonio Flores	My body my choice !
			Antonio Zaragoza	
			Antonio H Porras	
			Anush Froian	
			Anya Jensen	It's beyond time to end the Mask and testing or Covid vaccine mandates as they do not align with current data and research. Masks do not work, they are unnecessary outside, we have reached herd immunity, we have cures for Covid and the masks especially are directly causing harm to our children. Children haven seen their teachers faces in years, maybe never if they are young enough, our teenagers are missing non verbal cues critical for adolescent development socially and emotionally. It's becoming very obvious that this is all for the money, the unions, the elite that are enhancing in an elaborate political theater. It's time to actually lead our state out of this insane experiment.
			April Gingras	
			Apryl M Pehrson	It has been over 2 years now of no normalcy for our children. It is well past time to LIFT THE MASK MANDATE!! In schools, and in general. Align with the state and lift the mandates. Start actually caring about what this had done to our children. My 2nd grader has never known a normal year. He just got glasses and has a hard time because the mask fogs them up. He is missing out on crucia social and emotional development. My teenager daughter developed severe depression and anxiety during lockdown, and with no maks end in site is still having a hard time. You were all elected to your jobs to represent the people. Stop Barbara Ferrer and her impossible metrics, end the mandates.
			Aram Bedikian	
			Araxie Nadjarian	Unmask our children. Let me parent my child. I do not need the governments help. I can assess the risks in my own household. It has been two years and I along with the public and all other parents feel let us make our own calls and assess our own risks….like parents before us have.
			Arelyn Corbett	The vaccine does not stop transmission. Even if it eases an individual's

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	symptoms, then it should be that individuals choice. Government has no business forcing medical procedures on any of its citizens, especially when the science says it does not stop transmission of the virus. There is not enough data on this vaccine. We do not know all of the long term side effects. It is not the BOS place to make medical decisions for the people and/or workers of LaCo.
Ari David	
Aric Porro	If our officials don't need to wear one then why torture the kids?
Ariel Torres	
Arlene Espinosa	I am opposed to COVID-19 vaccine mandate. This is illegal and unconstitutional.
Arman Manookian	Tell Dr. Ferrer to align with the state, promise LA county's 10,000,000 residents not to impose a perpetual state of emergency as LADPH has been doing.
ARMAN PETROSIAN	
Armand Calvillo	
Armen Mousakhan	
Armenay Maseredjian	The time is now to end the mandates! Enough data is out to understand what is clear in every way! The vaccine does not stop the spread and you can still get COVID so, why are we doing this anymore??? Please do the right thing and end it!
Armenui Labachyan	
Armine Boyajian	
Arthur Abram	
Arturo Salinas	
Artyr Mnatsakanian	
Ash Oestreich	
Ashlee Trzyna	Oppose the mandates
Ashley Aronson	UMASK our kids!
Ashley Henkels	
Ashley Locatell	
Ashley Martinez	
Ashley McGuire	
Ashley Nuriani	Remove mandates for children and teachers immediately

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			Ashley Olson	
			Ashley Racey	In mask our KIDS! Stop the mandates!
			Ashley Radford	Ferrer, align with the data! Let's begin to use common sense to make decisions. Let's allow parents to make decisions for their children. I urge you to end all mandates NOW. Use the DATA! Children are at MINIMAL risk of harm from Covid-19. The most stringent restrictions have been placed on THEM. END it all NOW. The AAP, AACAP, and CHA have ALL declared a national emergency on children's mental health. You are playing a HUGE role in that mental health crisis for over 2 million children. Your decisions for the last 2 years have made an everlasting, negative effect on OUR children. That will forever be on your hands. Also, I strongly urge you to STEP down. The weak leadership shows. The way your have been influenced the last 2 years by such corruption shows. End the mandates!
			Ashley Salvatierra	
			Ashley E Allen	
			Ashley E Smith	
			Audrey Hill	
			Audrey Rowe	
			Autumn Lawrence	Oppose
			Ava Jordan	
			B N	
			Bahiye Fakhouri	
			Bailey Giselle	
			Bailey Johnson	
			Bailey Johnson	
			Baray Nicholas	
			Beatrice Camacho	
			Beatriz Comparan	We are no longer in a state of emergency. Please stop my child (our children) from being a victim of a political propaganda. Thank you for your time.
			Benita Bodnar	
			Benjamin Armenta	
			Benjamin Dooling	we should lift the state of emergency if we are willing to host a superbowl.
			Benjamin Gradias	
			Benjamin Haden	Stop masking our children in school. If we can host the Super Bowl, we aren't in a "state of emergency." Finally do what is right and let people make their

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	own choices for their health. Stop masking kids immediately.
Beth Byrne	Masking of children in school settings, INCLUDING day cares/preschools, needs to end immediately. Masking children is not substantiated by any scientific measure. However, there is copious evidence of the detriments of continued masking, including, but not limited to a decline in verbal development, a decrease in overall cognition, and harmful social/,emotional effects. Please see the attached Brown University study documenting this. End all mask mandates. Permanently.
Beth Dennis	
Betty Gabbaie	Our children have not had a normal school year since 2019. For two years we have written to this Board begging for relief for our children. For two years, you have put the unions and special interests ahead of our children. Experts around the world and our own US Surgeon General have sounded the alarm of a mental health crisis in our children due to the pandemic school closures and continued restrictions. Our children are in crisis, and YOU continue to ignore it. Not a single message from LA County Public Health addresses the social, emotional, and mental harm done to our children. This is an epic failure by this Board and the Public Health Department.Our children were locked out of their schools and sports for over a year. Now that the school doors opened, our children are distanced from friends, masked for 7+ hours a day, with no parties, field trips or fun. Children are being forced to wear masks to run, exercise and play sports, even outdoors. Children are made to believe that people would get sick and die from the simple act of them breathing. None of these restrictions are imposed on adults.We will not let you ignore us anymore. We will not let you harm our children no longer. The testing, quarantining, and masking of our children needs to end now.
Betty Hernandez	
Bianca Alvarez	
bill witten	
Bill R Van Ness	
Blake Riley	
Blanca Duran	
Bob Sager	
Bobby Hammers	End this Tyranny, if you continue down this dangerous path eventually the masses will reach a breaking point they will revolt against you. When people just want to be left alone and continue on with their life. Life continued after 1918, still millions don't get a flu shot and survive. Do what you all know is right in your hearts and seek God's forgiveness.
Bonnie Allen	
Bonnie Ferrso	

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Bonnie Parman	
bonnie witten	
Branden Hedge	
Brandi Duarte	
Brandi Mathisen	We should lift the state of emergency
Brandon Counts	You have NO right to tell others what experimental vaccine they should put in their body!
Brandon Mustin	
Breanna Brousseau	
Breanna C Santillo	Two years into this pandemic, we now have the data that we did not have in 2020. Over 150 studies prove that natural immunity is superior to vaccination yet we are still forcing people who have already recovered from Covid to get a vaccine that is now less than 20% effective at preventing COVID 19. How can we force young children to receive a vaccine that has potential harmful effects, to protect them against a disease that has a 99.9999% survival rate in their age group. In addition to this, the mask mandates are detrimental to our children. Cities with mask mandates had just as many cases if not more than cities without. We need to follow the science and allow people to make their own choices regarding masks and vaccines. Neither should be forced upon anyone, especially young children.
Breeann Lilly	
Brenda Cortez	Unmask our children. My 3rd grade child has developed moderate anxiety and gets frequent headaches since the mask mandate has been in place. We cannot possibly think it's ok to hold a Super Bowl here in California but continue with these ridiculous mandates forced on our children can we? It's hypocritical. END THE MANDATES.
Brenda Diaz	
Brenda Konoske	Please. Enough with this. Free us from vaccine mandates and masks.
Brenda Ping	Stop requiring masks! Everyone knows they don't stop the virus! So just end it. We gave enough of your tyranny!
Brenda Serna	
Brenda Tarvin	
Brendan Smith	Please align with the state in ending the mask mandate on February 15th. It is confusing that LA County has separate rules from the rest of the state and this confusion undermines trust in the public health department. Furthermore, it is puzzling as to why an unelected public health officer has this sort of authority over LA County. LA County residents have been diligent in masking and getting vaccinated

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	over the course of this pandemic. At this point it is only fair to let masking be an individual choice left to the public.
Brent Gold	
Brett Foy	LA has had the toughest COVID restrictions in the country and it isn't helping. La continues to overreact. The idea seems to be that it can't hurt to be careful but that is wrong, it is hurting business , kids and peoples ability to live a normal life. It needs to end now. The masks do nothing but make people miserable.
Brian Botsford	
Brian Costello	End all mandates for our children or we will pull them out of school. This has to end now.
Brian Espin	Relax restrictions
Brian Gooding	There is zero evidence supporting masking mandates success. The mandate itself is totally posturing by the govt. I'm fully vaccinated but fully oppose the masking mandates, ESPECIALLY FOR CHILDREN IN SCHOOLS.
Brian miller	This make no sense! Shall we eulogize science? I thought you all were the smart ones?
Brian Minkler	Let's use common sense and allow people to make their own health decisions.
Brian Nichols	
Brian Powell	STOP all mandates!
Brian Stevens	
Brian Van-Tuyl	Oppose
Brian Warren	Masks are child abuse.
Brian P Cherry	Remove all Covid vacs mandate now!
Briana Brosnihan	
Briana Gruft	Please end the mask mandate for all, including children
Briana Markese	
Briana Russell	Oppose the mandate
Briana R Mendoza Polintan	We should no longer have the need for masking requirements in indoor or outdoor settings, including schools. Masks should be optional and left up to the citizens of California. Cases are consistently decreasing and herd immunity is being reached daily. Omicron has less severe symptoms and to most is non-life threatening. If California can host the superbowl where players no longer need to be vaccinated or tested, then California should end all pandemic emergency orders.
Brianna Guzman	

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Brianna Kurowski	Unmask our children… if we follow the science we see that negative long term effects of making school aged children wear masks heavily outweigh the negative long term effects of covid! NO MORE MASKS
Brianne Carson	Current masking policies for kids in school is causing more harm to an age group with the least risk and I oppose the current public health order.
bridget wood	
Bridgette Jones	
Brina Suttle	
Bristol Stevenson	
Brittany Bakerink	The Los Angeles county workers should not get fired for NOT being vaccinated it should be a choice NOT mandated!!
Brittany Calvillo	
Brittany Petersen	End all mask mandates, indoor and outdoor, including schools immediately. There is no scientific evidence to prove they help prevent or protect against Covid-19 transmission. They are harmful to our health and are doing far more damage than good.
Brittney Bush	Our children need normalcy. You can visit 47 other states where children are not required to wear masks, they breathe freely. If you want your attendance and head counts to keep dropping, then keep the policies in place. But much longer we are leaving with the rest of level headed thinkers. PLEASE end the mask mandates and let our children have an end to a normal school year at least. Or allow choice. Let the parents choose what we want.
Brittnie Tapia	You CANNOT take away our God given liberties.
Brooke Griffiths	I oppose students wearing masks in school. O
Brooke Sigler	Unmask our Kids!!! Please allow for masking to be optional at our children's school. It’s time to stop making children pay the price for adults fear.
Bryan Beardsley	Oppose please
Bryan Campos	
Byron Patin	
BYRON J BROOKS	
C A	It’s been too long and these mandates need to end now! They have not done anything to slow the spread but have been effective in dividing the population and creating a two-tiers of people. Stop the mandates!
C B	
C M	Disgusting making 6month old children,follow under this agenda of mass murder!!! THE VEIL IS BEING LIFTED.
CALEb Smith	

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Cameron Herrera	
Cameron Hidding	This public health order has no business being in place. If you can host the Super Bowl, you can admit that there is no need for this.
Cameron Wilson	There is NO science to show masking kids outside is preventing the spread of Covid-19. In the absence of scientific data to force something on kids, it has to end. These children are being psychologically damaged, and the longer it goes on it will be permanent. The masks didn't stop Omicron in the first place so the fact that your response was to mask MORE makes no sense. Barbara Ferrer is not even a medical doctor. These cruel mandates must be stopped they are justified by NOTHING. Anyone supporting these outdoor mask mandates will go down in history as someone cruel to children.
Candace Sam	We need to stop the abuse of masking our kids!!!
Candice Anastasi	Unvaccinated employees should not be terminated. Many of them had Covid already and served the public constantly before a vaccine was available. The vaccine clearly does not prevent people from getting sick, which is all the more reason to not mandate it. It truly only affects the individual who gets it. There are also medical and religious concerns about the vaccine. You need to allow exemptions for those or face lawsuits. The easiest course and most sensible is to encourage it, but not mandate it
Candice Van devender	We are overdue to lift the mandates for masks in schools. According to a recent study from John Hopkins, the restrictive lockdown measures did not help. It was only .2% effective. Compared to the other health issues that have risen, the virus focus must be dropped and evenly distributed to suicides, addiction and other health effects due to the Covid restrictions. We must end the mask and vaccine mandates now. Other countries have already lifted restrictions and some didn't need them. The people are waking up that the mandates are not about the virus any longer, but control.
Candy Marbach	
Cara Pearson	You must align LA County guidelines with the rest of the state.
Cari Sands	
Carie J Boyce	Stop these ridiculous mask mandates. We are beyond ready to accept the risk and live our lives!
Carina Bindra	
Carlos Avitia	
Carlos Carrillo	
Carlos De La Torre	
Carlos Gonzalez	
Carlos Limon	
Carlos Ramos	

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Caro Lisa	
Carol Hadjiandreou	IT's time to end all mandates. Other states have done this successfully, it's time to follow the actual size. There is no longer a pandemic. Kids don't need masks at school, employees don't need masks either...masks don't work. If they did, no one would have gotten sick over the past few months since the indoor mandate was re-instituted.
Carol Shin	Opposing agenda 2
Carolina Medrano	
Carolina Campos Sheridan	Unmask our kids now!
Caroline Botsford	It is time to unmask our kids and lift the state of emergency. We are not in a state of emergency anymore. Our city is literally hosting the super bowl with the entire world watching. We are not in a state of emergency. Unmask our children. Enough is enough!
Carolyn Bramen	I strongly oppose the mask mandates, especially for children in schools. This virus has a 99.8% survival rate. As an RN who has worked in a hospital throughout this pandemic, I am frustrated that people who haven't worked on the frontlines and truly seen what is really happening are making decisions that will have a lifelong impact on our children's mental health. The pediatricians I work with have seen a drastic increase in children with suicidal ideations. Please end the unnecessary mandates immediately
Carolyn Negrin	
Carolynn Ornelas	
Carri Zotti	UNMASK our children. It's been long enough that they have gone without seeing their peers, without seeing their teachers, sucking in toxic carbon dioxide, harming their oxygen intake. We know the risks, we know what precautions we are told to take. It is now time for parents to take back what is best for our own children. Not the governments. Children should not have to mask given the studies of COVID and mask with children. Their chance of getting it and dying from it is slim to none. Studies prove masks do not work. Vaccines do not so what a vaccine is supposed to do. Even if vaccinated you can still obtain, spread and get sick. It's a parents constitutional right to decide for our own children. It's time we make the choice. It's time we stand up to government demanding our rights and freedoms not only for ourselves but for our children. These "mandates" are not for everyone, they are to be a choice. A freedom we have as American citizens to decide for ourselves. Our children our OUR responsibility, not yours, the government!! Stop the mandates. Stop the discrimination. Stop the segregation. Stand up for our children!
Carrie Mackensen	I got cut off while speaking on Set Matter 2, I did not get a full minute.

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				I am a mom, and a Clinical Psychologist licensed in CA. As helpless as it sounds, I BEG you to drop the mask mandate at our children's schools. I do feel helpless, as a mom, my heart aches and my anger grows. As a psychologist, I feel afraid for our children's future. I'm not sure how much you know about neurobiology? Specifically the brain's development for empathy. Masking our children is detrimental to the development of empathy. Motor neurons in our prefrontal cortex is responsible for empathetic response. When we don't see facial expressions (sorrow, hurt, embarrassment) our motor neurons do not fire. In the Middle East they force women to wear Berkas in order to stop empathy towards them and in turn dehumanizing them. Similarly you are dehumanizing & demoralizing our children with these mask mandates. And it's not just that our children's empathy for others is being hindered now but worse that their brains are NOT developing the capacity to HAVE empathy, period. For a virus that does not have detrimental effects, you are damaging the most innocent of our community–our children who do not have a voice or the power to change it…but YOU DO! PLEASE drop these mask mandates at our schools. Three-fourths of the states in our country have already done so without negative consequences, rather those children, teachers and staff are thriving. Please help our children to thrive, to grow healthy brains that can have empathy and compassion for others…will you demonstrate compassion for our children and stop these mandates?! Can you override Barbara Ferrer–PLEASE stop this for the sake of our children!
			Carrie McCall	Unmask school children
			Casey Lickhalter	
			Cassandra Bankson	
			Catherine Bidon	for number 2 I oppose mandatory COVID tests, Vaccines, masks and all discriminatory

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	policies intended to make life more difficult for the unvaccinated; specifically our children. for number 2 I oppose mandatory COVID tests, Vaccines, masks and all discriminatory policies intended to make life more difficult for, small businesses, employers and employees who have been impacted by unnecessary and unscientific policies and the unvaccinated; specifically our children!
Catherine Grigorian	
Catherine A Tewksbury	No vax mandates, no masks. Follow the science. Other countries are lifting these mandates. They are causing more harm than good. Please .
Cathy Ganz	The mask mandates indoor and out door for everyone must be lifted. The masks have been weaponized by radical people, teachers and politicians. It is proven masks do not work- do your part stop the mandates. In addition firing the Unvaccinated LA County workers is unethical. Freedom of medical choice must never be withdrawn and handed to government.
Cecilia Gomez	As a parent of 3 Children, I ask the board members to remove the mask and vaccine mandate. It is unconstitutional and goes against our right to force something that we do not want. My children will be 3 of the 34k + students that will be leaving LAUSD. The boards mentioned that they are following science, however they you don't know that the masks that LAUSD is requesting goes against the CDC and the FDC, they can not be used for children. Covid is not causing depression and suicide crisis on children, the main cause of that are the mandates and the traumas that the city is putting our children through. This needs to stop!! You are failing to us and our children. Also, following the Governor's mandate drop, if L.A County does not comply, I will be one thousand Angelinos that will go to Orange Country to leave my money when it comes to restaurants and other activities. L.A needs to stop the mandates now or it will have financial issues. I am not anti-vaccine, I am pro-choice. You can not talk about caring for our health when you allow fast food, sugared drinks or can not provide free cancer treatment.
Cecilio Felix	
Celene Lyddon	It is time to unmask our children in schools. If we are able to host the super bowl and a nascar race at the Coliseum, with thousands and thousands of unmasked attendees, including politicians, it is time our children, who are the least vulnerable population take their masks off. They have suffered enough, it’s time. Shame on all of you for letting this continue as long as it has. The science has proven the masks are ineffective in mitigating transmission of Covid. Follow the science!
Celeste Fiehler	I can send you all the data regarding masks and vaccines, but you already know. It’s time to let our children be free from the constant covid restrictions that have been placed on them for two years. Children are the lowest risk group, and the only group who has complied to the demands of school closures, masks mandates for 7-8hrs a day, and tortuous testing. They deserve to see a light at the end of this covid tunnel that has left many of these children in a mental status they may not ever recover from. Kids need a hero-more than ever. Be their hero. Stand up for them. End these mandates.

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Celina Goodman	I am the mother of 4 school aged children and I have seen how this mask mandate has negatively affected them. My kindergartner is struggling with speech and reading. He is struggling with making friends and understanding social cues. My 8th grader is struggling socially. She has anxiety about getting in trouble if she's not wearing the mask all the time and in a way that her teachers or people around her deem appropriate. They are all afraid of getting into trouble. They should not be living in fear. My children eat a well balanced diet, get daily exercise and get an appropriate amount of sleep. I think this will do more to protect my children than anything else. It doesn't make sense that my children have to wear a mask outdoors when Los Angeles is hosting events like Super Bowl. It doesn't make sense that my children have to wear masks when children in other counties and states do not have to wear them and those counties and states do not have high yet Covid rates than our state and county does. The other non mandated states and counties in fact have lower Covid rates. Please stop mandating masks when they are doing more harm than good. Thank you.
Celina Madrigak	
Cesar Valiente	
Chad Spencer	
Chad M White	Omicron has shown that people are not getting as sick even though it is easier to catch regardless of vaccination status. Many other states and countries are dropping the Covid restrictions because they realize that Covid is reaching the endemic phase. People have to learn to live with it.
Channing Toomey	
Chantal Akopian	
Charlee Rico	OPPOSE!
Charles Weathers	
Charles J Bauer	
Chausa Nguyen	Stop all the mandates immediately. Let the kids play and unmasked like Gavin Newsom. Let people make their medical informed consent. Stop firing essential workers of LA county over a vaccine that may not be suitable for them and do not stop transmission. Stop shifting blames on the public and do your jobs, own your failures. Stop all mandates immediately!
Chelsey Ferrer	
Cherise Mosiman	
Cheryl Bunnell	
Chia-Hung Hsiu	I strongly oppose the public health order.
Chloe Abrams	
Chongsarid Hutayana	

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			Chris Garcia	The Public Health Order issued by the Public Health Officer needs to be rescinded as it is now proven, by John Hopkins University, has had NO impact on ending or slowing the spread of Covid-19. All it has done is destroy small and family-owned businesses, as well as negatively affect the long-term health, mental health, and social skills of our children. I oppose the Public Health Order and urge the Board to instruct the Public Health Officer to terminate the Public Health Order.
			Chris Husoen	
			Chris Kusayanagi	Masks are doing more harm than good.
			chris lopez	I OPPOSE TO THIS LAW BECAUSE ITS NOT FAIR TO TERMINATE SOMENOE OVER NOT BEING VACCINATED
			Chris Scotti	
			Chris Skippen	Health experts have admitted that the vaccines don't prevent infection, so why mandate these vaccines, thus violating a patient's right to choose their own level of care. Your opening yourselves to massive lawsuits in the future, as well as leaving the county thousands of first responders short, during a time when crime levels are skyrocketing. It won't go unnoticed, won't be forgiven, nor forgotten.
			christian damian	
			Christian Lopez	
			Christianna Lynch	Unmask the children, they need to breathe freely.
			Christie Bauer	
			Christina Adam-Martinez	End mask mandates for all. End mask mandates for children at school, both on the playground and in class. Science has shown that children rarely get severely I'll from covid. Teachers are protected with vaccines. This needs to be a parental choice. Children need to see facial expressions to enhance their emotional capabilities. Children with speech impediments cannot be easily understood while wearing masks.
			Christina Marquez	
			Christina Martinez	Oppose vaccine mandate for LA County employees. If people get adverse reactions to these vaccine mandates, who is going to cover their medical costs directly? Will you be signing a contract that you will be proving additional coverage to county employees and their family's? It has been noted by the CDC that people are experiencing heart inflation and it makes people susceptible to heart attacks. Is my family going to struggle to pay for these costs? This is against our civil rights and we should have the right to make medical decisions for ourselves. Who will be held accountable when I have an adverse reaction and my fertility is jeopardized? Will you be held accountable when I can no longer conceive children?

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	In America we also have Freedom of religion; therefore, how can the BOS require me to provide proof that I am religious and need a religious exemption for who or what I worship in order to decide if I should or shouldn't take a vaccine? Did you have to provide an explanation about your religion when you took office? Further, The Supreme Court ruled that OSHA cannot enforce/mandate vaccines for federal employees and private agency's. It is unfortunate that the BOS feel the need to continue to discuss dictating their employees to take the vaccine, and take the liability to having the county sued by several agency's so people can protect their civil rights. This money is being wasted to fight lawsuits and instead it can help improve our foster care system, hire much needed lasd deputies to protect our city from an increase in crime and combate the severe homeless crisis in la county. This vaccine does not protect you 100% and by forcing this vaccine, you allow your employee to take the risk of dying from adverse reaction in addition to COVID itself.
Christina Rizzoni	Please remove mask mandates at schools.
Christina Salisbury	Please align with state mandates. Please stop letting Barbara Ferrer create unreasonable, unnecessary benchmarks that are the strictest in the entire country. Other states across the country are lifting mandates and school mask mandates, and she won't even align with her own very strict state. She has gone too far. Please exercise the will of the people instead of one misguided Director with too much power.
Christina Salisbury	Please unmask our children!!! These mandates have gone on for far too long. The LA County mandates are the strictest in the country, and our children are suffering. We can't continue these policies that simply don't make sense anymore. Please do anything in your power to stop the LA County Department of Public Health from continuing to impose these unnecessary restrictions. Our children deserve better.
Christina Samayoa	
Christina Stepanyan	
Christina A Smerk	
Christina S Sherman	
Christine Bolger	
Christine Ruiz	Masks on our children have proven extremely detrimental to their mental and physical health. The rest of the country knows this but yet Ferrar wants to continue their tyrannical reign over us. We need to end the masks mandates now or we will have a generation of cognitively delated and socially depraved children.
Christine Scott	Leave the kids alone. If you WANT to get vaccinated or wear a mask you are

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		free to do so, if not ALSO free to do so. It's a personal choice, personal protection. Our children deserve to be free. This is causing so much more harm than good. We should do everything to protect our children and their well being, it's not the duty of the children to protect everyone else.
	Christine Wood	
	Christine V Gutierrez	
	Christophe Lefevre	
	Christopher Tanaka	
	Christopher Wells	
	Christopher A Morris	
	Christopher L Mason	Our body our choice! Follow the TRUE science not CNN and the media. My whole family and all my co workers in all the local unions for the motion picture industry will protest and fight for the rights of our teachers, law enforcement, fire fighters and all human beings.
	Christopher M Malkus	
	Christy Martinez	
	Chuck Mosa	This is not about health or public safety anymore. Counties have opened up. It's time LA County does the same. To terminate personnel for this is denying science, which would is typical for the LA BOS
	Chuck Parker	
	Cindy Elhaj	Remove suffocating masks off our kids!!!!!!
	Cindy L Hrezo	Oppose mask and vaccine mandates.
	Circe Gaona	
	Claire Jacks	UNMASK OUR KIDS
	Clara Arcos	
	Clarissa Serpas	Children need to be unmasked. These policies are doing more psychological harm that will have an irreversible impact on their future. This is clear! We need to stop using our children as pawns in this political game of chess. They are at LEAST risk of severe illness, with a 99.997% survival rate. This is no longer about public health. And to continue to have children wear masks is utterly asinine. As we've publicly seen by Mayor Garcetti and Governor Newsom - maskless among THOUSANDS. Didn't realize "holding your breathe" was considered a scientific way of not contracting covid. Do the right thing, our kids suffering! I oppose children wearing masks!!
	Clarissa Vivanco	
	Claudette Camacho	

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Claudia Ferreira	
Claudia Godoy	
Claudia Hernandez	
Cleo Khanlari	
Clifton VonBuck	End the mask mandate. This has and is being used for political purpose. Causing division and a social animosity. Science and common sense dictates the mask does nothing except harm the wearer and our children. Nobody is dying. This is like the flu.
Clint McClure	
Cody Herrick	
Coley Apsay	
Colin Sander	MEDICAL FREEDOM FOR ALL
Colleen Follstad	I respectfully disagree with attempts to mandate vaccines on people, and to punish individuals with termination of employment for not complying with said mandates. As a country we have always held our constitution as the hallmark of our republic. These mandates are in opposition to our constitution. Please consider your own freedoms that you just assume are afforded to you by our constitution. Pleas make a responsible decision as board members who were elected by the people to oppose such over reaching mandates. Colleen Follstad
Concerned Citizen	It is time to remove all COVID-19 related restrictions. The numbers have drastically fallen and we have had some form of restrictions for 2 years. It is time for everyone to do what is best for them and their health. If you are immunocompromised you should continue to isolate as much as possible and wear an N95 mask when out and about. Healthy & vaccinated individuals should be able to live freely, if they choose. It's time to follow the actual science, which has proven that lockdowns/masks do not significantly increase your chances of catching/spreading COVID. The County has overstepped their bounds for long enough.
Connie Beardsley	
Connie Delgado-Lopez	
Corbet Romero	Remove all MASK MANDATES on 2/15 like Newsom said or we the people will be removing 2 of the LA BOS in November by vote. And please FIRE Barbara Ferrer, the worst and most incompetent official in the history of LA County! Signed- A Lifelong DEM voter.
Coreen De Soto	
Corey Hegger	Why must our children wear masks on the playground? Adults aren't required to mask outside. Unnecessary mandates only serve to aggravate parents.

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			Corian Jackson	
			Corina Bernal	
			Corri Zabala	
			Cortnee Peterson	Indoor masking is set to expire for “vaccinated” individuals starting February 15th. The damage this type of segregation will have on children and teens will be irreversible. We already know the statistics of children contracting and having severe Illness or death is minuscule. We also know that being vaccinated does not prevent the spread or infection from Covid-19, making a mandatory covid vaccine for children to attend in perso. school immoral and WRONG. Covid is not going anywhere, just like the flu virus. The vaccine is gene therapy, not like other vaccines our children had to have to attend school. Our children have been through enough, and proof is that there is a nationwide mental health crisis. This is what we should be focused on! Please advocate for our healthy children it is not their responsibility to keep the elderly, immunocompromised safe!
			Cory Rico	OPPOSE
			Courtney Saye	We have children in school in La county and they have suffered through masking long enough. Follow the science and pull the mask mandate.
			Courtney Schiller	
			Cristina tovar	
			Crystal Ellis	
			Crystal Lombardi	
			Crystal Pineda-Alatorre	
			Crystal Reyes	
			Cynthia Burciaga	
			Cynthia Martinez	
			Cynthia Martinez	
			Cynthia Rojas	I am writing to plead with the BOS to require LACDPH align with CA guidance and nothing more. Last week on Feb 1 the LA Times published the metrics LACDPH defined in order to remove our county indoor mask mandate. There were 4 conditions. Three days later Dr. Ferrer released a different set of criteria to life the indoor mask mandate. No explanation or science was given for the change. I think this clearly proves that the metrics being used by LACDPH are arbitrary and residents, businesses and schools have had to deal with ever-changing and confusing criteria for almost 2 years.

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				We all know CA will be lifting the indoor mask mandate on 2/15 and LA will not follow. It is not clear when LA will follow given Dr. Ferrer has committed to using case metrics and a CDC tier system that was launched a year ago and has not been updated since. The criteria of 50 cases per 100k over 7 days for 2 weeks gives the people of LA no clear insight into when the mask mandates will end. Unfortunately, the reality is that LA has endured some of the strictest restrictions without experiencing the benefit of better outcomes. The data just does not support continued restrictions that are above and beyond the state. In addition, I have emailed and called Holly Mitchell's office multiple times and have never received a call or email in return. I originally contacted Supervisor Mitchell many months ago to discuss some of the terrible conditions and incidents my children have been subjected to at school in the name of covid safety. With Supervisor Mitchell's background in advocacy for children, I thought she would want to help LA kids who are being mistreated in school. Our kids need relief from covid restrictions. Our kids need normalcy. They have been asked to pay a enormous price in order to make adults feel safe and it is time that politicians stand up for kids.
			Cynthia Soria	Opposing mask mandates for school aged children regardless of vaccination status.
			Cynthia L Lee	No on 18! No vaccine mandates
			Dairenn Lombard	Los Angeles remains out of alignment on decades of documented evidence that, outside of laboratory or clinical settings as part of a comprehensive personnel protection program involving multiple layers of protection, General, wide-spread masking by the public has proven to be completely ineffective at preventing the transmission of upper respiratory viruses. This has been proven worldwide. Instead of removing requirements to discontinue the use of ineffective devices such as any mask, the county continues to persist in messaging that their use is good. This actually exposes more at-risk people to dangerous infection risk by allowing people to believe they are protected when they aren't. Unfortunately, the county has failed, with among the highest virus-related Deaths in the United States, primarily due to avoiding taking charge of early treatment options, of which there are many, and have been highly effective at preventing death or other extreme outcomes from a now well-known public, respiratory virus challenge. The county would be well served to stop misleading the public on masks, and start recommending DIET, EXERCISE, VITAMIN SUPPLEMENTS to reduce the risk of severe outcomes from an infection--which is generally inevitable and largely completely unavoidable, with few exceptions. The doctors of the FLCCC are available for consultation on working, effective methods at limiting death and long-term injury as a result of a COVID infection and the county of Los Angeles is well encouraged to contact them as soon as possible, given the fact that this virus will likely return next winter, like all respiratory viruses such as the flu.

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			dale palmer	This is very harmful to all the kids. I find it very disconcerting to see children, especially my grandkids wearing face masks all day while attending school Has anyone in the medical field looked at a child mask after wearing them for 8 hours. Look at the bacteria our children are breathing. The school has become prison instead of a learingin facility
			Daleana Arguello Lopez	
			Dan Ament	
			Dan Starkey	
			Dan Stynchula	Our children have not had a normal school year since 2019. For two years we have written to this Board begging for relief for our children. For two years, you have put the unions and special interests ahead of our children. Experts around the world and our own US Surgeon General have sounded the alarm of a mental health crisis in our children due to the pandemic school closures and continued restrictions. Our children are in crisis, and YOU continue to ignore it. Not a single message from LA County Public Health addresses the social, emotional, and mental harm done to our children. This is an epic failure by this Board and the Public Health Department. Our children were locked out of their schools and sports for over a year. Now that the school doors opened, our children are distanced from friends, masked for 7+ hours a day, with no parties, field trips or fun. Children are being forced to wear masks to run, exercise and play sports, even outdoors. Children are made to believe that people would get sick and die from the simple act of them breathing. None of these restrictions are imposed on adults. We will not let you ignore us anymore. We will not let you harm our children no longer. The testing, quarantining, and masking of our children needs to end now.
			Dana DuBose	
			Dana DuBose	see attached
			Dana Lee	
			Daneen Lindner	Nurenberg code
			Danelle Rodarte	
			Danica M Keese	You will gain popularity when you leave people to choose for themselves. No more mandates. Leave the children alone.
			Daniel Centeno	
			Daniel Contreras	
			Daniel Lopez	

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Correspondence Received

Daniel Martinez	
Daniel Quirk	
Daniel Ruiz	
Daniel Van Deventer	My 3 kids have missed over 3 weeks of school due to the restrictions in place. They are being sent home when they feel fine but had mild cold symptoms that “might be consistent with Covid”. They have had more illness this year than all other years combined including common colds, rsv, strep throat, and even covid. Wearing a mask to school didn’t stop them from catching any of those viruses. If masks were working to prevent any illness this would not be the case. My children find it hard to pay attention and stay on task, and they struggle with not being able to see faces and read expressions because faces are covered. I feel that our kids should not be required to wear a mask, but those that would like to may do so.
Daniel A Barrasso	It is ridiculous to remove approximately 4,000 people (whom we recently called heroes) because they don't want the "vaccine". This is a personal choice, and under the hippa act, technically illegal to ask if anyone has received the shot. Did this happen 4 years ago to all who didn't get a flu shot? If it did, the public would've heard about it. I just hope that every single one of you that votes to remove these individuals from their jobs, will take on more hours to make up the difference. It is going to leave a hole of about 160,000 man hours available every week. So sell your homes as you may not ever get back to them. WORK WORK WORK ye blessed and much better humans who have taken the jab....all work and no sleep. Thanks for sacrificing it ALL for the little guy. You bunch of stupid jack-asses!
Daniel E Leist	Unconstitutional
Daniela Mottahedeh	UNMASK OUR CHILDREN. Our children have not had a normal school year since 2019. For two years we have written to this Board begging for relief for our children. For two years, you have put the unions and special interests ahead of our children. Experts around the world and our own US Surgeon General have sounded the alarm of a mental health crisis in our children due to the pandemic school closures and continued restrictions. Our children are in crisis, and YOU continue to ignore it. Not a single message from LA County Public Health addresses the social, emotional, and mental harm done to our children. This is an epic failure by this Board and the Public Health Department.Our children were locked out of their schools and sports for over a year. Now that the school doors opened, our children are distanced from friends, masked for 7+ hours a day, with no parties, field trips or fun. Children are being forced to wear masks to run, exercise and play sports, even outdoors. Children are made to believe that people would get sick and die from the simple act of them breathing. None of these restrictions are imposed on adults.We will not let you ignore us anymore. We will not let you harm our children no longer. The testing, quarantining, and masking of our children needs to end now.

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			Danielle Brandenburg	OPPOSE!!!!! OPPOSE!!!! OPPOSE!!!!
			Danielle Carry	Unmask the kids already. It's been 2 years. We are one of the few places in this country to mask children. Masks are not working anyway. Where are the studies on mask safety for children? If you can't prove they're safe to wear long term, then you can't demand people to wear them.
			Danielle Day	
			Danielle Ewing	Please push for a release of all restrictions on our children. They are statistically at low risk, the vulnerable can be vaccinated, and Omicron case rates are falling. Please follow the lead of other countries, states, and counties, and unmask our kids. Those concerned can still mask, and one-way masking with a well-fitted, good quality mask still offers good protection to the wearer. But give our kids and their parents the freedom to choose- especially those struggling with language, speech, sensory issues, mental health, and/or developmental issues. Two years in, in it is time. Our children need normal. Please review the ever-growing list of health professionals who have signed off on the Urgency of Normal campaign, and review their data. Please read the numerous articles calling for the unmasking of school children. Please review the data from states and counties that have not masked children, to see that it can be done without a significant increase in community case rates. By and large, our adults are back to normal and do not mask for 7+ hours/day. Why are our kids last? It is time to put them first. Danielle Ewing MSN, RN
			Danielle Frazer	
			Danielle Gonzalez	
			Danielle Oquinn	
			Danielle Winter	I strongly oppose mandatory COVID testing, vaccines, masking, and policies designed to discriminate against and discipline the unvaccinated. This is a personal medical decision and should be a personal CHOICE.
			Danielle C Henry	The SCIENCE is not being followed and more harm is being done to our children with this tyrannical mandate that our own politicians aren't even following!
			Danielle M Imbriale	Dear LA County Board of Supervisors, Thank you for your service to our county and local communities. As one of the constituents of District Four, I would like to inform you that I support the motion that parents, under the advice of their primary care physician, have the choice to mask or vaccinate themselves and their families, including school aged children. At School, children are being treated differently based on vaccination status or willingness to wear a mask. The same children that play outside together unmasked, eat next to each other unmasked and in some cases nap unmasked indoors next to each other for up to two hours a day. The rules just don't make sense. I ask that you take a stance to the unjust mandates of school children, workers and the general

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				public and urge your fellow board members to lift our county and school board's mask and potential vaccine mandate immediately. It is time to let the people analyze their own personal calculated risk and decide as to what level they would like to protect themselves and their families from this virus. Thank you, Danielle Ra Pue Imbriale
			Danille Berns	No masks! No on 18
			Danna Wilson	Unmask our kids at school! Especially outdoors and while participating in sports! As a speech therapist I see first hand the price out young children are paying for not seeing faces as they develop language and communication skills.
			Danny Hauze	
			Datevik Pztikyan	
			David Barlavi	
			David Donner	Masks are ineffective and harmful, especially for children. There are 30 studies showing masks are ineffective against covid and come with many harmful health, social and cognitive consequences. Remove the masks from our children. They are the least risk and pose no threat of spread. Asymptomatic spread is not the problem. Set our children free.
			David Fletcher	
			David Fujiki	
			David Martinez	Get rid of the mask mandates. If people choose to wear them, that's their choice. This is gone far too long and nothing is changing. Mental health and education are suffering as a result of the stupid mandate. LA County has bungled its Covid response. It is embarrassment how the county has managed this. Also don't even think about firing employees who choose to make their own medical decisions. I strongly oppose the county taking any self medical rights from people when it clearly has no credibility.
			David Martinez	No mandates
			David Mohaber	It has been 2 years into the pandemic and we are still playing this game. The science shows that vaccines do not prevent infections nor does it prevent transmission. The masks do not work. We are polluting the earth with all these masks that are getting thrown out. We need to stop this madness. We need to take off the masks from our kids. They need to socialize, see smiles, faces. The face decorations are just ridiculous. You need to stop this yesterday.
			David Navarrete	
			David Parslow	
			David Sam	Unmask our children!

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			The following individuals submitted comments on agenda item:	
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			David Shemanski	
			David Velasquez	
			David J Polak	
			David W Tressel	
			Dawn M Crosby	
			Dayan Spohn	
			Dayna Papadakis	Forcing children to wear masks all day at school should be considered a crime at this point. We have played by the "rules" for years now and it has been unnecessary. The negative affects of wearing masks has become clear to many of us. I don't know why this virus is treated so differently in this on county. I also believe vaccinating your child should be a choice not a mandate. I don't think children should be segregated based on vaccination status. This one-sided madness has got to stop.
			Deanna Swanson	These masks are causing emotional and mental issues for our children. These masks are eliminating freedom of expression. They have proven to be ineffective in preventing the spread of Covid.
			Deb Sanchez	
			Debbie Blute	I oppose the mask mandates for kids.
			Debbie Wood	
			Deborah Brown	Let children be children and stop the school mask mandate. MASKS ARE USELESS AND ARE CAUSING MORE HARM TO CHILDREN THAN GOOD. Enough already!
			Deborah Meniane	
			Debra Guerrero	
			Debra Suarez	Stop the mask madness
			Delaney Amin	
			Della Lovercio	
			Denelle Pankratz	
			Denelle Schaffel	
			Denice Vargas	
			Denise Cortez	

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			Denise Honaker	
			Denise Traboulsi	Our children have not had a normal school year since 2019. For two years we have written to this Board begging for relief for our children. For two years, you have put the unions and special interests ahead of our children. Experts around the world and our own US Surgeon General have sounded the alarm of a mental health crisis in our children due to the pandemic school closures and continued restrictions. Our children are in crisis, and YOU continue to ignore it. Not a single message from LA County Public Health addresses the social, emotional, and mental harm done to our children. This is an epic failure by this Board and the Public Health Department. Our children were locked out of their schools and sports for over a year. Now that the school doors opened, our children are distanced from friends, masked for 7+ hours a day, with no parties, field trips or fun. Children are being forced to wear masks to run, exercise and play sports, even outdoors. Children are made to believe that people would get sick and die from the simple act of them breathing. None of these restrictions are imposed on adults. We will not let you ignore us anymore. We will not let you harm our children no longer. The testing, quarantining, and masking of our children needs to end now.
			Denise N Quijada	
			Denisse Gonzalez	The current masking policy for kids in school is causing harm. I've had to pick my kid up from school,or not take her at all . Due to breathing problems. She's 8 and has been masked for 2 years! She had covid 2 years ago stop the madness.
			Dennett Ochoa	
			Dennis Farmer	
			Dennis Maynard	There is no scientific data showing that masking works in a segment of the population that is the least likely to be affected by the Covid virus. There is data showing that masking is harmful for mental well being and mental development. This needs to stop. No more political football.
			Derek Luczyski	We should lift the state of emergency if we are willing to host a superbowl. This is just common sense. Thank you.
			Des Dlc	
			Desiree Cortez	
			Desiree Webb	

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			The following individuals submitted comments on agenda item:	
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			Desiree Webb	Due to the fact that I was unable to say what I needed to in the conference call, I will make it known here. I just recently turned 19, I am very young, and I have had 2 years of my life taken away from me, going on three. Not only this, but I am just starting my life, trying to figure things out, make money and save up for a life of my own. But instead of being able to do this like every human being should have the opportunity to do, I am on the verge of losing my job with the city, my sister is in the same position, and it's because we decided to not allow the government and others to tell us what we can and cannot do with OUR bodies. My little sister, I've watched her struggle these past 2 years in school, being forced to get an education online and then not have much of a choice when it came to her being able to go back to school, under the condition that she be vaccinated or test weekly. It is immoral, and simply unfair, to allow those that decide to let themselves to be controlled by the government and get this vaccination, that I might add, DOES NOT WORK, to live their lives out and make their livings, while the rest of us are discriminated against for doing what we believe is best for our own bodies. I am not vaccinated, I will not be getting vaccinated, and within the past 2 years and change of this year, I have not caught covid. But I do know many, many, many, people that did catch it and that ARE vaccinated. I can't go to school and continue to get a normal education because I "have" to be vaccinated, I can't go out to a nice restaurant with my family and celebrate my birthday because we "have" to be vaccinated, even when complying with wearing face masks, we can't work and make money to even START up our lives because we "have" to be vaccinated. And if I want to work in the meantime, until certain decisions are finalized, I have to get tested twice a week, spend MY time and MY gas, with the money I am not allowed to make and am not making, and am being charged for by the paycheck. It doesn't make any sense and it isn't right. Living like this and FORCING humans to do something to their bodies, that they do not want to do, is quite literally, evil. Thanks.
			Destiny Moreno	
			Diana Ash	
			Diana Evans	Enough already of this madness! Stop the crazy train you are all on. Just stop. The time for the panic is over.
			Diana Kashani	Unmask kids
			Diana Tashdjian	
			Diana Vasquez	
			Diana Whitlach	No more mask mandate!!!!
			Diane Harris	

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			The following individuals submitted comments on agenda item:	
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			Diane Kish	Agenda item #18. I'm asking please not terminate employees for not receiving the Covid vaccine. This will create more of a public safety issue for citizens. Thank you.
			Diane Knecht	It is time to stop harming the people, including children, and END the mandates. We Angelinos have reached the precipice and are done.
			Diane Martinez	
			Diane L Lewis-Fleming	
			Dikla Marshall	I'm a parent of two kids in elementary school. It's time to END the mask mandates. Kids are the LEAST at risk population -- they have endured enough. It's time to stop-- I haven't met a single parent from my school who doesn't agree. We have had enough. You are now putting our kids health at risk (if you haven't already). Enough is enough.
			Dimitri Kermani	

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			Dina GudinoMartins	Dear Board of Supervisors, My name is Dina Gudino Martins. I am a constituent living in the city of Artesia in Los Angeles County. I am writing to request that you add the following item to your next meeting agenda: A letter or resolution opposing SB 871 Pan. Public health: immunizations. SB 871, if passed by our legislature will devastate school districts enrollment and Average Daily Attendance in our county and therefore will greatly diminish our county funding. ? SB 871 takes away the personal beliefs (which includes religious beliefs) exemptions for the COVID vaccine as well as future vaccines. ? This bill begins for children in the age range of day care and preschool. ? The COVID vaccine is under Emergency Use Authorization for several of the age groups. ? The bill does not account for natural immunity. ? The COVID vaccine does not stop anyone from getting or transmitting COVID. ? When LAUSD tried to enforce a covid vaccine mandate for students without allowing for exemptions, they had a surplus of 34,000 students that chose not to get the covid vaccine and, therefore, would have to enroll in the City of Angels, a virtual independent type school. This was beyond their capacity to maintain as they did not have the staff, nor the infrastructure to support that many students. LAUSD backed off and delayed the covid vaccine mandate implementation. This would likely happen to school districts statewide including in our county. ? Several districts have surveyed their families and overwhelmingly found that parents do not support a COVID vaccine mandate. See Brea Olinda Unified School District as well as Chaffey Joint Union High School District. For these reasons, districts around the state are beginning to put forward letters or resolutions to oppose SB 871. We ask that our Board of Supervisors does the same. When you add this letter or resolution to your next agenda please include that it be sent to Senator Pan and all co authors asking them to withdraw and/or oppose SB 871. Please also send to local legislators, school districts in our county as well as the county board of education. In order that this letter or resolution is included in the legislative bill analysis it is imperative that it is submitted to the legislative portal. Thank you for your time and attention to this important request. Sincerely, Dina Gudino-Martins
			Dina Youssefmir	
			Dinorah Maya	Please follow the real science.
			DJ Melzer Spelliscy	End the mask mandates and children's mask mandates.

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			Dominik J Hernandez	
			Dominique Ahumada	we should lift the state of emergency if we are willing to host a superbowl.
			Dominique Regalado	
			Donna Kasseinova	Enough is enough!!! Unmask our children! There is no valid science to support mask mandates at schools. We are DONE!
			Donna Llewellyn	Don't force the students to wear masks. Look at the harm you are doing to the children. Taking their right to choose for themselves away. Let them decide for themselves. Stop trying to be the dictator.
			Drew DeRousseau	Please stop mask mandates in Public Schools.

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			Duayne Howard	To the Members of the Board: Any mask or vaccine mandate is in violation of Article 1 of the California Constitution, as well as 18 USC 241 and 18 USC 242. No one outside of Congress has the authority to impose any law over the sovereign citizens of this land. And, since we are all unwitting subjects in a global experiment spawned by the simulation called Event 201, any such imposed so-called "mandates" shall also be construed as direct violation of The Nuremberg Code of 1947, whereby it is decreed: 1. Voluntary consent is essential 2. The results of any experiment must be for the greater good of society 3. Human experiments should be based on previous animal experimentation 4. Experiments should be conducted by avoiding physical/mental suffering and injury 5. No experiments should be conducted if it is believed to cause death/disability 6. The risks should never exceed the benefits 7. Adequate facilities should be used to protect subjects 8. Experiments should be conducted only by qualified scientists 9. Subjects should be able to end their participation at any time 10. The scientist in charge must be prepared to terminate the experiment when injury, disability, or death is likely to occur. Furthermore, per the National Institute of Health, on their own web site: "Extended mask-wearing would have the potential, according to the facts and correlations we have found, to cause a chronic sympathetic stress response induced by blood gas modifications and controlled by brain centers. This in turn induces and triggers immune suppression and metabolic syndrome with cardiovascular and neurological diseases." ncbi.nlm.nih.gov/pmc/articles/PMC8072811/ These mask and vaccine mandates are nothing more than a charade designed to hide criminals in plain sight, while they enjoy the very freedoms they intend to deprive us from having. You are public servants whom are supposed to act in the best interests of the citizens you represent. Forcing unconstitutional and illegal orders against us will result in your removal from office for violation of your oath of office. Consider the consequences of your decisions, and act wisely...
			Dylan Johnson	

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			East whittier school district Concerned grandparent	The east whittier school district has forced kids outside to mask. The guideline states it is strongly recommended if distancing is not possible. The choose to ignore this and make all kids mask outdoors. During times when social distancing is possible when they are doing physical activities. They choose to ignore this guidance. Please unmask these children outside. Other school districts understand this guidance and allow kids to unmask while working out.
			Ed Byrne	
			Ed Preer	
			Edda Elias	Opposition to government mask mandates. At this point the individual should have the right to choose to mask or not. Parents should be able to choose whether their children should mask or not, not the government. Masks have hurt our children more than the virus.
			Edgar Sanchez	I will hold my breath out in public. 0% chance of transmission.
			Edgar G Garcia	UNMASK the kids. They are NOT at risk no matter how you want to count cases. We are doing so much damage to these children keeping them masked. How much longer can you justify it while other states and countries remove mask mandates? Do the right thing please.
			Edit Keshishyan	
			Edita Garibian	Stop the mask mandates already. Our kids need their childhood back.
			Edmundo R Martinez	I strongly oppose.
			Eduardo Andrade	End all mandates already!!!! Let the kids breathe!
			Edward Matthews	
			Eileen Kiyomiya	Vote No on 18. No mandates
			Elaina Martinez	

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			Elaine Ketchmere	Our children have not had a normal school year since 2019. For two years we have written to this Board begging for relief for our children. For two years, you have put the unions and special interests ahead of our children. Experts around the world and our own US Surgeon General have sounded the alarm of a mental health crisis in our children due to the pandemic school closures and continued restrictions. Our children are in crisis, and YOU continue to ignore it. Not a single message from LA County Public Health addresses the social, emotional, and mental harm done to our children. This is an epic failure by this Board and the Public Health Department. Our children were locked out of their schools and sports for over a year. Now that the school doors opened, our children are distanced from friends, masked for 7+ hours a day, with no parties, field trips or fun. Children are being forced to wear masks to run, exercise and play sports, even outdoors. Children are made to believe that people would get sick and die from the simple act of them breathing. None of these restrictions are imposed on adults. We will not let you ignore us anymore. We will not let you harm our children no longer. The testing, quarantining, and masking of our children needs to end now.
			Elias Bonilla	
			Elika Fierro	I am writing here today to be the voice of our children since that voice has been taken away from them. As parents it is our duty to advocate and protect our children's mental, emotional, and physical health. That is why we need to end the mask mandate now. Our children are suffering irreparable damage from all of these rigid and non scientific based restrictions. Not only does wearing a mask all day cause more harm as it does protect them, they are even required to wear them outdoors. At the minimum Children should NOT be wearing masks outdoors. Recess and lunch are NOT mega events. A rule not even our own Governor or Mayor adheres to. Just a few Psychological effects of mask wearing is activation of "fight or flight" Delayed language development, suicide ideation and self harm has increased 334% in ages 13-18!! Physical effects are inhaling toxic chemicals from mask, shortness of breath, lower oxygen in blood, raises Corbin dioxide in the blood. Physical activity makes it worse. According to the Children's Health Defense "An Oregon high school track runner passed out during an 800-meter race. She was required to wear a mask for this race and had never had any issues during previous, unmasked races. In China there is two cases of masked

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				boys, aged 15 and 14, who died tragically from cardiac arrest during P.E. class and a running exam. " There are reports of young people whose lungs have collapsed, and other avoidable mishaps. One NIH study (national library of science) called exercise with a facemask, "Handling a devil's sword," noting the masks "reduce available oxygen and increase air trapping, preventing substantial carbon dioxide exchange, therefore increasing the acidic environment, cardiac overload, anaerobic metabolism and renal overload." The study found masking during exercise "can aggravate the underlying pathology of established chronic diseases." Our children are no longer in a "safe learning envirnoment" they are not even given the freedom to socialize during recess/lunch without so many rules and restrictions. They are told by the aids on a microphone to not talk so loud when eating, to raise their hands and get permission to go to bathroom or throw away their trash. This environment does not reflect an environment where children feel secure and cared for, but rather their wants and needs are not considered. Social interaction and connection are core basic needs. 2 years later our children are still being treated as if we are in a "state of emergency" ruled by fear and obedience. It is not physically possible for anyone let alone a child with a developing nervous system to learn to their fullest potential, when their emotional health isn't nurtured. These restrictions do not treat the students with dignity or respect, but rather with expected compliance without any logical reasoning. Our children deserve better than this and its time we stop putting their mental health last. Like many parents we want our children with positive memories, not being yelled at for talking, not having their parents at any performances, no Friday assemblies, or even class parties where their parents are not able to attend. Parents are not even permitted to step foot onto campus to get their children. Meanwhile adults are able to attend concerts, go to bars, go to restaurants etc. This is discrimination! Making kids who have a COVID survivability rate of 99.98% mask up all day is depriving them of a proper education, their sanity and their social skills.These restrictions are robbing our children of experiences that would last them a lifetime. The risks by far outweigh the benefits. Its time we let them breath.
			Elilta I Ghirmazion	
			ELISA L STERN	THERE IS NO REASON THAT LA COUNTY CAN NOT FALL IN LINE WITH THE STATE AND THE NATION. THERE IS NO REASON THAT WE CAN NOT MOVE TO AN AT WILL CHOICE OF MASK WEARING. PARENTS ARE PULLING THEIR CHILDREN OUT OF PUBLIC SCHOOLS IN NUMBERS. PEOPLE ARE LEAVING THE STATE IN GREAT NUMBER. IF YOU DON'T PULL BACK AND LET PARENTS PARENT AND CHOOSE WHAT IS RIGHT FOR THEMSELVES AND THEIR CHILDREN, YOU WILL NOT HAVE ANY CHANCE OF RE ELECTION. CHILDREN ARE MENTALLY SUFFERING. I SEE CHILDREN LIVING IN FEAR. EVEN IN SITUATIONS WHERE THEY DO NOT HAVE TO WEAR MASKS, THEY STILL DO BECAUSE THEY FEEL UNSAFE WITH OUT IT. THIS IS DOING LONG

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				TERM DAMAGE. I KNOW SO MANY FAMILIES THAT HAVE HAD TO SEEK THERAPY FOR THEIR CHILDREN. OUR MENTAL HEALTH COMMUNITY CAN NOT ABSORB THE AMOUNT OF CHILDREN THAT ARE POURING INTO THE SYSTEM.
			Elisabeth Plunkett	Our children have not had a normal school year since 2019. For two years we have written to this Board begging for relief for our children. For two years, you have put the unions and special interests ahead of our children. Experts around the world and our own US Surgeon General have sounded the alarm of a mental health crisis in our children due to the pandemic school closures and continued restrictions. Our children are in crisis, and YOU continue to ignore it. Not a single message from LA County Public Health addresses the social, emotional, and mental harm done to our children. This is an epic failure by this Board and the Public Health Department. Our children were locked out of their schools and sports for over a year. Now that the school doors opened, our children are distanced from friends, masked for 7+ hours a day, with no parties, field trips or fun. Children are being forced to wear masks to run, exercise and play sports, even outdoors. Children are made to believe that people would get sick and die from the simple act of them breathing. None of these restrictions are imposed on adults. We will not let you ignore us anymore. We will not let you harm our children no longer. The testing, quarantining, and masking of our children needs to end now. Make Barbara Ferrer accountable for the destruction of our children's mental and social well being. LA has among the strictest COVID policy in the nation and yet the data has shown for a minuscule benefit. What about all the cost in mental health, social well being, economic parameters etc? By only focusing on the biological measurements, you are willfully ignoring the full impact of COVID and these absurd policies. End the mandates now. Especially with our children and the mask mandates that affect their daily lives. We have vaccines and therapeutics available; mandates are no longer justifiable. Does Barbara Ferrer get indiscriminate reign over our children? What are the metrics being set to change the masking mandate for our extremely low risk kids? Why isn't there a plan being shared with the people of LA? Time is up, time to move on, time to save the youth of Los Angeles.
			Elizabeth Abrams	
			Elizabeth Angiuli	
			Elizabeth Cebula	UNMASK our KIDS! I vehemently oppose the continued decision to keep our children masked. This has gone on for WAY too long. We locked down, kids didn't go to school for almost a full year, and they are STILL forced to wear masks inside and outside. Our school district, Manhattan Beach Unified School District, has forced our elementary students to wear masks outside

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				since September 2021! My 8 year old daughter has had 1 week since September (Jan. 3-7) where she was allowed to play at recess without her mask. THIS HAS TO STOP NOW! Why is it okay for my 15 year old son to play basketball games, indoors, while my 8 year old is masked outside? COME ON, that's NOT SCIENCE! On Face the Nation, the contributor Jan Crawford said, "They will be paying for our generation's decisions the rest of their lives," as she explains why she thinks 2021's biggest underreported story was the devastating impact of COVID polices on children. This is your chance to start correcting those mistakes. Many mistakes have been made along the way in the last two years. Including locking down to "slow the spread", closing beaches & parks, closing schools for almost 1.5 years, rolling out vaccinations that do not actually stop the spread, demanding everyone get a booster, changing the vaccination goal posts, lack of tests available during critical times like holidays, allowing NFL and NBA games to be held with no masking enforcement while our students are still masked 6 plus hours a day, and then there's our own Governor and Mayor who blatantly did not follow the very protocols that are being forced upon our most precious gifts. Hypocrisy at it's finest. It doesn't seem as if you value our kids well being and their education more than covid cash or your own egos. Children are not responsible for the health of the elderly, the immune compromised, their teachers, their fellow students, or anyone else. It's your chance to make things right again, to allow our healthy children the simple freedom of breathing freely, seeing their classmates smiles, seeing their teacher's smiles, to show their emotions whatever they might be feeling and allow for their peers to read those emotions, to listen to their teacher talk without being muffled behind an KN95, to be able to hear their classmates clearly, and to be able to run around on the playground WITHOUT THEIR MASKS!!! Mask mandates need to end today. Not for adults going to the grocery stores, or shopping, not for those going to sporting events, because us adults are able to take our masks off when we leave the store or the bank, but FOR OUR CHILDREN, in schools it needs to end NOW. Masking should not be left up to the Governor, the Mayor, the school district, or even to you the LACDP, it should be left up to the parents and their children. Choice, that's what we are asking for. I LOVE my children with ever fiber of my being and I feel I know what's best for them, for their physical health and their mental health. I have met with our pediatrician and have had a few more conversations with other doctors and nurses, and I am more than confident that my children will be better off unmasked. The unmasking should NOT BE TIED in anyway to vaccine status either. If Omicron showed us anything, it showed us that the vaccinations and masking did little to stop the spread. As one mom said, "If masks work, why don't they work?!?" UNMASK our children today! Let the parents decide what is in their children's best interest. Most of the kids I know, including my own, recently had covid and they are healthy as ever. There are just a few states left, especially after today, that are still masking the children. JUST A FEW and barely any other countries, so it's time to unmask the children in LA County and all of CA. We don't need an off ramp, to slowly unmask our kids, they need them off and they need them off now. I hope that you will do what's right by restoring normalcy to our children after all this time. If you enjoyed a

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				maskless social event of any kind, but continue to enforce masking of kids, you don't really care about the well being of our children. A child is more likely to be killed in a car accident, commit suicide, be murdered, drown, be accidentally poisoned, or die of cancer or heart disease than from COVID. READ THAT SENTENCE AGAIN AND UNMASK OUR CHILDREN!
			Elizabeth Edmunds	No more mandates!
			Elizabeth MacLeod	I appreciate the board for looking out for the safety and well-being of all Los Angeles county residents, but I must insist that you be inclusive to all citizens by recognizing that COVID-19 is not the only health issue that we are facing as you create public health orders. The mandates are doing more harm than good and our children are suffering the most! Please end all COVID related mandates including mask requirements in schools. Children have virtually no risk of COVID and yet they have been forced to endure these damaging mandates. Kids need to be safe from everything (breathing difficulties, anxiety, depression, fainting, etc.) -not just COVID! Masks are not safe for everyone. Masking children and teachers in school is causing anxiety and depressive feelings and impairing children's social development and ability to communicate. We cannot expect our children to learn and grow in an environment where they are masked constantly. Please stop the forced masking of children!
			Elizabeth Molayem	UNMASK MY CHILDREN IMMEDIATELY
			Elizabeth Sanchez	
			Elizabeth Satterthwaite	
			Elizabeth Smith	
			ELLA SEMERJIAN	
			Ellen Bowes	
			Ellen Carmona	
			Ellis Washington	
			Elsa Troesh	
			Elsa M Aldeguer	Stop with the injection mandates
			Emilee Rutten	
			Emily Martinez	
			Emily Murphy	As a mother of a young child attending an LA County school, I ask that you remove our school mask mandates and allow masking to be the choice of the family. Masking has been shown not to significantly deter the spread of Covid-19 in our community. In addition, our teachers have the option to vaccinate and young children are not significantly affected by a Covid-19 illness. Masking in school has significant negative effects on childrens'

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	understanding of social cues and inhibits their ability to make friends and relate to others, which is such an important part of why we send them to school in the first place. Enough is enough; see the science and end mask mandates in schools!
Emily Venning	UNMASK OUR CHILDREN
Emily Wilcox	We've been under a "state of emergency" for almost two years. Enough is enough. We're supposed to mask our toddlers and children in school...all day everyday, even outdoors. Yet Los Angeles can host the Super Bowl for 70,000 unmasked fans? Our leaders Gov Newsom and Mayor Garcetti can be photographed, inside a luxury box at Sofi Stadium, unmasked...but we're expected to mask our children with no end in sight when they are the most low risk population, regardless of vaccination status?! No. Enough in enough. It's time to end all mandates.
Emma Sanchez	
Emmanuel Gutierrez	
Erett Senegar	
Eric Isaias	
Eric Martinez	
Eric Schneider	
Erica Exberger	UNMASK our Kids and end all mandates! Just to be clear let's not create any new ones either.
Erica Javier	
Erica Pena	
Erich Schloegl	
Erik Contreraz	
Erik Saldana	
Erika Carrillo	
Erika Foy	Our children have not had a normal school year since 2019 and Garcetti makes fun of their situation sating "he holds his breath." For two years we have written to this Board BEGGING for relief for our children. For two years, you have put the unions and special interests ahead of our children, and now the Super Bowl. Experts around the world and our own US Surgeon General have sounded the alarm of a mental health crisis in our children due to the pandemic school closures and continued restrictions. Our children are in crisis, and YOU continue to ignore it. Not a single message from LA County Public Health addresses the social, emotional, educational, and mental harm done to our children. This is an epic failure by this Board and the Public Health Department and history will not look kindly on your actions.

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				Our children were locked out of their schools and sports for over a year. Now that the school doors opened, our children are distanced from friends, masked for 7+ hours a day, with no parties, field trips, and must mask for outside for sports! Children are made to believe that people would get sick and die from the simple act of them breathing. None of these restrictions are imposed on adults especially our elected leaders like Newsom and Garcetti.. We will not let you ignore us anymore. We will not let you harm our children no longer. The testing, quarantining, and masking of our children needs to end now. I am afraid if you don't give some reasonable relief now, parents are going to no longer believe this board or health department is worth listening to.
			Erika Foy	Our children have not had a normal school year since 2019 and Garcetti makes fun of their situation stating "he holds his breath." For two years we have written to this Board BEGGING for relief for our children. For two years, you have put the unions and special interests ahead of our children, and now the SUPER BOWL. Experts around the world and our own US Surgeon General have sounded the alarm of a mental health crisis in our children due to the pandemic school closures and continued restrictions. Our children are in crisis, and YOU continue to ignore it. Not a single message from LA County Public Health addresses the social, emotional, educational, and mental harm done to our children. This is an epic failure by this Board and the Public Health Department and history will not look kindly on your actions. Our children were locked out of their schools and sports for over a year. Now that the school doors opened, our children are distanced from friends, masked for 7+ hours a day, with no parties, field trips, and must mask for outside for sports! Children are made to believe that people would get sick and die from the simple act of them breathing. None of these restrictions are imposed on adults especially our elected leaders like Newsom and Garcetti.. We will not let you ignore us anymore. We will not let you harm our children no longer. The testing, quarantining, and masking of our children needs to end now. I am afraid if you don't give some resoanlble relief now, parents are going to no longer believe this board to health department is worth listening to.
			Erika Rodriguez	
			Erika P Reaume	
			Erin DiMaggio	I oppose all mask mandates. I oppose all vaccine mandates. I oppose schools testing children to promote vaccinations. I oppose discriminatory practices that dox unvaccinated children at school to make life more difficult for them. I oppose all coercive manipulation strategies intended to make life more difficult for the unvaccinated. I oppose all fraudulent advertising that does not tell the truth; the vaccines for covid neither stop transmission of viruses or prevent infection; therefore they

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	should not be force upon anyone.
Erin Erickson	In regards to Agenda Item #2, the CDC has already publicly announced that masks are ineffective for preventing transmission and contraction of Covid 19, so what now is the basis to demand this to continue? There is none.
Erin Hedrick	Kids need to be unmasked at school. My 8 year old is constantly nauseous from wearing a mask and I need to pick her up from school often. My 12 and 14 year olds have ongoing anxiety and feel worse about themselves daily. Please unmask. Them. They've already have had Covid along with 85% of their school!
Ermine Labachyan	
Ernest magana	
Esmeralda Macario	
Esperanza Sandoval de Contreras	Unmask our children now!!!
Evan Kelley	Please unmask our kids. I am a mom of a four year old preschool child who has had to be masked for his entire experience of preschool. I have seen how detrimental this has been for him, and it's devastating. Please please unmask our kids. They can not go on unable to see their classmates faces. How can they learn properly? In my opinion it is child abuse. I can't fathom how anyone can let this continue. Help.
Evelia Rodriguez	
Evelyn Pecina	
Falon Koontz	My children have not had a normal school year since 2019. My children are attending school daily with anxiety, social issues, headaches, chronic chapped lips, rashes around their mouths and frequent bloody noses. These are all results of the impossible mask mandate that has been placed upon them. If this continues, my youngest will have to miss out on her Tk, first year of school. My children are in crisis, and YOU continue to ignore it. Not a single message from LA County Public Health addresses the social, emotional, and mental harm done to our children. This will have grave effects on the years to come. Many we are already witnessing. I unfortunately witness the negative effects of all of this every day when my kids return home from school. We are going to leave our world to a broken generation. We have no way to fully understand what our children are going through, as we did not have to endure anything like this as kids. It's breaking them and it needs to stop. Masking has led to ridiculing and bullying at school, from the staff and peers. The testing, quarantining, and masking of our children needs to end now.
Family Medicine Physician	Masking of children is unnecessary and harmful, these children have developed anxiety and social developmental delay due to chronic masking. As a physician who also tends to children, there has been an increase in the delay of their social development and learning skills. Their ability to communicate has suffered in addition to their ability to comprehend has also

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				been affected. These children are in dire need for normalcy sans masking. In addition to their difficulties in adaptation of learning they have developed anxiety disorder that will affect them as adults, this would lead to poor concentration, and focus and hinder their ability to perform adequately in their day to day life.
			Farah D Kreutz	Thank you for working on behalf of the citizens of LA County. I am emailing on behalf of my family to make masks optional at our kids' schools. This item is on the agenda in the county board meeting on Tuesday 2/8/22. Our children are suffering unnecessarily with mask mandates, social distancing, testing and now a new threat of having to take an emergency use vaccination which lacks longitudinal studies in order to attend school. Our innocent youth's most basic rights, to breathe and receive an education is on the line. Our children are not in dire harm due to this virus. Schools all across the nation are mask free without threat of forced vaccines. The children, teachers and staff at these mask-optional schools are healthy and thriving. Much like our Governor Gavin Newsom, LA Mayor Eric Garcetti and Congressman Ted Lieu at the NFC Championship game who enjoyed the fun of commemorating with others, maskless. We do not take issue with these local leaders going mask free, what we do take issue with is that our children are being forced to cover their airways for 6-8 hours a day. Our children deserve to breathe freely. There is research demonstrating the negative effects of breathing high levels of CO2 from being masked and we have loads of anecdotal evidence of the damaging impact on our childrens' mental, emotional, and social well-being. I am writing to you and pleading with your conscience to stop these mandates. Please allow for masking to be optional at our children's school. Families who are at high risk from this virus, or simply scared are still free to wear their masks. They can wear N-95 masks if they so choose. Please give our kids their birth right to breathe freely. Our children are longing not only for fresh air and unmuffled voices but to see their friends' faces, smiles, and frowns. A face accounts for 70-90% of communication. Most communication is non-verbal. Our children are starving to reconnect with those around them--to build upon the empathy that comes from reading one's face. Please stand up for our children who do not have a voice or the power to stop these harmful mask mandates. Please redirect Barbara Ferrer to stop these destructive mandates. And please champion on our behalf to STOP SB 871 and SB 866.

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				Thank you for your time and thank you for standing up for our children and their right to breathe and see faces.
			Fatima Morales	It's time to go back to normal. Cases are way down and most people are vaccinated. Children who have the lowest risk of death from Covid are suffering physically and psychologically because their faces are covered all day long, even outside! We have had enough of these mandates that make zero sense and are not backed by reliable scientific evidence. It's time for all Covid related mandates to end. We have had enough!
			Felipa Villarreal	
			Fereshteh Yousefzadeh	Unmask our kids!
			Fernando Rodriguez	
			Fiona David	
			Flora Azami	
			Flora Hernandez	
			Floyd Flint	
			Franca Koeller	
			Franca Koeller	Children should not be wearing masks at school. It is a health issue.
			Frank Contreras	
			Frank Cracchiolo	Please remove mask for all school and let these children breath again ... it's time !!!!
			Frank Lara	
			Frank Quichocho	I strongly oppose mandatory COVID testing, vaccines, masking, and policies designed to discriminate and discipline the unvaccinated. This is a personal medical decision and should be a personal CHOICE.
			Fred Follstad	
			Fred Rodriguez	
			Fred Washington	The governor and mayor show..it's safe for kids to not wear mask outside of classrooms when playing it's too hot for them
			Freda Freedom	Please return COVID stimulus money. Our freedom is not for sale.
			Frederick Schwamb	What the county of Los Angeles is in violation of my First Amendment Rights to Freedom of Religion. The county is now bullying employees with termination if they are not vaccinated in a timely manner. I am in the process of filing a complaint with the EEOC as I am being discriminated against in being told that my Religious Exemption was not "religious" enough. The

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	SCOTUS decision that made it mandatory for all hospital workers to be vaccinated who work at hospitals receiving medicare funds is NOT a medical reason to be vaccinated. Workers in the county health system are being discriminated against and now our backs are against the wall as we are being told unequivocally that we will be discharged from county service for not complying with being vaccinated. This is bullying-plain and simple!!!
Gabe Vorobiof	Our children have not had a normal school year since 2019. For two years we have written to this Board begging for relief for our children. For two years, you have put the unions and special interests ahead of our children. Experts around the world and our own US Surgeon General have sounded the alarm of a mental health crisis in our children due to the pandemic school closures and continued restrictions. Our children are in crisis, and YOU continue to ignore it. Not a single message from LA County Public Health addresses the social, emotional, and mental harm done to our children. This is an epic failure by this Board and the Public Health Department. Our children were locked out of their schools and sports for over a year. Now that the school doors opened, our children are distanced from friends, masked for 7+ hours a day, with no parties, field trips or fun. Children are being forced to wear masks to run, exercise and play sports, even outdoors. Children are made to believe that people would get sick and die from the simple act of them breathing. None of these restrictions are imposed on adults. We will not let you ignore us anymore. We will not let you harm our children any longer. The testing, quarantining, and masking of our children needs to end now! Gabe Vorobiof MD Clinical Professor of Medicine David Geffen School of Medicine at UCLA
Gabin Glauser	While the elites and ruling class of our nation are exposed almost daily now not wearing a mask, our children still go to school mask up by tyrants daily, even though the cdc has gone on record that the masks don't work. If we can have a super bowl and Gavin/Garcetti can hang around without a mask, then so can my kids at school. End the mandates!
Gabriel Aguilar	
Gabriel Carrillo	
Gabriel Martinez	
Gabriela Beltran	Unmask our kids
Gabriela Guillen	
Gabriela Kim	I oppose on agenda 2.
Gabriela Lerma	

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Gabriela Mikhailidis	
Gabriela N Rodriguez	Please end mask mandates for all children 18 and under. Masks do absolutely no good to children and are dehumanizing to the most vulnerable and innocent in our population. Children have a 0.00007% chance of fatality against COVID 19 so why are they held to the strictest measures? School staff are increasingly mean and forceful when kids aren't properly covered by a face mask yet they themselves are as guilty of not wearing their face masks. California has 9 million children to protect and nurture. Muzzling them is the greatest disservice to our young Californians.
Gabriella W Klein	Completely open up LA County. Per capita we have done no better and often worse in all Covid numbers than other counties across our state and the country, and have been the most locked down and mandated. Your rules and reliance on the guidance of Dr.Ferrar has been responsible for the mental health crisis of our children and young adults and lagging economic growth. Studies now being published and the medical community of nations around the world show that masking and lockdowns did not prove to be beneficial in controlling Covid. It must now be lived with according to health experts. This body is not responsible for the health of our county, every person has that responsibility for themselves, and you have lied to the people about your ability to protect them for political gain.
Gabrielle Roloff	
Gail Martin	
Gary Basmagyan	End all restrictions. No more masks.
Gaspar Melikyan	
Gayane Berberyan	
Gayane Khachatryan	
Gene W Tagliaferri	I'm fully vaccinated and would like to drop the mask and any Covid mandates
Genesis Martinez	
Genevie I White	
gentille barkhordarian	
George Gutierrez	
GEORGE R	Pushing the vaccine is unconstitutional
Geovanni DC	
Gigi Lopez	
Gigi Martinez	
Gina Nader	
Gina Rubolino	We oppose the mask mandate for our children. Segregation of kids is

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	inhumane. Kids should be able to see faces of friends and teachers. We are doing damage to our children. We need to give our kids the tools to deal with Covid not run from it.
Gina Wrobel	
Gita Mohaber	We need to stop all mask mandates and vaccine cards. Stand up for human rights. It has been 2 years into the pandemic and we have yet to see any kind of proof of how masks and vaccine cards work. We are crippling our kids in schools and their future. It is unconstitutional to segregate people from each other. The laws do not make sense. Follow the science. Many countries all around the world have removed all mandates, all masking and all social distancing. But yet, we still are crippling our kids, our futures, our economy. Stand up for humanity.
Gladys Rodriguez	
glendy Vasquez	
Gloria Flint	
Gloria Salazar	Los Angeles hypocrisy of Hosting a Super Bowl while extending Masking longer than the rest of CA & the country. STOP MANDATES. FOCUS OUR PROTECTION. FREE THE CHILDREN.
Gloria SALCIDO	Remove mandate! Make it a choice.
Grant Roth	
Gregory g webb	
Greta Unanyan	
Gretchen n Stewart	
Griselda Bogdanovich	Lift school mask mandate. We can't and will not go on this way. Our future generation is who is and will suffer the most. Let our children breath!
Griselda Ramirez	
Gualberto Castro	
Guille Quintero	Stop using politics science over real science. Data has shown the vaccines do nothing to prevent exposure, getting covid or giving it. So it's now just a tool to lessen symptoms just like other therapeutics. Admit you were wrong and finally do something right. Nobody should lose their job over what should be a choice.

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Guillermina Granados	
Gwyn Carr	
Gyulie Barsumyan	
H Theno	
Hana Cho	
Hannah Billeter	
Hannah Kim	If we can host the Super Bowl, then there is no longer a state of emergency. Also, given the virus' ability to clearly evade the vaccine, lines should not be drawn for who can and can't remove their mask indoors. That will cause major mental and social harm in many, especially kids. Please make it make sense!
Harold Adams	
Harry Martinez	
Harry T	Many states have dropped indoor mask & vax mandates, and eliminated them in their schools as well. Why isn't LA county joining reality and instead hypocritically hosting the Super Bowl during a so called state of emergency? The reality of the situation is that both vaccinated and unvaccinated can transmit the virus equally and with the Omicron variant being mild, we have to learn to live with the virus as many states and countries are now beginning to do. There was a recent study by several Science journals that now state that natural immunity offers better protection against the virus than a lab created vaccine can. Please see to it that you follow the most current science.
Harutyun Ketikyan	
Hayley Boaz	Unmask our kids and lift the state of emergency. If we do not get masks of the children and their teachers, the emotional, intellectual and social damage will become even worse! As supervisors, your decision deeply effects the well-being of my children. Imagine yourself as a child, and imagine you have never seen your teachers smile. It is time. So much damage has already been done. We cannot keep them masked any longer. Have courage and remember all the students who are dependent on your decision.
Heather Grier	
Heather Jacobson	UNMask our Kids please!
Heather Johnson	I stand with Supervisor Barger. It is time to trust the people and end all mandates. The masks don't work. Our case rates are higher than those states that don't have mandates, nor have we seen any kind of dip in cases when the mask mandates have been in place. For children, the mask and vaccine mandates have got to go. There is no evidence to show that either of them are beneficial to kids. My unvaccinated children are at a lower risk for severe covid than I am as a vaccinated adult, yet I have more freedom than they do. This is insanity. Follow the real science. When are you going to start caring

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Correspondence Received

				about the emotional and social wellbeing of these kids, which has taken a huge hit these last two years? I wish all of you had young children at home. I guarantee that your views would change in a heartbeat. You are doing a huge disservice to all of them. It's time to end the madness and the harm. It's not too late to do the right thing. End all mandates and let people govern themselves!
			Heather Marshall	
			Heather Rozier	
			Heather L McCullough	
			Heather M Chinchay	
			Heather N Bowen	I oppose this! We need to bring back all the firefighters who didn't get the covid shot. Many have natural immunity. LA city fire is dangerously understaffed.
			Hector Ortiz	
			Hector Villa	
			Heidi De Santis	You need to drop all mandates effective today! This power grab has gone on long enough and people are tired of it. Time to move on BOS. Try focusing your energy on issues that really matter, like building up your police and Fire Depts. REFUND instead of defund.
			Helen Alba	Barbara Ferrer and the board of supervisors have all been holding our children's lives hostage for the past 2 years. While the rest of the country and world is opening up they continue to follow their own, self serving science. I look forward to voting you all out. Barbara Ferrer has been nothing but useless and needs to be fired. You all are embarrassing as Public servants.
			Helen Hauze	
			Henry Dominguez	Health science studies continually to evolve in favor not vaccinating because natural immunity is far stronger than the vaccine. A new study from Israel proves it. Time for change. La county's own updated chart of infection and death are on a down slope. Stop forcing the people that protect and ensure our safety not forced to be fired making them unable to make a living for their family.
			Henry Flores	
			Henry Johnson	
			Hiedi Alerich	
			Hilary Wynperle	Our children have not had a normal school year since 2019. For two years we have written to this Board begging for relief for our children. For two years, you have put the unions and special interests ahead of our children. Experts around the world and our own US Surgeon General have sounded the alarm of a mental health crisis in our children due to the pandemic school closures

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				and continued restrictions. Our children are in crisis, and YOU continue to ignore it. Not a single message from LA County Public Health addresses the social, emotional, and mental harm done to our children. This is an epic failure by this Board and the Public Health Department. Our children were locked out of their schools and sports for over a year. Now that the school doors opened, our children are distanced from friends, masked for 7+ hours a day, with no parties, field trips or fun. Children are being forced to wear masks to run, exercise and play sports, even outdoors. Children are made to believe that people would get sick and die from the simple act of them breathing. None of these restrictions are imposed on adults. We will not let you ignore us anymore. We will not let you harm our children no longer. The testing, quarantining, and masking of our children needs to end now.
			Hilda Balekjian	
			Hilda Ruiz	
			Hillal Resendi-Latif	LA County needs to align with State mandates. It is unacceptable that other counties have more freedoms and rights than other.
			Hiraudi Romero	
			Holly Williams	
			HOVHANNES SAPONGHIAN	Being fired for not getting a vaccine goes agaisnt our first amendment rights. Let people choose what they put in their bodies
			Hovsep Balkji	
			Hugh Jackson	I strongly opposed to the continual requirement of school children wearing masks. They do not need them and they do not accomplish their intended purpose. Please stop requiring them.
			Ida Ocean	Please stop thinking you are the God's in charge of us. You are destroying the county. There is crime, trash, graffiti, poop and urine on our streets and all you worry about is catching covid which seems to be the equivalent of a cold for most people. If you are so afraid don't leave your house. Don't ruin our lives because you can't deal with life's traumas and you are triggered by people not wearing a mask. I am triggered by your unconstitutional mandates. My nephew died after getting his covid vaccine which he was forced to get in order to teach school. A 30 year old man stops breathing and drops dead. Let the people of Los Angeles county live their lives and let the children be children again and stop scarring them!!
			Igor E Abelev	I'm calling on Supervisors to support Supervisor Barger's motion to harmonize LA County's restrictions COVID restrictions with California's. I understand Supervisor Hahn is also on board. Thank to you both.

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				Will there be a third? I hope you all see where the winds are blowing in terms of where voters are. That's all I can say. Over the last two years, the entire oversight of what life in the county is like has been handed over to one unelected person That made a lot of sense in year 1: masks / other restrictions were the only intervention we had But that's not the world we live in anymore: - Vaccines work and are universally available - We have therapeutics that are incredibly good - Children under 5 may not be able to get vaccinated yet but the data is clear – kids this age are not at any real risk. Getting in a car is more risky! - All said: for those who want to extra cautious: I won't begrudge them their choice to be more cautious. According to Leana Wen and many other public health officials, N95 masks, when worn properly, do a fabulous job of protecting the wearer. So people can make the choice to wear them – or not. The emergency, given the availability of vaccines and therapeutics is clearly over. Just compare OC to LA – during Delta, OC, which has higher population density than LA, did better than us, despite NOT having a mandate in place. To hear Ms. Ferrer frame this as an equity issue is insane. Nothing speaks equity like watching our elected leaders ignore mask rules while being served by masked service staff that are in many cases majority minority. The real lack of equity is giving a choice to the elites while not granting that same right to essential workers. Lastly, I'm hoping for an end to school mask mandates. I know this is currently in the domain of CA but if we harmonize policies now, when CA lifts its mandates, our children will finally go back to being students instead of viral vectors.
			Ilse Garcia	
			Ingrid B Land	I am opposed to the vaccine mandates because it should be left up to the individual what they feel is right for their body. To discriminate against someone because of vaccination status is wrong and it is the individual's personal medical privacy that is being invaded. At this point we already know it doesn't matter if you are vaccinated or not you still run the risk of getting sick and as for the masks we know they don't work and only impair the breathing of people especially those who already have respiratory issues. We as individuals can asses our own risk and make the best decisions for ourselves that is not the government's job. I thank you for your time.
			Inna Garcia	????PLEASE READ ENTIRE POST & DO SOMETHING!???? ??Sharing from lauprising: TODAY'S ACTIONS - TUESDAY 2/8 A number of states yesterday (NJ, Connecticut, Oregon, and CA!) committed to dropping indoor mask mandates and, in some cases, eliminating them in schools as well. As expected, LOS ANGELES COUNTY will not be joining

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this common-sense return to normalcy, despite hypocritically hosting the Super Bowl during this "state-of-emergency." We MUST fight back now or it could be months before LA aligns with the state and science.

#1 - Board of Supervisors Meeting is TODAY - they oversee Public Health and are the most important LA County people to influence. Oppose “Set Matter 2” (Public Health Order) here: publiccomment.bos.lacounty.gov. A useful text to submit if you are motivated by the impact on children is here:

Our children have not had a normal school year since 2019. For two years we have written to this Board begging for relief for our children. For two years, you have put the unions and special interests ahead of our children. Experts around the world and our own US Surgeon General have sounded the alarm of a mental health crisis in our children due to the pandemic school closures and continued restrictions. Our children are in crisis, and YOU continue to ignore it. Not a single message from LA County Public Health addresses the social, emotional, and mental harm done to our children. This is an epic failure by this Board and the Public Health Department.Our children were locked out of their schools and sports for over a year. Now that the school doors opened, our children are distanced from friends, masked for 7+ hours a day, with no parties, field trips or fun. Children are being forced to wear masks to run, exercise and play sports, even outdoors. Children are made to believe that people would get sick and die from the simple act of them breathing. None of these restrictions are imposed on adults.We will not let you ignore us anymore. We will not let you harm our children no longer. The testing, quarantining, and masking of our children needs to end now.

OR simply go here for LA Uprising positions against mandates. Either way always best to modify/augment with your personal thoughts.

At 9am sharp - Call in to speak on the item and ADDRESS THE BOARD. Many people will be trying to get on, so get in the queue right at that time (maybe try even a little before). If you say before speaking you are addressing item #2 AND Public Comment I believe you get two minutes instead of just one.

CALL: (877) 336-4437 - Enter PARTICIPANT CODE:1366786 .
bos.lacounty.gov/LinkClick.aspx?fileticket=exG2Udzb1To%3d&portalid=1

#2 - Join our Video Campaign - Simply record yourself or your family members speaking straight to camera saying this exact message:
“It’s time for Los Angeles to unmask our children.”
If you speak Spanish or Farsi or any other language at home, please say it in that language - this is a plea from people across the city. Then post it on twitter or instagram (tag @uprisingla on twitter, l.a.uprising on IG) OR send it to us at action@lauprising.com and we will post it. Kids too!

#3 - Sign the Petition to Fire Barbara Ferrer CLICK HERE

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	#4 - Go to medicalfreedomla.com to find about signing the new initiative to overturn vaccine mandates in Los Angeles. #5 - Reach out on Twitter or Email to every local news organization you can to demand they hold LA County Board of Supervisors and LACDPH accountable for extending the mandates despite the failure of all these measures to stop the spread better than surrounding areas like Orange County, will be opening up. Here is a selection of Twitter Handles: @abc7marc @abc7rachel, @abc7tony, @abc7davidono, @abc7ellen, @ColleenNBCLA, @KathyNBCLA, @conanNBCLA, @MicahKTLA, @chercalvin, @ChristinaKTLA, @Patharveynews, @DeMarcoReports, @suzmarques, @JeffVaughn, @CBSLAsuzie, @NewsJuan #6 - Spread the word - find groups to join us here and onTwitter: @uprisingla, IG: @l.a.uprising or FB: facebook.com/groups/lauprising.
Iraj Kalepari	Unmask our children
Irary M Daniel	FREE OUR CHILDREN! UNECESSARY, CRIMINAL and INHUMANE!!! The fact that this county has allowed this to go on for so long is despicable. You are all responsible to the damage these unnecessary mandates have caused our children! LA COUNTY MUST REMOVE ALL MASK MANDATES IMMEDIATELY! All of you should of been standing up for our children who have NEVER been at risk!! Barbara Ferrer should be terminated!!! She isn't following SCIENCE!
Iris Strauss	Unmask our kids. They pose no risk.
Irma G Garcia	I am asking LA County to follow the science and UNMASK the children at schools already. The damage being done to them being masked for so long will be irreparable. We will be known as the county to have done the most damage to these kids in the entire country.
Isaac Gonzalez	
Isaac A Hill	
Isabel Acosta	End the County mask mandate now!
Isabel Marquez	I strongly oppose continuation of masking our kids. My daughter is 6 years old and is tired of having to wear a mask at school and not being able to have a normal life. What are we teaching our children? That they are a danger to others? We had COVID this past November and our children did not get sick from it. Please stop masking our children! This is an endemic!
Isabel Mejia	
Isac Ocampo	
isidro Villasenor	
Ismael Diaz	

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			Ismael Reyes	
			Israel Gonzalez	
			J Casillas	
			J Williams	There is no more emergency. Stop playing games with peoples lives for your gain. Kids don't need to mask and neither do adults. If people want to wear them, they can choose to on their own. If your pals, Garcetti and Newsom don't need to wear them I think we'll be fine.
			Jack Parker	
			Jacki Smith	
			Jackie Lam	
			Jackie Taylor	End mask mandate
			Jacky Schiller	
			Jackylyn Artiga	
			Jaclyn Saenz	
			Jacob Amaya	No proof of vaccination status
			Jacob Chutney	
			Jacob Clare	
			Jacob Granados	
			Jacob Rizkalla	
			Jacob Winter	
			Jacob M Hill	
			Jacqueline Ayer	I appreciate the concerns expressed by Supervisor Barger regarding the County's mask mandate and am grateful that she is questioning the need for masks. The tyranny imposed by Ms. Ferrer must come to an end.
			Jacqueline KLEIN	
			Jacqueline Quintanar	Indoor masks need go to away for vaccinated people! It is beyond absurd at this point when California is removing the mandate and many other places have been doing fine without them for a long time. Let people choose for themselves whether or not they want to where a mask. The weak minded are already broken beyond repair believing they forever need masks. It's disgusting and sad to have to interact with these crazies more often than not. The benchmark has continually been moved back for lifting this stupid mandate in Los Angeles. Barbara Ferrer isn't even a doctor, her say should not sway the entire city or county of LA. Yet somehow she knows better than the state of California? It's ridiculous. It is also not the responsibility of vaccinated people to wear masks for the idiots who remain unvaccinated.

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				People need to be responsible for themselves and the consequences of their own actions. I will make it my personal mission to vote-out every single person connected to keeping this mask mandate going if it continues to persist.
			Jacqueline Sta Ana-Gabriel	
			Jacqueline Webb	
			Jaime Graffious	
			Jaime Granados	Overreach! Stop it!
			Jaime J Gomez	
			Jaisa Katan	End the mandate in schools! They are not high risk. Stop trying to parent kids! Leave it to the parents to decide what is best for their children. When government officials walk around busy stadiums unmasked, parents should at least be able to make their own decisions for their own kids. Enough is enough! My kids are in first and third grade. They are learning phonics right now and do you know how hard it is to teach and learn phonics with a mask covering yours and your teachers faces! My first grader has never had a problem with speech and now she says things differently now because she hears and sees it differently with a mask on. Please help our kids. Please!
			Jake Vargas	
			James Griffin	It's long past time to end the mandates.
			James Guerrero	
			James Hill	None of the proposed information(mask) provided by any department has composed the stop of any transmission. Much recent data shown by companies or individuals who's expertise have shown that the mask has never worked and wasn't going to work. There is more harm to anyone's body with restricting of oxygen with set levels to lower and blood pressure to rise.
			James Kenney	It is time to drop the indoor mask mandates. It is costing LA County businesses money and slowing down peoples returns to the office. None of the mask mandates have worked. Stop doubling down on failure
			James Marchetti	*School mask mandates must be ended for both outdoor and indoor settings.* LA county's recent COVID policies and mandates have been based more on fear and not facts. Let's finally look past the fear and make decisions based on following inarguable facts… ---Vaccines and boosters are broadly available to those who want them, and the vaccines remain highly effective at reducing the virulence of the disease even if they are less effective at reducing case rates as variants such as omicron emerge. ---We have therapeutics that are now available to significantly improve

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				outcomes further for the now small minority that may have a more severe COVID case - e.g. Pfizer antiviral pill, Paxlovid. --- COVID will become endemic and virtually everyone will be exposed to the virus at some point. Prior ZERO-covid policies are untenable. Apolitical scientists/experts have been saying this for well over a year now. In the case of omicron we are seeing the expected relationship of a higher infectivity variant resulting in a lower virulent (severe outcomes and death) disease. --- The COVID pediatric case fatality rate has always been exceedingly low throughout the pandemic, with the vast majority of pediatric fatalities associated with severe underlying conditions, such as cancer, severe obesity, and chromosomal anomalies. The current cumulative pediatric case fatality rate is just 0.003% in CA.** So my questions is: what else is there to wait for in order to move on from onerous and ineffective policies and the current fear that permeates LA? There likely always will be further COVID spikes and variants. Will schools have similar masking and testing policies when there is another spike or variant in the fall? We surely hope not. It is clear that we at the point where we should allow individuals to assess their individual risk tolerance and make a personal decision whether or not to mask, test, or vaccinate. Please vote to remove masking mandates throughout LA. **As of 2/3/22, California's pediatric cumulative COVID case fatality rate stands 0.0034%, representing 51 total deaths of individuals age 17 and below, out of 1.48M total cases. American Association of Pediatrics surveillance data can found here: aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/children-and-covid-19-state-level-data-report/
			James Mcfarland	Bos are communist
			James Molen	
			James Opdyke	Based upon multiple studies regarding mask efficacy for children and low risk profile, it is clearly evident that the mask mandate for children in schools needs to be removed.
			James Philibert	
			James Thomas	
			James E Albrecht	This mask mandate is not science. Stop this nonsense and let the citizens of LA County get back to their lives. Barbara Ferrer should resign for her continued support of this abusive policy.
			Jamey Mon	Kids are not to wear masks... Too damaging for their development, not seeing people's faces and smiles...
			Jamie Horwedel	We all need to get on the same path to the endemic part of Covid 19. The ones who have suffered the most is the children. They need to see faces, they need to hear their teachers clearly, they need to be allowed to breath,

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				they need to not be afraid of one another. There is HUGE evidence that masking in school has caused more harm than good. There are no studies that stood up to scrutiny that prove that masks in schools have been a effective preventive measure. Covid 19 hugely over estimated the risk to children. Moving away from masks in school is the right first step. Just ask all the 70,000+ people that get to attend the Super Bowl here in our great state of California if they think it's fair. Do you think it's fair?
			Jamie Johnson	Medical decisions regarding one's body should be personal choice. Do not force the vaccine on your employees.
			Jamie McConnaughey	This is an OUTRAGE. NO MASKS!!!
			Jamie Nakkashian	
			Jamie PalaL	
			Jamie Van Ness	
			Janae Cruz	Vaccines do not stop the spread. Please lift the mask mandate for all.
			Jane -	Enough tyranny. Stop this now.
			Jane Bleyl	
			Jane Doe	
			Janel Gonzalez	You cannot continue to impose a mask mandate and allow Super Bowl to take place with over 70,000 people expected to be in attendance. Parent choice needs to be granted now! We are no longer in a state of emergency
			Janelle Roberts	Please stop these mandates and lockdowns for Covid. You are irreparably harming our health and our children's health who need socialization with facial recognition and social interaction. You are harming families and businesses and their has been increased child and spousal abuse , mental health problems including anxiety, depression, drug use and increased suicide. Not to mention the loss of jobs and businesses. The recent John's Hopkins study shows these lockdowns and rules are ineffective. Please stop harming this city.
			Janet De Santiago	
			Janet Garcia	
			Janet Mendoza	
			Janette Valle	
			Janine Almazan	
			Janisa Partida	
			Janna Taglyan	
			Jarome Washington	
				End all mask and vaccine mandates immediately! People should have the

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	Jasmine I	right to asses their risk for themselves! LA Board of supervisors and LA health department have far exceeded their authority by implementing such policies!! Enough is enough! Throwing a mega event while simultaneously enforcing masks ruined all credibility and threw opened the doors of hypocrisy!! End masks & vaccine mandates immediately!
	Jason Asenbauer	It is time for LA County to end mask mandates especially in our school. School masking has been shown to be detrimental to our students education and mental health with no proven benefit.
	Jason Birondo	
	Jason Bunce	
	Jason Christman	The LA Department of Public health needs to present realistic off-ramps to the ongoing emergency restrictions as soon as possible. We are now almost two years into "Emergency rule" with no democratic oversight or input from citizens. Instead, we have rule by fiat at the whim of Director Ferrar, who is now advocating tying mask and vaccine mandates to case metrics that if followed would result in de-facto permanent mandates. How can one unelected official implement far reaching restrictions with no oversight? It is now impossible to deny that the heavy-handed approach from LA County has failed to produce any results. How are the case numbers from neighboring Orange County (which has implemented no vaccine or masking mandates) identical to LA County if these policies were having a major effect? Mask mandates do not work. As we've seen at recent Rams games, they are mostly theatre. The vaccines do not appreciably reduce community transmission, invalidating any justification for the vaccine passport scheme. All of these mandates have proven to be completely ineffective, and the longer they are in place the worse the negative costs will be - harm to our children's social development due to masking in schools, disproportionate disenfranchisement of minorities due to lower vaccine uptake in these communities, and the continued degradation of the quality of our day to day lives. LA County implemented some of the strictest lockdowns in the country, and kept our schools closed longer than nearly anywhere else. We are just starting to recognize the harms in these policies, but are continuing their mistakes with our never-ending mask mandates and vaccine passports. We need to get back to normal, and public health decisions need to be made with input from the Democratic process, not by fiat from unelected bureaucrats.
	Jason Elkins	
	Jason Estrada	
	Jason Green	
	Jason Horton	Oppose vaccine mandates. I also oppose mask mandates

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			Jason Hurd	
			Jason James	Governor Gavin Newsom said 5 days ago he is eyeing plans for an endemic. Vaccine mandates are unnecessary, and coercing people to get them to stay employed two years later is embarrassing. No vaccine mandates. No mask mandates.
			Jason N Land	Pushing an experimental vaccine drug on the populist and the children is no different from drugs off the street. There is plenty of data showing that the vaccines are dangerous and ineffective of its job based from the VAERS report and DOD DMED findings, they found an increase of disease of nervous system, MS, GBS, Pulmonary embolism, female infertility, tachycardia. There is no need to mandate a vaccine for a virus that has no been isolated and proven to exist.
			Jasper Wood	
			Javier Diaz	
			jay biranbaum	NO MANDATES
			Jay Biranbaum	No more mandates
			Jaycob Kelsey	
			Jean Gilliam	
			Jeanette Hill	
			Jeanette Miller	
			Jeannie Kim	
			Jeff Ganz	Also it's unethical to fire the unvaccinated LA County employees. Freedom of medical choice.
			Jeff Rodgers	Lift the state of emergency and lift all school (K-12) mandates.
			Jeff Wilson	
			Jen Elnar	
			Jen Kern	
			Jen Viggiano	Please end all mandates. This is unconstitutional government over-reach and needs to stop.
			Jenenne Gerardi	
			Jennie Opdyke	I am asking the LACDPH to lift the mask mask mandate on children at schools immediately. Everybody knows they simply don't work and are only causing irreversible trauma to these kids. I have 2 young children and have seen the effects of these destructive mandates. Thanks to the Super Bowl being held in Los Angeles (and the disaster of the last game by our "leaders"), the ENTIRE country is now watching closely how the city hosts a game of 70k

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	+ people all crammed together while CHILDREN are masked ALL day long. THIS will be what LA will be known for, its abuse and hatred for children. Lift the mask mandate now. Do the right thing. The country is watching.
Jennifer Alanzy	End the masks for the poor kids!!! Their mental health is suffering!
Jennifer Argo	If the Super Bowl can be hosted in our county, the public health order is nullified. End this charade.
Jennifer Beltran	
Jennifer Bolander	
Jennifer Boyd	
Jennifer Contreras	
Jennifer Cooke	
Jennifer Fleming	Against masks in school
Jennifer Fleming	Oppose Mandatory vaccines in schools
Jennifer Handjian	End the mandates for the county and the schools. There is no state of emergency and there is no reason for our children or our community to continue to wear masks. It is time to move on and move forward. If the Governor and Mayor can live their lives without masks so can everyone, especially our school children. END THE MANDATES FOR EVERYONE!!!
Jennifer Handjian	It is time to let our children and community breathe. Most of Europe and the United States has done away with mask and vaccine mandates. It is time for Los Angeles to do the same. Please stop punishing our children. New Jersey, Pennsylvania, Virginia and 34 other states have moved on from mask mandates for adults and school children alike. It's time to do the same. People deserve a choice, let the public and parents decide what is best for them. Let us breathe!!!!
Jennifer Jayne	Unmask our children
Jennifer Macias	You are inflicting trauma on children with a 99% rate of survival! This is wrong!
Jennifer Monsibais	You cannot make medical decisions for people. People have the right to decide for themselves what goes into their bodies, especially a vaccine that isn't even preventing people from getting the virus. This is a joke. I can't believe the board of supervisors can't open their eyes and get over this power trip. Set your egos aside. Even vaccinated and triple boosted people were sick have been getting the virus and everyone I know who is not vaccinated has had the virus and got over it. It's not about stopping the spread because the vaccine isn't stopping the spread and neither are mask. This is no different than the file and it's not going anywhere. We have to learn to deal with it and spread information regarding health. Health is wealth and the board of supervisors are trying to spread propaganda and fear. It's not working. The board of supervisors doesn't not get to enforce medical decisions on the public. Do your jobs with some integrity, instead of foolish

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	pride. You all should be ashamed of the way you are doing business. It's a disservice to the public and Just remember God see all. He see everything. You can't lie and hide behind fake news forever. We all see you. The public deserves better.
Jennifer Mustin	
Jennifer Owen	No one should be forced to wear a mask. This is tyranny. Vaccination status shouldn't matter.
Jennifer Rafeedie	Lift the mask mandate. The hypocrisy in Los Angeles is beyond maddening and only proves that the continuing mandate is not necessary. People in power are deciding when it's okay to break the mandate and when it isn't.
Jennifer Reagan	
Jennifer Seifert	Strongly oppose. The vaccine mandate needs to end and so does wearing masks. Sofi hosted NFL championship game where our Governor, mayor and the mayor of San Francisco were not wearing masks but they want everyone else to comply. This is not ok.
Jennifer A Krause	Enough is enough. Our leaders are hypocrites and it's ok for them to unmask while our school children suffer immeasurable harm staying masked- especially english learners who need to see teachers faces to hear sounds, learn speech rules. It's so terribly unfair to them. Be leader and UNMASK LA COUNTY SCHOOLS!
Jennifer L Anderson	Oppose firing police and fire fighters
Jenny Raulli	
Jenny Strote	
Jeremy Martinez	
Jeremy N Viger	
Jesse Saldana	
Jessi Avalos	
Jessica Alpern	Oppose masking for children
Jessica Caples	
Jessica Christenberry	
Jessica Coria	
Jessica Hernandez	
Jessica Johnson	Please free our children to breathe! I beg of you to please follow the lead of other counties, states and countries around the world that have removed mask mandates for children in schools. ALL children should be free to breathe, learn and grow. 2 years of mask mandates has affected literacy, speech development and social and emotional development, especially for our youngest children. It is absurd to remove the mask mandate for adults

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				and not remove it for children. Children are at less risk of getting covid, getting severly ill and from transmitting to others. There is zero scientific support for keeping mask mandates in place in school. There is Zero evidence that masks work. No one is being protected by this damaging practice and we are continuing to harm our children. Please do what is right and vote to remove this harmful mandate.
			jessica lee	
			Jessica Mackay	
			Jessica Perales	
			Jessica Perry	UNMASK our children! It's been too long and their education is suffering
			Jessica Ramuno	End mask mandates immediately particularly in regard to children. Allow them normal social interactions and place value on their social and emotional health
			Jessica G Guardado-Arevalo	The pfizer vaccine has failed in clinical trials for 6m-4 year olds and the vaccine is still being pushed. Its s known fact that those that are fully vaccinated and boosted are still contracting and transmitting the COVID virus. Violation under 21 code of federal regulations section 50.23 and 24. Its illegal to make anybody participate in an experimental program using coercion. The vaccine mandate is just creating discriminatory policies.
			Jessica L Fine	It's time to remove the mask mandates that are harming our children…
			Jessica L Tobar	
			Jessie Hicks	
			Jesua G Jaramillo	
			Jill Alexander	
			Jill Austin	
			Jill Golphenee	If LA County can host a Super Bowl with 70,000 plus attendees, our children should not be masked in the classroom setting.
			Jill Salisbury	I oppose the county health order to have kids masked outside in school. Let's listen to the science and read the data and let the kids play. Thank you.
			Jill A Pintens	ALIGNMENT. Join Governor Newsom in lifting the mask mandate on February 15th. LA County does not know more, nor faired better than other areas, so stop letting them dictate and lead in fear. We cannot get to the point of unmasking our school kids unless we start somewhere. Small steps are not enough. Stop hiding behind your party lines. Let people make their own choices.
			Jim Lukowitsch	End the useless masks now. There is no scientific proof that masks worn in everyday settings do anything to stop airborne viruses and may indeed give a false confidence. You are abusing children in schools who are falling years behind as they learn to communicate and speak more slowly. This is pure evil and it must stop now!

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Joan Lewis-Arciga	
Joan S Hollingsworth	Having children in masks for 4-6hrs a day is child abuse. The Governor & Mayor not wearing masks is proof it's all about control! Let the children be children-seeing their friends faces!
Joanna Anderson	UNMASK our children!! It's time to pivot the public health policy regarding indoor masking on children in schools. Let parents choose whether or not their children need to wear a mask. We will not keep our children in public school if this masking requirement is in place much longer. It is time to lessen these mask requirements. Urgent action is needed. Children deserve better!!
Joanna Lau	
Joanna K Snodgress	I strongly oppose the dismissal/firing of unvaccinated county employees.
JoDee Roth	
Jodie Hamilton	Enough of the nonsense!!
Joe Mireles	
Joe Perez	
Joel Gamboa	The Omnicron variant is 140x more transmissible than the original virus. Masks are useless against it and we all know that you can still contract COVID even if you are vaccinated. The virus is here to stay unfortunately, I wish that were not the case, but it is. It's time to go back to normal.
Joel Sherreitt	
Joel E Melendez	
Joeylynne VanGinkel	
Johanna Rodriguez	
John Blanco	
John Desley	
John Earnest	
John Fraher	Hi, I would like to speak about the masking of our most precious assets, our children. It is reprehensible that we are still barbarically masking them for almost 40 hours every week. Our governor says California likes to lead. At this point that can no longer be said with a straight face as well over half the states in the country have left the choice up to parents whether to mask their children. All evidence shows that masks make no difference in the spread of Covid. Side by side data showing counties where masks are mandated vs left up to parent's choice show no discernable difference. Our governor, the mayor of Los Angeles, the mayor of San Francisco all know this. That is why

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				they flaunt their own mask rules while not even in just a classroom of 25 children, but a stadium filled with 70,000 people. They KNOW that masks don't work. They are not scared of Covid yet they make our children where masks every day. Never in our history have we asked CHILDREN to protect adults. It is the job of the adults to protect children and we are failing every single day we ask them to wear a mask. California is an outlier and a joke. Los Angeles is a third world country that is abusing its children. The country is watching and wants nothing to do with the state. Good families are leaving by the day because of the draconian measures that have been proven to not work. Imposing vaccines on healthy children is my personal line in the sand. My family and I have put up with so much over the last 2+ years because of political reasons. A faulty vaccine that does not do what it was promised to do will never go in my children's bodies. It's an embarrassment and moral failing that we are continuing to abuse our children every day. It's up to YOU to ask for Barbara Ferrer's resignation or to fire her. She is not a medical doctor. She has no epidemiologists on her staff. But she thinks she knows better. PARENTS know what is best for their children. End the mask mandates for children TODAY. There is no need for more data. The data have been clear for 2 years now. Children are not at risk and need to be free. Thank you and please take note of the fact that I listened for over an hour and not ONE person has called saying they want their children in masks. And if there are people like that out there, let them make that choice for themselves and let the rest of us live our lives. John Fraher
			John Hernando	Time to end the mask mandate. Science doesn't support this and it's having a negative psychological impact on our children.
			John Horn	
			John Knox	
			John Mendoza	
			John Schloegl	
			John Souki	
			John Templeton	This is NOT the way to treat the men and women that put their lives on the line everyday to protect our communities. Many have families that are counting on them and to give them an ultimatum to either lose their job or take an unnecessary vaccine, is unconscionable. The vaccines don't work and are completely useless for the young and healthy. Masks don't work either and everyone knows it. Stop the charade!!
			John Trujillo	

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			John Wayne	
			John-Paul Jones	Please drop the mask mandate, particularly in schools. It is completely ineffective and has caused so many unforeseen consequences that will take years to recover from, mostly stemming from mental health. The only solution to Covid is immunity, which the vaccines are doing an amazing job with, and yet people are resisting doing the one thing that can help them, partly because they are still being told that a mask is the only way to be "safe". Unless you truly believe that Covid will be eradicated soon, there is no reasonable justification for continued mask wearing by the general population. Kids are an even more extreme case, with so much to lose from wearing a mask and so little to gain. When you force children to wear a mask, you're telling them it's not safe to go to school, play with their friends, or do any of the other things so crucial to being a kid. They will not get these years back, but if you act now to remove mask mandates, we can at least begin the healing process.
			Johnathan Stubbs	We must end mask mandates, especially in schools. We have vaccines and treatments. Covid is endemic. We must move on. Kids needs to learn and develop their speech skills. Parents can decide if their kids needs to wear masks or not. Stop punishing kids.
			Johnna Furesh	I am a Registered Nurse and director and have always known masks do not work for viruses. You have now put children in N95s and similar masks and those masks should ONLY be used with proper medical training, you must be fitted for them and you can only wear them in 20 minute increments. HOW ARE YOU MAKING CHILDREN WEAR THESE MASKS? It is completely reckless and dangerous. Please reverse course on this and unmask the children completely. If many parts of the country can do this, so can LA County.
			Johnny Bao	
			Johnny Bernal	
			Johnny Garcia	Our constitutional rights are being violated
			Jolleen Paiz	
			Jomana Asi	I'm against the mask and vaccine mandates being forced on children and adults for all schools and employment. This must end as it's caused so many delays in both my children with verbal and social skills. They both have had issues learning in school while their teachers are wearing 2-3 masks and children cannot see their mouth when talking to them and emotions (smiling most importantly). We are creating a world full of anxiety, fear and learning disabilities due to these ridiculous mask mandates. As for the vaccines, it should be up to the person solely on if they choose to vaccinate their children or themselves. I've met so many people who have experienced mild to severe reactions to the MMR vaccines (Pfizer, Moderna, J&j) and where there is a risk there should be a choice - always!! Also, there should be a choice since we do not have long term studies of the effects from these vaccines and what kind of damage it may cause to children long term. The fact that Pfizer and

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				Moderna need/want 55 years to share studies of effects is totally criminal and should warm everyone how even big pharma doesn't even know what is to expect from these shots. This is literally crimes against humanity and I am oppose to all of the above mandates and am asking the state of California to end this today, for the sake of our children and their futures!
			Jonathan Bergman	
			JONATHAN HALABE	
			Jonathan Mayhack	It was extremely disappointing, but alas not surprising, to see that LA County will be desperately holding on to its mask mandate even now that the state has decided to abandon them. The simple fact is that masks possess little if any efficacy against covid in the post-delta era. Comparing and contrasting the case rates of masked LA with neighboring unmasked counties over the course of the past year should lay this bare to all. Not only do masks have little benefit in preventing infection, they and other restrictions actively harm vast swathes of the population. Children, adolescents, and the neurodivergent of all ages deal with complications from masking largely ignored by those who set restrictions. It is time to end the mandates for the good of all county residents. Furthermore, it is clear that the office of the public health director requires reform. Dr. Barbara Ferrer is a glorified social worker, not a qualified medical expert. She must be removed from her post and replaced with an individual who truly merits the position. The office of public health director must also relegated to an advisory position. No unelected bureaucrat should possess the power to disrupt the lives of the public in the way Dr. Ferrer has for these past two years without being answerable directly to the people.
			Jonathan Rhoads	Will make thousands of families homeless
			Jonathan Rodriguez	
			Jonathan Vielma	
			Jonathan R Sanchez	
			Jordan Holmes	I oppose all vaccine requirements to enter establishments and schools. The vaccine has not prevented the spread of the virus and is no longer achieving its initial goal. To continue to require it is unnecessary and punitive to those who have medical conditions and religious beliefs. Thank you for your time - I do not need a response.
			Jose De La Cruz	
			Jose S	*second submission, previous one not on agenda submitted 2/7/22
			Jose F Murillo	
			Josef Bray-Ali	Barbara Ferrer has been hand waving and making up "The Science" for two years now - with disastrous results for public health in our county. Just the other day, a man died of exposure in my neighborhood. Children are wearing ineffective cloth masks all day for a disease that is not stopped by the mask

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				and a disease which does not affect children. Many of my co-workers have received the vaccines from Pfizer or Moderna and immediately developed health problems - fainting spells, heart trouble, ER visits, rashes. It is a horror to think that an all-female Board of Supervisors would reign over an era of incompetence, fear, and make-believe "science". You will NEVER get my vote again. I am now going door to door in my neighborhood with petitions for a Republican candidate for office - something that was totally unthinkable to me in my 42 years on this earth. I am disgusted with how you have abused the public trust and have administratively murdered so many, and damaged so many more. END THE LOCAL EMERGENCY. Stop listening to this murderous technocrat!
			Joseph Alvarado	
			Joseph Branca	As a father to young children, I cannot express the harm it has had on them. We have had enough of following along with these baseless covid mandates. There is no science to further support masking children, the risk assessment is clear. There is no benefit and plenty of risk / harm. The continuation of masking children is a crime. These children have been effected enough and should no longer be forced to protect the community at their own expense. WE ARE DONE. More and more children will be pulled from the public school system. If children are masked in the Fall, you will surely see a mass exodus from LA County / CA. WE ARE DONE WITH THE LACK OF LOGIC ON THIS. It is time for mask choice!!!!!!!!!! As you can see, we are angry. An angry public is not going to continue complying.
			Joseph Gonzalez	
			Joseph Lisuzzo	Unmask our children. They need to see expression, the teachers need to see their faces to make sure they are pronouncing words correctly. Masks have dehumanized us and must stop. If you love the children do something to help them instead of enslaving them
			Joseph Lovercio	
			Joseph Reaume	If we follow the science the mask mandates do not work. Our children should not be required to have masks in school or have a COVID vaccine that has not been through the standard timeline for adverse effects.
			JOSEPH WASEK	Please do not punish/terminate the employment of our Los Angeles County dedicated civil servants who have devoted their lives and careers to our community. It will take too many years to replace their invaluable knowledge and experience. A decision to terminate their jobs violates the freedoms this country was founded on. Please vote NO on Agenda Item #18!
			Joseph Yapp	
			Joseph J Placencio	Unconstitutional
			Joseph M Lyons	I am opposed to the public health order. As a long time Los Angeles County resident, I feel this is not in the best interests of the community or my family.
			Joseph R Carter	

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	Josh DeVore	
	joshua gillins	I oppose the public health order because it (and predecessor orders) has failed in every way to mitigate or end the pandemic. Therefore I urge an immediate end to this perpetual state of emergency that failed to yield the promised results while causing harm to many segments of society. Furthermore, I urge the removal of all mandates for the majority of COVID policies in public including masking, mandatory vaccines and boosters (which are now acknowledged by even the CDC to not stop spread), leaving those decisions to be made between individuals and their physicians, based on their unique risk profile and other personal factors.
	Joshua Mejia	
	Joshua Patz	
	Joshua Seifert	Vaccine mandate needs to end, so does wearing masks.
	Joshua Stegner	
	Joshua A Chavez	
	Joshua Michael Edra	The Public Health department has wrecked our economy and our freedom. Because of overreach by the Public Health department, many lost their jobs and small businesses and basic rights.
	Josie Alvarez	
	Joy Espin	
	Joy Marino	My child deserves to attend school in a healthy environment without a mask! Mental health matters!
	Joyce Lewis	Lift the mask mandate or we will be home schooling our children. Masks do harm physically and mentally to our children.
	Joyce Martinez	
	Joyce Skalicky	Please preserve the safety of the city. There is no public heath risk related to the unvaccinated law enforcement officers. There is an extreme p public safety risk in terminating 18,000 law enforcement officers. These men and women are heroes it's your duty as a board to support them.
	Joyce M Partise	
	JR Dahan	
	JR Jensen	
	Juan Guerrero	
	juan liles	i will do everything i can, including grassroots organizing, petitioning and picketing to get schools back to normal without masks. dr ferrer's science is bad and her judgment is worse. i will focus efforts first on hilda solis.
	Juan P Bonilla	

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Jubin Niamehr	Unmask kids
Julia Lyons	Well-controlled real-world studies have not demonstrated any clear benefit of masking children.
Julia Ruelas	
Julian Calderon	
Juliana Bowmen	You've lost all public credibility w these worthless mandates. Destroying lives, abusing children, killing people w untested poison. Getting paid to guinea pig the unwitting public. You will each be personally sued into oblivion. I pray we have a Nuremberg 2. So much blood on your hands. Each one of you is beyond despicable. We all know what you've done. Keep doubling down while our overlords dance in the ashes of this city. You might hold tyrannical power but you will never have the people. We will despise you forever. I hope I live to see your fall and hope it's thunderous. May justice be served no matter how long it takes. Maybe by a child you're abusing right now will make it their life mission to see to it you all face the end you deserve. Especially that ringmaster. That unqualified circus queen. What a soulless tyrant. We will never forgive. We will never forget.
Juliana Bozeman	
Juliana Martinez	
Julianne Hartman	
Julie Behrens	Stop this unscientific harassment of our society. We are well past any pandemic and it is time to recognize the authority that has been abused in public mandates in the name of health. Instead of doing good they have unnecessarily increased economic hardship as well as mental health illness at the expense of “staying safe”. Quit politicizing our lives by manipulating society with unfounded scare tactics.
Julie Brashear	
Julie Darby	I oppose a Public Health order mandating the vaccine! It has proven to be ineffective in protecting anyone from contracting the virus. It is absurd that I would be forced to receive a vaccine for a virus that I have a 99% chance of surviving!
Julie Hamill	If COVID-19 is so dangerous that toddlers must wear masks all day to prevent community spread, then it is far too dangerous to host 70,000 fans for the Super Bowl at SoFi Stadium. If it is safe enough to host the Super Bowl at SoFi Stadium, we must unmask the toddlers.
Julie Johnson	
Julie Liubicic	Please END the mask mandates for schools!! Our young children are suffering.
Julie Scarr	Unmask or kids! No mandates! No restrictions!

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Julie Sevilla	
Julie Whitaker	It's not fair to keep us masked when so many others or not. They are thriving. Please give us the choice to mask ourselves or not.
Julie Wilson	End all mandates
Julie E Zebrowski	Dear Members of the Board, As educators and parents our goals for our children are the same. We all want what is best for them. Unfortunately, politics in California have lead many of us to believe that masks are helping our children and keeping them safe. The fact is our children have always been safe from covid. The prolonged school closures and mask mandates have caused far more harm than good. Schools all over our country have safely resumed as mask optional for well over a year now. They have successfully done so, even in the most highly infected communities, including Miami, Florida and Dallas, Texas. Why is it that Los Angeles, CA can not do the same? Scientific data tells us that masks and lockdowns have done very little, if anything, to stop the spread of covid. Studies from all over our country indicate there is little to no difference in community spread per capita in communities requiring masks versus communities that are mask optional. Yet, our healthy California kids continue to be forced to wear masks for countless hours each day. Our children continue to get sick despite wearing masks. Kids have always gotten sick and will continue to get sick. This is a normal and necessary part of life. If masks work, why don't they? Masks are increasing fear and falsely conveying that our schools are unsafe. Let's change the focus to supporting students mental, emotional and social health. Our Surgeon General recently issued a Youth Mental Health Advisory as depression and anxiety have DOUBLED during the pandemic. A recent American Academy of Pediatrics study showed a 120% increase in eating disorder hospitalizations among our youth. In the year 2020 there were 2,400 CHILD SUICIDES in the US, yet less than 350 died with covid(a normal number of child flu deaths). How is this going unnoticed? How do we continue to ignore the data that is in plain sight? CA continues to be on the losing side of this battle. We closed our schools far longer than necessary and we continue to mask our healthy children far longer than necessary. CA continues to have the harshest covid guidelines yet we continue to struggle more than any other state. Brave students from all over California are now fighting back, educating themselves on their rights, and standing up for their freedom to breathe freely. California parents and students are outraged that Governor Newsom and Mayor Garcetti of LA recently attended the So-Fi Stadium maskless in a crowd of over 70,000 fans. They did so during a time when healthy LA school children are forced to wear masks while attending school. Clearly, the State of Emergency is over, yet our hypocritical leaders continue to prolong it, in order to gain control and force their political agendas on us. Let's follow our fearless CA leaders and let our children have the freedom to breathe! Freedom over fear! Shame on CA for continuing to allow this abuse on our precious children. How much longer will this charade continue? Our children

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				are clearly the victims of an ugly political battle. They are the least at risk for this virus and have nearly a 100% chance of surviving covid with their own natural immunities. They have a much greater chance of drowning, dying in a car accident, getting struck by lightning or even dying of the seasonal flu than covid. Rumor has it that the CA State mask mandate will soon be lifted but the LADH is considering prolonging the mask mandate. I truly hope this is not true, especially in regards to masking our innocent, healthy school children. After nearly two years of data, it is clear that masks do nothing to stop the spread of covid in schools and our kids continue to suffer academically, socially, developmentally, emotionally and physically. Dr. Joseph G. Allen, Chair of the Lancet COVID-19 Commission Task Force on Safe Work, Safe School and Safe Travels says, “We should make masking in schools voluntary rather than mandatory. Masking was a necessary inconvenience early on and in short stints was fine. But to think that two years of masking has no impact on socialization, learning and anxiety is shortsighted. Kids are resilient but not endlessly resilient”. ??For the love of God, UNMASK OUR KIDS!
			Julie L Morrow	Correction I oppose masking of kids. Masking kids should have never happened. I am a parent of a special needs kid and he has missed out on crucial therapies with these ridiculous mandates. Please put a stop to these masks immediately.
			Juliet Zamel	I oppose all tracking, masking and vaccination mandates. I oppose any and all segregation, discrimination or persecution of the unvaccinated. As it is a violation of basic human rights. The 2 year state of emergency, lockdowns and medical mgmt of citizens is overreach that benefits certain corporations at the expense of citizens. It is criminal to mandate pharmaceutical and allopathic protocols on citizens that have a constitution and bill of rights protecting their right to life, liberty and the pursuit of happiness. These ideals are unattainable when access to liberty is held hostage to an evolution of science via the latest medical study. John Hopkins recent research indicates lockdowns aren’t even an effective way to deal with virus, especially, when loss of life and income from the prolonged disruption are considered. This illustrates the transitory pitfall of attaching our freedoms to the latest medical trend. A persons healthcare decisions are determined by many elements and a free country protects medical privacy and personal choice for all citizens. Stop the medical tyranny.
			Juliet A Annerino	
			Justen Holm	
			Justin Bina	Our children have not had a normal school year since 2019. For two years we have written to this Board begging for relief for our children. For two years, you have put the unions and special interests ahead of our children. Experts around the world and our own US Surgeon General have sounded the alarm of a mental health crisis in our children due to the pandemic school closures and continued restrictions. Our children are in crisis, and YOU continue to ignore it. Not a single message from LA County Public Health addresses the social, emotional, and mental harm done to our children. This is an epic failure by this Board and the Public Health Department.

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	Our children were locked out of their schools and sports for over a year. Now that the school doors opened, our children are distanced from friends, masked for 7+ hours a day, with no parties, field trips or fun. Children are being forced to wear masks to run, exercise and play sports, even outdoors. Children are made to believe that people would get sick and die from the simple act of them breathing. None of these restrictions are imposed on adults. We will not let you ignore us anymore. We will not let you harm our children no longer. The testing, quarantining, and masking of our children needs to end now.
Justin Calzada	
Justin Miller	Masking in schools needs to end NOW! The statistics are out and this is doing MUCH harm to our children. Every day states are ending the masking of students. We have had enough! If the Super Bowl can be held, we are not in a state of emergency! 70,000 maskless fans will be at the Super Bowl this weekend. Enough is enough! The people do not support this!
Justin Smith	
Justin Spegel	
Justine Kragen	It's time for LA to align itself with the state and work to restore full normalcy as soon as possible- especially for our children who are bearing a heavy burden with masking requirements- especially outdoors. These masking mitigations on our kids, along with over-zealous contact tracing and testing requirements for asymptomatic close contacts that differ between vaccinated and unvaccinated children- are not scientifically justified. These policies are greatly disruptive to working families and are unfortunately not actually making us safer. Most of the families I know, many who have been happy to comply with all health orders prior to the omicron wave, are now more worried about the disruption to their lives and the lives of those around them due to our public health orders, than they are of the actual virus. It's time to recognize that the threat of COVID-19 has changed over time, and that our population is capable of determining their personal risk factors to take personal responsibility for their health. We need to accept that masking and asymptomatic mitigations will not stop the spread of this virus, but they do cause other serious harms -especially to our children of all ages from preschool to K-12 who are being denied normal human experiences that are essential for language learning, and social, emotional, and physical health.
K Theno	
Kabrina Borbon	

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			kahlil sabbagh	
			Kaley Brouwer	
			Kameron Davis	
			Kamisha De Silva	
			Kandi Olive	Our children have not had a normal school year since 2019. For two years we have written to this Board begging for relief for our children. For two years, you have put the unions and special interests ahead of our children. Experts around the world and our own US Surgeon General have sounded the alarm of a mental health crisis in our children due to the pandemic school closures and continued restrictions. Our children are in crisis, and YOU continue to ignore it. Not a single message from LA County Public Health addresses the social, emotional, and mental harm done to our children. This is an epic failure by this Board and the Public Health Department. Our children were locked out of their schools and sports for over a year. Now that the school doors opened, our children are distanced from friends, masked for 7+ hours a day, with no parties, field trips or fun. Children are being forced to wear masks to run, exercise and play sports, even outdoors. Children are made to believe that people would get sick and die from the simple act of them breathing. None of these restrictions are imposed on adults. We will not let you ignore us anymore. We will not let you harm our children no longer. The testing, quarantining, and masking of our children needs to end now.
			KANDICE OBANION	
			Kara Bouton	Please follow the State's guidelines on mask mandates in public settings.
			Karen Bajanov	
			Karen Gabriel	You absolutely must unmask our children! Masks do NOT work. What masks do is isolate and harm our children. Enough of the abuse you have put our children through. You have now seen the the devastating results of the draconian measures you have imposed over our society with the most harm being done to our children. You now know how abusive this has been. Study after study after study tells you how WRONG the measurers you have taken are, especially towards our children. Stop this abuse NOW. Let parents do what is right for their own children. Remove ALL mandates!
			Karen Oie	
			Karen Rapoport	
			Karen Sewell	We should no longer have to provide a vaccine card to enter a business. We should no longer have to cover our mouths with cloth to be out in public. And

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	our children do not need to have masks on their faces for 8 hours.
Karen Widman	Two years ago, in February 2020, we New little to nothing about the coronavirus. We were terrified, we quarantined, and we listen to the so-called experts. The same experts first told us not to wear a mask to save them for the medical professionals. Then they told us to wear a mask, then two, and then we learned that cloth masks had little to no value in protecting us. In the last two years we have learned who is vulnerable to this virus and who is not. We know that our children are very, very rarely getting sick or dying to this virus. It is time to stop listening to the expert, they have been wrong on everything! Einstein‘s definition of insanity is doing the same thing over and over again and expecting different results. It’s time to change your way of thinking. Masks on children have little to no benefit. Teachers, and adults on campus but if you wanted to be vaccinated have been able to for a very long time. There is no reason to keep these masks on our children! It is time to follow the lead of several other countries around this world and take these masks off of our children. They are doing far more harm than they are doing good. Every adult has already had a childhood. It is now time to give our children their childhood back! It’s time to tell Dr Ferrer Take these masks off of our children
Karen E Jensen	
Karena Segura	I oppose mask mandates and vaccine mandates
Kari Lightfoot	We deserve a right to breath, especially our kids! Stop using masks as an excuse in LA county when our governor and mayor can go make less. The science proves that masks don’t work.
Kari Sebalj	My spouse puts his life on the line every shift along with every single other person in this department. These men and women have EARNED and deserve the right to choice on how they choose to handle their own personal health and decisions in this matter, period. No one person or group reserves the right to make personal health decisions for any group of people, especially when it effects their faith, families, health and livelihood. Please do NOT subject our spouses to these illegal and unjust requirements that have zero science behind it.
Karina Cervantes	
Karina Harutunian	
Karine Gagiryan	
Karla Rosa	Let our children breathe, why are you able to be online right now with. Ow mask while my child is at school for 7 plus hours with a mask on!!!
Kate Dar santos	
kate haney	The Emergency is OVER. Stop abusing our children. Our children have not had a normal school year since 2019. For two years we have written to this Board begging for relief for our children. For two years, you have put the unions and special interests ahead of our children. Experts around the world

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				and our own US Surgeon General have sounded the alarm of a mental health crisis in our children due to the pandemic school closures and continued restrictions. Our children are in crisis, and YOU continue to ignore it. Not a single message from LA County Public Health addresses the social, emotional, and mental harm done to our children. This is an epic failure by this Board and the Public Health Department.Our children were locked out of their schools and sports for over a year. Now that the school doors opened, our children are distanced from friends, masked for 7+ hours a day, with no parties, field trips or fun. Children are being forced to wear masks to run, exercise and play sports, even outdoors. Children are made to believe that people would get sick and die from the simple act of them breathing. None of these restrictions are imposed on adults.We will not let you ignore us anymore. We will not let you harm our children no longer. The testing, quarantining, and masking of our children needs to end now.
			Katherine Cruz	
			Katherine Firestone	I urge you to put the children first and remove all mandates for children relating to covid-19. I have seen first hand the detriment these mask mandates have had on our children as we are raising a tween and teenager in LA County. We know so much more today than we did 2 years ago and we need a path forward that will build up our youth and unite us. Mask mandates and vaccination mandates are not warranted for children as the death rate for under 19 years old is nil. These masks have hindered learning, language, social emotional growth and so much more for 2 years now. It is time to get back to normal. Stop the division. Stop forcing mandates on LA County. Let parents decide what is best for their children. New Jersey, Florida, Delaware and Oregon are ending mask mandates for all school age children. Sweden and England never mandated masks on their children. Please do right by our children and end the mask mandate today.
			Katherine Katz	
			Katherine Moresi	UNMASK OUR KIDS! And do not require vaccinations - should be parental choice!!
			Katherine U	Dear LA County Board of Supervisors, Thank you for working on behalf of the citizens of LA County. I am emailing on behalf of my family to make masks optional at our kids' schools. This item is on the agenda in the county board meeting on Tuesday 2/8/22. Our children are suffering unnecessarily with mask mandates, social distancing, testing and now a new threat of having to take an emergency use vaccination which lacks longitudinal studies in order to attend school. Our innocent youth's most basic rights, to breathe and receive an education is on the line. Our children are not in dire harm due to this virus. Schools all across the nation are mask free without threat of forced vaccines. The

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				children, teachers and staff at these mask-optional schools are healthy and thriving. Much like our Governor Gavin Newsom, LA Mayor Eric Garcetti and Congressman Ted Lieu at the NFC Championship game who enjoyed the fun of commemorating with others, maskless. We do not take issue with these local leaders going mask free, what we do take issue with is that our children are being forced to cover their airways for 6-8 hours a day. My family and I have complied with the mandates and followed the rules. We've done our part as good citizens, however, we cannot comply any longer; our children deserve to breathe freely. There is research demonstrating the negative effects of breathing high levels of CO2 from being masked and we have loads of anecdotal evidence of the damaging impact on our childrens' mental, emotional, and social well-being. Please stand up for our children who do not have a voice or the power to stop these harmful mask mandates. Please redirect Barbara Ferrer to stop these destructive mandates. And please champion on our behalf to STOP SB 871 and SB 866. Thank you for your time and thank you for standing up for our children. With Gratitude, Katie Baad
			Katherine Wood	
			Katherine R Beckwith	The time has come for you to step up and advocate for the mental health and well-being of our children. I am the mother of a 7 and 9 year old who are both suffering in different ways from the prolonged masking mandates at school. Both of them are feeling the burden of masking and it's gone on for much too long. It's affecting their ability to learn, and has negatively impacted in particular, the social development of my 7 year old who spent his entire Kindergarten year at home behind a screen. I see firsthand the irreparable harm it's caused to their social and emotional development. The prolonged stress, unclear end-goal, and inconsistent mandates are harmful and abusive. Further, the restrictions and mandates don't work. I strongly advocate for mask choice for our children and hope that you join me. This is not at all appropriate and we are not in a state of emergency if we can host a SuperBowl in Los Angeles. This mother has had enough. Do the right thing so we can get to work educating and supporting our precious children through this trauma.
			Kathryn Bui	
			Kathryn Olaiz	I strongly oppose on behalf of myself and my 4 children
			Kathryn Powell	Of the governor, mayor, and celebrities can take pics unmasked at a “super spreader” event in the city of Los Angeles, the rest of us should be able to

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				choose how we handle our own health as well.
			Kathryn Shook	
			Kathy Ponce de Leon	
			Kathy S	This is not just about masks and vaccines anymore. This is about freedom. You guys just sit there on zoom and make one excuse after another. Oh…our hands are tied. You DO have a say. You DO have a choice. You are the leaders of LA County. We look to you to do the right thing here. You can no longer stay silent and comply. You have to stop being cowardly. Grow a backbone. You need to wake up and stand up. This is no longer JUST about masks or vaccines. The more that you comply, and each time that you comply, you are giving up our freedoms. The government is chipping away at our freedoms…little by little…until we become slaves…and our country becomes a slave nation. I know it is hard for you, the Board, to see this. I'm here to say, Wake up. Each time YOU comply, you are throwing our rights out the window, and we are losing our great Country. It is not too late. Use your God-given brains, and CHOOSE freedom for yourselves and all of us. You have a choice to End Medical Tyranny, No Vaccine Passports, End Medical Segregation & Discrimination

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				End Mask and Vaccination Mandates No More Testing our Kids & the Unvaccinated School Staff No More Testing, Mask & Vaccination Mandates for Health Care Professionals End this ridiculous state of emergency. This is not an emergency. The vaccines cause myocarditis and blood clots, and they do not prevent covid. Leave us alone to make our own healthcare decisions about our own bodies and our own children's bodies. Leave us alone to reach herd immunity. And natural immunity is more powerful than the false immunity you get from that vaccine. Do not create a two-tiered society here. As Senator Rand Paul said, "The Dirty Little Secret is IT's Always Been More about Submission, Than Safety." What kind of a Home, a Country, America, do you want to leave for them? Do you want to leave them with no rights and no freedoms in a SLAVE nation where they are voiceless and powerless? You have an individual and corporate responsibility to choose to end medical tyranny, segregation, and discrimination…if not for OUR children, then for YOUR OWN children that you tuck in at night. Use your God-given brains to think CRITICALLY, NOT out of fear, NOT out of submission to ANY person who claims to be a health care professional wearing a white lab coat, or any authority figure who CLAIMS to be our GOVERNMENT, or blindly repeat talking points given to you by mainstream media….Choose Freedom. And this is our first amendment right of the people to peaceably assemble, and to petition for a redress of grievances. These are our God given freedoms that are protected by the Constitution of the United States of America, written by our Founding Fathers, and paid for by the blood of many who fought for it. Choose FREEDOM….Let Freedom Ring!
			Kathy A Stypula	Unmask our kids

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Katie Nelson	End the mandates
Katie Pinson	I am a parent of 4 young children and I oppose the mandates for vaccines and masks for our children. All our children deserve an education. I myself have pulled my children out of the public school system, and will not put them back as long as the mandates stand. I know other parents have had enough of these mandates and will also pull their children out of the public school system if they are forced to vaccinate their healthy child. Give parents the choice to do what is best for their children and STOP the mandates.
Katrina M Rebueno	I'm an LA County resident and well aware of the Covid 19 Public Health Order to prevent the spread of the virus by requiring the wearing of face masks, taking Covid tests weekly for school children and most public employees like myself, including forcing the vaccines on everyone. However, the hypocrisy lies in hosting massive sporting events like the upcoming Superbowl and seeing prominent politicians and government officials not complying themselves by being seen publicly without their masks on. I say we end these restrictive COVID-19 rules that are causing more harm than good to the community...killing businesses, causing unemployment and the unfortunate rise of suicide rates brought about by these depressing and oppressive rules. Enough is enough.
Kayla Walker	
Kaylee Kirk	
Keith Ellis	
Keith Horner	
Kelley Forgatch	
Kelli French	
Kelly Bleyl	
Kelly Brinn	Please fire Barbara Ferrer already. We are one of the last places in the world with a mask mandate, ongoing for 2 years. The masks have failed, you cannot stop something microscopic with a cloth. The "vaccines" (experimental gene therapy) have failed, nearly everyone who got sick this winter was vaccinated & put themselves at serious risk for blood clots & myocarditis. The vaccine passports mimic Nazi Germany and Jim Crow segregation in the US, a blatant violation of Constitutional & human rights. The tests are flawed & unreliable. The politicians who take money from pharma to take our rights away party maskless, while children and regular people suffer. We have had it, stop demeaning us. Fire Barbara & remove all of the unconstitutional mandates. Thank you.
Kelly Follstad	
Kelly Greene	No more masks for our kids!
Kelly Harpham	

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Kelly Lampignano	
Kelly Morrow	
Kelly Sultemeier	Time to remove all masks and mandates on our kids!!!
Kelly Waltz	
Kelly M Gamboa	
Kelsey Amalfitano	Please end the mask mandate it is ruining childrens lives. This is unfair that the mandate ends for California and you will not allow LA county to end the mandate. Do you have children in schools? Do you see the effects it is having on our kids
Ken Gerardi	
Kendel L Zinn	
Kenna Bynum	It is a fundamental duty to put the needs of our children, the innocent, first. It is also important to uphold the rights of the parents to take care of their children. It is part of the freedoms we have fought for in this country. Mandating masks or the covid vaccinations for children is unconstitutional, unethical, and unjust. Science PROVES that children have no reason for masking, or mandated vaccinations when the actual virus has minimal risk, if none, to them. Masking is also scientifically proven to cause more harm than good in children. As the parents of a high school freshman, we know that there are kids, including my own, with test anxiety issues and learning needs in which masks hinder or exacerbate issues, like asthma, during physical activity of P.E., dance, and sports. We are told that children need exercise for healthy circulation and oxygenation of the brain so they can be healthy but you want to hinder that healthy development with masks. Children's brains are developing and growing and need OXYGEN. The over intake of carbon dioxide is harmful to children's development. This is not new information. Mandating a vaccination that does not work and serves absolutely no benefit for a child is mindless. The current guidelines include unfair discrimination policies that target unvaccinated students and staff. LA COUNTY needs to align with the science and do what is ethically right and consider more than one side because "one size does NOT fit all" and no child should be experiencing segregation in this day and age. It is time for you to let us use our power of choice to discern what is right for our children. Mandate is just another word for command. No parent should be commanded by the government to do anything unnecessary or potentially harmful to their child
Kenneth Fleming	
Kenneth F Hill	
Kenny Luna	Follow the example of Gov Newsome and La Mayor Garcetti at the rams

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				game and mask off!
			Kerri Cohen	Unmask our children. Covid is not a threat to them. We the people should choose if we want to vaccinate or mask.
			Kerri Siano	I'd like to say it's shocking that Ferrer won't follow suit with the state guidelines. But, unfortunately, this is her pattern of behavior. Thank you to the supporting supervisors who agree with aligning with the state. I'm urging the others to as well. We cannot have endless mask mandates, particularly on our children! This is enough, and this is abuse of power. Masks aren't helping stop any spread, they are only damaging our children. Please look in to the facts and your conscience and do the right thing. Get rid of the masks!! Give our kids and our neighbors a face!
			Kevan Plumb	
			Kevin Bennett	The mask restrictions and Covid 19 restrictions must be lifted. How can CA and LA County be in a state of emergency and host the Super Bowl?? This is no longer about safety and now about money and control. The mask mandates, especially in our schools, are hurting are children more mentally than Covid would ever effect them.
			Kevin Bowes	
			Kevin Kin	I oppose on agenda 2.
			kevin Lelles	
			Kevin Martinez	
			Kevin MCGuire	Our city is on fire, we need these heroes to continue their work for the greater good. Covid is no longer the public crisis you seem to think it is. These men and women were heroes in 2020, today you are shaming them for their hard work and dedication to this city. California covid policies have failed its citizens and continuing down this path is bad for the city and the state. Let them work.
			Kevin Sullivan	
			Kevin Zarnick	The decision by LACDH to continue with mask mandates for vaccinated, in spite of the state lifting the mandate, is a massive overreach. It's an abuse of power by a single, non-elected official. I ask that each of you leverage your authority to overturn her decision or dismiss her if necessary. The governor and his health staff are correct in their thinking. The pandemic is shifting to endemic and we need to get back to day to day normalcy now, not when the LACDH Director feels more comfortable with it or when the county hits seemingly randomly selected metics. This need to get to "moderate" case rates is an old CDC standard that should not apply now given the infectiousness of Omicron and the level of both vaccinated and natural immunity in the county. The amount of testing determines these rates. Test more, higher case rates. Less testing, less cases. It's nonsensical. Please do you job demand that LACDH directives align with the state of California and the will of the majority of county citizens.
				I am an essential worker that is opposed to wearing a mask. Mask has been

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			Kevin P Jardim	proven to provide NO protection.There is no credible science that as provided that they do. I am vaccinated as a mandatory work requirement or I would be fired. Due to the Moderna vaccine, I now suffer and have been medically diagnosed with Pericarditis which put me in the emergency room, and still have lingering medical issues. I am against masks in schools. Our children are being abused just to benefit labor unions. Children are not okay and will suffer long-term physiological effects. In addition to being left so far behind in education. If two vaccine shots and a booster have proven not to control COVID-19 a piece of cloth will not add any additional benefit.
			Khanh Tran	
			Kim Hoover	
			Kim Morrow	
			Kim Zimmer	
			Kimberly Ahern	
			Kimberly Brandon	Masking of kids is completely unnecessary and harming these children both developmentally and socially. I don't think we will truly know the damage that masking young kids has caused until years down the road. Please follow the science and unmask our kids!
			Kimberly Cabunoc	
			Kimberly Calzada	
			Kimberly Davidson	
			Kimberly Ford	Mask mandates Vaccine mandates Discrimination against unvaccinated students and teachers via mandatory testing Unfair quarantining of unvaccinated students Not recognizing natural immunity Vaccine passports
			Kimberly Waldman	
			Kira Finnegan	Lift all mandates now. No more masks. No more vax pass. 2 years in and these mandates have done nothing. You don't own our children's lives.
			Knarik Khdryan	
			Kristal Vasquez	
			Kristen Williams	Thank you Board Supervisor Barger for speaking out against mandates. We

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				appreciate you! Children are being forced to wear masks to run, exercise and play sports, even outdoors. At school, they are distanced from friends, masked for 7+ hours a day with ZERO breaks, and since "Omicron", harassed by teachers and administrators to pull up their masks between bites of food as they eat outdoors. This is not normal, and should be considered child abuse. The testing, quarantining, and masking of our children needs to end now. Our children are in crisis, and YOU continue to ignore it. Not a single message from LA County Public Health addresses the social, emotional, and mental harm done to our children. This is an epic failure by this Board and the Public Health Department. Our children were locked out of their schools and sports for over a year and now have to deal with a horrible school environment each day where they're treated as threats to public health, which is not true as the numbers have always shown. I demand this Board remove Barbara Ferrer from her position who is continuing to enforce unnecessary mandates, and making decisions not based on facts or science and not in the best interest of her constituents. I oppose mandatory Covid tests, vaccines, masks and all discriminatory policies intended to make life more difficult for the unvaccinated; specifically our children.
			Kristen J Gorrindo	
			Kristi Glowski	End all mandates now. For school children in particular. The people have had enough.
			Kristi Mayer	Stop all COVID mandates. Let them breathe
			Kristi Phillips	I urge the LA County Board of Supervisors to end ALL mask mandates for EVERYONE EVERYWHERE, adults and children, including at preschools, K-12 schools, camps, colleges, universities. There is zero evidence that masks have helped to reduce transmission whatsoever as has been demonstrated by comparing neighboring states to CA as well as neighboring counties such as Orange County to Los Angeles. The two counties have seen similar per capita case rates despite very different masking mandates for the past 2 years. It is time for the public to make their own health decisions including whether to mask or not and I implore you to take a firm stand to eliminate mask mandates in the County of Los Angeles effective immediately. Additionally, as the parent of public school children in Los Angeles County, I implore you to GIVE CHILDREN NORMAL BACK and drop all masking, testing, quarantining, and other school restrictions that you have imposed on them the last 2 years. Kids mental health, socialization, speech development, education and future opportunities are being harmed with all these school measures that have been put in place to "protect" them from a virus that they are at less risk of than drowning, suicide, suffocation, homicide, cancer and yes even the flu. Schools just being "open" is not enough, kids need normal just like they have had in so many other states and counties all across the

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				United States. Schools in many other state have been operating normally and children are living happy, normal childhoods, while in Los Angeles, you are imposing restrictions and trading childhood happiness for isolation and depression in thousands of kids of Los Angeles County. You say you care about equity and yet all the restrictions you have put into place have had the most detrimental effect on the lowest income children with the least opportunities. If you truly care about these children you will end all school restrictions and let kids be kids again as they have been allowed to be in places all over the United States.
			Kristi Yeager	Do not fire the police officers and firefighters our best and bravest and violate their Constitutional right to do what is best for their body. This is wrong.
			Kristian Jeffers	
			Kristin Gonzales	It is ridiculous to mask our children indefinitely. We have NEVER required masks for Flu season which is much more deadly. End the mask mandate for the mental wellness of our children!
			Kristin Studt	
			Kristina Aslanian	Oppose mandatory masking for children
			Kristina Carpenter	
			Kristina Grumbine	
			Kristina Waldman	I am oppose the mask mandate on our children in school. My daughter has a hard time breathing all day long with these, it cuts off & restricts their breathing. Please unmask our kids!
			Kristine Ovsepyan	
			Kristine M Hennessey	END all Mandates! We will pull our 4 kids out of school. END THE MASKING OF OUR CHILDREN NOW! Suicide up 300%. Kids want to wear masks now to hide behind because they hate the way they look. This has to end.
			Kristine M Ward	
			Kristopher Graham	
			Kristyn Ellis	Absolutely ridiculous to force anyone to get this vaccine.
			Krystal Bonilla	
			Krystaline McCullough	
			Kurt Koerth	
			Kurtis Gruoner	
			Kylie Hutson	
			L P	Being that CA is under a state of emergency, children being forced to test/be vaccinated and masked employees are forced to obtain vaccines, the citizens

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				of this great country can not access establishments because of health order ....under this leadership is causing crime and havoc on all citizens. NOT ONE FAN OR VENDOR SHOULD BE ST THE STADIUM FOR ANY SPORTS. CONCERTS. ETC.
			L S	Okay listen. I got the vaccine I got the booster I followed the rules. Legitimately why on earth are we still doing this I actually cannot think of anything dumber than this rule still being in action I don't know anything about this "Barbara ferrer" person but she seems like an idiot who is bad at her job and is embarrassed that she's bad at her job. If this continues I'm invoicing her dumb ass for a weekly facial from all the bad things on my face I've gotten from this way too long mask wearing. you guys are ruining the lives of the people who followed the rules. Don't be stupid and get rid of it.
			Laila Lozano	
			Lana Riley	
			Lance Kelly	Stop the mandates!
			Lar Chouljian	
			Lara M Dragaloski	What started out as a two week shut down has turned in to almost two year shut down now. This has taken a HUGE toll on our youth, not only physically but mentally and emotionally! There is a MAJOR mental health crisis going on in our kids as well as adults. I work at a high school and have many friends that work in other grade levels as well and we are all in agreement that the lack of mental health has skyrocketed in the last two years. These kids have not had any normalcy, all hidden behind mask and told not to hug and "keep your 6 foot distance". They are social beings and can't communicate. They were told they had to stay home for a year and were only online learning through a screen, their grades have fallen exponentially, their love for learning has burned out, they weren't allowed to play sports/activities for a year and sometimes that is their only positive outlet. And there are a lot of kids that were stuck at home in a hostile and abusive environment with no escape. This is our future generation and is already going to be so messed up, that it will be hard for them to recover. All this for a virus that has a 99.97% survival rate! I'm not saying that it is not very sad, all the people that have died from this virus because it is. However, every year we lose thousands and thousands of people due to the flu but it is not in the news everyday. And our medical staff, police officers, and fire fighters deserve MUCH better treatment than they are getting! They have been on the front lines this entire time dealing with Covid patients and being exposed and NOW you are getting rid of (firing)them because they don't want to take a vaccine that they may not want to take! What happened to my body my choice? There are a lot of people that should NOT take the shot because of their medical situation and yet they as well as our kids are being FORCED to get this vaccine in order to go to get an education, participate in sports/activities, go to work, etc. The testing, quarantining and masking of our children has gotten sooo out of hand! This must stop immediately and there should not be a date months from now that it all stops, that is just asinine. These changes need to be made immediately. And our first responders deserve way better than how

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				they are being treated. No one should be fired for choosing not to get a shot. Thank you for your time.
			larisa braun	I can't cover the tears of my child with a mask, not one more time. I can't do it anymore and neither can they. Psychologically, my daughter is angry-most of the day. My son, whom i worried wouldn't make any friends while covering up essential facial expressions all day with a mask, cries most mornings. Begging me to let him go to school without a mask. He asks that they be made optional, for kids that want to wear them. That they be made, in the least, for only indoors. He wants to be able to run without the mask sticking to his face when he breathes. He's FIVE. Five and he can sense that something isn't right.
			Larry Park	
			Laura Batchelder	Dear LA County Board of Supervisors, Thank you for working on behalf of the citizens of LA County. I am emailing on behalf of my family to make masks optional at our kids' schools. This item is on the agenda in the county board meeting on Tuesday 2/8/22. Our children are suffering unnecessarily with mask mandates, social distancing, testing and now a new threat of having to take an emergency use vaccination which lacks longitudinal studies in order to attend school. Our innocent youth's most basic rights, to breathe and receive an education is on the line. Our children are not in dire harm due to this virus. Schools all across the nation are mask free without threat of forced vaccines. The children, teachers and staff at these mask-optional schools are healthy and thriving. Much like our Governor Gavin Newsom, LA Mayor Eric Garcetti and Congressman Ted Lieu at the NFC Championship game who enjoyed the fun of commemorating with others, maskless. We do not take issue with these local leaders going mask free, what we do take issue with is that our children are being forced to cover their airways for 6-8 hours a day. Our daughter and many of her classmates have had swollen eyes from their C02 going straight into their eyes. The has caused reoccurring bacterial infections and many days/weeks of missed school. This masking is dangerous to our young children. It’s hurting them. See attached photos. I’ve had to put antibiotics gel into her eyes countless times. See photos. My family and I have complied with the mandates and followed the rules. We've done our part as good citizens, however, we cannot comply any longer; our children deserve to breathe freely. There is research demonstrating the negative effects of breathing high levels of CO2 from being masked and we have loads of anecdotal evidence of the damaging impact on our childrens' mental, emotional, and social well-being. I am writing to you and pleading with your conscience to stop these

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	mandates. Please allow for masking to be optional at our children's school. Families who are at high risk from this virus, or simply scared are still free to wear their masks. They can wear N-95 masks if they so choose. Please give our kids their birth right to breathe freely. Our children are longing not only for fresh air and unmuffled voices but to see their friends' faces, smiles, and frowns. A face accounts for 70-90% of communication. Most communication is non-verbal. Our children are starving to reconnect with those around them--to build upon the empathy that comes from reading one's face. Please stand up for our children who do not have a voice or the power to stop these harmful mask mandates. Please redirect Barbara Ferrer to stop these destructive mandates. And please champion on our behalf to STOP SB 871 and SB 866. Thank you for your time and thank you for standing up for our children. With Gratitude,
Laura Cox	
Laura De Casas	
Laura Desesa	
Laura DeSesa	Please end the mask mandate for our children!! It is harmful to their health as well as their mental state.
Laura Frazier	My son is still in a useless mask at school all day. He has eczema behind his ears and the mask straps rub it raw to the point of bleeding. It cannot be healthy for him to have constant open wounds behind his ears on top of not being able to breathe properly. Please rescind the mask mandate in schools.
Laura Garcia	
Laura Guzman	
Laura Lott Fuson	I am against masking children in schools. Not only is it unhealthy but it is destroying mental health and causing developmental delays. Wearing a mask should be a choice made by the student with the guidance of their parent. Please do right by our children.
Laura Machado	
Laura Morelos	
Laura Reid	
Laurel Evans	
Lauren Dooling	we should lift the state of emergency if we are willing to host a superbowl
Lauren Hennessy	UNMASK OUR KIDS
Laurie Cali	

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			Laurie Eallonardo	The Omacron surge is over, hospitals are not in crisis, will you immediately discontinue the outdoor mask mandate for schools? Our kids have been through enough Covid crisis and loss for two years. We are still plagued by mandates and restrictions that don't make sense. Outside is the safest place we can be and the virus is something we will live with. Our school has done what the County and State have asked re: tremendous safety measures on campus, testing, my family is vaccinated, and yet my kids are stuck wearing masks outside during PE, recess, and sports teams. My daughter's acne on the lower part of her face is now completely exacerbated since she has been wearing a mask outside during sports and physical activity. Over the past two years, students have been so diligent wearing masks ALL day long inside the classrooms. I feel that it is a crime to mandate masks outside. Families are just beginning to deal with loss, mental health issues and negative social and physical impacts from the restrictions due to the virus. Please let our kids and families heal; let us move on to wellness. Getting infected with the virus at this point is usually a minimal cost compared, especially compared to the negative impact created by unnecessary, excessive restrictions.
			Laurie Henry	
			Laurie Kline	
			LC Chen	Supervisor Mitchell, I've been your constituent since you were my state senator. I voted for you. I am fully vaxxed plus boosted. My 9 year old is fully vaxxed and tested every week for Covid at his LAUSD elementary school and wears a mask 10 hours a day indoors, outdoors. Parents are no longer allowed on campus. All activities have been cancelled and continue to be. I am asking you to please put your faith in the science and trust in the amazing vaccines that have saved so many lives. Please drop all mask mandates. Please UNMASK my child and give him his childhood back. COVID has stolen thousands of lives, including the lives of people close to us. Why are you allowing COVID to continue to steal everything we have left? Dr. Ferrer continues to subject us to the most extreme COVID restrictions in the state and in the US, yet our outcomes are no different than similar counties without restrictions. I want to believe that you and Dr. Ferrer truly want to do what's best for us, but it is getting harder and harder to believe this every day that I must watch my child stay masked for 10 hours despite being fully vaxxed, tested every week for COVID, AND staff/teachers around him at school are fully vaxxed due to mandates. Why do you believe that allowing my child to go mask-free during recess or PE will literally kill someone? Where's the science behind that? I have lost my trust in you and in our government for politicizing this issue instead of doing what's right. We should be celebrating our high vax rates in the county rather than clamping down harder. Other counties, states and countries have schools operating without restrictions and

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	no mandates within the community and the sky did not fall. We deserve a return to normalcy and our children deserve a chance to be children again.
Lee Jose	
Lee Schantz	UNMASK Our Kids! School children cannot learn properly wearing masks. It is mentally abusive to insist they continue to wear them. We have all seen the photos of elected officials not wearing masks at So Fi Stadium and most recently the picture of an unmasked Stacey Abrams sitting amongst a group of masked students. Who is not completely disgusted with this photo? Granted this occurred in another state but the outrage of it is being felt by parents everywhere. Your silence and inaction on this matter implies to parents in your district that you simply do not care and perhaps even condone the behaviors of these individuals. Be a true leader and lead us out of this mask mandate nightmare and allow parental choice! We deserve better from our elected officials. Show us you really care.
LEEANNE CLOKEY	FREEDOM of CHOICE! Follow the CONSTITUTION & stop treading on our RIGHTS!
Leigh-Anne Alexander	
Leo Martinez	
Leo Miranda	End the mask mandates & vaccine passports in Culver City, Los Angeles, and other cities that impose these.
Leo Shknevsky	This is very damaging to our kids, specially when our public figure! Use this to gain power and control, this is not what US is about!! This mandate are not constitutional! We need to stop this our kids need to be free and enjoy life! For 3 years it's been nothing but a problem People deserve a choice! Not be forced by government! I lived in a communist country! I don't want my kid and other kids to live in that! Special when Newsom and Garcety and many other Palouse, do what they want they above the law, but our kids have to be in the mask 8 hours a day! This needs to be stopped!!!!
Leo M Salazar	
Leon Melikyan	
Leonard Martinez	
Leroy Jackson	
Lesley Dorso	End all mandates. We have a choice
	Firing those who have provided excellent service to the people of LA because

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			Leslie Atchley	of their choice on medicine is wrong and if you vote to fire them you should be ashamed of yourself.
			Lessette Cortez	
			Leticia Corona	My children along with every other child in LA County has not had a normal school year since 2019. You have put the unions and special interests ahead of our children's interest. Children are now being forced to wear a mask for 7 plus hours a day inside AND outside. The testing, quarantining and masking of our children needs to stop now. End the mas mandates in school and everywhere NOW! We want them aligned with the state! The state is allowing counties to drop the mask mandates, do so now! All the research and statistics point that masking does nothing. Compare the data with Texas and Florida. Stop doing this to our children, it has to stop.
			Leticia Gonzalez	
			Leticia Page	
			Leticia Reynoso	
			Leticia A Cervantez	
			Liana Akopyan	
			Liana Deinyan	
			Liana Melik-Adamyan	
			Liani K	Why is CA still in a state of emergency when a state of emergency should be terminated at the soonest possible moment, which should've been long ago. If CA can host the Super Bowl with over 70k people and Newsom, Garcetti, and the SF Mayor can be mask-less while cozying up with celebrities then we should not be in a state of emergency. People are over this and this isn't about following the science anymore, it is about control. Please end the state of emergency and all these nonsense mandates that haven't done anything to slow the spread. Look at other states that have no restrictions and they are doing so much better. Countries with majority of the citizens vaccinated are also seeing the highest number of cases ever.
			Lianne Mijares	NO VACCINE MANDATE
			Libny Granadis	I oppose to this mandates that continues to mask our kids when most of the population has been vaccinated. The percentage of kids dying of covid is zero to none. For two years I have complied with you mask and weekly testing . I have reached my limit when you crossed the line between me and my kids. I make the decision for what is best for my kids not the government. I have reached my limit and if this mandates come to pass for vaccines I'm willing to take my 3 kids out of public schools. I will not do homeschool through City of Angels since you are willing to violate my kid's rights then you shouldn't get money for them either. To those who vote in favor I will keep in mind for the next election! It's a hypocrisy to hold a massive even it we are under an emergency order

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				when our leaders demonstrate the opposite or the rules simply don't apply to them. I have seen pictures of our leaders unmask at schools with mask kids. It's either hypocritical or plain disgusting to put this kids in danger if what they preach is true. Stop abusing our kids enough is enough!! I have personally seen one of my kid suffer academically because of this mask and I have seen a decline in his speech . I'm done with this mandates let our kids breath!!!!
			Lidia Anzures	Stop the Mandates and loss of trainer professional and dedicated workers.
			Liliana Pelayo	
			Lilit Koloyan	
			Lillian Castro	I think it's time to let kids breathe outdoors..no masking when outside of classrooms playing
			Lina Valencia	Dear BOS, It's time to end mandates for COVID. Many of us in Los Angeles county understood the need for caution in 2020. Whoever, it's now 2022 and we are no longer in need of any of the mandates. On February 6, in Los Angeles we had a NASCAR event that brought 60,000 people together. On February 13, we are hosting the Super Bowl, which will bring together about 70,000 to an indoor stadium. Our own mayor and governor were at an indoor event maskless on January 30 with 70,000 other people at the SOFI Stadium. There is no longer any reason to force children to wear masks in classrooms, to require vaccine passports, or to require any of the mandates. The vaccine is available to whoever wants or needs it. Masks are available to whoever wants or needs them. Same with testing. But it's time to let Los Angeles people make our own choice at this point. Thank you.
			Lina Vie	
			Linda Chaman	It is time our children be unmasked!! They pose no threat to themselves or others for COVID spread or mitigation yet are the most vulnerable to emotional and physical duress, especially with temperatures increasing in other the next few months. PLEASE STOP THIS!
			linda Davaris	Remove all mask mandates. At the very least align with state mandates. Push the governor's office to remove the mandates in schools. Multiple studies have shown the harm it does to our children. Their mental health NOT physical should become the priority. Let the parents choose what's best not school districts and unions.
			Linda Griffin	I oppose children wearing masks outdoors, especially when they are exercising. It's hard enough to breathe with them on, let alone while exercising. This mandate is not really keeping them safer nor healthy. If they social distance that should be enough.
			Linda Kenoyer	
			Linda Soto	

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Lindsay Clare	Let the children be free. None of the restrictions are imposed on adults. Kids are suffering.
Lindsay Freeman	UNMASK OUR KIDS!! My elementary children have suffered greatly. They do not understand why our Governor and Mayor along with THOUSANDS of spectators can go mask free but they have to be tested weekly PLUS wear masks for sports(indoors and out) and school. The science backs the data that more harm is being done by masking our children.
Lindsay Gordon	
Lindsay C Jaime	PLEASE make masks optional for our kids. We all know masks don't stop the spread of Covid-19. It's time to end the charade. No more masks. Let people choose. 700 days later and no end in site yet our county can host a SUPERBOWL. If there was a real emergency we would not be hosting this huge event
Linsey Ritter	Please end the mask mandate for these poor children ! If the mayor and governor and all the celebrities can wear no mask the children can!
Linsey Ritter	Please end the mask mandate for these poor children! If the mayor and governor can not wear one the children who are at less risk can
Liora Moreh	
Lisa Dabovich	Listening to my fellow Angelinos regarding items 2 & 18 speak with such passion and heart has been so powerful and sends chills up & down my spine and only makes me stand even more firmly in my beliefs. Item 2: My children are grown but I can only imagine the stress and heartbreak these parents are going through. I'm a grandparent and to see my 5year old grandson and 2 year old granddaughter wearing masks at school makes my blood boil. If my 2 year old granddaughter refuses to wear a mask, a note gets sent home as some sort of asinine disciplinary measure. My grandson had to ask his mother to pack an extra mask because his gets wet and sweaty. It's heartbreaking that a 5 year old child would have to have this type of concern. My sister is a LAUSD teacher in the lower grades. Going to school each day is like a mask prison – these kids can't breathe; they can't effectively communicate with their peers or teachers…teachers can't see their students sweet smiles, hear them read; talk and share their ideas or hear their stories clearly – there are no facial expressions to convey meaning!! As a teacher she can't learn about who they really are with these masks on. What a heartbreaking shame!!! Please unmask our children!! What a sad shame that we have to "beg" you heartless city officials – it's time for us as parents/grandparents to tell the government to stop making choices for OUR kids. NO TO MANDATES – NO TO MASKS OR VACCINES MANDATES. DON'T MANDATE A VACCINE TO OUR CHILDREN THAT HAS HAD MINIMAL STUDIES. I'm not opposed to masks or vaccines; but I AM OPPOSED TO MANDATES. IT'S TYRANNY. How about preach good health? Is the only answer to get the vaccine?? I think NOT!

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Lisa Hannifin	
Lisa Howard	Good morning, Supervisors. Please explain to me, using data and science, as in randomized controlled trials, why you mandate my teenager continue to cover her face in class? She recovered from Covid a couple of weeks ago. Even the CDC has caught up to the science, that she is now immune. IMMUNE. She cannot contract Covid, and she cannot pass on something she does not have. Why must she mask? Really? WHY? There are harms in masking that you are not admitting. Additionally, even if she hadn't just had Covid, she shouldn't be forced to mask. Studies - actual data - out of the UK and North Dakota show that masks do not make a real difference. And the harms are real. My toddler niece has been approved for speech therapy; she is part of the 364% rise in speech delay problems in young children, because of masking policies like L.A. County's. Please, I beg of you, catch up to the science. L.A. County and California were the last to have schools open. Don't be the big losers on forced masking. Additionally, I draw your attention to the Johns Hopkins University study showing that lockdowns didn't ease the death toll. L.A. County was draconian in lockdowns but has among the worst outcomes in the state. It's time to Fire Ferrer and pivot to a policy that protects the rights of your citizens to choose what's best for their health.
Lisa Kalnas	
Lisa Thornton	
Lisa A Carter	
Lisa M Chavez	
Lisette Larez	End mask mandates and lockdowns
Lissa Chesnoff	
Liz Howard	
Liz Krueger	
Liz Ocampo	
Liz Verduxco	
Lola Martinez	
Lonnie Smith	
Loretta Ball	
Loretta Stevenson	
Lori Kyle	
Lori Noel	It’s time to lift the mandates.
Lori Quirk	

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Lori Saldana	
Lucy Parker	
Luis Garcia	
Luis Larios	End ALL mask and vax mandates in Los Angeles County! Review the metrics and it will show that these mandates need to end
Luis A Tobar Lainez	
Luis M Nunez	
Luiza Sarkisian	
Luke Willton	I'm writing on behalf of my third grader and kindergartener. I oppose masks in schools. My kids are struggling due to having to wear a mask all day every day. And we already know that students are at lowest risk. They should be the first place that masks come off. Our children have not had a normal school year since 2019. For two years we have written to this Board begging for relief for our children. For two years, you have put the unions and special interests ahead of our children. Experts around the world and our own US Surgeon General have sounded the alarm of a mental health crisis in our children due to the pandemic school closures and continued restrictions. Our children are in crisis, and YOU continue to ignore it. Not a single message from LA County Public Health addresses the social, emotional, and mental harm done to our children. This is an epic failure by this Board and the Public Health Department.Our children were locked out of their schools and sports for over a year. Now that the school doors opened, our children are distanced from friends, masked for 7+ hours a day, with no parties, field trips or fun. Children are being forced to wear masks to run, exercise and play sports, even outdoors. Children are made to believe that people would get sick and die from the simple act of them breathing. None of these restrictions are imposed on adults.We will not let you ignore us anymore. We will not let you harm our children no longer. The testing, quarantining, and masking of our children needs to end now.
Lupe Garcia	
Lusine Aslanyan	
Lusine Bagramyan	
Lusine Kirakosyan	
Luz Beas	
Luz Palacio	
Lyn Harrelson	
Lynette Arzoomanian	Stop with the masking
Lynette Gross	

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Lynn Arndt	There's no science that can show masks stop viruses from passing through. You can't require masks for some & not others, they either work or they don't. Segregating people is doing more harm emotionally than a virus. Which have been around for centuries, this one is no different. This needs to stop right now.
Magdalena Carrillo	
Maggie Arutyunyan	Our children should not be subjected to these asinine and outdated mask mandates when they are in the least vulnerable group. It is psychologically damaging and physically abusing.
Malissa Davies	Unmask the Kids!
Mandy Carucci	It's more than obvious after the embarrassing excuse Mayor Garcetti provided for not wearing a mask, that it time to end the mandates. This is not 2020. We have vaccines and treatments. Anyone who is vulnerable to severe illness still has the choice to wear a mask. Let us have our lives back. LA County has been no better off than anywhere else in America when it comes to Covid. Yet, childhoods were stolen and businesses have been destroyed. Please, let us start to rebuild. Myself and the citizens of Los Angeles County are begging you.
Manique Tupoljew English	
Manuel Gaitan	
Manuel Martinez	I would like for this mandate to end, I am tired of having to go from LA county businesses to other counties to do my errands cause they don't enforce this ridiculous demand. I had to enroll my children out of LAUSD to another school district to let them breathe during recess and lunch. I would like to know how 4 out of the 5 BOS are able to breathe freely when children are still sitting in a classroom with mask on.
Manuel C Garcia	UNMASK the children at schools already. Every single day that passes they incur more unjustified trauma. Please do the right thing already and remove the masking.
Manvel Melikyan	
Mar Medina	The CDC recommendation threshold for Covid will never be achieved! This virus is here to stay. Unmask our kids outdoors especially the vaccinated kids who have already had Covid!
Marcela Gudino	Dear Board of Supervisors, I My name is Marcela Gudino. I am a constituent living in the city of cerritos in Los Angeles County. I am writing to request that you add the following item to your next meeting agenda: A letter or resolution opposing SB 871 Pan. Public health: immunizations. SB 871, if passed by our legislature will devastate school districts enrollment and

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				Average Daily Attendance in our county and therefore will greatly diminish our county funding. ? SB 871 takes away the personal beliefs (which includes religious beliefs) exemptions for the COVID vaccine as well as future vaccines. ? This bill begins for children in the age range of day care and preschool. ? The COVID vaccine is under Emergency Use Authorization for several of the age groups. ? The bill does not account for natural immunity. ? The COVID vaccine does not stop anyone from getting or transmitting COVID. ? When LAUSD tried to enforce a covid vaccine mandate for students without allowing for exemptions, they had a surplus of 34,000 students that chose not to get the covid vaccine and, therefore, would have to enroll in the City of Angels, a virtual independent type school. This was beyond their capacity to maintain as they did not have the staff, nor the infrastructure to support that many students. LAUSD backed off and delayed the covid vaccine mandate implementation. This would likely happen to school districts statewide including in our county. ? Several districts have surveyed their families and overwhelmingly found that parents do not support a COVID vaccine mandate. See Brea Olinda Unified School District as well as Chaffey Joint Union High School District. For these reasons, districts around the state are beginning to put forward letters or resolutions to oppose SB 871. We ask that our Board of Supervisors does the same. When you add this letter or resolution to your next agenda please include that it be sent to Senator Pan and all co authors asking them to withdraw and/or oppose SB 871. Please also send to local legislators, school districts in our county as well as the county board of education. In order that this letter or resolution is included in the legislative bill analysis it is imperative that it is submitted to the legislative portal. Thank you for your time and attention to this important request. Sincerely, Marcela Gudino
			Marcello Curko	
			Marci Baun	
			Marcie Boden	
			Marcie Book	No masks in school
			Margaret Von palmer	It's been almost 2 years since the pandemic hit. Omicron has came and almost gone. My children should not have to sit in school and wear a mask, having a hard time breathing, not able to see others faces and recognize facial features and facial cues and language. It's been long enough. If our leaders can stand in a stadium with thousands of people for hours with no masks, than our kids should be able to be at school, in there class room and not wear masks. The board of supervisors work for the people and are elected by the people and we're saying enough is enough. Remove these mandate for masks and a retraction of SB-866 and adding the Covid vaccine

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	to SB-871. Thank you.
Margarita Sarkisian	
Margie Marchant	We should not be able to host a Super Bowl in a state of emergency! This is insane!
Maria Crawford	Get rid of ALL mask mandates and vaccine mandates and END this pandemic! There is no reason we should be continuing these strict mandates and restrictions TWO YEARS later with ZERO data to back up these decisions. We are DONE.
Maria Flick	No more Covid mandates
Maria Lopez	
Maria Mejia	
Maria Panossian	It is ridiculous that our children are still in masks at school while our elected officials are parading around without masks. Shame on all of you for using our children as pawns in this disgusting game that you are all playing. I hope you all take accountability for all the mental health problems and developmental problems that you have caused our youth for masking them up.
Maria Sanchez	
Maria Stubbs	
Maria A Salom	our children have been suffering for the past 2 years with this mandate their learning and mental health have been suffering, instead of focusing on learning and having a healthy life. They are worried about the mask and weekly testing. My grandson loves school and has been an A student from day one prefers NOT to go anymore. My University child shared with me that the past year with the online school she has learned nothing. Children masking, covid testing, and vaccination Should STOP Now, your agenda is more damaging than Covid
Maria C Sierra	
Mariah Gunnin	Let our children breathe! End this ridiculous mask mandate immediately!
Mariam Aintablian	
Mariana Patin	
Marianna Vorobyeva-Dumas	
Maribel Madariaga	
Maribel Montano	
Maribel Tafoya	
Marie Elena Rigo	Imploring BOS to lift mask mandates for schoolchildren. My elementary school kids are forced to wear masks inside and out every day. Also, please

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				honor those who have had prior COVID. Per the CDC and hundreds of other studies, the immunity is durable and long-lasting. Don't force vaccines on anyone but especially not on children who just had COVID. Please follow science and not a political agenda. It's time to honor the mental and emotional Heath of our kids. One -way masking protects those that desire protection.
			Marie Victoria Wozniak	
			Mariel m Souders	Lose the mask mandate for schools. It's time for our children to see their teachers' faces and smiles. It's been long enough.
			Marijana Napoli	Our children have not had a normal school year since 2019. For two years we have written to this Board begging for relief for our children. For two years, you have put the unions and special interests ahead of our children. Experts around the world and our own US Surgeon General have sounded the alarm of a mental health crisis in our children due to the pandemic school closures and continued restrictions. Our children are in crisis, and YOU continue to ignore it. Not a single message from LA County Public Health addresses the social, emotional, and mental harm done to our children. This is an epic failure by this Board and the Public Health Department.Our children were locked out of their schools and sports for over a year. Now that the school doors opened, our children are distanced from friends, masked for 7+ hours a day, with no parties, field trips or fun. Children are being forced to wear masks to run, exercise and play sports, even outdoors. Children are made to believe that people would get sick and die from the simple act of them breathing. None of these restrictions are imposed on adults.We will not let you ignore us anymore. We will not let you harm our children no longer. The testing, quarantining, and masking of our children needs to end now.
			Marina Bussel	Please, don't do it again
			Marine Koshkakaryan	
			Marine Ovsepyan	
			mario garcia	We have human rights that cannot be violated under any circustances. We as individuals do not consent to illegal mandates from individuals who exempt themselves. This stops now
			Mario Generoso	
			Mario Jimenez	
			Mario Tovar	
			Marisa Gaitan	
			Marisela Gomez	
			Marissa Bell	Expressing my extreme opposition to keeping any mask mandates active given Los Angeles County's willingness to host a Super Bowl outside (game) and inside (game / Convention Center), with most attendees not wearing

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	masks, yet our kids are still masked at school outdoors and indoors. We should be ashamed of the way we have treated our children the last six months and how the county has de-prioritized their well being without regard to scientific facts.
Marjorie Gradeless	
Marjorir Graham	We are capable of being self regulated & responsible - as proven over thousands of years. Enough of this heavy handed tyranny.
Mark Frerichs	
Mark Linley	Kids should mot be masked. Ecperts tell us there is too much psychological damage being done. Non-experts see it too. Dont mandate masks.Its too dangerous long term.
Mark Marbach	
Mark Saldana	
Marlas Morgan	STRONGLY opposed!!
Marlene Widawer	Remove all Covid mandates
Marlene R FINCHUM	To the board of Supervisors, My name is Marlene Finchum and I oppose item 18, set matter 2, Public Health Order. I have been a resident of Los Angeles County for 42 years. I currently live in the city of Covina CA. I am sending this email in hopes that the Board would reconsider NOT TAKING ACTION on those that choose not to be vaccinated. Los Angeles County is in great danger of losing many first responders and front liner heroes. This atrocious act would tip the pot of an already heaping out of control mess of crime, homelessness and would condem the law abiding citizens of Los Angeles to complete chaos. I urge you with great concern to please not take action on item 18, set matter 2, public health order. With great hope Marlene Finchum
Marta Guzman	This public health order will cause many public workers to get fired without legal justification. Due to Federal Court review the OSHA covid-19 mandates

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	have been considered controversial because of the legal implications of such mandate. Therefore, OSHA has withdrawn the Vaccination and Testing mandate as an enforceable emergency temporary standard as recommended by the federal courts. OSHA now recommends vaccination but does not mandate it. All those employers mandating their employees to get the Covid - 19 vaccine are doing it with no legal validation. (please refer to Covid 19 Occupation Standard PDF and to the Federal Registrar document).
MARTHA AGUILERA	publiccomment.bos.lacounty.gov/...
Martha Light	Mask mandates for our children is child abuse. They must be banned immediately. Let our children breathe.
Martha Martinez	
Martha Steele	2 Strongly Oppose No masks. Unhealthy for our children for their overall well being. Studies show masks do not prevent COVID or this flu. We are not required to wear masks for the flu. Why now? CA is lifting the mask mandate indoors on 2/15 and you should follow suit. Our own CA Governor and LA Mayor failed to wear their masks. Hypocrisy and it fails our future generations.
Martha Velazquez	
Martin Hinojosa	Children don't need mask outdoors keep them apart..I'm sure they have learned basics after 2 years Let them enjoy breathing outside
Martin Maher	
Mary Ramirez	
Mary Rukhkyan	Unmasking our kids!!!!
Mary Villarreal	
Mary Ann Rivera	Kids need to be out of masks and able to have their parents make the choice if they want to mask them or not.
Mary J Forrest	2 years ago, a very scary, very unknown virus was making its way across the world. Schools, restaurants, offices, life as we knew it completely shut down to slow the spread. Not wanting to overwhelm our hospitals, My family sheltered in place. We followed every single rule and guideline given to us. I Clorox wiped mail, soaked vegetables in the sink, we got a peloton, we watched tiger king. We did all the things. I worked with my oldest son from home. We went over letters and numbers and shapes. The two weeks passed and we were still in lockdown…fine. Happy to do my part, my family is lucky, we are healthy and my husband can work from home. We got this, we can do it. Fall rolls around, my kids couldn't go to a SINGLE summer activity we get the

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news that kindergarten will be virtual. I was prepared it would happen but it was still a punch in the gut. Okay, saddle up, this can't go on forever. I can do virtual learning for a month..I got this.

Any parent can share my pain in how awful virtual learning is. You don't know how truly sad it is until you see your child doing PE in front of a computer screen. Or crying because they can't find the pencil
They need and the class has finished coloring one section of a worksheet. It's absolute torture to see your child isolated and alone.

For me, it was also torture. Knowing the childhood my children were missing out on KILLED me. I never felt like I was enough. I had 2 other kids at home. Thankfully, My second son was actually able to attend school. His life went on. I would pick him up from school while My oldest son did virtual school from my phone in the carline. I had a baby who needed his needs met too. I was a prisoner in my circumstance. I was depressed, frustrated and extremely anxious all the time.

I had had enough. Kids should have been learning in school. I started writing my city council, asking them to advocate for our students at the state level. I talked to
Other parents, our schools, wrote city supervisors. I did everything I could to get those schools to open. They finally did! And when they did, it didn't look anything like the school we went to as kids. They wore masks for 7 hours everyday. They ate lunch on a towel outside, everyone separated. But at least they were in school! Yay! One victory.

Another Victory! We have a wonderful vaccine that is going to protect our teachers and our most vulnerable! Life is going to start moving forward. No. Kids are still living like it is 2020. They have now been segregated the vaccinated and unvacinated giving different guidelines for each group. My kids still wear a mask all day but they no longer had to wear them outside. Whoop.

We know so much more about this virus. Thank GOD it doesn't effect children in the same way it effects adults. They don't seem to spread it as easily and if they do get it, it seems mild. Instead, we see a myriad of other issues facing out youth. The study the CDC uses to justify masking in schools is outdated and the Atlantic pointed out multiple flaws in the study. John Hopkins came out rencently saying lockdowns didn't prevent deaths. Other countries aren't masking their kids or forcing them to get a vaccine because it's not necessary based on the SCEINCE. Other states that haven't mandated masks in schools did not see increased cases in comparison to us in California.

But we are still here. My kids still wear masks and I continually face tremendous pressure to give my kids a vaccine my gut says they don't need. We all had COVID! It was mild, thankfully, it wasn't more than a cold.

If we are protecting the most vulnerable, I ask you…two years in, a vaccine

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				available, who now is the most vulnerable. Mental health issues, massive learning delays, speech delays. Kids wear masks All day and still get sick. So why the hell are we still doing this? I'm angry sporting events with thousands of people are unmasked. That professional athletes go mask free but kids playing sports at school are fully masked. I'm angry at our hypocritical leaders and our public health officials. Many people say, "yeah, well my kids don't seem to mind". To them I say. That's wonderful. I'm so happy for you. But my kids DO mind. They don't like them. We have had massive developmental set back because of these stupid masks. I'm angry that we are still doing this. I'm angry and feel lonely like I'm the only one that doesn't think this is right. I have to do something. I don't want my children to know I stayed silent while this was happening to them. I have to say something. And let me say this, if someone has a situation where COVID is really dangerous to themselves or a family member, if you feel more comfortable wearing a mask. I respect their decisions and doing what they think is best for their family. I know they love their children just as I love mine. We both believe we are doing the right thing. Please, make masking optional regardless of vaccination status, not just because it's the right thing, but because it is supported by science!
			Mary K Boice	Unmask our children
			Maryanne Harfman	
			Masha Demina	
			Mason Crawford	
			Matilde Vega	
			Matt Christensen	
			Matt Davis	
			Matt Hellebrand	
			Matt Nichols	
			Matt P Kuiper	
			Matteo Hernandez	
			Matthew Beauregard	
			Matthew Boice	For two years we have witnessed this Board and the health department make decisions for us as parents and our children that didn't align with qualified health experts and the CDC. For two years, you have put special interests ahead of our children. We have had 2 teenage suicides amidst COVID distance learning pressures in our community, your community Supervisor

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				Hahn. Our children are in crisis. This is an epic failure by this Board and the Public Health Department. Supervisor Mitchell you criticize your peer Supervisor Barger. It is you who needs to hear criticism and we're going to do that today. You hosted the Governor last Monday in a press conference to blatantly lie about following the rules. Furthermore you are about to host the Super Bowl amidst a state of emergency and harsher county mandates on our children. Why are the same public health violation fines enforced on businesses in your district not being levied on Sofi, the governor and the LA Mayor? It is you who needs to be held accountable and Supervisor Barger applauded. This week you all and the public health department will not be able to effectively enforce your draconian mandates while 100k people attend the Super Bowl. The day after the Super Bowl, our children will go back to being distanced and masked for 7+ hours a day. Children are being forced to wear masks to run, exercise and play sports, even outdoors. Children are made to believe that people would get sick and die from the simple act of them breathing. We will not let you ignore us anymore. We will not let you harm our children any longer. Align with the state or resign.
			Matthew Burrola	Terminating law enforcement officials during this crime surge is unsafe. The science has been settled and the vaccines do not prevent the spread or contraction of COVID. The emergency is over.
			Matthew Dorn	I am a scientist who studied the data, have you? Really? If you study the unbiased data, you will see that the masks are not effective at stopping the spread of Covid, but they are gravely wounding our children's development in many ways. Adults should make sacrifices for children (face our fears, break out of groupthink, admit the plans have not worked), not weakly ask children to sacrifice their development for our misguided illusions of safety. And stop unconstitutionally squelching the flow of information. Free flow of dialogue and unbiased data is how science works. Choose wisely now, or you will all look back with great regret at the spineless choices you have made to hide behind your children. End the mask mandates (and the foolish vaccine mandates) now!!
			Matthew McCall	Unmask kids in school
			Mayra Aguilar	
			McKenna Braun	
			Meadow C	Barbara Ferrer continues to place the needs of our children last. Masks are not a harmless intervention especially when it comes to children, our public health officials should be well aware of this and use them sparingly not as a first resort. Barbara Ferrer flippantly places the harshest restrictions on our children. She does so in the face of countless studies showing the harms of masking, along with the well established data from countries that never

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				masked their children throughout the entire pandemic even prior to vaccines. She does not share data to support outdoor masking, she simply states her edicts while concerned parents are left in the dark. She needs to be terminated from her position and replaced with someone who understands that the health of the whole child is vital.
			Megan Deschamps	
			Megan Fraher	UNMASK OUR CHILDREN!!!
			Megan Garcia	The time has come to stop mandating masks in LA County. The recent John Hopkins study concluded that masks were not as effective as originally believed, and did not aid in slowing the spread of the COVID-19 virus. Come February 15th, the State of California is removing the indoor mask mandate for vaccinated individuals and has allowed the local municipalities to adopt their own policies. Up and down this State, including our neighboring Counties have followed the State and reduced such restrictive measures placed on their communities and residents. Los Angeles County has become a stronghold for authoritarian policies that do more harm than good. Additionally, those who are put in place to make and enforce the rules have shown on multiple occasions that they are somehow exempt from the policies that they signed into implementation. With events taking place on a regular basis, the public sees who has been made exempt from the rules. The rules that were argued to be put in place to protect the greater good. However it's hard to make sense of that when there is no masking taking place at indoor and outdoor events in this County, regardless of size. And yet, the Public Health Order has made it so that masks must be worn at all times by children ages 2+. When is the last time any of you had to facilitate a Zoom class with your school aged child while they had a panic attack? When is the last time you witnessed your child be shamed and manipulated into wearing a mask so that they could participate in an activity with others their age? And yet they see adults gathering on television hugging and not masking. As parents, we have done what was asked of us by this Board and by the Health Officer. We kept our families home, we sheltered in place, we reduced our contact with others, we cancelled events and vacations and family memories, we masked our children. In doing our part, we have ignored and failed our children. Enough is enough. It's time to listen to them and see their faces. I oppose the mask mandate across LA County.
			Megan Poehler	
			Megan E McElroy	
			Meghedi Cerecedes	
			Meirav Ben-Shimon	Our children have not had a normal school year since 2019. For two years we have written to this Board begging for relief for our children. For two years, you have put the unions and special interests ahead of our children. Experts around the world and our own US Surgeon General have sounded the alarm of a mental health crisis in our children due to the pandemic school closures and continued restrictions. Our children are in crisis, and YOU continue to ignore it. Not a single message from LA County Public Health addresses the

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				social, emotional, and mental harm done to our children. This is an epic failure by this Board and the Public Health Department.Our children were locked out of their schools and sports for over a year. Now that the school doors opened, our children are distanced from friends, masked for 7+ hours a day, with no parties, field trips or fun. Children are being forced to wear masks to run, exercise and play sports, even outdoors. Children are made to believe that people would get sick and die from the simple act of them breathing. None of these restrictions are imposed on adults.We will not let you ignore us anymore. We will not let you harm our children no longer. The testing, quarantining, and masking of our children needs to end now.
			Melani Jana	
			Melina D DeAnda	I oppose all vaccine and mask mandates. The unlawful mandates deny our God given right to bodily autonomy and allows our schools to discriminate against anyone that does not buy into the the imposed narrative. It has been definitively proven that the “vaccine” does not stop people from being infected with Covid and it does not stop people from spreading Covid. But you all already know that. Maybe it’s time to ask yourselves why this is being pushed so hard on our children that have a 99.9% rate of survival and generally have very mild symptoms when they do get it. It also completely ignores natural immunity. If this board adopts the mandates for our children it should be prepared to be held criminally and financially liable for any vax injury or adverse event that may happen from the coercive tactics and illegal mandates. Mask and vaccines should be a choice. No good can come from a mandate that strips us of our freedom and right to choose what we put on or into our bodies. Our medical choices is none of the governments business and it certainly isn’t yours. Stop the mandates! Unmask the kids! Give them back their childhoods! LET THEM BREATHE!
			MELINDA MASCOLA	I urge you to stop all mandates. The children are suffering in masks!
			Melinda Stevenson	
			Meline Mailyan	
			Melissa Bunce	Mask mandate for school children needs to end now! Mask mandate’s need to END Period!
			MELISSA DEAL	
			Melissa Heredia	
			Melissa Johnston	Our children have not had a normal school year since 2019. For two years we have written to this Board begging for relief for our children. For two years, you have put the unions and special interests ahead of our children. Experts around the world and our own US Surgeon General have sounded the alarm of a mental health crisis in our children due to the pandemic school closures and continued restrictions. Our children are in crisis, and YOU continue to ignore it. Not a single message from LA County Public Health addresses the social, emotional, and mental harm done to our children. This is an epic failure by this Board and the Public Health Department.

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				Our children were locked out of their schools and sports for over a year. Now that the school doors opened, our children are distanced from friends, masked for 7+ hours a day, with no parties, field trips or fun. Children are being forced to wear masks to run, exercise and play sports, even outdoors. Children are made to believe that people would get sick and die from the simple act of them breathing. None of these restrictions are imposed on adults. We will not let you ignore us anymore. We will not let you harm our children no longer. The testing, quarantining, and masking of our children needs to end now. The children need a normal childhood! This is unreasonable and CRUEL to the most vulnerable of our society - our own children SUFFER due to adult selfishness.
			Melissa Legorreta	
			Melissa Orefice	#2- Remove ALL covid mandates. Let them breathe!!!! These kids are suffering mentally which is causing more harm than having covid.
			Melissa Plasencia	
			Melissa Winans	
			Melissa M Schneider	We need to unmask our kids. There is a huge amount of psychological damage being done to them. Masking for 6+ hours especially outside and during sports makes zero sense. And the constant testing when they are not ill. My 7 year old cries every Monday morning we have to do it.
			Mercy A	We are not in a state of emergency if we can host the Super Bowl with over 70k people and other events while Newsom, Garcetti are without masks
			Michael Adams	
			Michael Craine	
			Michael Davis	It's been nearly two years of restrictions in LA County. My child caught COVID masked in school. My fully vaccinated office had over 50% of our staff have breakthrough infections. If masking indoors and at school works, why doesn't it work? The onus is on public health to prove these measures have had a demonstrable effect on taming this virus. Telling us "we know what works" when we've had the same spikes and outcomes of other areas with no restrictions or mandates is not acceptable. Prove the benefits or you're all on the way out. This is not a left/right issue, this is a human issue. People need to see each other's faces to communicate. This was a well intended intervention gone too far. Everyone 5 and up in LA County (save for some who are unable) have had the opportunity to be vaccinated and boosted. Those that have not taken advantage, too bad. If you feel it's inequitable, that's poor messaging by public health and should be cause on its own to remove Dr. Ferrer. Most have abided by all they have been asked and we're done. Provide clear off-

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	ramps or you'll lose public faith in not just the health department, but everything you do. This is the time to lead!
Michael Deschamps	Many other counties and states do not have mandates. Enough is enough. The lockdowns didn't do anything to help and the mandates aren't helping as well.
Michael Dodds	This bill is against our principal rights as US Citizens ... I strongly oppose forcing our Sheriff Dept. to get vaccinated..
Michael Kersey	PLEASE UNMASK our kids. we are among the last states to pull masks off our students and teachers and all that have have seen no significant change in numbers and have an increase in LEARNING. Even our Governor and major city mayors ignore this mandate with 70,000 strangers. Enough already.
Michael Kersey	The science has confirmed. Masks are not providing significant impact to force them anymore on anyone. Please let us join the rest aid the country who no longer mask and have the same numbers.
Michael Meagher	What was once a series of common-sense measures to slow the spread of a deadly pandemic has mutated into years of public health tyranny in the service of a biosecurity state that has eroded civil liberties and destroyed the welfare of the city of Los Angeles. I call upon the Board of Supervisors to end all remaining mask mandates, vaccine requirements, and all other COVID-19 restrictions outside of healthcare settings when the statewide mask order ends on February 15th. Mask mandates and other COVID-19 restrictions are unnecessary and unscientific in the era of omicron and widespread vaccination. How long will you allow Los Angeles to continue to hemorrhage residents, businesses, and jobs as our economy flounders? How long will you allow LA County to be a regressive outlier both on the state and national level, stuck in spring of 2020? Barbara Ferrer's approach has been a disastrous failure for the city of Los Angeles, and if the BOS is unwilling to recognize this reality and to remove her from her position, the city of Los Angeles will continue in its sad downward trajectory. I call for the removal of Barbara Ferrer and all remaining COVID-19 restrictions outside of healthcare settings. If the BOS is unwilling to do what must be done to revivify Los Angeles and to restore public trust in city governance, LA voters will remember their fecklessness and incompetence come November.
Michael Miller	
Michael Pecina	
Michael Ponce de Leon	
Michael Rosa	
Michael Rowe	
Michael Trinidad	
Michael Willis	

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			Michale R Chase	
			Michele Higgins	I oppose any health order mandate that has not been voted on the public/legislature that forces our children to be discriminated against, or treated differently in anyway because of medical choices made by our families. This would include mask mandates and / or vaccine mandates.
			Michele Tomosada	
			Michelle Baker	HEALTH AND SAFETY CODE - HSC DIVISION 20. MISCELLANEOUS HEALTH AND SAFETY PROVISIONS [24000 - 26250] (Division 20 enacted by Stats. 1939, Ch. 60.) CHAPTER 1.3. Human Experimentation [24170 - 24179.5] (Chapter 1.3 added by Stats. 1978, Ch. 360.) 24170. This chapter shall be known and may be cited as the Protection of Human Subjects in Medical Experimentation Act. (Added by Stats. 1978, Ch. 360.) 24171. The Legislature hereby finds and declares that medical experimentation on human subjects is vital for the benefit of mankind, however such experimentation shall be undertaken with due respect to the preciousness of human life and the right of individuals to determine what is done to their own bodies. The Legislature further finds and declares that: (a) The Nuremberg Code of Ethics in Medical Research was developed after the trial of Nazi war criminals for unethical use of persons in medical experiments; subsequently, the Declaration of Helsinki additionally established recommendations guiding doctors in experimentation involving human subjects. (b) Neither the Nuremberg Code nor the Declaration of Helsinki are codified under law and are, therefore, unenforceable. (c) It is necessary that medical experimentation be done in such a way as to protect the rights of the human subjects involved. (d) There is, and will continue to be, a growing need for protection for citizens of the state from unauthorized, needless, hazardous, or negligently performed medical experiments on human beings. It is, therefore, the intent of the Legislature, in the enacting of this chapter, to provide minimum statutory protection for the citizens of this state with regard to human experimentation and to provide penalties for those who violate such provisions. (Added by Stats. 1978, Ch. 360.) 24172. As used in the chapter, “experimental subject’s bill of rights,” means a list of the rights of a subject in a medical experiment, written in a language in which the subject is fluent. Except as otherwise provided in Section 24175, this list shall include, but not be limited to the subject’s right to: (a) Be informed of the nature and purpose of the experiment. (b) Be given an explanation of the procedures to be followed in the medical experiment, and any drug or device to be utilized.

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(c) Be given a description of any attendant discomforts and risks reasonably to be expected from the experiment.
(d) Be given an explanation of any benefits to the subject reasonably to be expected from the experiment, if applicable.
(e) Be given a disclosure of any appropriate alternative procedures, drugs or devices that might be advantageous to the subject, and their relative risks and benefits.
(f) Be informed of the avenues of medical treatment, if any, available to the subject after the experiment if complications should arise.
(g) Be given an opportunity to ask any questions concerning the experiment or the procedures involved.
(h) Be instructed that consent to participate in the medical experiment may be withdrawn at any time and the subject may discontinue participation in the medical experiment without prejudice.
(i) Be given a copy of the signed and dated written consent form as provided for by Section 24173 or 24178.
(j) Be given the opportunity to decide to consent or not to consent to a medical experiment without the intervention of any element of force, fraud, deceit, duress, coercion, or undue influence on the subject's decision.
(Added by Stats. 1978, Ch. 360.)

24173. As used in this chapter, "informed consent" means the authorization given pursuant to Section 24175 to have a medical experiment performed after each of the following conditions have been satisfied:
(a) The subject or subject's conservator or guardian, or other representative, as specified in Section 24175, is provided with a copy of the experimental subject's bill of rights, prior to consenting to participate in any medical experiment, containing all the information required by Section 24172, and the copy is signed and dated by the subject or the subject's conservator or guardian, or other representative, as specified in Section 24175.
(b) A written consent form is signed and dated by the subject or the subject's conservator or guardian, or other representative, as specified in Section 24175.
(c) The subject or subject's conservator or guardian, or other representative, as specified in Section 24175, is informed both verbally and within the written consent form, in nontechnical terms and in a language in which the subject or the subject's conservator or guardian, or other representative, as specified in Section 24175, is fluent, of the following facts of the proposed medical experiment, which might influence the decision to undergo the experiment, including, but not limited to:
(1) An explanation of the procedures to be followed in the medical experiment and any drug or device to be utilized, including the purposes of the procedures, drugs, or devices. If a placebo is to be administered or dispensed to a portion of the subjects involved in a medical experiment, all subjects of the experiment shall be informed of that fact; however, they need not be informed as to whether they will actually be administered or dispensed a placebo.
(2) A description of any attendant discomfort and risks to the subject reasonably to be expected.

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				(3) An explanation of any benefits to the subject reasonably to be expected, if applicable. (4) A disclosure of any appropriate alternative procedures, drugs, or devices that might be advantageous to the subject, and their relative risks and benefits. (5) An estimate of the expected recovery time of the subject after the experiment. (6) An offer to answer any inquiries concerning the experiment or the procedures involved. (7) An instruction to the subject that he or she is free to withdraw his or her prior consent to the medical experiment and discontinue participation in the medical experiment at any time, without prejudice to the subject. (8) The name, institutional affiliation, if any, and address of the person or persons actually performing and primarily responsible for the conduct of the experiment. (9) The name of the sponsor or funding source, if any, or manufacturer if the experiment involves a drug or device, and the organization, if any, under whose general aegis the experiment is being conducted. (10) The name, address, and phone number of an impartial third party, not associated with the experiment, to whom the subject may address complaints about the experiment. (11) The material financial stake or interest, if any, that the investigator or research institution has in the outcome of the medical experiment. For purposes of this section, “material” means ten thousand dollars ($10,000) or more in securities or other assets valued at the date of disclosure, or in relevant cumulative salary or other income, regardless of when it is earned or expected to be earned. (d) The written consent form is signed and dated by any person other than the subject or the conservator or guardian, or other representative of the subject, as specified in Section 24175, who can attest that the requirements for informed consent to the medical experiment have been satisfied. (e) Consent is voluntary and freely given by the human subject or the conservator or guardian, or other representative, as specified by Section 24175, without the intervention of any element of force, fraud, deceit, duress, coercion, or undue influence.
			Michelle Bergren	Our children have not had a normal school year since 2019. For two years we have written to this Board begging for relief for our children. For two years, you have put the unions and special interests ahead of our children. Experts around the world and our own US Surgeon General have sounded the alarm of a mental health crisis in our children due to the pandemic school closures and continued restrictions. Our children are in crisis, and YOU continue to ignore it. Not a single message from LA County Public Health addresses the social, emotional, and mental harm done to our children. This is an epic failure by this Board and the Public Health Department. Our children were locked out of their schools and sports for over a year. Now that the school doors opened, our children are distanced from friends, masked for 7+ hours a day, with no parties, field trips or fun. Children are being forced to wear masks to run, exercise and play sports, even outdoors.

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				Children are made to believe that people would get sick and die from the simple act of them breathing. None of these restrictions are imposed on adults. We will not let you ignore us anymore. We will not let you harm our children no longer. The testing, quarantining, and masking of our children needs to end now.
			Michelle Miller	Please unmask our children!!!
			Michelle Ortiz	
			Michelle Parker	
			Michelle Snemis	
			Michelle Soomekh	Unmask the kids!!!
			Michelle Sporkin	I strongly oppose masking children in school. Kids are suffering. Masks are harmful for educational, social and emotional growth. Small children are having trouble learning to talk and read. Teachers are seeing more and more behavioral problems. Teenagers are struggling with anxiety and suicides. Ask yourself, what are we doing to this generation.? The CDC clearly states cloth masks don't work, so why are we continuing to subject our children to them. Many children in LA county have either been vaccinated or have had covid. On top of that, the teachers are vaccinated and many boosted. Why are we using the children to protect the vulnerable and the elderly.? Let's start to think about our society in 5 to 10 years after these children are illiterate and traumatized. I beg you to reconsider this mandate.
			Michelle A Wilson	We need mask choice. This needs to stop now!
			Miguel Rodriguez	
			Miguel A Jimenez	Shame on you all.
			Mike Miller	
			Mike Parker	
			Mike Ponce de Leon	
			Mike and Anna McElroy	We are vehemently opposed to extending any mask mandates in LA County, particularly in our schools. It is time for our children to breathe freely without being forced to mask up for 8 hours a day "for the greater good". It's particularly disturbing to see elected officials and public figures like Gavin Newsom, Eric Garcetti and Magic Johnson, among others who blatantly disregard mask mandates while our children continue to be forced to hide their smiles behind their masks indoors and outdoors. By now it's become crystal clear from the CDC's announcement in December that the PCR tests have not been able to distinguish between COVID & the flu. This means that the statistics behind COVID19 positive tests have been grossly overestimated making the spread of this virus much less than has been reported. Do you remember when last year major news outlets like NPR were reporting that the

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				FLU had “disappeared”? Now we know for sure that it didn’t, it was buried underneath false positive COVID tests. We also know that after all this time very few people are dying from COVID, and it’s very treatable without hospitalization. Further there is still a ZERO percent chance our kids will die from this virus. The implications of continuing to force our children to wear masks all day long worsen each and every day. I implore you to do the right thing and advocate for the abolishment of the mask mandates in LA county. There is no evidence to show these guidelines have made any difference in the spread of COVID19 and we are one of the few counties left in the whole country requiring masks. Please please do the right thing. I promise you will be on the right side of history when this is over. Thank you!
			Millette San Pedro	
			Millie Rillo	
			Min Miyake	
			Mindy Hellman	
			Miranda Ament	
			Mireya Olivares Chavira	
			Miriam Waterman	Please protect our constitutional rights - we will hold you accountable
			Misty Carone	
			Misty Martinez	
			Mitchell A	Why is CA still in a state of emergency when a state of emergency should be terminated at the soonest possible moment, which should've been long ago. If CA can host the Super Bowl with over 70k people and Newsom, Garcetti, and the SF Mayor can be mask-less while cozying up with celebrities then we should not be in a state of emergency. People are over this and this isn't about following the science anymore, it is about control. Please end the state of emergency and all these nonsense mandates that haven't done anything to slow the spread. Look at other states that have no restrictions and they are doing so much better. Countries with majority of the citizens vaccinated are also seeing the highest number of cases ever.
			Mo Kim	As parents of 2 elementary school children, I strongly oppose any tracking, data collection, and medical mandates imposed on our public school system. Furthermore, many CA Education codes have been violated, including Title 2, ARTICLE 4.5. "Pupil Health Assessment 49463. The California State University shall notify the parent or guardian of each pupil for whom the assessment has detected health problems and shall recommend further consultation with a physician. If there is no physician available, the coordinating center shall direct the parent or guardian to an appropriate medical referral. Under no circumstances shall a school, the California State University, or the University of California be held liable for the parent or guardian’s action, or failure to take action on seeking medical care for the

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				identified health problem. This section is not applicable to alcohol, drug, and tobacco use. 49464. The State Department of Health Services and the State Department of Social Services shall be provided with scientifically valid results of the health assessment that may be used to base revisions of school curriculum, state health programs, and teacher and personnel training related to child health and development." By continuing to mask our kids WITHOUT "scientifically valid results" as to its effectiveness, you are violating the law and making the schools open to litigation from irate parents. Dr. Stephen Petty, an Industrial Hygienist has made several presentations to the ineffectiveness of masking (under oath in our lawsuit) based on his professional experience as a designer of masks and protocol for workplace safety (youtu.be/oYEo4T6V25w). Even if we discount the data, we have to ask ourselves, "Have there ever been outbreaks at restaurants of airplanes where we share the air and closed space with many people unmasked for hours?" If you think children don't play outside of class together unmasked, I've got news for you - THEY DO. And they've been all throughout this period because MY DECISION AS A PARENT realized the benefits of kids playing together was far greater than isolating them and indirectly teaching them to be scared of people and germs. Parents have always been the final word. I urge the Board to rescind the Public Health Order and free the public of stress from mandates. Not only does it benefit us, but your political careers as well.
			Molly Girardi	Masks are hurting our children long term and you really don't have the science to support masking them all day especially when you can sit at a restaurant unmasked for hours in the same city. This is ridiculous. Let our kids breathe. Omicron is less deadly. Please stop hurting our kids just so you can make it look like you're "doing something." You've done irreparable damage to these children already. If you won't lift it completely, at least exempt private schools. We send our kids there for a reason. We should get to choose.
			Mona Moussa	I come from a family of medical professionals and doctors. The masks do not do anything except harm our children. Our children need justice now. Your board is failing to do anything. I am raising 3 kids in Los Angeles. You are causing harm to our children, and their mental health and well being.. It is child abuse. Stop stop masking. Testing our kids. My child needs speech therapy and can't go to therapy because the teacher and him both need to wear a mask. My kids need to wear their masks during outdoor lunch time when they chew their food. They can only pull it down to bite food. Barbara ferrera needs to resign. We can not follow what she is saying she is wrong.

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	These mandates need to stop immediately. Our children need to breath. They should not be wearing masks at school or outside. Covid is not harmful to them. Stop the mask mandates.
Monica Kennedy	
Monica Kitchin	
Monica Marquez	
Monica Molinar	
Monica Rivas	Colored children are being extremely affected by this mandate
Monica A Rohleder	As a mother of two young children - one of whom has suffered depression since virtual learning and the other has not had a normal education experience since Kindergarten - I oppose mask mandates and any other covid restrictions. Please remove all covid restrictions especially for our children. Also, Barbara Ferrer has lost all credibility. Remove her.
Monica C Ward	
Monica J Weston	It is time to return our students and society to normal! Many people in Los Angeles have now had Covid, have the means to protect themselves with vaccination, N95/KN95 to protect themselves, have access to life saving medicines and health protocols to protect themselves against Covid if needed! It is time to allow adults to make decisions for themselves and their families in regards to the levels of protection they want to enact at this point! The State and County needs to release control back to the people! The number one indicator that we are ready for normal is that we are hosting Super Bowl here in LA, that would not and should not happen if we are not ready for normal. But we are ready and we all know it! Time to make choices for ourselves
Monika Alvarez	
Monique Maling	
Monique Martinez	
Monique Ramirez	
Montez Elizabeth	No more mask mandates! It causes more health issues and doesn't prevent to spread of the virus! Remove this detrimental mandate TODAY!
Morgan Arriola	
Morgan Herr	
Mounika Haftavani	
Mya Esaie	If Governor Newsom is ending the mask mandates, LA County must end all Mask and Vaccine mandates! If LA can host the biggest event of the year, the Super Bowl, this must signify that there is NO emergency. The state of

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				emergency is over. Masks are clearly not working, and the vaccine will not protect anyone against the new variants. All people deserve to breath. Our children deserve to have some normalcy in their classes and in their lives. It's been 2 years and now it's time to move forward. Los Angeles County residents, business owners, employees, and students, etc, deserve better. Barbara Ferrer must resign. Her interest is not in what is best for this county. LA Public Health strict directives are clearly not helping. Instead they are psychologically damaging our young, destroying families and the economy. She must go. Lastly, we are paying attention, and when the times comes to elect folks to the Board, we will never forget how this Board failed us.
			Nadia Sarkisian	
			Naheed Virani	Lift the mask and vax mandates, or at least demonstrate with real data how they help public health. With infection rates higher than comparable places without mandates your institution is losing credibility fast. It is having a devastating impact on mental and academic outcomes of our children please unmask the kids who are particularly low risk. Focus on vaccinating and treating the elderly
			Nancy Hayes	
			Nancy Wang	End the mask mandates
			Naomi deLeon	
			Narine Arutyunyan	
			Narine Ghazarian	
			Natalee Ray	Please lift the state of emergency and allow our society and schools to go back to normal.
			Natalia Ozerskiy	
			Natalia Rudiak	Lift the state of emergency and lift all school (K-12) mandates.
			Natalie Alvarez	
			Natalie Carter	I am a parent of a 2 year old who is forced to mask indoors and out while at preschool. We must end all mask mandates for the county and particularly for kids. Kids are at virtually zero risk of complications from covid and the risks of masks far outweigh the zero benefit that they provide. These kids must see faces to learn to speak, read, understand emotions, and progress in general. Masking kids must stop now!
			Natalie Vuoso	I am a mother of two beautiful and healthy child. My husband is an LAPD officer and I am a ER trauma nurse that worked at a busy trauma center in DTLA that was hit hard with COVID patients. I understand the fear and

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				unknown of the virus that people have. I understand how when you deal with the worst of the worst at the hospital you think something MUST be done to protect everyone. There is a feeling that "people just don't know how bad it really is". However, once stepping outside that role of an ER RN I see the damage these mandates are causing the rest of the world. At this point we have all been affected by the virus and these mandates. I do not believe masking my children is the right thing to do. Their age group has a 99.99% chance of survival rate. These mask are causing anxiety, speech delay (both kids are in speech therapy), are teaching them to fear and look at one another like a potential threat. Kids comply. They do not remove their mask when they are telling a long story or having a conversation like we do. They do not pull it under their chin when they need a break. They keep it on and suffer in silence. I have to reprogram my kids to remind them people get sick and then we get better. There is not shame in getting sick. Children are now being segregated in their classrooms after mask-to-mask exposures in school. They are required to wear their mask at a desk with their friends only to take it off while they sit next to each other and eat lunch. I respect anyone that wants to continue to mask their children, however, at this point it needs to be a choice. Enough is enough. We are not afraid and do not need to be shamed for it. If we are sick we will stay home. Its really that simple.
			Natally Sanchez	
			Natasha Serrano	
			Natasha Sirugo	Our children have not had a normal school year since 2019. For two years we have written to this Board begging for relief for our children. For two years, you have put the unions and special interests ahead of our children. Experts around the world and our own US Surgeon General have sounded the alarm of a mental health crisis in our children due to the pandemic school closures and continued restrictions. Our children are in crisis, and YOU continue to ignore it. Not a single message from LA County Public Health addresses the social, emotional, and mental harm done to our children. This is an epic failure by this Board and the Public Health Department. Our children were locked out of their schools and sports for over a year. Now that the school doors opened, our children are distanced from friends, masked for 7+ hours a day, with no parties, field trips or fun. Children are being forced to wear masks to run, exercise and play sports, even outdoors. Children are made to believe that people would get sick and die from the simple act of them breathing. None of these restrictions are imposed on adults. We will not let you ignore us anymore. We will not let you harm our children no longer. The testing, quarantining, and masking of our children needs to end now.! How is it OK for adults to run around being told that they do not have to wear

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	a mask if they've been vaccinated when we have a whole bunch of school children who are older if we happen vaccinated that they can't? There's a only group that has the least amount of chance i'm transmitting anything and if they catch it it's more like a cold for them I know because I'm a mother of a teenager and all her friends are unvaccinated and when they have caught us it's literally a little cold and maybe a sore throat and that's it everybody else around them has either caught it or they're vaccinated what happened to just protecting elderly people and if you're immunocompromise or you are elderly it's time to stop guilty in these children into believing that they must carry this burden of saving everybody it's BS it is not their burden to bear any longer it should have never been to begin with to go around and try to protect other people from catching Anything for that matter I have diabetes and I do not expect and have never expect anyone to protect me I've always protecting myself it's time to leave these kids alone it is damaging them it is hurting them mentally and physically and spiritually we have to stop at for damaging our children they are our future not old people? Certainly not this witch Ferrara either! ?? LET OUR KIDS BREATH! Enough!!!
Nathalie Gomez	Oppose
Nathan Mackey	
Nayereh Khankhanian	Unmask the LA County!
Neli Plouzian	
Nellya Lekht	
Nena Lopez	We do not and will not know the long term effects of masking our children, including the social/emotional impacts. I'ts been almost 2 years. Cases are down, most are vaccinated and boosted. We need to follow the science. We know that masks do not slow or stop any virus. It's time to let our kids and teachers be kids and teachers again. We cannot continue to live in fear. Time to get back to normal.
Neri Gauthier	I would like masks to end in public schools!
NG Anderson	Enough is enough. On February 16, LA County should have the same guidelines as our state. Please drop Mask mandates and get our economy back and save our mental health. -Drop Mask Mandates (for all) -Drop Vaccine IDs (for all) Stop the madness.
Nicholas Cody	
Nicholas Fries	Remove mask mandate for our children. They have suffered enough throughout this pandemic. They should not have to wear masks while adults live their lives mask free indoors at restaurants, bars, and even outside mega events.
Nicholas Hernandez	

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		Nicholas Kasseinov	
		Nicholas C Longo	Cloth masks do little to nothing to stop the spread of coronavirus but are a barrier to learning and general social interaction. The risk of continued masking far outweighs any benefit. This should have ended a year ago.
		Nick Iskhan	
		Nicole Abraham	To quote Nelson Mandela- "the true character of society is revealed in how it treats its children." All I have to say is shame on us. While California's indoor mask mandate will end a week from today, Barbara Ferrer, (it seems) is unilaterally deciding to continue the mask mandate in Los Angeles County. Her metrics give the appearance of hope with a potential end in sight for the mandates, but we've heard this story before and we all know the finish line has been a moving target. Yes, Covid has been a dynamic and ever evolving situation, but the data show that the draconian measures that have been implemented and imposed are unjustified and ineffective. Our children have complied. For two years they have complied. They have been at the receiving end of the most restrictive policies, yet have proven throughout the pandemic to be the least at risk from covid. It has been widely acknowledged recently that cloth masks have minimal efficacy, if any, which has been reflected in the County requiring either surgical grade masks or KN95's for teachers and staff and recommendation that students do the same, which doesn't even make sense, as the FDA states that "N95 respirators are not designed for children ... a proper fit cannot be achieved on children". Dr. Leanna Wen remarked last month, "Cloth masks are little more than facial decorations. There's no place for them in light of omicron." Yet the majority of children continue to go to school daily in cloth masks that are nothing more than placebos… muzzled for no apparent reason. Omicron is so incredibly transmissible, it is evading our vaccines, and it's laughable and frankly quite naive to think that cloth masks worn by elementary school children will prevent the spread. What these masks are doing, however, is damaging a generation of children developmentally, emotionally, psychologically, socially… and for what benefit? We are damaging these kids and for what purpose? The end is in no way justified by the means. Omicron has burned through our population and has become endemic. We are seeing a sharp decline in cases and are almost through this wave. I urge you, advocate for our children. Please have the wisdom and the courage to put an end to this nonsense. Those who wish to continue to mask can do so if they think there's any value in it, but it's time to let individuals and families reclaim the right to make their own health decisions. It's long overdue.
		Nicole Chavez	Why do we continue to allow Barbara Ferrer NON DOCTOR make us look like fools!? We can't even align with the state!? This is beyond ridiculous.
		Nicole Dijkstra Araghi	Get your act together!! Kids don't need mask! I have 3 kids my 8 years old healthy happy full of energy, stop playing sport he can't breathe dc send us to EKG What!!!! He is healthy!!! My 6 years old is having nose bleeding !!!! You guys

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	don't have a clue what are you doing and you can feel it your mind is shot down. It's time to clean up the city…
Nicole Elice	UNMASK OUR KIDS
Nicole Felis	
Nicole Freeth	America, the land of the free and the home of the brave. That's the America I grew up but it's not the America my kids get to experience, especially not in LA and CA. For over 2 years now, our children have been perpetually masked for over 7 hours/day. My children have never known a normal school experience. My child really are suffering everyday psychologicaly, developmentally, and medically. And why? Please show me a study that shows any of this works. You can't because it doesn't exist. What you can find are plenty of grass roots studies- people who have put these masks on and using vaporizing tools, have shown that the airborne vapor breath we breathe out simply escapes from all crevices of all of these useless masks. Has Barbara Ferrer done this experiment herself? The fake Dr. responsible for the negative effects imposed on our children should be fired immediately. She has continued to harm our children and is doing it all without any evidence or science. Think about this- you're attempting to force a medical treatment on your residents and their children that neither prevents transmission nor infection, however, does come with very real and scary potential serious adverse effects, up to an dincluding death. Which on of you will be responsible if a government employee or child dies at the hand of a forced vaccine? Anyone? I didn't think so. Thank you Sheriff Villanueva and Supervisor Barger for being the only two elected officials on this line asking questions, taking a stand, and defending our freedoms. We will remember you and we will remember all the others who have held their public positions in cowardice at the polls.
Nicole Hanlon	End the mask mandate with the rest of the state. Barbara Ferrer needs to go outside of her home and get some fresh air also. Let the children breathe!
Nicole Ross	
Nicole Williams	End all public health orders. There is no pandemic.
Nicole C Waschak	Against kids wearing masks in schools
Nicole M Miranda	Dear Board of Supervisors, My name is Nicole Miranda I am a constituent living in the city of Artesia in Los Angeles County. I am writing to request that you add the following item to your next meeting agenda: A letter or resolution opposing SB 871 Pan. Public health: immunizations. SB 871, if passed by our legislature will devastate school districts enrollment and Average Daily Attendance in our county and therefore will greatly diminish our county funding. ? SB 871 takes away the personal beliefs (which includes religious beliefs) exemptions for the COVID vaccine as well as future vaccines. ? This bill begins for children in the age range of day care and preschool.

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				? The COVID vaccine is under Emergency Use Authorization for several of the age groups. ? The bill does not account for natural immunity. ? The COVID vaccine does not stop anyone from getting or transmitting COVID. ? When LAUSD tried to enforce a covid vaccine mandate for students without allowing for exemptions, they had a surplus of 34,000 students that chose not to get the covid vaccine and, therefore, would have to enroll in the City of Angels, a virtual independent type school. This was beyond their capacity to maintain as they did not have the staff, nor the infrastructure to support that many students. LAUSD backed off and delayed the covid vaccine mandate implementation. This would likely happen to school districts statewide including in our county. ? Several districts have surveyed their families and overwhelmingly found that parents do not support a COVID vaccine mandate. See Brea Olinda Unified School District as well as Chaffey Joint Union High School District. For these reasons, districts around the state are beginning to put forward letters or resolutions to oppose SB 871. We ask that our Board of Supervisors does the same. When you add this letter or resolution to your next agenda please include that it be sent to Senator Pan and all co authors asking them to withdraw and/or oppose SB 871. Please also send to local legislators, school districts in our county as well as the county board of education. In order that this letter or resolution is included in the legislative bill analysis it is imperative that it is submitted to the legislative portal. Thank you for your time and attention to this important request. Sincerely, Nicole Miranda
			Nicolle Malpee	No no no the numbers are down we should be going back to normal in la county. Do not fire la county workers or sheriffs they should be able to test. The vaccine doesn't stop transmission it should be a choice
			Nicolle Shallenberger	I live in Venice, CA. I have lived in California for almost my entire life. In August, we made the decision to homeschool our children because of the draconian mandates that are not based in any kind of science whatsoever. Barbara Ferrer, who is not even a medical doctor, and who is not elected by the people, is a terrifying, authoritarian menace. She needs to be fired and the public health "emergency" and the barbaric and cruel restrictions need to be lifted immediately. For the first time ever, we are considering moving out of the state. The fact that this has gone on for 2 years, with no end in sight, is maddening. It is evil. It is tragic. RIP, California. End this insanity NOW.
			Nikki Scotti	
			Nikol Fisher	I am a parent of two elementary school-aged children in Los Angeles County and I urge the Board and LACPHD to lift the mandate requiring students to wear masks at school while outdoors immediately. This is harmful to our children to wear masks for such an extended period of time and they deserve to breathe freely while playing with their friends at recess and PE outdoors. At our school, there have been zero instances of community transmission on campus both BEFORE and after the outdoor mask mandate went into effect.

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				I strongly hope that LA County will follow the science and align with the state on this matter. Both of my children are vaccinated as are many of their classmates and this was a sacrifice and risk that many parents (including myself) made in order for them to live a more normal life, such as not having to wear a mask at school. As it is clear that cases and hospitalizations are rapidly declining, please do what is in the best interest for our children and allow them to play outdoors without masks. Thank you.
			Nikos Kaldaras	
			Nina Beral	Since 2020, children in Los Angeles have been subjected to the bulk of the draconian measures even though they are the least at risk to themselves and adults (as the data now concludes). These children cannot advocate for themselves and for their social and emotional wellbeing so they are internally combusting and wilting away. The masks and all mandates currently at play are hypocritical as restaurants, sports arenas and public spaces have adults gathering maskless. These mandates are also extremely harmful for their well being, disconnecting them from the people around them and cutting all emotion from their peers. The data no longer supports your position and your failure to act represents your negligence and lack of regard for these precious kids. End all mandates before you end up with a future generation of disfunctional traumatized adults who will run society to the ground, assuming we make it to a healthy future generation. Life is about human connection. Don't destroy that for our youth.
			Nina Leach	UNMASK our Kids! Allow our kids their God given right to breathe free of obstruction and give them their childhood back. The negative side affects of masking children are numerous and irreversible. There is no scientific data that supports masking as a means of stopping transmission of a virus.
			Nolan Patterson	
			Norma Husoen	
			Norma Santoyo	No school masks mandates for children! Unmask our kids now this is doing them great harm at this point!
			Nune Gipson	
			OMAR CAPACETE	Educate on proper diet, vitamins, etc!
			Omid Farahmand	Lift the LA county and LAUSD mask mandates! Enough is ENOUGH! Give my kids their childhood back that was needlessly taken away from them.
			ORLANDO A MARTINEZ	
			Oscar Escobedo	
			Oscar Palazuelos	
			Ovsep Labachyan	
			Pam Huston	

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Pam J Smith	
Pamela Heaton	
Pamela Martinez	
Pamela Tharpe	
Parasto Fani	Unmask kids
Pat Rexford	
Patricia Bolanos-Gonzalez	End the order- there is no state of emergency. This is about control and fear, not about what is in best interest of the public. Let each individual decide if they should wear a mask or not. How can you allow super bowl? Unfortunate abuse of power.
Patricia Carrillo	
Patricia Priore	What goes in and on our bodies should be our choice and not mandated by a public health order.
Patrick Stevenson	
Patty Martin	
Patty Rodriguez	No to mandates requirements for city employees
Paul Galyean	
Paul Jaime	No more masks for kids in school
Paul Koontz	Masking needs to end in all schools and indoors immediately. Our children have suffered enough. Listen to their pleas, it's time.
Paul Leach	RISK REWARD NEEDS TO BE RE-EXAMINED. Unmask our kids. Take a step back, and actually think about how harmful this is to the long term psyche to our children.
Paul Martin	Honorable Supervisors: please don't terminate Sheriff Deputies (and others) for not following the vaccine mandate. I am fully vaccinated, and am not an anti-vaxer, but recognize there are many opinions and beliefs and health concerns amongst those that are not fully vaccinated. Having and respecting different opinions and beliefs is supporting diversity no less than the color of one's skin (I am mixed race fyi). We cannot afford to lose these brave men and women protecting us (I have no family in Sheriff's Dept.), and should not view their very personal decisions about their own health as an affront to society. Please keep them! If for no other reason than the escalating lawlessness that they protect us from. Thank you!
Paul Melgosa	
Paul Moon	Oppose oppose oppose
Paul G Caldwell	This is fascist bs. Keep our city workers! Get rid of vaccine mandates and covid restrictions.

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Paula Geerligs	
Paula Roth	Please lift all mandates as relates to COVID-19, especially the MASK mandates for kids at schools!!! This is unnecessary and criminal. We're the people do NOT support this any longer, the state of emergency is over!!
Paula Wahla	No more masks! John Hopkins has proven they are ineffective!
paulette blake	
Paulette Navarrete	
Paulina Lamb	
Pauline Funiciello	I'm writing to express my concern and urge the Board of Supervisors to acknowledge & paccept the damage their policies are inflicting on Los Angeles, especially our children, who are at risk in the ineffective attempt to stop Omicron. You are simultaneously enforcing mandates & major restrictions on students & employees in schools while allowing the Super Bowl to occur is extremely hypocritical & doesn't make sense. I also suggest that Dr. Ferrer step down, if she will not pivot her policies based on the science."
Peggy Malpee	Stand for medical freedom
Perlita M Nevarez	
Peter Gould	
Pilar Penaranda	No mask for employees
Priscilla Ceja	UNMASK our Kids!!!!!
Rachel Elmar	
Rachel Martinez	
Rachel Smith	Medical freedom - this narrative needs to change. The world over is making a change because it knows that it can't be controlled. Stop using people as experiments , their body their choice.
Rachel M Melamed	UNMASK OUR KIDS!!!! They are suffering!!!!
Rachelle Paniccia	
Racquel Tristan Weinstein	
Rafael Dumas	

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Raffe Chouljian	
Raffi Ashdjian	
Rahn Hunter	
Raina Gildaman	Unmask ALL our kids in school now. No more daily pass, no more masks and certainly no more vaccine passports/or vaccine bullying or requirements of ANY kid! Unmask now indoors and outdoors or we the parents will pull our kids out!!!
RALUCA PLOOG	
Ramona Bilancsuk	
Ramona Ramous	Our children are in crisis, and YOU continue to ignore it. Not a single message from LA County Public Health addresses the social, emotional, and mental harm done to our children. This is an epic failure by this Board and the Public Health Department.Our children were locked out of their schools and sports for over a year. Now that the school doors opened, our children are distanced from friends, masked for 7+ hours a day, with no parties, field trips or fun. Children are being forced to wear masks to run, exercise and play sports, even outdoors. Children are made to believe that people would get sick and die from the simple act of them breathing. None of these restrictions are imposed on adults.We will not let you ignore us anymore. We will not let you harm our children no longer. The testing, quarantining, and masking of our children needs to end now.
Randy Hall	I oppose mask mandates. Gov Newsom is going to set us free from the mask mandate. LA Country will become the Archipelago Gulag of the state. That gulag harmed people. It's time to set us free. No on mask mandates. I'm sure a seditious truck convoy will ensure if the Supervisors don't give us back our freedom to chose our own health efforts. If you are so concerned about our health you would outlaw alcohol, cigarettes, and heart attack causing fast foods. Each off those legal substances cause more harm than Covid ever will. The Hypocrisy of forcing us to wear masks is mind boggling.
Randy Leaf	I urge you to strongly oppose mandating County Employees to be vaccinated to keep their jobs, especially the Sheriff's Department. It is very difficult to recruit and retain qualified applicants, and firing hundreds of Deputies for not being vaccinated will create a massive staffing and safety problem and will result in higher crime rates and less crimes being solved. Firing employees for not getting vaccinated is a BAD idea and WILL result in more anarchy in the streets.
Raphael Ziegler	It is a fundamental duty to put the needs of our children, the innocent, first. It is also important to uphold the rights of the parents to take care of their children. It is part of the freedoms we have fought for in this country. Mandating masks or the covid vaccinations for children is unconstitutional, unethical, and unjust. Science PROVES that children have no reason for masking, or mandated vaccinations when the actual virus has minimal risk, if none, to them. Masking

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				is also scientifically proven to cause more harm than good in children. As the parents of a high school freshman, we know that there are kids, including my own, with test anxiety issues and learning needs in which masks hinder or exacerbate issues, like asthma, during physical activity of P.E., dance, and sports. We are told that children need exercise for healthy circulation and oxygenation of the brain so they can be healthy but you want to hinder that healthy development with masks. Children's brains are developing and growing and need OXYGEN. The over intake of carbon dioxide is harmful to children's development. This is not new information. Mandating a vaccination that does not work and serves absolutely no benefit for a child is mindless. The current guidelines include unfair discrimination policies that target unvaccinated students and staff. LA COUNTY needs to align with the science and do what is ethically right and consider more than one side because "one size does NOT fit all" and no child should be experiencing segregation in this day and age. It is time for you to let us use our power of choice to discern what is right for our children. Mandate is just another word for command. No parent should be commanded by the government to do anything unnecessary or potentially harmful to their child.
			Raquel Padilla	
			Ray Martin	
			Ray Quijada	
			Ray L Schiller	
			Rebecca Kearney	End the state of emergency in CA. Allow masks to be optional. They do more harm than good.
			Rebecca Vaughan	Enough is enough. We've witnessed our elected officials multiple times now not practicing what they preach in this now awful state that continues to be in a “state of emergency”...unmasked in settings where we've been told otherwise. Why must our children continue to pay the price that even our government officials think they are too privy to pay? Instead, we force our children who have the lowest possible fatality rate from Covid, to spend a 6+ hour day masked BOTH INDOORS AND OUTDOORS, playing in "zones" at recess, eating at segregated tables (even separate rooms for some) if they are deemed an unvaccinated close contact, playing sports in masks, unnecessary Covid testing for ZERO symptoms...the list of offenses goes on and on. Our kids are unable to see their teachers' and peers' faces all day every day, and we're ignoring the social-emotional damage that is being directly subjected upon them from these continued requirements. Where was the fear and mask requirement during the previous flu seasons when they had just as much risk of dying from the flu? Where were the “flu vaccine passport” checks? We’ve sadly lost focus on what is important to ensure the success of our future generation and that is their education and their social and emotional development. Furthermore, to say children don’t mind masks and that they have adapted to this new normal is wrong and is a sad attempt

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	at excusing the unacceptable for our youngest and most innocent members of society. Children are inherently innocent, they aim to please and follow rules as they do not want to disappoint authority but by no means does this mean they enjoy wearing masks. I urge you to stand up and do the right thing for our children and fight to remove ALL mask mandates and make this about choice. It is time to follow the lead of the UK, other countries, and even other states. The same goes for ending the mandate for a vaccine that does not reduce transmission. There are protective masks out there for those parents and teachers who are concerned and vaccines available to those that have decided it is the right choice for their family. The latest John Hopkins study shows our lockdowns have accomplished little. It's time to move on. We as parents know what is best for our children and families…the government does not and the overreach needs to stop now.
Rebecca G Bonilla	
Rebeka Carr	
Regina Nares	We need our First Responders! It should be their choice weather to get the vaccine or not! There is not a pandemic because of there was, Super Bowl would have been moved to a state with less Covid cases. Do your job and stop the government over reach and focus on the increase in crime!
Regina Rodriguez	
Regina Van Poucke	
Reina L Bonilla	Please end mask mandates for all children in the state of California. The majority of this country is phasing out mask mandates on kids while the European Union never had mask mandates for kids under 10. Sweden never had mask mandates for anyone of any age. It is now proven and acknowledged by the CDC that cloth masks provide very little to no security against catching COVID 19. Furthermore, the very teachers and administrators that are pushing for kids to wear their masks all day are guilty of removing their masks or wearing them improperly while at school.
Rena Lewis	
Renee J Navarre	
Reymundo Hernandez	
Reyna Gutierrez	My children are suffering, cannot breath causing anxiety and fear.wearing masks 8= 10 hours making them emotional
Richard Clark	Align with CA mask mandate guidance. Vaccine mandate is also not needed since it’s doesn’t stop spread. Kids also need to stop wearing masks in schools.
Richard G Alvarez	
Richard L McGaughey	Crime is already doubled if not tripled. Firing more Deputies that are already spread to thin would be completely idiotic
rick herrera	end the mask mandate

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Rick Mullen	Un-mask our kids!
Riley Gulley	
Rita Renteria	End mask mandates in all of California regardless of age, socioeconomic status or county of residence. LA county residents are tired of the severe measures put in place by our leaders and look longingly at OC and Ventura counties as places where human dignity is still respected. LA county leaders, do better for your millions of residents.
Rivka Wolchin	
Robbie Neman	Unmask our children NOW
Robbie yrigoyen	Masks are ineffective and are scientifically more dangerous than Covid itself! Children have nearly a zero percent risk of being hospitalized or dying from Covid so mandating masks and poisoning our children with a non-researched vaccination that is not going to immunize them is unconstitutional and criminal. Parents should have the rights to do what is best for their children.
Robert Bogdanovich	We have been protecting the children and now it's hurting them. It's time to unmask them.
Robert Chavez	We will hold all board members accountable who vote in favor of this nonsense.
Robert Frazer	
Robert Gutierrez	
Robert Lopez	
Robert Lund	
Robert Nichols	
Robert Saldana	
Robert J Rico	
Robert W Preston	
Roberta K Weber	Respectfully request that all the ineffective Covid mandates be lifted. Please return government focus to restoring business, jobs loss, education deferred and ending the horrific rise in crime!
Roberto Martinez	
Robin Foulds	There is absolutely no reason that children need to be wearing a mask! Where is the science behind this?? Healthy children should not be wearing a mask, it's doing more harm to these kids. It's been 2 years! Enough is enough
Rodolfo J Rodriguez	
Roger L Eshleman	I oppose firing employees who have not been vaccinated, especially over 4,000 in the LA County Sheriff's department. This would decimate the department's ability to keep law and order, and is not worth it for a vaccine

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	that and has been shown to be ineffective with Omicron I urge you to postpone firing anyone at this time, especially since the Omicron variant is generally mild and appears to be on the way out. You can always reconsider this decision at a later date. Thank you.
Ron Orefice	End all COVID mandates. They still don't follow any of the current data. To continue masking is ridiculous. Does masking make you feel safe? Ok, but instead of feeling safe, why not be safe? Wear an N95. Then you are protected, we stop abusing kids, and I don't enable your mental illness.
Ronald Jacobus	
Ronald J Josett	
Ronald J Vanderhoorn	
Rosa Garcia	
Rosa Martinez	
Rosa Munoz	
Rosa Perez	
Rosa Rebamontan	
Rosalie Bahena	
Rosalina Gomez	No
Rosalinda Sandoval	Rams game show proof people don't need mask outdoors.. children don't need them outdoors either when playing outside
Rosanna Kasza	Please get rid of this mask mandate. Our kids needs to breathe freely and be able to smile and communicate with restrictions.
Rosanna J Salazar	
Rose M Valenzuela	Since taking the vaccine still not prevent you from getting sick, should be force to take it! The government should be telling us what goes in our body!!
Rosie Garibay	I oppose measure two. Our children should no longer have to suffer being mandated to wear masks at school. These mask mandates have affected our children negatively. They have affected their social, mental, emotional, and all-around state of mind. Wearing the masks weakens your immune systems, you are not being exposed to all the daily bacteria and viruses that surround us day in day out in our environment. You cannot mandate children or anyone for that matter to wear a mask and turn around as a leader of this community and feel it’s ok for you not to wear one yourself.
Ross Greenberg	Los Angeles County is moving backwards. 70 percent of Americans agree that "it's time we accept that COVID is here to stay and we just need to get on with our lives," a new Monmouth poll showed. Newsom is ending the mask mandate. Why won’t Ferrer follow CA guidance? Does Ferrer have more power than the Governor and the board of supervisors? When will the board of supervisors give children their childhood back? When can children go back

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				to normal? It doesn't seem like the county board or the public health dept wants that to happen. End all mandates now. Enough is enough. The media is already advocating an end to childhood masking. Time to recognize this as endemic and move on. How can we mask children and be in a state of emergency while hosting the Super Bowl? The hypocrisy of having 70,000 fans at the Super Bowl and thousands participating in sponsored events and parties is astounding.
			Ross Novie	We sheltered-in-place. We flattened the curve. We shut down the schools. We shuttered restaurants and bars. We banned indoor dining. We outlawed the beach. We locked up gyms. We avoided attending sports. We canceled concerts and fairs. We closed Disneyland. We postponed weddings. We delayed operations. We vaccinated. We boosted. We tested. We masked. We damaged our children. We terrified our grandparents. We watched our loved ones die, in the thousands... Often alone in hospitals or nursing homes. We trusted Public Health when they said they "follow the science" that they too would be evidence-based and data-driven.

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				It's clear now that all these sacrifices made virtually no difference to a respiratory virus. There is no coherent plan. There is no exit strategy. There is no limit to the ineffective restrictions they are willing to inflict upon us and our children. Now that we know this… We're done, and we declare a lack of confidence in LA County Public Health officials. FIRE Dr. Barbara FERRER. ELIMINATE MANDATES. FOCUS OUR PROTECTION. FREE THE CHILDREN.
			Rossie Bonilla	
			Roubina Khanlari	
			Roxana Ortega	
			Ruben Sanchez	
			Ruiz Frank	It's time to end all Covid related mandates.
			Rumina Khachomian	
			Russell Tao	
			Ruth GALDAMEZ	
			Ryan Forrest	I strongly urge the Board to end the mask mandate. We are no longer in a state of emergency. If we were truly in a state of emergency, we would not be hosting the Super Bowl this weekend. However, we are hosting the super bowl. But guess what, my kids still have to wear masks to school. When are our elected officials going to wake up, and end these mandates. I urge you to end the mask mandates, especially for our school aged kids. As the largest county in the state, all of you have a responsibility to represent the states largest population of kids, who have suffered mental, emotional, and physical abuse due to these out of touch mandates. End the state of emergency, end the mask mandates, or cancel the Super Bowl.
			Ryan Frazzetta	
			Ryan Guardino	
			Ryan Levey	Stop the mask mandates.

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			Ryan Macaluso	
			Ryan Majerus	There is no credible science that backs up masking our children or requiring vaccination. The survival rate for children is 99%+. They are at more risk of falling down the stairs and harming themselves than from COVID. The madness must STOP.
			Ryan Schroeter	In two years of COVID and Governor Newsom's emergency, 9 million California children aged 0-17 years old have been locked down, masked and have suffered immense, yet unquantified harm. During that time, according to CADPH, 47 California children under 17 have died from COVID. If the September 2020 Johns Hopkins analysis held up through today, ***0*** healthy children would have died. Any death is a tragedy, but locking down and dramatically—and demonstrably negatively—impacting the lives of 9M children when 47 died is a damnable atrocity and irresponsible public policy. We all know COVID is here to stay. It is time to get back to normal. Masks at schools should be at the option of parents (only). Additionally, given that vaccines apparently don't prevent Omicron, given that children are at such low risk of harm from COVID and given that the CDC's own data show that 1/1k children have reported adverse effects from COVID vaccines and given 1/10k (far more than unvaccinated harm) have "severe" adverse reactions to the vaccines (that don't work against Omicron), it is time to let up on the child COVID vaccine push. My family is not anti-vax; my wife, 14yo and I are vaccinated; but we are not in a rush to vaccinate our 8 and 11yo. It is time to let people make informed decisions based on real risks, not fear. This 2 year old, perpetual emergency is ridiculous and needs to end. Now. Thank you.
			Ryan Shook	
			Ryan Thompson	Remove all mandates. Especially the mandate for schools. Masks are inhibit child development, natural immunity to other diseases, and create psychological problems.
			Ryne Dutcher	
			Sabrena Burnett	Unmask our kids
			Sabrina Bam	
			Sabrina Tagliaferri	Drop the mandates
			Sacha Naschinski	Barbara ferrer needs to resign. She doesn't care about the people of LA County. Mask mandates and vaccine mandates made everyone miserable and it has to end NOW!
			Sako Arutyunyan	Please stop masking my kids. It's mentally, physically and psychologically abusive.
			Sal Rios	
			Salinas Carlos	
			Sally Beck	
			Sally Johnson	

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			The following individuals submitted comments on agenda item:	
Agenda #	**Relate To**	**Position**	**Name**	**Comments**
			Sally Mog	
			Sally Triphon	
			Salpy Kuiper	
			Salvador Ponce	
			Sam Y	The science does not make sense to mandate employees to get vaccinated even though many of them already caught Covid and have natural immunity. It also does not make sense to fire approximately 18,000 employees. The county is already short staffed.
			Samantha Avalos	
			Samantha Belanger	
			Samantha Palacios	
			Samantha Rodriguez	
			Sammy Heller	
			Samuel Hernandez	
			Samuel SEMERJIAN	
			Samuel Zuniga	
			Sandra Cervantes	
			Sandra Guluzza	End unconstitutional mandates.
			Sandra Miller	
			Sandy Allen	I am against the continued masking of children in our schools x
			Sandy Cordova	
			Sandy Willis	
			Sanju Sapkota	
			Sara Khansari	
			Sara Larquier	
			Sara Larson	If the city and state are willing to host the Super Bowl then we should be willing to lift/cancel the state of emergency. Clearly we are NOT in a state of emergency if we are inviting 80,000 people to our state for a football game

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			Sara Majerus	The mask mandate in our schools is not founded in science nor common sense. Children have a near zero risk of health concerns (less than the flu) from covid, and the masks disrupt learning, human connection, and mental health. If they are not removed, we and many others will leave this state and move to one that is less fear driven and emotional in its decision making
			Sara Shen	Unmask our kids! No one has suffered more than our most precious children in the last two years. When the mandate and restrictions are being lifted for the rest of us, please let our children to breathe freely!
			Sara Tate	
			Sarah Black	
			Sarah Hermano	No more mask mandate for our kids ! Parents should decide what's right for their kids!
			Sarah Kettelkamp	Oppose
			Sarah Miles	If you are hosting a Super Bowl and the governor and mayor are our and about without masks, then there's no more emergency, no need to be forced to wear masks or get vaccinated. Why is the BOS and health officials picking and choosing ensure research and science to follow. Why is there no open meetings where the public can come and point all these things out to you so you all can have the courtesy of looking in people in their eyes and make the false statements about all the public health orders and "state of emergency " we are clearly no longer in?? Answer is because you know you are all committing shameful acts and manipulating your powers!!!
			Sarah Perito	
			Sarah Phillips	End all mandates. The emergency is over.
			Sarah Salazar	
			saranya klinkalong	
			Sariah Grace	How are we in state of emergency if we are having the Súper bowl game here with 1000 of people able to attend.
			Sarin Elmedjain	
			Sarin Minassian	
			Sarkis Bezyan	
			Sarkis Mehtemetian	
			Saro Khajikian	
			Scott Barbour	

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			The following individuals submitted comments on agenda item:	
Agenda #	**Relate To**	**Position**	**Name**	**Comments**
			Scott Kirkpatrick	Please lift the mask mandates for ALL LA county residents TODAY. I'm triple vaxed and TIRED. My 7 year old is tired of wearing a mask all day at LAUSD schools. My 2 year old has only known a world with masks. The emergency is over. New Jersey, Connecticut, Deleware, Colorado and Virginia have all now followed in the footsteps of Florida and Texas (NOT California); that should be a pretty revealing insight about how impactful (and worthless) LA County's masking policies have been and provide a glimpse into how they'll be looked upon in the future... Gov. Newsom and Mayor Garcetti are clearly beyond masking (he clearly wasn't holding his breath); why must this board continue to force children to wear masks during their most critical developmental years when all the actual science shows it's doing far more harm than good? And why must these protocols continue when the very people pushing them don't even follow their own guidance in public? End the mask mandates. Let's move on and focus on the real issues plaguing Los Angeles county (notably the ever growing homelessness crisis and the blatant increase in violent crime; inconvenient topics far more worthy of everyone's time).
			Scott Lovercio	
			Scott Sal	
			Scott Stevenson	
			Scott Viers	
			Scott Voss	Directing workers to get the vax will cause many to leave and put the residents in harm's way. But safety doesn't appear to be BOS' goal.
			Scott l Bastian	Wake up and see the big picture DO NOT DO THIS.
			Sean Hylands	
			sebastian j terzoli	unmask our children immediately and follow the science masks dont work and our ruining our kids social skills its totally unacceptable that kids are forced to cover faces while the elites do as they please..100%WRONG AND DISGRACEFUL
			Seda Voskanian	
			Selena Wasti	
			Semhar Teklemariam	
			Serena Pauly	
			Sergio Martinez	
			Sergio Venegas	Covid vaccine is not effective. I received a Covid shot through LA county to keep my county job and received adverse reaction to my heart. How do I sue the county to my new heart condition?

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HOLLY J. MITCHELL
SHEILA KUEHL
JANICE HAHN
KATHRYN BARGER

Correspondence Received

			The following individuals submitted comments on agenda item:	
Agenda #	**Relate To**	**Position**	**Name**	**Comments**
			Shak Hov	
			Shalimar Richards	
			Shalyn Gumayagay	Please remove all masking for K-12 schooling. It is causing mental health and learning loss
			Shane Gilpin	
			shanelle burgos	
			Shani A Gann	
			Shannon Andrus	
			Shareef Hall	The representatives of LA county are not concerned with public health. LA County has put public policy in place that enable homelessness and leads to our public employees to clean up after groups of adults.
			shari dunn	I continue to be dumbfounded that our public schools are still requiring mask mandates for children, even upping the ante and forcing them to wear upgraded masks and even while outside. Our leadership is ignoring the fact that masks inhibit communication and the social-emotional development of children while protecting them from nothing. Covid has not and does not kill children to the degree that masking could be remotely justifiable. It's blatantly clear that the Board of Supervisors does not have the health of our children in mind.
			Shari Graber	
			Sharon K	Why is CA still in a state of emergency when a state of emergency should be terminated at the soonest possible moment, which should've been long ago. If CA can host the Super Bowl with over 70k people and Newsom, Garcetti, and the SF Mayor can be mask-less while cozying up with celebrities then we should not be in a state of emergency. People are over this and this isn't about following the science anymore, it is about control. Please end the state of emergency and all these nonsense mandates that haven't done anything to slow the spread. Look at other states that have no restrictions and they are doing so much better. Countries with majority of the citizens vaccinated are also seeing the highest number of cases ever.
			Sharon Lee	Unmask our children at school! Why are adults allowed to unmask starting Feb 15, but our children can't? Let them breathe!!! Let individual school districts and private schools decide for themselves.

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			The following individuals submitted comments on agenda item:	
Agenda #	**Relate To**	**Position**	**Name**	**Comments**
			sharon rizzi	It is time to follow many other countries around the world and end all covid restrictions. Everyone who CHOOSES to get vaccinated has done so. According to the CDC, covid vaccinations do not stop people from contracting or transmitting covid, so why wait for any more people who cannot be coerced into getting a covid vaccination. It is their choice if they are taking a risk at developing more serious covid symptoms (we do not stop the large percentage of obese citizens from eating fast food!) Covid restrictions are hurting our economy, our children, and each individual's right to decide what's best for them. Our mayor and governor have continuously shown they live by a different set of rules than the people they represent. Please send a clear message that Los Angeles is open for business and a great place to live. Send a message that you trust the citizens of Los Angeles to make their own intelligent, informed decisions. From a mother, an immigrant, a taxpayer, and now someone who will be paying much closer attention to what MY ELECTED OFFICALS DO. Please make us proud and end this.
			Sharon Tour	Separation of power is the integral part of being an American
			Shawna Campbell	My name is Shawna Campbell. I have been a resident of Redondo Beach for 13 years and a California resident my whole life. I am a mom of 4 and social worker. I run a small nonprofit that focuses on taking kids outdoors and also work at a private practice as a mental health provider. My husband is a nurse. He worked at the county hopsital for many years and is currently in a doctorate program. We both wanted to send this toolkit and ask that you look over it and consider using it to advocate for kids in our community. Please note there are reputable authors including a former infectious disease fellow at the CDC and many epidemiologists and doctors. urgencyofnormal.com/our-statement My family has personally been impacted greatly by covid restrictions. We have suffered financially, socially, health wise and emotionally from the restrictions placed on us. My son is sensory sensitive and has auditory processing differences and learning disabilities. He is struggling emotionally and academically. He struggles to be mask compliant in school. He comes home very dysregulated each day. More so since they are no longer allowed to be mask free at breaks outdoors. My sensory senitive 2 year old is banned from local preschools because she is not mask compliant. I also personally struggle with the mask mandates. I am uncomfortable wearing masks and have difficult communicating in them. Half of our family is struggling in masks.

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				We like many were on board with restrictions to protect hospital capacity. However, we want normal for our kids and the kids in the community now. Not a moment longer. The children have sacrificed enough and the mental health harms are being overlooked. I also work with kids and families who are struggling with the lack of normalcy. The data on some of the mitigtions is not as solid as once stated. Masking shows little benefit especially in school settings. I am deeply upset by the fact that in LA County we have instituted stricter guidelines than any other area and on the lowest risk population, children. Last weekend, as you are aware, the govenor was unmasked with 70,000 people in a football stadium, while my child is being punished if he takes of his mask outdoors. The hypocrisy is painful and cruel. I am calling on you to join Supervisor Berger in her statement regarding masking. Our children are low risk to covid. They are not endlessly resilient though and they do not cope well with ever changing expectations. Vaccines are available. Hospital capacity has not been greatly impacted this year. There will never be a good time for many to return to normal. This is an endemic disease and we are not willing to live with forever mitigtions. We do not need mask or vaccine mandates. We need good data. We need to know who is hospitalized with and not from covid. We need a focus on the whole person including their emotional well being. We need you to do a better job and target those who are high risk. Not with force but with compassion as you try to get high risk people to protect themselves. However the time has passed for sweeping, community wide guidelines. I implore you, it is time for normal now. Not a moment longer can some wait. I fear you are embarking on a path towards civil unrest and deep mental anguish if you ignore the cries of those being harmed longer.
			Sheila Amparano	
			Sheila Navi	Please unmask our kids!!!
			Sheila Yogapan	No mandates at all! Unmask our kids - indoor and outdoor- NOW!
			Sheldon A Carter	
			Shelley Kresan	We need our first responders. They put their lives on the line and you want to throw them away for not not agreeing with forced medical treatment. The crime is getting so bad in Los Angeles county. This will only make it worse. You won't be able to replace these people. Few want to take a job under

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				these conditions. If the board upholds this, our lives are in danger. Our freedoms certainly are.
			Shelley Samuels	Masking children is child abuse. The scientificg and clinical basis for wearing facemasks as protective strategy, given the fact that facemasks restrict breathing, has been shown to cause hypoxemia and hypercapnia and increase the risk for respiratory complications, self-contamination and exacerbation of existing chronic conditions. Masks directly effect a child's ability to learn.
			Shelly Bellante	
			Shelly Jefferis	It is far past time to drop these mask mandates! Especially for children and youth at schools! This is in no way beneficial for their learning experience not to mention the health risks and the effect on their mental health which will be serious and could be drastic if the mandates are not dropped NOW. The science does NOT support the use of the masks period. We are coming up on 2 years! Please drop the mandates. The future of our children lives are at stake. Please do the right thing and actually follow the science.
			Shelly Jefferis	Our children have suffered long enough! And for no reason! A virus that has over a 99% survival rate within children and youth! Please stop these mask mandates! There is NO science to back up there use! The after effects and damage will be extreme - please stop!!!!!! Children have been treated like prisoners! You will a lot more extreme issues on your hands if you do not stop this madness. Please drop the mask mandates now. They are not doing ANYTHING except damaging the mental health of our youth!
			Shelly Revere	
			Sherli Babaian	
			Sherry Harvey	Choice only support choice
			Shervin Molayem	Unmask my children. Let the children breathe
			Sheryl Amster	
			Shirley Agam	I am writing to request that you remove the mask mandate for children immediately. It has been proven to provide little, if any, benefit, and instead poses harm to their social/emotional and physical development. This request is neither radical nor extreme. You have a wealth of real-time, real-world data to draw from that proves unmasking children is beneficial and met with no severe consequence; for example, the UK has not masked children under age 12 AT ALL this entire time, and their school-aged population is thriving. Orange County does not have an outdoor mask mandate, and they similarly are doing fine. There are 100s of cities/counties that have not masked their children, with no consequence. In fact, several experts are finally coming forward against these mandates: See here for a piece written by infectious disease physicians (one from Tufts, one from Harvard) and the director of emergency medicine infectious disease management at Boston Medical stating that masks in schools should be optional: washingtonpost.com/opinions/2022/01/25/schools-safely-make-

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				masks-optional-new-cdc-guidelines/?fbclid=IwAR25abPezNl3bqsR9O-IzW4ngpmDQUof37sOVUy9PKCHzfKyEG9pMsNRQmE This letter has now been signed by over 1,000 medical professionals, and underscores the importance of returning to normal and lifting mask mandates: urgencyofnormal.com/our-statement Furthermore, your requiring children to stay masked for 7 consecutive hours while in school is completely moot. Outside of school, children are having playdates, they're having sleepovers, they're attending birthday parties and going to the park, they are going outdoors to eat – all while unmasked. Children, who are the absolutely lowest risk, are only being asked to do what higher-risk adults don't do throughout the day while at school. It's unclear to me what is special or different about Los Angeles, that we need to impose draconian, unnecessary and harmful policies on our children. One can only assume there are political reasons, being that the science clearly does not support your stance. I therefore have one request of you: in the still of the night, as you're falling asleep, ask yourself why you have pursued your career and why you are in the position you are in. Is it to advance unions and special interests' agendas? Is it to play politics in hopes of advancing your own career down the line? Or is it to defend and protect the health – physical and otherwise – of all constituents – most importantly children? You have a moral and fiduciary duty to do the latter. Unmask our kids now.
			Shiva Shamooil	
			Shiva Shamooil	Unmask our children
			Silva Yeghiayan	
			Silvia Rico	
			Silvia Themudo	Time to remove mask mandates for everyone (especially children in schools).
			Simona Henderson	Align with state and end all mandates. There is no medical and scientific data to support the continued masking of children in schools. The cohorts under 18 have been impacted the least and there's minimal almost no threat of transmission.
			Simona Kurgan	
			Skye Conant	Unmask our kids.
			Skyler Tobey	
			Soha Saleh	Our children have been wearing masks at schools for 7 continuous hours,including during PE when they are exerting more energy and breathing faster. Data from places where masks were optionals for kids shows the same levels of pediatric covid hospitalization as that from places with masks. It is time to let the kids remove the masks, they don't make a difference. A more important matter would be addressing juvenile diabetes that can lead to serious long-term complications. A campaign based on teaching how to improve a child's immunity through eating healthy, exercise, benefits children and society more than masks on kids that get superbly dirty by the end of the

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				school day. Running in a mask is really straining on kids. NJ is eliminating mask mandates for schools and so should Los Angeles.
			Sona Mid	Remove masks, vaccine mandates, and anything that's stripping citizens of their right to chose. Children should go to school without masks and so should everyone else. If government officials can "hold their breaths" during photos, so can the rest or the state and country
			Sondra Wagner	Dr Ferrer is imposing impossible metrics that are completely unachievable… If the majority of the country has opened up, and the majority of the country is putting children's physical and mental health first, why is Los Angeles constantly the digging their heels in and abusing these poor kids?! The mental health ramifications are overwhelmingly apparent, and as a mother I see day-to-day firsthand what it is doing! Gone is the twinkle in our children's eyes, heads hung low, picking them up from school when they are sobbing and saying I just can't take it anymore mommy! Terrifying words to hear from a child, for God's sake please please please end this nightmare for these children! Tear off the masks so the kids can breathe at school. Youlve already stolen two years of their adolescence, they will never get back and so much damage has already been done… But it is never too late to do the right thing, I am strongly asking you to please do the right thing and end the mask mandate for our kids. Thank you.
			Sonia Serrano	
			Sonik Arutyunyan	Masks must come off
			Sonja Tolmack	
			Sonya O Rodriguez	
			Sorraya Gibson	
			Spencer L Kissick	
			Stacey Ahsmuhs	
			Stacey Buckband	
			Stacey Fortner	
			Stacey Halvorsen	Remove the mask mandate from schools and allow individuals the freedom to mask if they want
			Stacey Harris	It is well past time to remove all mask and vaccine mandates in our county. All across the country, states and cities (both democrat and republican) are eliminating all requirements and acknowledging that this virus is here to stay like the many other viruses we have lived with our whole lives. Furthermore, it is now clear that this virus is mild for 99% of the population. Our children should not have to lose anymore of their childhood for something so benign, nor should anyone have to lose their job because they don't want a vaccine for such a mild virus. Our police, fire, and medical workers who willingly worked through this whole pandemic should be rewarded for their service not threatened with job termination. There is nothing wrong with getting a virus.

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				This is not a moral or political issue. It's just part of living. We all catch and recover from viruses every year. Nothing you do is going to make it so we never have any more sickness. All you are doing is keeping people from living productive lives. It's time to get back to being the America we all know and love - the land of the free and the home of the brave!
			Stacey Howard	Please end the mask mandate, especially for children. I'm from the UK, where students are no longer masked because science does not support it. After all this time, and the restrictions in L.A. County, the data clearly shows that masking has done nothing to stop the spread of Covid 19. Anyone that shoes the level of ineptitude in doing her job in the private seotor as Barbara Ferrer has shown in doing hers, would have been fired by now.
			Stacy Soto	
			Stefanie Chapa	
			Stefanie Foulds	End mask mandate in la county and all schools!!!
			Stelian Martinez	
			Stella Taglyan	
			Stephanie Avanessian	If not now, when? Lift the mask mandates in public schools, indoor and out. I want mask optional schools, now. Masking imposes real costs on my children. The masks trigger anxiety, frustration and fear. The masks impede both non verbal and verbal communication. My kids complain at home. What needs to happen for the 5 of you to get where I am, that masks should be fully optional indoors and out? Is there a course of events that can get us to a mask optional world? Stop hiding behind Barbara Ferrer and byzantine close contact guidance. Remove their masks now.
			Stephanie Burkhart	Get rid of masks in all public schools from K to 12!! Masks are not good for physical or mental health
			Stephanie Daring	Mandating masks for school. Kids should have a choice. Unmask our kids!
			Stephanie Dewyke	
			Stephanie Favela	
			Stephanie Flores	My body my choice!!!!!!
			Stephanie Gonzalez	
			Stephanie Holt	
			Stephanie Mason	No more mask. You are abusing our kids forcing them to wear masks at school. Schools need to go back to normal!!! California is failing our future generations.
			Stephanie Saldana	
			Stephanie Sotomayor	Oppose

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Stephanie Steuer	I am against masking in schools.
Stephanie Thompson	End the mandates for all. Other counties and states have proven that the mandates are more harmful than beneficial.
Stephen Childs	You need to act on behalf of the people of LA County and fire Barbara Ferrer. She is an unelected, non medical doctor how holds far too much power over the citizens of LA County. She has been wrong and continues to be wrong on the SCIENCE of masks, especially in regards to our most vulnerable - our children. You have the power to STOP her. As our representatives, I implore you to FIRE BARBARA FERRER and replace her with a doctor who actually looks at the scientific data of masks, vaccine efficacy (need for vaccine passports) and lockdown efficacy for the benefit of all LA County citizens. Immeasurable harm has been perpetuated on the citizens / businesses of LA County in the name of COVID Health measures at the hands of Barbara Ferrer - she needs to be stopped and striped of her power for the betterment of our great county!
Stephen Perez	Let them work.
Steve Arakelyan	
Steve Rice	After watching our official outside with great magic without mask..it's clear children should not have to wear them outside..no surge
Steven MacLeod	Please remove the mask mandate for schools. There are so many more children struggling w their mental health since this pandemic started. Ask any child therapist. And don't you understand the value of seeing someone smile? You can improve lives by removing the mandate. Let each person be free to choose.
Steven O Guerrero	
Storm Robinson	My trust in public health is completely broken. I question if a health department is even worth the public expenditure. Is the entire department a total fraud or just the covid-19 measures? What exactly is the public benefit? Barb Ferrer alone has collected nearly ONE MILLION dollars in salary throughout the duration of the the pandemic. What are we getting for the money? #FireFerrer
Sue Seo	End these masking of children now! This is abuse ans tyrannical they are trying to learn!!!
Sulay Rodriguez	
Summer Bailey	Unmask the kids!
Summer Parker	
Sung Woong Lee	I oppose on agenda 2.
Susaane E St George	I oppose the firing of all the county workers. These have been and will be the ones they are in the front line. I believe in personal choice for vacccines. This vaccine does not prevent Covid as my husband and I are both vaccinated and both got Covid. Do the right thing and keep our front line workers

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Susan Dominguez	
susan evon	I strongly oppose the vaccine mandate as unconstitutional and stand for every citizens right to choose what they inject into their bodies. Those that go against the constitution go against the law of the land as written by our founding fathers. We are not a socialist system with tyrants running our country. Please adhere to these principles and protect the rights of Sheriff Alex Villanueva and his staff. We need good police in LA
Susan Gilpin	LA CO is not following the science.
Susan Kampff	I oppose anyone having to wear a mask. Masks are not effective in stopping transmission of This virus. We have seen no efficacy reports on any masks other than N95. Our children are suffering mentally and physically from forced masking all day at school. We are one of the only counties left with mask mandates. It is time to take the masks OFF.
Susan Madero	Masking children is not only detrimental to their physical health but terribly damaging to their mental and emotional health.
Susan Oda	Please stop all mandates, The masks do not work. I encountered many people who followed the public health protocols and either died or got very sick! The masks on children needs to be stopped. It is causing psychological/ social damage to their development. Let children breath and be like children should be. Let people make their own decisions about their health. Now the CDC is telling us that another type of mask will stop covid? This is not a fact. Why is it that our government officials can be unmasked at a super spreader event ? We, especially the children, should be granted the same freedom as well. Please stop these measures and let people make their own decisions about their health.
Suzanne Bezyan	
Suzanne Gehl	This board kept schools closed for a year to the detriment of la county children. Now, we continue to impose the strictest measures on the youth. They have suffered enough, la county children will be the last kids in the world to have a semblance of normal if you don't step in and save them. Please join Supervisor Barger and immediately align with the state, and prepare to remove masking for school children as soon as the state allows. Enough is enough.
Suzanne Gilley	Unmask our children. They need to not be masked. How are we unmasked in restaurants and not in schools?
Suzie Mirzaians	
Suzy Oganian	
Sylva Oughourlian	

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			T G	No more mask mandates. No more vaccine mandates. We are no longer in an emergency. Remove all restrictions. Be more like FLORIDA!
			Talia Barlavi	
			Talia Kurkjian	
			Tam Romani	
			Tamara VonBuck	End the mask mandate- NOW!
			Tami Garcia	
			Tami A Olenik	
			Tamra Boyce	
			Tanu Garcia	
			Tanya Torres	
			Tara Buenrostro	Oppose the mandates
			Tara Gonzalez	
			Tara Kaden	
			Tara Rice	
			Tatevic Tovmasian	
			Tavi Martinez	
			Taylo Conzelman	Remove all needless, unnecessary and punitive mask and vaccine mandates or expect civil disobedience from the mandates. This isn't a request, it's a promise. If our governor, mayors of both LA and SF, elite celebrities and athletes are not forced to mask, no one should. We didn't choose this, but are being forced to live in a monarchy for two full years now. End this madness now.
			Taylor N Karp	
			Tennille Allerheiligen	UNMASK our Kids!
			Teresa Feehan	Please end the in school mask mandate. It is hurtful to our children.
			Teresa Husoen	
			Teresa R Sando	I oppose your termination of first responders for choosing not to put in their bodies a substance that has no list of ingredients. We must respect their constitutional rights and their common sense rights.
			Tess Goodrich	
			TESS YU	
			Theresa Sauter	I have two little girls, Kindergarten (6 years old) and 3rd grade (9 years old). My oldest daughter has been greatly affected by the mask mandate. She has

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				not only sustained physical injuries from being forced to mask every day, including but not limited to pimples, sores, a bacterial infection, headaches, dizziness, nausea and fatigue, but it has affected her mental health as well. I have watched a little girl who use to love going to school, excited to learn and be with her friends, withdraw, not wanting anything to do with the school she used to love. I know we have all been so busy just trying to stay safe, getting through the day to day of the pandemic that we tend to lose sight of how our children may feel. The summer really opened my eyes to just how my oldest child was suffering. We hung out with friends at the park, unmasked and let our children just play. We hosted slumber parties, art days, playdates, etc., and I slowly saw my sweet girl come back to life. My youngest child has never worn a mask until this year, and it is very difficult for the teachers to enforce this “requirement”. She is my rebel child. If she doesn’t like something, she will be the first to let you know. My youngest has some mouth/tongue/speech issues, so it is really difficult for children this age to not see the teacher’s mouth making sounds to form the words properly. I feel this has set her back and she isn’t where she needs to be academically. It has been 2 long years and my oldest child has not had a normal school year since Kindergarten. It is time to let our children get back to normal. They have been held hostage long enough. I won’t go into the boring science and statistics how insignificant the risk of the virus is to our children. Adults have had their life saving vaccines for a little over a year. Please fight for choice! Let those who are scared and concerned to continue to mask, distance, isolate or whatever they need to do to feel safe. Please let the rest of us return to normal. I appreciate your consideration.
			Thomas Bolger	
			Thomas French	
			Thomas Greek	
			Thomas Kilpatrick	Please align with state with regard to indoor mask mandate. We should not be forced to wear masks forever, while the rest of the state has the mandates lifted.
			Thomas Schilling	
			Thomas Song	
			Thomas Sosa	
			Tiffani E Zinner	
			Tiffany Desgroseilliers	The mandates need to be ended now. The science is clear that children do not widely spread or suffer severely with this virus and yet they continue to be punished more severely than any other citizens in LA County. Our children need to breathe freely! At this point the vast majority of citizens have natural or vaccine induced immunity. Stop the mandates!!!!

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Tiffany Mason	
Tiffany Wampler	
Tiffany Yu	genda #2 - I strongly oppose any mask, testing or vaccine mandate and support individual choice. The children have been the victims of the COVID pandemic for two years have suffered the most. They have been denied basic freedoms in the interest of safety and at this point (two years!) we have enough data to know that children are not super spreaders of COVID and the virus has minimal risk for them. A recent John Hopkins confirmed what we've come to realize, the lockdowns had little to no effect on COVID mortality. Let's ponder that for moment before we continue to go down the wrong path. It is time to remove the masks and mandates. LA county guidelines discriminate against unvaccinated individuals. LA county has +10million residents, across 4,000 square miles, +80 cities within the county, some dense and other areas sparsely populated. There has only been a one size fits all approach, always the most restrictive measures. Why does Barbara Ferrer, a director of Public Health who does not have an MD, dictate our lives as an appointee? She was not elected but appointed. She has consistently been more restrictive than other counties in CA and most recently demonstrated by her refusal to drop the mask mandate on February 15. We elected you, the board of supervisors, please do the right thing and end these mandates.
Tiffany R Mustin	
Tim Bidon	for number 2 I oppose mandatory COVID tests, Vaccines, masks and all discriminatory policies intended to make life more difficult for the unvaccinated; specifically our children. for number 2 I oppose mandatory COVID tests, Vaccines, masks and all discriminatory policies intended to make life more difficult for, small businesses, employers and employees who have been impacted by unnecessary and unscientific policies and the unvaccinated; specifically our children!
Tim Lee	
Tim OQuinn	
Timothy C Macker	It's time to move on from the pandemic. The state of California is now letting mask mandates expire on February 15, 2022. It's time. Thank you.
Tina Funiciello	Children are the least at-risk population, yet they continue to face draconian mitigation policies. In our focus on one non-existent threat, thousands of others have flourished: learning loss, self harm, behavioral problems, amongst many others.
Tiziana Coronado	Please stop these unnecessary mandates that are ruining our kids social and development behaviors. As parents, we know what's best for our children as well as for ourselves. 2 years is too long to keep up with these mask and vaccine mandates. Please do what is morally right and PUT A STOP TO THIS AND END THIS PANDEMIC. When we see most of our elected officials not

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				following the guidelines that you are enforcing, it leads us to believe that this is not for a public health emergency but for power and control. You all should be ashamed of yourselves for letting this go on for this long! ENOUGH! We need to get back to normal life now and let our kids be kids at school or at public venues. Stop the mandates!!
			TJ Newmann	Unmask our children; end mandatory cohorts; let children play with one another at school.
			Todd Andrews	It is far past time to remove all mandates for masks and vaccines. They do no good, our results are the same or worse than other counties and states without the mandates. Stop the nonsense now. Take it out of the hands of Barbara ferrer, she is a fool and will keep masking in perpetuity because she knows nothing else and has no common sense.
			Toni Govea	
			Tony Olivas	
			tonyisha White	
			Torie Schuster	
			Torre Williams	
			Tracee Miller	Masking in schools needs to end NOW! The statistics are out and this is doing MUCH harm to our children. Every day states are ending the masking of students. We have had enough! If the Super Bowl can be held, we are not in a state of emergency! 70,000 maskless fans will be at the Super Bowl this weekend. Enough is enough! The people do not support this!
			Tracy Gamboa	
			Tracy Harris	
			Tracy Liu	Stop mask mandates in childcare and K-12 settings. Post-Omicron, most people either have natural immunity from infection, are vaccinated, or have hybrid immunity from infection and vaccination. Let people decide for themselves whether they want to wear a mask. Masks for toddlers doesn't make sense. They are not capable of wearing masks properly the whole day; therefore, masks don't serve any purpose in young children. Instead, the masks interfere with their speech and language development.
			Tracy Tk	Please find it in your hearts somewhere that these mandates are pointless and tyrannical for a sh0t that doesn't work as it should. You are ruining thousands of lives by doing so. We need to come together against big pharma, tech, and the elites who don't give a crap about you or I when it comes down to it. Our children will have issues that will negatively impact us for generations to come.
			Traudl Weber	Unmask Our Children! Their is so much data out there now, how unhealthy wearing a mask is especially for children wearing them all day long!.Wearing glasses that continually fog; lack of oxygen and increase of carbon dioxide as well as learning difficulties exacerbated by wearing a mask! It is obvious that

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	Gov. Newsom, the Mayor and other officials do not believe THAT and other restrictions as well!! Lets get back to our lives after 2 long years. Enough is enough!
Travis Studt	
Trevor Bell	
Trevor Mustin	
Troy Farahmand	Please remove all the pro mask idiots. They are the reason this state is doing so bad and Democrats are going to loose the midterms so bad. No more masks and no more covid restrictions!!!!!!
Tsaghik Avetisyan	
Tyler J Marshall	
Tyrone Vaughan	Please stop having our children wear masks at school. This goes completely against the science and data. Children have virtually no risk from this virus. If a parent is concerned about the risk, they can CHOOSE to mask their own child. Which protects their own child. Problem solved. There is no need for a mandate for all children. Let each parent decide what is best for their own children. There are many other risk factors involved when considering masking now, such as a huge decrease in social development, depression, etc…. To some parents these risks may outweigh the risks of Covid. Which to a healthy child are vanishingly small. This is what a society does all the time. Make risk reward assessments and determine if the action is worth it. When did we as a society decide that zero risk was the goal??? How is that realistically achievable??? As anyone with common sense knows, that is an impossible goal. There is always some risk in everything we do everyday. That is life. Let's get back to using some common sense and get these kids back to normal.
unanimous unanimous	
V T	
Vagan Plouzian	
Vahan Plouzian	
Valentina Grigoryan	
Valerie Franco	
Valvina Mejia	
Vanessa Artukovich	
Vanessa Atchley	I strongly oppose! I urge you to vote NO!!!
Vanessa Calvillo	
Vanessa Mendez	

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Vanessa Riley	
VANESSA B MORALES	
Vanessa M Andrus	
Vasile Voicu	
Vera Bailous	
Veronica Belmonte	
Veronica Garcia	
Veronica Gutierrez	
Veronica Lozano	
Veronica Smith	Oppose the mandates
Veronica Tistoj Chan	
Vicky A Bernal	
Victor Arriola	
Victor J Nunez	
Victoria Davies	
Victoria Fox	It is time to end school and city wide COVID mandates now that effective vaccines are available for all adults and the majority of children. By Barbara Ferrer's own admission during a recent town hall, population wide vaccination has prevented hospitals in Los Angles from becoming overrun during the recent Omicron surge. School COVID mandates are disruptive and harmful to children's education, mental health and social development and are completely unjustifiable given the low risk COVID poses to children and the fact teachers are vaccinated and boosted. Unlike vaccines which have made a clear difference, decoupling cases from deaths - population wide masking has made no noticeable difference to COVID transmission rates in LA county when compared to localities without mask mandates. People who are worried about COVID or continue to be at risk even after vaccination, can continue to protect themselves by one-way masking with an N95 respirator after mandates are ended.
Victoria Minetta	Why would you keep these mandates when the entire narrative of muh Covid is falling faster than Heather McDonald?
Victoria Nissen	
Victoria Vega	
victoria L grinnell	

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Viktorija Karcauskas	
Vincent Cobos knudsen	
Violet Howard	My name is Violet Howard and I'm in 6th grade. I hate the masks because you can't drink water in class, and so really you can't drink at all because it's inconvenient to go outside. It's hard to understand my classmates. It's not fair that kids in other states don't have to wear masks and we do. Masks are stupid. End this now.
Virginia Domingo	
Virginia Galindo	Please unmask our kids. This week it will be in the 80s. My child comes home with sweat filled masks from wearing them outdoors. Especially in PE. School employees scream at them to pull their mask up. Even when they are running and spread out. They should be able to come off outside. This is no way for kids to live. Children are being greatly affected by this. There are numerous studies pointing to the harm it is having upon kids in particular. Kids should be having fun at school.
Virginia Hinojosa	Kids should not mask up outdoor.Rams game show proof..
Virginia Manisarian	
Vivian Kang	
Vivian Perdomo	
Walter Tillman	
Wanda Valiente	
Wanda J Bowes	
Wendy Arrington	
Wendy Fraire	Please remove masks from school. This is so wrong. Kids are suffering.
Wendy Hicks	Let our kids breath and let us breath! The pandemic has come to an end, and covid is never going away. Death rate and hospitalization are dropping significantly in LA county, it's time to do away with the masking mandate indoor and outdoor and for our children! What is your end game? What is our path forward to normalcy? Stop this harmful mandate, it's hurting us and hurting our children. Have some courage and do the right thing now, stop the mandate!
Wendy Ramirez	
Wendy Smith	I am writing you tonight as a mother of four boys who has had enough. My children haven't had a normal school year in years. They have not seen their teachers or classmates smile. They had their social lives, sports, and education put on the back burner. They have been made to be shields for the health of adults around them when they are the least at risk of this virus. Experts around the world and our own US Surgeon General have sounded

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				the alarm of a mental health crisis in our children due to the pandemic school closures and continued restrictions. Why can't LA County "follow the science" as you like to say?! Each one of you is responsible for the social, emotional, and mental harm done to our children and should be held accountable for doing so. My family did everything we were asked to do over the past couple of years. We socially distanced ourselves from friends and family even as the health of my dad quickly declined. My husband and I, along with our two teenagers got vaccinated as soon as we were eligible to do so. Since then I have had heart palpitations and just an off feeling at times when my heart feels like it is inflamed. We also have a family friend who just passed away from heart failure that his doctors believe might be linked to the vaccine. Despite my adverse reaction and the death of a good man we still allowed our 12 year old to be vaccinated because he really wanted to, but only my husband has received the booster and I refuse to chance the vaccine on my nine year old. On top of this our entire family got hit with Covid around Christmas. We are all fine thankfully. You want to know who barely noticed they were sick...the youngest two. I have dealt with the changing guidelines. I have done my part. I have sacrificed my childrens' well being at times and I am done. You will not be allowed to harm my children anymore. The testing, quarantining and masking of our children needs to end now. Wendy Smith
			Whitney Contreraz	
			William Warner	
			William Whitaker	No more masks please
			Wyatt Edward	
			Ximena Navarrete	
			Xylon Dwell	
			Yadira Murillo	
			Yara Guarino	
			Yasemin Tekeli	The vaccinated don't have to wear a mask indoors but the unvaccinated do? How does that make any sense, when the vaccinated could still catch and transmit the virus? It's 2022, and history is repeating itself. Our children don't deserve to experience such segregation, hate, discrimination, and division. Please lift these unconstitutional mandates for everybody. The government has no authority to make health decisions for any of us. The Nuremberg Code was created so that no human being would be coerced into medical experiments, and that's exactly what this is… many of us are informed and do not consent! Everyone should be able to make their own medical decisions without being treated like a second-class citizen. This is America! We need to do better.

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			Yasmin Porro	
			Yelena Rodriguez	Our children have not had a normal school year since 2019. For two years we have written to this Board begging for relief for our children. For two years, you have put the unions and special interests ahead of our children. Experts around the world and our own US Surgeon General have sounded the alarm of a mental health crisis in our children due to the pandemic school closures and continued restrictions. Our children are in crisis, and YOU continue to ignore it. Not a single message from LA County Public Health addresses the social, emotional, and mental harm done to our children. This is an epic failure by this Board and the Public Health Department.Our children were locked out of their schools and sports for over a year. Now that the school doors opened, our children are distanced from friends, masked for 7+ hours a day, with no parties, field trips or fun. Children are being forced to wear masks to run, exercise and play sports, even outdoors. Children are made to believe that people would get sick and die from the simple act of them breathing. None of these restrictions are imposed on adults.We will not let you ignore us anymore. We will not let you harm our children no longer. The testing, quarantining, and masking of our children needs to end now.
			Yesenia Verjan	
			Yev Kuznetsov	End all restrictions and stop masking school children
			Yolanda Estrada	
			Yoshigei Rizo	
			Young Sook Lee	I oppose on agenda 2.
			Yoxana Crouch	
			Yumiko Bonilla	
			Yuridia V Alvarado	
			Yvette Camacho	
			Yvette Heredia	Kids should not wear mask outdoors..they can wear indoors..they should be able to breathe outdoors outdoor
			Yvonne Medrano	
			Zach Marshall	
			Zack Mondin	
			Zara Madatyan	
			Ziba Mansoury	Remove the mask mandate for kids in school both outdoor snd in. This is child abuse.
			Zita Dominicis	
			Zulema Menchaca	

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		Other	Adam Thomas	REMOVE MASKS at SCHOOLS Dear LA County Board of Supervisors, Thank you for working on behalf of the citizens of LA County. I am emailing on behalf of my family to make masks optional at our kids' schools. This item is on the agenda in the county board meeting on Tuesday 2/8/22. Our children are suffering unnecessarily with mask mandates, social distancing, testing and now a new threat of having to take an emergency use vaccination which lacks longitudinal studies in order to attend school. Our innocent youth's most basic rights, to breathe and receive an education is on the line. Our children are not in dire harm due to this virus. Schools all across the nation are mask free without threat of forced vaccines. The children, teachers and staff at these mask-optional schools are healthy and thriving. Much like our Governor Gavin Newsom, LA Mayor Eric Garcetti and Congressman Ted Lieu at the NFC Championship game who enjoyed the fun of commemorating with others, maskless. We do not take issue with these local leaders going mask free, what we do take issue with is that our children are being forced to cover their airways for 6-8 hours a day. My family and I have complied with the mandates and followed the rules. We've done our part as good citizens, however, we cannot comply any longer; our children deserve to breathe freely. There is research demonstrating the negative effects of breathing high levels of CO2 from being masked and we have loads of anecdotal evidence of the damaging impact on our childrens' mental, emotional, and social well-being. I am writing to you and pleading with your conscience to stop these mandates. Please allow for masking to be optional at our children's school. Families who are at high risk from this virus, or simply scared are still free to wear their masks. They can wear N-95 masks if they so choose. Please give our kids their birth right to breathe freely. Our children are longing not only for fresh air and unmuffled voices but to see their friends' faces, smiles, and frowns. A face accounts for 70-90% of communication. Most communication is non-verbal. Our children are starving to reconnect with those around them--to build upon the empathy that comes from reading one's face. Please stand up for our children who do not have a voice or the power to stop these harmful mask mandates. Please redirect Barbara Ferrer to stop these destructive mandates. And please champion on our behalf to STOP SB 871 and SB 866. Thank you for your time and thank you for standing up for our children. With Gratitude

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			Adriana Conrad	Our kids and all of us are ready to move on. It's time to end the mask mandate. Our kids haven't had a normal school year since 2019, our kids need relief now. We need to make mask optional, Barbara needs to align with the state. Barbara Ferrer has never addressed the harm of masks, why? The governor made it clear to us all, when he took off his mask at the NFL game that its time to move on from masks! Let's end it now, let's make mask optional.
			Alex Ginno	Please unmask our children!
			Alexandra Amini	Unmask kids
			Alexandra Lambrakis	It us high time to stop the emergency measures imposed on our schoolchildren through masking and testing and quarantines. They have been penalized for too long and the effects are beginning to be devastating with anxiety disorders and learning gaps being felt. They need to feral comfortable in their own bodies and among their peers in order to develop in a healthy manner. High time to stop these measures and utilize good common sense and judgement and real education to ensure better health outcomes.
			Alice Bohlinger	We have had enough. In the last week I have spoken to 2 mothers who's children ages 5 and 7 are telling them they feel bad about themselves and want to jump off a bridge and die!!!! Our children are NOT a threat! You are the threat to our children. We are now in a place where the vulnerable do not need to depend on our children to protect them. They can protect themselves with vaccines and proper masking. We as parents know how masking is effecting our children and should have the choice whether to mask or vaccinate them or not. Give the choice back to we the people!
			Aline Saylor	It is clear that if Los Angeles will host the Super Bowl we are no longer in a state of emergency. It is expected for at least 70k people to attend such big event. Loosing our essential workers over a medical treatment it is discriminatory at its best. La County employees were there during the beginning of the pandemic. A lot of them have natural immunity, which the CDC has admitted it is just as good if not better than the vaccine. You want to protect children, protect them by not firing 18K employees. The vaccines only protect those who take it. It does not prevent transmission nor infection. WE MUST STOP MASKING OUR children! The long term consequences of masking children 2 years of age and up will be disastrous. STOP THE MANDATES. The world is moving forward with their lives. LA county should do the same
			Alison Finley	Our kids have suffered tremendously over the course of this pandemic, including the continued masking for the entire school day. Please consider Unmasking our children for school attendance.
			Alyssa McLaughlin	Unmask The Children
			Amanda Hunter	The Pandemic is over. There no longer exists a public Emergency. No new mandates need to be issued. We all need , especially Our children need to breath freely and not have to wear a mask all day at school. UNMASK OUR CHILDREN. Thank you.
				Please end mandatory mask mandates

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Amanda D Pfau	
Amber Susa	UNMASK our kids
Ami Atkinson	It is time to let the citizens of Los Angeles County make their own decisions on the masking and restrictions that are crippling small businesses while the leaders of California continue to mock and disregard current rules. We elected this board not Ms Ferrar. The crisis is over and it is time to let us protect ourselves from the seasonal flu how we see fit.
Amy Hanson	Unmask our kids! I oppose any further mandate that requires children to wear masks at school AT ANYTIME.
Ana Ramirez	Remove all mask mandates and vaccine mandates. The Science does not support your reason to keep our children masked and vaccinated against covid 19. Most children who contract covid only have mild symptoms or are asymptomatic. Per Fauci (NIAID) himself, asymptomatic persons are not the spreaders of covid. There are many studies that show that improper mask wearing is more harmful than good. THere are multiple studies that show that masks do not stop the spread of covid. Especially when they are being worn by children in schools for long periods of time where they are getting soiled, and they are constantly touching them. Neither higher level institutions such as the WHO or the (CDC) Centers for Disease Control and Prevention, substantiate with sound scientific data a positive effect of masks in the public (in terms of a reduced rate of spread of COVID-19 in the population). principia-scientific.com/65-studies-reveals-face-masks-do-cause-physical-harm/ - Search for studies from institutions that have no monetary gain from continuing mask mandates, testing or vaccines.
Anastasia Brown	Children should not wear masks. No scientific evidence to show it is effective. Causing more harm to children of this age group.
Andrew C	The negatives of the masks greatly outweigh the risks of infection at this point. Other countries around the world are waking up the facts. Their emotional and social development is being stunted. This is borderline child abuse at this point. Unmask our kids!
Andy Mackensen	PLEASE MAKE MASK OPTIONAL AT SCHOOLS. I am a dad and a business owner. I am considering moving out of state due to the overreach of LA County in response to the COVID-19 virus. The mandates and restrictions are damaging our children, our businesses and our community. The mask mandate needs to expire February 15th regardless of vaccination status. Please do not endorse discrimination based on vaccination status. Please consider removing Barbara Ferrer from her position.

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				Please stand up for our children! These restrictions are doing more harm than good. Please OPPOSE SB-871 & SB-866 THANK YOU
			Angela Espinoza	Being California is under a state of emergency, children being forced to test/be vaccinated and masked, employees are being forced to obtain the vaccine, the citizens of this county cannot enter establishments because of the "health order" then this leadership is putting citizens at risk to further expose, if COVID-19 is in fact a public health crisis. Not one fan or vendor should be at the stadium.
			Ann E Ewing	Our family has done everything our school, County, State and the CDC has requested and recommended to mitigate the spread of COVID. My children (8 and 6) are both fully vaccinated. My husband and I are fully vaccinated and boosted. My children keep asking why they were even vaccinated if they still have to wear masks 6-8 hrs/day, and their activities are still restricted. Candidly, I don't know what to tell them. Because a small number of people who are immunocompromised can't get the vaccine? (But, also, isn't that why we got the vaccine?) Because the Omicron surge is basically over? Because vaccination status only matters if you're an adult? Because as the virus continues to mutate it becomes less and less deadly? Because the State and County have decided that adults may have freedom when vaccinated, but vaccinated children have no autonomy or rights. Anyone over the age of 5 in the state of CA has the option and ability to be fully vaccinated. At what point do we weigh the real health risks associated with Omicron and allow personal autonomy to kick in? When did the County decide it is our children's job to keep us "safe" but adults can remain unmasked if vaccinate? It's time to pivot to a new policy that appropriately reflects real community health risks. Clearly, our State leadership has done so. I'm hopeful that the board can think critically about our masking policy and remove masks from our children.
			Anna Kuznetsov	Please unmask school children. All civilized countries did that expect CA.
			Anne Fraz	Unmask our kids NOW!!!
			April Dimeglio	Unmask our kids!!
			Ara Zakarian	End all COVID-19 mandates. COVID 19 is here to stay and those who wish to get vaccinated have been vaccinated. 70% of LA County residents have been vaccinated and another 10-15% additional from immunity from recovery. LA County will not change science. Counties surrounding LA have dropped mandates. For LA to keep mandates is truly null and will not make a difference in the outcome of the virus. As a resident of LA County, I support

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	ending all mask mandates
Ashley Russell	Unmask our children!! They have carried this burden far too long!!
Babak Rostami	ENOUGH WITH THE MASK MANDATE! EVERYONE ELSE HAS ALREADY DONE AWAY WITH IT! LET THE KIDS TAKE OFF THESE DAMNED MASKS
Bahareh Ramin	End mask mandates for schools and children.
Barbara Token	
Barbie Rivero	
Berdine Campazzie	Please stop requiring masks for all children - any where any time!
Bianca Sementilli	Due to the disgusting show of blatant disobedience of mask mandates last weekend at Sofi Stadium from our Governor, mayors and key figures and leaders of our community, it is only right that the outdoor mask mandate end. Our little children are suffering daily, and in the long run, from wearing masks for 7-8 hours straight a day, while adults are able to celebrate and make a mockery of mask mandates on national television. Los Angeles looks absurd considering we are a state that is listed as being in a "state of emergency". Yet here we are having concerts, football playoff games and mega events such as the Super Bowl. As a council, doesn't this seem embarrassing you have allowed this to happen? All the while, we have our poor children masked up like mummies. Studies have shown that children are at the lowest risk of mortality when contacting the Covid virus, meanwhile the adults who have a slightly higher risk are gallivanting around mask-less in a crowded stadium of over 80,000 people. This does not make sense and definitely does not follow your idea of "science". Please do the right thing for our children and end these mask mandates. Moreover than anything we need to start protecting our children and masking is doing quite the opposite.
Brad Hartman	It is time to remove the mask mandate for all in LA County and follow the state. My 10 year old son is afraid of people in public as a result of masked faces at school and in public places. Studies show that masks are ineffective in preventing transmission of Covid. Boston school district found no difference between transmission whether masks are worn or not. Do right by our children and us.
Brad Pawelczyk	Unmask the kids
Breanne DeMack	DROP ALL MASKING MANDATES IMMEDIATELY, ESPECIALLY ON OUR KIDS. There is no longer a state of emergency if we can host a super bowl. We are done with this pandemic.
Brent Kuszyk	Dear Supervisors, I encourage you to lift indoor mandatory mask restrictions and all outdoor mask restrictions as well. These restrictions are having a deleterious effect on our school children. It’s been stated by our own CDC

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				that cloth masks provide very little protection against the Omicron variant, yet we continue to force our school children to wear masks indoors and outdoors. It's time to get back to some sense of normalcy. We elected you and not Dr. Ferrer. You are in charge.
			Brett Jacks	Life needs to go back to normal. The vast majority of your constituents are fiercely behind this thinking and the masks for kids in school needs to stop immediately!
			Brette Borow	Please cancel the mask mandate in our county. For so long, we've been told to follow the science. We did, we stayed home, wore masks, got vaccinated, etc. But, now science is showing masks don't work and if they did and if there was an emergency health crisis on-hand — how could our governor and mayor go maskless at a football game? How could Los Angeles also be holding the biggest football game of the year if in fact public health is at risk? We live in a democracy, right? Right. That means our leaders are supposed to in fact… lead. This doesn't mean "do as I say, not as I do" — it should mean "I will do and say what is best for the people not just when it's politically motivated or self-serving." Furthermore, talk to any mental health professional — or child educator and you will see the horrible effects these mask mandates are having on our children. Ultimately, the risks of Covid don't outweigh the risks and damage these restrictions are causing, will cause and have already caused to our children, our families, our businesses, our economy, our cities, our county, and our state. Keeping these mandates are actually going against the science and officials are losing any ounce of credibility they may still have. Do the right thing… end these mandates like the rest of California is doing!
			Britney L Nucci	UNMASK OUR KIDS!!! There are ZERO studies showing that they are effective in stopping the transmission of virus, and numerous that show that they DO NOT work. Given that entire school consisting of both vaccinated student AND TEACHERS have been out sick with covid over the last couple of months should be enough for you to understand that there is NO benefit to continuing with this child abuse. It IS abuse! Look at the studies done to show the bacteria contained in these masks, the oxygen deprivation, the stunting of academic and social development in these children.....make no mistake, this IS child abuse. All the while our state "leaders" parade around social events unmasked. Just know, that if you continue the way that you are going, YOU WILL BE HELD ACCOUNTABLE for the damage done to these kids. Stop the insanity NOW.
			Brittany Onwunyi	UNMASK OUR KIDS!!! There is no science behind keeping our kids in masks. It is cruel. My husband and I are both doctors who have been seeing COVId patients since the start of the pandemic. Children are not at serious risk of getting this disease… those who get it have it so mild they don't know they have it!!!!!! Please trust those of us who actually work day in and day out in the hospitals!!!! Stop the madness. Leave our kids alone! Take off their masks!!!!!!!

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Brittany Stewart	Unmask the kids
Caleb McLaughlin	Unmask the Kids!!!
Carla M May	I am respectfully begging you to please follow the state's actions and drop the mask mandate on 2/15/22. Finally the state is realizing we need to move on and remove the masks, why won't LA county do the same? I've faithfully worn my mask 2 years with the science saying they work, oh they don't work and back to they work again because that was the rules, but it's time to change the rules. Please follow Governor Newsome in dropping the mask mandate
Carrie Mackensen	PLEASE MAKE MASKS OPTIONAL AT OUR CHILDREN'S SCHOOLS. My children along with countless others had the COVID-19 virus. They have NO symptoms, some kids have very mild cold symptoms (runny nose). My son had a much larger response to the flu! We don't mask for the flu. We have complied with all the mandates, we have been good, caring citizens. Two years into this virus, knowing what we know, having therapeutics to treat it and the option to take a vaccine we are no longer in the same dire need of such strict mandates like masks indoors and outdoors at school. Our leaders know this, Governor Newsom, Mayor Garcetti, and Congressman Lieu were maskless enjoying the NFC Championship game with friends and 70,000 others. I have no problem with them choosing to go without a mask. What I do have a problem with is that my 6 and 8 year old sons must be masked for 6-8 hours a day while at school. Schools across this nation are mask-optional. The vast majority of kids are mask-free at these schools. The students, teachers and staff at these schools are thriving! PLEASE MAKE MASKS OPTIONAL at our kids' schools. I hold a PhD in Clinical Psychology. The damage being done to these young developing minds is detrimental to their mental, emotional and social health. The mental, emotional and social damage is greater than the threat of this virus. Check the data. Look at the drastic increase in depression, anxiety, and suicide. Please stand up for our children! They do not have a voice or the power to stop this mask mandate but you do. They are yearning to breathe freely at school, hoping to speak and hear others un-muffled, and longing to see their friends' smiles (and even frowns). Seventy to 93% of communication is nonverbal. We are dampening our children's empathy for others by covering more than half of the face. This is affecting brain development. These masks are doing damage beyond the problems caused by breathing in CO_2 for 6-8 hours straight.

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				PLEASE make masks optional at our schools. As a mother, parent association vice president and a clinical psychologist, I am begging you to allow masks to be optional. Families who opt to wear their masks still can, that's their choice. PLEASE give families the CHOICE. And PLEASE OPPOSE SB-871 AND SB-866. If these two bills pass, sadly we will be moving out of the state we love. We will not put an emergency use vaccine with evidence of myocarditis into our boys when there is no longitudinal data on the outcome and they had the virus with no consequence. Our boys have all their vaccines but those vaccines have decades of efficacy and longitudinal data. The COVID-19 shot is not recommended for children under the age of 12 according to the World Health Organization as stated on their website due to a lack of research. Please return the medical and parenting decisions to the parents in this state. Thank you for your time.
			Cassidy Buck	Children should not be forced to wear masks, it is physically unhealthy and emotionally abusive in multiple ways. Any requirement to vaccinate children so that they can attain an education is wrong and any discrimination based on vaccination status makes them vulnerable to abuse and bullying.
			Charise Mirabal	End the mandates. Unmask our children NOW! There is no state of emergency.
			Chhavi Chawla	Unmask Our Kids & Everyone
			Chiara Hovland	I am writing in favor to make masks optional for schools K-12. Let our children breathe.
			Chris A Meadows	End the Mask Mandate and Vaccine Mandate. It isn't working. The science proves it.
			Christina M Scott	We need to end both the mask and vaccine mandates today, specifically in our schools. We are no longer in a health crisis if we are able to hold the SuperBowl in Los Angeles in 2022, bringing in over 22,000 fans into a cramped stadium where social distancing is not possible. Our elected officials are also not concerned with the COVID "crisis" when they are willingly photographed maskless and shown on video not wearing masks during the NFL game on Jan 30th. The CDC has even acknowledged cloth masks ineffectiveness in preventing the spread of COVID. The mental health of our children is at stake if we do not end this absurd mandate now. There is no need to continue to push the vaccine mandate on students, nor anyone for that matter, when the virus continually mutates, just like the flu. There severity of the virus is nil at this point, with very few hospitalizations and deaths. There are studies that show the MMR vaccine/booster is just as effective in reducing the severity of the virus, why do we need another vaccine that purports to do the exact same thing with little to no data on it's

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				long term effect on our health. Dnd this absurdity today!!!
			consuelo fuentes	I oppose mask and vaccine mandates. Unmask everyone! If our political leaders can be unmasked for personal reasons gain then mask should not be mandated on anyone. It’s time to open our doors and resume living without restrictions.
			Courtney Woo	I am in favor of brining this public health order back for review and I oppose all of the mandates. It is way past time to end ALL of the mandates. This county and state appear to be more like a socialistic totalitarian regime rather than a constitutional republic. The rulers are drunk on power and it's increasingly obvious by the way they behave by publicly defying their own rules. How can you continue to put forth rules and regulations that the governor, LA mayor, and SF mayor do not even follow themselves? If they are not scared about the virus, then why should everyone else be? It is absolutely infuriating to have these rules in place with outrageous fines when the governor and LA mayor get away scott-free without any repercussions. A mask in your hand and holding your breath are laughable excuses. It's arrogant to offer these as "legitimate excuses" and assume your constituents are a bunch of dummies to think that they'll accept you at your word. Aside from the hypocritical nature of our "leaders," the mandates do not do anything to "combat" COVID. The Johns Hopkins study revealed the devastating effects of the lockdowns including substance abuse, unemployment, and increase in mental illness. Lockdowns only reduced COVID19 mortality in the US and Britain by 0.2%, meanwhile, deaths from substance abuse and suicide skyrocketed in adults AND teens. There is also countless data demonstrating the ineffectiveness of masks and vaccines to reduce the spread of the virus. Additionally, with the way that people are wearing masks nowadays, they are likely to carry other harmful bacteria and cause other illnesses. People reuse disposable masks, touch their masks with dirty hands, and continue to wear cloth masks, which do nothing to stop the virus. Remove the mask mandate from the children! They have statistically no risk from severe illness or dying from COVID and have a higher likelihood of developmental delays and difficulty breathing by wearing them. It is physical abuse to continue to mandate that they wear these masks. Furthermore, vaccines do not confer any immunity nor do they prevent transmission of the virus. Fortunately the definition has conveniently changed to fit the current action of the shot, but it should not be this way. If you promote the shot by saying it reduces risk of severe disease and hospitalization, then at best you can call it a therapeutic. But why does it have to be the ONLY form of "prevention?" Since when is there only one way to treat diseases? Obviously this has to do more with $$$$ than health because all other options are excluded from promotion and conversation. If you truly care about the health and wellbeing of your constituents you would encourage a holistic approach

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				to recommendations including a nutritious diet and regular physical activity. Instead, it appears you're buying into the narrative or you are bought with Big Pharma $$$$. Throwing a drug at the problem won't fix it, and that's evident now. The majority of cases in the hospital are vaxxed people, so what's the point? Furthermore these vax mandates have caused devastating financial and economic effects for individuals who have been fired for not taking the shot and for businesses who are severely short staffed for having to fire their staff. Allow people to make their own individual health choices. Blanket mandates do not consider individual health concerns. Look beyond the present and consider the future impacts of your actions. The tunnel vision of focus for the lockdowns to combat death from COVID resulted in increased death from suicides and crushed the economy and small businesses. Stop this insanity while you can. Save the businesses in LA county. Allow the children to have a normal life. Continual masking and showing passports is not normal nor will I accept it as a new normal. Open your eyes to ALL of the data and opinions of the experts. Remove ALL the mandates. The governor and mayors don't follow them, so why should we?
			CRISTIN DENLEA	Our children have spent the last two years subjected to the strictest restrictions imposed on any students in the state. They have been led to believe they are “vectors of disease”, when transmission in schools has never been a true cause of concern. Vaccines have been widely available to any and all residents of LA County for months. We are tired of having our children bear the burden of the pandemic when THEY ARE NOT THE PROBLEM. We have been told that this disease is “disproportionately affecting people of color/low-income workers in LA County”, yet we have never seen any messaging from PH encouraging healthy behaviors to alleviate any co-morbidities they may possess. It is now time for our residents to take PERSONAL RESPONSIBILITY for their actions and for LACDPH to to REMOVE ALL RESTRICTIONS - the mask and vaccine mandates for all citizens, the unnecessary testing and quarantine requirements, and to allow our citizens to return to life however they see fit…..especially our youth who have suffered the most developmentally, mentally, emotionally, socially, and physically.
			Cynthia Plache	UNMASK our kids!!
			Cynthia Struiksma	Unmask the kids
			Daina Trout	UNMASK our Kids! It's enough already. They're getting speech delays, confidence issues, and skin problems. Enough is enough!!!!!!!!
			Danica Childs	FIRE FERRER! We are being held hostage to a health agenda that has no foundation in reality or science. BOS - you are the only ones who can hold her accountable to YOUR authority. Stand up for the little people who are being treated as second class citizens by our elite governing officials. If it's good for Garcetti, Breed, and Newsom to be maskless, it's good for ALL OF US. Stop the double standard and stand up for the right of ALL of us to make these choices for ourselves.
			Daniel Elihu	Unmask kids

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Daniel Onder	Please drop mask mandates now! My children are shells of what they used to be since they can't j teract normally with others due to masks. Masks are horrible for my teens' skin as they go through puberty. Our mask and vax mandates did nothing to curb the latest surge. Comparing CA to other non-mask states you'll see it had no effect. We even did worse. Masks are becoming political and dividing us as a state. My kids and wife are asking to move out of CA and if the mask and vax mandates continue I will have to honor their request.
Danielle Bracamonte	THERE ARE ZERO POSITIVE EFFECTS FOR OUR CHILDREN TO WEAR MASKS. THERE IS A 99.98% SURVIVAL RATE FOR COVID FOR CHILDREN. WE CAN ATTEND CONCERTS, RESTAURANTS, SUPER BOWL MASK FREE BUT OUR CHILDREN MUST WEAR THEM TO SCHOOL?? WHO ARE WE PROTECTING????
Danielle Constantinou	Please make all covid vaccines and masking voluntary. These are medical decisions that should be made by parents and are not a one size fits all. Where there is risk, there should be choice.
Dawn Ver Steeg	Unmask kids
dawnel derubeis	Highschool is supposed to be a time of growth and maturity, a time of creating lifelong memories. The only memory my daughter has is that of not being on campus and being stuck in her room to learn (of which not much learning took place) or on campus where she has to wear a mask. She said the other day how sad and depressing it is that she has never even seen her teachers faces. If they passed her on the street she wouldnt know. This is WRONG! Parents who are absolutely the only ones who KNOW WHAT IS BEST FOR OUR KIDS have been writing and calling in begging for these mandates to be lifted. It has been proven time and time again by experts. Soooooooo many experts that masks dont work and that our kids are not anywhere near high risk for contracting let alone getting seriously ill from this virus! YOU continue to ignore that our kids are in crisis. YOU have not one addressed the social, emotional and mental harm that has been done to our children. As a certified educator, volunteer and advocate in the mental health space I see first hand the damage that is being done to our kids because of this. Whats even more unacceptable and asinine, our kids have to wear these masks for 7+ hours a day and that includes during PE and other outdoor activities. My sons face is broken out so bad the sores hurt!!!!!! Perhaps we have been nice for far to long but YOU WILL NOT IGNORE US ANYMORE. And we will not allow you to harm our children for another second. The testing, quarantining, and masking of our children MUST END NOW!
Deanna Wahl	UNMASK OUR KIDS!
Debra Bartke	I am in favor of keeping mandates in place for children and adults wearing masks at school and having the mandates change as necessary.
Deirdre Badal	
Denise S Lite	February 8, 2022 is 697 days of 14 days to flatten the curve. The BOS is

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				FAILING our children every day. CHILDREN are bearing the brunt of the countys failure to align with the state. ALL MANDATES MUST END NOW. Where are all the dead bodies of unmasked and unvaxxed homeless piling up in DTLA? There are none. Life has to move forward. Further inaction is exacerbating the mental health crisis for our families and children. You cannot continue to do what is NOT WORKING especially when we see you and Garcetti and Newsom at SuperBowl, charity and celebrity events unmasked partying it up as if covid never happened. We will all hold you each accountable.
			Diana Asherian	Unmask kids
			Diana Charlton	Unmask our vaccinated kids inside school. I can eat inside maskless. I can workout at my gym maskless yet my vaccinated kids have to wear a mask in school.
			Diane Ishii	It is cruel and inhumane to continue to force masks on our children. It is causing more harm than good and it needs to be stopped. PLEASE UNMASK OUR CHILDREN IN SCHOOL K-12 RIGHT NOW.
			Diane V Umana	Children have not had a normal school year for three years; for some, this is more than they can remember. For the last two years, you have prioritized unions, special interests and politics above children. We know now, according to experts around the World as well as the US Surgeon General, that the pandemic response—school closures, masks and other restrictions—has caused a mental health crisis among our children. Parents know it, and you know it. LA County Public Health and this Board have utterly failed to address the social, emotional and mental harm done to our children. There needs to be accountability for what happened and an admission that the policies were a complete failure. Even with schools open, our children are struggling—distanced from friends, masked for multiple hours a day, no on campus events, no parent involvement on campus. Children are wrongly made to believe that they are dangerous to others by just being and they are being discriminated against for their parents' and doctors' collaborative decisions about their health. Children are being forced to wear masks to run, exercise and play sports, even outdoors—you are depriving them of oxygen. You are violating their human rights with all COVID mandates and restrictions and you will be held accountable. We, the parents of Los Angeles, are done with your tyrannical and unscientific mandates. We demand the immediate cessation of this child abuse. No more

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	testing, vaccination mandates, promoting vaccination clinics, masks, quarantining, social distancing or passports.
Doreen Schwamb	1. Our children have not had a normal school years since 2019. Our children are in crisis and it keeps getting ignored. You as a Board fail to address the social, emotional and mental harm done to our children by the masks and lockdowns. Children are being forced to wear masks in school, to run, exercise and play sports, even outdoors, with a mask on. Children are made to believe that people would get sick and died from the simple act of breathing. I work in a high school (A high school that dealt with a shooting in Nov. 2019, so these students haven't felt normalcy in a very long time.) Enough already! Stop this madness! End the mask requirement. End the lockdowns. 2. Also the fact that you are considering firing 18,000 employees (including 1000's of police!) because they want to exercise their freedoms of not getting the Covid shot is beyond ridiculous. My husband works in a County hospital and has been on the front lines but now he faces firing if he doesn't get this shot. (I cannot call it a vaccine because it isn't. It doesn't prevent Covid!). He is months from retiring. Talk about being bullied! And, firing police when crime is rampant? I don't' see how this is being well thought out at all. Please stop making this political. Please follow the science that we have been told to pay attention to for years now. Please top this madness!
Doreeta Ganjian	We need to unmask our kids and make sure there is no vaccine mandate.
Dylan M	I am a 5th grade student and am tired of wearing masks in schools. It is hard to breathe. It’s not fair that adults don’t have to wear masks. Masks make it hard to learn. They make it hard to make friends. I used to love school and now I hate it. I want to learn and play without masks on. I want my old life back.
Elaine Elihu	Unmask kids
Eleanor Ahdoot	Unmask our kids immediately
Elisha Krauss	It’s time to lift all mandates for our children and their future.
Elizabeth Codiga	Public employees who have chosen to forgo vaccinations should not be allowed continued employment. Allowing heads of departments, particularly Alex Villanueva, to have decision making power over public health issues which affect us all, would be an affront to all of us who have followed the rules.
Elliot Yamini	Unmask the kids
Emily L Barsh	It's not clear whether a call to drop the mandates is in favor of or opposition to the agenda item. So: please drop these mandates. We are an outlier among counties, states, and nations that have acknowledged the following: THE VIRUS IS GONNA (sic) VIRUS. Every attempt to mitigate has been an UNMITIGATED disaster. It's time to set hubris aside. Thanks.
Eric Troop	When are your emergency powers ending?

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				What evidence do you have to support the mask and vaccine regulations for entry to businesses at this point? When do we join the rest of the world and live with the endemic virus?
			Erin Toppenberg	All Masking requirements of our kids should be stopped IMMEDIATELY. It is harmful to them! This has to end and we have to start helping them heal from the atrocity of these horrific policies. What has been done to them is unthinkable- not one more day. Do the right thing. Please end ALL MASKING MANDATES.
			Eunice Onwunyi	We directly oppose the kids continuing to be muzzled in school. There is no science behind it. Other states including far left states have already lifted this mandate. If we can host the Super Bowl, the state of emergency no longer exists. If you would like to keep law abiding citizens in your district, I would drop this mask mandate ASAP to stop a mass exodus of tax paying contributing members of your district!
			Fofee Kotrotsos	OPPOSE MASKS FOR CHILDREN IN SCHOOLS.
			Fouad Melamed	all mask and vaccine mandates must be dropped asap. there is no scientific reason for anything we have done including lockdowns or masks. this is no longer about public health and the public knows it.
			Gavine Nusome	Unmask The Kids!!
			Genevieve M Clavreul	I think that its time now to consider new findings, such as the recent Johns Hopkins that was recently released – and how this impacts current public health officials decisions.
			Gina Aparicio	We need to stop masking our kids in schools. They are causing more harm than good and the irreparable harm being done is wrong. It's time to make this right and stop the mask mandate now.
			Gina Smith	I am a mother of two children in elementary school. I am now starting to see the detrimental affects this pandemic has had on their social, emotional and mental well being. My children wear their masks at school because that is what they are told to do, but inside it feels wrong. They struggle to breathe freely. With the recent change requiring them to mask outdoors, they have become more irritable, depressed, and emotional. My 7 year old felt like he was going to faint during P.E. class. Covering half of their faces is forcing them to hide part of themselves from the world, hindering social interaction. Seeing others with half of their faces covered is taking away that human connection that we, at the very nature of our core NEED. What I am saying isn't anything that hasn't already been said. We need to see each other's faces, to have that connection, to see facial expressions and SMILES. Kids need that most of all, that reassurance when people are speaking to them of the emotion they are trying to convey. My 10 year old is deaf in one ear and struggles to hear people speaking with their mouths covered. She cannot see their lips moving and can not rely on lipreading as a secondary source to communicate with people.

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				With trying to protect our children from the COVID-19 virus, we are shielding them from all other germs by over-sanitizing and over reacting to every tiny foreign invader. This is going to have worse effects on their immune systems. Their bodies will likely overreact to every other germ and infection because they have been shielded from everything. We have taken away TWO YEARS of a normal childhood from our children. We are seeing increases in depression and suicide. There has been a vast increase in bad behavior at schools since returning in person after a year of being secluded at home. Enough is enough. When are we going to stop pretending that this isn't taking a toll on our children? It's taking a toll on ALL of us. Please end the mandates. Masks should be a personal choice. Vaccines should be a personal choice. We should be able to make the decisions for ourselves and our children as to whether or not we feel they need to take precautions, or whether the side effects and mental trauma outweigh the possible benefits.
			Gina M Cervantes	Unmask our kids please!
			Grace Dorn	Lift mask by mandates for all especially children!! The il effects on children's language development, social, and mental health will be reverberating for years to come. I'm a concerned grandma and have a degree in Speech Pathology.
			Gregory Bray	I am opppsed to any further order for mandatory wearing of masks outdoors
			Heideh Ravan	Unmask kids
			Jami-Lymn Riley	End all mandates immediately
			Janine McKenna	UNMASK OUR KIDS!!!!!!!
			Jennifer Haroun	
			Jennifer Honey	UNMASK OUR CHILDREN IMMEDIATELY; UNMASK OUR CHILDREN IMMEDIATELY; UNMASK OUR CHILDREN IMMEDIATELY; UNMASK OUR CHILDREN IMMEDIATELY; UNMASK OUR CHILDREN IMMEDIATELY; UNMASK OUR CHILDREN IMMEDIATELY;UNMASK OUR CHILDREN IMMEDIATELY; UNMASK OUR CHILDREN IMMEDIATELY; UNMASK OUR CHILDREN IMMEDIATELY;UNMASK OUR CHILDREN IMMEDIATELY; UNMASK OUR CHILDREN IMMEDIATELY; UNMASK OUR CHILDREN IMMEDIATELY; UNMASK OUR CHILDREN IMMEDIATELY;UNMASK OUR CHILDREN IMMEDIATELY; UNMASK OUR CHILDREN IMMEDIATELY; UNMASK OUR CHILDREN IMMEDIATELY;UNMASK OUR CHILDREN IMMEDIATELY; UNMASK OUR CHILDREN IMMEDIATELY; UNMASK OUR CHILDREN IMMEDIATELY;UNMASK OUR CHILDREN IMMEDIATELY; UNMASK OUR

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				CHILDREN IMMEDIATELY; UNMASK OUR CHILDREN IMMEDIATELY;UNMASK OUR CHILDREN IMMEDIATELY; UNMASK OUR CHILDREN IMMEDIATELY; UNMASK OUR CHILDREN IMMEDIATELY;UNMASK OUR CHILDREN IMMEDIATELY; UNMASK OUR CHILDREN IMMEDIATELY; UNMASK OUR CHILDREN IMMEDIATELY;
			Jennifer Massey	I demand that you remove the restrictions and mandates being forced upon us. Upon our children; children who may not even know what normal school is like, children who have now come to have a false security with masks, children who are afraid to be without a mask, children who have speech problems from mask obstruction, children who have developed rashes/acne, CHILDREN WHO NEED TO BREATHE AND SMILE AND MAKE CONNECTION. It has been two years since these mandates have been placed with the "science" backing it up. The American people know that the "science" has NOT gotten it right. That the American people have been lied to and misled by all the leading experts. We know now that cloth masks don't work, vaccines preventing infection + transmission, lab leak theory, and natural immunity. Let's not continue to get it wrong!!! Fight for the people. Fight for our freedoms. Fight against the tyranny. It is your job to uphold the constitution FOR the people!
			Jennifer Uribe	Unmask our Kids
			Jennifer E Crafts	I am a small business owner and an educator. All mandates MUST end now. We have extremely effective vaccines that protect against hospitalization and death. Mask mandates are completely useless and harmful now. Businesses and children are suffering needlessly. "My mask protects you" is no longer relevant and most people wear completely ineffective masks anyway. We have resources in the forms of vaccines and treatments now. And if someone wants to wear a fit-tested N95 mask and never take it off in public (the only way it works at all) then they are welcome to do so. But this walking to a table masked in a restaurant and taking it off is madness and shows the public there is no science behind these mandates. Trust in Public Health is deeply damaged. The arts are dying. I live in NoHo Arts District where there used to be over 20 theaters - there are 7 left and they're fading fast. All the reasons I used to love LA - culture, arts, possibilities - have been sucked away under these restrictions. I am vaccinated and boosted. I understand science. Mask mandates are no longer scientifically viable. Look at the OC's curve - same or smaller than LA and they had no mask mandate for most of the time. Please do the right thing and end all mandates now. No more masks. We need to live again, especially children. Many, many of us are now one-issue voters and will vote against anyone who does not stand up against mask mandates now and in the future.
			Jessica Alexander	END SCHOOL MASK MANDATES NOW Besides your blatant embarrassment to continue to support these mandates after Garcetti and Newsom have publicly eluded following them - Every day that passes with children forced into masks, you are doing them irreparable Please see the following excerpts from yet another article (link to full article

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				below) calling out the unsubstantiated current mask mandates: “This should be a time to peel back layers of mitigation that we now know to be ineffective, yet many school districts are doubling down.” “It is important to acknowledge that the risk of severe disease from COVID-19 to healthy children has always been low. As of this writing, CDC data shows 863 total pediatric deaths related to COVID-19 since the beginning of the pandemic, which is less than 0.001% of the COVID-19 deaths in the U.S, and this number does not specify “from COVID-19” vs “with COVID-19.” While any death is a tragedy, many if not most of these children had underlying medical conditions which made them exponentially more vulnerableto severe COVID-19 than the average child. Those in favor of mask mandates have assumed that asymptomatic children are a major source of spread but evidence does not exist to support this claim.” “ U.S. policy is an outlier: the World Health Organization advises against masks for kids under 5 and only selectively for kids under 11, and many European nations have kept schools open without requiring masks. U.S. schools that remained open with or without masks have not seen major outbreaks over the past two years.” “ Many people argue that masking is a small inconvenience for the greater good. However, masking kids is not a damage free intervention. It negatively affects learning and causes significant social and emotional harm. Masking impairs verbal and non-verbal communication between teachers and students, limits facial identification and has occasional physical side effects.” Link to full article: time.com/6145291/end-mandatory-masks-schools/
			Jessica Alexander	EVERYDAY YOU STAND WITH THE K-12 MASK MANDATE IS ANOTHER DAY OF HARMING THE DEVELOPMENT AND RESTRICT THE BREATHING OF OUR CHILDREN. END IT NOW.
			Jessica Alexander	K-12 SCHOOL MASK MANDATES MUST END NOW. The hypocrisy of you hosting the SuperBowl in this county while our young children are forced into masks over a false claim to emergency is abhorrent. YOU ARE ON THE WRONG SIDE OF HISTORY AND WE WILL NOT FORGET.
			Jessica Yamini	Unmask kids!!!
			Jessie Yu	Unmask our kids. Please advocate for the children.
			Joey Amini	End the the masking of kids, immediately!!!
			Jon Warren	Give the option of unmasking our children in schools K-12. It is our human right to make decisions based on our beliefs. Enough is enough!
			Jordan Holtmeier	Unmask our kids!
			Julia Bach	We have treatments for COVID-19 and vaccines for those that wish to take them. LADPH should be publishing age-stratified data on cases/hosps/deaths

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				to properly inform the public, encourage doctors and patients to learn from HCPs that have successfully treated COVID patients, lift all orders (including at schools) and let us make our own decisions. Everyone can figure out that LADPH will lift the outdoor mask mandate for the Super Bowl, for political reasons. End all restrictions now.
			Julie Donovan	Unmask our kids! This has gone on long enough.
			Kandi Olive	No mandates. No masks. Our children are being abused.
			Kara Collinsworth	Please unmask our kids. I'm writing to ask to make masks optional for children at school. Masks have been proven to not work efficiently to reduce the spread of COVID 19. Children are unable to wear n95 masks properly for an entire day. Statistically children are at very low risk of getting seriously ill or hospitalized from COVID 19. It should be up to the parents for their children to wear a mask. As a healthcare professional and mother, I respectfully ask you to consider this matter.
			Kasey Lee	UNMASK OUR KIDS! We are not in a state of emergency, it is time our children stop suffering.
			Katie Koppel	UNMASK OUR KIDS
			Katrina Wright	These mandates, masks etc need to STOP AT ONCE! Especially for children who are the LEAST AT RISK! Mask do not work, they do not block the particulate matter, proven in history why we never used them in the past! We need a REAL doctor in the position, not a college doctorate degreed in social justice. The omicron has allowed for more people to get covid and build natural immunity. This needs to stop, IMMEDIATELY, NEWSOM AND GARCETTI have been seen along with several more at risk age group politicians UNMASKED, while children are masked and kept 6ft apart as prisoners while they are developing. This is a tragedy for our children!!!!
			Kelly M Evans	It is time to unmask our world. Covid numbers are down in this community. There are other states that have no mask mandates and they do not have more covid cases than Los Angeles. Los Angeles is harming its children in school and harming so many small business owners by all these mandates. It has got to end! Please get us back to normal - business as usual.
			Kenneth A Hartley	UNMASK our Kids !!
			KING CHEE	UNMASK our Kids!
			Kirsten Chen	UNMASK THE KIDS I oppose continuing the recommendation of LADPH for children to mandate masks for children indoors or outdoors at school. My children suffer from Athsma and this order is harmful to their health. My 8 yr old daughter contracted a respiratory infection in December due to WEARING the mask for long periods of time at school. There is medical evidence which will continue to grow showing that mask wearing to children in a school environment is more harmful than beneficial to the community. I strongly oppose any masking requirements for children indoors or outdoors.

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				The recent Johns Hopkins study cited no benefit to reducing mortality by masking children. Children are not at high risk of experiencing severe COVID illness or mortality. The risks associated with the harm caused by masking children is far greater than the transmission it prevents. Furthermore, it is my individual RIGHT to choose to wear a mask or not. Schools should allow children the right to choose whether to mask or not. And one last word, the hypocrisy of our our elected officials for not wearing masks at SoFi stadium last weekend is offensive. Garcetti's comments that he held his breath is simply embarassing. He should be ashamed.
			Kristi Navarro	
			Lacie Pinheiro	End masking of children in k-12 schools, daycares and preschools. End all masking and vaccine mandates. There have been zero random controlled trials with masking our children in schools in the US. The masks create more harm than benefit in the long run. No child should be required to wear a mask, vaccinated or unvaccinated. I will vote against any individual that continues to favor these nonsensical mandates.
			Laura Medina	"UNMASK our Kids!". Enough is Enough. It is time to get back to pre-pandemic life. The masking does more harm than good. They don't work anyway and it is harmful to the physical and mental health of our kids.
			Laura Mitchell	The mask mandate has gone on long enough. If Garcetti doesn’t need a mask neither do the rest of us. I’ve recovered from Covid . A mask only lowers my o2 intake. Even the CDC and Fauci say cloth masks don’t work.
			Laura L Crabtree	UNMASK our Kids!
			Laurie Gutierrez	UNMASK OUR CHILDREN...ENOUGH IS ENOUGH..WE ARE DONE..OUR CHILDREN ARE KILLING THEMSELVES..NO MORE RULES FOR THEE..why does California always have to be last when it comes to human rights..This Covid is OVER..we are grown ups and we dont want to be ruled..LIFT THE MANDATES!!!!!!!!!!!!
			Laurie Murphy	Unmask our children let the parents decide! Follow the science these masks are causing more harm to these children. This virus isn’t affecting children any more than the flu It’s been almost 2 years of masking and we know more now, we have ways to treat it if necessary. End the masks mandates it's time we have all done what was asked and now we must Speak Out against these mandates No MORE MASKS
			Lena Amerkhanian	Unmask the children. Follow the science. If you can have a stadium full of unmasked people sitting side by side, my kids can go to school without masks!
			Leslie De Vries	Unmask the kids
			Liana Siegel	Remove the indoor mask mandate
			Libby Slane	Unmask our kids
			Linda Chen	Unmask the children!!!!

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Linda Desrosiers	Unmask Our Kids!!
Linda Elihu	Unmask kids!
Linda Isai	Unmask the kids!!!! Drop the mask order please!
Linda Sakhai	Unmask kids
Lindsay Jaime	Unmask our kids!!!!!
Lindsey G Richards	Unmask our kids! Please!
lisa drex	stop masking our kids!! what's wrong with you??!!!
Lisa Welch	Unmask our kids!!!!!!!
Lucy Werner	LIFT THE SCHOOL MASK MANDATE IMMEDIATELY AND STOP HURTING OUR CHILDREN!! IT IS NOT, NOR SHOULD IT EVER BE, THE RESPONSIBILITY OF CHILDREN TO PROTECT ADULTS. END THE MASK MANDATE NOW! MASKS DO NOTHING. FOLLOW THE SCIENCE. HONESTLY, HOW CAN LA HOST THE SUPER BOWL AND THEN FORCE HUNDREDS OF THOUSANDS OF CHILDREN TO WEAR MASKS ALL DAY IN SCHOOL, IMPEDING THEIR LEARNING AND DEVELOPMENT?? THE HEIGHT OF HYPOCRISY. STOP HURTING OUR CHILDREN AND FAMILIES WITH YOUR INSANE, ANTI-SCIENCE POLICIES!
Maggie Toner	Unmask our children.
mahlone becker	REMOVE THE MASK MANDATES FOR SCHOOLS!!!!!! it is time to remove the mask mandate and unmask our children. This is absolutely criminal that you all have gone after our children when the data clearly showed all along that they were not at risk. These poor children are being abused. They are subjected to toxic levels of carbon dioxide forced to wear masks while they are doing sports and fund raising at school sponsored runs. In door the kids no longer see smiles and facial expressions of their friends and teachers and the younger kids are actually struggling to speak properly because they can't see the lips and formation of the words and letters hidden behind the masks. The worst part however is the fear the teachers are instilling in the children and the fear mongering when they tell the children that if they are not vaccinated they are a threat to their grandmother, or that they could kill their parents and then actually be a murderer. This is actually happening in our school!! Ranting scared teachers who think every student is a threat to them and humanity is commonplace. Stop the abuse, stop the mandates!!
Mandana Kohen	Unmask my grandchildren. There is no science behind children wearing masks so stop destroying their childhood.
Marisol Alonso	UNMASK our Kids Please make masks in schools optional like the rest of the Country. Our Children deserve to LIVE, to BREATHE, to be FREEE.
Marita Kakuk	I am in favor of LA county stepping in line with the state to remove the mask mandate. I feel we have been held to higher standards and kept masking at many times when other counties had eased this mandate. The time has come to end masking and let our kids live and breathe again

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Mark Peters	End school masking now!
Mary Key	UNMASK OUR CHILDREN
Megan Minnema	Unmask the kids
Melissa Love	lift all mandates for schools in all of la county. this includes mask and vaccine mandates.
Meredith Ellman	It is time to UNMASK our kids. In light of the declining cases as well as the States who are one by one dropping school mask mandates it is now time. Yesterday Dr. Ashish Jha, general internist physician and academic serving as Dean of the Brown University School of Public Health. Previously, he was a health scholar, the K.T. on National television said it is time. Yesterday on National News outlet Good Morning America. Covid was not mentioned, not once. It is time to put this behind our kids. Kids who are in second grade have never seen a smile from their teachers. They do not know school without Masks. For others it's been 2 years since they have seen the faces of their teachers. The very people they spend the majority of the day with, shaping their lives. We all know a smile goes a LONG way to making someone feel good inside. It's a confidence builder. This mandate has taken this away from our kids along with taken so much more. It is time that it is recognized that this virus is not going away and we need to live with it. Those in power who make these rules need to understand and acknowledge that the masks are doing more harm psychologically at this point than preventing any spread. It is not right and an ABUSE of power to keep these young ones who don't have voices of their own to fight for their feelings masked. It's unconstitutional. Especially when they see Hollywood Events and Sporting Events and Concerts with people choosing to not be masked. Yet they are FORCED to be masked the one place they should feel safe. Do something FOR our children. Show YOU CARE. Please. UNMASK our Kids!!!!!!!!
MICHAEL DAVOODPOUR	unmask our children
Molly Rabbanian	Unmask kids
Monique Holguin	I am asking that you drop the masking protocols for children. CDC data shows that kids are least at risk. Can we focus on protecting those in the highest risk. Covid 19 varies between 8-12 listed for causes of death in kids, why are we not focused on protecting them from the top 1-7? Please stop this and give our children a childhood.
Natalie Behfarin	Unmask the kids !

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			Natalie Endjilian	The covid survival rate for children is over 99%. This strain is very weak and we all know this. Our children are being masked against their will attending school at the ages of 3 and 5 without seeing emotions of each other and their teachers. They are drooling all over their masks getting exposed to much worse than what covid can do to them. With all the adults and our leadership being unmasked at mega events it is time to make school masking optional. This is doing more harm than good. It should be a parents' choice whether or not a 3 and 5 year old should be in masks 8 hours a day.
			Natalie Lahiji	Our children have not had a normal school year since 2019. For two years we have written to this Board begging for relief for our children. For two years, you have put the unions and special interests ahead of our children. Experts around the world and our own US Surgeon General have sounded the alarm of a mental health crisis in our children due to the pandemic school closures and continued restrictions. Our children are in crisis, and YOU continue to ignore it. Not a single message from LA County Public Health addresses the social, emotional, and mental harm done to our children. This is an epic failure by this Board and the Public Health Department.Our children were locked out of their schools and sports for over a year. Now that the school doors opened, our children are distanced from friends, masked for 7+ hours a day, with no parties, field trips or fun. Children are being forced to wear masks to run, exercise and play sports, even outdoors. Children are made to believe that people would get sick and die from the simple act of them breathing. None of these restrictions are imposed on adults.We will not let you ignore us anymore. We will not let you harm our children no longer. The testing, quarantining, and masking of our children needs to end now.
			Nazzy Nik	Unmask kids
			Nicole Goodfellow	?As we approach 2 full years of the covid19 pandemic, I write to insist that the state of emergency, and all restrictions and mandates come to an end immediately. Especially any orders that exceed the State of California or CDC. There is no state of emergency if we are having the Super Bowl. You work for us, the tax payers of LA County, not organized labor unions or political action committees. ?Our children have not had a normal school year since 2018-19 came to an end. 2019-2020 was abruptly halted on March 13, 2020. Little did I know, my child would never set foot in high school again, that in June his diploma would be unceremoniously tossed into the trunk of our car as we drove up to the school. I didn't know how quickly hopes and dreams could be destroyed and our children sacrificed to apparently save society from their uncleanliness. In my house we lost senior year of high school, freshman year of college and

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				now 2nd year of college is impacted due to ongoing fears and labor unions putting their needs ahead of students, (who are nearly 100% vaccinated and boosted at his campus by the way). We learned in person schooling is not essential. Faces are not essential. Smiles are not essential. Human connections are not essential. All that is essential are the demands of organized labor and the insistence of the government to 'Do something! Anything!", regardless if it helps or harms. Living in LA county during the pandemic, all I have seen are people trying to do the right thing in a sea of ever changing guidlines. Wearing masks, getting vaccinated, complying in hopes we can get out of this nightmare. We are rule followers here, even people driving alone in cars are wearing masks. Yet, none of these measures have actually worked like you intended. You may dream of zero Covid but it's not realistic. We cannot continue with your never ending mandates, restrictions and metrics that are impossible to achieve, leaving us in permanent limbo. Public Health has changed directions so many times you no longer have credibility. How many people did you hurt by telling us cloth masks were safe and effective when there was nothing to ever prove that any old cotton would do? Two years into this you tell us to up our mask game? Well, game over. We are done. You have chosen the path of least resistance by forcing our children and those who work outside of the home into wearing a mask or taking a vaccine. Have you considered that those who have chosen to remain unvaccinated are essential workers that were already exposed on the job? Natural immunity does actually exist no matter how you try to discredit it in order to push pharmaceuticals. Children do not need this vaccine since, thankfully, they are not hit hard by the virus nor does it stop transmission. While you sat home on laptops at peak covid and pre vaccine, millions of working class Angelenos went to work and hoped for the best. A lot of them caught covid and recovered. We called them Heroes. Their reward now? To be forced to mask all day or lose their jobs if they don't take a vaccine that they many not want or need. It is time to move to a vaccine and mask-optional situation for students and workers, including teachers, and all Angelenos. We cannot allow our children to remain masked forever and under threat of remote learning because of the demands of a labor union. When the state and local restrictions end, the union and school district restrictions on our kids must end, too. The majority of Americans are living in a mask-optional environment and doing just fine. We deserve the same choice in Los Angeles.
			Nicole Taban	Unmask kids
			Nina Krzyston	Please remove mask mandates in LA. This is ridiculous. End all restrictions. It's not fair that the rest of CA is having their mask mandates lifted and we're

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	not!
Noah McLaughlin	Unmask the kids!!
Oana Isai	It's time to lift ALL mask mandates, for ALL. Allow for mask choice, especially in schools. Kids are suffering in the heat and also having a hard time breathing in already stuffy classrooms. My child has continued to get bloody noses.
Olga Barnes	UNMASK OUR KIDS! INDOORS AND OUTDOORS!
Pamela Hovland	Unmask our kids now! Give the parents and children to the right to think for themselves. Please give the people the option of unmasking their own children in schools k-12.
Pardis Broman	UNMASK KIDS!!!!!
Parviz Hakakian	Unmask children IMMEDIATELY
Paul Meyers	I urge you to align with the lifting of the state mask mandate and unmask ourselves. I urge you to push the state to unmask our children, who are not at great danger from Covid. Most states and many European countries have dropped their mandates and some have even dropped all restrictions. Why are we still doing this? When will we stop doing this? At this point, the mandates don't make any sense. Thank you.
Pauline Ravan	Unmask kids
Rachel Mahowald	UNMASK OUR KIDS! The amount of damage you're doing to our children's mental health when our government doesn't follow the same rules is disgusting. Masks should be at the discretion of parents.
Rebekah Barrios	Our kids are the least at risk to this virus to them and most healthy adults it is simply a cold. Unmask our children they are suffering their mental health is at risk, they are behind and now schools are playing mask police 24/7 and not teaching this has got to stop. Our HEALTH children deserve to breathe clean fresh air. The mask are also a breeding ground for more germs and many studies show that people who test positive have warn mask religiously this breeding ground is disgusting. My childs light is going out he had hopes for a normal life again but said to me mom will it ever be normal again. This is sad. Schools are using our children to mask up for funding and this is just disgusting. We can't use our children anymore please allow our children to breath fresh air and to show their beautiful happy smiles. Please Please. Many other states blue and red have abandoned masks altogether. Lets do the right by our children and please unmask them.
Regan Davis	UNMASK OUR KIDS
Renee Suzuki	Parental choice for masks!
Robert Lee	Various stats show that Los Angeles County has about 10,000,000 (10 million) residents.* According to the Los Angeles County Health Departments website Public Health Reports 7,017 New Positive Cases and 65 New Deaths Due to COVID-19 in Los Angeles County 02/06/2022.**

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				That's a .0007% of the population in LA County that got infected. But we should continue to wear masks because there is a .0007% chnance that we might get Covid 19. This is perverse and moronic, I would like to think The Department of Public Health has better things to do than have us wear masks. Sincerely, Robert Lee * Population data from online sources
			Rodney Emrani	Please unmask our children.
			ronen pestes	unmask our kids. no mask or vaccine mandates - remove Ferrer from office.
			Ronie Ravan	Unmask kids
			Rox H Hoge	Published May, 2020. Open Letter from Local Public Health Professionals on Los Angeles Pandemic: Failing to Protect the Most Vulnerable While the firestorm of the Pandemic in Los Angeles County continues in our nursing homes and accounts for at least half of all COVID-19 deaths in the county, we need to step back and ask, “Who led us into this mess and why have the most vulnerable populations been needlessly exposed to this virus?” Most heads will turn towards Barbara Ferrer, PhD in social welfare, the current Director of the Department of Public Health (DPH). Initial reports to staff touted her as having come from the Kellogg Foundation and, before that, the Boston Health Department as a commissioner there. But, in truth, none of her experience qualified her for the job here in Los Angeles where over the years we have faced and effectively managed serious communicable disease health crises. As Ms. Ferrer stepped into the role of Director, she replaced a career employee in the Department, Cynthia Harding, who has a very strong epidemiology background, and who had ably done the job as “acting” director for over two years with Dr. Jeffrey Gunzenhauzer as Acting Health Officer for the same time period, following the retirement of Dr. Jonathan Fielding. During Ms. Harding’s tenure she consistently deferred to the Health Officer as the face and lead medical decision maker for communicable disease outbreaks in our communities, utilizing some the of country’s top epidemiology and infectious disease physicians in DPH as well as very experienced field Public Health Nurses. Dr. Fielding’s legacy of open and active participation of experienced staff and managers during public health threats, while also intervening to alleviate health disparities in disadvantaged and high-risk populations, is no longer the case in DPH under the current leadership. Communicable disease control is no longer a departmental priority.

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Once Ms. Ferrer was appointed as Director, one of her first moves was to notify all department program directors that she was to be the ONLY voice and contact with the Board offices. This broke down a chain of communication in place for many years that allowed local public health managers to assist constituents that contacted their local Board offices about a variety of health issues and act quickly on public health threats. Ms. Ferrer is the ONLY control point for Board questions and communication in the department. Even now, many managers complain that they don't know what's going on and are not being well utilized for the pandemic. Her only communication with them are occasional "chips and salsa" sessions or virtual town halls.

Perhaps these questions need further investigation once the pandemic has quieted:

Why did Barbara Ferrer leave the Boston public health department and why did she leave the Kellogg Foundation, where she indicated she was sidelined for months prior to getting the job in LA?
Why were lead departmental managers stripped of direct reporting employees while she hired friends from Boston who knew little of LA and its complex of communities?
Why, during the meningococcal outbreak in 2017-18, did Barbara Ferrer refuse to vaccinate paramedics, fire and police until a police union official called her out on it at a public Board meeting?
Why have a series of highly experienced managers been transferred, mysteriously loaned out of DPH to other departments, or retired?
Did Barbara Ferrer mandate a large budget cut to the Communicable Disease Control unit in the months just prior to the pandemic?
But here are the most important questions NOW as we are in the middle of this mess here in LA:

Why did Barbara Ferrer ignore early warnings from infectious disease physicians within the department and broader public health community?
Why was the LA Marathon allowed to take place?
Why isn't County Health Officer Muntu Davis, MD, in charge of the public health response?
Why is Barbara Ferrer the "Incident Commander" for the Pandemic as well as the chief spokesperson?
Why weren't the nursing homes an early point of control for the spread of SARS-CoV-2, particularly after seeing the reports of what happened in the nursing home in Washington state?
Why were nursing home employees allowed to work at multiple nursing home facilities at the same time even before any testing was available and continue to do so even now?
Why did DPH direct nursing home operators to accept COVID-19 patients rather than utilize the reactivated St. Vincent's hospital?
Why were nursing home staff who were asymptomatic but tested positive for SARS-CoV-2 allegedly allowed to remain at work?

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				Why did DPH give the Mayor a recommendation to house homeless in city rec centers against CDC recommendations? Why didn't Ms. Ferrer request National Guard medical corps from the Governor to assist in disease control in these nursing homes? Why did she hire an outside firm to process the data she uses rather than rely on highly experienced internal epidemiology staff? Why don't we have sufficient data on nursing home deaths, including at the state level? Why did the County extend a contract to an outside MD to manage testing rather than rely on staff with successful community organizing for mass vaccination and community outreach efforts? We have a public health department leader that expects a relatively small cadre of physicians and public health staff to control well over 400 nursing home outbreaks involving thousands of nursing home patients, and outbreaks in shelters serving nearly 60,000 homeless in our county. Current staff engaged in these outbreaks are exhausted and carry on valiantly without consistent department-level leadership, instead relying on what they understand as good public health practice, working long hours and making headway in this effort. They deserve our support and thanks. Anyone with a depth of public health experience in dealing with outbreaks will tell you that controlling hot spots such as nursing homes would have been first on the list of community controls to stop the spread of COVID 19, instead of making such pronouncements as "you can walk on the wet sand, but not the dry sand at the beach." Deeply concerned, Local Public Health Professionals
			Roxanne B Hoge	By Katy Grimes, August 13, 2021 3:09 pm A California Globe reader shared this powerful op ed/letter, outlining what Gov. Gavin Newsom has done to his family through the statewide school lockdowns. The reader is known to the Globe but asked for anonymity for his children's sake. He is a husband and a father of four. "I watched network news last night and they're weaponizing my son. My son was sitting there crying with me … Want to come after me? Come after me, not my kids." These are the words of California Governor Gavin Newsom July 28, 2021 on CBS News, following the exposé of his son's no-mask summer basketball camp. Here is the reality, Governor Newsom: nobody is weaponizing your kids. People are questioning YOUR decisions, not your child's. Nobody faults your son, nobody is blaming him for anything. We're blaming YOU.

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SHEILA KUEHL
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KATHRYN BARGER

Correspondence Received

YOU chose to send him to a camp where the staff and children were running around maskless. YOU received the email where it clearly states that the camp will not be enforcing mask policy. And yet you sent him all the while demanding our kids remain masked up at home for the last 16 months.

I don't know which is worse – sending your offspring to a maskless camp in the first place, while clamping down again on the rest of us, or pulling him out so he can come home and cry with you while watching the news. Nice parenting. No long terms effects, I'm sure, nothing to see here, move along.

Who's been weaponizing kids, Governor Newsom?

Among others, it has clearly been you and the Teacher's Unions (who so surprisingly just dumped $2m into your campaign to not get recalled). While you've been visiting the French Laundry and letting your child run around maskless at camp, you have kept my children out of school since March 2020.

My son worked hard through high school and excelled at athletics to get into college. Then he persevered and met the requirements for graduation. But he did not get to have a college graduation, and will NEVER have a college graduation, and he will never get that back.

My daughter was abruptly shoved out of her college Freshman year – and a year and a half later has never been allowed to set foot on the campus again. This despite the fact that the college has huge lawns where distanced classes could have easily been held, not to mention the fact that people in her age group are at extremely low risk of severe outcomes from COVID.

Do you remember your sophomore year in college? Many people do, and many people remember it as one of the happiest times in their lives – intellectual rigor, new lifelong friends, freedoms they'd never dreamed of, not yet the pressure of making a living.

My daughter will never have those memories. Instead she spent half her freshman year and her entire sophomore year staring at a Zoom screen at her parents' house. (For full tuition, by the way.)

Good times. This fall she will (hopefully) head back to campus, to hang out with people she didn't really have time to get to know, with the realization that now as a junior the pressures of the real world are closer than ever. And I'm sure you'll recommend that she wear a mask so she can never truly see the faces of her friends and professors.

Who's weaponizing our kids?

There are many worse stories to tell. My college-aged son and daughter adapted and have handled things as best they can, and they're going to be okay. I am very proud of them.

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But I also have two teen girls, freshman in high school when things went to hell. They were just coming into their own, finding their friend groups, figuring out who they were. Yet adolescence is a tricky time, as we all know… Hey – why not lock them down for over a year and see what happens? Sounds like a plan.

Well I can tell you what happened. They plummeted. Fell off a cliff. Disappeared into a morass. Swallowed up by a California haze.

These formerly bright happy children were ingested into a hell of Zoom, loneliness and apathy. Grades dropped like rocks thrown off the Golden Gate Bridge, assignments were posted on myriad different complicated websites, classes were droning computer slogs where nothing of import was taught — save for the non-stop CRT teachings which seemed to be happening whenever I walked through the room, regardless of whether the subject was physics or 18th century literature.

Who weaponized children, Governor Newsom?

You could say,"well, you're just a bad parent, you should have done so-and-so." But I can tell you, I'm a damn good parent, and my wife and I tried everything. Take them outside, make them exercise, go over each and every assignment with them (give it a try for fun and see what a cyber hellhole that is), get them therapy (oh great, another freaking Zoom chat because nobody will see them in person), give them iron, blah blah blah.

No, the truth is, there was no way to keep things normal, when everything was so far from normal.

There were some children who flourished under these conditions, I acknowledge that. But I know of countless stories of children like mine who spent the last year disconsolate on a couch, lonely and sad, unenthused and with little hope. I feel the untold and lasting story of this pandemic will be the lost generation of children who will spend years recovering from this calamity.

Who weaponized children, Governor Newsom?

And now you and the teacher's union and the Biden Administration are all insisting on masks, and even hinting that in-person school might not now happen at all, even while you're consistently flouting your own rules. You got to send your kids back to school in October 2020. Must have been nice.

I doubt that anybody faults your children or holds them to blame for anything about this.

But the question remains, who weaponized children?

You did. You politicized MY children. And harmed them.

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				Recall Gavin Newsom. “What Gavin Newsom has done to our kids is cruel,” his wife told the Globe. “And I’m hardly the only mom saying it.” There are more than 6.2 million students attending public schools in California, and another 675,000 who attend public charter schools. The University of California system includes more than 280,000 students, the California State University system includes more than ?485,550 students, and the California Community College system includes more than 2.1 million students – that’s nearly 10 million publicly educated students in California impacted by Gov. Newsom’s school lockdowns and Zoom learning.
			Rudy Melendez	Masking children is child abuse. LA County better be prepared to reap what you sow. Your draconian lockdowns have already destroyed hundreds of family small business and your communist mask mandates over children is destroying their health and long term wellbeing. Its not too late to save face and right your wrongs. Start by firing barbara ferrer and then apologize to every LA County parent and kid for destroying the last two years of their life with your absurd masking manifesto.
			sally maslon	LA County Department of Health director Barbara Ferrer NEEDS to align our county with the state; and to end the various (insane and unconstitutional) mandates. Barbara Ferrer has imposed ridiculous "COVID zero" metrics and wants to permanently mask toddlers, forever. This DAMANGING TO CHILDREN> HOW IS THIS NOT OBVIOUS?
			samantha Herrera	No more mandates.
			Samantha Ortiz	Unmask the kids
			Sara Gross	Please stop these mandates on our children. It’s been 2 years of torture. First they couldn’t go to school at all, and now we are to consider ourselves lucky they get to go in person with a piece of paper slapped to their face for 8 hours a day. Children are suffering. MY children are suffering. I have a child that already suffers from anxiety and OCD and this has made it a million times worse. Having her cry to me at least once a week she can’t understand her friends, she can’t understand her teachers, she doesn’t know if people are mad at her or happy because she can’t see anyones faces. We know children aren’t at risk from this. My child is more likely to die from a rock falling from the sky than covid. Should we mandate they walk around in helmets? We say children are resilient. This has been uttered over and over by health officials and our mayor and governor for the last 2 years. All that tells me is we know we are doing something that harms them. Give our children their childhood back. Let masking be a parent choice. Let the vaccine be a parent choice. Even today the White House said it should be up to the school district. We have never, not once, in these 2 years done what’s best for the kids. First it

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				was the elders, now the teachers, and based on the pictures of Sofi stadium last weekend and the upcoming Super Bowl were now enforcing these mandates for what? For the politicians who made these horrible decisions to save face? Enough is enough. End the masking. End the testing. End the vaccine mandate. We live in a free country. Even my 9 year old son knows that the government works for US, not the other way around l. You represent your constituents. Listen to them. Do it for the children. Put them first for once.
			Sara Harooni	Unmask kids
			Sarah Burwick	LA County must align with the state and end the indoor mask mandate immediately.
			Sarah Sulentor	UNMASK OUR KIDS
			Sarah Templeton	End ALL Mandates….. Unmask the Children Immediately! End any vaccine mandates for County employees. Do the right thing, listen to the people….This ends here!!
			Sean M	I am 8 years old and in 3rd grade. I hate wearing masks in school and can't breath in them. I want them to go away. I have been wearing the mask for years now. When will things go back to normal? I miss Kindergarten when I didn't wear masks. It is hard to hear my teacher and class. I have a hard time concentrating. It's hard to learn stuff with masks . School is so hard right now. Please make them go away.
			Sean W Mullaney	It is time for LA County to come into line with Finland, Sweden, Denmark, and more than 40 states and drop all mask mandates, vaccine mandates, etc. It is clear the interventions, "public health orders" and other measures have practically no effect in reducing transmission of COVID-19. All the measures should be repealed as states, cities, and countries all around the world are doing. I also believe it is time to fire Barbara Ferrer. She has provided bad advice to the Board of Supervisors and LA County residents for too long. If her advice were effective LA County would have fewer cases than Orange County but it turns out Orange County has done better with COVID than LA County has.
			shannon williams	REMOVE MASKS at SCHOOLS Dear LA County Board of Supervisors, Thank you for working on behalf of the citizens of LA County. I am emailing on behalf of my family to make masks optional at our kids' schools. This item is on the agenda in the county board meeting on Tuesday 2/8/22. Our children are suffering unnecessarily with mask mandates, social distancing, testing and now a new threat of having to take an emergency use vaccination which lacks longitudinal studies in order to attend school.

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				Our innocent youth's most basic rights, to breathe and receive an education is on the line. Our children are not in dire harm due to this virus. Schools all across the nation are mask free without threat of forced vaccines. The children, teachers and staff at these mask-optional schools are healthy and thriving. Much like our Governor Gavin Newsom, LA Mayor Eric Garcetti and Congressman Ted Lieu at the NFC Championship game who enjoyed the fun of commemorating with others, maskless. We do not take issue with these local leaders going mask free, what we do take issue with is that our children are being forced to cover their airways for 6-8 hours a day. My family and I have complied with the mandates and followed the rules. We've done our part as good citizens, however, we cannot comply any longer; our children deserve to breathe freely. There is research demonstrating the negative effects of breathing high levels of CO2 from being masked and we have loads of anecdotal evidence of the damaging impact on our childrens' mental, emotional, and social well-being. I am writing to you and pleading with your conscience to stop these mandates. Please allow for masking to be optional at our children's school. Families who are at high risk from this virus, or simply scared are still free to wear their masks. They can wear N-95 masks if they so choose. Please give our kids their birth right to breathe freely. Our children are longing not only for fresh air and unmuffled voices but to see their friends' faces, smiles, and frowns. A face accounts for 70-90% of communication. Most communication is non-verbal. Our children are starving to reconnect with those around them--to build upon the empathy that comes from reading one's face. Please stand up for our children who do not have a voice or the power to stop these harmful mask mandates. Please redirect Barbara Ferrer to stop these destructive mandates. And please champion on our behalf to STOP SB 871 and SB 866. Thank you for your time and thank you for standing up for our children. With Gratitude, Shannon Williams (Preschool and Elementary children)
			Sheila Faggiano	Please stop mask mandates. Especially children. I have seen a drastic decline in mental health. This is Child Abuse. Put mental health before this insanity. Masks do not prevent spread of Covid
			Stacey Kaltenbach	Unmask our Kids
			Stacey Shane	UNMASK our Kids! Our children are being harmed each and every day hour by hour wearing masking at school. My daughter cries every day saying she can't breath and can't understand her teacher. Our kids need to see faces, our kids need human interaction without a face mask!
			Stephanie Hayes-Jackson	I would like to request to the Board that they reconsider examining whether County employees that have not completed the vaccination process be able to return to work in health care settings and other county positions.

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	Please see supporting attachment.
Stephanie L Allgood	Please explain this chart for cases per 1M comparing Texas and California - Mask mandates vs. NO mandates. Please explain, citing your sources, why the science says we here in California need to be under mask mandate to prevent Covid cases that could impact our hospitals.
Stephanie L Allgood	Why will LA county not be removing the mask mandate next week as our Governor has decided for the State? Please use data and scientific analysis to explain your position - with citable sources. Also, please explain why schools are still under mask mandate with all the studies out showing the harms being done to childrens development and no studies showing actual statistically significant relevant impact on spread in the community. Again - please cite sources you are using to make that determination.
Suverna M	Our children have not had a normal school year since 2019. For two years we have written to this Board begging for relief for our children. For two years, you have put the unions and special interests ahead of our children. Experts around the world and our own US Surgeon General have sounded the alarm of a mental health crisis in our children due to the pandemic school closures and continued restrictions. Our children are in crisis, and YOU continue to ignore it. Not a single message from LA County Public Health addresses the social, emotional, and mental harm done to our children. This is an epic failure by this Board and the Public Health Department. Our children were locked out of their schools and sports for over a year. Now that the school doors opened, our children are distanced from friends, masked for 7+ hours a day, with no parties, field trips or fun. Children are being forced to wear masks to run, exercise and play sports, even outdoors. Children are made to believe that people would get sick and die from the simple act of them breathing. None of these restrictions are imposed on adults. We will not let you ignore us anymore. We will not let you harm our children no longer. The testing, quarantining, and masking of our children needs to end now.
Suzanne Carroll	UNMask our kids
T G	No more mandates. Remove mask mandates, remove vaccine mandates. There is no emergency.
TANNER J LOEWENBERG	Governor Newsom will end the indoor mask mandate across California next week. It's time for LA county to align with the state. The county has been vaccinated, boosted, masked and distanced for two years now. We know masks aren't effective for Covid. LA county maintained worse numbers for Covid than all surrounding areas with masks in place while surrounding areas did not mandate them. Enough is enough with this endless power grab by Ferrer. It's time for the county to align with the state. Whatever Ferrer is doing is clearly not working.
Tanya Emrani	UNMASK OUR CHILDREN PLEASE

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			Tanya Kocsis	Please vote to make masks optional. It is a struggle for my young children to wear them and as a result, they no longer want to participate in activities they used to love because they would have to wear masks. I worry how this will affect their mental health.
			Tara Hovland	
			Tara Patel	My grandchildren are suffering in school because of all the restrictions. They need their life back to normal. Elderly can take steps to protect themselves. Children need a normal life and to feel safe. My grandchildren have not been the same since the start of the pandemic because of all the restrictions. You closed schools. You closed sports. Now you have them in masks all day long. They are miserable and suffering. Stop all the restrictions in school. It's time to move on.
			Tara Warren	I am writing to please give the option to unmask our children in schools K-12.
			Teresa Wheatley	Amend the public health order to STOP ALL MANDATES & proof of vaxx requirement to enter places. STOP MAKING OUR KIDS WEAR MASKS AT SCHOOL!!!
			Theresa Kilcourse	I feel very strongly that both mask and vaccine mandates should be lifted for schoolchildren in California. There's no strong evidence that masks are effective, and even if they could be shown in a lab to prevent transmission, in the real world they don't. Kids don't wear them properly, and more importantly they hang out together outside of school without them. It's not realistic to think that this will stop. I think it's particularly dangerous for kids to exercise in masks, and the idea of wearing them outside is absurd. Adults aren't wearing masks outside at all here any more. Why are we forcing children to do this? It's shameful that our least vulnerable population is subject to the strictest rules regarding vaccine and mask mandates just because they are forced as minors to be compliant. Children have nearly zero percent risk of dying or even being hospitalized for this disease. If the adults who must work around children are concerned about transmission, then they should get vaccinated and wear masks themselves. Even if I thought these mitigation measures would make a difference, I feel strongly that children and teens shouldn't be used as human shields for the rest of the population. We will leave the school system if we're required to vaccinate our child. In a risk-benefit analysis, it just doesn't make sense to do so. Since he isn't in danger in the first place, we are left only with risk, with no benefit. And the fact that vaccinated people are also able to contract and spread the virus takes away any potential societal benefit. Vaccine mandates simply can't be justified.

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tiffany behfarin	Unmask kids
Tiffany Kay	UNMASK our kids !!!
TIM HOVLAND	Let our children breathe! Give the option to parents to make the best decision for their family. Our children are suffering so much.
Tory Shaughnessy	It is time to UNMASK our kids. In light of the declining cases as well as the States who are one by one dropping school mask mandates it is now time. Yesterday Dr. Ashish Jha, general internist physician and academic serving as Dean of the Brown University School of Public Health. Previously, he was a health scholar, the K.T. on National television said it is time. Yesterday on National News outlet Good Morning America. Covid was not mentioned, not once. It is time to put this behind our kids. Kids who are in second grade have never seen a smile from their teachers. They do not know school without Masks. For others it's been 2 years since they have seen the faces of their teachers. The very people they spend the majority of the day with, shaping their lives. We all know a smile goes a LONG way to making someone feel good inside. It's a confidence builder. This mandate has taken this away from our kids along with taken so much more. It is time that it is recognized that this virus is not going away and we need to live with it. Those in power who make these rules need to understand and acknowledge that the masks are doing more harm psychologically at this point than preventing any spread. It is not right and an ABUSE of power to keep these young ones who don't have voices of their own to fight for their feelings masked. It's unconstitutional. Especially when they see Hollywood Events and Sporting Events and Concerts with people choosing to not be masked. Yet they are FORCED to be masked the one place they should feel safe. Do something FOR our children. Show YOU CARE. Please. UNMASK our Kids!!!!!!!!
Victor Teran	It is time to end mask mandates, especially in schools. We cannot allow extraordinary measures to become further entrenched. As a parent of two elementary age children, I strongly believe, and the science supports this, that the risks posed by Covid are far outweighed by the educational and social impact of the measures we continue to employ. End the mask mandate now!
victoria cannon	unmask our kids
Virginia Huber	No more mask mandates especially for school aged children!
Wendy Williams	PLEASE unmask our kids. Especially outside! Give these kids a break!
William N Peckovich	Dear Supervisors,

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We knew very early of COVID's risk stratification. Sadly, our children will bear the catastrophic consequences and not just educationally, of the deeply flawed school closure policy for decades to come (particularly our minority children who were least able to afford this). Many are still pressured to wear masks and punished for not doing so.

I am in favor of a focused type of protection that is based on an age-risk stratified approach.

Below is some of the "science" in support of the fact that Masks provide minimal benefits to children and in fact could be harmful.

Physical interventions to interrupt or reduce the spread of respiratory viruses, Jefferson, 2020

"There is low certainty evidence from nine trials (3507 participants) that wearing a mask may make little or no difference to the outcome of influenza-like illness (ILI) compared to not wearing a mask (risk ratio (RR) 0.99, 95% confidence interval (CI) 0.82 to 1.18. There is moderate certainty evidence that wearing a mask probably makes little or no difference to the outcome of laboratory-confirmed influenza compared to not wearing a mask (RR 0.91, 95% CI 0.66 to 1.26; 6 trials; 3005 participants)…the pooled results of randomized trials did not show a clear reduction in respiratory viral infection with the use of medical/surgical masks during seasonal influenza."

Masks, false safety and real dangers, Part 1: Friable mask particulate and lung vulnerability, Borovoy, 2020

"Surgical personnel are trained to never touch any part of a mask, except the loops and the nose bridge. Otherwise, the mask is considered useless and is to be replaced. Surgical personnel are strictly trained not to touch their masks otherwise. However, the general public may be seen touching various parts of their masks. Even the masks just removed from manufacturer packaging have been shown in the above photos to contain particulate and fiber that would not be optimal to inhale… Further concerns of macrophage response and other immune and inflammatory and fibroblast response to such inhaled particles specifically from facemasks should be the subject of more research. If widespread masking continues, then the potential for inhaling mask fibers and environmental and biological debris continues on a daily basis for hundreds of millions of people. This should be alarming for physicians and epidemiologists knowledgeable in occupational hazards."

Please consider ending the charade of masking our children in schools.

Thank You

William N. Peckovich

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			Yana Aladjadjian	Please unmask our children!
			Yvette N Camacho	The mask mandate needs to be over. Not only is there no REAL scientific study in favor of wearing a mask, our governor Gavin Newsom and Mayor Eric Garretti are not masking. Both have been caught countless times maskless with excuses that insult the intelligence of the general public. Our children are suffering in masks and unable to properly breathe because they are suffocating them, which is CHILD ABUSE!!! Please stop this nonsense now.
		Item Total	**2208**	
Grand Total			**2208**	

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Current Research and Data do not support Masking Children in K-5 Classroom Settings

Masking is unnecessary due to Covid-19 Characteristics

-Children very rarely spread Covid-19 to adults [1,2,3,4,5,6,7,8]
-Children are at little risk from Covid-19 [3,4,9,10]
-Asymptomatic spread of Covid-19 is not common [11,12,13]
-Spread in schools in not common[1,4,12,14,15,16,17,18]
-Children are less susceptible to infection [11,19,20]

Masking is Impractical for a Classroom Setting

-Masks are easily contaminated from hands, floors, food, hair, etc. [9,21,22]
-Masks will likely be worn incorrectly by children [9,21,23,24,25]
-Low likelihood of being handled in the correct sanitary method [9,25,26,27,28]
-Low likelihood of being washed everyday [9,29]
-Masks should be changed every few hours at least [30,31]

Masking can Cause Health Issues and Spread Covid-19

-Improper mask use can cause an increased risk of infection [22,27,28,29,32,33,34,35,36]
-Experts don't agree on the effectiveness of masks [14,21,37,38,39,40,41,42,43]
-Masks worn for long periods can become bacterial traps [28,29,34,44]
-Constant washing degrades the quality of a mask over time [45]

Masking can lead to Social and Mental Harm

-Masks can negatively impact communication [22,40,46,47]
-Make it harder to focus for those with allergies, asthma, autism, ADHD, learning disabilities, etc. [9,46,47,48]
-Masks can limit social development through facial expressions [49,50]
-They can lead to negative body image and create an opportunity for bullying [9,29,51,52]

INFOGRAPHIC SOURCES

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Source: Twitter; Omnipotent Moral Busybody; @OBusybody; Aug 5, 2020

Conclusion Regarding Masks
They Do Not Work

By Dr. Sherri Tenpenny, DO, AOBNMM, ABIHM
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There are NO randomized, controlled trials (RCT) with verified outcomes that show a benefit to healthcare workers or community members for wearing a mask or a respirator. **There is no such definitive study**. Likewise, no study exists that shows a benefit from a broad policy to wear masks in public (documented below).

Furthermore, if there were any benefit to wearing a mask, because of the blocking power against droplets and aerosol particles, then there should be more benefit from wearing a respirator (N95) compared to a surgical mask. There is not. Neither masks nor respirators protect; cloth coverings are essentially worthless.

It should be noted that the surgical masks are primarily designed to protect the environment from the wearer, whereas the respirators are supposed to protect the wearer from the environment. (Balazy, et al).

Coronavirus are <0.125 microns in size. Masks and respirators filter particles 0.30 to 0.80 microns in size. Masks cannot possibly work. No bias-free study has ever found a benefit from wearing a mask or respirator in this application.

○ Public Health Experts Keep Changing: Mask vs No Mask

- **March 15, 2020 - Medical Science News "**Reusing masks may increase your risk of coronavirus infection." https://www.news-medical.net/news/20200315/Reusing-masks-may-increase-your-risk-of-coronavirus-infection-expert-says.aspx
    - Dr. Jenny Harries, England's deputy chief medical officer, has warned that it was **not a good idea for the public to wear facemasks** as the virus can get trapped in the material and causes infection when the wearer breathes in. "For the average member of the public walking down a street, it is not a good idea," Dr. Harries said.

- **March 30, 2020**: WHO Emergencies Press Conference on coronavirus disease https://www.who.int/docs/default-source/coronaviruse/transcripts/who-audio-emergencies-coronavirus-press-conference-full-30mar2020.pdf?sfvrsn=6b68bc4a_2
    - at 00:22:39) "We **don't generally recommend the wearing to masks in public by otherwise well individuals** because it has not been up to now associated with any particular benefit...It does have **benefit psychologically**, socially and there are social norms around that and we don't criticize the wearing of masks and have not done so but **there is no specific evidence to suggest that the wearing of masks by the mass population has any particular benefit**. In fact, there's some evidence to suggest the opposite in the misuse of wearing a mask properly or fitting it properly or taking it off and all the other risks that are otherwise associated with that.
- **March 31, 2020**: https://www.newsmax.com/us/surgeon-general-adams-masks/2020/03/31/id/960679/
    - "You can increase your risk of getting COVID19 by wearing a mask if you are not a health care provider. Folks who don't know how to wear them properly tend to

touch their faces a lot and actually **can increase the spread of coronavirus**." -Dr. Jerome Adams, US Surgeon General

- **April 3, 2020**: https://time.com/5794729/coronavirus-face-masks/
    - According to the CDC, wearing a surgical mask **won't stop the wearer from inhaling small airborne particles, which can cause infection**. Nor do these masks form a snug seal around the face.
    - The CDC recommends surgical masks **only for people who *already show symptoms*** of coronavirus and must go outside. Wearing a mask can help prevent spreading the virus by protecting others nearby when you cough or sneeze.
- **May 1, 2020:** Illinois issued an order that a mask will be required in public when social distancing isn't an option.

- **May 27, 2020:** Virginia announced a statewide mask mandate.
- .....and many more states have followed suit.

Healthy persons do not spread illness

- **Leung, Nancy., et al. (2020)** "Respiratory virus shedding in exhaled breath and efficacy of face masks." *Nature Medicine* 26, 676-680. https://www.nature.com/articles/s41591-020-0843-2
    - "...Among the samples collected without a face mask, we found that the majority of participants with influenza virus and coronavirus infection **did not shed detectable virus in respiratory droplets or aerosols**... given that each exhaled breath collection was conducted for 30 min, this might imply that **prolonged close contact would be required for transmission to occur**, even if transmission was primarily via aerosols.."

- **Gao, Ming. et al.** "A Study of infectivity of asymptomatic SARS-CoV2 carriers." *Respiratory Medicine.* 2020. Aug: 169:106026 https://pubmed.ncbi.nlm.nih.gov/32513410/
    - 455 contacts who were exposed to the asymptomatic COVID-19 virus carrier: 35 patients, 196 family members and 224 hospital staffs. **NONE of the 455 contacts contracted the SARS-CoV-2 infection**

Mask Mandates as Public Policy is a Disaster

- **Klompas, Michael., et al. (2020)** "Universal Masking in Hospitals in the COVID-19 Era." NEJM 2020; 382:e63 https://www.nejm.org/doi/full/10.1056/NEJMp2006372?
    - **We know that wearing a mask outside health care facilities offers little**, if any, protection from infection. Public health authorities define a significant exposure to Covid-19 as face-to-face contact within 6 feet with a patient with symptomatic Covid-19 that is sustained for at least a few minutes (and some say more than 10 minutes or even 30 minutes). **The chance of catching Covid-19 from a passing interaction in a public space is therefore minimal.** In many cases, the desire for widespread masking is a reflexive reaction to anxiety over the pandemic.

- **Brainard, Julii Suzanne, et al.(2020)** "Facemasks and similar barriers to prevent respiratory illness such as COVID-19: A rapid systematic review." medRxiv 2020.04.01.20049528 https://www.medrxiv.org/content/10.1101/2020.04.01.20049528v1
    - "There were 31 eligible studies (including 12 RCTs). Based on the RCTs we would conclude that wearing facemasks can be very slightly protective against primary infection from casual community contact, and modestly protective against

household infections when both infected and uninfected members wear facemasks. **The evidence is not sufficiently strong to support widespread use of facemasks as a protective measure against COVID-19.**

- **Chandrasekaran, Baskaran. (2020) "Exercise with facemask: Are we handling a devil's sword?" – a physiological hypothesis.** *Med Hypotheses.* Nov; 144:11002. 2020 https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7306735/
    - Exercising with facemasks may reduce available Oxygen and increase air trapping preventing substantial carbon dioxide exchange. The hypercapnic hypoxia may potentially increase acidic environment, cardiac overload, anaerobic metabolism and renal overload, which may substantially aggravate the underlying pathology of established chronic diseases. Further contrary to the earlier thought, **no evidence exists to claim the facemasks during exercise offer additional protection from the droplet transfer of the virus.**

- **Tam, Victor CW et al (2020)** "A reality check on the use of face masks during the COVID 19 outbreak in Hong Kong." *EClinicalMedicine.* 2020 May; 22:100356
    - In our study, 94.8% wore masks of which 83.7% wore disposable surgical masks. However, 13.0% wore them incorrectly: with 35.5% worn 'inside-out' or 'upside-down'; and 42.5% worn too low, exposing the nostrils or mouth. Packaging of different brands of surgical mask sold locally were examined; very few provided instructions on correct usage. **[NOTE: IF NOT worn correctly, there are doing nothing and should not be worn at all.]**

Particle Size: The Key to it All

- **Zhu, Na, et al. (2020).** "A Novel Coronavirus from Patients with Pneumonia in China, 2019" N Engl J Med 2020; 382:727-733. https://www.nejm.org/doi/full/10.1056/nejmoa2001017
    - Scientists were at a consensus that the diameter of the 2019-nCoV particles were **0.06 to 0.14 microns in size**. Most N95 and N99 face masks can filter out 0.30 microns. **Airborne coronavirus particle (<0.125 micron) will pass directly through a N95 face mask.**

- **Balazy, Anna, et al. (2006).** "Do N95 respirators provide 95% protection level against airborne viruses, and how adequate are surgical masks?" ***Am J Infect Control***. 2006 Mar;34(2):51-7.
    - The N95 filtering face piece respirators may not provide the expected protection level **against small virions.** As anticipated, the tested surgical masks showed a much higher particle penetration because they are known to be less efficient than the N95 respirators. **Some surgical masks may let a significant fraction of airborne viruses penetrate through their filters**, providing very low protection against aerosolized infectious agents in the size range of 10 to 80 nm.

N95 Respirators

- **Long, Y. et al. (2020). "**Effectiveness of N95 respirators vs surgical masks against influenza: A systematic review and meta-analysis." *J Evidence Based Medicine.* 2020;12:93-101. https://onlinelibrary.wiley.com/doi/epdf/10.1111/jebm.12381
    - "The current meta-analysis shows the use of N95 respirators compared to surgical masks is **not associated with a lower risk** of laboratory-confirmed influenza."

- **Randonovich, Lewis, et al. (2019)** "N95 Respirators vs Medical Masks for Preventing Influenza Among Health Care Personnel: A Randomized Clinical Trial". JAMA. 2019 Sept 3; (322(9):824-833. https://pubmed.ncbi.nlm.nih.gov/31479137/

    - **"**Among outpatient health care personnel, N95 respirators vs medical masks as worn by participants in this trial resulted in **no significant difference** in the incidence of laboratory-confirmed influenza.

- **Offeddu, V. et al. (2017)** "Effectiveness of Masks and Respirators Against Respiratory Infections in Healthcare Workers: A Systematic Review and Meta-Analysis," *Clinical Infectious Diseases*, Volume 65, Issue 11, 1 December 2017, Pages 1934–1942, https://academic.oup.com/cid/article/65/11/1934/4068747
    - "Self-reported assessment of clinical outcomes was prone to bias. Evidence of a protective effect of masks or respirators against verified respiratory infection(VRI) was **not statistically significant**."

- **Chou, Roger, et al. (2020) "**Masks for Prevention of Respiratory Virus Infections, Including SARS-CoV-2, in Health Care and Community Settings." *Ann Intern Med* June 24:M20-3213. 2020 https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7322812/
    - Randomized trials in community settings found possibly no difference between N95 versus surgical masks and probably **no difference** between surgical versus no mask in risk for influenza or influenza-like illness, but compliance was low. **Bothersome symptoms were common**.

- **Zhu JH, et al.** "Effects of long-duration wearing of N95 respirator and surgical facemask: a pilot study." *J Lung Pulm Respir Res.* 2014;1(4):97–100. http://medcraveonline.com/JLPRR/JLPRR-01-00021.pdf
    - As the protection efficacy and possible effects on nasal functions and subjective sensations of wearing N95 respirator/surgical facemask have been well demonstrated, wearing of respirator and facemask altered the fractions of air components and changed microclimate around the nasal cavity, **which would further affect the function of mucosa** and its transportation rate.

- **Cowling, B. et al. (2010)** "Face masks to prevent transmission of influenza virus: A systematic review." *Epidemiology and Infection,* 138(4), 449-456. https://www.cambridge.org/core/journals/epidemiology-and-infection/article/face-masks-to-prevent-transmission-of-influenza-virus-a-systematic-review/64D368496EBDE0AFCC6639CCC9D8BC05/core-reader
    - N95-masked health-care workers (HCW) were **significantly more likely to experience headaches.** Face mask use in HCW **was not demonstrated to provide benefit** in terms of cold symptoms or getting colds.

- **Smith, Jeffrey, et al. (2016)** "Effectiveness of N95 respirators versus surgical masks in protecting health care workers from acute respiratory infection: a systematic review and meta-analysis." *CMAJ* 2016 May 17;188(8):567-574 https://pubmed.ncbi.nlm.nih.gov/26952529/
    - Although N95 respirators appeared to have a protective advantage over surgical masks in laboratory settings, our meta-analysis showed that there were **insufficient data to determine definitively whether N95 respirators are superior to surgical masks** in protecting health care workers against transmissible acute respiratory infections in clinical settings.

Surgical Face Masks

- **Isaacs, David, et al. (2020)** "Do Facemasks protect against COVID-19?" *J. of Pediatric and Child Health,* June. 56(6): 976-977. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7323223/
    - "The **questionable benefits** arguably **do not justify health-care staff wearing surgical masks** when treating low-risk patients and may impede the normal

caring relationship between patients, parents and staff. We counsel against such practice, at least at present."

- **Jacobs, J. L. et al. (2009)** "Use of **surgical face masks** to reduce the incidence of the common cold among health care workers in Japan: A randomized controlled trial," *American Journal of Infection Control*, Volume 37, Issue 5, 417-419. https://www.ncbi.nlm.nih.gov/pubmed/19216002
    - N95-masked health-care workers (HCW) were significantly more likely to experience headaches. **Face mask use in HCW was not demonstrated to provide benefit in terms of cold symptoms or getting colds.**

- **Smith, J.D. et al. (2016)** "Effectiveness of N95 respirators versus surgical masks in protecting health care workers from acute respiratory infection: a systematic review and meta-analysis," *CMAJ* Mar 2016 https://www.cmaj.ca/content/188/8/567
    - "We identified six clinical studies …we found **no significant difference** between N95 respirators and surgical masks in associated risk of (a) laboratory-confirmed respiratory infection, (b) influenza-like illness, or (c) reported work-place absenteeism."

- **Balazy, Anna, et al. (2006).** "Do N95 respirators provide 95% protection level against airborne viruses, and how adequate are surgical masks?" *Am J Infect Control*. 2006 Mar;34(2):51-7.
    - The N95 filtering face piece respirators may not provide the expected protection level **against small virions.** As anticipated, the tested surgical masks showed a much higher particle penetration because they are known to be less efficient than the N95 respirators. **Some surgical masks may let a significant fraction of airborne viruses penetrate through their filters**, providing very low protection against aerosolized infectious agents in the size range of 10 to 80 nm.

Cloth masks

- **MacIntyre, C Raina, et al.** "A cluster randomized trial of cloth masks compared with medical masks in healthcare workers." *BMJ Open* 2015; 5:e006577. https://bmjopen.bmj.com/content/5/4/e006577.full
    - "Cloth masks also had significantly higher rates of influenza-like illness. Penetration of **viral particles through a cloth mask was almost 97%"**

- **Rengasamy, Samy, et al.** "Simple Respiratory Protection – Evaluation of the filtration performance of cloth masks and common fabric materials against 20-1000nm size particles" *The Annals of Occupational Hygiene,* Vol 54, Issue 7, Oct 2010. Pg 789-798 https://academic.oup.com/annweh/article/54/7/789/202744
    - Results obtained show that common fabric materials provide **marginal protection** against nanoparticles including those in the size ranges of virus-containing particles in exhaled breath.

- **Shakya, Kabindra M, et al.** "Evaluating the efficacy of cloth facemasks in reducing particulate matter exposure." *J Expo Sci Environ Epidemiol*. 2017;27(3):352-357. https://pubmed.ncbi.nlm.nih.gov/27531371/
    - "Our results suggest that cloth masks are only marginally beneficial in protecting individuals from particles <2.5 μm **(Note: coronaviruses are between .05 and 0.2 microns)**

- **MMWR:** *Weekly* / July 17, 2020 / 69(28);930-932 https://www.cdc.gov/mmwr/volumes/69/wr/mm6928e2.htm?s_cid=mm6928e2_w
    - At salon X in Springfield, Missouri, two stylists with COVID-19 symptoms worked closely with 139 clients before receiving diagnoses of COVID-19, and **none** of their clients developed COVID-19 symptoms. 67 were tested; 67 specimens were positive. Close contacts because ill; apparently everyone recovered uneventfully. **CONCLUSION:** 1) Exposure isn't illness and 2) positive tests isn't illness

Wearing a mask blocks oxygen

- Wearing a mask is hazardous to your health. https://www.youtube.com/watch?v=ZqRL1GXu5DE

- **Kao, Tze-Wah, et al. (2004).** The physiological impact of wearing an N95 mask during hemodialysis as a precaution against SARS in patients with end-stage renal disease." *J Formos Med Asso.* 2004 Aug;103(8(:624-8
    - Thirty-nine patients (mean age, 57.2 yrs) in the study. 70% showed a reduction in partial pressure of oxygen (PaO2), and 19% developed various degrees of hypoxemia. Wearing an N95 mask significantly **reduced the PaO2 level, increased the respiratory rate, increased chest discomfort, and respiratory distress**. Wearing an N95 mask for **4 hours** during HD significantly reduced PaO2 and increased respiratory adverse effects in ESRD patients. **[DOES THIS DO THE SAME IN OTHER PATIENTS WITH HEALTH CONDITIONS?]**

- **OSHA documents**: https://www.osha.gov/laws-regs/standardinterpretations/2007-04-02-0
    - "People begin to suffer adverse health effects when the oxygen level of their breathing air drops below 19.5 percent oxygen. The rule-making record for the Respiratory Protection Standard clearly justifies adopting the requirement that air breathed by employees must have an **oxygen content of at least 19.5 percent**.

- **Beder, A et al. (2008)** "Preliminary report on surgical mask induced deoxygenation during major surgery." Neurocirugia (Astur) 2008 Apr;19(2):121-6. https://pubmed.ncbi.nlm.nih.gov/18500410/
    - A study on 53 surgeons using a pulse oximeter pre and postoperatively. **Pulse rates increased and SpO2 decrease after the first hour**. Since a very small decrease in saturation at this level, reflects a large decrease in PaO2, our findings may have a clinical value for the health workers and the surgeons. ***[NOTE:*** *SpO2 {O2 sat} is the saturation of hemoglobin with oxygen measured with a. pulse oximeter. PaO2 is amount of oxygen in the blood, determined by an arterial blood sample. Once the O2 sat falls below 90%, the PaO2 drops quickly into the dangerously hypoxic.*

Wearing a mask increases CO2 – leading to cognitive dysfunction

- **Zheng, Guo-quing, et al. (2008)** "Chronic hypoxia-hypercapnia influences cognitive function: a possible new model of cognitive dysfunction in COPD." *Med Hypotheses.* 2008;71(1):111-3 https://pubmed.ncbi.nlm.nih.gov/18331781/
    - "We propose that cognitive impairment is strongly related to combination of chronic hypoxia and hypercapnia."

The psychological impact of mask wearing

- **TIME MAGAZINE (2020)** "Public Health Experts Keep Changing Their Guidance on Whether or Not to Wear Face Masks for Coronavirus." https://time.com/5794729/coronavirus-face-masks/
    - Lynn Bufka, a clinical psychologist and senior director for practice, research and policy at the American Psychological Association, suspects that people are clinging to masks for the same reason they knock on wood or avoid walking under ladders. "**Even if experts are saying it's really not going to make a difference,** a little [part of] people's brains is thinking, well, it's not going to hurt. Maybe it'll cut my risk just a little bit, so it's worth it to wear a mask," she says. In that sense, **wearing a mask is a "superstitious behavior**." https://time.com/5794729/coronavirus-face-masks/
- **Potts, Susan Claire.** "The Cult of the Mask." https://remnantnewspaper.com/web/index.php/articles/item/4927-the-cult-of-the-mask
    - When people hide their faces, they feel they *belong* to something. They can show their solidarity with the whole human race. They can feel *good about themselves.* They can keep people *safe*. They can *make a difference.* **The freedom of the open-faced is seen as a threat to their *safety* and, more significantly, to their sense of commitment to a great cause**. Currently, the weapons are psychological—shame, ostracism.
- **Klompas, Michael., et al. (2020)** "Universal Masking in Hospitals in the COVID-19 Era." NEJM 2020; 382:e63 https://www.nejm.org/doi/full/10.1056/NEJMp2006372
    - One might argue that fear and anxiety are better countered with data and education than with **a marginally beneficial mask**, particularly in light of the worldwide mask shortage, but it is difficult to get clinicians to hear this message in the heat of the current crisis. **Expanded masking protocols' greatest contribution may be to reduce the transmission of anxiety,** over and above whatever role they may play in reducing transmission of Covid-19.

Masks dehumanize us

- **Foley, Gretchen N, et al. (2010)** "Nonverbal Communication in Psychotherapy." *Psychiatry (Edgmont)*. June 7(6):38-44 https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2898840/
    - An estimated 60 to 65 percent of interpersonal communication is **conveyed via nonverbal behaviors**.
    - Masks distort the structure of the face. The lower part of their face is disguised. Identity is concealed. No non-verbal cues or emotion is communicated to a fellow human being can be discerned; **all facial communication is hidden under the mask.**

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Four Key Reasons Why People Choose to Not Wear a Mask

https://www.medicalnewstoday.com/articles/covid-19-and-face-masks-to-wear-or-not-to-wear#1.-Masks-offer-no-protection-to-the-wearer

1. Masks offer no protection to the wearer
    a. *Masks are not an effective way of protection from the new coronavirus, only N95 are, and masks have disclaimers saying they cannot prevent someone from acquiring the new coronavirus*
2. Evidence is lacking that masks protect anyone: the wearer or the public
    a. *See the references above*
3. Masks increase the risk of contracting an infection: COVID19 or others
    a. *Masks can become contaminated very quickly, and every time the wearer breathes in, they inhale contaminants*
4. Masks might harm the wearer
    a. *Masks limit oxygen intake and increase carbon dioxide (CO2)*
    b. *Masks are dangerous for people with certain health conditions (COPD, asthma), as they may restrict breathing*
        i. The WHO acknowledge that people living with asthma, chronic respiratory conditions, or breathing problems may experience difficulties when wearing face masks.
        ii. The CDC recommend that anyone who has trouble breathing should not wear a face covering.

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2. "Masks don't work." https://www.rcreader.com/commentary/masks-dont-work-covid-a-review-of-science-relevant-to-covide-19-social-policy

3. "Asymptomatic carriers don't spread infection." https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7219423/

4. "Exposure doesn't mean death; doesn't even mean illness." https://www.cdc.gov/mmwr/volumes/69/wr/mm6928e2.htm?s_cid=mm6928e2_w

5. "Masks for all not based on sound data." https://www.cidrap.umn.edu/news-perspective/2020/04/commentary-masks-all-covid-19-not-based-sound-data

6. "COVID19- PCR testing is Scientifically Meaningless" https://off-guardian.org/2020/06/27/covid19-pcr-tests-are-scientifically-meaningless/

FREE OUR CHILDREN TO BREATHE!

"It is error alone that needs the support of government. Truth can stand by itself."
- Thomas Jefferson

The State's mask mandate for all students is arbitrary, not based on scientific evidence, harmful to students, and impedes effective education.

Our children suffer in masks for 7 hours a day while arbitrary, unscientific mandates remain in effect. It is clear that CA DPH has chosen to ignore the overwhelming evidence that shows children are at a very low risk from being infected with covid, transmitting it to others, or becoming seriously ill.

THE FACTS:

1. **Mandatory mask rules make NO difference in student case rates in K-12 schools.**
2. **Young children RARELY IF EVER transmit COVID to others.**
3. **Children are at very low risk of being infected with covid and rarely become seriously ill.**
4. **The harms of forced mask wearing in school are significant and long-term.**

Studies published by the CDC and conducted across the U.S. found **mandatory mask rules make no difference in student case rates in K-12 schools**. A recent, real-world example just played out in Florida in September, where **case rates were no higher for unmasked students.**

According to the CDC, children with COVID-19 typically have mild symptoms or no symptoms at all, and the estimated infection fatality rate for children is 0.002%, **lower than the 0.003% estimate for a typical flu season.**

There is now an overwhelming amount of evidence to demonstrate the ineffectiveness of masks both in and outside the classroom. **To continue these mandates in defiance of all scientific evidence and logic is nothing short of CHILD ABUSE.**

Children under 12 are NOT a public health risk with regards to covid transmission, thus overarching child mask mandates should be lifted and mask wearing should be left to parental discretion.

Enough is Enough! Join our efforts:

Free2BreatheNow@gmail.com

SUPPORTING FACTS

MASK MANDATES MAKE NO DIFFERENCE; CHILDREN RARELY SPREAD COVID

-The CDC reports, "staff-to-student and student-to-student transmission are not the primary means of exposure to SARS-CoV-2 among infected children." Additionally, "**students are not the primary sources of exposure to SARS-CoV-2 among adults in school setting.**"[1]

-Recent data from more than 1.5 million students & staff at K-12 schools (before adult vaccination) proves that **mask mandates do not impact student or teacher infection rates when adjusted for spread within the community.**[2] COVID-19 Mitigation Practices and COVID-19 Rates in Schools: Report on Data from Florida, New York and Massachusetts, Emily Oster, Rebecca Jack, Clare Halloran, John Schoof, Diana McLeod, medRxiv 2021.05.19.21257467

- Based on a CDC report of data from November & December 2020 (prior to vaccine availability & during higher case prevalence) "lower incidence in schools that required mask use among students was **not statistically significant** compared with schools where mask use was optional."[3]

- Considering current vaccination, disease prevalence, hospitalization & death rates, there is insufficient evidence that continued mask mandates for California's schoolchildren would provide a benefit that outweighs the potential harm.[4]

-Dr. Naomi Bardach, Safe Schools for All Team Lead for the CA Department of Health and Human Services, explained in an opinion piece published in the New York Times, "Children and adolescents do not seem to get sick with COVID-19 as frequently as adults. And **children, especially elementary school-age children, do not seem to transmit it effectively to one another, nor to adults."** [5] She also said, "Our mental model of kids being viral vectors, viral cesspools, needs to change." [6]

- A study of Norwegian children that tested all contacts of children who had tested positive for COVID-19 concluded that "transmission of SARS-CoV-2 from children under 14 years of age was **minimal** in primary schools in Oslo and Viken, the two counties with the highest COVID-19 incidence." Notably, Norway has never required children under the age of 13 to wear a mask.[7]

- A report in the New England Journal of Medicine summarizing data from Sweden in Spring of 2020 (when schools for children ages 16 & under remained open without requiring masks & vaccinations were not yet available) only saw 15 children hospitalized in the ICU out of 1,951,905 children (0.77 per 100,000) with zero deaths, & only 30 teachers were hospitalized in the ICU (19 per 100,000) – a rate similar to other occupations.[8]

- The COVID-19 School Dashboard developed by Brown University tracks over 5,000 schools, 4 million students, & 1.3 million staff, & has consistently found student & staff infection rates of 0.1% to 0.2% since it began publishing in September.[23]

- A September 2020 report from Insights for Education of data from 191 countries found **no link** between schools being open for in-person instruction and COVID-19 infection rates.[24]

- In an article published in the medical journal Pediatrics on January 8, 2021, researchers reported that in a study of 90,000 students across 56 school districts in North Carolina during the first 9 weeks of the school year (prior to widely available vaccinations) there were only a few dozen instances of secondary spread in schools & **no cases were found of in-school child-to-adult spread**, even with community infection rates of up to 29 per 100,000.[9]

- In Florida during the fall of 2020, 45% of the state's 2.8 million students received in-person instruction. Only 2% fell ill with COVID-19. Of those, only 0.5% required hospitalization. None died. In September of 2021, comparing data between masked & unmasked yielded **no difference**.[10] Same across the U.S.[11]

MASK MANDATES HARM CHILDREN

-Children are at risk of harm from continued mask mandates. Repeated exposure to mandatory mask wearing over long periods of time, especially in schools where children are expected to learn, can be extremely harmful for children. Mask use is not benign. A review of 44 studies revealed a "statistically significant correlation in the quantitative analysis between the negative side effects of blood oxygen depletion & fatigue in mask wearers with p = 0.0454."[12]

- While CDPH has consistently required everyone, including children over the age of 2, to wear masks, the World Health Organization ("WHO") and UNICEF both state that children 5 years & under should not be required to wear masks to protect others from COVID-19. This advice is based on the safety & overall interest of the child & the capacity to appropriately use a mask with minimal assistance. Further, the WHO & UNICEF advise that decisions whether to impose a mask requirement upon children ages 6- 11 should be made only after weighing the harms & benefits, including the impact of wearing a mask on a child's psychosocial development.[13] Our state leaders have not engaged in any such risk/benefit analysis, instead choosing to proceed with a one size fits all policy. State policy also completely disregards any age-based stratification of risk & benefit.

- The benefits of mask wearing for children are questionable at best, especially when more than 70% of California adults have either natural or vaccine induced immunity to COVID-19.[14] Reduced community spread caused by a powerful combination of adult vaccination & natural immunity dramatically reduces the incidence of infection for children throughout California. This is because adult immunity protects children & further reduces the already low risk that children will suffer harm from a COVID-19 infection.[15-1] [15-2]

- The harms of forced mask wearing in the school setting are significant & long-term. The ability to see, appreciate & communicate through facial expressions (which are hidden behind a mask) is crucial to a child's social & emotional development. Children need to see their peers' outward emotional display on their faces to properly engage in social interaction. Facial expressions help both children & their teachers modify their behavior to align with social communication & behavioral norms. When facial expressions are inhibited by face masks, a child's ability to communicate effectively is reduced & they are primarily left with mimicking negative emotions.[16]

- Masks frequently cause anxiety & psycho-vegetative stress reactions in children. Children who are required to wear masks frequently & for extended period often experience an increase in psychosomatic & stress-related illnesses. They also tend to exhibit depressive self-experience, reduced participation, social withdrawal & lowered health-related self-care.[17]

-Masks also inhibit a child's ability to effectively communicate with their peers and teachers, which, in turn, negatively impacts a child's ability to learn. More than 50% of mask wearers experience mild depressive feelings.[18] Mild depressive feelings can lead to more significant depression which can then lead to suicidal ideation. Suicidal ideation is indisputably far more harmful to children than COVID-19.

-According to a study published by the CDC, commencing in April 2020, the proportion of children's mental health-related emergency department visits among all pediatric emergency visits increased & remained elevated through October. Compared with 2019, the proportion of mental health related visits for children aged 5–11 & 12–17 years increased approximately 24% & 31%, respectively.[19]

- Sadly, suicidal ideation among pediatric patients was 1.60 & 1.45 times higher in March & July 2020, respectively versus March & July 2019. Odds of a child engaging in a recent suicide attempt were 1.58, 2.34, 1.75 & 1.77 times higher in February, March, April, & July 2020 as compared with the same months in 2019.[20]

- Mask wearing disproportionately impacts children who are attempting to learn English as a second language, as it impedes their ability to process their non-native language. "Non-native speakers watch the mouth than native speakers, regardless of their level of second language expertise." [21]

-Attention to a speaker's mouth increases whenever speech-processing becomes more challenging, even when an individual is highly competent in that language.[21] Further, facial expressions often help to convey the meaning and/or intent of a speaker's words.

- Masks cause adverse physical changes, including significant increases in heart rate, decreased oxygen saturation, headaches, increased skin temperature, difficulty breathing, dizziness, listlessness, impaired thinking, & concentration problems. Masks interfere with temperature regulation & impair the field of vision & of non-verbal & verbal communication.[22]

- Masks effectiveness has been consistently disputed.[25] Without conclusive data on benefits, CA DPH should follow the Hippocratic Oath to "first, do no harm."

Steve Kirsch's newsletter

Subscribe

P100 respirators (and above) are the only face coverings that have a chance to protect you from COVID

My friend, Tyson Gabriel, is an expert on PPE. P100 respirators can greatly reduce your risk of getting COVID, but only for the wearer. AFAIK, no public health official ever talks about them. Why?

Steve Kirsch
Jan 12

475 343

Stephen Petty and Tyson Gabriel are the smartest guys I know when it comes to industrial hygiene (mitigations including masks, HEPA filtration, etc). They always emphasize the hierarchy of controls and that the focus on PPE as the silver bullet is misplaced. PPE is the last line of defense, not something to weigh heavily in a proper mitigation effort.

Watch this video which points out that even properly fitted N95 masks will be <50% filtration of particles 1um in size (10X bigger than COVID) and for cloth masks 9.8% and surgical masks 12.4%. This is the most optimistic case. This is useless to protect against COVID because of what you are typically exposed to which is measured in orders of magnitude. What this means is that with any of these interventions, you'll be exposed to slightly less viral load which means slightly slower onset of disease (delays maybe in hour best case (assuming a 10 hour doubling time). This is why all the clinical studies show 0 difference in the number of people infected. The only real solution is engineering controls, something the CDC never talks about.

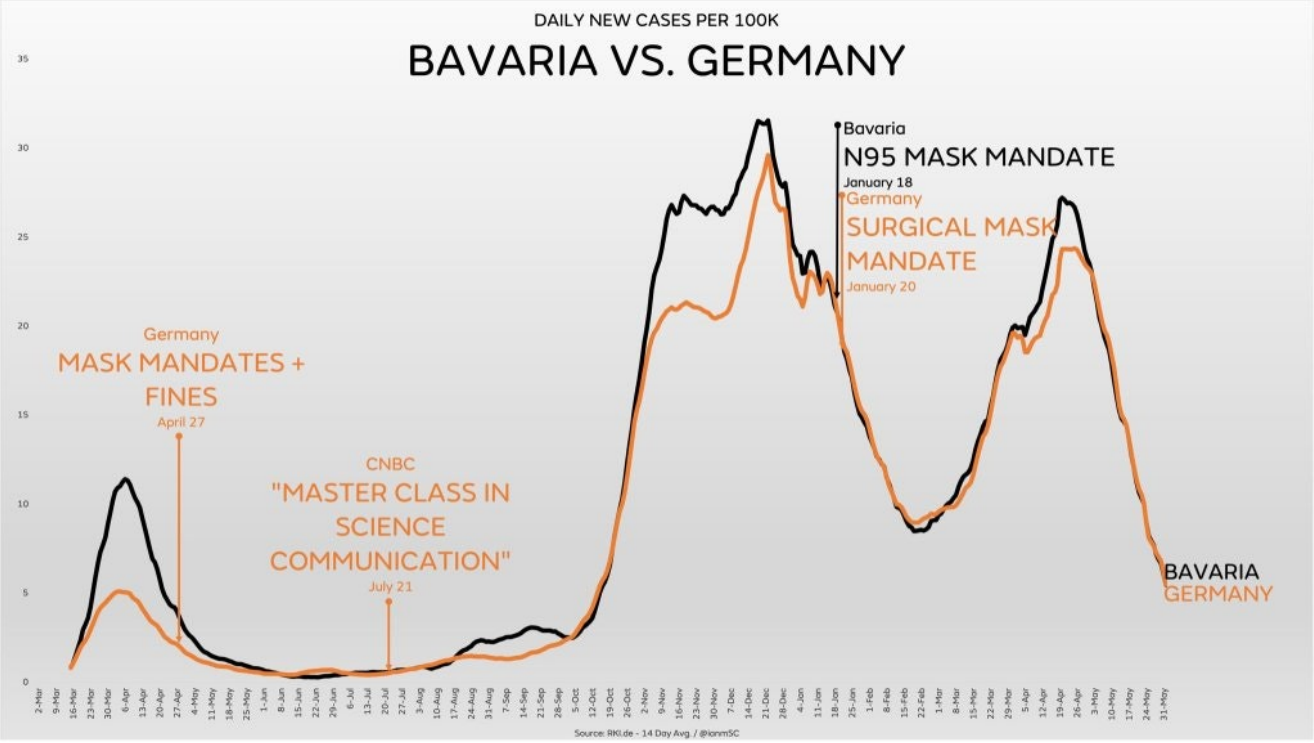
If you want PPE that seriously works and would protect you against asbestos (which is much larger than the virus), you're looking at a properly fit-tested Powered Air-Purifying Respirator (PAPR) which has positive pressure. This advice is ignored.

Petty has a Rumble channel of his videos. Tyson did an excellent video series on showing that masks don't work which you can watch here:

I spoke to him today and here are the key things you should know about masks.

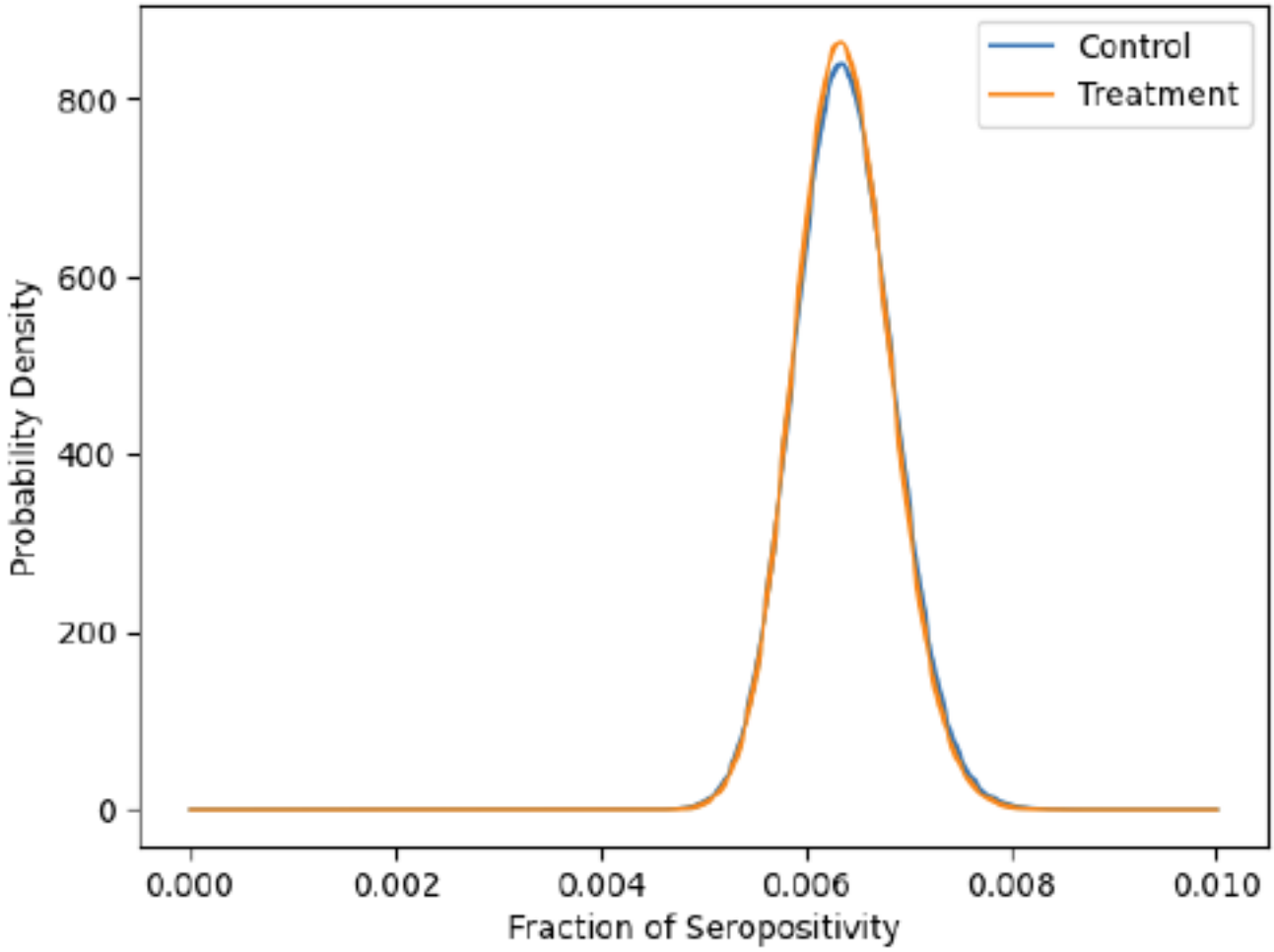
1. Cloth and surgical masks do absolutely nothing positive and N95 masks aren't much better than that.

   For example, the real world data from N95 and FFP2 masks show they make absolutely no difference; the graphs are stunning: the lines are on top of each other!!



All three mask types (cloth, surgical, and N95) are basically worse than no mask since 1) they lower your oxygen levels 2) can make you more likely to get infected with a respiratory virus, and 3) they actually increase the inhalation of virus (big droplets would fall to the floor from unmasked people, but for masked people they are instead they are aerosolized).

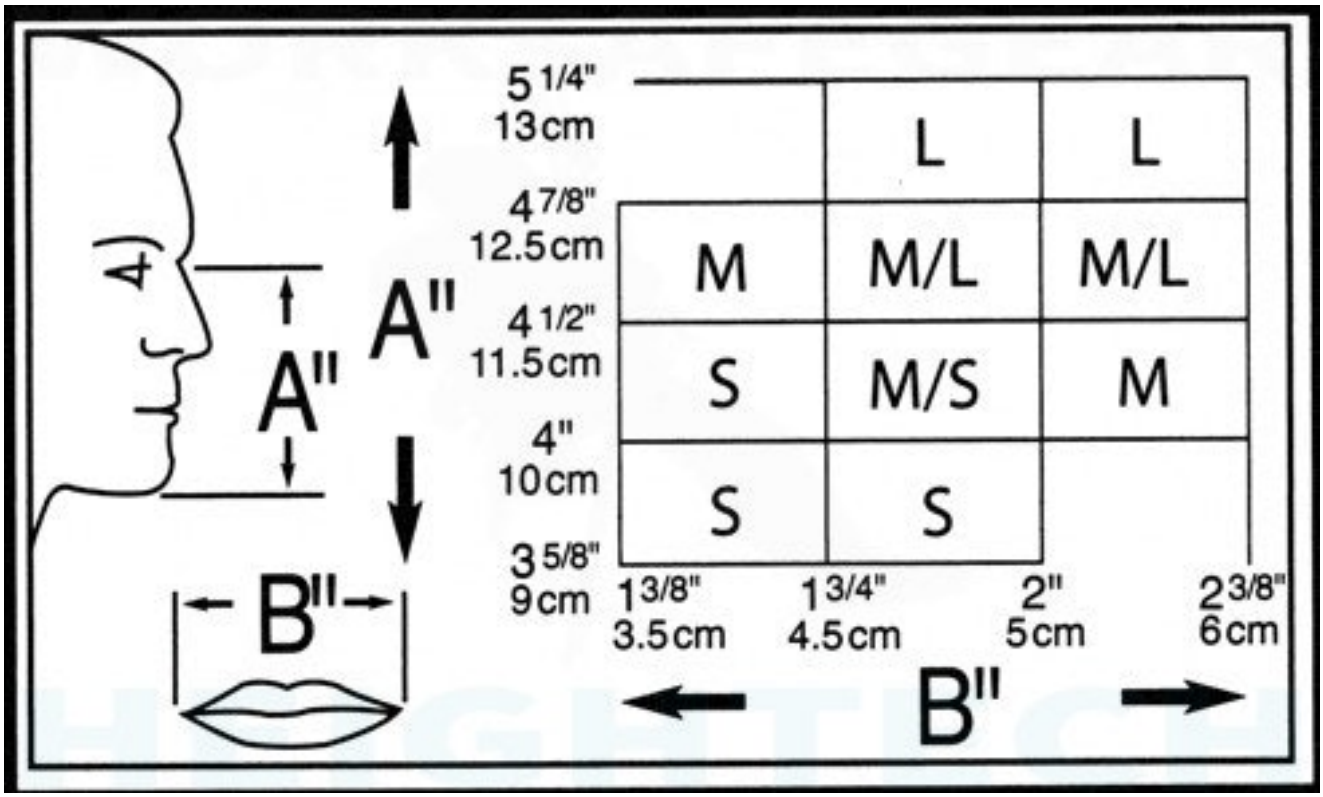
You can see the effectiveness against COVID here in this graph below which is from the highly acclaimed Bangladesh randomized trial done by Stanford and Yale. This is for purple cloth masks. As you can see, there is no difference. None. Nada. See Masks don't work for more info on the two mask randomized trials.



2. If you really want serious protection, get yourself a 3M 6000 or 7000 series half-face mask. The 6000 is the older model and is heavier duty. The 7000 is newer and a lot more comfortable.

   There are three sizes: small (7501), medium (7502), and large (7503).

   Generally, you'd get the large size if you are 6 feet tall or over. Here's the sizing chart:



3. The mask is sold without a filter. You'll need a 3M brand P100 particulate filter, such as 3M 2091 to protect against COVID. For heavy-duty use, the 7093 filters are larger and more expensive, but more durable and last longer (you can wipe them down if they get dirty).
4. These respirators make it easy to both inhale and exhale. They will truly protect you from the virus and they are much easier to breathe through than a cloth or surgical mask (they are designed to allow you to maintain suitable oxygen levels).These are serious products.
5. Due to federal law, some airlines won't allow these respirators to be used on planes because they protect you, but they don't protect other passengers since they aren't filtered for the exhaust. If they filtered the exhaust, your oxygen levels would fall to unsafe levels. In short, the airlines can't let you protect yourself with legit protection. It's illegal. That's insane.
6. So on an airplane, you may be required to wear a cloth or surgical mask that doesn't protect you or anyone else. It is the filtration systems on airplanes that are responsible for the safety record of flights (people sitting right next to an infected person could still be infected). The FAA has never figured this out. They probably never will. They will likely require these useless masks for decades to come.

In short, the FAA is brain dead. If they followed the science, they would allow people to wear respirators, but only if they wanted to. These interventions should not be forced.

If you want a mask to protect you in other situations (or to protect grandma), the 3M respirators are the way to go.

What's interesting is that everyone talks about protecting Grandma, yet nobody actually gives Grandma the protection she deserves.

What you need to know about the virus and PPE

Key points from Stephen Petty:

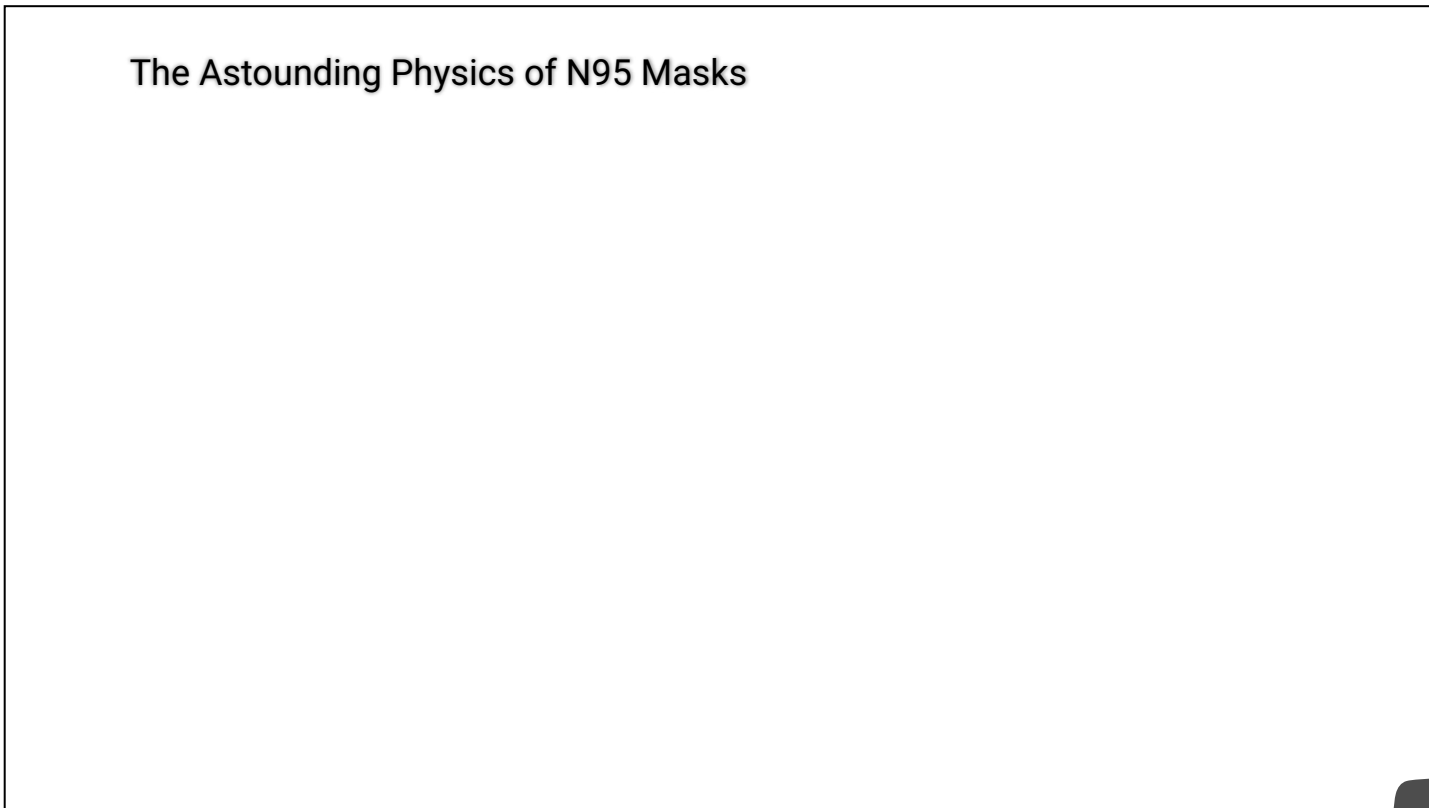
1. An infected person at peak infectivity probably emits around 1M virions per minute. This goes down to around 10K/minute after one or two days.
2. Depending on the virus, you can be infected with just a few virions or it might take 1,000. So the longer you dwell in an enclosed space, the greater your risk of
3. The virions just hangs around in the air for hours to days. If you are not in a ventilated space the virus can hang in the air for 10 to 50 days. So this is why that MIT study found that social distancing made no difference at all in an enclosed space with no ventilation or filtration.
4. Depending on the size of the space, it might take a few hours for the virions to uniformly fill the room.
5. An air filtration system that does 4.5 exchanges per hour can reduce the viral load only by 90%. But that is far more than you'll get from any type of mask or even a reasonably well fitting N95 respirator.
6. That means that if you walk into a cloud of virions, any PPE you are wearing, unless it provides several orders of magnitude of protection, isn't likely to make any difference at all as to whether you will be infected or not.
7. People who work with asbestos (typically 10X bigger than the virus) use PAPR gear (see below) since any seal leak can be extremely dangerous.
8. People who work in BSL3 or 4 labs would never be found wearing a cloth or surgical mask.
9. As any researcher who works with Ebola if they would feel protected using a cloth or surgical mask or N95 respirator. Answer: no.

The physics behind the N95 and P100 respirators

You can watch this video to learn how these respirators work in the ideal case.

In particular, this points out that because of the way these respirators work (which is to get particles to stick to the fibers rather than as a strainer), these respirators can block very small and very large particles; it is the medium size particles that are the hardest to block.

But here's the important caveat: it's only true if the air isn't moving. If it is moving with great force, then the momentum of these particles can overcome the electrostatic attraction. So take the video with a grain of salt.



Nobody wears the P100 respirators even though they are inexpensive and effective because nobody knows about them

Almost nobody wears these. I went through multiple airports and didn't see a single person with a P100 respirator.

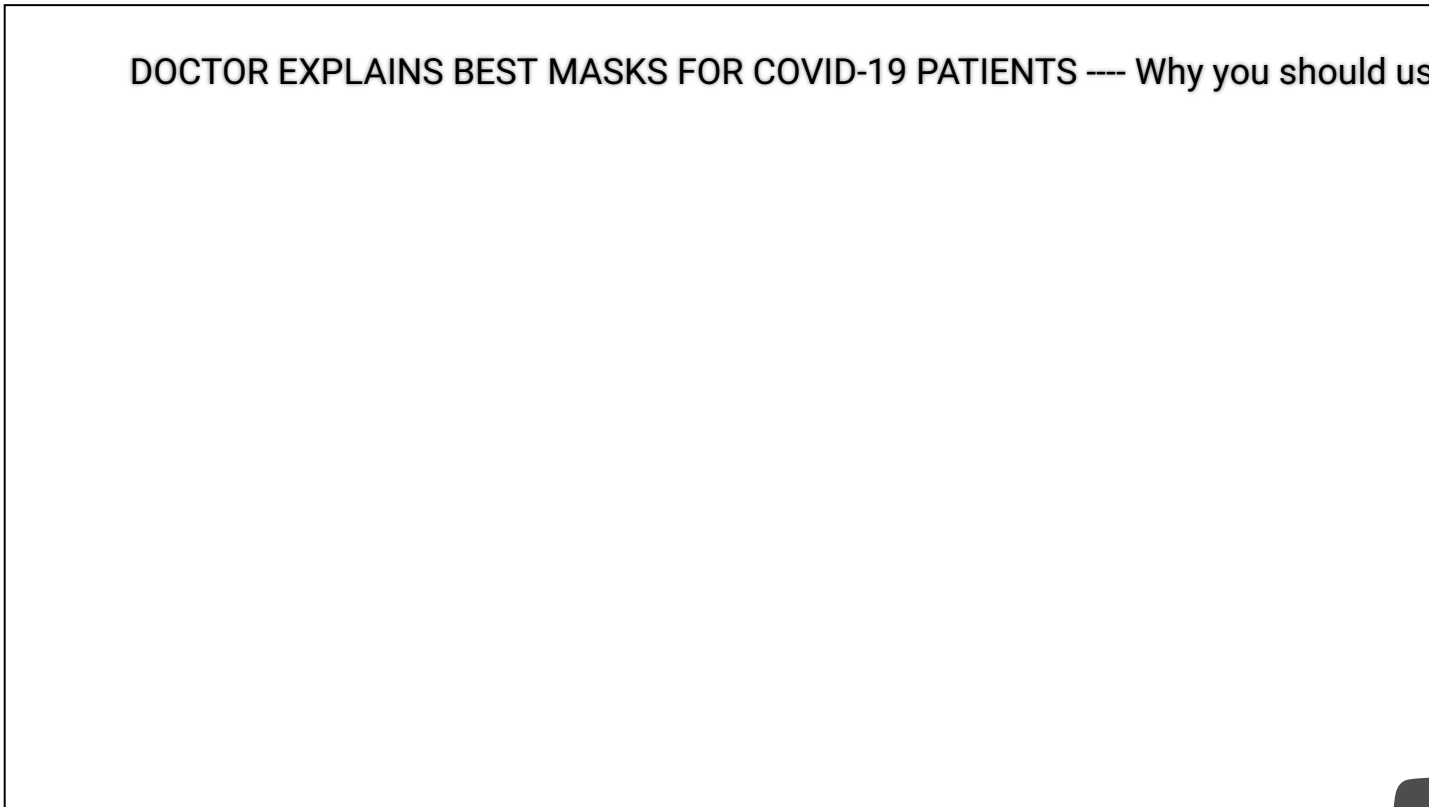
If everyone wore them, nobody would have COVID. I think by suppressing this knowledge, they can keep the pandemic alive.

Check out this video from Rahoul Ahuja, MD on P100 respirators. It was done a year ago.

He's an internal medicine physician with just 242 subscribers on YouTube who has broken the code.

He posted this video on Feb 2, 2021. It's now a year later and nobody has a clue about these respirators.

His advice on the 7093 filters (at 10:25) is spot on. Those are the same ones I purchased.



Beware of bad advice: you cannot filter the output port

Dr. Ahuja's advice in the video (at 6:30) on covering the exhalation port with a surgical mask is ludicrous. A surgical mask will not filter out the COVID virus and it will impede airflow and decrease oxygen levels inside the mask which is unsafe for the wearer. P100 respirators are awesome, but his makeshift solution is wrong. Think of all these PPE devices as one way protection: for you only.

Respirators only work one-way: to protect the wearer

P100 respirators are a one-way solution. They protect the wearer from other people; they do not protect other people from the wearer.

Why isn't there filtration on the exhaust port? They weren't designed for that. They were designed to protect the wearer. There is no need to protect the environment.

Anyone who wants protection can wear them. There is simply no need for two-way protection.

Can you design a respirator for output-only filtering? For input-output filtering?

Can you design on an output filter port onto the 3M respirator and have it work without making it unsafe to breathe? I don't know. Tyson Gabriel didn't know either. He was worried about oxygen levels inside the mask if the output port is restricted.

So if you had such a respirator, you could just put on an output filter when visiting grandma or going on a plane, and use input filters to protect yourself, or use both in mixed situations.

But all of this is overkill.

See it in action

You can see a P100 respirator in action here with a particle counter. Note, here they use the full facemask version which is overkill for COVID (the 750x series is recommended for COVID):

3M 6800 with P100 Filters Particle Count Testing

Why a P100 respirator is over 160 times better than an N95 mask

Respirators with P100 filters, when used properly, are well over 160 times more effective than an N95 respirator for two reasons:

1. the filtration is 99.97% rather than 95% (so is a factor of 500/3=166 better)
2. the respirator fits better so there is less chance of air leakage due to the silicon rubber seals. The seal is critical. A perfectly fit N95 might provide better protection than a leaky P100. However, in general, the P100 respirators nearly always provide a better fit due to the rubber seals conforming to your face. It is easy to test for leakage when you inhale and exhale as well on these respirators (just by blocking the input and output ports).

Is P100 good enough?

Each virus has a minimum number of virions that must be transmitted to cause disease. Once that threshold is exceeded, the more virions, the the faster the onset of disease and, generally, the worse the outcomes.

Therefore, the better the filtering (and we're talking orders of magnitude here to make a difference), the better the outcomes.

Here's a respirator that supports 10,000X better filtration than an N95

The best mask I'm aware of is the MIRA CM-6M Tactical Gas Mask with Particle Max P3 Virus Filters. Made from ULPA filtration technology, a step above HEPA Rated to stop 99.9995%+ of viral and bio particulates. Only $240 for the mask and $150 for a set of 6 P3 filters.

Of course you may get strange looks at the grocery store.

The optional NBC-77 SOF CBRN Gas Mask Filter will protect against CBRN (chemical, biological, radiological or nuclear) agents.

For COVID, all you need is the ParticleMax P3 Virus Filter which has the 99.9995% particle filter. With a six pack, you'd use one filter per day and rotate them out. This gives plenty of

time for the virus to die between uses of the same filter.

Remember: they only protect you.

If everyone wore this mask for a week, we could potentially wipe out respiratory viruses worldwide (assuming the masks are properly fit and worn). That would never happen following the current advice from the CDC.

Note that you can buy an optional MIRA Safety HAZ-SUIT Protective CBRN HAZMAT Suit and a MB-90 Powered Air Purifying Respirator (PAPR). Then you stand a real chance to avoid the virus.

The mask and filters only work properly if you follow the rules

The most important thing is the fit. There must be a perfect seal.

Here are the precautions from the 3M datasheet to be aware of to maximize your protection.

"Please note that penetration of particles through the filter is only one of the possible sources of exposure to contaminants. Other potential sources such as ***face seal leakage***, ***leakage as a result of improper maintenance***, *or* ***not wearing the respirator when necessary*** *may contribute more to exposure than filter penetration. Each of these factors must be addressed and controlled.*"

"For example, all particulate respirators that are designed to seal to the face (including filtering facepiece respirators) can be fit tested using the saccharin or Bitrex™ qualitative fit test methods, or using appropriate quantitative fit test methods such as the ambient particle counting method using the TSI® PortaCount®. ***Wearers must be trained how to properly use and maintain their respirators*** *and the importance of wearing them at all times during potential exposure.*

"Please also note that *respirators help reduce exposure to airborne contaminants* **but do not prevent the inhalation of all particles**.

"As a result, *when properly selected, used and maintained*, **respirators can lower exposures to concentrations considered safe for most non-biological particles**.

"*However, they do not eliminate the risk of exposure, infection, or illness* ***since safe exposure levels have not been established for biological particles***."

"In many countries, types or classes of respirators are given an "assigned protection factor," or APF. *APF is the expected ability of the respirator to reduce exposure* ***when used according to an effective respiratory protection program.***

"For example, an APF of 10 means that a respirator may reduce exposure by a factor of 10 (or 90%) *when properly selected, used, and maintained*.

"Therefore, even if a filter could be hypothetically 100% efficient, the expected amount of exposure reduction would be limited by the APF.

"*Because no respirator will prevent the inhalation of all particles,* ***none can entirely eliminate the risk of exposure, infection, and illness.***"

Their final statement is exactly why neither OSHA, NIOSH nor the CDC have ever approved anything short of a Level A suit for the protection of persons from viral respiratory hazards. And indeed, when Tony Fauci made the statement regarding the ineffectiveness of masks at the beginning of the "pandemic" in March of 2020, he was stating US Government policy that has been in place for the last 50 years. However, because this is COVID, it is generally accepted among the authorities that we don't need to follow the science anymore and can instead just trust whatever they tell us to do.

Respirators and FFP masks can be both collectors of respiratory pathogens as well as sources of airborne pathogens, especially when users are untrained and do no follow any proper respiratory hygiene.

Other risks include not wearing the respirator in accordance with training OR wearing a respirator with NO training. If you want to reduce your risk to near zero, consider the use of Level A suits.

Respiratory Protection (RP) is ONLY effective when used within the context of an effective RP program that includes medical surveillance, fit testing, training, sanitization, and personnel qualification.

Potential dangers of consumer masks they don't disclose

With the issuance by the FDA of the mask EUA, the FDA waived all good manufacturing practices that have for decades protected RP users from exposure to harmful chemicals. In

measurements performed on surgical masks purchased from Walmart, one of my readers detected massive levels of formaldehyde and VOCs in the masks themselves. He performed these measurements because he was trying to determine the source chronic nosebleeds he was having. Formaldehyde destroys the respiratory epithelium.

If schools were actually serious about protecting students

If a school seriously wanted to protect students from COVID or any other virus using masks (which is not the best way), they'd require all students to wear a respirator, e.g., the 3M 7502 respirators with the 2091 filters and proper training. And boy, our classrooms would look really silly since nobody would be able to talk to each other. If you remove the mask to speak or eat, it's all over; the protection goes out the window. But our kids would be safe!

Here's what all the kids would look like:

The point is this: if you want to wear a respirator, you should be free to wear one. And if you don't want to wear one, you should never be forced to wear one. Never.

There is no societal reason for forcing me to wear a mask to protect others. It simply doesn't work that way. A "safe" mask (one that allows sufficient oxygen to function properly and doesn't increase the likelihood of a respiratory infection) ends up only protecting the wearer, never the public (since the exhaust must be unfiltered).

So mask mandates are completely nonsensical. Anyone who wants protection can put on a mask. Problem solved.

There are over 3,243 public health officers. AFAIK, none of them have figured out that P100 mask protect people.

If you want clear proof of how totally inept the public health officers in America are, you are reading the right article. I don't know of a single public health official that realizes that the only way to stop COVID with a mask is using a P100 respirator.

Instead, they all mandate toy masks (cloth, surgical, and N95) that provide no protection from viruses.

Our public health system is truly messed up, there is no other way to put it.

The blind (the CDC) are leading the sheep (public health officers).

This isn't just in the US. I don't think they've figured this out in any country.

Even the P100 isn't perfect, but it makes the N95 look like a joke

As noted above P100 respirator is well over 100X better than the typical N95 or surgical or cloth masks. But even then it isn't perfect. Some virus particles will get through. Much of the time, the virus particles are attached to something bigger which is why most are stopped (you can't just compare the size of an isolated virus particle to the filtration size).

See this 3M datasheet for details on using P100 masks to protect against viruses for more info.

In particular, pay attention to the part around where it says, "Because of the various mechanisms by which particulate filtration occurs, the smallest particles are typically not the most difficult to filter." This is what you learned in the 5 minute video earlier in this article.

In short, really small particles are stopped efficiently (this is counter-intuitive), it is the particles that range in size from 0.05-0.5 μm that are very difficult, so these particles are filtered with lower efficiency.

However, also keep in mind that the virus is normally hijacking a ride on a bigger particle rather than being isolated. So for all these reasons, these masks work.

Are they perfect? No. But they are a hell of a lot better than the toy cloth masks and surgical masks and N95 masks that the CDC tells you to use.

PPE or source control? You can't have it both ways.

What is interesting about all of this is you can't have it both ways.

If health authorities want to protect the public, they should allow each person to wear PPE that protects them.

To mandate that I make an intervention that protects others at the risk of my own health is nonsensical. And that's what we have today… the mask mandates (cloth, surgical, N95 masks without vent holes), do virtually nothing to protect me, but put my health at risk.

Debates anyone?

For anyone prominent on the pro-vax, pro-mask side who thinks that cloth, N95, or surgical masks are equivalent or superior to P100 respirators and wants to debate me, you know where to find me.

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I write about COVID vaccine safety and efficacy, corruption, censorship, mandates, masking, and early treatments. America is being misled by formerly trusted authorities.

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Write a comment…

Dr. John H Jan 29 · *edited Jan 30*

Steve,

I can't find any evidence that P100's work for respiratory viruses.

The 3M data sheet that you linked to relies on a bacterial study and 2 mechanical models to infer that they do, which tells us nothing. Is there any solid evidence that they work for respiratory viruses?

Thanks for all you do!

1 Reply Give gift

Sunface Jack Jan 29

From the Instruction leaflet. Here https://www.jondon.com/media/pdf/manuals/3M-R8293-EA_User_Instructions-1248710141.pdf

Do Not Use For

Do not use for gases and vapors, asbestos or sandblasting; particulate concentrations that exceed either 10 times the occupational exposure limit or applicable government regulations, whichever is lower. This respirator does not supply oxygen...

4. Do not use with beards or other facial hair or other conditions that prevent a good seal between the face and the sealing surface of the respirator.

So please stop your BS with total respect.

Reply Give gift

341 more comments...

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Coastal Property Rights, Land Use & Litigation

August 27, 2021

POSTED TO THE LET THEM BREATHE WEBSITE (https://www.letthembreathe.net/)

Re: Enforcement of K–12 Mask Mandate

To All K–12 Students, Parents, Educators, and Concerned Citizens:

As counsel for Let Them Breathe, we are disturbed by reports that some state, county, and school district actors are employing scare tactics, aggressive enforcement policies, and misinformation to achieve compliance with CDPH's K–12 mask mandate. We are disseminating this letter as a clarion call for all members of the public—students, parents, teachers, school board members, government officials, and others who want our schools to be governed by the rule of law, sound public policy based on objective data, and the principle of self-determination.

As you may be aware, our firm has filed a lawsuit against the state to challenge the legality of the CDPH mask mandate. (*Let Them Breathe v. Newsom*, San Diego Super. Ct., Case No. 37-2021-00031385- CU-WM-NC.) Our lawsuit is based on arguments that the mask mandate exceeds the state's authority, is not supported by evidence, and causes harm to children. Multiple studies examining school mask mandates have failed to find any epidemiological benefit from such policies. For example, one study of 59 schools in Wales found: "There was no evidence that face coverings, 2-metre social distancing or stopping children mixing was associated with lower odds of COVID-19 or cold infection rates in the school. Primary school staff found teaching challenging during COVID-19 restrictions, especially for younger learners and those with additional learning needs."[1]

The court will decide these questions in due course. Meanwhile, we urge students and their parents to know their rights, school districts to cease their overzealous and illegal enforcement tactics, and proponents of school mask mandates to discontinue the spread of misinformation.

Forcible removal of students from classrooms violates California law.

Some school districts have implemented policies barring students from their regular classes, or from campus altogether, for failure to wear a mask. We are aware of at least one instance in which

[1] Marchant et al., *COVID-19 mitigation measures in primary schools and association with infection and school staff wellbeing: an observational survey linked with routine data in Wales, UK* (Aug. 24, 2021), available at https://www.medrxiv.org/content/10.1101/2021.08.20.21262349v1; see also, e.g., Oster et al., *COVID-19 Mitigation Practices and COVID-19 Rates in Schools: Report on Data from Florida, New York and Massachusetts* (May 21, 2021), available at https://www.medrxiv.org/content/10.1101/2021.05.19.21257467v1. Such evidence puts the lie to the argument that a mask mandate is necessary to provide a "safe" environment for education.

a school principal sought assistance from the county sheriff to forcibly remove two elementary school-aged children simply because they had peaceably refused to don a cloth mask. Enforcement strategies involving the involuntary removal or disenrollment of children from their school infringe on children's fundamental right to education and violate California law constraining the disciplinary powers of public school administrators.

California law is clear: "willfully def[ying] the valid authority of supervisors, teachers, administrators, school officials, or other school personnel … *shall not constitute grounds* for a pupil enrolled in kindergarten or any of grades 1 to 12, inclusive, *to be recommended for expulsion*." (Educ. Code, § 48900, subd. (k) [emphasis added].) This means children cannot be removed or disenrolled from school for peaceably refusing to wear a mask.[2]

Moreover, children in grades K–8 may not be suspended from school for their refusal to wear a mask. (Educ. Code, § 48900, subds. (k)(3)–(4).) Even in those instances where suspension may be a potential disciplinary measure, the school must first exhaust "other means of correction" before imposing suspension as a last resort. (Educ. Code, § 48900.5, subd. (a).)[3]

A child cannot be suspended for a first offense unless the principal or superintendent determines that "the pupil's presence causes a danger to persons." (*Ibid.*) Where there is no evidence that a child is infectious—that is, the child is not exhibiting symptoms, does not have a diagnosis of COVID-19, and has not had any exposure to a known infected person—a principal or superintendent cannot validly determine the child to be a "danger to persons" simply because he or she is not wearing a cloth mask.

Finally, no child can be suspended indefinitely. Any suspension must be "no more than five consecutive schooldays" (Educ. Code, § 48911, subd. (a)), and all suspensions cumulatively "shall not exceed 20 schooldays in any school year." (Educ. Code, § 48903, subd. (a).)

Children cannot be forced to enroll in an independent study program.

School officials in some districts have attempted to coerce students who do not comply with the mask mandate to enroll in an alternative independent study program. But California law could not be clearer that enrollment in any such program must be voluntary: "independent study is an *optional educational alternative* in which *no pupil may be required to participate*." (Educ. Code, § 51747, subd. (f)(8) [emphasis added].) Thus, enrollment can occur only if there is a "pupil-parent-educator conference" to determine whether enrollment in independent study is in the best interest of the child (Educ. Code, § 51747, subd. (h)(2)) and "a signed written agreement for independent study from the pupil, or the pupil's parent or legal guardian if the pupil is less than 18

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[2] Furthermore, a child may not be expelled from school without a full hearing before the governing board. (Educ. Code, § 48918.) Decisions by the governing board are appealable to the county board of education. (Educ. Code, § 48919.) A school official cannot simply call the sheriff to escort a child from campus.

[3] "Other means of correction" might include, among other things, "(1) A conference between school personnel, the pupil's parent or guardian, and the pupil"; "(2) Referrals to the school counselor, psychologist, social worker, child welfare attendance personnel, or other school support service personnel …"; or "(7) A positive behavior support approach with tiered interventions that occur during the schoolday on campus." (Educ. Code, § 48900.5, subd. (b).)

years of age" (Educ. Code, § 51747, subd. (f)(9)(F)).

Additionally, and importantly, a child who voluntarily enrolls in a distance learning or independent study program cannot be excluded from school facilities. Rather, the school "*shall ensure the same access* to all existing services and resources in the school in which the pupil is enrolled … *as is available to all other pupils in the school*." (Educ. Code, § 51746 [emphasis added].)

And a child enrolled in an independent study program always retains the option to return to his or her regular classroom for in-person instruction. The school is required to "*transition pupils whose families wish to return to in-person instruction* from independent study *expeditiously*, and, in no case, later than five instructional days." (Educ. Code, § 51747, subd. (f) [emphasis added].)

The state's emergency powers do not allow children to be excluded from school for refusing to wear a mask.

Section 120230 of the Health and Safety Code has been cited by some as authority for a school to exclude a child who fails to follow the CDPH mask mandate. This section is being misapplied; it provides only narrow authority for schools to exclude a child who is subject to an isolation or quarantine order duly issued by a county health officer.

Section 120230 reads in relevant part: "No … child *who resides where any contagious, infectious, or communicable disease exists or has recently existed*, *that is subject to strict isolation or quarantine* of contacts, shall be permitted by any superintendent, principal, or teacher of any … public or private school to attend the … school, except by the written permission of the health officer." (Emphasis added.)

Two things must exist before this section can apply: First, a "contagious, infectious, or communicable disease" must exist or have recently existed at the child's place of residence. Where a child has not received a diagnosis of COVID-19 and has not been exposed to the disease through a family member or close contact, this condition cannot be met. Second, the child must be subject to a "strict isolation or quarantine" order by the county health officer.[4] In all the known instances where a school has excluded or threatened to exclude a child from campus for noncompliance with the mask mandate, neither of these conditions has been met.

Section 49451 of the Education Code likewise does not authorize school officials to send a healthy child home simply for refusing to wear a mask. Section 49451 provides that "whenever there is a *good reason to believe that the child is suffering from a recognized contagious or infectious disease*, he shall be sent home and shall not be permitted to return until the school authorities are satisfied that any contagious or infectious disease does not exist." (Educ. Code, § 49451.) A child's refusal to wear a mask does not establish "good reason to believe that the child is suffering from"

[4] "Strict isolation or quarantine" means a person is subject to an order by the county health officer not to leave his or her place of confinement: "A person subject to quarantine or strict isolation residing or in a quarantined building, house, structure, or other shelter, shall not go beyond the lot where the building, house, structure, or other shelter is situated, nor put himself or herself in immediate communication with any person not subject to quarantine, other than the physician, the health officer or persons authorized by the health officer." (Heath & Safety Code, § 120225.)

COVID-19 or any other disease.

Article I, section 28, of the California Constitution sets forth "the inalienable right to attend campuses which are safe, secure and peaceful." CDPH, in a letter published on its website August 23, 2021, makes the misleading argument that this constitutional provision imposes a legal and moral imperative on schools to ensure compliance with the mask mandate.[5] This section, however, is part of a victim's rights initiative enacted by ballot measure in 2008 and pertains solely to a person's safety from the criminal acts of others. While we agree that schools must take reasonable measures to provide a safe environment for students, nothing in the California Constitution allows, much less requires, schools to bar a healthy student from attending class. And in any event, as explained above, real-world data from the last year and a half has failed to show any correlation between mask mandates for children and a decrease in the spread of COVID-19 in schools.

Schools must issue exemptions for children who for medical reasons should not wear a mask.

CDPH's mask guidance exempts several categories of persons, including the following:

- "Persons with a medical condition, mental health condition, or disability that prevents wearing a mask.…
- "Persons who are hearing impaired, or communicating with a person who is hearing impaired, where the ability to see the mouth is essential for communication."[6]

These exemptions are self-executing. Nothing in CDPH's guidance requires a child or his or her parents to submit an "application" to obtain an exemption. Yet many school districts are not only requiring an application but are compounding the difficulty by requiring extensive documentation, substituting their own non-medical opinions for those of a child's own physician, and requiring a child to waive his or her medical privacy rights or agree to other arduous and/or unlawful conditions. Such requirements effectively deprive children of exemptions to which they are entitled, violating *their* right to learn in a safe environment.

We are told that some children who have received an exemption are being isolated from their classmates or have otherwise been subject to harassment or discrimination. Many such exemptions arise out of a child's disability, and any harassment or discrimination against a child based on disability violates both California and federal law.[7]

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[5] https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Requirement-for-Universal-Masking-Indoors-at-K-12-Schools.aspx.

[6] Cal. Dep't of Pub. Health, *Guidance for the Use of Face Coverings* (July 28, 2021), available at https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/guidance-for-face-coverings.aspx.

[7] See Educ. Code, § 200 ("It is the policy of the State of California to afford all persons in public schools, regardless of their disability …, equal rights, and opportunities in the educational institutions of the state."); Educ. Code, § 201, subd. (a) ("All pupils have the right to participate fully in the educational process, free from discrimination and harassment."); Educ. Code, § 220 ("No person shall be subjected to discrimination on the basis of disability …, in any program or activity conducted by an educational institution that receives, or benefits from, state financial assistance ….")

Conclusion.

Until such time as CDPH withdraws its mask mandate or a court declares it unlawful, masks are required in schools in indoor settings. But, for as long as the mandate exists, schools may not enforce it by excluding children from classrooms, whether by means of expulsion, suspension, or forced enrollment in an independent study program. Schools must exempt students from mask requirements as provided in the CDPH guidance, without an onerous application process, and all exempt students should be free from all forms of harassment, discrimination, and retaliation.

If you would like assistance in protecting the rights of schoolchildren and fighting back against government overreach, please visit Let Them Breathe at https://www.letthembreathe.net/.

Very truly yours,

AANNESTAD ANDELIN & CORN LLP

Lee M. Andelin

Section 504 of the Rehabilitation Act of 1973 prohibits discrimination based on disability in any program or activity operated by recipients of federal funds. It states: "No otherwise qualified individual with a disability in the United States…shall, solely by reason of her or his disability, be excluded from the participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance..."

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Studies in Applied Economics

A LITERATURE REVIEW AND META-ANALYSIS OF THE EFFECTS OF LOCKDOWNS ON COVID-19 MORTALITY

Jonas Herby, Lars Jonung, and Steve H. Hanke

Johns Hopkins Institute for Applied Economics,
Global Health, and the Study of Business Enterprise

A Literature Review and Meta-Analysis of the Effects of Lockdowns on COVID-19 Mortality

By Jonas Herby, Lars Jonung, and Steve H. Hanke

About the Series

The *Studies in Applied Economics* series is under the general direction of Prof. Steve H. Hanke, Founder and Co-Director of The Johns Hopkins Institute for Applied Economics, Global Health, and the Study of Business Enterprise (hanke@jhu.edu). The views expressed in each working paper are those of the authors and not necessarily those of the institutions that the authors are affiliated with.

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Abstract

This systematic review and meta-analysis are designed to determine whether there is empirical evidence to support the belief that "lockdowns" reduce COVID-19 mortality. Lockdowns are defined as the imposition of at least one compulsory, non-pharmaceutical intervention (NPI). NPIs are any government mandate that directly restrict peoples' possibilities, such as policies that limit internal movement, close schools and businesses, and ban international travel. This study employed a systematic search and screening procedure in which 18,590 studies are identified that could potentially address the belief posed. After three levels of screening, 34 studies ultimately qualified. Of those 34 eligible studies, 24 qualified for inclusion in the meta-analysis. They were separated into three groups: lockdown stringency index studies, shelter-in-place-order (SIPO) studies, and specific NPI studies. An analysis of each of these three groups support the conclusion that lockdowns have had little to no effect on COVID-19 mortality. More specifically, stringency index studies find that lockdowns in Europe and the United States only reduced COVID-19 mortality by 0.2% on average. SIPOs were also ineffective, only reducing COVID-19 mortality by 2.9% on average. Specific NPI studies also find no broad-based evidence of noticeable effects on COVID-19 mortality.

While this meta-analysis concludes that lockdowns have had little to no public health effects, they have imposed enormous economic and social costs where they have been adopted. In consequence, lockdown policies are ill-founded and should be rejected as a pandemic policy instrument.

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Key Words: COVID-19, lockdown, non-pharmaceutical interventions, mortality, systematic review, meta-analysis

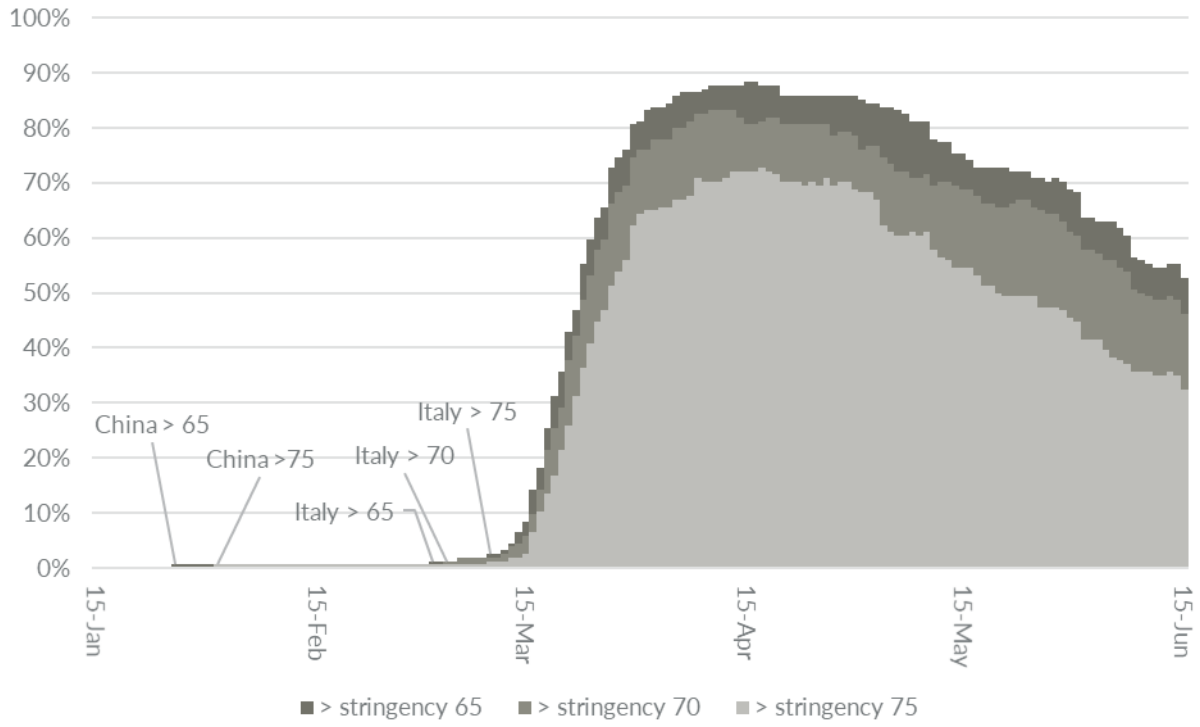
JEL Classification: I18; I38; D19

1 Introduction

The global policy reaction to the COVID-19 pandemic is evident. Compulsory non-pharmaceutical interventions (NPIs), commonly known as "lockdowns" – policies that restrict internal movement, close schools and businesses, and ban international travel – have been mandated in one form or another in almost every country.

The first NPIs were implemented in China. From there, the pandemic and NPIs spread first to Italy and later to virtually all other countries, see Figure 1. Of the 186 countries covered by the Oxford COVID-19 Government Response Tracker (OxCGRT), only Comoros, an island country in the Indian Ocean, did not impose at least one NPI before the end of March 2020.

Figure 1: Share of countries with OxCGRT stringency index above thresholds, January - June 2020



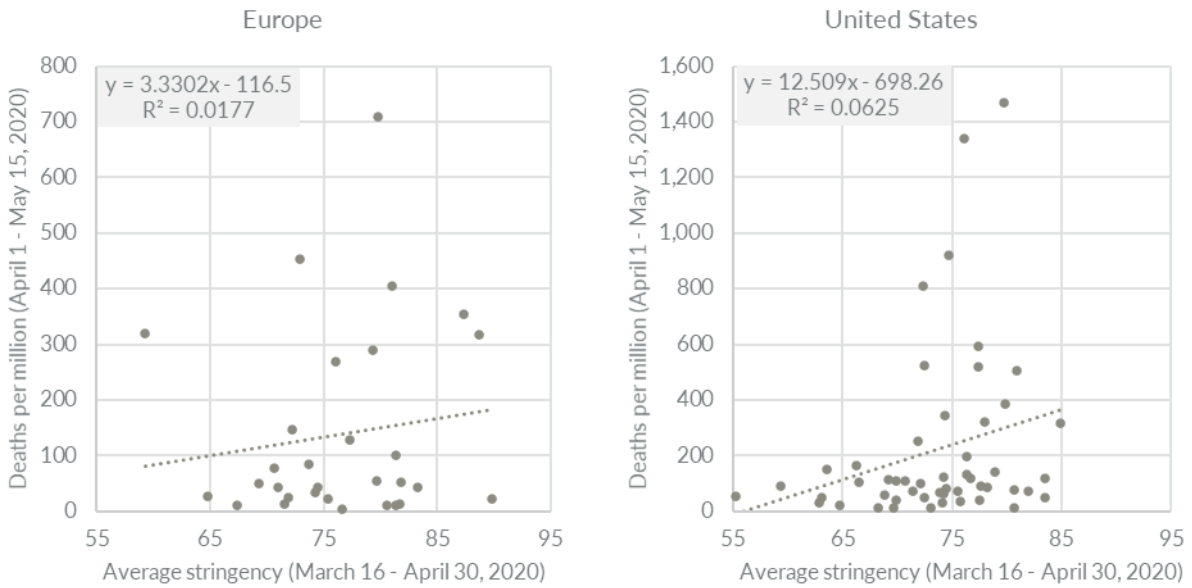
Comment: The figure shows the share of countries, where the OxCGRT stringency index on a given date surpassed index 65, 70 and 75 respectively. Only countries with more than one million citizens are included (153 countries in total). The OxCGRT stringency index records the strictness of NPI policies that restrict people's behavior. It is calculated using all ordinal containment and closure policy indicators (i.e., the degree of school and business closures, etc.), plus an indicator recording public information campaigns.
Source: Our World in Data.

Early epidemiological studies predicted large effects of NPIs. An often cited model simulation study by researchers at the Imperial College London (Ferguson et al. (2020)) predicted that a

suppression strategy based on a lockdown would reduce COVID-19 mortality by up to 98%.[1] These predictions were questioned by many scholars. Our early interest in the subject was spurred by two studies. First, Atkeson et al. (2020) showed that "across all countries and U.S. states that we study, the growth rates of daily deaths from COVID-19 fell from a wide range of initially high levels to levels close to zero within 20-30 days after each region experienced 25 cumulative deaths." Second, Sebhatu et al. (2020) showed that "government policies are strongly driven by the policies initiated in other countries," and less by the specific COVID-19-situation of the country.

A third factor that motivated our research was the fact that there was no clear negative correlation between the degree of lockdown and fatalities in the spring of 2020 (see Figure 2). Given the large effects predicted by simulation studies such as Ferguson et al. (2020), we would have expected to at least observe a simple negative correlation between COVID-19 mortality and the degree to which lockdowns were imposed.[2]

Figure 2: Correlation between stringency index and COVID-19 mortality in European countries and U.S. states during the first wave in 2020



Source: Our World in Data

[1] With R0 = 2.4 and trigger on 60, the number of COVID-19-deaths in Great Britain could be reduced to 8,700 deaths from 510,000 deaths (-98%) with a policy consisting of case isolation + home quarantine + social distancing + school/university closure, cf. Table 4 in Ferguson et al. (2020). R0 (the basic reproduction rate) is the expected number of cases directly generated by one case in a population where all individuals are susceptible to infection.

[2] In addition, the interest in this issue was sparked by the work Jonung did on the expected economic effects of the SARS pandemic in Europe in 2006 (Jonung and Röger, 2006). In this model-based study calibrated from Spanish flu data, Jonung and Röger concluded that the economic effects of a severe pandemic would be rather limited—a sharp contrast to the huge economic effects associated with lockdowns during the COVID-19 pandemic.

Today, it remains an open question as to whether lockdowns have had a large, significant effect on COVID-19 mortality. We address this question by evaluating the current academic literature on the relationship between lockdowns and COVID-19 mortality rates.[3] We use "NPI" to describe *any government mandate which directly restrict peoples' possibilities*. Our definition does *not* include governmental recommendations, governmental information campaigns, access to mass testing, voluntary social distancing, etc., but *do* include mandated interventions such as closing schools or businesses, mandated face masks etc. We define *lockdown* as any policy consisting of at least one NPI as described above.[4]

Compared to other reviews such as Herby (2021) and Allen (2021), the main difference in this meta-analysis is that we carry out a systematic and comprehensive search strategy to identify all papers potentially relevant to answer the question we pose. We identify 34 eligible empirical studies that estimate the effect of mandatory lockdowns on COVID-19 mortality using a counterfactual difference-in-difference approach. We present our results in such a way that they can be systematically assessed, replicated, and used to derive overall meta-conclusions.[5]

2 Identification process: Search strategy and eligibility criteria

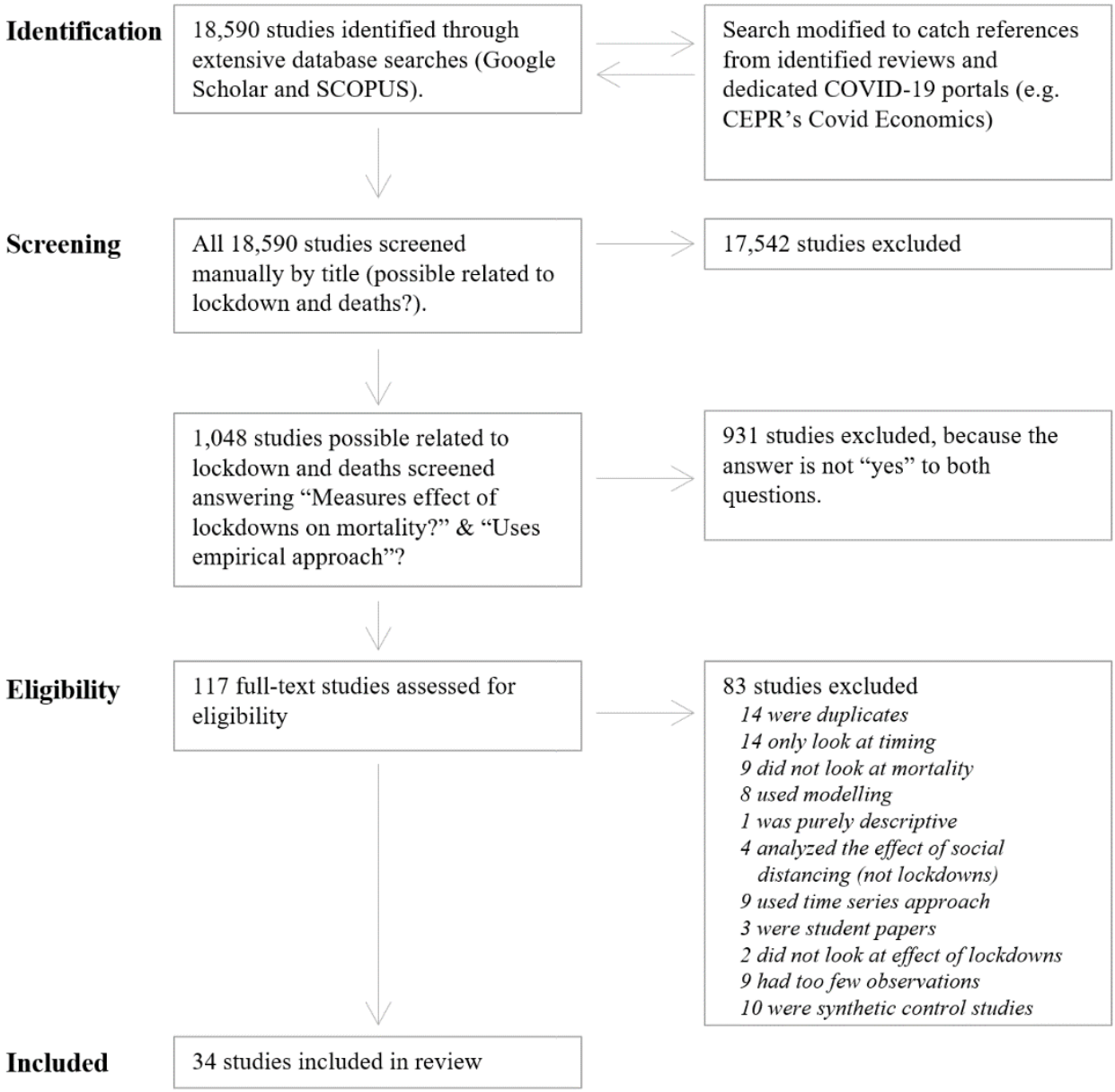
Figure 3 shows an overview of our identification process using a flow diagram designed according to PRISMA guidelines (Moher et al. (2009). Of 18,590 studies identified during our database searches, 1,048 remained after a title-based screening. Then, 931 studies were excluded, because they either did not measure the effect of lockdowns on mortality or did not use an empirical approach. This left 117 studies that were read and inspected. After a more thorough assessment, 83 of the 117 were excluded, leaving 34 studies eligible for our meta-analysis. A table with all 83 studies excluded in the final step can be found in Appendix B, Table 8.

[3] We use "mortality" and "mortality rates" interchangeably to mean COVID-19 deaths per population.

[4] For example, we will say that Country A introduced the *non-pharmaceutical interventions* school closures and shelter-in-place-orders as part of the country's *lockdown*.

[5] An interesting question is, "What damage lockdowns do to the economy, personal freedom and rights, and public health in general?" Although this question is important, it requires a full cost-benefit study, which is beyond the scope of this study.

Figure 3: PRISMA flow diagram for the selection of studies.



Below we present our search strategy and eligibility criteria, which follow the PRISMA guidelines and are specified in detail in our protocol Herby et al. (2021).

2.1 Search strategy

The studies we reviewed were identified by scanning *Google Scholar* and *SCOPUS* for English-language studies. We used a wide range of search terms which are combinations of three search strings: a disease search string ("covid," "corona," "coronavirus," "sars-cov-2"), a government

response search string[6], and a methodology search string[7]. We identified papers based on 1,360 search terms. We also required mentions of "deaths," "death," and/or "mortality." The search terms were continuously updated (by adding relevant terms) to fit this criterion.[8]

We also included all papers published in *Covid Economics*. Our search was performed between July 1 and July 5, 2021 and resulted in 18,590 unique studies.[9] All studies identified using SCOPUS and Covid Economics were also found using Google Scholar. This made us comfortable that including other sources such as VOXeu and SSRN would not change the result. Indeed, many papers found using Google Scholar were from these sources.

All 18,590 studies were first screened based on the title. Studies clearly not related to our research question were deemed irrelevant.[10]

After screening based on the title, 1,048 papers remained. These papers were manually screened by answering two questions:

1. Does the study measure the effect of lockdowns on mortality?
2. Does the study use an empirical *ex post* difference-in-difference approach (see eligibility criteria below)?

Studies to which we could not answer "yes" to both questions were excluded. When in doubt, we made the assessment based on reading the full paper, and in some cases, we consulted with colleagues.[11]

After the manual screening, 117 studies were retrieved for a full, detailed review. These studies were carefully examined, and metadata and empirical results were stored in an Excel

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[6] The government response search string used was: "non-pharmaceutical," "nonpharmaceutical," "NPI," "NPIs," "lockdown," "social distancing orders," "statewide interventions," "distancing interventions," "circuit breaker," "containment measures," "contact restrictions," "social distancing measures," "public health policies," "mobility restrictions," "covid-19 policies," "corona policies," "policy measures."

[7] The methodology search string used was: ("fixed effects," "panel data," "difference-in-difference," "diff-in-diff," "synthetic control," "counterfactual" , "counter factual," "cross country," "cross state," "cross county," "cross region," "cross regional," "cross municipality," "country level," "state level," "county level," "region level," "regional level," "municipality level," "event study."

[8] If a potentially relevant paper from one of the 13 reviews (see eligibility criteria) did not show up in our search, we added relevant words to our search strings and ran the search again. The 13 reviews were: Allen (2021); Brodeur et al. (2021); Gupta et al. (2020); Herby (2021); Johanna et al. (2020); Nussbaumer-Streit et al. (2020); Patel et al. (2020); Perra (2020); Poeschl and Larsen (2021); Pozo-Martin et al. (2020); Rezapour et al. (2021); Robinson (2021); Zhang et al. (2021).

[9] SCOPUS was continuously monitored between July 5th and publication using a search agent. Although the search agent returned several hits during this period, only one of them, An et al. (2021), was eligible according to our eligibility criteria. The study is not included in our review, but the conclusions are in line with our conclusions, as An et al. (2021) conclude that "The analysis shows that the mask mandate is consistently associated with lower infection rates in the short term, and its early adoption boosts the long-term efficacy. By contrast, the other five policy instruments— domestic lockdowns, international travel bans, mass gathering bans, and restaurant and school closures—show weaker efficacy."

[10] This included studies with titles such as "COVID-19 outbreak and air pollution in Iran: A panel VAR analysis" and "Dynamic Structural Impact of the COVID-19 Outbreak on the Stock Market and the Exchange Rate: A Cross-country Analysis Among BRICS Nations."

[11] Professor Christian Bjørnskov of University of Aarhus was particularly helpful in this process.

spreadsheet. All studies were assessed by at least two researchers. During this process, another 64 papers were excluded because they did not meet our eligibility criteria. Furthermore, nine studies with too little jurisdictional variance (< 10 observations) were excluded,[12] and 10 synthetic control studies were excluded.[13] A table with all 83 studies excluded in the final step can be found in Appendix B, Table 8. Below we explain why these studies are excluded.

2.2 Eligibility criteria

Focus on mortality and lockdowns

We only include studies that attempt to establish a relationship (or lack thereof) between lockdown policies and COVID-19 mortality or excess mortality. We exclude studies that use cases, hospitalizations, or other measures.[14]

Counterfactual difference-in-difference approach

We distinguish between two methods used to establish a relationship (or lack thereof) between mortality rates and lockdown policies. The first uses registered cross-sectional mortality data. These are *ex post* studies. The second method uses simulated data on mortality and infection rates.[15] These are *ex ante* studies.

We include all studies using a counterfactual difference-in-difference approach from the former group but disregard all *ex ante* studies, as the results from these studies are determined by model assumptions and calibrations.

Our limitation to studies using a "counterfactual difference-in-difference approach" means that we exclude all studies where the counterfactual is based on forecasting (such as a SIR-model) rather than derived from a difference-in-difference approach. This excludes studies like Duchemin et al. (2020) and Matzinger and Skinner (2020). We also exclude all studies based on interrupted time series designs that simply compare the situation before and after lockdown, as

[12] The excluded studies with too few observations were: Alemán et al. (2020), Berardi et al. (2020), Conyon et al. (2020a), Coccia (2021), Gordon et al. (2020), Juranek and Zoutman (2021), Kapoor and Ravi (2020), Umer and Khan (2020), and Wu and Wu (2020).

[13] The excluded synthetic control studies were: Conyon and Thomsen (2021), Dave et al. (2020), Ghosh et al. (2020), Born et al. (2021), Reinbold (2021), Cho (2020), Friedson et al. (2021), Neidhöfer and Neidhöfer (2020), Cerqueti et al. (2021), and Mader and Rüttenauer (2021).

[14] Analyses based on cases may pose major problems, as testing strategies for COVID-19 infections vary enormously across countries (and even over time within a given country). In consequence, cross-country comparisons of cases are, at best, problematic. Although these problems exist with death tolls as well, they are far more limited. Also, while cases and death tolls are correlated, there may be adverse effects of lockdowns that are not captured by the number of cases. For example, an infected person who is isolated at home with family under a SIPO may infect family members with a higher viral load causing more severe illness. So even if a SIPO reduces the number of cases, it may theoretically increase the number of COVID-19-deaths. Adverse effects like this may explain why studies like Chernozhukov et al. (2021) finds that SIPO reduces the number of cases but have no significant effect on the number of COVID-19-deaths. Finally, mortality is hierarchically the most important outcome, cf. GRADEpro (2013)

[15] These simulations are often made in variants of the SIR-model, which can simulate the progress of a pandemic in a population consisting of people in different states (Susceptible, Infectious, or Recovered) with equations describing the process between these states.

the effect of lockdowns in these studies might contain time-dependent shifts, such as seasonality. This excludes studies like Bakolis et al. (2021) and Siedner et al. (2020).

Given our criteria, we exclude the much-cited paper by Flaxman et al. (2020), which claimed that lockdowns saved three million lives in Europe. Flaxman et al. assume that the pandemic would follow an epidemiological curve unless countries locked down. However, this assumption means that the only interpretation possible for the empirical results is that lockdowns are the only thing that matters, even if other factors like season, behavior etc. caused the observed change in the reproduction rate, Rt. Flaxman et al. are aware of this and state that "our parametric form of R_t assumes that changes in Rt are an immediate response to interventions rather than gradual changes in behavior." Flaxman et al. illustrate how problematic it is to force data to fit a certain model if you want to infer the effect of lockdowns on COVID-19 mortality.[16]

The counterfactual difference-in-difference studies in this review generally exploit variation across countries, U.S. states, or other geographical jurisdictions to infer the effect of lockdowns on COVID-19 fatalities. Preferably, the effect of lockdowns should be tested using randomized control trials, natural experiments, or the like. However, there are very few studies of this type.[17]

Synthetic control studies

The synthetic control method is a statistical method used to evaluate the effect of an intervention in comparative case studies. It involves the construction of a synthetic control which functions as the counter factual and is constructed as an (optimal) weighted combination of a pool of donors. For example, Born et al. (2021) create a synthetic control for Sweden which consists of 30.0% Denmark, 25.3% Finland, 25.8% Netherlands, 15.0% Norway, and 3.9% Sweden. The effect of the intervention is derived by comparing the actual developments to those contained in the synthetic control.

We exclude synthetic control studies because of their inherent empirical problems as discussed by Bjørnskov (2021b). He finds that the synthetic control version of Sweden in Born et al. (2021) deviates substantially from "actual Sweden," when looking at the period before mid-March 2020, when Sweden decided not to lock down. Bjørnskov estimates that *actual Sweden* experienced

[16] Several scholars have criticized Flaxman et al. (2020), e.g. see Homburg and Kuhbandner (2020), Lewis (2020), and Lemoine (2020).

[17] Kepp and Bjørnskov (2021) is one such study. They use evidence from a quasi-natural experiment in the Danish region of Northern Jutland. After the discovery of mutations of Sars-CoV-2 in mink – a major Danish export – seven of the 11 municipalities of the region went into extreme lockdown in early November, while the four other municipalities retained the moderate restrictions of the remaining country. Their analysis shows that while infection levels decreased, they did so before lockdown was in effect, and infection numbers also decreased in neighbor municipalities without mandates. They conclude that efficient infection surveillance and voluntary compliance make full lockdowns unnecessary, at least in some circumstances. Kepp and Bjørnskov (2021) is not included in our review, because they focus on cases and not COVID-19 mortality. Dave et al. (2020) is another such study. They see the Wisconsin Supreme Court abolishment of Wisconsin's "Safer at Home" order (a SIPO) as a natural experiment and find that "the repeal of the state SIPO impacted social distancing, COVID-19 cases, or COVID-19-related mortality during the fortnight following enactment." Dave et al. (2020) is not included in our review, because they use a synthetic control method.

approximately 500 fewer deaths the first 11 weeks of 2020 and 4,500 fewer deaths in 2019 compared to *synthetic Sweden*.

This problem is inherent in all synthetic control studies of COVID-19, Bjørnskov argues, because the synthetic control should be fitted based on a long period of time before the intervention or the event one is studying the consequences of – i.e., the lockdown Abadie (2021). However, this is not possible for the coronavirus pandemic, as there clearly *is* no long period with coronavirus before the lockdown. Hence, the synthetic control study approach is *by design* not appropriate for studying the effect of lockdowns.

Jurisdictional variance - few observations

We exclude all interrupted time series studies which simply compare mortality rates before and after lockdowns. Simply comparing data from before and after the imposition of lockdowns could be the result of time-dependent variations, such as seasonal effects. For the same reason, we also exclude studies with little jurisdictional variance.[18] For example, we exclude Conyon et al. (2020b) who "exploit policy variation between Denmark and Norway on the one hand and Sweden on the other" and, thus, only have one jurisdictional area in the control group. Although this *is* a difference-in-difference approach, there is a non-negligible risk that differences are caused by much more than just differences in lockdowns. Another example is Wu and Wu (2020), who use all U.S. states, but pool groups of states so they end with basically three observations. None of the excluded studies cover more than 10 jurisdictional areas.[19] One study is a special case of the jurisdictional variance criteria (Auger et al. (2020). Those researchers analyze the effect of school closures in U.S. states and find that those closures reduce mortality by 35%. However, all 50 states closed schools between March 13, 2020, and March 23, 2020, which means that all difference-in-difference is based on maximum 10 days. Given the long lag between infection and death, there is a risk that Auger et al.'s approach is an interrupted time series analysis where they compare United States before and after school closures, rather than a true difference-in-difference approach. However, we choose to include this study, as it is eligible under our protocol Herby et al. (2021).

Publication status and date

We include all *ex post* studies regardless of publication status and date. That is, we cover both working papers and papers published in journals. We include the early papers because the knowledge of the COVID-19-pandemic grew rapidly in the beginning, making later papers able to stand on the shoulders of previous work. Also, in the early days of COVID-19, speed was

[18] A jurisdictional area can be countries, U.S. states, or counties. With "jurisdictional variance" we refer to variation in mandates across jurisdictional areas.

[19] All studies excluded on this criterion are listed in footnote 12.

crucial which may have affected the quality of the papers. Including them makes it possible to compare the results of early studies to studies carried out at a later stage.[20]

The role of optimal timing

We exclude papers which analyze the effect of early lockdowns in contrast to later lockdowns. There's no doubt that being prepared for a pandemic and knowing when it arrives at your doorstep is vital. However, at least two problems arise with respect to evaluating the effect of well-timed lockdowns.

First, when COVID-19 hit Europe and the United States, it was virtually impossible to determine the right timing. The World Health Organization declared the outbreak a pandemic on March 11, 2020, but at that date, Italy had already registered 13.7 COVID-19 deaths per million. On March 29, 2020, 18 days after the WHO declared the outbreak a pandemic and the earliest a lockdown response to the WHO's announcement could potentially have an effect, the mortality rate in Italy was a staggering 178 COVID-19 deaths per million with an additional 13 per million dying each day.[21]

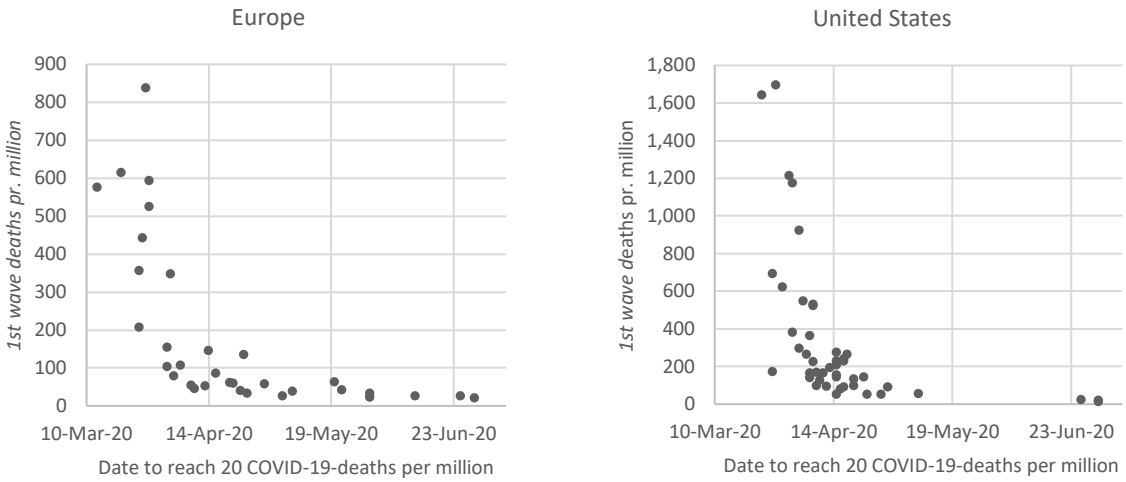
Secondly, it is extremely difficult to differentiate between the effect of public awareness and the effect of lockdowns when looking at timing because people and politicians are likely to react to the same information. As Figure 4 illustrates, all European countries and U.S. states that were hit hard and early by COVID-19 experienced high mortality rates, whereas all countries hit relatively late experienced low mortality rates. Björk et al. (2021) illustrate the difficulties in analyzing the effect of timing. They find that a 10-stringency-points-stricter lockdown would reduce COVID-19 mortality by a total of 200 deaths per million[22] if done in week 11, 2020, but would only have approximately 1/3 of the effect if implemented one week earlier or later and no effect if implemented three weeks earlier or later. One interpretation of this result is that lockdowns do not work if people either find them unnecessary and fail to obey the mandates or if people voluntarily lock themselves down. This is the argument Allen (2021) uses for the ineffectiveness of the lockdowns he identifies. If this interpretation is true, what Björk et al. (2021) find is that information and signaling is far more important than the strictness of the lockdown. There may be other interpretations, but the point is that studies focusing on timing cannot differentiate between these interpretations. However, if lockdowns have a notable effect, we should see this effect regardless of the timing, and we should identify this effect more correctly by excluding studies that exclusively analyze timing.

[20] We also intended to exclude studies which were primarily based on data from 2021 (as these studies would be heavily affected by vaccines) and studies that did not cover at least one EU-country, the United States, one U.S. U.S. state or Latin America, and where at least one country/state was not an island. However, we did not find any such studies.

[21] There's approximately a two-to-four-week gap between infection and deaths. See footnote 29.

[22] They estimate that 10-point higher stringency will reduce excess mortality by 20 "per week and million" in the 10 weeks from week 14 to week 23.

Figure 4: **Taken by surprise. The importance of having time to prepare**



Comment: The figure shows the relationship between early pandemic strength and total 1st wave of COVID-19 death toll. On the X-axis is "Days to reach 20 COVID-19-deaths per million (measured from February 15, 2020)." The Y-axis shows mortality (deaths per million) by June 30, 2020.
Source: Reported COVID-19 deaths and OxCGRT stringency for European countries and U.S. states with more than one million citizens. Data from Our World in Data.

We are aware of one meta-analysis by Stephens et al. (2020), which looks into the importance of timing. The authors find 22 studies that look at policy and timing with respect to mortality rates, however, only four were multi-country, multi-policy studies, which could possibly account for the problems described above. Stephens et al. conclude that "the timing of policy interventions across countries relative to the first Wuhan case, first national disease case, or first national death, is not found to be correlated with mortality." (See Appendix A for further discussion of the role of timing.)

3 The empirical evidence

In this section we present the empirical evidence found through our identification process. We describe the studies and their results, but also comment on the methodology and possible identification problems or biases.

3.1 Preliminary considerations

Before we turn to the eligible studies, we present some considerations that we adopted when interpreting the empirical evidence.

Empirical interpretation

While the policy conclusions contained in some studies are based on statistically significant results, many of these conclusions are ill-founded due to the tiny impact associated with said statistically significant results. For example, Ashraf (2020) states that "social distancing

measures has proved effective in controlling the spread of [a] highly contagious virus." However, their estimates show that the average lockdown in Europe and the U.S only reduced COVID-19 mortality by 2.4%.[23] Another example is Chisadza et al. (2021). The authors argue that "less stringent interventions increase the number of deaths, whereas more severe responses to the pandemic can lower fatalities." Their conclusion is based on a negative estimate for the squared term of *stringency* which results in a total negative effect on mortality rates (i.e. fewer deaths) for stringency values larger than 124. However, the stringency index is limited to values between 0 and 100 by design, so the conclusion is clearly incorrect. To avoid any such biases, we base our interpretations solely on the empirical estimates and not on the authors' own interpretation of their results.

Handling multiple models, specifications, and uncertainties

Several studies adopt a number of models to understand the effect of lockdowns. For example, Bjørnskov (2021a) estimates the effect after one, two, three, and four weeks of lockdowns. For these studies, we select the longest time horizon analyzed to obtain the estimate closest to the long-term effect of lockdowns.

Several studies also use multiple specifications including and excluding potentially relevant variables. For these studies, we choose the model which the authors regard as their main specification. Finally, some studies have multiple models which the authors regard as equally important. One interesting example is Chernozhukov et al. (2021), who estimate two models with and without national case numbers as a variable. They show that including this variable in their model alters the results substantially. The explanation could be that people responded to national conditions. For these studies, we present both estimates in Table 1, but – following Doucouliagos and Paldam (2008) – we use an average of the estimates in our meta-analysis in order to not give more weight to a study with multiple models relative to studies with just one principal model.

For studies looking at different classes of countries (e.g. rich and poor), we report both estimates in Table 1 but use the estimate for rich Western countries in our meta-analysis, where we derive common estimates for Europe and the United States.

Effects are measured "relative to Sweden in the spring of 2020"

Virtually all countries in the world implemented mandated NPIs in response to the COVID-19 pandemic. Hence, most estimates are relative to "doing the least," which in many Western countries means relative to doing as Sweden has done, especially during the first wave, when Sweden, do to constitutional constraints, implemented very few restrictions compared to other western countries (Jonung and Hanke 2020). However, some studies *do* compare the effect of doing something to the effect of doing absolutely nothing (e.g. Bonardi et al. (2020)).

The consequence is that some estimates are relative to "doing the least" while others are relative to "doing nothing." This may lead to biases if "doing the least" works as a signal (or warning)

[23] We describe how we arrive at the 2.4% in Section 4.

which alters the behavior of the public. For example, Gupta et al. (2020) find a large effect of emergency declarations, which they argue "are best viewed as an information instrument that signals to the population that the public health situation is serious and they act accordingly," on social distancing but not of other policies such as SIPOs (shelter-in-place orders). Thus, if we compare a country issuing a SIPO to a country doing nothing, we may overestimate the effect of a SIPO, because it is the sum of the signal *and* the SIPO. Instead, we should compare the country issuing the SIPO to a country "doing the least" to estimate the *marginal* effect of the SIPO.

To take an example, Bonardi et al. (2020) find relatively large effects of doing *something* but no effect of doing *more*. They find no extra effect of stricter lockdowns relative to less strict lockdowns and state that "our results point to the fact that people might adjust their behaviors quite significantly as partial measures are implemented, which might be enough to stop the spread of the virus." Hence, whether the baseline is Sweden, which implemented a ban on large gatherings early in the pandemic, or the baseline is "doing nothing" can affect the magnitude of the estimated impacts. There is no obvious right way to resolve this issue, but since estimates in most studies are relative to doing less, we report results as compared to "doing less" when available. Hence, for Bonardi et al. we state that the effect of lockdowns is zero (compared to Sweden's "doing the least").

3.2 Overview of the findings of eligible studies

Table 1 covers the 34 studies eligible for our review.[24] Out of these 34 studies, 22 were peer-reviewed and 12 were working papers. The studies analyze lockdowns during the first wave. Most of the studies (29) use data collected before September 1st, 2020 and 10 use data collected before May 1st, 2020. Only one study uses data from 2021. All studies are cross-sectional, ranging across jurisdictions. Geographically, 14 studies cover countries worldwide, four cover European countries, 13 cover the United States, two cover Europe and the United States, and one covers regions in Italy. Seven studies analyze the effect of SIPOs, 10 analyze the effect of stricter lockdowns (measured by the OxCGRT stringency index), 16 studies analyze specific NIP's independently, and one study analyzes other measures (length of lockdown).

Several studies find no statistically significant effect of lockdowns on mortality. For example, this includes Bjørnskov (2021a) and Stockenhuber (2020) who find no significant effect of stricter lockdowns (higher OxCGRT stringency index), Sears et al. (2020) and Dave et al. (2021), who find no significant effect of SIPOs, and Chaudhry et al. (2020), Aparicio and Grossbard (2021) and Guo et al. (2021) who find no significant effect of any of the analyzed NIP's, including business closures, school closures and border closures.

Other studies find a significant negative relationship between lockdowns and mortality. Fowler et al. (2021 find that SIPOs reduce COVID-19 mortality by 35%, while Chernozhukov et al.

[24] The following information can be found for each study in Table 2.

(2021) find that employee mask mandates reduces mortality by 34% and closing businesses and bars reduces mortality by 29%.

Some studies find a significant positive relationship between lockdowns and mortality. This includes Chisadza et al. (2021), who find that stricter lockdowns (higher OxCGRT stringency index) increases COVID-19 mortality by 0.01 deaths/million per stringency point and Berry et al. (2021), who find that SIPOs increase COVID-19 mortality by 1% after 14 days.

Most studies use the number of official COVID-19 deaths as the dependent variable. Only one study, Bjørnskov (2021a), looks at total excess mortality which – although is not perfect – we perceive to be the best measure, as it overcomes the measurement problems related to properly reporting COVID-19 deaths.

Several studies explicitly claim that they estimate the actual causal relationship between lockdowns and COVID-19 mortality. Some studies use instrumental variables to justify the causality associated with their analysis, while others make causality probable using anecdotal evidence.[25] But, Sebhatu et al. (2020) show that government policies are strongly driven by the policies initiated in neighboring countries rather than by the severity of the pandemic in their own countries. In short, it is not the severity of the pandemic that drives the adoption of lockdowns, but rather the propensity to copy policies initiated by neighboring countries. The Sebhatu et al. conclusion throws into doubt the notion of a causal relationship between lockdowns and COVID-19 mortality.

Table 1: Summary of eligible studies

1. Study (Author & title)	2. Measure	3. Description	4. Results	5. Comments
Alderman and Harjoto (2020); "COVID-19: U.S. shelter-in-place orders and demographic characteristics linked to cases, mortality, and recovery rates"	COVID-19 mortality	Use State-level data from the COVID-19 Tracking Project data all U.S. states, and a multivariate regression analysis to empirically investigate the impacts of the duration of shelter-in-place orders on mortality.	Find that shelter-in-place orders are - for the average duration - associated with 1% (insignificant) fewer deaths per capita.	
Aparicio and Grossbard (2021); "Are Covid Fatalities in the U.S. Higher than in the EU, and If so, Why?"	COVID-19 mortality	Their main focus is to explain the gap in COVID-19-fatalities between Europe and the United States based on COVID-deaths and other data from 85 nations/states. They include status for "social events" (ban on public gatherings, cancellation of major events and conferences), school closures, shop closures "partial lockdowns" (e.g. night curfew) and "lockdowns" (all-day curfew) 100 days after the pandemic onset in a country/state. None of these interventions have a significant effect on COVID-19 mortality. They also find no	Find no effect of "social events" (ban on public gatherings, cancellation of major events and conferences), school closures, shop closures "partial lockdowns" (e.g. night curfew) and "lockdowns" (all-day curfew) 100 days after the pandemic onset.	In the abstract the authors states that "various types of social distance measures such as school closings and lockdowns, and how soon they were implemented, help explain the U.S./EUROPE gap in cumulative deaths measured 100 days after the pandemic's onset in a state or country" although their estimates are insignificant.

[25] E.g. Dave et al. (2021) states that "estimated case reductions accelerate over time, becoming largest after 20 days following enactment of a SIPO. These findings are consistent with a causal interpretation."

1. Study (Author & title)	2. Measure	3. Description	4. Results	5. Comments
		significant effect of early cancelling of social events, school closures, shop closures, partial lockdowns and full lockdowns.		
Ashraf (2020); "Socioeconomic conditions, government interventions and health outcomes during COVID-19"	COVID-19 mortality	Their main focus is on the effectiveness of policies targeted to diminish the effect of socioeconomic inequalities (economic support) on COVID-19-deaths. They use data from 80 countries worldwide and include the OxCGRT stringency as a control variable in their models. The paper finds a significant negative (fewer deaths) effect of stricter lockdowns. The effect of lockdowns is insignificant, when they include an interaction term between the socioeconomic conditions index and the economic support index in their model.	For each 1-unit increase in OxCGRT stringency index, the cumulative mortality changes by -0.326 deaths per million (fewer deaths). The estimate is -0.073 deaths per million but insignificant, when including an interaction term between the socioeconomic conditions index and the economic support index.	
Auger et al. (2020); "Association between statewide school closure and COVID-19 incidence and mortality in the U.S."	COVID-19 mortality	U.S. population-based observational study which uses interrupted time series analyses incorporating a lag period to allow for potential policy-associated changes to occur. To isolate the association of school closure with outcomes, state-level nonpharmaceutical interventions and attributes were included in negative binomial regression models. Models were used to derive the estimated absolute differences between schools that closed and schools that remained open. The main outcome of the study is COVID-19 daily incidence and mortality per 100000 residents.	State that they adjust for several factors (e..g percentage of state's population aged 15 years and 65 years, CDC's social vulnerability index, stay-at-home or shelter-in-place order, restaurant and bar closure, testing rate per 1000 residents etc.), but does not specify how and do not present estimates.	All 50 states closed schools between March 13, 2020, and March 23, 2020. Hence, all difference-in-difference is based on maximum 10 days, and given the long lag between infection and death, there is a risk that their approach is more an interrupted time series analysis, where they compare United States before and after school closures, rather than a true difference-in-difference approach. However, we choose to include the study in our review as it - objectively speaking - lives up to the eligibility criteria specified in our protocol.
Berry et al. (2021); "Evaluating the effects of shelter-in-place policies during the COVID-19 pandemic"	COVID-19 mortality	The authors use U.S. county data on COVID-19 deaths from Johns Hopkin and SIPO data from the University of Washington to estimate the effect of SIPO's. They find no detectable effects of SIPO on deaths. The authors stress that their findings should not be interpreted as evidence that social distancing behaviors are not effective. Many people had already changed their behaviors before the introduction of shelter-in-place orders, and shelter-in-place orders appear to have been ineffective precisely because they did not meaningfully alter social distancing behavior.	SIPO increases the number of deaths by 0,654 per million after 14 days (see Fig. 2)	The authors conclude that "We do not find detectable effects of these policies [SIPO] on disease spread or deaths." However, this statement does not correspond to their results. In figure 2 they show that the effect on deaths is significant after 14 days. Looks at the effect 14 days after SIPO's are implemented which is a short lag given that the time between infection and deaths is at least 2-3 weeks.
Bjørnskov (2021a); "Did Lockdown Work? An Economist's Cross-Country Comparison"	Excess mortality	Uses excess mortality and OxCGRT stringency from 24 European countries to estimate the effect of lockdown on the number of deaths one, two, three and four weeks later. Finds no effect (negative but insignificant) of (stricter) lockdowns. The author's specification using instrument variables yields similar results.	A stricter lockdown (OxCGRT stringency) does not have a significant effect on excess mortality.	Finds a positive (more deaths) effect after one and two weeks, which could indicate that other factors (omitted variables) affect the results.
Blanco et al. (2020); "Do Coronavirus Containment Measures Work? Worldwide Evidence"	COVID-19 mortality	Use data for deaths and NPIs from Hale et al. (2020) covering 158 countries between January and August 2020 to evaluate the effect of eight different NPIs (stay at home, bans on gatherings, bans on public	When using the naïve dummy variable approach, all parameters are statistically	Run the same model four times for each of the different NPIs (stay at home-orders, ban on meetings, ban on public events and mobility restrictions). These NPIs were often introduced almost simultaneously so there is a high risk of

1. Study (Author & title)	2. Measure	3. Description	4. Results	5. Comments
		events, closing schools, lockdowns of workplaces, interruption of public transportation services, and international border closures. They address the possible endogeneity of the NPIs by using instrumental variables.	insignificant. On the contrary, estimates using the instrumental variable approach indicate that NPIs are effective in reducing the growth rate in the daily number of deaths 14 days later.	multicollinearity with each run capturing the same underlying effect. Indeed, the size and standard errors of the estimates are worryingly similar. Looks at the effect 14 days after NPIs are implemented which is a fairly short lag given the time between infection and deaths is 2-3 weeks, cf. e.g. Flaxman et al. (2020), which according to Bjørnskov (2020) appears to be the minimum typical time from infection to death).
Bonardi et al. (2020); "Fast and local: How did lockdown policies affect the spread and severity of the covid-19"	Growth rates	Use NPI data scraped from news headlines from LexisNexis and death data from Johns Hopkins University up to April 1st 2020 in a panel structure with 184 countries. Controls for country fixed effects, day fixed effects and within-country evolution of the disease.	Find that certain interventions (SIPO, regional lockdown and partial lockdown) work (in developed countries), but that stricter interventions (SIPO) do not have a larger effect than less strict interventions (e.g. restrictions on gatherings). Find no effect of border closures.	Find a positive (more deaths) effect on day 1 after lockdown which may indicate that their results are driven by other factors (omitted variables). We rely on their publicly available version submitted to CEPR Covid Economics, but estimates on the effect of deaths can be found in Supplementary material, which is available in an updated version hosted on the Danish Broadcasting Corporation's webpage: https://www.dr.dk/static/documents/2021/03/04/managing_pandemics_e3911c11.pdf
Bongaerts et al. (2021); "Closed for business: The mortality impact of business closures during the Covid-19 pandemic"	COVID-19 mortality	Uses variation in exposure to closed sectors (e.g. tourism) in municipalities within Italy to estimate the effect of business closures. Assuming that municipalities with different exposures to closed sectors are not inherently different, they find that municipalities with higher exposure to closed sectors experienced subsequently lower mortality rates.	Business shutdown saved 9,439 Italian lives by April 13th 2020. This corresponds to a reduction of deaths by 32%, as there were 20,465 COVID-19-deaths in Italy by mid April 2020.	They (implicitly) assume that municipalities with different exposures to closed sectors are not inherently different. This assumption could be problematic, as more touristed municipalities can be very different from e.g. more industrialized municipalities.
Chaudhry et al. (2020); "A country level analysis measuring the impact of government actions, country preparedness and socioeconomic factors on COVID-19 mortality and related health outcomes"	COVID-19 mortality	Uses information on COVID-19 related national policies and health outcomes from the top 50 countries ranked by number of cases. Finds no significant effect of any NPI on the number of COVID-19-deaths.	Finds no significant effect on mortality of any of the analyzed interventions (partial border closure, complete border closure, partial lockdown (physical distancing measures only), complete lockdown (enhanced containment measures including suspension of all non-essential services), and curfews).	
Chernozhukov et al. (2021); "Causal impact of masks, policies, behavior on early covid-19 pandemic in the U.S."	Growth rates	Uses COVID-deaths from the New York Times and Johns Hopkins and data for U.S. States from Raifman et al. (2020) to estimate the effect of SIPO, closed nonessential businesses, closed K-12 schools, closed restaurants except takeout, closed movie theaters, and face mask mandates for employees in public facing businesses.	Finds that mandatory masks for employees and closing K-12 schools reduces deaths. SIPO and closing business (average of closed businesses, restaurants and movie theaters) has no statistically significant effect. The effect of school closures is highly sensitive to the	States that ”our regression specification for case and death growths is explicitly guided by a SIR model although our causal approach does not hinge on the validity of a SIR model.” We are uncertain if this means that data are managed to fit an SIR-model (and thus should fail our eligibility criteria).

1. Study (Author & title)	2. Measure	3. Description	4. Results	5. Comments
			inclusion of national case and death data.	
Chisadza et al. (2021); "Government Effectiveness and the COVID-19 Pandemic"	COVID-19 mortality	Uses COVID-19-deaths and OxCGRT stringency from 144 countries to estimate the effect of lockdown on the number of COVID-19-deaths. Find a significant positive (more deaths) non-linear association between government response indices and the number of deaths.	An increase by 1 on "stringency index" increases the number of deaths by 0.0130 per million. The sign of the squared term is negative, but the combined non-linear estimate is positive (increases deaths) and larger than the linear estimate for all values of the OxCGRT stringency index.	The author states that "less stringent interventions increase the number of deaths, whereas more severe responses to the pandemic can lower fatalities." However, according to their estimates this is not correct, as the combined non-linear estimate cannot be negative for relevant values of the OxCGRT stringency index (0 to 100).
Dave et al. (2021); "When Do Shelter-in-Place Orders Fight Covid-19 Best? Policy Heterogeneity Across States and Adoption Time"	COVID-19 mortality	Uses smartphone location tracking and state data on COVID-19 deaths and SIPO data (supplemented by their own searches) collected by the New York Times to estimate the effect of SIPO's. Finds that SIPO was associated with a 9%–10% increase in the rate at which state residents remained in their homes full-time, but overall they do not find an significant effect on mortality after 20+ days (see Figure 4). Indicate that the lacking significance may be due to long term estimates being identified of a few early adopting states.	Finds no overall significant effect of SIPO on deaths but does find a negative effect (fewer deaths) in early adopting states.	Find large effects of SIPO on deaths after 6-14 days in early adopting states (see Table 8), which is before an SIPO-related effect would be seen. This could indicate that other factors rather than SIPO's drive the results.
Dergiades et al. (2020); "Effectiveness of government policies in response to the COVID-19 outbreak"	COVID-19 mortality	Uses daily deaths from the European Centre for Disease Prevention and Control and OxCGRT stringency from 32 countries worldwide (including U.S.) to estimates the effect of lockdown on the number of deaths.	Finds that the greater the strength of government interventions at an early stage, the more effective these are in slowing down or reversing the growth rate of deaths.	Focus is on the effect of early stage NPIs and thus does not absolutely live up to our eligibility criteria. However, we include the study as it differentiates between lockdown strength at an early stage.
Fakir and Bharati (2021); "Pandemic catch-22: The role of mobility restrictions and institutional inequalities in halting the spread of COVID-19"	COVID-19 mortality	Uses data from 127 countries. combining high-frequency measures of mobility data from Google's daily mobility reports, country-date-level information on the stringency of restrictions in response to the pandemic from Oxford's Coronavirus Government Response Tracker (OxCGRT), and daily data on deaths attributed to COVID-19 from Our World In Data and the Johns Hopkins University. Instrument stringency using day-to-day changes in the stringency of the restrictions in the rest of the world.	Find large causal effects of stricter restrictions on the weekly growth rate of recorded deaths attributed to COVID-19. Show that more stringent interventions help more in richer, more educated, more democratic, and less corrupt countries with older, healthier populations and more effective governments.	Finds a larger effect on deaths after 0 days than after 14 and 21 days (Table 3). This is surprising given that it takes 2-3 weeks from infection to death, and it may indicate that their results are driven by other factors.
Fowler et al. (2021); "Stay-at-home orders associate with subsequent decreases in COVID-19 cases and fatalities in the United States"	COVID-19 mortality	Uses U.S. county data on COVID-19 deaths and SIPO data collected by the New York Times to estimate the effect of SIPO's using a two-way fixed-effects difference-in-differences model. Find a large and early (after few days) effect of SIPO on COVID-19 related deaths.	Stay-at-home orders are also associated with a 59.8 percent (18.3 to 80.2) average reduction in weekly fatalities after three weeks. These results suggest that stay-at-home orders	Finds the largest effect of SIPO on deaths after 10 days (see Figure 4), before a SIPO-related effect could possibly be seen as it takes 2-3 weeks from infection to death. This could indicate that other factors drive their results.

1. Study (Author & title)	2. Measure	3. Description	4. Results	5. Comments
			might have reduced confirmed cases by 390,000 (170,000 to 680,000) and fatalities by 41,000 (27,000 to 59,000) within the first three weeks in localities that implemented stay-at-home orders.	
Fuller et al. (2021); "Mitigation Policies and COVID-19–Associated Mortality — 37 European Countries, January 23–June 30, 2020"	COVID-19 mortality	Uses COVID-19-deaths and OxCGRT stringency in 37 European countries to estimate the effect of lockdown on the number of COVID-19-deaths. Find a significant negative (fewer deaths) effect of stricter lockdowns after mortality threshold is reached (the threshold is a daily rate of 0.02 new COVID-19 deaths per 100,000 population (based on a 7-day moving average))	For each 1-unit increase in OxCGRT stringency index, the cumulative mortality decreases by 0.55 deaths per 100,000.	
Gibson (2020); "Government mandated lockdowns do not reduce Covid-19 deaths: implications for evaluating the stringent New Zealand response"	COVID-19 mortality	Uses data for every county in the United States from March through June 1, 2020, to estimate the effect of SIPO (called "lockdown") on COVID-19 mortality. Policy data are acquired from American Red Cross reporting on emergency regulations. His control variables include county population and density, the elder share, the share in nursing homes, nine other demographic and economic characteristics and a set of regional fixed effects. Handles causality problems using instrument variables (IV).	Find no statistically significant effect of SIPO.	Gibson use the word "lockdown" as synonym for SIPO (writes "technically, government-ordered community quarantine")
Goldstein et al. (2021); "Lockdown Fatigue: The Diminishing Effects of Quarantines on the Spread of COVID-19 "	COVID-19 mortality	Uses panel data from 152 countries with data from the onset of the pandemic until December 31, 2020. Finds that lockdowns tend to reduce the number of COVID-19 related deaths, but also that this benign impact declines over time: after four months of strict lockdown, NPIs have a significantly weaker contribution in terms of their effect in reducing COVID-19 related fatalities.	Stricter lockdowns reduce deaths for the first 60 days, whereafter the cumulative effect begins to decrease. If reintroduced after 120, the effect of lockdowns is smaller in the short run, but after 90 days the effect is almost the same as during first lockdown (only app. 10% lower).	There is little documentation in the study (e.g. no tables with estimates).
Guo et al. (2021); "Mitigation Interventions in the United States: An Exploratory Investigation of Determinants and Impacts"	COVID-19 mortality	Uses policy data from 1,470 executive orders from the state–government websites for all 50 states and Washington DC and COVID-19-deaths from Johns Hopkins University in a random-effect spatial error panel model to estimate the effect of nine NPIs (SIPO, strengthened SIPO, public school closure, all school closure, large-gathering ban of more than 10 people, any gathering ban, restaurant/bar limit to dining out only, nonessential business closure, and mandatory self-quarantine of travelers) on COVID-19 deaths.	Two mitigation strategies (all school closure and mandatory self-quarantine of travelers) showed positive (more deaths) impact on COVID-19-deaths per 10,000. Six mitigation strategies (SIPO, public school closure, large gathering bans (>10), any gathering ban, restaurant/bar limit to dining out only, and nonessential business	Only conclude on NPIs which reduce mortality. However, the conclusion is based on one-tailed tests, which means that all positive estimates (more deaths) are deemed insignificant. Thus, in their mortality-specification (Table 3, Proportion of Cumulative Deaths Over the Population), the estimate of all school closures (.204) and mandatory self-quarantine of travelers (0.363) is deemed insignificant based on schools CI [.029, .379] and quarantine CI [.193, .532]. We believe, these results should be interpreted as a significant increase in mortality, and that these results should have been part of their conclusion.

1. Study (Author & title)	2. Measure	3. Description	4. Results	5. Comments
			closure) did not show any impact (Table 3, "Proportion of Cumulative Deaths Over the Population).	
Hale et al. (2020); "Global assessment of the relationship between government response measures and COVID-19 deaths"	COVID-19 mortality	Uses the OxCGRT stringency and COVID-19-deaths from the European Centre for Disease Prevention and Control for 170 countries. Estimates both cross-sectional models in which countries are the unit of analysis, as well as longitudinal models on time-series panel data with country-day as the unit of analysis (including models that use both time and country fixed effects).	Finds that higher stringency in the past leads to a lower growth rate in the present, with each additional point of stringency corresponding to a 0.039%-point reduction in daily deaths growth rates six weeks later.	
Hunter et al. (2021); "Impact of non-pharmaceutical interventions against COVID-19 in Europe: A quasi-experimental non-equivalent group and time-series"	COVID-19 mortality	Uses death data from the European Centre for Disease Prevention and Control (ECDC) and NPI-data from the Institute of Health Metrics and Evaluation. Argues that they use a quasi-experimental approach to identify the effect of NPIs because no analyzed intervention was imposed by all European countries and interventions were put in place at different points in the development of the epidemics.	Finds that mass gathering restrictions and initial business closures (businesses such as entertainment venues, bars and restaurants) reduces the number of deaths, whereas closing educational facilities and issuing SIPO increases the number of deaths. Finds no effect of closing non-essential services and mandating/recommending masks (Table 3)	Finds an effect of closing educational facilities and non-essential services after 1-7 days before lockdown could possibly have an effect on the number of deaths. This may indicate that other factors are driving their results.
Langeland et al. (2021); "The Effect of State Level COVID-19 Stay-at-Home Orders on Death Rates"	COVID-19 mortality	Estimates the effect of state-level lockdowns on COVID-19 deaths using multiple quasi-Poisson regressions with lockdown time length as the explanatory variable. Does not specify how lockdown is defined and what their data sources are.	Finds no significant effect of SIPO on the number of deaths after 2-4, 4-6 and 6+ weeks.	They write that "6+ weeks of lockdown is the only setting where the odds of dying are statistically higher than in the no lockdown case." However, all estimates are insignificant in Table C. Looks as if lockdown duration may cause a causality problem, because politicians may be less likely to ease restrictions when there are many cases/deaths.
Leffler et al. (2020); "Association of country-wide coronavirus mortality with demographics, testing, lockdowns, and public wearing of masks"	COVID-19 mortality	Use COVID-19 deaths from Worldometer and info about NPIs (mask/mask recommendations, international travel restrictions and lockdowns (defined as any closure of schools or workplaces, limits on public gatherings or internal movement, or stay-at-home orders) from Hale et al. (2020) for 200 countries to estimate the effect of the duration of NPIs on the number of deaths.	Finds that masking (mask recommendations) reduces mortality. For each week that masks were recommended the increase in per-capita mortality was 8.1% (compared to 55.7% increase when masks were not recommended). Finds no significant effect of the number of weeks with internal lockdowns and international travel restrictions (Table 2).	Their "mask recommendation" category includes some countries, where masks were mandated (see Supplemental Table A1) and may (partially) capture the effect of mask mandates. Looks at duration which may cause a causality problem, because politicians may be less likely to ease restrictions when there are many cases/deaths.
Mccafferty and Ashley (2021); "Covid-19 Social Distancing Interventions by Statutory Mandate and Their Observational	Other	Use data from 27 U.S. states and 12 European countries to analyze the effect of NPIs on peak morality rate using general linear mixed effects modelling.	Finds that no mandate (school closures, prohibition on mass gatherings, business closures, stay at home	

1. Study (Author & title)	2. Measure	3. Description	4. Results	5. Comments
Correlation to Mortality in the United States and Europe"			orders, severe travel restrictions, and closure of non-essential businesses) was effective in reducing the peak COVID-19 mortality rate.	
Pan et al. (2020); "Covid-19: Effectiveness of non-pharmaceutical interventions in the united states before phased removal of social distancing protections varies by region"	COVID-19 mortality	Uses county-level data for all U.S. states. Mortality is obtained from Johns Hopkins, while policy data are obtained from official governmental websites. Categorizes 12 policies into 4 levels of disease control; Level 1 (low) - State of Emergency; Level 2 (moderate) - school closures, restricting access (visits) to nursing homes, or closing restaurants and bars; Level 3 (high) - non-essential business closures, suspending non-violent arrests, suspending elective medical procedures, suspending evictions, or restricting mass gatherings of at least 10 people; and Level 4 (aggressive) - sheltering in place / stay-at-home, public mask requirements, or travel restrictions. Use stepped-wedge cluster randomized trial (SW-CRT) for clustering and negative binomial mixed model regression.	Concludes that only (duration of, see comment in next column) level 4 restrictions are associated with reduced risk of death, with an average 15% decline in the COVID-19 death rate per day. Implementation of level 3 and level 2 restrictions increased death rates in 6 of 6 regions, while longer duration increased death rates in 5 of 6 regions.	They focus on the negative estimate of duration of Level 4. However, their implementation estimate is large and positive, and the combined effect of implementation and duration is unclear.
Pincombe et al. (2021); "The effectiveness of national-level containment and closure policies across income levels during the COVID-19 pandemic: an analysis of 113 countries"	COVID-19 mortality	Uses daily data for 113 countries on cumulative COVID-19 death counts over 130 days between February 15, 2020, and June 23, 2020, to examine changes in mortality growth rates across the World Bank's income group classifications following shelter-in-place recommendations or orders (they use one variable covering both recommendations and orders).	Finds that shelter-in-place recommendations/orders reduces mortality growth rates in high income countries (although insignificant) but increases growth rates in countries in other income groups.	
Sears et al. (2020); "Are we #stayinghome to Flatten the Curve?"	COVID-19 mortality	Uses cellular location data from all 50 states and the District of Columbia to investigate mobility patterns during the pandemic across states and time. Adding COVID-19 death tolls and the timing of SIPO for each state they estimate the effect of stay-at-home policies on COVID-19 mortality.	Find that SIPOs lower deaths by 0.13- 0.17 per 100,000 residents, equivalent to death rates 29-35% lower than in the absence of policies. However, these estimates are insignificant at a 95% confidence interval (see Table 4). The study also finds reductions in activity levels prior to mandates. Human encounter rate fell by 63 percentage points and nonessential visits by 39 percentage points relative to pre-COVID-19 levels, prior to any state implementing a statewide mandate	In the abstract the authors state that death rates would be 42-54% lower than in the absence of policies. However, this includes averted deaths due to pre-mandate social distancing behavior (p. 6). The effect of SIPO is a reduction in deaths by 29%-35% compared to a situation without SIPO but with pre-mandate social distancing. These estimates are insignificant at a 95% confidence interval.

1. Study (Author & title)	2. Measure	3. Description	4. Results	5. Comments
Shiva and Molana (2021); "The Luxury of Lockdown"	COVID-19 mortality	Uses COVID-19-deaths and OxCGRT stringency from 169 countries to estimate the effect of lockdown on the number of deaths 1-8 weeks later. Finds that stricter lockdowns reduce COVID-19-deaths 4 weeks later (but insignificant 8 weeks later) and have the greatest effect in high income countries. Finds no effect of workplace closures in low-income countries.	A stricter lockdown (1 stringency point) reduces deaths by 0,1% after 4 weeks. After 8 weeks the effect is insignificant.	
Spiegel and Tookes (2021); "Business restrictions and Covid-19 fatalities"	COVID-19 mortality	Use data for every county in the United States from March through December 2020 to estimate the effect of various NPIs on the COVID-19-deaths growth rate. Derives causality by 1) assuming that state regulators primarily focus on the state's most populous counties, so state regulation in smaller counties can be viewed as a quasi randomized experiment, and 2) conducting county pair analysis, where similar counties in different states (and subject to different state policies) are compared.	Finds that some interventions (e.g. mask mandates, restaurant and bar closures, gym closures, and high-risk business closures) reduces mortality growth, while other interventions (closures of low- to medium-risk businesses and personal care/spa services) did not have an effect and may even have increased the number of deaths.	In total they analyze the lockdown effect of 21 variables. 14 of 21 estimates are significant, and of these 6 are negative (reduces deaths) while 8 are positive (increases deaths). Some results are far from intuitive. E.g. mask recommendations increases deaths by 48% while mask mandates reduces deaths by 12%, and closing restaurants and bars reduces deaths by 50%, while closing bars but not restaurants only reduces deaths by 5%.
Stockenhuber (2020); "Did We Respond Quickly Enough? How Policy-Implementation Speed in Response to COVID-19 Affects the Number of Fatal Cases in Europe"	COVID-19 mortality	Uses data for the number of COVID-19 infections and deaths and policy information for 24 countries from OxCGRT to estimate the effect of stricter lockdowns on the number of deaths using principal component analysis and a generalized linear mixed model.	Finds no significant effect of stricter lockdowns on the number of fatalities (Table 4).	Groups data on lockdown strictness into four groups and lose significant information and variation.
Stokes et al. (2020); "The relative effects of non-pharmaceutical interventions on early Covid-19 mortality: natural experiment in 130 countries"	COVID-19 mortality	Uses daily Covid-19 deaths for 130 countries from the European Centre for Disease Prevention and Control (ECDC) and daily policy data from the Oxford COVID-19 Government Response Tracker (OxCGRT). Looks at all levels of restrictions for each of the nine sub-categories of the OxCGRT stringency index (school, work, events, gatherings, transport, SIPO, internal movement, travel).	Of the nine sub-categories in the OxCGRT stringency index, only travel restrictions are consistently significant (with level 2 "Quarantine arrivals from high-risk regions" having the largest effect, and the strictest level 4 "Total border closure" having the smallest effect). Restrictions on very large gatherings (>1,000) has a large significant negative (fewer deaths) effect, while the effect of stricter restrictions on gatherings are insignificant. Authors recommend that the closing of schools (level 1) has a very large (in absolute terms it's twice the effect of border quarantines) positive	Their results are counter intuitive and somewhat inconclusive. Why does limiting very large gatherings (>1,000) work, while stricter limits do not? Why do recommending school closures cause more deaths? Why is the effect of border closures before 1st death insignificant, while the effect of closing borders after 1st death is significant (and large)? And why does quarantining arrivals from high-risk regions work better than total border closures? With 23 estimated parameters in total these counter intuitive and inconclusive results could be caused by multiple test bias (we correct for this in the meta-analysis), but may also be caused by other factors such as omitted variable bias.

1. Study (Author & title)	2. Measure	3. Description	4. Results	5. Comments
			effect (more deaths) while stricter interventions on schools have no significant effect. Required cancelling of public events also has a significant positive (more deaths) effect. We focus on their 14-38 days results, as they catch the longest time frame (their 0-24 day model returns mostly insignificant results).	
Toya and Skidmore (2020); "A Cross-Country Analysis of the Determinants of Covid-19 Fatalities"	COVID-19 mortality	Uses COVID-19-deaths and lockdown info from various sources from 159 countries in a cross-country event study. Controls for country specifics by including socio-economic, political, geographic, and policy information. Finds little evidence for the efficacy of NPIs.	Complete travel restrictions prior to April 2020 reduced deaths by -0.226 per 100.000 by April 1st 2021, while mandatory national lockdown prior to April 2020 increased deaths by 0.166 by April 1st 2021. Recommended local lockdowns reduced deaths but results are based on one observation. Partial travel restrictions, mandatory local lockdowns and recommended national lockdowns did not have a significant effect on deaths.	The study looks at the lockdown status prior to April 2020 and the effect on deaths the following year (until April 1st 2021). The authors state this is to reduce concerns about endogeneity but do not explain why the lockdowns in the spring of 2020 are a good instrument for lockdowns during later waves are.
Tsai et al. (2021); "Coronavirus Disease 2019 (COVID-19) Transmission in the United States Before Versus After Relaxation of Statewide Social Distancing Measures"	Reproduction rate, Rt	Uses data for NPIs that were implemented and/or relaxed in U.S. states between 10 March and 15 July 2020. Using segmented linear regression, they estimate the extent to which relaxation of social distancing affected epidemic control, as indicated by the time-varying, state-specific effective reproduction number (Rt). Rt is based on death tolls.	Finds that in the 8 weeks prior to relaxing NPIs, Rt was declining, while after relaxation Rt started to increase.	Their Figure 1 shows that Rt on average increases app. 10 days before relaxation, which could indicate that other factors (omitted variables) affect the results.

Note: All comments on the significance of estimates are based on a 5% significance level unless otherwise stated.

It is difficult to make a conclusion based on the overview in Table 1. Is -0.073 to -0.326 deaths/million per stringency point, as estimated by Ashraf (2020), a large or a small effect relative to. the 98% reduction in mortality predicted by the study published by the Imperial College London (Ferguson et al. (2020). This is the subject for our meta-analysis in the next section. Here, it turns out that -0.073 to -0.326 deaths/million per stringency point is a relatively modest effect and only corresponds to a 2.4% reduction in COVID-19 mortality on average in the U.S. and Europe.

4 Meta-analysis: The impact of lockdowns on COVID-19 mortality

We now turn to the meta-analysis, where we focus on the impact of lockdowns on COVID-19 mortality.

In the meta-analysis, we include 24 studies in which we can derive the relative effect of lockdowns on COVID-19 mortality, where mortality is measured as COVID-19-related deaths per million. In practice, this means that the studies we included estimate the effect of lockdowns on mortality or the effect of lockdowns on mortality growth rates, while using a counterfactual estimate.[26]

Our focus is on the effect of compulsory non-pharmaceutical interventions (NPI), policies that restrict internal movement, close schools and businesses, and ban international travel, among others. We do not look at the effect of voluntary behavioral changes (e.g. voluntary mask wearing), the effect of recommendations (e.g. recommended mask wearing), or governmental services (voluntary mass testing and public information campaigns), but only on mandated NPIs.

The studies we examine are placed in three categories. Seven studies analyze the effect of stricter lockdowns based on the OxCGRT stringency indices, 13 studies analyze the effect of SIPOs (6 studies only analyze SIPOs, while seven analyze SIPOs among other interventions), and 11 studies analyze the effect of specific NPIs independently (lockdown vs. no lockdown).[27] Each of these categories is handled so that comparable estimates can be made across categories. Below, we present the results for each category and show the overall results, as well as those based on various quality dimensions.

Quality dimensions

We include quality dimensions because there are reasons to believe that can affect a study's conclusion. Below we describe the dimensions, as well as our reasons to believe that they are necessary to fully understand the empirical evidence.

- *Peer-reviewed vs. working papers*: We distinguish between peer-reviewed studies and working papers as we consider peer-reviewed studies generally being of higher quality than working papers.[28]

- *Long vs. short time period*: We distinguish between studies based on long time periods (with data series ending *after* May 31, 2020) and short time periods (data series ending at or before May 31, 2020), because the first wave did not fully end before late June in the U.S. and Europe. Thus, studies relying on short data periods lack the last part of the first wave and may yield biased results if lockdowns only "flatten the curve" and do not prevent deaths.

[26] As a minimum requirement, one needs to know the effect on the top of the curve.
[27] The total is larger than 21 because the 11 SIPO studies include seven studies which look at multiple measures.
[28] Vetted papers from CEPR Covid Economics are considered as working papers in this regard.

- *No early effect on mortality*: On average, it takes approximately three weeks from infection to death.[29] However, several studies find effects of lockdown on mortality almost immediately. Fowler et al. (2021) find a significant effect of SIPOs on mortality after just four days and the largest effect after 10 days. An early effect may indicate that other factors (omitted variables) drive the results, and, thus, we distinguish between studies which find an effect on mortality sooner than 14 days after lockdown and those that do not.[30] Note that many studies do not look at the short term and thus fall into the latter category by default.

- *Social sciences vs. other sciences*: While it is true that epidemiologists and researchers in natural sciences should, in principle, know much more about COVID-19 and how it spreads than social scientists, social scientists are, in principle, experts in evaluating the effect of various policy interventions. Thus, we distinguish between studies published by scholars in social sciences and by scholars from other fields of research. We perceive the former as being better suited for examining the effects of lockdowns on mortality. For each study, we have registered the research field for the corresponding author's associated institute (e.g., for a scholar from "Institute of economics" research field is registered as "Economics"). Where no corresponding author was available, the first author has been used. Afterwards, all research fields have been classified as either from the "Social Science" or "Other.""[31]

We also considered including a quality dimension to distinguish between studies based on excess mortality and studies based on COVID-19 mortality, as we believe that excess mortality is potentially a better measure for two reasons. First, data on total deaths in a country is far more precise than data on COVID-19 related deaths, which may be both underreported (due to lack of tests) or overreported (because some people die *with* – but not *because of* – COVID-19). Secondly, a major purpose of lockdowns is to save lives. To the extend lockdowns shift deaths *from* COVID-19 *to* other causes (e.g. suicide), estimates based on COVID-19 mortality will overestimate the effect of lockdowns. Likewise, if lockdowns save lives in other ways (e.g. fewer traffic accidents) lockdowns' effect on mortality will be underestimated. However, as only one

[29] Leffler et al. (2020) writes, "On average, the time from infection with the coronavirus to onset of symptoms is 5.1 days, and the time from symptom onset to death is on average 17.8 days. Therefore, the time from infection to death is expected to be 23 days." Meanwhile, Stokes et al. (2020) writes that "evidence suggests a mean lag between virus transmission and symptom onset of 6 days, and a further mean lag of 18 days between onset of symptoms and death."

[30] Some of the authors are aware of this problem. E.g. Bjørnskov (2021a) writes "when the lag length extends to three or fourth weeks, that is, the length that is reasonable from the perspective of the virology of Sars-CoV-2, the estimates become very small and insignificant" and "these results confirm the overall pattern by being negative and significant when lagged one or two weeks (the period when they cannot have worked) but turning positive and insignificant when lagged four weeks."

[31] Research fields classified as social sciences were economics, public health, management, political science, government, international development, and public policy, while research fields not classified as social sciences were ophthalmology, environment, medicine, evolutionary biology and environment, human toxicology, epidemiology, and anesthesiology.

of the 34 studies (Bjørnskov (2021a)) is based on excess mortality, we are unfortunately forced to disregard this quality dimension.

Meta-data used for our quality dimensions as well as other relevant information are shown in Table 2.

Table 2: Metadata for the studies included in the meta-analysis

1. Study (Author & title)	2. Included in meta-analysis	3. Publication status	4. End of data period	5. Earliest effect	6. Field of research	7. Lockdown measure	8. Geographical coverage
Alderman and Harjoto (2020); "COVID-19: U.S. shelter-in-place orders and demographic characteristics linked to cases, mortality, and recovery rates"	Yes	Peer-review	11-Jun-20	n/a	Economics (Social science)	SIPO	United States
Aparicio and Grossbard (2021); "Are Covid Fatalities in the U.S. Higher than in the EU, and If so, Why?"	Yes	Peer-review	22-Jul-20	n/a	Economics (Social science)	Specific NPIs	Europe and United States
Ashraf (2020); "Socioeconomic conditions, government interventions and health outcomes during COVID-19"	Yes	WP	20-May-20	n/a	Economics (Social science)	Stringency	World
Auger et al. (2020); "Association between statewide school closure and COVID-19 incidence and mortality in the U.S."	Yes	Peer-review	07-May-20	>21 days	Medicine (Other)	Specific NPIs	United States
Berry et al. (2021); "Evaluating the effects of shelter-in-place policies during the COVID-19 pandemic"	Yes	Peer-review	30-May-20	8-14 days	Public policy (Social science)	SIPO	United States
Bjørnskov (2021a); "Did Lockdown Work? An Economist's Cross-Country Comparison"	Yes	Peer-review	30-Jun-20	<8 days	Economics (Social science)	Stringency	Europe
Blanco et al. (2020); "Do Coronavirus Containment Measures Work? Worldwide Evidence"	No	WP	31-Aug-20	8-14 days	Economics (Social science)	Specific NPIs	World
Bonardi et al. (2020); "Fast and local: How did lockdown policies affect the spread and severity of the covid-19"	Yes	WP	13-Apr-20	<8 days	Economics (Social science)	Specific NPIs	World
Bongaerts et al. (2021); "Closed for business: The mortality impact of business closures during the Covid-19 pandemic"	Yes	Peer-review	13-Apr-20	8-14 days	Management (Social science)	Specific NPIs	One country
Chaudhry et al. (2020); "A country level analysis measuring the impact of government actions, country preparedness and socioeconomic factors on COVID-19 mortality and related health outcomes"	Yes	Peer-review	01-Apr-20	n/a	Anesthesiology (Other)	Specific NPIs	World
Chernozhukov et al. (2021); "Causal impact of masks, policies, behavior on early covid-19 pandemic in the U.S."	Yes	Peer-review	03-Aun-20	n/a	Economics (Social science)	Specific NPIs	United States
Chisadza et al. (2021); "Government Effectiveness and the COVID-19 Pandemic"	Yes	Peer-review	01-Sep-20	n/a	Economics (Social science)	Stringency	World
Dave et al. (2021); "When Do Shelter-in-Place Orders Fight Covid-19 Best? Policy Heterogeneity Across States and Adoption Time"	Yes	Peer-review	20-Apr-20	Finds no effect	Economics (Social science)	SIPO	United States
Dergiades et al. (2020); "Effectiveness of government policies in response to the COVID-19 outbreak"	No	WP	30-Apr-20	n/a	Management (Social science)	Stringency	World
Fakir and Bharati (2021); "Pandemic catch-22: The role of mobility restrictions and institutional inequalities in halting the spread of COVID-19"	No	Peer-review	30-Jul-20	<8 days	Economics (Social science)	Stringency	World

1. Study (Author & title)	2. Included in meta-analysis	3. Publication status	4. End of data period	5. Earliest effect	6. Field of research	7. Lockdown measure	8. Geographical coverage
Fowler et al. (2021); "Stay-at-home orders associate with subsequent decreases in COVID-19 cases and fatalities in the United States"	Yes	Peer-review	07-May-20	<8 days	Public Health (Social science)	SIPO	United States
Fuller et al. (2021); "Mitigation Policies and COVID-19–Associated Mortality — 37 European Countries, January 23–June 30, 2020"	Yes	WP	30-Jun-20	n/a	Epidemiology (Other)	Stringency	Europe
Gibson (2020); "Government mandated lockdowns do not reduce Covid-19 deaths: implications for evaluating the stringent New Zealand response"	Yes	Peer-review	01-Jun-20	Finds no effect	Economics (Social science)	SIPO	United States
Goldstein et al. (2021); "Lockdown Fatigue: The Diminishing Effects of Quarantines on the Spread of COVID-19 "	Yes	WP	31-Dec-20	<8 days	International Development (Social science)	Stringency	World
Guo et al. (2021); "Mitigation Interventions in the United States: An Exploratory Investigation of Determinants and Impacts"	Yes	Peer-review	07-Apr-20	n/a	Social work (Social science)	Specific NPIs	United States
Hale et al. (2020); "Global assessment of the relationship between government response measures and COVID-19 deaths"	No	WP	27-May-20	n/a	Government (Social science)	Stringency	World
Hunter et al. (2021); "Impact of non-pharmaceutical interventions against COVID-19 in Europe: A quasi-experimental non-equivalent group and time-series"	No	Peer-review	24-Apr-20	<8 days	Medicine (Other)	Specific NPIs	Europe
Langeland et al. (2021); "The Effect of State Level COVID-19 Stay-at-Home Orders on Death Rates"	No	WP	Not specified	Finds no effect	Political Science (Social science)	Other	United States
Leffler et al. (2020); "Association of country-wide coronavirus mortality with demographics, testing, lockdowns, and public wearing of masks"	Yes	Peer-review	09-May-20	n/a	Ophthalmology (Other)	Specific NPIs	World
Mccafferty and Ashley (2021); "Covid-19 Social Distancing Interventions by Statutory Mandate and Their Observational Correlation to Mortality in the United States and Europe"	No	Peer-review	12-Apr-20	Finds no effect	Ophthalmology (Other)	Specific NPIs	Europe and United States
Pan et al. (2020); "Covid-19: Effectiveness of non-pharmaceutical interventions in the united states before phased removal of social distancing protections varies by region"	No	WP	29-May-20	n/a	Environment (Other)	Specific NPIs	United States
Pincombe et al. (2021); "The effectiveness of national-level containment and closure policies across income levels during the COVID-19 pandemic: an analysis of 113 countries"	No	Peer-review	23-Jun-20	n/a	Health Science (Social science)	SIPO	World
Sears et al. (2020); "Are we #stayinghome to Flatten the Curve?"	Yes	WP	29-Apr-20	Finds no effect	Economics (Social science)	SIPO	United States
Shiva and Molana (2021); "The Luxury of Lockdown"	Yes	Peer-review	08-Jun-20	15-21 days	Government (Social science)	Stringency	World
Spiegel and Tookes (2021); "Business restrictions and Covid-19 fatalities"	Yes	Peer-review	31-Dec-20	<8 days	Management (Social science)	Specific NPIs	United States
Stockenhuber (2020); "Did We Respond Quickly Enough? How Policy-Implementation Speed in Response to COVID-19 Affects the Number of Fatal Cases in Europe"	Yes	Peer-review	12-Jul-20	n/a	Evolutionary Biology and Environment (Other)	Stringency	Europe
Stokes et al. (2020); "The relative effects of non-pharmaceutical interventions on early	Yes	WP	01-Jun-20	n/a	Economics (Social science)	Specific NPIs	World

1. Study (Author & title)	2. Included in meta-analysis	3. Publication status	4. End of data period	5. Earliest effect	6. Field of research	7. Lockdown measure	8. Geographical coverage
Covid-19 mortality: natural experiment in 130 countries"							
Toya and Skidmore (2020); "A Cross-Country Analysis of the Determinants of Covid-19 Fatalities"	Yes	WP	01-Apr-21	n/a	Economics (Social science)	Specific NPIs	World
Tsai et al. (2021); "Coronavirus Disease 2019 (COVID-19) Transmission in the United States Before Versus After Relaxation of Statewide Social Distancing Measures"	No	Peer-review	15-Jul-20	<8 days	Psychiatry (Social science)	Specific NPIs	United States

Note: Research fields classified as social sciences were economics, public health, health science, management, political science, government, international development, and public policy, while research fields not classified as social sciences were ophthalmology, environment, medicine, evolutionary biology and environment, human toxicology, epidemiology and anesthesiology.

Interpreting and weighting estimates

The estimates used in the meta-analysis are not always readily available in the studies shown in Table 2. In Appendix B Table 9, we describe for each paper how we interpret the estimates and how they are converted to a common estimate (the relative effect of lockdowns on COVID-19 mortality) which is comparable across all studies.

Following Paldam (2015) and Stanley and Doucouliagos (2010), we also convert standard errors[32] and use the precision of each estimate (defined as 1/SE) to calculate the precision-weighted average of all estimates and present funnel plots. The precision-weighted average is our primary indicator of the efficacy of lockdowns, but we also report arithmetic averages and medians in the meta-analysis.

In the following sections, we present the meta-analysis for each of the three groups of studies (stringency index-studies, SIPO-studies, and studies analyzing specific NPIs).

4.1 Stringency index studies

Seven eligible studies examine the link between lockdown stringency and COVID-19 mortality. The results from these studies, converted to common estimates, are presented in Table 3 below. All studies are based on the COVID-19 Government Response Tracker's (OxCGRT) stringency index of Oxford University's Blavatnik School of Government (Hale et al. (2020)).

The OxCGRT stringency index neither measures the expected effectiveness of the lockdowns nor the expected costs. Instead, it describes the stringency based on nine equally weighted parameters.[33] Many countries followed similar patterns and almost all countries closed schools,

[32] Standard errors are converted such that the t-value, calculated based on common estimates and standard errors, is unchanged. When confidence intervals are reported rather than standard errors, we calculate standard errors using t-distribution with ∞ degrees of freedom (i.e. 1.96 for 95% confidence interval).

[33] The nine parameters are "C1 School closing," "C2 Workplace closing," "C3 Cancel public events," "C4 Restrictions on gatherings," "C5 Close public transport," "C6 Stay at home requirements," "C7 Restrictions on internal movement," "C8 International travel controls" and "H1 Public information campaigns." The latter, "H1

while only a few countries issued SIPOs without closing businesses. Hence, it is reasonable to perceive the stringency index as continuous, although not necessarily linear. The index includes recommendations (e.g. "workplace closing" is 1 if the government recommends closing (or work from home), cf. Hale et al. (2021)), but the effect of including recommendations in the index is primarily to shift the index parallelly upward and should not alter the results relative to our focus on mandated NPIs. It is important to note that the index is not perfect. As pointed out by Book (2020), it is certainly possibly to identify errors and omissions in the index. However, the index is objective and unbiased and as such, useful for cross-sectional analysis with several observations, even if not suitable for comparing the overall strictness of lockdowns in two countries.

Since the studies examined use different units of estimates, we have created common estimates for Europe and United States to make them comparable. The common estimates show the effect of the average lockdown in Europe and United States (with average stringencies of 76 and 74, respectively, between March 16th and April 15th, 2020, compared to a policy based solely on recommendations (stringency 44)). For example, Ashraf (2020) estimates that the effect of stricter lockdowns is -0.073 to -0.326 deaths/million per stringency point. We use the average of these two estimates (-0.200) in the meta-analysis (see Table 9 in Appendix B for a description for all studies). The average lockdown in Europe between March 16th and April 15th, 2020, was 32 points stricter than a policy solely based on recommendations (76 vs. 44). In United States, it was 30 points. Hence, the total effect of the lockdowns compared to the recommendation policy was -6.37 deaths/million in Europe (32 x -0.200) and -5.91 deaths/million in United States. With populations of 748 million and 333 million, respectively the total effect as estimated by Ashraf (2020) is 4,766 averted COVID-19 deaths in Europe and 1,969 averted COVID-19 deaths in United States. By the end of the study period in Ashraf (2020), which is May 20, 2020, 164,600 people in Europe and 97,081 people in the United States had died of COVID-19. Hence, the 4,766 averted COVID-19 deaths in Europe and the 1,969 averted COVID-19 deaths in the United States corresponds to 2.8% and 2.0% of all COVID-19 deaths, respectively, with an arithmetic average of 2.4%. Our common estimate is thus -2.4%, cf. Table 3. So, this means that Ashraf (2020) estimates that without lockdowns, COVID-19 deaths in Europe would have been 169,366 and COVID-19 deaths in the U.S. would have been 99,050. Our approach is not unproblematic. First of all, the level of stringency varies over time for all countries. We use the stringency between March 16th and April 15th, 2020 because this period covers the main part of the first wave which most of the studies analyze. Secondly, OxCGRT has changed the index over time and a 10-point difference today may not be exactly the same as a 10-point difference when the studies were finalized. However, we believe these problems are unlikely to significantly alter our results.

Public information campaigns," is not an intervention following our definition, as it is not a mandatory requirement. However, of 97 European countries and U.S. States in the OxCGRT database, only Andorra, Belarus, Bosnia and Herzegovina, Faeroe Islands, and Moldova – less than 1.6% of the population – did not get the maximum score by March 20, 2020, so the parameter simply shifts the index parallelly upward and should not have notable impact on the analyzes.

Table 3 demonstrates that the studies find that lockdowns, on average, have reduced COVID-19 mortality rates by 0.2% (precision-weighted). The results yield a median of -2.4% and an arithmetic average of -7.3%. Only one of the seven studies, Fuller et al. (2021), finds a significant *and* (relative to the effect predicted in studies like Ferguson et al. (2020)) substantial effect of lockdowns (-35%). The other six studies find much smaller effects. Hence, based on the stringency index studies, we find little to no evidence that mandated lockdowns in Europe and the United States had a noticeable effect on COVID-19 mortality rates. And, as will be discussed in the next paragraph, the fifth column of Table 3 displays the number of quality dimensions (out of 4) met by each study.

Table 3: Overview of common estimates from studies based on stringency indexes

Effect on COVID-19 mortality	Estimate (Estimated Averted Deaths / Total Deaths)	Standard error	Weight (1/SE)	Quality dimensions
Bjørnskov (2021)	-0.3%	0.8%	119	3
Shiva and Molana (2021)	-4.1%	0.4%	248	4
Stockenhuber (2020)*	0.0%	n/a	n/a	3
Chisadza et al. (2021)	0.1%	0.0%	7,390	4
Goldstein et al. (2021)	-9.0%	3.8%	26	2
Fuller et al. (2021)	-35.3%	9.1%	11	2
Ashraf (2020)	-2.4%	0.4%	256	2
Precision-weighted average (arithmetic average / median)	**-0.2% (-7.3%/-2.4%)**			

Note: The table shows the estimates for each study converted to a common estimate, i.e. the implied effect on COVID-19 mortality in Europe and United States. A negative number corresponds to fewer deaths, so -5% means 5% lover COVID-19 mortality. For studies which report estimates in deaths per million, the common estimate is calculated as: (COVID-19 mortality with "common area's" policy) / (COVID-19 mortality with recommendation policy) -1, where (COVID-19 mortality with recommendation policy) is calculated as ((COVID-19 mortality with "common area's" policy) - Estimate x Difference in stringency x population). Stringencies in Europe and United States are equal to the average stringency from March 16th to April 15th 2020 (76 and 74 respectively) and the stringency for the policy based solely on recommendations is 44 following Hale et al. (2020). For the conversion of other studies see Table 9 in appendix B.

** It is not possible to calculate a common estimate for Stockenhuber (2020). When calculating arithmetic average / median, the study is included as 0%, because estimates are insignificant and signs of estimates are mixed (higher strictness can cause both lower and higher COVID-19 mortality).*

We now turn to the quality dimensions. Table 4 presents the results differentiated by the four quality dimensions. Two studies, Shiva and Molana (2021) and Chisadza et al. (2021), meet all quality dimensions. The precision-weighted average for these studies is 0.0%, meaning that lockdowns had no effect on COVID-19 mortality. Two studies live up to 3 of 4 quality dimensions (Bjørnskov (2021a) and Stockenhuber (2020)). The precision-weighted average for these studies is -0.3%, meaning that lockdowns reduced COVID-19 mortality by 0.3%. Three studies lack at least two quality dimensions.[34] These studies find that lockdowns reduce COVID-19 mortality by 4.2%. To sum up, we find that the studies that meet at least 3 of 4 quality measures find that lockdowns have little to no effect on COVID-19 mortality, while studies that

[34] In fact, the working papers by P. Goldstein et al. (2021), Fuller et al. (2021) and Ashraf (2020) all lack exactly two quality parameters.

meet 2 of 4 quality measures find a small effect on COVID-19 mortality. These results are far from those estimated with the use of epidemiological models, such as the Imperial College London (Ferguson et al. (2020).

Table 4: Overview of common estimates split on quality dimensions for studies based on stringency indexes

Values show effect on COVID-19 mortality	Precision-weighted average*	Arithmetic average	Median
Peer-reviewed vs. working papers			
Peer-reviewed [4]	0.0%	-1.1%	-0.2%
Working paper [3]	-4.2%	-15.6%	-9.0%
Long vs. short time period			
Data series ends after 31 May 2020 [6]	-0.1%	-8.1%	-0.2%
Data series ends before 31 May 2020 [1]	-2.4%	-2.4%	-9.0%
No early effect on mortality			
Does not find an effect within the first 14 days (including n/a) [5]	-0.2%	-8.3%	-2.4%
Finds effect within the first 14 days [2]	-1.9%	-4.7%	-4.7%
Social sciences vs. other sciences			
Social sciences [5]	-0.1%	-3.1%	-2.4%
Other sciences [2]	-35.3%	-17.7%	-17.7%
4 of 4 quality dimensions [2]	**0.0%**	**-2.0%**	**-2.0%**
3 of 4 quality dimensions [2]	**-0.3%**	**-0.2%**	**-0.2%**
2 of 4 quality dimensions or fewer [3]	**-4.2%**	**-15.6%**	**-9.0%**

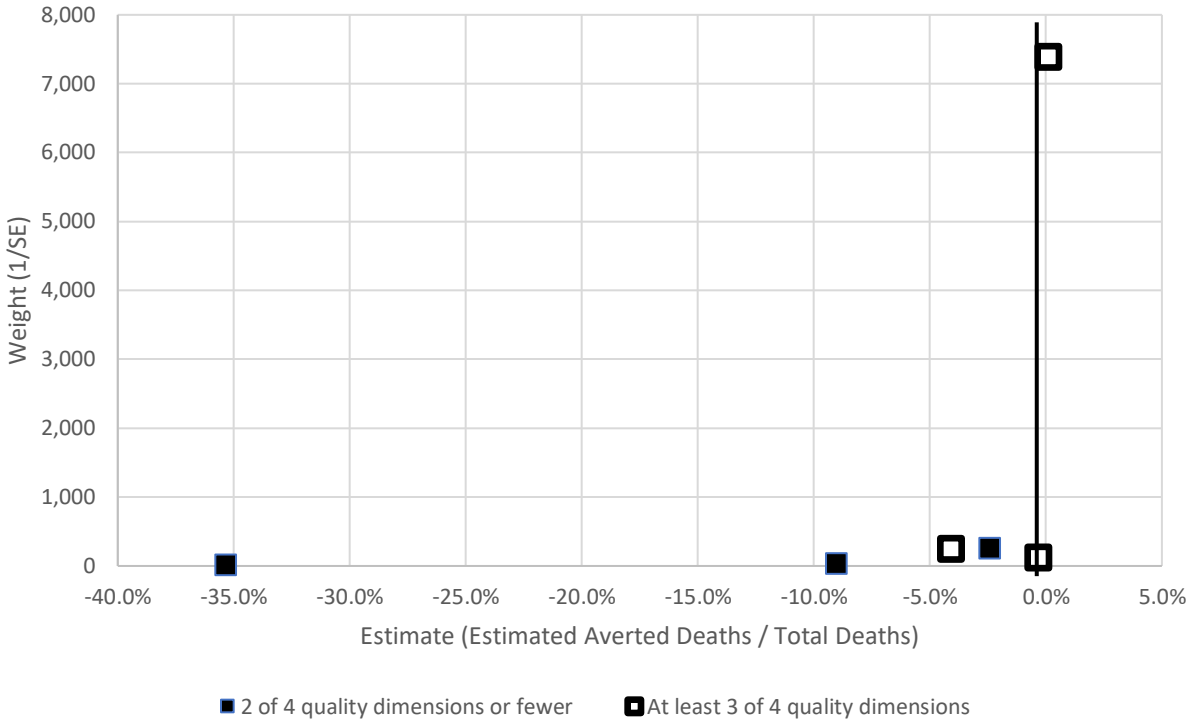
*Note: The table shows the common estimate as described in Table 3 for each quality dimension. The number of studies in each category is in square brackets. * The precision-weighted average does not include studies where no common standard error is available, cf. Table 3.*

Figure 5 shows a funnel plot for the studies in Table 3, except Stockenhuber (2020), where common estimate standard errors cannot be derived. Chisadza et al. (2021) has a far higher precision than the other studies (1/SE is 7,398 and the estimate is 0.1%)[35], and there are indications that the estimate from Fuller et al. (2021) (the bottom left) is an imprecise outlier.[36] Figure 5 The plot also shows that the studies with at least 3 of 4 quality dimensions are centered around zero and generally have higher precision than other studies.

[35] Excluding Chisadza et al. (2021) from the precision-weighted average changes the average to -3.5%.

[36] Excluding Fuller et al. (2021) from the precision-weighted average only marginally changes the average because the precision is very low.

Figure 5: Funnel plot for estimates from studies based on stringency indexes



Note: The figure displays all estimates and the precision of the estimate defined as one over the standard error. Studies where standard errors are not available are not included. Studies which live up to at least 3 of 4 quality dimensions are marked with white, while studies which lives up to 2 of 3 quality dimensions or less are marked with black. The vertical line illustrates the precision-weighted average.

Overall conclusion on stringency index studies

Compared to a policy based solely on recommendations, we find little evidence that lockdowns had a noticeable impact on COVID-19 mortality Only one study, Fuller et al. (2021), finds a substantial effect, while the rest of the studies find little to no effect. Indeed, according to stringency index studies, lockdowns in Europe and the United States reduced only COVID-19 mortality by 0.2% on average.

In the following section we will look at the effect of SIPOs. The section follows the same structure as this section.

4.2 Shelter-in-place order (SIPO) studies

We have identified 13 eligible studies which estimate the effect of Shelter-In-Place Orders (SIPOs) on COVID-19 mortality, cf. Table 5. Seven of these studies look at multiple NPIs of which a SIPO is just one, while six studies estimate the effect of a SIPO vs. no SIPO in the United States. According to the containment and closure policy indicators from OxCGRT, 41 states in the U.S. issued SIPOs in the spring of 2020. But usually, these were introduced after implementing other NPIs such as school closures or workplace closures. On average, SIPOs

were issued 7½ days after *both* schools and workplaces closed, and 12 days after the first of the two closed. Only one state, Tennessee, issued a SIPO before schools and workplaces closed. The 10 states that did not issue SIPOs all closed schools. Moreover, of those 10 states, three closed some non-essential businesses, while the remaining 7 closed all non-essential businesses. Because of this, we perceive estimates for SIPOs based on U.S.-data as the marginal effect of SIPOs on top of other restrictions, although we acknowledge that the estimates may capture the effects of other NPI measures as well.

The results of eligible studies based on SIPOs are presented in Table 5. The table demonstrates that the studies generally find that SIPOs have reduced COVID-19 mortality by 2.9% (on a precision-weighted average). There is an apparent difference between studies in which a SIPO is one of multiple NPIs, and studies in which a SIPO is the only examined intervention. The former group generally finds that SIPOs *increase* COVID-19 mortality *marginally*, whereas the latter finds that SIPOs *decrease* COVID-19 mortality. As we will see below, this difference could be explained by differences in the quality dimensions, and especially the time period covered by each study.

Table 5: Overview of estimates from studies based on SIPOs

Values show effect on COVID-19 mortality	Estimate (Estimated Averted Deaths / Total Deaths)	Standard error	Weight (1/SE)	Quality dimensions
Studies where SIPO is one of several examined interventions and not (as) likely to capture the effect of other interventions				
Chernozhukov et al. (2021)	-17.7%	14.3%	7	4
Chaudhry et al. (2020) *	0.0%	n/a	n/a	2
Aparicio and Grossbard (2021)	2.6%	2.8%	35	4
Stokes et al. (2020)	0.8%	11.1%	9	3
Spiegel and Tookes (2021)	13.1%	6.6%	15	3
Bonardi et al. (2020)	0.0%	n/a	n/a	1
Guo et al. (2021)	4.6%	14.8%	4	3
Average (median) where SIPO is one of several variables	2.8% (0.5%/0.8%)			
Studies where SIPO is the only examined intervention and may capture the effect of other interventions				
Sears et al. (2020)	-32.2%	17.6%	6	2
Alderman and Harjoto (2020)	-1.0%	0.6%	169	4
Berry et al. (2020)	1.1%	n/a	n/a	2
Fowler et al. (2021)	-35.0%	7.0%	14	2
Gibson (2020)	-6.0%	24.3%	4	4
Dave et al. (2020)	-40.8%	36.1%	3	3
Average (median) where SIPO is the only variable	-5.1% (-19.0%/-19.1%)			
Precision-weighted average (arithmetic average / median) for all studies	**-2.9% (-8.5%/0.0%)**			

*Note: * Chaudhry et al. (2020) does not provide an estimate but states that SIPO is insignificant. We use 0% when calculating the arithmetic average and median. Chaudhry et al. (2020) and Berry et al. (2021) do not affect the precision-weighted average, as we do not know the standard errors.*

Table 6 presents the results differentiated by quality dimensions. Four studies (Chernozhukov et al. (2021), Aparicio and Grossbard (2021), Alderman and Harjoto (2020) and Gibson (2020))

meet all quality dimensions but find vastly different effects of SIPOs on COVID-19 mortality. The precision weighted average of the four studies is -1.0%. Four studies meet 3 of 4 quality dimensions. They overall find that SIPOs *increase* COVID-19 mortality, as the precision-weighted average is positive (3.7%). The five studies that meet 2 of 4 quality dimensions or fewer[37] find a substantial reduction in COVID-19-mortality (-34.2%). This substantial reduction seems to be driven by relatively short data series. The latest data point for the three studies which find large effects of lockdowns (Sears et al. (2020), Fowler et al. (2021), and Dave et al. (2021)) are April 29, May 7, and April 20, respectively. This may indicate that SIPOs can delay deaths but not eliminate them completely. Disregarding these studies with short data series, the precision-weighted average is -0.1%.

Table 6: Quality dimensions for studies based on SIPOs

Values show effect on COVID-19 mortality	Precision-weighted average*	Arithmetic average	Median
Peer-reviewed vs. working papers			
Peer-review [10]	-2.4%	-7.9%	-0.5%
Working paper [3]	-12.0%	-10.5%	0.0%
Long vs. short time period			
Data serie ends after 31 May 2020 [6]	-0.1%	-1.4%	-0.1%
Data serie ends before 31 May 2020 [7]	-25.9%	-14.6%	0.0%
No early effect on mortality			
Finds effect within the first 14 days [9]	-2.0%	-10.0%	-1.0%
Does not find an effect within the first 14 days (including n/a) [4]	-10.3%	-5.2%	0.0%
Social sciences vs. other sciences			
Social sciences [12]	-2.9%	-9.2%	-0.5%
Other sciences [1]	n/a	0.0%	0.0%
4 of 4 quality dimensions [4]	-1.0%	-5.5%	-3.5%
3 of 4 quality dimensions [4]	3.7%	-5.6%	2.7%
2 of 4 quality dimensions or fewer [5]	-34.2%	-13.2%	0.0%

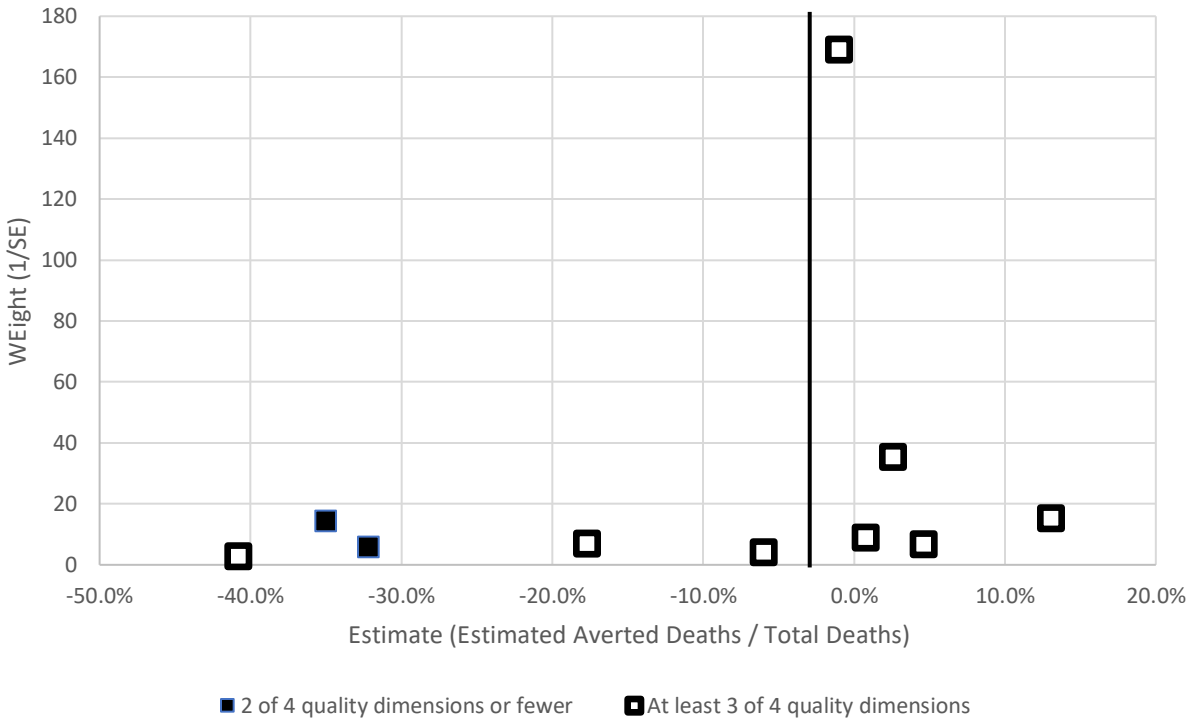
*Note: The table shows the common estimate as described in Table 5 for each quality dimension. The number of studies in each category is in square brackets. * The precision-weighted average does not include studies where no common standard error is available, cf. Table 5.*

Figure 6 shows a funnel plot for the studies in Table 5, except Chaudhry et al. (2020) and Berry et al. (2021), where common standard errors cannot be derived. Sears et al. (2020) stands out with a precision far higher than those of the other studies. But generally, the precisions of the studies are low and the estimates are placed on both sides of the zero-line with some 'tail' to the

[37] Bonardi et al. (2020) only meet one quality dimension (social science).

left.[38] Figure 5 also shows that four of eight studies with at least 3 of 4 quality dimensions find that SIPOs *increase* COVID-19 mortality by 0.8% to 13.1%.

Figure 6: Funnel plot for estimates from SIPO studies



Note: The figure displays all estimates and the precision of the estimate defined as one over the standard error. Studies where standard errors are not available are not included. Studies which live up to at least 3 of 4 quality dimensions are marked with white, while studies which lives up to 2 of 4 quality dimensions or less are marked with black. The vertical line illustrates the precision-weighted average.

Overall conclusion on SIPO studies

We find no clear evidence that SIPOs had a noticeable impact on COVID-19 mortality. Some studies find a large negative relationship between lockdowns and COVID-19 mortality, but this seems to be caused by short data series which does not cover a full COVID-19 'wave'. Several studies find a small positive relationship between lockdowns and COVID-19 mortality. Although this appears to be counterintuitive, it could be the result of an (asymptomatic) infected person being isolated at home under a SIPO can infect family members with a higher viral load causing more severe illness.[39] The overall effect measured by the precision-weighted average is -2.9%. The result is in line with Nuzzo et al. (2019), who state that "In the context of a high-impact

[38] This could indicate some publication bias, but the evidence is weak and with only 13 estimates, this cannot be formally tested

[39] E.g. see Guallar et al. (2020), who concludes, "Our data support that a greater viral inoculum at the time of SARS-CoV-2 exposure might determine a higher risk of severe COVID-19."

respiratory pathogen, quarantine may be the least likely NPI to be effective in controlling the spread due to high transmissibility" and World Health Organization Writing Group (2006), who conclude that "forced isolation and quarantine are ineffective and impractical."[40]

In the following section, we will look at the effect found in studies analyzing specific NPIs.

4.3 Studies of specific NPIs

A total of 11 eligible studies look at (multiple) specific NPIs independently or simply lockdown vs. no lockdown.[41] The definition of the specific NPIs varies from study to study and are somewhat difficult to compare. The variety in the definitions can be seen in the analysis of non-essential business closures and bar/restaurant closures. Chernozhukov et al. (2021) focus on a combined parameter (the average of business closure and bar/restaurant closure in each state), Aparicio and Grossbard (2021) look at business closure but not bar/restaurant closure, Spiegel and Tookes (2021) examine bar/restaurant closure but not business closure, and Guo et al. (2021) look at both business closures and bar/restaurant closures independently.

Some studies include several NPIs (e.g. Stokes et al. (2020) and Spiegel and Tookes (2021)), while others cover very few. Bongaerts et al. (2021) only study business closures, and Leffler et al. (2020) look at internal lockdown and international travel restrictions). Few NPIs in a model are potentially a problem because they can capture the effect of excluded NPIs. On the other hand, several NPIs in a model increase the risk of multiple test bias.

The differences in the choice of NPIs and in the number of NPIs make it challenging to create an overview of the results. In Table 7, we have merged the results in six overall categories but note that the estimates may not be fully comparable across studies. In particular, the lockdown-measure varies from study to study and in some cases is poorly defined by the authors. Also, there are only a few estimates within some of the categories. For instance, the estimate of the effect of facemasks is based on only two studies.

Table 7 illustrates that generally there is no evidence of a noticeable relationship between the most-used NPIs and COVID-19. Overall, lockdowns and limiting gatherings seem to increase COVID-19 mortality, although the effect is modest (0.6% and 1.6%, respectively) and border closures has little to no effect on COVID-19 mortality, with a precision-weighted average of -0.1% (removing the imprecise outlier from Guo et al. (2021) changes the precision-weighted average to -0.2%). We find a small effect of school closure (-4.4%), but this estimate is mainly driven by Auger et al. (2020), who – as noted earlier – use an "interrupted time series study"

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[40] Both Nuzzo et al. (2019) and World Health Organization Writing Group (2006) focus on quarantining infected persons. However, if quarantining infected persons is not effective, it should be no surprise that quarantining uninfected persons could be ineffective too.

[41] Note that we – according to our search strategy – did not search on specific measures such as "school closures" but on words describing the overall political approach to the COVID-19 pandemic such as "non-pharmaceutical," "NPIs," "lockdown" etc.

approach and may capture other effects such as seasonal and behavioral effects. The absence of a notable effect of school closures is in line with Irfan et al. (2021), who – based on a systematic review and meta-analysis of 90 published or preprint studies of transmission in children – concluded that "risks of infection among children in educational-settings was lower than in communities. Evidence from school-based studies demonstrate it is largely safe for young children (<10 years of age) to be at schools; however, older children (between 10 and 19 years of age) might facilitate transmission." UNICEF (2021) and ECDC (2020) reach similar conclusions.[42]

Mandating facemasks – an intervention that was not widely used in the spring of 2020, and in many countries was even discouraged – seems to have a large effect (-21.2%), but this conclusion is based on only two studies.[43] Again, our categorization may play a role, as the larger mask-estimate from Chernozhukov et al. (2021) is in fact "employee facemasks," not a general mask mandate. Our findings are somewhat in contrast to the result found in a review by Liu et al. (2021), who conclude that "fourteen of sixteen identified randomized controlled trials comparing face masks to no mask controls failed to find statistically significant benefit in the intent-to-treat populations." Similarly, a pre-COVID Cochrane review concludes, "There is low certainty evidence from nine trials (3507 participants) that wearing a mask may make little or no difference to the outcome of influenza-like illness (ILI) compared to not wearing a mask (risk ratio (RR) 0.99, 95% confidence interval (CI) 0.82 to 1.18). There is moderate certainty evidence that wearing a mask probably makes little or no difference to the outcome of laboratory-confirmed influenza compared to not wearing a mask (RR 0.91, 95% CI 0.66 to 1.26; 6 trials; 3005 participants)" (Jefferson et al. (2020)).[44] However, it should be noted that even if no effect is found in controlled settings, this does not necessarily imply that mandated face masks does not reduce mortality, as other factors may play a role (e.g. wearing a mask may function as a tax on socializing if people are bothered by wearing a face masks when they are socializing).

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[42] UNICEF (2021) concludes, "The preliminary findings thus far suggest that in-person schooling – especially when coupled with preventive and control measures – had lower secondary COVID-19 transmission rates compared to other settings and do not seem to have significantly contributed to the overall community transmission risks." Whereas, ECDC (2020) conclude, "School closures can contribute to a reduction in SARS-CoV-2 transmission, but by themselves are insufficient to prevent community transmission of COVID-19 in the absence of other nonpharmaceutical interventions (NPIs) such as restrictions on mass gathering," and states, "There is a general consensus that the decision to close schools to control the COVID-19 pandemic should be used as a last resort. The negative physical, mental health and educational impact of proactive school closures on children, as well as the economic impact on society more broadly, would likely outweigh the benefits."

[43] Note again, that we – according to our search strategy – did not search on the specific measures such as "masks," "face masks," "surgical masks" but on words describing the overall political approach to the COVID-19 pandemic such as "non-pharmaceutical," "NPIs," "lockdown" etc. Thus, we do not include most of the studies in mask reviews such as Liu et al. (2021) and Jefferson et al. (2020).

[44] Lipp and Edwards (2014) also find no evidence of an effect and – looking at disposable surgical face masks for preventing surgical wound infection in clean surgery – conclude, "Three trials were included, involving a total of 2113 participants. There was no statistically significant difference in infection rates between the masked and unmasked group in any of the trials." Meanwhile, Li et al. (2021) – based on six case-control studies – conclude, "In general, wearing a mask was associated with a significantly reduced risk of COVID-19 infection (OR = 0.38, 95% CI: 0.21-0.69, I^2 = 54.1%).

Only business closure consistently shows evidence of a negative relationship with COVID-19 mortality, but the variation in the estimated effect is large. Three studies find little to no effect, and three find large effects. Two of the larger effects are related to closing bars and restaurants. The "close business" category in Chernozhukov et al. (2021) is an average of closed businesses, restaurants, and movie theaters, while that same category is "closing restaurants and bars" in Spiegel and Tookes (2021). The last study finding a large effect is Bongaerts et al. (2021), the only eligible single-country study.[45]

As a final observation on Table 7, studies with fewer quality dimensions seem to find larger effects, but the pattern is not systematic.[46]

Table 7: Overview of estimates from studies of specific NPIs

	Lockdown (complete/ partial)	Facemasks/ Employee face masks	Business closure (/bars & restaurants)	Border closure (/quarantine)	School closures	Limiting gatherings	Quality dimensions
Chernozhukov et al. (2021)		-34.0%	-28.6%				4
Bongaerts et al. (2021)			-31.6%				2
Chaudhry et al. (2020)*	0.0%			0.0%			2
Toya & Skidmore (2021)	0.5%			-0.1%			3
Aparicio & Grossbard (2021)			-1.3%		0.5%	0.8%	4
Auger et al. (2020)					-58.0%		2
Leffler et al. (2020)	1.7%			-15.6%			2
Stokes et al. (2020)			0.3%	-24.6%	-0.1%	-6.3%	3
Spiegel & Tookes (2021)		-13.5%	-50.2%			11.8%	3
Bonardi et al. (2020)*	0.0%			0.0%			1
Guo et al. (2021)			-0.4%	36.3%	-0.2%	5.7%	3
Precision-weighted average	**0.6%**	**-21.2%**	**-10.6%**	**-0.1%**	**-4.4%**	**1.6%**	
Arithmetic average	**0.6%**	**-23.8%**	**-18.6%**	**-0.7%**	**-14.4%**	**3.0%**	
Median	**0.3%**	**-23.8%**	**-14.9%**	**0.0%**	**-0.1%**	**3.2%**	
4 of 4 quality dimensions	**n/a [0]**	**-34.0% [1]**	**-2.9% [2]**	**n/a [0]**	**0.5% [1]**	**0.8% [1]**	
3 of 4 quality dimensions	**0.5% [1]**	**-13.5% [1]**	**-21.5% [3]**	**0.0% [3]**	**-0.1% [2]**	**5.6% [3]**	
2 of 4 quality dimensions or fewer	**1.7% [2]**	**n/a [1]**	**-31.6% [2]**	**-15.6% [2]**	**-58.0% [1]**	**n/a [1]**	

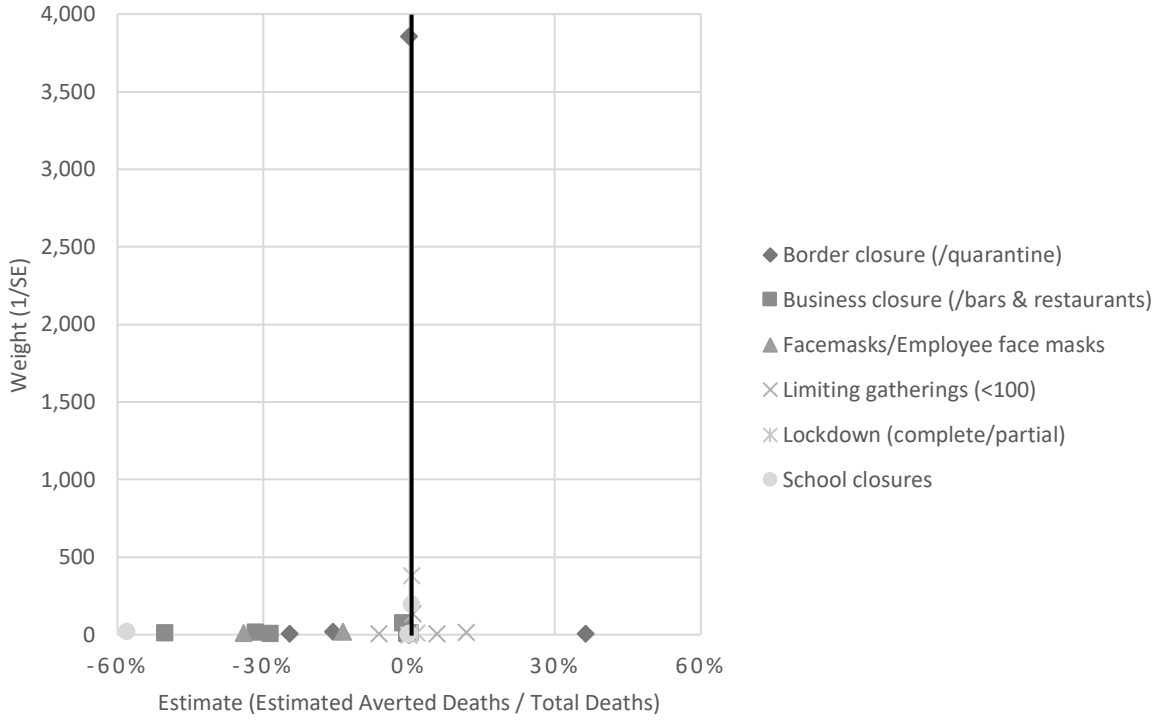
*Note: * It is not possible to derive common estimates and standard errors from Chaudhry et al. (2020) and Bonardi et al. (2020). Chaudhry et al. (2020) states that the effect of the various NPIs is insignificant without listing the estimates and standard errors. Bonardi et al. (2020) states that partial or regional lockdowns are as effective as stricter NPIs but does not provide information to calculate common estimates. Instead, we assume the estimate is 0% when calculating arithmetic average and median, while the estimates are excluded from the calculation of precision-weighted averages because there are no standard errors.*

[45] Bongaerts et al. (2021) (implicitly) assume that municipalities with different exposures to closed sectors are not inherently different, which may be a relatively strong assumption and could potentially drive their results.

[46] We saw with SIPOs that studies based on short data series tended to find larger effects than studies based on short data series. This is also somewhat true for studies examining multiple specific measures. If we focus on studies with long data series (>May 31st, 2020), the precision-weighted estimates are as follows (average for all studies in parentheses for easy comparison): Lockdown (complete/partial): 0.5% (0.6%), Facemasks/Employee face masks: -21.2% (-21.2%), Business closures (/bars & restaurants): -8.1% (-10.6%), Border closures (/quarantine): -0.1% (-0.1%), School closures: 0.5% (-4.4%), Limiting gatherings: 1.4% (1.6%).

Figure 7 shows a funnel plot for all estimates in Table 7, except Chaudhry et al. (2020) and Bonardi et al. (2020), where common standard errors cannot be derived. Two estimates from Toya and Skidmore (2020) stands out with a precision far higher than those of other studies, and estimates are placed with some 'tail' to the left, which could indicate some publication bias, i.e. reluctance to publish results that show large positive (more deaths) effects of lockdowns. The most precise estimates are gathered around 0%, while less precise studies are spread out between -58% and 36%. The precision-weighted average of all estimates across all NPIs is -0.6%.

Figure 7: Funnel plot for estimates from studies of specific NPIs



Note: The figure displays all estimates except two (se text in figure) of specific NPIs and the precision of the estimate defined as one over the standard error. Studies where standard errors are not available are not included.

Overall conclusion on specific NPIs

Because of the heterogeneity in NPIs across studies, it is difficult to draw strong conclusions based on the studies of multiple specific measures. We find no evidence that lockdowns, school closures, border closures, and limiting gatherings have had a noticeable effect on COVID-19 mortality. There is some evidence that business closures reduce COVID-19 mortality, but the variation in estimates is large and the effect seems related to closing bars. There may be an effect of mask mandates, but just two studies look at this, one of which one only looks at the effect of employee mask mandates.

5 Concluding observations

Public health experts and politicians have – based on forecasts in epidemiological studies such as that of Imperial College London (Ferguson et al. (2020) – embraced compulsory lockdowns as an effective method for arresting the pandemic. But, have these lockdown policies been effective in curbing COVID-19 mortality? This is the main question answered by our meta-analysis.

Adopting a systematic search and title-based screening, we identified 1,048 studies published by July 1st, 2020, which potentially look at the effect of lockdowns on mortality rates. To answer our question, we focused on studies that examine the actual impact of lockdowns on COVID-19 mortality rates based on registered cross-sectional mortality data and a counterfactual difference-in-difference approach. Out of the 1,048 studies, 34 met our eligibility criteria.

Conclusions

Overall, our meta-analysis fails to confirm that lockdowns have had a large, significant effect on mortality rates. Studies examining the relationship between lockdown strictness (based on the OxCGRT stringency index) find that the average lockdown in Europe and the United States only reduced COVID-19 mortality by 0.2% compared to a COVID-19 policy based solely on recommendations. Shelter-in-place orders (SIPOs) were also ineffective. They only reduced COVID-19 mortality by 2.9%.

Studies looking at specific NPIs (lockdown vs. no lockdown, facemasks, closing non-essential businesses, border closures, school closures, and limiting gatherings) also find no broad-based evidence of noticeable effects on COVID-19 mortality. However, closing non-essential businesses seems to have had some effect (reducing COVID-19 mortality by 10.6%), which is likely to be related to the closure of bars. Also, masks may reduce COVID-19 mortality, but there is only one study that examines universal mask mandates. The effect of border closures, school closures and limiting gatherings on COVID-19 mortality yields precision-weighted estimates of -0.1%, -4.4%, and 1.6%, respectively. Lockdowns (compared to no lockdowns) also do not reduce COVID-19 mortality.

Discussion

Overall, we conclude that lockdowns are not an effective way of reducing mortality rates during a pandemic, at least not during the first wave of the COVID-19 pandemic. Our results are in line with the World Health Organization Writing Group (2006), who state, “Reports from the 1918 influenza pandemic indicate that social-distancing measures did not stop or appear to dramatically reduce transmission […] In Edmonton, Canada, isolation and quarantine were instituted; public meetings were banned; schools, churches, colleges, theaters, and other public gathering places were closed; and business hours were restricted without obvious impact on the epidemic.” Our findings are also in line with Allen's (2021) conclusion: “The most recent research has shown that lockdowns have had, at best, a marginal effect on the number of Covid-19 deaths.” Poeschl and Larsen (2021) conclude that “interventions are generally effective in

mitigating COVID-19 spread". But, 9 of the 43 (21%) results they review find "no or uncertain association" between lockdowns and the spread of COVID-19, suggesting that evidence from that own study contradicts their conclusion.

The findings contained in Johanna et al. (2020) are in contrast to our own. They conclude that "for lockdown, ten studies consistently showed that it successfully reduced the incidence, onward transmission, and mortality rate of COVID-19." The driver of the difference is three-fold. First, Johanna et al. include modelling studies (10 out of a total of 14 studies), which we have explicitly excluded. Second, they included interrupted time series studies (3 of 14 studies), which we also exclude. Third, the only study using a difference-in-difference approach (as we have done) is based on data collected before May 1st, 2020. We should mention that our results indicate that early studies find relatively larger effects compared to later studies.

Our main conclusion invites a discussion of some issues. Our review does not point out *why* lockdowns did not have the effect promised by the epidemiological models of Imperial College London (Ferguson et al. (2020). We propose four factors that might explain the difference between our conclusion and the view embraced by some epidemiologists.

First, people respond to dangers outside their door. When a pandemic rages, people believe in social distancing regardless of what the government mandates. So, we believe that Allen (2021) is right, when he concludes, "The ineffectiveness [of lockdowns] stemmed from individual changes in behavior: either non-compliance or behavior that mimicked lockdowns." In economic terms, you can say that the demand for costly disease prevention efforts like social distancing and increased focus on hygiene is high when infection rates are high. Contrary, when infection rates are low, the demand is low and it may even be morally and economically rational not to comply with mandates like SIPOs, which are difficult to enforce. Herby (2021) reviews studies which distinguish between mandatory and voluntary behavioral changes. He finds that – on average – voluntary behavioral changes are 10 times as important as mandatory behavioral changes in combating COVID-19. If people voluntarily adjust their behavior to the risk of the pandemic, closing down non-essential businesses may simply reallocate consumer visits away from "nonessential" to "essential" businesses, as shown by Goolsbee and Syverson (2021), with limited impact on the total number of contacts.[47] This may also explain why epidemiological model simulations such as Ferguson et al. (2020) – which do not model behavior endogenously – fail to forecast the effect of lockdowns.

Second, mandates only regulate a fraction of our potential contagious contacts and can hardly regulate nor enforce handwashing, coughing etiquette, distancing in supermarkets, etc. Countries like Denmark, Finland, and Norway that realized success in keeping COVID-19 mortality rates relatively low allowed people to go to work, use public transport, and meet privately at home during the first lockdown. In these countries, there were ample opportunities to legally meet with others.

[47] In economic terms, lockdowns are substitutes for – not complements to – voluntary behavioral changes.

Third, even if lockdowns are successful in initially reducing the spread of COVID-19, the behavioral response may counteract the effect completely, as people respond to the lower risk by changing behavior. As Atkeson (2021) points out, the economic intuition is straightforward. If closing bars and restaurants causes the prevalence of the disease to fall toward zero, the demand for costly disease prevention efforts like social distancing and increased focus on hygiene also falls towards zero, and the disease will return.[48]

Fourth, unintended consequences may play a larger role than recognized. We already pointed to the possible unintended consequence of SIPOs, which may isolate an infected person at home with his/her family where he/she risks infecting family members with a higher viral load, causing more severe illness. But often, lockdowns have limited peoples' access to safe (outdoor) places such as beaches, parks, and zoos, or included outdoor mask mandates or strict outdoor gathering restrictions, pushing people to meet at less safe (indoor) places. Indeed, we do find some evidence that limiting gatherings was counterproductive and increased COVID-19 mortality.

One objection to our conclusions may be that we do not look at the role of timing. If timing is very important, differences in timing may empirically overrule any differences in lockdowns. We note that this objection is not necessarily in contrast to our results. If timing is very important relative to strictness, this suggests that well-timed, but very mild, lockdowns should work as well as, or better than, less well-timed but strict lockdowns. This is not in contrast to our conclusion, as the studies we reviewed analyze the effect of lockdowns compared but to doing very little (see Section 3.1 for further discussion). However, there is little solid evidence supporting the timing thesis, because it is inherently difficult to analyze (see Section 2.2 for further discussion). Also, even if it can be empirically stated that a well-timed lockdown is effective in combating a pandemic, it is doubtful that this information will ever be useful from a policy perspective.

But, what explains the differences between countries, if not differences in lockdown policies? Differences in population age and health, quality of the health sector, and the like are obvious factors. But several studies point at less obvious factors, such as culture, communication, and coincidences. For example, Frey et al. (2020) show that for the same policy stringency, countries with more obedient and collectivist cultural traits experienced larger declines in geographic mobility relative to their more individualistic counterpart. Data from Germany Laliotis and Minos (2020) shows that the spread of COVID-19 and the resulting deaths in predominantly Catholic regions with stronger social and family ties were much higher compared to non-Catholic ones at the local NUTS 3 level.[49]

Government communication may also have played a large role. Compared to its Scandinavian neighbors, the communication from Swedish health authorities was far more subdued and embraced the idea of public health vs. economic trade-offs. This may explain why Helsingen et

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[48] This kind of behavior response may also explain why Subramanian and Kumar (2021) find that increases in COVID-19 cases are unrelated to levels of vaccination across 68 countries and 2947 counties in the United States. When people are vaccinated and protected against severe disease, they have less reason to be careful.

[49] The NUTS classification (Nomenclature of territorial units for statistics) is a hierarchical system for dividing up the economic territory of the EU and the UK. There are 1215 regions at the NUTS 3-level.

al. (2020), found, based on questionnaire data collected from mid-March to mid-April, 2020, that even though the daily COVID-19 mortality rate was more than four times higher in Sweden than in Norway, Swedes were less likely than Norwegians to not meet with friends (55% vs. 87%), avoid public transportation (72% vs. 82%), and stay home during spare time (71% vs. 87%). That is, despite a more severe pandemic, Swedes were less affected in their daily activities (legal in both countries) than Norwegians.

Many other factors may be relevant, and we should not underestimate the importance of coincidences. An interesting example illustrating this point is found in Arnarson (2021) and Björk et al. (2021), who show that areas where the winter holiday was relatively late (in week 9 or 10 rather than week 6, 7 or 8) were hit especially hard by COVID-19 during the first wave because the virus outbreak in the Alps could spread to those areas with ski tourists. Arnarson (2021) shows that the effect persists in later waves. Had the winter holiday in Sweden been in week 7 or week 8 as in Denmark, the Swedish COVID-19 situation could have turned out very differently.[50]

Policy implications

In the early stages of a pandemic, before the arrival of vaccines and new treatments, a society can respond in two ways: mandated behavioral changes or voluntary behavioral changes. Our study fails to demonstrate significant positive effects of mandated behavioral changes (lockdowns). This should draw our focus to the role of voluntary behavioral changes. Here, more research is needed to determine how voluntary behavioral changes can be supported. But it should be clear that one important role for government authorities is to provide information so that citizens can voluntarily respond to the pandemic in a way that mitigates their exposure.

Finally, allow us to broaden our perspective after presenting our meta-analysis that focuses on the following question: "What does the evidence tell us about the effects of lockdowns on mortality?" We provide a firm answer to this question: The evidence fails to confirm that lockdowns have a significant effect in reducing COVID-19 mortality. The effect is little to none.

The use of lockdowns is a unique feature of the COVID-19 pandemic. Lockdowns have not been used to such a large extent during any of the pandemics of the past century. However, lockdowns during the initial phase of the COVID-19 pandemic have had devastating effects. They have contributed to reducing economic activity, raising unemployment, reducing schooling, causing political unrest, contributing to domestic violence, and undermining liberal democracy. These costs to society must be compared to the benefits of lockdowns, which our meta-analysis has shown are marginal at best. Such a standard benefit-cost calculation leads to a strong conclusion: lockdowns should be rejected out of hand as a pandemic policy instrument.

[50] Another case of coincidence is illustrated by Shenoy et al. (2022), who find that areas that experienced rainfall early in the pandemic realized fewer deaths because the rainfall induced social distancing.

6 Appendix A. The role of timing

Some of the included papers study the importance of the timing of lockdowns, while several other papers only looking at timing of (but not on the inherent effect of) lockdowns have been excluded from the literature list in this review. There's no doubt that being prepared for a pandemic and knowing when it arrives at your doorstep is vital. However, two problems arise with respect to imposing early lockdowns.

First of all, it was virtually impossible to determine the right timing when COVID-19 hit Europe and the United States. The World Health Organization declared the outbreak of a pandemic on 11 March 2020, but at that date Italy had already registered 13.7 COVID-19-deaths per million (all infected before approximately 22 February, because of the roughly 18 day gap between infection and death, c.f. e.g.. Bjørnskov (2021a)). On 29 March 2020, 18 days after WHO declared the outbreak a pandemic and the earliest a lockdown response to WHO's announcement could have an effect, the death toll in Italy was a staggering 178 COVID-19-deaths per million with an additionally 13 per million dying each day.

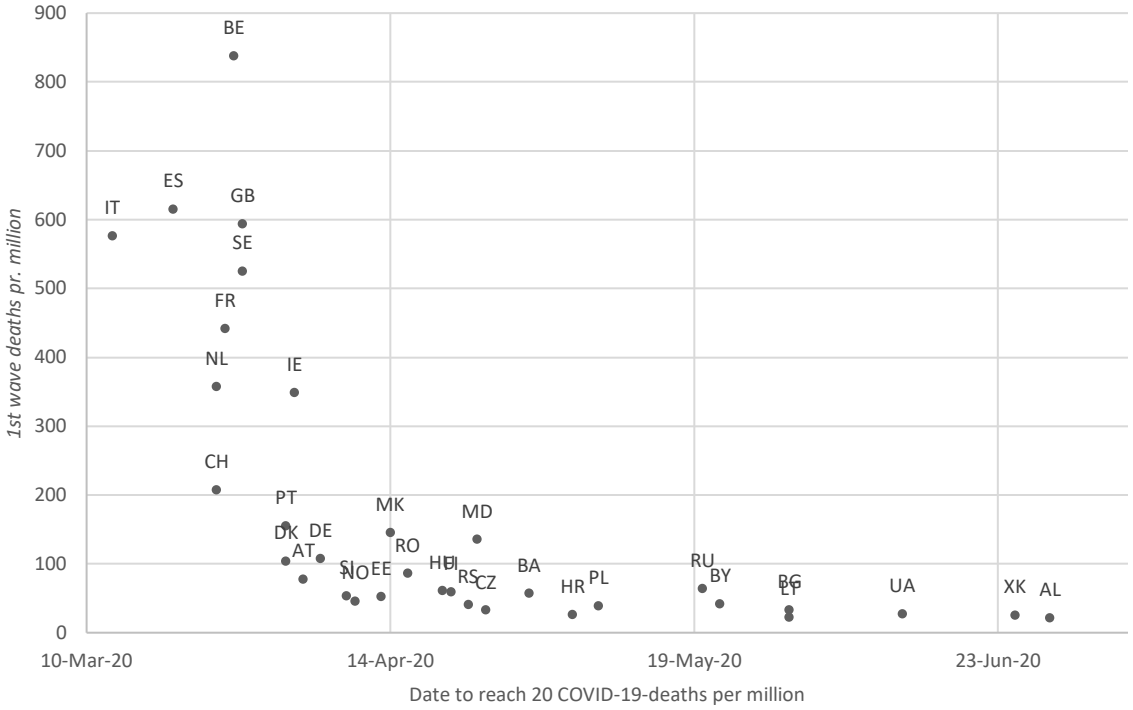
There are reasons to believe that many countries and regions were hit particularly hard during the first wave of COVID, because they had no clue about how bad it really was. This point is illustrated in Figure 8 (and Figure 9), which show that countries (and states), which were hit hard and early, experienced large death tolls compared to countries where the pandemic had a slower start. Björk et al. (2021) and Arnarson (2021) show that areas with a winter holiday in week 10 and – especially – week 9 were hit hard, because they imported cases from the Alps *before* they knew the pandemic was wide spread at the ski resorts. Hence, while acting early by warning citizens and closing business may be an effective strategy; this was not a feasible strategy for most countries in the spring of 2020.

The second problem is that it is extremely difficult to differentiate between the effect of public awareness and the effect of lockdowns. If people and politicians react to the same information, for example deaths in geographical neighboring countries (many EU-countries reacted to deaths in Italy) or in another part of the same country, the effect of lockdowns cannot easily be separated from the effect of voluntary social distancing or, use of hand sanitizers. Hence, we find it problematic to use national lockdowns and differences in the progress of the pandemic in different regions to say anything about the effect of early lockdowns on the pandemic, as the estimated effect might just as well come from voluntary behavior changes, when people in Southern Italy react to the situation in Northern Italy.

We have seen no studies which we believe credibly separate the effect of early lockdown from the effect of early voluntary behavior changes. Instead, the estimates in these studies capture the effects of lockdowns *and* voluntary behavior changes. As Herby (2021) illustrates, voluntary behavior changes are essential to a society's response to an pandemic and can account for up to 90% of societies' total response to the pandemic.

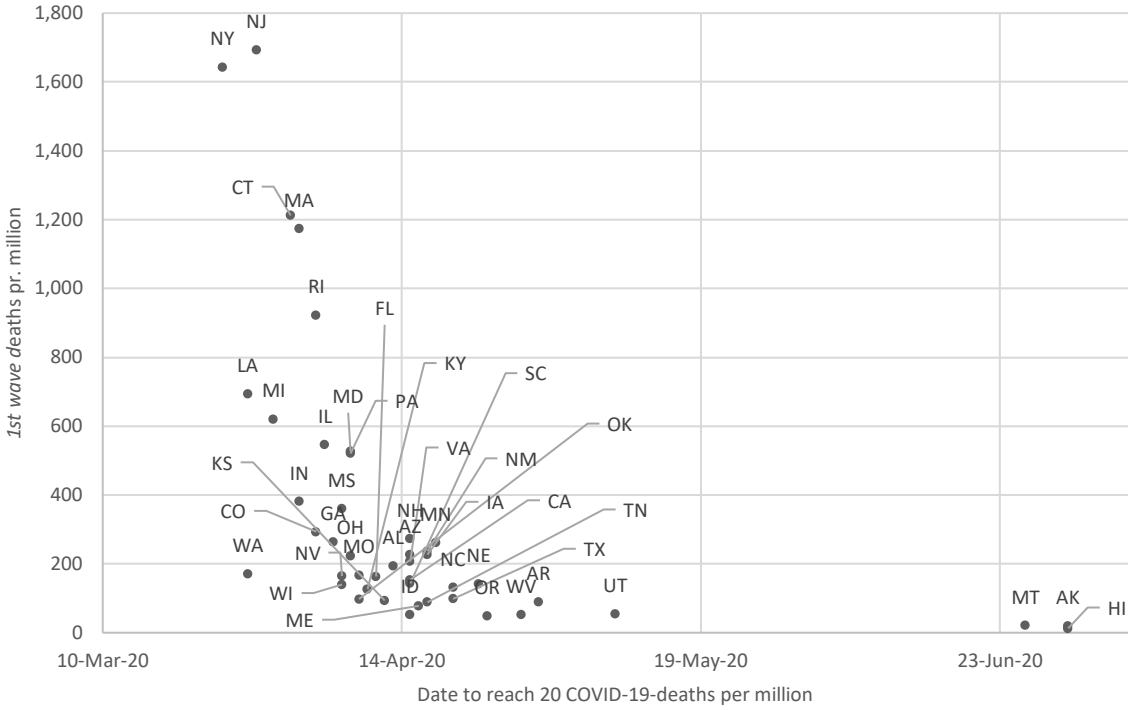
Including these studies will greatly overestimate the effect of lockdowns, and, hence, we chose not to include studies focusing on timing of lockdowns in our review.

Figure 8: Taken by surprise. The importance of having time to prepare in Europe



Description: European countries with more than one million citizens.
Source: Our World in Data

Figure 9: Taken by surprise. The importance of having time to prepare in U.S. states



Description: U.S. states with more than one million citizens.
Source: Our World in Data

7 Appendix B. Supplementary information

7.1 Excluded studies

Below is a list will the studies excluded during the eligibility phase of our identification process and a short description of our basis for excluding the study.

Table 8: Studies excluded during the eligibility phase of our identification process

1. Study (Author & title)	2. Reason for exclusion
Alemán et al. (2020); "Evaluating the effectiveness of policies against a pandemic"	Too few observations
Alshammari et al. (2021); "Are countries' precautionary actions against COVID-19 effective? An assessment study of 175 countries worldwide"	Is purely descriptive
Amuedo-Dorantes et al. (2020); "Timing is Everything when Fighting a Pandemic: COVID-19 Mortality in Spain"	Duplicate
Amuedo-Dorantes et al. (2021); "Early adoption of non-pharmaceutical interventions and COVID-19 mortality"	Only looks at timing
Amuedo-Dorantes, Kaushal and Muchow (2020); "Is the Cure Worse than the Disease? County-Level Evidence from the COVID-19 Pandemic in the United States"	Duplicate
Amuedo-Dorantes, Kaushal and Muchow (2021); "Timing of social distancing policies and COVID-19 mortality: county-level evidence from the U.S."	Only looks at timing
Arruda et al. (2021); "ASSESSING THE IMPACT OF SOCIAL DISTANCING ON COVID-19 CASES AND DEATHS IN BRAZIL: AN INSTRUMENTED DIFFERENCE-IN-	Social distancing (not
Bakolis et al. (2021); "Changes in daily mental health service use and mortality at the commencement and lifting of COVID-19 'lockdown' policy in 10 UK sites: a regression	Uses a time series approach
Bardey, Fernández and Gravel (2021); "Coronavirus and social distancing: do non-pharmaceutical-interventions work (at least) in the short run?"	Only looks at timing
Berardi et. Al. (2020); "The COVID-19 pandemic in Italy: policy and technology impact on health and non-health outcomes"	Too few observations
Bhalla (2020); "Lockdowns and Closures vs COVID–19: COVID Wins"	Uses modelling
Björk et al. (2021); "Impact of winter holiday and government responses on mortality in Europe during the first wave of the COVID-19 pandemic"	Only looks at timing
Bongaerts, Mazzola and Wagner (2020); "Closed for business"	Duplicate
Born, Dietrich and Müller (2021); "The lockdown effect: A counterfactual for Sweden"	Synthetic control study
Born, Dietrich and Müller (2021); "The lockdown effect: A counterfactual for Sweden"	Duplicate
Bushman et al. (2020); "Effectiveness and compliance to social distancing during COVID-19"	Social distancing (not
Castaneda and Saygili (2020); "The effect of shelter-in-place orders on social distancing and the spread of the COVID-19 pandemic: a study of Texas"	Uses a time series approach
Cerqueti et al. (2021); "The sooner the better: lives saved by the lockdown during the COVID-19 outbreak. The case of Italy"	Synthetic control study
Chernozhukov, Kasahara and Schrimpf (2021); "Mask mandates and other lockdown policies reduced the spread of COVID-19 in the U.S."	Duplicate
Chin et al. (2020); "Effects of non-pharmaceutical interventions on COVID-19: A Tale of Three Models"	Uses modelling
Cho (2020); "Quantifying the impact of nonpharmaceutical interventions during the COVID-19 outbreak: The case of Sweden"	Synthetic control study
Coccia (2020); "The effect of lockdown on public health and economic system: findings from first wave of the COVID-19 pandemic for designing effective strategies to cope	Only looks at timing
Coccia (2021); "Different effects of lockdown on public health and economy of countries: Results from first wave of the COVID-19 pandemic"	Too few observations
Conyon and Thomsen (2021); "COVID-19 in Scandinavia"	Synthetic control study
Conyon et al. (2020); "Lockdowns and COVID-19 deaths in Scandinavia"	Too few observations
Dave et al. (2020); "Did the Wisconsin Supreme Court restart a COVID-19 epidemic? Evidence from a natural experiment"	Synthetic control study
Delis, Iosifidi and Tasiou (2021); "Efficiency of government policy during the COVID-19 pandemic"	Do not look at mortality
Dreher et al. (2021); "Policy interventions, social distancing, and SARS-CoV-2 transmission in the United States: a retrospective state-level analysis"	Do not look at mortality
Duchemin, Veber and Boussau (2020); "Bayesian investigation of SARS-CoV-2-related mortality in France"	Uses modelling
Fair et. Al. (2021); "Estimating COVID-19 cases and deaths prevented by non-pharmaceutical interventions in 2020-2021, and the impact of individual actions: a retrospective	Uses modelling
Filias (2020); "The impact of government policies effectiveness on the officially reported deaths attributed to covid-19."	Student paper
Fowler et al. (2021); "Stay-at-home orders associate with subsequent decreases in COVID-19 cases and fatalities in the United States"	Duplicate
Friedson et al. (2020); "Did California's shelter-in-place order work? Early coronavirus-related public health effects"	Duplicate
Friedson et al. (2020); "Shelter-in-place orders and public health: evidence from California during the COVID-19 pandemic"	Synthetic control study
Fuss, Weizman and Tan (2020); "COVID19 pandemic: how effective are interventive control measures and is a complete lockdown justified? A comparison of countries and	Do not look at mortality
Ghosh, Ghosh and Narymanchi (2020); "A Study on The Effectiveness of Lock-down Measures to Control The Spread of COVID-19"	Synthetic control study
Glogowsky et al. (2021); "How Effective Are Social Distancing Policies? Evidence on the Fight Against COVID-19"	Only looks at timing
Glogowsky, Hansen and Schächtele (2020); "How effective are social distancing policies? Evidence on the fight against COVID-19 from Germany"	Duplicate
Glogowsky, Hansen and Schächtele (2020); "How Effective Are Social Distancing Policies? Evidence on the Fight Against COVID-19 from Germany"	Duplicate
Gordon, Grafton and Steinshamn (2021); "Cross-country effects and policy responses to COVID-19 in 2020: The Nordic countries"	Do not look at mortality
Gordon, Grafton and Steinshamn (2021); "Statistical Analyses of the Public Health and Economic Performance of Nordic Countries in Response to the COVID-19 Pandemic"	Too few observations
Guo et al. (2020); "Social distancing interventions in the United States: An exploratory investigation of determinants and impacts"	Duplicate
Huber and Langen (2020); "The impact of response measures on COVID-19-related hospitalization and death rates in Germany and Switzerland"	Duplicate
Huber and Langen (2020); "Timing matters: the impact of response measures on COVID-19-related hospitalization and death rates in Germany and Switzerland"	Only looks at timing
Jain et al. (2020); "A comparative analysis of COVID-19 mortality rate across the globe: An extensive analysis of the associated factors"	Do not look at mortality
Juranek and Zoutman (2021); "The effect of non-pharmaceutical interventions on the demand for health care and mortality: evidence on COVID-19 in Scandinavia"	Too few observations
Kakpo and Nuhu (2020); "Effects of Social Distancing on COVID-19 Infections and Mortality in the U.S."	Social distancing (not
Kapoor and Ravi (2020); "Impact of national lockdown on COVID-19 deaths in select European countries and the U.S. using a Changes-in-Changes model"	Too few observations
Khatiwada and Chalise (2020); "Evaluating the efficiency of the Swedish government policies to control the spread of Covid-19."	Student paper
Korevaar et al. (2020); "Quantifying the impact of U.S. state non-pharmaceutical interventions on COVID-19 transmission"	Do not look at mortality
Kumar et. Al. (2020); "Prevention-Versus Promotion-Focus Regulatory Efforts on the Disease Incidence and Mortality of COVID-19: A Multinational Diffusion Study Using	Do not look at mortality
Le et al. (2020); "Impact of government-imposed social distancing measures on COVID-19 morbidity and mortality around the world"	Uses a time series approach
Liang et al. (2020); "Covid-19 mortality is negatively associated with test number and government effectiveness"	Not effect of lockdowns
Mader and Rütternauer (2021); "The effects of non-pharmaceutical interventions on COVID-19-related mortality: A generalized synthetic control approach across 169 countries"	Synthetic control study
Matzinger and Skinner (2020); "Strong impact of closing schools, closing bars and wearing masks during the Covid-19 pandemic: results from a simple and revealing analysis"	Uses modelling
Mccafferty and Ashley (2020); "Covid-19 Social Distancing Interventions by State Mandate and their Correlation to Mortality in the United States"	Duplicate
Medline et al. (2020); "Evaluating the impact of stay-at-home orders on the time to reach the peak burden of Covid-19 cases and deaths: does timing matter?"	Only looks at timing

1. Study (Author & title)	2. Reason for exclusion
Mu et al. (2020); "Effect of social distancing interventions on the spread of COVID-19 in the state of Vermont"	Uses modelling
Nakamura (2020); "The Impact of Rapid State Policy Response on Cumulative Deaths Caused by COVID-19"	Student paper
Neidhöfer and Neidhöfer (2020); "The effectiveness of school closures and other pre-lockdown COVID-19 mitigation strategies in Argentina, Italy, and South Korea"	Synthetic control study
Oliveira (2020); "Does' Staying at Home'Save Lives? An Estimation of the Impacts of Social Isolation in the Registered Cases and Deaths by COVID-19 in Brazil"	Social distancing (not
Palladina et al. (2020); "Effect of Implementation of the Lockdown on the Number of COVID-19 Deaths in Four European Countries"	Uses a time series approach
Palladina et al. (2020); "Effect of timing of implementation of the lockdown on the number of deaths for COVID-19 in four European countries"	Duplicate
Palladino et al. (2020); "Excess deaths and hospital admissions for COVID-19 due to a late implementation of the lockdown in Italy"	Uses a time series approach
Peixoto et al. (2020); "Rapid assessment of the impact of lockdown on the COVID-19 epidemic in Portugal"	Uses modelling
Piovani et. Al. (2021); "Effect of early application of social distancing interventions on COVID-19 mortality over the first pandemic wave: An analysis of longitudinal data from 37	Only looks at timing
Reinbold (2021); "Effect of fall 2020 K-12 instruction types on CoViD-19 cases, hospital admissions, and deaths in Illinois counties"	Synthetic control study
Renne, Roussellet and Schwenkler (2020); "Preventing COVID-19 Fatalities: State versus Federal Policies"	Uses modelling
Siedner et al. (2020); "Social distancing to slow the U.S. COVID-19 epidemic: Longitudinal pretest–posttest comparison group study"	Duplicate
Siedner et al. (2020); "Social distancing to slow the U.S. COVID-19 epidemic: Longitudinal pretest–posttest comparison group study"	Uses a time series approach
Silva, Filho and Fernandes (2020); "The effect of lockdown on the COVID-19 epidemic in Brazil: evidence from an interrupted time series design"	Uses a time series approach
Stamam et al. (2020); "IMPACT OF LOCKDOWN MEASURE ON COVID-19 INCIDENCE AND MORTALITY IN THE TOP 31 COUNTRIES OF THE WORLD."	Uses a time series approach
Steinegger et al. (2021); "Retrospective study of the first wave of COVID-19 in Spain: analysis of counterfactual scenarios"	Only looks at timing
Stephens et al. (2020); "Does the timing of government COVID-19 policy interventions matter? Policy analysis of an original database."	Only looks at timing
Supino et al. (2020); "The effects of containment measures in the Italian outbreak of COVID-19"	Uses a time series approach
Timelli and Girardi (2021); "Effect of timing of implementation of containment measures on Covid-19 epidemic. The case of the first wave in Italy"	Only looks at timing
Trivedi and Das (2020); "Effect of the timing of stay-at-home orders on COVID-19 infections in the United States of America"	Only looks at timing
Umer and Khan (2020); "Evaluating the Effectiveness of Regional Lockdown Policies in the Containment of Covid-19: Evidence from Pakistan"	Too few observations
VoPham et al. (2020); "Effect of social distancing on COVID-19 incidence and mortality in the U.S."	Do not look at mortality
Wu and Wu (2020); "Stay-at-home and face mask policies intentions inconsistent with incidence and fatality during U.S. COVID-19 pandemic"	Too few observations
Xu et al. (2020); "Associations of Stay-at-Home Order and Face-Masking Recommendation with Trends in Daily New Cases and Deaths of Laboratory-Confirmed COVID-19 in	Do not look at mortality
Yehya, Venkataramani and Harhay (2020); "Statewide Interventions and Coronavirus Disease 2019 Mortality in the United States: An Observational Study"	Only looks at timing
Ylli et al. (2020); "The lower COVID-19 related mortality and incidence rates in Eastern European countries are associated with delayed start of community circulation Alban	Not effect of lockdowns

7.2 Interpretation of estimates and conversion to common estimates

In Table 9, we describe for each study used in the meta-analysis how we interpret their results and convert the estimates to our common estimate. Standard errors are converted such that the t-value, calculated based on common estimates and standard errors, is unchanged. When confidence intervals are reported rather than standard errors, we calculate standard errors using t-distribution with ∞ degrees of freedom (i.e. 1.96 for 95% confidence interval).

Table 9: Notes on studies included in the meta-analysis

1. Study (Author & title)	2. Date Published	3. Journal	4. Comments regarding meta-analysis
Alderman and Harjoto (2020); "COVID-19: U.S. shelter-in-place orders and demographic characteristics linked to cases, mortality, and recovery rates"	26-Nov-20	Transforming Government: People, Process and Policy	We use the 1% effect noted by the authors in "We find that the natural log of the duration (in days) that the state instituted shelter-in-place reduces percentages of mortality by 0.0001%, or approximately 1% of the means of percentages of deaths per capita in our sample. The standard error is calculated on basis of the t-value in Table 3.
Aparicio and Grossbard (2021); "Are Covid Fatalities in the U.S. Higher than in the EU, and If so, Why?"	16-Jan-21	Review of Economics of the Household	We use estimates from Table 3, model 5. For each estimate the common estimate is calculated as (difference in COVID-19 mortality with NPI)/(difference in COVID-19 mortality without NPI)-1, where (difference in COVID-19 mortality with NPI) is 237.89 (Table 2 states that deaths per million is 406.99 in U.S. and 169.10 in Europe) and (difference in COVID-19 mortality without NPI) is estimated as exp(ln(difference in COVID-19 mortality with NPI)-estimate).
Ashraf (2020); "Socioeconomic conditions, government interventions and health outcomes during COVID-19"	1-Jul-20	ResearchGate	It is unclear whether they prefer the model with or without the interaction term. In the meta-analysis, we use an average of -0.326 (Table 3, without) and -0.073 (Table 6, with) deaths per million per stringency point (i.e. -0.200). The common estimate is the average effect in Europe and United States respectively calculated as (Actual COVID-19 mortality) / (COVID-19 mortality with recommendation policy) -1, where (COVID-19 mortality with recommendation policy) is calculated as ((Actual COVID-19 mortality) - Estimate x Difference in stringency x population). Stringencies in Europe and United States are equal to the average stringency from March 16th to April 15th 2020 (76 and 74 respectively) and the stringency for the policy based solely on recommendations is 44 following Hale et al. (2020).

1. Study (Author & title)	2. Date Published	3. Journal	4. Comments regarding meta-analysis
Auger et al. (2020); "Association between statewide school closure and COVID-19 incidence and mortality in the U.S."	1-Sep-20	JAMA	Estimate that school closure was associated with a 58% decline in COVID-19 mortality and that the effect was largest in states with low cumulative incidence of COVID-19 at the time of school closure. States with the lowest incidence of COVID-19 had a −72% relative change in incidence compared with −49% for those states with the highest cumulative incidence.
Berry et al. (2021); "Evaluating the effects of shelter-in-place policies during the COVID-19 pandemic"	24-Feb-21	PNAS	The estimated effect of SIPO's, an increase in deaths by 0,654 per million after 14 days (significant, cf. Fig. 2), is converted to a relative effect on a state basis based on data from OurWorldInData. For states which did implement SIPO, we calculate the number of deaths without SIPO as the number of official COVID-19 deaths 14 days after SIPO was implemented minus 0,654 extra deaths per million. For states which did not implement SIPO, we calculate the number of deaths with SIPO as the number of official COVID-19 deaths 14 days after March 31 2020 plus 0,654 extra deaths per million. We use March 31 2020 as this was the average date on which SIPO was implemented in the 40 states which did implement SIPO. Using this approximation, the effect of SIPO's in the U.S. is 1,1% more deaths after 14 days. Common standard errors are not available.
Bjørnskov (2021a); "Did Lockdown Work? An Economist's Cross-Country Comparison"	29-Mar-21	CESifo Economic Studies	We use estimates from Table 2 (four weeks). Common estimate is calculated as the average of the effect in Europe and United States, where the effect for each is calculated as (ln(policy stringency) - ln(recommendation stringency)) x estimate.
Blanco et al. (2020); "Do Coronavirus Containment Measures Work? Worldwide Evidence"	1-Dec-20	World Bank Group	The study is not included in the meta-analysis, as it looks at the effect of NPIs on growth rates and does not include an estimate of the effect on total mortality.
Bonardi et al. (2020); "Fast and local: How did lockdown policies affect the spread and severity of the covid-19"	8-Jun-20	0	Find that, world-wide, internal NPIs have prevented about 650,000 deaths (3.11 deaths were prevented for each death that occurred, i.e. 76% effect). However, this effect is for any lockdown including a Swedish lockdown. They do not find an extra effect of stricter lockdowns and state that "our results point to the fact that people might adjust their behaviors quite significantly as partial measures are implemented, which might be enough to stop the spread of the virus." Hence, whether the baseline is Sweden, which implemented a ban on large gatherings early in the pandemic, or the baseline is "doing nothing" can affect the magnitude of the estimated impacts. Since all Western countries did something and estimates in other reviewed studies are relative to doing less – and, hence not to doing nothing, we report the result from Bonardi et al. as compared to "doing less." Hence, for Bonardi et al. we use 0% as the common estimate in the meta-analysis for each NPI (SIPO, regional lockdown, partial lockdown, and border closure (stage 1, stage 2 and full) because all NPIs are insignificant (compared to Sweden's "doing the least"-lockdown).
Bongaerts et al. (2021); "Closed for business: The mortality impact of business closures during the Covid-19 pandemic"	14-May-21	PLOS ONE	Business shutdown saved 9,439 Italian lives by 13th 2020. This corresponds to 32%, as there were 20,465 COVID-19-deaths in Italy by mid April 2020.
Chaudhry et al. (2020); "A country level analysis measuring the impact of government actions, country preparedness and socioeconomic factors on COVID-19 mortality and related health outcomes"	1-Aug-20	EClinacal-Medicine	Finds no effect of partial border closure, complete border closure, partial lockdown (physical distancing measures only), complete lockdown (enhanced containment measures including suspension of all non-essential services), and curfews. In the meta-analysis we use a common estimate of 0%, as estimates and standard errors are not available.
Chernozhukov et al. (2021); "Causal impact of masks, policies, behavior on early covid-19 pandemic in the U.S."	1-Jan-21	Journal of Econometrics	The study looks at the effect of NPIs on growth rates but does include an estimate of the effect on total mortality at the end of the study period for employee face masks (-34%), business closure (-29%). and SIPO (-18%), but not for school closures (which we therefore exclude). In reporting the results of their counterfactual, they alter between "fewer deaths with NPI" and "more deaths without NPI." We have converted the latter to the former as estimate/(1+estimate) so "without business closures deaths would be about 40% higher" corresponds to "with business closures deaths would be about 29% lower."
Chisadza et al. (2021); "Government Effectiveness and the COVID-19 Pandemic"	10-Mar-21	MDPI	The common estimate is the average effect in Europe and United States respectively calculated as (Actual COVID-19 mortality) / (COVID-19 mortality with recommendation policy) -1, where (COVID-19 mortality with recommendation policy) is calculated as ((Actual COVID-19 mortality) - Estimate x Difference in stringency x population). Stringencies in Europe and United States are equal to the average stringency from March 16th to April 15th 2020 (76 and 74 respectively) and the stringency for the policy based solely on recommendations is 44 following Hale et al. (2020). In the meta-analysis we use the non-linear estimate, but the squared estimate yields similar results.
Dave et al. (2021); "When Do Shelter-in-Place Orders	3-Aug-20	Economic Inpuiry	The study looks at the effect of SIPO's on growth rates but does include an estimate of the effect on total mortality after 20+ days for model 1 and 2 in Table 7. Since model 3, 4 and 5 have estimates

1. Study (Author & title)	2. Date Published	3. Journal	4. Comments regarding meta-analysis
Fight Covid-19 Best? Policy Heterogeneity Across States and Adoption Time"			similar to model 2, we use an average of model 1 to 5, where the estimates of model 3 to 5 are calculated as (common estimate model 2) / (estimate model 2) x estimate model 3/4/5.
Dergiades et al. (2020); "Effectiveness of government policies in response to the COVID-19 outbreak"	28-Aug-20	SSRN	The study is not included in the meta-analysis, as it looks at the effect of NPIs on growth rates and does not include an estimate of the effect on total mortality.
Fakir and Bharati (2021); "Pandemic catch-22: The role of mobility restrictions and institutional inequalities in halting the spread of COVID-19"	28-Jun-21	PLOS ONE	The study is not included in the meta-analysis, as it looks at the effect of NPIs on growth rates and does not include an estimate of the effect on total mortality.
Fowler et al. (2021); "Stay-at-home orders associate with subsequent decreases in COVID-19 cases and fatalities in the United States"	10-Jun-21	PLOS ONE	The study looks at the effect of SIPO's on growth rates but does include an estimate of the effect on total mortality after three weeks (35% reduction in deaths) which is used in the meta-analysis.
Fuller et al. (2021); "Mitigation Policies and COVID-19–Associated Mortality — 37 European Countries, January 23–June 30, 2020"	15-Jan-21	Morbidity and Mortality Weekly Report	For each 1-unit increase in OxCGRT stringency index, the cumulative mortality decreases by 0.55 deaths per 100,000. The common estimate is the average effect in Europe and United States respectively calculated as (Actual COVID-19 mortality) / (COVID-19 mortality with recommendation policy) -1, where (COVID-19 mortality with recommendation policy) is calculated as ((Actual COVID-19 mortality) - Estimate x Difference in stringency x population). Stringencies in Europe and United States are equal to the average stringency from March 16th to April 15th 2020 (76 and 74 respectively) and the stringency for the policy based solely on recommendations is 44 following Hale et al. (2020).
Gibson (2020); "Government mandated lockdowns do not reduce Covid-19 deaths: implications for evaluating the stringent New Zealand response"	18-Aug-20	New Zealand Economic Papers	We use the two graphs to the left in figure 3, where we extract the data from the rightmost datapoint (I.e. % impact of county lockdowns on Covid-19 deaths by 1/06/2020). We then take the average of the estimates found in the two graphs, because it is unclear which estimate the author prefers.
Goldstein et al. (2021); "Lockdown Fatigue: The Diminishing Effects of Quarantines on the Spread of COVID-19 "	4-Feb-21	CID Faculty Working	We convert the effect in Figure 4 after 90 days (log difference -1.16 of a standard deviation change) to deaths per million per stringency following footnote 3 (the footnote says "weekly deaths," but we believe this should be "daily deaths"), so the effect is e^-1.16 − 1 = −0.69 decline in daily deaths per million per SD. We convert to total effect by multiplying with 90 days and "per point" by dividing with SD = 22.3 (corresponding to the SD for the 147 countries with data before March 19, 2020 - using all data yields similar results) yielding -2.77 deaths per million per stringency point. The common estimate is the average effect in Europe and United States respectively calculated as (Actual COVID-19 mortality) / (COVID-19 mortality with recommendation policy) -1, where (COVID-19 mortality with recommendation policy) is calculated as ((Actual COVID-19 mortality) - Estimate x Difference in stringency x population). Stringencies in Europe and United States are equal to the average stringency from March 16th to April 15th 2020 (76 and 74 respectively) and the stringency for the policy based solely on recommendations is 44 following Hale et al. (2020).
Guo et al. (2021); "Mitigation Interventions in the United States: An Exploratory Investigation of Determinants and Impacts"	21-Sep-20	Research on Social Work Practice	We use estimates for "Proportion of Cumulative Deaths Over the Population" (per 10,000) in Table 3. We interpret this number as the change in cumulative deaths over the population in percent and is therefore the same as our common estimate.
Hale et al. (2020); "Global assessment of the relationship between government response measures and COVID-19 deaths"	6-Jul-20	medRxiv	The study is not included in the meta-analysis, as it looks at the effect of NPIs on growth rates and does not include an estimate of the effect on total mortality. They ascertain that "sustained over three months, this would correspond to a cumulative number of deaths 30% lower," however this is not a counterfactual estimate and three months goes beyond the period they have data for.
Hunter et al. (2021); "Impact of non-pharmaceutical interventions against COVID-19 in Europe: A quasi-experimental non-equivalent group and time-series"	15-Jul-21	Eurosurveillance	The study is not included in the meta-analysis, as they report the effect of NPIs in incident risk ratio which are not easily converted to relative effects.

1. Study (Author & title)	2. Date Published	3. Journal	4. Comments regarding meta-analysis
Langeland et al. (2021); "The Effect of State Level COVID-19 Stay-at-Home Orders on Death Rates"	5-Mar-21	Culture & Crisis Conference	The study is not included in the meta-analysis, as it looks at the effect of NPIs on odds-ratios and does not include an estimate of the effect on total mortality.
Leffler et al. (2020); "Association of country-wide coronavirus mortality with demographics, testing, lockdowns, and public wearing of masks"	26-Oct-20	ASTMH	Their "mask recommendation" includes some countries, where masks were mandated and may (partially) capture the effect of mask mandates. However, the authors' focus is on recommendation, so we do interpret their result as a voluntary effect - not an effect of mask mandate. Using estimates from Table 2 and assuming NPIs were implemented March 15 (8 weeks in total by end of study period), common estimates are calculated as 8^est-1.
Mccafferty and Ashley (2021); "Covid-19 Social Distancing Interventions by Statutory Mandate and Their Observational Correlation to Mortality in the United States and Europe"	27-Apr-21	Pragmatic and Observational Research	The study is not included in the meta-analysis, as it looks at the effect of NPIs on peak mortality and does not include an estimate of the effect on total mortality.
Pan et al. (2020); "Covid-19: Effectiveness of non-pharmaceutical interventions in the united states before phased removal of social distancing protections varies by region"	20-Aug-20	medRxiv	The study is not included in the meta-analysis, as the cluster the NPIs (e.g. SIPO, mask mandata amd travel restricions are clustered in Level 4).
Pincombe et al. (2021); "The effectiveness of national-level containment and closure policies across income levels during the COVID-19 pandemic: an analysis of 113 countries"	4-May-21	Health Policy and Planning	Policy implementations were assigned according to the first day that a country received a policy stringency rating above 0 in the OxCGRT stay-at-home measure. As the value 1 is a recommendation "recommend not leaving house," we cannot distinguish recommendations from mandates, and, thus, the study is not included in the meta-analysis.
Sears et al. (2020); "Are we #stayinghome to Flatten the Curve?"	6-Aug-20	medRxiv	Find that SIPOs lower mortality by 29-35%. We use the average (32%) as our common estimate. Common standard errors are calculated based on estimates and standard errors from (Table 4) assuming they are linearly related to estimates.
Shiva and Molana (2021); "The Luxury of Lockdown"	9-Apr-21	The European Journal of Develepment Research	The estimate with 8 weeks lag is insignificant, and preferable given our empirical strategy. However, they use the 4-week lag when elaborating the model to differentiate between high- and low-income countries, so the 4-week lag estimate for rich countries is used in our meta-analysis. Common estimate is calculated as the average of the effect in Europe and United States, where the effect for each is calculated as (policy stringency - recommendation stringency) x estimate.
Spiegel and Tookes (2021); "Business restrictions and Covid-19 fatalities"	18-Jun-21	The Review of Financial Studies	We use weighted average of estimates for Table 4, 6, and 9. Since authors state that they place more weight on the findings in Table 9, Table 9 weights by 50% while Table 4 and 6 weights by 25%. We estimate the effect on total mortality from effect on growth rates based on authors calculation showing that estimates of -0.049 and -0.060 reduces new deaths by 12.5% 15.3% respectively. We use the same relative factor on other estimates.
Stockenhuber (2020); "Did We Respond Quickly Enough? How Policy-Implementation Speed in Response to COVID-19 Affects the Number of Fatal Cases in Europe"	10-Nov-20	World Medical & Health Policy	When calculating arithmetic average / median, the study is included as 0%, because estimates in Table 6 are insignificant and signs of estimates are mixed (higher strictness can cause both fewer and more deaths). We don't calculate common standard errors.
Stokes et al. (2020); "The relative effects of non-pharmaceutical interventions on early Covid-19 mortality: natural experiment in 130 countries"	6-Oct-20	medRxiv	We use estimates from regression on strictness alone (Right panel in Table "Regression results, policy strictness. Baseline is "policy not introduced within policy analysis period" in "Additional file"). We use the average of 24 and 38 days from model 5. There are 23 relevant estimates in total (they analyze all levels within the eight NPI measures in the OxCGRT stringency index). We calculate the effect of each NPI (e.g. closing schools) as the average effect in all of U.S./Europe. This is done by calculating the effect for each state/country based on the maximum level for each measure between Mar 16 and Apr 15 (e.g. if all schools in a state/country are required to close (school closing level 3) the relevant estimate for that state/level is -0.031 (average of -0.464 and 0.402). We assume all NPIs are effective for 54 days (from March 15 to June 1 minus 24 days to reach full effect). Standard errors are converted to common standard errors following the same process (this approach is unique for Stokes, as our general approach is not possible).

1. Study (Author & title)	2. Date Published	3. Journal	4. Comments regarding meta-analysis
Toya and Skidmore (2020); "A Cross-Country Analysis of the Determinants of Covid-19 Fatalities"	1-Apr-20	CESifo Working Papers	It is unclear how they define "lockdown." They write that "many countries [...] imposed lockdowns of varying degrees, some imposing mandatory nationwide lockdowns, restricting economic and social activity deemed to be non-essential," and since all European countries and all states in the U.S. imposed restrictions on economic (closing unessential businesses) and/or social (limiting large gatherings) activity, we interpret this as all European countries and all U.S. states had mandatory nationwide lockdowns. The effect of recommended lockdowns is set to zero in the meta-analysis, as only one country was in this lockdown category (i.e. too few observations, cf. eligibility criteria). The estimate for complete travel closure is -0.226 COVID-deaths per 100,000. Hence, if all of Europe imposed complete travel closure, the total effect would be -0.266 * 748 million (population) * 10 (100,000/1,000,000) equal to 1,690 averted COVID-19 deaths. However, according to OxCGRT-data European countries only had complete travel bans (Level 4: "Ban on all regions or total border closure") in 11% of the time between March 16 and April 15, 2020. So the total effect is 1,690 * 11% = 194 averted deaths. During the first wave 188,000 deaths in Europe was related to COVID-19 (by June 30, 2020), so the total effect is approximated to -0.1% in Europe and, following the same logic, 0% in U.S., where no states closed their borders completely. We use the average, -0.05%, in the meta-analysis. The estimate for mandatory national lockdown is 0.166 (>0) COVID-deaths per 100,000. Since all European countries (and U.S. states) imposed lockdowns, the total effect is 1,241 (553) extra COVID-19 deaths corresponding to 0.7% (0.4%). We use the average of Europe and the U.S., 0.5%, in the meta-analysis. Calculations of the effect of "Mandatory national lockdown" follow the same logic, but we assume 100% of Europe and United States have had "Mandatory national lockdown."
Tsai et al. (2021); "Coronavirus Disease 2019 (COVID-19) Transmission in the United States Before Versus After Relaxation of Statewide Social Distancing Measures"	3-Oct-20	Oxford academic	The study is not included in the meta-analysis, as they report the effect of NPIs on Rt which are not easily converted to relative effects.

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February 7, 2022

To Whom It May Concern:

These mandates have gone on for too long.

As a mother of two elementary school aged children and a counselor at a public middle school in Los Angeles County, I am appalled at how our “leaders” continue to use draconian measures for masks and mandates on children, the group least susceptible to severe illness from COVID, while the politicians, themselves, dine in fancy restaurants, attend lavish weddings, and hobnob with celebrities at big sporting events.

I am not anti-mask but anti-mandate and pro-child. There is no real data that supports masking children; if anything, time will show that it has caused them more harm than good.

The ploy to prioritize politics and power over people has proved purposeless. The time to correct course is now.

Sincerely,

Janine M. McKenna, MAEd./PPS

https://www.theatlantic.com/ideas/archive/2022/01/kids-masks-schools-weak-science/621133/

I would like to request to the Board that they reconsider examining whether County employees that have not completed the vaccination process be able to return to work in health care settings and other county positions. As we know, with COVID 19, a person that is vaccinated and a person that is unvaccinated are both able to transmit the virus to another person. I have first-hand experience as I am fully vaccinated, but contracted COVID 19 (community obtained) and it went through my family. In addition, we know that the Omicron variant is also less deadly than previous variants overall. We know that the vaccine protects us, but it does not prevent us from getting COVID or transmitting it to others. The vaccine protects us only. With this new information, I would like the board to reconsider allowing those people that are unvaccinated to return to work if they are county employees. Due to the shortage of staff especially in health care, we are removing a large part of the population that could work, just because they chose (for their own reasons) not to get a vaccination. That may be because they had an adverse symptom after the first dose (not stating any causation), they might not want the mRNA style vaccine that is the only effective type offered, or they might have another medical concern or religious concern. I know that the Novavax just submitted for FDA approval, and I hope it goes through, as it will provide choice to those that might be weary of the mRNA style vaccine. At the time when the Board decided to not to allow county workers to work if they were not vaccinated, there was limited choice provided for vaccines. Even if you took one does and had medical problems such as heart problems after the first mRNA vaccine (I know we can't state causation), but you might be concerned about getting the second dose, you are still not allowed to work for the County in a healthcare setting at this time. There is no medical exception or religious exception that allows you to return to your health care job with patients. In the place that I work, those staff are just put aside in trailers awaiting the county's guidance. Even with an exemption, they will still not be allowed to work with patients, just keep a job in the county and sit and wait. It is so frustrating to us that have chosen to vaccinate as we are picking up the slack due to the Board's and county's choices. With no other previous shot or vaccine, has a person ever been kicked out of their job, because they chose not to take it. For example, if someone choses not to take the flu shot, that person has to wear a mask, but he/she does not get removed from her/his job in healthcare. Why is a person removed from their job in health care just because he/she does not want to take a COVID shot. It seems unreasonable at this time, knowing the current science. Also, I don't understand why we are allowing staff that are still positive for COVID, but might have no symptoms to work, people who decline other vaccines can continue to still work, but those who chose not to take the COVID shot, cannot work in their regular jobs, and there are no exceptions to the rule. And yet we are looking at loosening the mask rules, while still keeping people out of their regular jobs. It does not make sense to me.

ADVERTISING

To the editor: Gov. Gavin Newsom and Mayor Eric Garcetti have the intellect to weigh the risk-benefit ratio to decide when they should mask or not mask. However, we the hoi polloi obviously lack the ability to take into consideration the various factors to make the same decision.

This is as good as any reason to end the mandate and expect people to wear a mask if they're in a high-risk group, not vaccinated, near people who are considered vulnerable and so forth. Californians have now lived in this pandemic for nearly two years, and most of us know the best techniques to protect ourselves from COVID-19. It's time now to let us put those techniques into practice.

In short, let those who need to or feel more comfortable doing so wear a mask, and allow those of us who've taken all the necessary precautions, including being vaccinated, choose when not to wear a mask, as Newsom and Garcetti did.

Geneviève Clavreul, Pasadena

PAID CONTENT

Sponsored Business Advisory Panel:

L.A. County mask rules under new scrutiny after Newsom, Garcetti seen maskless at game

By Rong-Gong Lin II,
Luke Money
Feb. 1, 2022 9:09 AM PT

The Los Angeles County Department of Public Health is defending its mask-wearing order, which is being criticized after Gov. Gavin Newsom and the mayors of L.A. and San Francisco were photographed maskless at Sunday's NFL playoff game at SoFi Stadium.

The criticism comes as coronavirus case rates are falling but L.A. County recorded more than 1,300 COVID-19 deaths in January — the highest monthly tally since last March, according to a Times analysis.

L.A. County Supervisor Kathryn Barger in a statement Monday said she believes people should be allowed to choose whether to wear a mask. She referred to the observation that many fans at the Rams' NFC championship game against the San Francisco 49ers in Inglewood on Sunday were not masked, despite L.A. County's order that people at large outdoor events be masked.

"I strongly believe individuals should be allowed to make an informed choice about whether to mask up or not. I hope state and local health leaders take this into consideration and reevaluate indoor and school masking mandates now," Barger said in her statement.

"Let's do away with blanket COVID-19 masking policies — they don't make a difference when they're not consistently followed or enforced," Barger added. "We need to trust the public to make the best personal decisions for themselves based on their unique risks and circumstances."

L.A. County Public Health Director Barbara Ferrer said the fact that many fans were not wearing a mask at Sunday's game was not a good reason to end the local mask order, which requires face coverings to be worn in indoor public settings and outdoor "mega-events" involving 5,000 or more people.

"Noncompliance with a critical safety measure is not a good reason for ending the requirement. That would be like eliminating speed limits because so many drivers ignore them and feel that they can assess for themselves the safe speed for their travel," Ferrer said in a statement.

"At some point soon, transmission will be significantly lower, and we will not need to wear our masks everywhere; unfortunately, we aren't there yet. And in order to get there as quickly as possible, we should all make our best efforts to layer in sensible protections that keep us and those around us safe," Ferrer said.

Besides L.A. County's mask order, California requires mask wearing in indoor public spaces under an order that is set to expire Feb. 15. County rules cannot be less restrictive than the state's.

Federal, state and many local health officials in California have defended mask orders as essential at a time of exceptionally high coronavirus case rates and crowded conditions in hospitals.

L.A. County is now averaging about 20,000 new coronavirus cases a day, according to a Times analysis of state data made available Monday. While that's less than half of the Omicron variant peak of 44,000 new

cases a day, it's still above the peak of last winter's devastating surge, which topped out at 16,000 new cases a day.

The latest case numbers pencil out to about 1,400 cases a week for every 100,000 residents. The U.S. Centers for Disease Control and Prevention recommends that masks be worn in indoor public settings when the rate is 50 or more cases a week for every 100,000 residents.

L.A. County last fell below that threshold last spring, but that ended when the highly contagious Delta variant began rapidly spreading over the summer.

Reaching that goal is one of several criteria the county Department of Public Health has outlined to end the local mask order for indoor public settings. The other criteria include getting 80% of residents age 12 and older fully vaccinated; getting the number of coronavirus-positive patients in hospitals at fewer than 600 for three straight weeks; and no reports of significantly circulating variants of concern that could threaten vaccine efficacy.

About 78% of L.A. County's residents age 12 and up are fully vaccinated.

Vaccination rates are far lower in younger children in L.A. County, prompting officials to issue an advisory Friday to local healthcare providers urging them to contact parents and strongly recommend children get vaccinated. In L.A. County, only 32% of children in this age group have received at least one shot; by contrast, in San Francisco, 73% of them have gotten one.

Health officials are concerned that low vaccination rates are connected with troubling rises in hospitalization rates among children. Coronavirus-positive hospitalization rates of children in this age group have risen from 2 per week in mid-November to 23 per week in mid-January.

Authorities are still warning that hospitals throughout Southern California remain under strain, even as the number of coronavirus-positive patients has begun to decline. As of Sunday, there were 3,720 coronavirus-positive patients in L.A. County's hospitals, a drop of 23% from the apparent Omicron peak of 4,814 on Jan. 19.

The number of coronavirus-positive intensive care unit patients — 749 — is down by only slightly from its Omicron peak of 794, recorded on Jan. 23.

Meanwhile, L.A. County's COVID-19 death rate remains at a level not seen in more than 10 months. According to a Times analysis of state data, L.A. County has been averaging 64 COVID-19 deaths a day, more than quadruple the rate heading into Christmas, when the county was averaging 15 deaths a day.

Some public health experts cautioned against eliminating mask requirements while case rates remain high.

"With infections still high, indoor mask mandates make sense," tweeted Dr. Ashish Jha, dean of the Brown University School of Public Health. "During big surges, as hospitals overflow, individual action isn't enough. Collective action is needed, which often means mandates."

But once coronavirus case rates fall further — and the Omicron storm becomes a drizzle — mandates will become less necessary, Jha added.

The "key is to communicate: During periods of low infections, restrictions come off. During potential future surges, public health measures may need to temporarily return," Jha wrote.

John Barry, author of "The Great Influenza: The Story of the Deadliest Pandemic in History," warned in an op-ed this week about abandoning public health measures prematurely.

Many histories say the great 1918 flu pandemic ended in the summer of 1919, but it actually lasted through 1920, with a final, fourth wave even deadlier in some U.S. cities than the devastating surge of the fall of 1918, Barry said. But virtually no U.S. city responded with control measures in the pandemic's third and final year because officials were weary of the fight.

"Newspapers were filled with frightening news about the virus, but no one cared. People at the time ignored this fourth wave; so did historians," Barry wrote. "The virus mutated into ordinary seasonal influenza in 1921, but the world had moved on well before. We should not repeat that mistake."

Times staff writer Hayley Smith contributed to this report.

Letters

Newsom and Garcetti seen maskless at SoFi

Re "Supervisor: End mask mandate" (Feb. 1): Supervisor Barger is correct in suggesting that it's time to rethink the blanket masking policy that Gov. Newsom has in place.

Both Newsom and Los Angeles Mayor Eric Garcetti shared a similar response to why they were unmasked during these photo sessions, which was they made a calculated decision based on their current circumstances and felt it was safe to be unmasked at that time.

This is precisely why Barger's proposal is right on the money.

She recognizes that we've lived with this pandemic for nearly two years. We've all been educated on the best ways to avoid contracting COVID.

It's time now to begin treating Californians like adults and trust them to make the appropriate decision to mask or not mask based on their own particular circumstances.

Kudos to Barger for being a voice of reason.

— Geneviève M. Clavreul, Pasadena

San Quentin death row plan is unbelievably bad

Re "Changes to death row on the way" (Feb. 1): Gavin Newsom wants to turn San Quentin's death row into a positive healing environment.

They're moving condemned murderers into facilities that are going to make their lives better and offer them more amenities.

He also said, "The prospect of your ending up on death row has more to do with your wealth and race than it does your guilt or innocence." Newsom is pouring more salt on the wounds of the victims and their families.

And just think, after he serves his terms as governor we will elect him to a higher office.

— Keith Pollastrini, Torrance

We should worry about what's happening here

When Joe Biden let Putin continue the pipeline to supply oil to Germany, et al, ... the U.S. is now helping fund his military to strengthen its stance on the Ukraine border.

I wonder if we're purchasing oil from him, as his promise of gas prices going down hasn't happened.

Wait and see after the Olympics in China, Taiwan will be invaded by China.

We need to worry what's going on here, as this country, as Gov. Newsom stated about California is looking like a third world country.

— Jon Reitz. San Pedro

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Newsom, Garcetti mask-less at SoFi: Barger urges rethinking of mandate

It should be up to the individual to decide when to wear mask, supervisor says

By City News Service | news@socalnews.com |

PUBLISHED: January 31, 2022 at 2:14 p.m. | UPDATED: January 31, 2022 at 5:42 p.m.

One day after Mayor Eric Garcetti and Gov. Gavin Newsom were caught posing for mask-less photos inside SoFi Stadium, a Los Angeles County Supervisor called on Monday, Jan. 31 for state and local health officials to reevaluate COVID-19 mask mandates, saying it should be up to the individual to decide when to wear one.

“Let’s do away with blanket COVID-19 masking policies — they don’t make a difference when they’re not consistently followed or enforced. We need to trust the public to make the best personal decisions for themselves based on their unique risks and circumstances,” Supervisor Kathryn Barger said in a statement.

Barger pointed to Sunday’s NFC Championship game at SoFi Stadium, noting there was inconsistent adherence to the mask-wearing requirement.

Most notably, Laker legend Earvin “Magic” Johnson on Sunday night posted a series of photos on Twitter taken that day at SoFi Stadium with mask-less officials and celebrities, including Garcetti, Newsom, San Francisco Mayor London Breed and actor Rob Lowe. Some people in the photos with Johnson —including Garcetti and Lowe — can be seen holding a mask in the photos.

The photos sparked outrage from some critics who accused the officials of hypocrisy when the public is being told to follow state and county mask mandates. Los Angeles County requires all attendees to wear masks at outdoor mega-events, like football games at SoFi Stadium. The state’s mask mandate requires people to wear masks at indoor areas of outdoor mega-events.

Garcetti’s office told City News Service, “The mayor was wearing his mask during the game and removed it for a brief moment to take a few photos.”

Newsom similarly said at an unrelated news conference in Los Angeles Monday that he was “very judicious” about wearing his mask at the game, and insisted he had his mask in his other hand when the photo with Johnson was taken.

He said he only took the mask off momentarily to take the photo.

“The rest of the time I wore it, as we all should,” said Newsom.

Jessica Millan Patterson, chair of the state Republican Party, was unimpressed by the explanations, saying in a statement, “While they force California children to wear masks in school, Gavin Newsom and friends get to enjoy a mask-free night of football in a packed stadium. His blatant and insulting disregard for his own COVID rules is a crystal-clear sign that it’s time for his Draconian policies and state of emergency to go.”

The county’s mask mandate and other COVID guidelines are set by the Los Angeles County Department of Public Health, with guidance from the Board of Supervisors. Along with outdoor mega-events with more than 5,000 attendees, people are required to wear masks in all indoor public settings, venues,

gatherings and businesses. The rules allow people to take off their masks when they are actively eating or drinking, are alone in a separate space, showering or swimming or receiving personal care services that require a mask to be removed.

Barger — the only Republican on the non-partisan Board of Supervisors — said it's time for masking mandates to be re-evaluated.

"Masking rules set by the state and county weren't followed consistently by everyone at yesterday's NFC Championship," she said. "Instead, we saw individuals choosing to mask up based on calculated personal risk. Modern stadiums like SoFi Stadium have strong air circulation and all attendees of the game were required to show proof of vaccination or a negative test. Some fans evidently felt this was enough to protect them against COVID-19."

Newsom on Monday reiterated his call for the public to wear masks, but he said in the coming weeks the state will announce its "endemic plan" on practices for the state to live with the virus longterm.

February 7, 2022

To Whom It May Concern:

These mandates have gone on for too long.

As a mother of two elementary school aged children and a counselor at a public middle school in Los Angeles County, I am appalled at how our “leaders” continue to use draconian measures for masks and mandates on children, the group least susceptible to severe illness from COVID, while the politicians, themselves, dine in fancy restaurants, attend lavish weddings, and hobnob with celebrities at big sporting events.

I am not anti-mask but anti-mandate and pro-child. There is no real data that supports masking children; if anything, time will show that it has caused them more harm than good.

The ploy to prioritize politics and power over people has proved purposeless. The time to correct course is now.

Sincerely,

Janine M. McKenna, MAEd./PPS

https://www.theatlantic.com/ideas/archive/2022/01/kids-masks-schools-weak-science/621133/

From: Thomas O"Neill
To: PublicComments
Subject: Comments re. Supervisors Meeting date 02/08/22
Date: Tuesday, February 8, 2022 1:15:43 PM

Public Comments:

Item 2: Masks on children

It has been demonstrated, worldwide, that masking children is not only ineffective at controlling the spread of COVID, and that children are inefficient vectors of the disease, but more important that masks have had serious detrimental effects on the physical, psychological and developmental health of children. Children, in the aggregate have not suffered serious illness and death from COVID, but they have suffered serious injury as a result of the NPI's imposed on them in this County.

Whether by incompetence, malevolence or cowardice, children have been oppressed by the mask mandates, and the continued imposition of such draconian measures on them constitutes institutionalized and state-sponsored child abuse.

Item 18: Vaccine mandates for County employees

Abandon any plan to fire, layoff or otherwise punish any County employee who refuses the experimental "vaccines", especially peace officers. In a time where crime is high and rising, largely the result of irrational decisions re. redefining serious crime, defunding the police and the abandonment of civilized social norms, firing peace officers is the ultimate example of cutting of your nose to spite your face.

A vaccine mandate, especially with omicron as the dominant variant, is scientifically irrational and defies common sense. Around the world the vaccines have been shown to be ineffective against omicron, a milder, less lethal disease.

But you could invite a world of ADE trouble by vaccinating into the middle of a pandemic with a non-sterilizing targeted vaccine, whose target is NOT omicron, especially when the survival rate with omicron is so high, and when surviving omicron could provide durable immunity to future variants.

Thank you.

Thomas O'Neill, Los Angeles County resident since 1958

From: Johanna J.
To: ExecutiveOffice
Subject: Mask mandates and vaccines
Date: Thursday, February 3, 2022 2:47:57 PM

Dear Board Members,

I am writing to appeal to you to finally remove any and all mask and vaccine mandates that are still affecting us in very real and negative ways every day.

Our society is torn apart by medical apartheid and segregation. Privacy and HIPPA rights are being violated daily when we are asked to show "proof of vaccination" before entering places. Those who are unvaccinated have become effective outcasts and second-class citizens. Vaccine passports violate basic human rights that guarantee protection from harrassement based on personal status as it pertains to gender, age, race, religion, sexual preference, as well as medical status.

The governor, Gavin Newsom, and the mayor of L. A., both have violated their own rules that they have foisted upon millions of their constituents, devoid of any scientific or legal justification. It is most of all CHILDREN who are mindlessly placed at the center of these misguided measures despite the fact they are the ones who have the lowest risk of negative effects from Covid. You are forcing them to wear masks for hours, even outdoors, greatly hampering their opportunities for meaningful social interaction and learning. California is the ONLY state in the country that has mandated Covid vaccines for school children. These vaccines are leaky, they are known not to prevent infection or spread of the virus. Long term effects of the vaccines are unknown, and, again, children have an infinitesimal risk of any adverse effects of Covid. The real damage of limiting their natural development with unmasked faces, spontenaity, and confidently engaging with the world.

It is time to finally recognize that the damage of your interventions is greater than any damage the virus alone would have cost us. It is time to be honest and do the decent thing and to finally let us live our lives naturally, in freedom, and dignity.

There are not enough words to describe how much damage has been wrought by the worldwide response to the pandemic. Countries like England, Sweden, Norway, Finland, and many others are moving on. We need to do the same.

Sincerely,
Johanna Jovanovic, BSN, RN

From: donotreply@bos.lacounty.gov
To: ExecutiveOffice
Subject: BOS Contact Us Message
Date: Tuesday, February 8, 2022 10:51:53 AM

The following person is trying to contact via Board of Supervisors website.
The information provided is as below.

Name: Sally Dunay

Email: Teamsally@msn.com

Phone: (626) 261-3032

Zip Code: 91706

Message: Not lifting LA County MAsk mandate is punishing the people of this County. I will do my best to let people know who was in favor of masks mandate. Power of people.

Thank you,
County of Los Angeles Board of Supervisors

From: B Gabbaie
To: ExecutiveOffice
Subject: Please forward to all 5 supervisors....
Date: Monday, February 7, 2022 1:41:59 PM

Our children have not had a normal school year since 2019. For two years we have written to this Board begging for relief for our children. For two years, you have put the unions and special interests ahead of our children. Experts around the world and our own US Surgeon General have sounded the alarm of a mental health crisis in our children due to the pandemic school closures and continued restrictions. Almost every major publication has published a story in the last few weeks about the harmful effects of masking our kids and the lack of science behind it. Our children are in crisis, and YOU continue to ignore it. Not a single message from LA County Public Health addresses the social, emotional, and mental harm done to our children - all damage that is a lot more serious for most kids than the side effects of Covid. This is an EPIC failure by this Board and the Public Health Department.

Our children were locked out of their schools and sports for over a year. Now that the school doors have opened, our children are distanced from friends, masked for 7+ hours a day, with no parties, field trips or fun. Children are being forced to wear masks to run, exercise and play sports, even outdoors; meanwhile this same city is hosting the Super Bowl with over 80k. Children are made to believe that people would get sick and die from the simple act of them breathing yet see on television and in other places that adults are living in a different world with no masks and social distancing as none of these restrictions are imposed on adults. We will not let you ignore us anymore. We will not let you harm our children any longer. The testing, quarantining, and masking of our children needs to end NOW. You are all elected officials and will not be supported in the future by any parent if you continue the hypocrisy.

From: Bahareh Ramin
To: ExecutiveOffice
Subject: End mask mandates for schools
Date: Monday, February 7, 2022 1:55:31 PM

Board of Supervisors,
It is time to end mask mandates for schools as so many other Democratic states have done. The hypocrisy of elected officials who push mandates onto their constituents yet do not abide by those same mandates is no longer tolerated. Save our children -- and your jobs -- end the school mask mandates now.

From: bahareh golbahar
To: ExecutiveOffice
Subject: our kids
Date: Monday, February 7, 2022 3:08:16 PM

Our children have not had a normal school year since 2019. For two years we have written to this Board begging for relief for our children. For two years, you have put the unions and special interests ahead of our children. Experts around the world and our own US Surgeon General have sounded the alarm of a mental health crisis in our children due to the pandemic school closures and continued restrictions. Almost every major publication has published a story in the last few weeks about the harmful effects of masking our kids and the lack of science behind it. Our children are in crisis, and YOU continue to ignore it. Not a single message from LA County Public Health addresses the social, emotional, and mental harm done to our children - all damage that is a lot more serious for most kids than the side effects of Covid. This is an EPIC failure by this Board and the Public Health Department.

Our children were locked out of their schools and sports for over a year. Now that the school doors have opened, our children are distanced from friends, masked for 7+ hours a day, with no parties, field trips or fun. Children are being forced to wear masks to run, exercise and play sports, even outdoors; meanwhile this same city is hosting the Super Bowl with over 80k. Children are made to believe that people would get sick and die from the simple act of them breathing yet see on television and in other places that adults are living in a different world with no masks and social distancing as none of these restrictions are imposed on adults. The testing, quarantining, and masking of our children needs to end NOW. You are all elected officials and will not be supported in the future by any parent if you continue the hypocrisy.

From: Fouad Melamed, O.D.
To: shiela@bos.lacounty.gov; Morales, Fernando; ExecutiveOffice
Subject: Unacceptable
Date: Monday, February 7, 2022 6:26:46 PM

Hello
As a doctor, I am furious at Barbara Ferrer for continuing this nonsense mask mandate. This needs to be ENDED IMMEDIATELY. There is no justification for masking people especially with vaccines and natural immunity. When you don't talk about natural immunity or do antibody testing, we know this is not about PUBLIC HEALTH. When you don't address the risk factors and other health issues, we know this is NOT about public health. Barbara Ferrer needs to be FIRED ASAP. She is not a medical professional or elected official. YOU ARE.

Fouad Melamed, O.D.
Doctor of Optometry
8213 Beverly Blvd
Los Angeles, CA 90048
T 323.655.6582
F 323.655.6473
www.melamedeyecare.com

From: Nate
To: ExecutiveOffice; media@ph.lacounty.gov
Subject: Enough is enough
Date: Monday, February 7, 2022 9:12:39 PM

To all -

It's time to move on and move forward. Covid is here to stay. Absolutely nothing is stopping people who remain concerned or have significant health issues from continuing to mask up or isolate as they see fit. The rest of us have lives to live and we are all so aware of the risks and the measures we can take. Trust your citizens to do it for themselves. Every time these orders are unnecessarily extended it's a kick in the face. Every time we see our Mayor and Governor enjoying the basic freedoms we want it's a kick in the face. I'm tired of getting in arguments or seeing people fight in the grocery store. Enough is enough.

This is my humble demand as a reasonable adult in LA County. These restrictions are doing nothing but long term damage and harm to kids, to society, to relationships, to business. It's time to move on, please.

Thanks,

Nate Siahpush
West LA Resident
310-907-6270

From: AABOffice
To: ExecutiveOffice
Subject: FW: Do not mandate vax
Date: Tuesday, February 8, 2022 9:05:14 AM

Hello,

Please see email below and forward to the appropriate office. AAB was included in this email but it does not pertain to Assessment Appeals.

Thank you.

Jessica Longoria
Assessment Appeals Board

From: Cindy V <cin135@yahoo.com>
Sent: Tuesday, February 8, 2022 8:43 AM
To: AABOffice <AABOffice@bos.lacounty.gov>
Subject: Do not mandate vax

Do not mandate vax for LA County employees, including LA County Sheriff. Medical is a personal choice and these first responders worked diligently when covid was rampant.

Then please stop all mandates and let us go back to a normal life.

Thank you,
Cindy Ventrice
Agoura Hills

Sent from Yahoo Mail for iPhone

From:	Christopher Evans
To:	ExecutiveOffice
Subject:	Letter from a constituent regarding COVID restrictions
Date:	Tuesday, February 8, 2022 9:15:11 AM

Dear LA Board of Supervisors,

I am writing to express my dismay and disappointment at LAPH and Barbara Ferrer's seeming determination to ensure LA County residents are forced to wear ineffective face masks longer than residents of any other county in the nation. While state mandates are ending across the country, and European countries are removing ALL COVID restrictions, LAPH is not even broaching the conversation of an offramp for masking or any other COVID restrictions currently in place, save for some outdated CDC metrics that do not take into account Omicron's transmissibility or severity, or the now endemic nature of the virus.

We have mountains of real-world data now showing that per capita case rates are unaffected by regional/state/county mask mandates. Just look at Orange County, which has had a lower case rate per capita throughout the duration of the pandemic (see attached image). "Population density" is a common objection, but OC has at-home gatherings, crowded bars, and packed arenas just like LA county does. This article also shows several examples of mask mandates being an abject failure across the country.

Mask requirements for toddlers are unconscionable. It should be horrifying to all of you that the faces of children, their classmates, and their teachers must remain covered while the kids are trying to learn to read, speak, and socialize. The absolute disregard for any sort of trade-off (developmental delays, anxiety, mental health) provides verification that these decisions are political, and not about "public health."

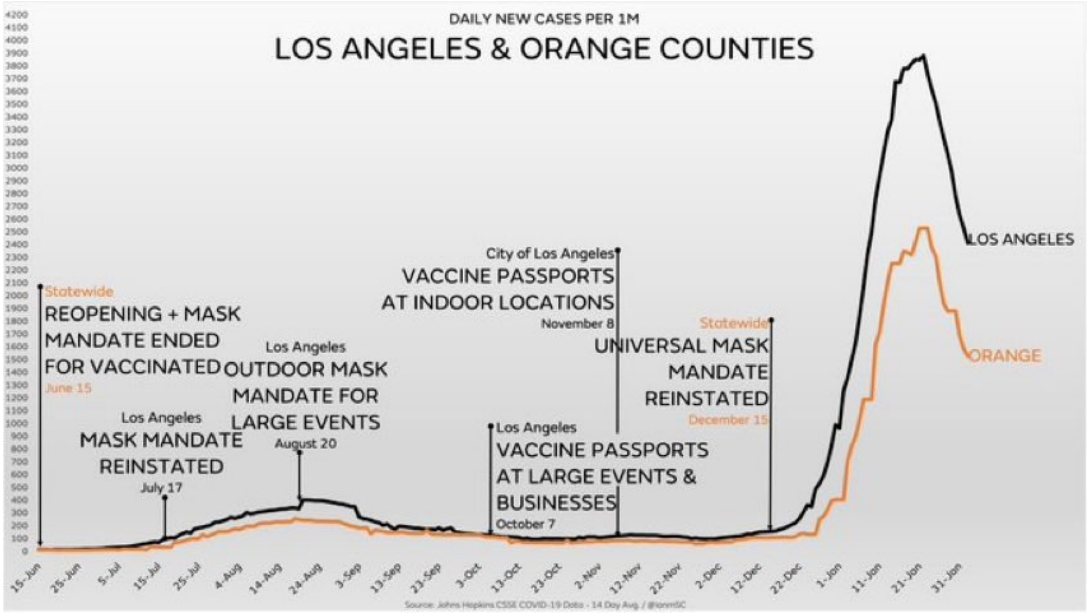
Guidance can and should change as the facts on the ground change. I strongly urge the LA County BOS to demand that Ferrer and her agency align with CA's plan to lift mask mandates as soon as possible, including for children/schools.

I am part of a growing contingent of historically blue voters who is seriously rethinking my political affiliation in the face of continued restrictions and hypocrisy from party officials. The democrats are gaining a reputation as the party of restrictions, the party of masking babies, and the party of "rules for thee but not for me." There absolutely will be electoral consequences for these decisions not only in LA, but across the country, which will cause the broader democratic agenda to sputter and fail.

Please speak up and inform Ferrer she needs to set a clear offramp in the immediate future.

Thanks for your time.

Christopher Evans


DAILY NEW CASES PER 1M
LOS ANGELES & ORANGE COUNTIES
Statewide
REOPENING + MASK MANDATE ENDED FOR VACCINATED
June 15
Los Angeles
MASK MANDATE REINSTATED
July 17
Los Angeles
OUTDOOR MASK MANDATE FOR LARGE EVENTS
August 20
Los Angeles
VACCINE PASSPORTS AT LARGE EVENTS & BUSINESSES
October 7
City of Los Angeles
VACCINE PASSPORTS AT INDOOR LOCATIONS
November 8
Statewide
UNIVERSAL MASK MANDATE REINSTATED
December 15
LOS ANGELES
ORANGE
Source: Johns Hopkins CSSE COVID-19 Data - 14 Day Avg. / @konmSC

From: donotreply@bos.lacounty.gov
To: ExecutiveOffice
Subject: BOS Contact Us Message
Date: Thursday, February 3, 2022 7:37:26 PM

The following person is trying to contact via Board of Supervisors website.
The information provided is as below.

Name: Steve Escarcega

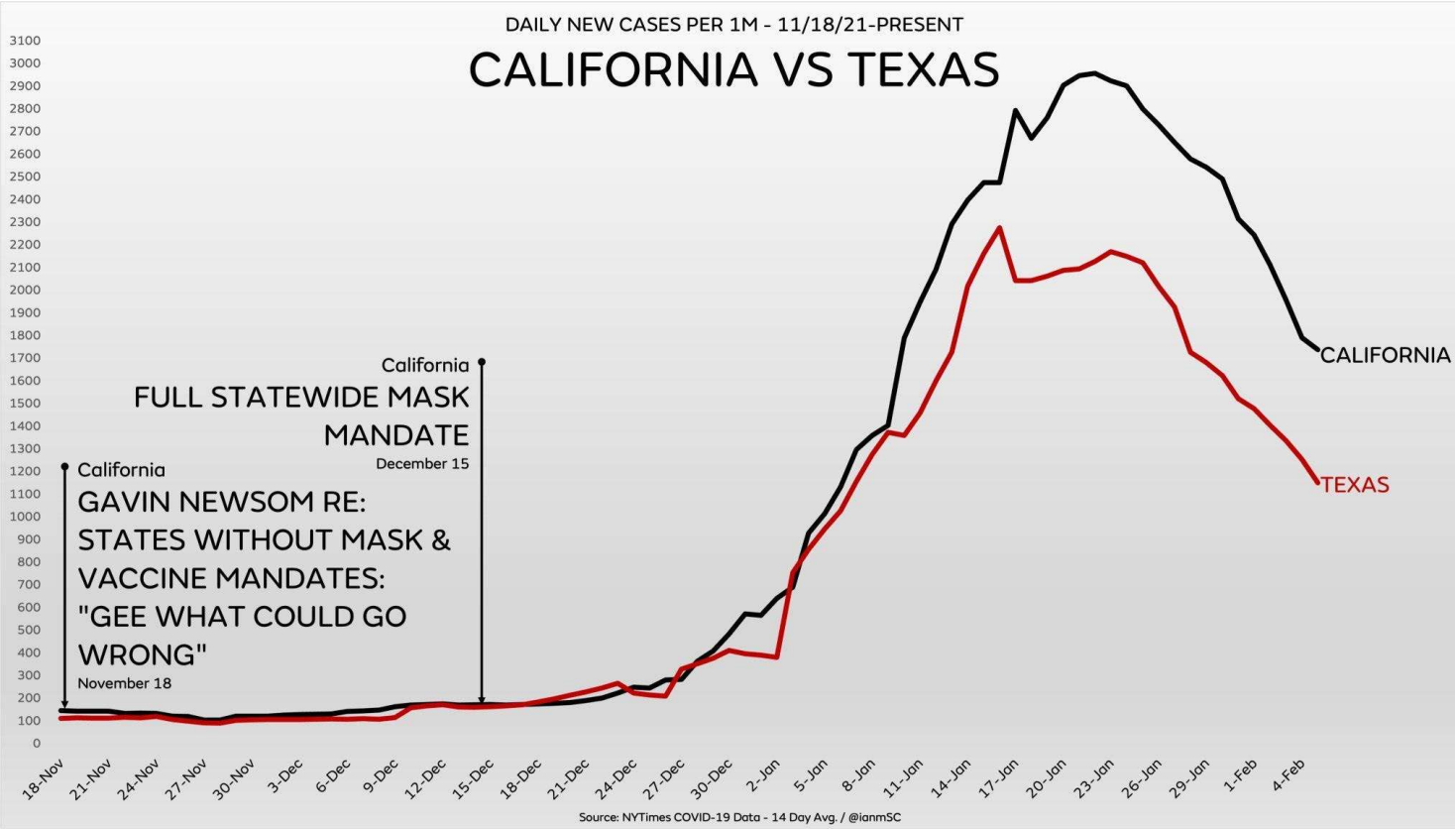
Email: steve8240@att.net

Phone: (310) 756-3772

Zip Code: 90260

Message: All mandates should be discontinued immediately. There is NO lab tests that support the wearing of masks, and injecting you body with dangerous and as yet unknown chemicals to combat a virus with a very high recovery rate is a personal choice, not the choice of The Board of Supervisors. And it is beyond their capacity which equates to extreme government overreach.

Thank you,
County of Los Angeles Board of Supervisors


DAILY NEW CASES PER 1M - 11/18/21-PRESENT
CALIFORNIA VS TEXAS
California
FULL STATEWIDE MASK MANDATE
December 15
California
GAVIN NEWSOM RE: STATES WITHOUT MASK & VACCINE MANDATES: "GEE WHAT COULD GO WRONG"
November 18
CALIFORNIA
TEXAS
3100
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2900
2800
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2200
2100
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27-Nov
30-Nov
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6-Dec
9-Dec
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21-Dec
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27-Dec
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26-Jan
29-Jan
1-Feb
4-Feb
Source: NYTimes COVID-19 Data - 14 Day Avg. / @ianmSC

Children's Health Defense

NOTICE FOR EMPLOYERS, UNIVERSITIES AND OTHER INSTITUTIONS MANDATING COVID-19 MASKS

April 26, 2021

This serves as notice that the mandate for any individual to wear a mask against COVID-19 for employment or attendance at a university or other institution violates federal law. All COVID-19 masks, whether surgical, N95 or other respirators, are authorized, not approved or licensed, by the federal government; they are Emergency Use Authorization (EUA) only. They merely "may be effective." Federal law states:

Title 21 U.S.C. § 360bbb-3(e)(1)(A)(ii)(I-III) of the Federal Food, Drug, and Cosmetic Act (FD&C Act) states:

> **individuals to whom the product is administered are informed—**
>
> **(I)** that the Secretary has authorized the emergency use of the product;
> **(II)** of the significant known and potential benefits and risks of such use, and of the extent to which such benefits and risks are unknown; and
> **(III) of the option to accept or refuse administration of the product**, of the consequences, if any, of refusing administration of the product, and of the alternatives to the product that are available and of their benefits and risks.

EUA products are by definition experimental and thus require the right to refuse. Under the Nuremberg Code, the foundation of ethical medicine, no one may be coerced to participate in a medical experiment. Consent of the individual is "absolutely essential." A federal court held that even the U.S. military could not mandate EUA vaccines to soldiers. *Doe #1 v. Rumsfeld*, 297 F.Supp.2d 119 (2003).

In a letter dated April 24, 2020, the Food and Drug Administration stated that authorized face masks must be labelled accurately and may not be labeled in a way that misrepresents the product's intended use as "source control to help prevent the spread of SARS-CoV-2." The letter specifies that the labeling "may not state or imply that the product is intended for antimicrobial or antiviral protection or related uses or is for use such as infection prevention or reduction." Any EUA mandate requiring individuals to wear face masks conflicts with Section 360bbb-3(e)(1)(A)(ii)(I-III), which provides that the person must be informed of the option to refuse to wear the device.

Liability for forced participation in a medical experiment, including possible injury, may be incalculable. Children's Health Defense urges U.S. employers, universities and other institutions to respect and uphold the rights of individuals to refuse to wear EUA masks.

To whom it may concern:

I write to you as a mother of 3. As a mother who drops her 2 oldest kids at Webster Elementary every morning. As a mother that sometimes hides her child's tears underneath a mask and just can't do it again.

The first week of school was challenging, sure—they'd been at home for 16 months. Of course it wasn't going to be easy but i didn't prepare myself for was about to happen. My oldest, 7, began kicking and screaming, a stark change to the child that was usually the first one dressed and ready to go to school. As the principle wrangled her behind the school gate, locking the gate behind her. My daughter threw her mask over it's walls screaming, 'you can't make me go to school if i don't have a mask on!' Then, as they opened the gate to let her out, she sprinted into the parking lot, narrowly missing cars as i grabbed her arm—while simultaneously carrying my crying 14 month old. As i placed another mask over her face, she cried through tears, pleading 'PLEASE, NO MASK! JUST ONE DAY WITHOUT THE MASK!'

My son repeatedly goes to school, kicking and yelling, 'Why do i have to wear this MASK!' When I finally get him out of the car to place his mask on, i wipe tears from his face using my sleeve and soon, no one will even know he was sad. Because you can't see expressions under that mask. You can only see a fraction of who these kids are.

It's tougher to make friends, to communicate with teachers, to understand and appreciate what your teachers are actually saying. It's tough to go outside… when outside the fence walls, virtually no one, wears a mask. Yet, you are expected to. You are expected to wear a mask, while racing a friend to the playground, while doing anything at all-except for the brief water and lunch breaks.

THESE ARE OUR CHILDREN. They count on us to provide security and consistency. The only consistency we've been able to provide for them is that we don't know what the heck is going on. We, as a family, have followed every procedure. In the hopes that something would be done, as a show of good faith. But nothing is done.

As a mother who worried for weeks about how her youngest son, shy as they come, would make any friends with a mask on, I beg of you to change that. At the very least, end outdoor masking.

Give us something good to tell our children because I can't do this anymore and neither can they.

With faith,

Larisa Braun

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Impact of the COVID-19 Pandemic on Early Child Cognitive Development: Initial Findings in a Longitudinal Observational Study of Child Health

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ABSTRACT

Since the first reports of novel coronavirus in the 2020, public health organizations have advocated preventative policies to limit virus, including stay-at-home orders that closed businesses, daycares, schools, playgrounds, and limited child learning and typical activities. Fear of infection and possible employment loss has placed stress on parents; while parents who could work from home faced challenges in both working and providing full-time attentive childcare. For pregnant individuals, fear of attending prenatal visits also increased maternal stress, anxiety, and depression. Not surprising, there has been concern over how these factors, as well as missed educational opportunities and reduced interaction, stimulation, and creative play with other children might impact child neurodevelopment. Leveraging a large on-going longitudinal study of child neurodevelopment, we examined general childhood cognitive scores in 2020 and 2021 vs. the preceding decade, 2011-2019. We find that children born during the pandemic have significantly reduced verbal, motor, and overall cognitive performance compared to children born pre-pandemic. Moreover, we find that males and children in lower socioeconomic families have been most affected. Results highlight that even in the absence of direct SARS-CoV-2 infection and COVID-19 illness, the environmental changes associated COVID-19 pandemic is significantly and negatively affecting infant and child development.

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INTRODUCTION

Since the beginning in March of 2020, the outbreak of the SARS-CoV-2 (COVID-19) pandemic in the USA, and the accompanying economic shut-down has brought about significant upheavals to the social, economic, and public health environments in which children live, grow and play. While children, and those under age 5, have largely been spared from the severe health and mortality complications associated with SARS-CoV-2 infection [1, 2], they have not been immune to the impact of the stay-at-home, masking, and social distancing policies. These policies, meant to limit spread of the SARS-CoV-2 virus, have closed daycares, schools, parks, and playgrounds [3, 4], and have disrupted children's educational opportunities [5], limited explorative play and interaction with other children [6], and reduced physical activity levels [7]. From the beginning of the pandemic, there has been concern that these public-health policies would adversely impact infant and early child development and mental health. While there is no past analogue or example of non-conflict related wide-spread and prolonged lock-downs from which to draw information from, concern for child development stemmed principally from the known impact that family and home stress, parent and child anxiety, lack of stimulating environments, and other economic and environmental adversities can have on the developing infant and child brain [8, 9].

Like many other states and regions in the United States, elementary, secondary, and post-secondary schools were closed throughout the state of Rhode Island (RI) to in-person instruction from March 16, 2020 through to the beginning of the 2020/2021 school year. However, with the surge of virus infections in the fall of 2020, most schools in RI continued to operate with fully remote or with hybrid in-person/on-line learning until January 2021. For younger children, daycare centers were also closed in March of 2020, but were allowed to reopen with reduced capacity in June, 2020. Restrictions on daycare capacity remained in effect until June 2021. Broader state-wide travel restrictions and stay-at-home orders were enforced from March to May, 2020, with many businesses operating with reduced on-site work forces and/or work-from-home options until mid-2021. Indoor and outdoor mask policies were also in place throughout 2020 and 2021 following CDC guidance. Despite being one of the smaller US states with a population of just over 1 million, RI has suffered high numbers of SARS-CoV-2 infections, with approximately 154,000 cases of COVID-19 illness and almost 3,000 deaths. RI has mirrored national trends with respect to disproportionate infections and deaths in Hispanic or Latino and Black or African American communities [10, 11] as well as lower income families [12].

From 2009, Brown University and the Warren Alpert Medical School at Brown University has been home to a longitudinal study of child health and neurodevelopment, termed the RESONANCE study. Now part of the NIH Environmental influences on Child Health Outcomes (ECHO) program, the RESONANCE cohort consists of approximately 1600 caregiver-child dyads, who have been continuously

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enrolled between 0 and 5 years of age since 2009 and have been followed through infancy, childhood, and early adolescence. This cohort, therefore, offers a unique opportunity to explore the impact of the COVID-19 pandemic on child health trends in RI, which may reflect broader trends in the US.

In the absence of direct SARS-CoV-2 infection, environmental exposures associated with COVID-19 pandemic can affect the developing infant and child through multiple pathways. The human brain is unique in its prolonged developmental timeline [13, 14]. Infants are born with relatively immature brains that, like them, are simultaneously competent and vulnerable. Infants are inherently competent in their ability to initiate relationships, explore, seek meaning, and learn; but are vulnerable and depend entirely on caregivers for their survival, emotional security, modeling of behaviors, and the nature and rules of the physical and socio-cultural world that they inhabit [15]. The infant brain is likewise born with immense capacity to learn, remodel, and adapt, but is sensitive and vulnerable to neglect and environmental exposures that begin even before birth [16-18]. Optimal brain development depends on secure and trusting relationships with knowledgeable caregivers who are responsive to the infant's needs and interests. Neurodevelopmental processes, including myelination and synaptogenesis, for example, are stimulated by external cues and experiences like maternal interaction, and physical skin-to-skin "kangaroo" care, touch, and warmth [19-22]. The brain's adaptive plasticity, however, is a double-edged sword. While positive and enriching environments can promote healthy brain development [23-27], neglect insecurity, stress, and lack of stimulation can impair maturing brain systems and disrupt cognitive and behavioral outcomes [28-30].

Maternal stress, anxiety, and depression in pregnancy can impact the developing fetal and infant brain structure and connectivity, leading to potential delays in motor, cognitive, and behavioral development [31, 32]. It is believed that alterations in fetal exposure to stress-related hormones, including cortisol, affect theses changes in brain structure and function [33-35]. Past analysis has revealed strong associations between maternal prenatal stress and anxiety related to maternal or paternal displacement and job loss and infant health (birth weight and gestation duration), mortality, temperament, and cognitive development [36]. Throughout the COVID-19 pandemic, maternal and paternal job-loss, employment furloughs, or increased food / housing insecurity have been experienced by many families. Survey results at the beginning of the pandemic showed significantly increased rates of clinically relevant symptoms of maternal depression and anxiety [37].

Given these changes in children's home, education, and social environments, it is not surprising that cross-sectional and longitudinal studies of child and adolescent mental health throughout the current pandemic have revealed increased stress, anxiety, and depression [38]. Studies of child learning further show reduced academic growth in math and language arts in elementary and high school children [4]. The impact on infant and child cognitive development, however, remains less clear. Despite the

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known impact of parent and family stress, economic adversity, reduced parent and peer interaction and other stimulating environments, on child brain development [9], direct observation of reduced development as a result of the COVID-19 pandemic remains elusive, despite early findings of altered temperament in 3month old infants [39].

In this work, therefore, we specifically sought to explore individual and population-level trends in infant and early child neurodevelopment. Analyses of cognitive development, assessed using Mullen Scales of Early Learning [40], a population normed and clinically administered tool that assesses function across the five primary domains of fine and gross motor control, visual reception, and expressive and respective language via direct observation and performance, provides some of the first direct evidence of the developmental impact of the COVID-19 pandemic. Comparing yearly mean scores since 2011, controlling for age, gender, demographic, and socioeconomic indicators, we find striking evidence of declining overall cognitive functioning in children beginning in 2020 and continuing through 2021. We find that males appear significantly more impacted than females, and that higher socioeconomic status (SES, as measured by maternal education [41]) helps buffer against this negative impact. On a more individual level, we examined longitudinal pre and during-pandemic trends in the same children from 2018 to 2021, again finding declines in ability in 2020 and 2021.

Finally, to examine the impact of the pandemic during pregnancy on subsequent child development, we compared developmental scores in children up to 1 year of age born prior to 2019 and after July 2020 (i.e., those born prior to the pandemic and those whose *in utero* development may have been impacted by the COVID-19 environment for at least the last trimester of pregnancy). Again, we find significantly reduced scores in children born since the start of the pandemic, with lower SES individuals and males more significantly affected. Throughout all analyses, however, we found that the perceived stress of mothers in our cohort was unchanged throughout the pandemic, and was not significantly associated with developmental scores.

These results provide compelling early evidence of the impact of the COVID-19 pandemic, even in the absence of direct SARS-CoV-2 infection, on infant and early child neurodevelopment.

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METHODS

All data were acquired in accordance with ethical approval and oversight by the Rhode Island Hospital institutional review board, with informed consent obtained from all parents or legal guardians.

Since 2011, 1224 cognitive assessments were collected from 672 healthy, full-term, and neurotypically-developing children between 3 months to 3 years of age. Repeated measures were separated by at least 1 year (mean = 384 +/- 41 days). A general overview of all child assessment timings are shown in **Figure 1a**. This dataset included 1070 assessments (from 605 children) prior to March 2020; 154 assessments (from 118 children) between March 2020 and June 2021; with 39 children who were born just prior to the pandemic in 2018 and 2019, and following during the pandemic to 2021.

To start, we grouped measures by testing year from 2011 to 2021 and performed an analysis of covariance to compare the three primary composite measures: the early learning composite (ELC), verbal development quotient (VDQ) and non-verbal development quotient (NVDQ) between each pre and during pandemic year-pair; with child age, and maternal education (as a proxy for socioeconomic status, SES) as covariates.

To investigate the cognitive trends more rigorously, we next constructed a series of general linear mixed-effects models that modeled the cognitive measures while taking a step-wise approach to include additional predictive factors, beginning with

$$CM_{i,j} = \beta_{0,j} + \beta_{1,j} \times age_{i,j} + \beta_{2,j} COVID_{model} \quad [1]$$

Where CM is the cognitive measure of interest (ELC, VDQ, or NVDQ) of child *j* at time-point *i*. $\beta_{0,j}$ is the intercept and $\beta_{1,j}$ ...., $\beta_{n,j}$, are the regression coefficients. $\beta_{0,j}$, $\beta_{1,j}$ combine a sample fixed effect and a subject-specific random effect (u_j), e.g.,

$$\beta_{0,j} = \beta_0 + \mu_{0,j}, \quad [1b]$$

and

$$\beta_{1,j} = \beta_1 + \mu_{1,j}. \quad [1c]$$

allow individual differences in mean cognitive function and change with age. The $COVID_{model}$ term is a binary factor that is 0 for any testing date prior to March 2020, and 1 for testing dates thereafter. Equation [1] was fit to the complete cohort dataset using the fitlme function in Matlab (MathWorks, Cam-

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bridge, MA v2019b). The $COVID_{model}$ term allowed us to test the hypothesis that pandemic-related environmental changes are associate with a significant negative change in cognitive functioning.

Building from our simple function, we used a step-wise regression approach to systematically include additional factors and interactive terms in our general model, i.e.,:

$$CM_{i,j} = \beta_{0,j} + \beta_{1,j} \times age_{i,j} + \beta_{2,j} COVID_{model} + \beta_{3,j} SES, \quad [2]$$

$$CM_{i,j} = \beta_{0,j} + \beta_{1,j} \times age_{i,j} + \beta_{2,j} COVID_{model} + \beta_{3,j} SES + \beta_{4,j} Gender_j \quad [3]$$

to control for potential differences in gender and socioeconomic factors in the population. Given past findings associating COVID-19 stay-at-home orders and prematurity or potential low birth weight [42], we further included these birth outcomes as additional predictors,

$$CM_{i,j} = \beta_{0,j} + \beta_{1,j} \times age_{i,j} + \beta_{2,j} COVID_{model} + \beta_{3,j} SES + \beta_{4,j} Gender_j + \beta_{5,j} Birthweight + \beta_{6,j} Gestation \quad [4]$$

Finally, we also tested the interaction between the COVIDmodel and SES and Gender terms to test whether these factors had additive or buffering effects,

$$CM_{i,j} = \beta_{0,j} + \beta_{1,j} \times age_{i,j} + \beta_{2,j} COVID_{model} + \beta_{3,j} SES \times COVID_{model} + \beta_{4,j} Gender_j \times COVID_{model} \quad [5]$$

At each stage of analysis, we examined the parsimonious fit of the model using the Bayesian Information Criterion (BIC) [43], stopping when additional factors no longer improved the model fit. In the final model, we then examined the significance level of each model parameter, specifically the $COVID_{model}$ term, which denotes a potential significant difference in pre- and during pandemic scores.

Recognizing that the analysis from 2011 to 2021 contained differing sets of children we next reduced our dataset to 39 children who were enrolled up to a year prior to the pandemic and who had at least 1 visit before and 1 visit during the pandemic (**Table 1, Figure 1b**). To this reduced set of data, we performed analogous mixed-effects modeling using the series of general linear models constructed above (Eqns. 1 to 5).

Given the potential impact of the pandemic on maternal stress and, consequently, the developing fetal brain, we next compared the cognitive measures in 291 children under 1 year of age who were born

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before January 2019 (i.e., their prenatal and first postnatal year of development occurred before the pandemic) to 118 children born after July 2020 (i.e., at least one term of pregnancy and the first post-natal year occurred during the pandemic) (**Table 1, Figure 1c**). As above, we used a mixed-effects approach to model our series of general linear models (Eqns. 1 to 5).

To test whether maternal stress was a potential causative factor, we replaced the Model term in our general linear models with the total score from the perceived stress scale (PSS) [44], a 10-item self-report that provides a continuous scale of perceived and experienced stress due to life situations.

$$CM_{i,j} = \beta_{0,j} + \beta_{1,j} \times age_{i,j} + \beta_{2,j}PSS + \beta_{3,j}SES \times PSS + \beta_{4,j}Gender_j \times PSS \qquad [6]$$

PSS scores were obtained from each pregnant mother prior to birth and at each child visit starting in 2017. We performed this analysis twice. In the first set, we used the post-natal scores collected at the same time as the child cognitive measures, in the second, we used the prenatal PSS scores obtained from the mother during pregnancy.

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RESULTS

Demographic summaries of the children included in each set of analysis (complete set; children followed pre- and during pandemic; and children under 1 year of age born before and during the pandemic) are shown in **Table 1.**

Results from our ANCOVA comparing each year pre- and during-pandemic year pair is shown in **Table 2**. In general, we find mean ELC values from 2011 to 2019 ranging from 98.5 to 107.3, with standard deviations of 15.2 to 19.7 (**Fig. 2**), in general agreement with the expected mean of 100 and standard deviation of 15. Means and standard deviations for 2020 (March to December) and 2021 (January through Aug) were: 86.3+/-17.9 and 78.9+/-21.6, respectively. Controlling for differences in age and maternal education, we find inconsistent differences in mean ELC between 2011-2019 and 2020, but consistent and significant reductions between 2011-2019 and 2021 ($p<0.001$). Results are similar for the verbal and non-verbal composite measures (**Fig. 2, Table 2**). In all cases maternal education was a significant and positive factor on ELC, VDQ, and NVDQ measures.

Results from our mixed model analysis using our complete data set are summarized in **Table 3** and reinforce the results obtained from our initial ANCOVA. For each composite score, the model including child age, maternal education, child gender, birth weight, gestation duration, and test timing (pre vs. during the pandemic)), as well as interaction terms of timing, gender, and maternal education was the most parsimonious model (lowest BIC). Across all measures, we found cognitive scores were significantly reduced during the pandemic by 27 to 37 points (or almost two full standard deviations), p values < 0.01, with higher maternal education, increased birth weight and increased gestation duration being protective; while males were more heavily affected. We did not find significant differences in birth weight or gestation duration overall in the pre vs during pandemic children ($p > 0.3$), **Fig. 3**.

Repeating this set of analysis in the subset of 39 children who were born immediately before the beginning of the pandemic and whom we have followed up over the past 18 months (**Table 4**) presents contrasting results. Longitudinal plots of individual cognitive measures are shown in **Fig. 4**. Across all composite cognitive measures, we find that the inclusion of a term that distinguishes between pre vs. during the COVID-19 pandemic does not improve the model fit, and no significant decrease in cognitive measures in these children. This result suggests that much of the reductions observed in **Figure 2**, and **Tables 2** and **3** may be driven by the infants born during the pandemic. Results from our last set of analysis (**Table 5**), restricted to newborns and infants under 1 year of age born before or during the pandemic, support this hypothesis. Here we find a significant decrease in child cognitive scores in children born during the pandemic with males affected more than females, and higher maternal education being a protective factor.

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The strong effect of the pandemic on early neurodevelopment suggests that maternal stress, already shown to be increased in mothers at the start of the pandemic may be an important factor. However, including maternal stress, recorded both prenatally and following delivery into our model, in place of the Model term was not significant (**Table 6**). Indeed, when examining perceived stress in mothers by year we find (**Fig. 5**) no significant increase or decrease during the pandemic compared to pre-pandemic years.

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DISCUSSION

Children are inherently shaped by their environment. Across the fetal, infant, and early childhood life-stages, a child's brain undergoes immense structural and functional growth that is driven by an integrative mixture of genetic and environmental factors. The outbreak of the COVID-19 pandemic, and the associated economic shut-down, school disruptions, and social distancing, stay-at-home, and mask policies have fundamentally altered the environment in which children and pregnant individuals have lived, over the past 18 months. Despite much speculation, the short and long-term impacts of the COVID-19 pandemic on fetal and child health and neurodevelopment in the absence of direct infection are not yet known [45]. This gap makes it difficult to develop evidence-based guidelines of care for expectant mothers and individuals, design effective strategies for follow-up care of sensitive infants; or provide informed guidance for school and daycare reopening and in-person vs. online learning.

Leveraging data collected continuously over the past decade in Providence, RI and surrounding areas, we sought to investigate how the pandemic has impacted cognitive development and function in newborns and young children. Included pregnant individuals and children reported no symptoms of SARS-CoV-2 infection or had evidence of positive antibody or RT-PCR testing. Families also reported having adhered to stay-at-home and on-going mask and social distancing policies, suggesting observed effects are environmentally driven rather than due to potential direct effects of infection. However, we did not perform antibody testing to confirm past infection status.

Overall, we find that measured verbal, non-verbal, and overall cognitive scores are significantly lower since the beginning of the pandemic. Looking further, we find that children born before the pandemic and followed through the initial stages do not show a reduction in skills or performance, but rather that young infants born since the beginning of the pandemic show significantly lower performance than infants born before January 2019. Thus, our results seem to suggest that early development is impaired by the environmental conditions brought on by the pandemic.

In contrast to other on-going studies through the pandemic [37, 39], we did not find an increase in general maternal stress and, thus, this was not a significant predictor factor in our analysis. This may reflect a general insensitivity of the PSS tool used here to pandemic-related stress; the potential selection bias in the families included in our study; or strong family and social support networks available to the pregnant individuals. The PSS is a standardized ten-item questionnaire that asks about general life stressors and how stressful individuals find their lives but does not include specific questions related to health or wellbeing. In contrast, the MOM-COPE study utilized retrospective data collection using an ad-hoc developed questionnaire focused on worry and anxiety of COVID-19 infection, pregnancy risk, and their own and their infant's health [39]. The survey-based study by Lebel and colleagues [37] also used a specially developed questionnaire to gauge maternal concern of the pandemic and its im-

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pact on their own and their infant's health. Additional measures of depression and anxiety were assessed using the standardized Edinburgh Depression Scale (EDS [46]) and PROMIS Anxiety Adult 7-item short form [47] instruments.

With respect to included participants, families in our study were drawn from the local Providence and surrounding communities with focus on typical child development. Exclusion criteria for enrollment has been consistent across the duration of the study and includes: twin or multiple pregnancy; preterm birth prior to 37 weeks; small for gestational age and/or birthweight less and 1500g; 5min APGAR scores <= 8; major psychiatric illness in the mother, including depression requiring medication within 6 months of pregnancy; use of alcohol, tobacco, or illicit substances during pregnancy; diagnosed neurological disorder (e.g., epilepsy) in the child. During the pandemic, we did not target individuals with COVID-19 exposure or illness. However, since all study visits take place in a clinical setting, parents less concerned about the pandemic, and those with strong social support networks, may have been more likely to participate than those with greater concerns. Thus, our observation that maternal stress (PSS) did not significantly increase may simply reflect the reality that we only tested less stressed and anxious mothers. These parents may also have greater financial security or other socioeconomic characteristics. However, in ad hoc analysis of maternal education measures of our full cohort by year, we did not observe a significant difference in maternal education between families tested before or during the pandemic (**Fig. 5b**). This, however, is an area requiring further investigation.

Family and social support is also an important contributor to maternal health and wellbeing [48] that can also affect infant temperament, behavior, and cognitive development [49]. Building from our discussion of maternal stress, we unfortunately did not collect additional measures related to daycare or working from home status of our parents. It is possible that parents of lower socioeconomic means may have been less able to afford daycare or prolonged parental leave. These are additional areas of focus, which could provide important guides for public health policies.

The first 1,000 days of a child's life are commonly cited as an important and sensitive period of child development. Environmental factors, including maternal mental and physical health, nutrition, stimulation, and supportive caregiving can individually and in combination affect the developing fetal and infant brain throughout this early life period [19-22]. Many of these factors have been substantively impacted by public health policies enacted in response to the SARS-CoV-2 outbreak. Work-from-home and shelter-in-place orders, for example, along with closed daycares, nurseries, and preschools may have dramatically changed the quantity and quality of parent, caregiver, and teach-child interaction and stimulation. Studies in older children and adolescents over the past year have found reduced social interaction, increased media consumption, and reduced physical activity [50-52]. It is likely these same trends are true for younger children and infants as well with the closure or reduced capacity of

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daycares and preschools, and may be associated with impaired motor development, motor coordination and visual processing, language development, and socioemotional processing. In addition, masks worn in public settings and in school or daycare settings may impact a range of early developing skills, such as attachment, facial processing, and socioemotional processing.

Unfortunately, we do not have direct or parent-reported measures indicative of parent or caregiver-child interaction, early media exposure, or physical activity to investigate the potential causative role of these factors.

One aspect also not investigated here is the impact of mask-wearing by the study staff during child visits and assessments [53]. The inability of infants to see full facial expressions may have eliminated non-verbal cues, muffled instructions, or otherwise altered the understanding of the test questions and instructions.

For parents who were able to work from home, and did not face furlough or employment loss, the dual role of childcare and work has increased the strain on parents, in particular mothers, resulting in increased parental stress and anxiety. For families who have suffered job loss, they may experience greater stress, depression, anxiety, as well as food and housing insecurity. Although we found no significant changes in the degree of maternal perceived stress, and we did, however, find that maternal education, often used as a marker of surrogate of socioeconomic status, was generally associated with improved cognitive function and, as an interactive term, had a buffering effect against the impact of the pandemic. This is particularly salient given the disproportionate effect the pandemic has had on lower income families [54], who have not only dealt with job loss and financial insecurity, but are also over-represented in front line and essential service employment with increased risk of SARS-CoV-2 infection and COVID-19 illness [55].

What is unclear from our data, however, is if observed declines or impairments are temporary and will normalize as employment and school closures are lifted and children return to pre-pandemic levels of play and interaction, and family financial insecurity and mental health challenges subside. Unfortunately, when that will occur is also unknown given the ongoing surge of infections associated with new virus variants. It is clear, however, that young infants and children are developing differently than pre-pandemic, and that addressing this now while their brain is at its most plastic and responsive, is imperative. Programs such as unemployment insurance, Supplemental Nutrition Assistance Program (SNAP), the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), and housing assistance, may help minimize the impact of the pandemic on the most sensitive of children. In addition, further research directly exploring aspects of parent-child attachment, interaction, nutrition,

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food security, and environmental stimulation is needed to understand the primary driving factors underlying the trends presented here.

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CONCLUSION

The COVID-19 pandemic has fundamentally altered the child health landscape, with pregnant mothers and individuals, and children living in a strikingly different economic, psychosocial, and educational environment than what was present just 18 months ago. Against this environmental backdrop, unanswered questions remain regarding the impact of the work-from-home, shelter-in-place, and other public health policies that have limited social interaction and typical childhood experiences on early child neurodevelopment. In this work, we provide early evidence suggestive of significant reductions in attained cognitive function and performance in children born over the past 18 months during the pandemic. While socioeconomic factors appear to mitigate against the negative consequences of the pandemic, the primary factors underlying our observed trends remain unknown. Understanding these factors are critical to helping ensure affected children rebound as the pandemic winds down and they re-enter daycares and schools; as well as implementing additional public health and educational policies that address the most affected of children, particularity those in lower income families.

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DATA SHARING

All data acquired and presented here is freely available upon request to the authors.

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Funding for this study was provided by the National Institutes of Health (SCD). Neither funder played any role in the acquisition, analysis or interpretation of the data, or were involved in the drafting or approval of this manuscript.

CONTRIBUTOR ROLES

All listed authors were involved in the study design, data acquisition and analysis, drafting and revising this manuscript, and provide final and accountable approval for its contents. SCD and DV verify the underlying data.

FINANCIAL DISCLOSURES

The authors report no significant financial conflicts of interest with respect to the subject matter of this manuscript.

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Tables & Figures

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Table 1. Group demographics for each child cohort, including the complete set of data tested over the past decade; children born just before the pandemic and followed during the pandemic; and children under 1 year of age born before January 2019 or after July 2020.

		Complete Set	Matched Pre & During	Under 1 Year
Biological Sex	Male	292	17	186
	Female	381	22	223
Race	Hispanic	112	9	70
	Not Hispanic	561	30	339
Ethnicity	Caucasian / White	320	29	248
	African American / Black	43	2	28
	Asian	8	0	6
	Mixed Race	111	5	76
	Unknown / Declined	191	3	51
Maternal Education	Some Primary School	0	0	0
	Primary School Graduate	0	0	0
	Some High School	20	2	10
	High School Graduate	91	7	66
	Some College	157	13	104
	College Graduate	143	8	82
	Graduate	262	9	147
Birth Outcomes	Birth Weight (lbs)	7.3 (1.3)	7.36 (1)	7.3 (1.3)
	Gestation (weeks)	38 (3.7)	38 (1.7)	39 (2)

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Table 2. Year-pair comparisons of mean ELC, VDQ, and NVDW composite scores measured before and during the COVID-19 pandemic. While we see inconsistent differences between each pre-pandemic year and 2020, we find consistent statistically significant reductions between each pre-pandemic year and 2021, controlling for child age and maternal education.

ELC			VDQ			NVDQ		
	2020	**2021**		**2020**	**2021**		**2020**	**2021**
2011	0.023	**<0.0001**	2011	0.045	**<0.0001**	2011	0.029	**<0.0001**
2012	0.79	**<0.0001**	2012	0.97	**<0.0001**	2012	0.92	**<0.0001**
2013	**<0.0001**	**<0.0001**	2013	**<0.0001**	**<0.0001**	2013	**0.007**	**<0.0001**
2014	**<0.0001**	**<0.0001**	2014	**<0.0001**	**<0.0001**	2014	**<0.0001**	**<0.0001**
2015	**<0.0001**	**<0.0001**	2015	**0.0004**	**<0.0001**	2015	0.0006	**<0.0001**
2016	**0.0001**	**<0.0001**	2016	0.14	**<0.0001**	2016	**<0.0001**	**<0.0001**
2017	0.015	**<0.0001**	2017	0.042	**<0.0001**	2017	0.16	**<0.0001**
2018	0.12	**<0.0001**	2018	0.11	**<0.0001**	2018	0.35	**<0.0001**
2019	0.002	**<0.0001**	2019	0.008	**<0.0001**	2019	0.04	**<0.0001**

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Table 3. Results of our sequential or step-wise general linear models investigating differences in pre vs. during-pandemic composite ELC, VDQ, and NVDQ measures. The COVID-model term is 0 for all test dates prior to March 2020, and 1 for all dates following, allowing us to test for a signifiant change in pre vs. during-pandemic scores. Across all models, we find this term is significant ($p < 0.01$). We also note that males appear more heavily affected that females, but that higher maternal education appears to be protective against the effects of the pandemic.

ELC	Model 1		Model 2		Model 3		Model 4		Model 5	
BIC	10288.062846		9321.271505		9305.278285		8469.120136		8461.154085	
Term	Estimate	pValue	Estimate	pValue	Estimate	pValue	Estimate	pValue	Estimate	pValue
Intercept	95.273732	0.000000	77.154685	0.000000	79.759205	0.000000	5.697486	0.635849	7.342544	0.540383
Child Age	0.004234	0.002910	0.004015	0.005853	0.004240	0.003387	0.004745	0.001152	0.004722	0.001149
COVID-Model	-12.101025	0.000000	-11.994003	0.000000	-12.034501	0.000000	-12.569964	0.000000	-31.707242	0.000091
Maternal Ed.			3.375311	0.000000	3.376083	0.000000	3.062195	0.000000	2.553374	0.000000
Male					-4.795305	0.000020	-4.218355	0.000122	-3.629912	0.001307
Gestation							1.644557	0.000005	1.670624	0.000004
Birth Weight							1.618325	0.003349	1.608542	0.003496
Male x Model									-5.210031	0.118383
Maternal Ed. x Model									4.089579	0.003280
VDQ	Model 1		Model 2		Model 3		Model 4		Model 5	
BIC	11252.715679		10190.924489		10179.861822		9299.916193		9299.341288	
Term	Estimate	pValue	Estimate	pValue	Estimate	pValue	Estimate	pValue	Estimate	pValue
Intercept	93.533010	0.000000	66.892229	0.000000	69.937963	0.000000	3.376040	0.844570	4.581158	0.790121
Child Age	0.007594	0.000044	0.005348	0.004688	0.005635	0.002886	0.005894	0.002397	0.005890	0.002391
COVID-Model	-20.124086	0.000000	-19.706365	0.000000	-19.742553	0.000000	-19.451354	0.000000	-37.348552	0.001706
Maternal Ed.			5.109479	0.000000	5.105734	0.000000	4.503137	0.000000	4.038469	0.000000
Male					-5.633027	0.000276	-5.549127	0.000455	-4.986241	0.002484
Gestation							1.408398	0.005929	1.440316	0.005010
Birth Weight							2.083655	0.008176	2.072341	0.008587
Male x Model									-4.726815	0.338660

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ELC	Model 1		Model 2		Model 3		Model 4		Model 5	
BIC	10288.062846		9321.271505		9305.278285		8469.120136		8461.154085	
Term	Estimate	pValue	Estimate	pValue	Estimate	pValue	Estimate	pValue	Estimate	pValue
Maternal Ed. x Model									3.775018	0.065723

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NVDQ	Model 1		Model 2		Model 3		Model 4		Model 5	
BIC	11011.785624		9960.852998		9950.889997		9037.219460		9036.929494	
Term	Estimate	pValue	Estimate	pValue	Estimate	pValue	Estimate	pValue	Estimate	pValue
Intercept	108.504297	0.000000	81.262298	0.000000	84.145671	0.000000	8.099286	0.600946	9.080857	0.558075
Child Age	-0.004783	0.005940	-0.007278	0.000047	-0.007061	0.000072	-0.008527	0.000002	-0.008541	0.000002
COVID-Model	-15.305865	0.000000	-14.712089	0.000000	-14.708606	0.000000	-14.672724	0.000000	-27.071961	0.009252
Maternal Ed.			5.149235	0.000000	5.117169	0.000000	4.791398	0.000000	4.425289	0.000000
Male					-4.982514	0.000539	-4.711620	0.000963	-4.120723	0.005689
Gestation							1.743029	0.000149	1.764651	0.000133
Birth Weight							1.568929	0.026826	1.566894	0.027418
Male x Model									-5.459957	0.207356
Maternal Ed. x Model									2.836307	0.116332

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Table 4. Results of our step-wise general linear models investigating the impact of the pandemic on longitudinal cognitive development in children born up to a year prior to the pandemic. Overall, we note no significant reductions in development trends. However, given the same sample size (n=39) care should be taken when interpreting these results.

ELC	Model 1		Model 2		Model 3		Model 4		Model 5	
BIC	1102.12489		1101.898327		1101.612437		951.013815		953.514413	
Term	Estimate	pValue	Estimate	pValue	Estimate	pValue	Estimate	pValue	Estimate	pValue
Intercept	100.266360	0.000000	97.405340	0.000000	100.418825	0.000000	2.425663	0.963978	5.410311	0.920276
Child Age	-0.019395	0.027243	-0.019942	0.022518	-0.018752	0.028939	-0.014696	0.106447	-0.014752	0.101032
COVID-Model	-2.047941	0.599668	-1.582132	0.684468	-2.147518	0.577349	-2.401197	0.551321	-4.655415	0.579965
Maternal Ed.			0.684191	0.175319	0.624238	0.203671	1.235866	0.099346	0.960662	0.239703
Male					-5.524167	0.110745	-4.711777	0.195625	-4.057912	0.280674
Gestation							1.846022	0.244516	1.776850	0.264256
Birth Weight							2.767081	0.234533	2.879715	0.217461
Male x Model									-4.696733	0.439359
Maternal Ed. x Model									0.979381	0.441595
VDQ	Model 1		Model 2		Model 3		Model 4		Model 5	
BIC	1226.191366		1226.774931		1226.374071		1064.219276		1067.622234	
Term	Estimate	pValue	Estimate	pValue	Estimate	pValue	Estimate	pValue	Estimate	pValue
Intercept	101.355248	0.000000	97.853926	0.000000	102.492723	0.000000	9.015940	0.919235	5.232606	0.952853
Child Age	-0.023287	0.097212	-0.025017	0.075669	-0.022803	0.098320	-0.019001	0.222603	-0.019044	0.218556
COVID-Model	-4.743447	0.416743	-3.787672	0.518215	-4.945343	0.394431	-5.742650	0.348743	1.291075	0.926868
Maternal Ed.			0.900950	0.232498	0.769328	0.297368	1.885437	0.104399	2.121262	0.143755
Male					-8.271020	0.111431	-7.058668	0.235855	-4.752222	0.472669
Gestation							1.668816	0.518236	1.689203	0.509866
Birth Weight							2.607091	0.477348	2.691657	0.460487
Male x Model									-7.675059	0.445066
Maternal Ed. x Model									-0.650951	0.763981

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NVDQ	Model 1		Model 2		Model 3		Model 4		Model 5	
BIC	1179.560518		1181.306747		1182.293166		1028.841428		1032.726942	
Term	Estimate	pValue	Estimate	pValue	Estimate	pValue	Estimate	pValue	Estimate	pValue
Intercept	116.301631	0.000000	115.055696	0.000000	117.885655	0.000000	61.133136	0.429975	62.082379	0.427188
Child Age	-0.028338	0.004479	-0.029330	0.003731	-0.028594	0.004333	-0.025756	0.019887	-0.025880	0.019502
COVID-Model	-4.038943	0.429808	-3.518395	0.498170	-3.961846	0.441532	-3.823532	0.505631	-4.243381	0.715800
Maternal Ed.			0.346362	0.610793	0.252290	0.709778	0.435734	0.675374	0.283903	0.829291
Male					-4.714430	0.305498	-4.454052	0.390088	-3.770467	0.526075
Gestation							0.437372	0.845883	0.418870	0.852975
Birth Weight							4.950345	0.127611	4.979334	0.126569
Male x Model									-2.011659	0.807478
Maternal Ed. x Model									0.306913	0.861942

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Table 5. Results of our step-wise general linear models investigating the impact of the pandemic on newborns and young infants under 1 year of age born pre-pandemic (before Jan 2019) and during the pandemic (after July 2020). Like results in **Table 3**, we not again that child born during the pandemic exhibit significantly lower cognitive performance than children born before the pandemic (p<0.001) but that maternal education is a protective factor.

ELC	Model 1		Model 2		Model 3		Model 4		Model 5	
BIC	4574.859772		4149.364403		4144.183573		3562.855010		3551.746593	
Term	Estimate	pValue	Estimate	pValue	Estimate	pValue	Estimate	pValue	Estimate	pValue
Intercept	98.867785	0.000000	89.286015	0.000000	91.239060	0.000000	-4.010653	0.784098	-1.668205	0.907809
Child Age	-0.007007	0.213556	-0.010064	0.080259	-0.009064	0.112001	-0.008868	0.127818	-0.009452	0.100363
COVID-Model	-10.329539	0.000000	-10.541040	0.000000	-10.595651	0.000000	-11.641199	0.000000	-49.882144	0.000070
Maternal Ed.			1.955167	0.000549	1.922774	0.000617	1.567565	0.003179	0.990045	0.066967
Male					-3.540089	0.006954	-2.253041	0.072222	-1.719909	0.176304
Gestation							2.280328	0.000000	2.286943	0.000000
Birth Weight							1.168585	0.071640	1.233054	0.054573
Male x Model									-3.132217	0.504954
Maternal Ed. x Model									7.239489	0.000396
VDQ	Model 1		Model 2		Model 3		Model 4		Model 5	
BIC	5201.271496		4723.637711		4723.500494		4100.649566		4095.222650	
Term	Estimate	pValue	Estimate	pValue	Estimate	pValue	Estimate	pValue	Estimate	pValue
Intercept	104.175352	0.000000	93.965286	0.000000	95.985107	0.000000	-25.918466	0.320788	-23.804131	0.356684
Child Age	-0.038547	0.000114	-0.046407	0.000007	-0.045482	0.000010	-0.046321	0.000018	-0.047249	0.000011
COVID-Model	-18.520417	0.000000	-18.819461	0.000000	-18.847887	0.000000	-17.286080	0.000016	-76.614237	0.000738
Maternal Ed.			2.346477	0.012257	2.267559	0.015649	1.435786	0.123670	0.639073	0.503533
Male					-3.241651	0.138492	-0.972784	0.658666	-0.352928	0.875775
Gestation							2.974616	0.000141	3.023880	0.000096
Birth Weight							1.445501	0.205085	1.491077	0.188468
Male x Model									-0.876683	0.915634

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ELC	Model 1		Model 2		Model 3		Model 4		Model 5	
BIC	4574.859772		4149.364403		4144.183573		3562.855010		3551.746593	
Term	Estimate	pValue	Estimate	pValue	Estimate	pValue	Estimate	pValue	Estimate	pValue
Maternal Ed. x Model									10.739714	0.003465

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NVDQ	Model 1		Model 2		Model 3		Model 4		Model 5	
BIC	5210.416306		4711.799610		4705.756790		4030.416662		4018.537463	
Term	Estimate	pValue	Estimate	pValue	Estimate	pValue	Estimate	pValue	Estimate	pValue
Intercept	108.721197	0.000000	86.781887	0.000000	90.971084	0.000000	-47.584871	0.058604	-44.258268	0.074154
Child Age	0.010480	0.248158	0.003817	0.677479	0.005243	0.566518	-0.000470	0.958481	-0.001571	0.859054
COVID-Model	-18.317543	0.000000	-17.468355	0.000000	-17.449506	0.000000	-16.605897	0.000004	-82.326814	0.000112
Maternal Ed.			4.357814	0.000009	4.183439	0.000016	3.910971	0.000017	2.950514	0.001422
Male					-6.370348	0.004507	-3.660405	0.083655	-2.640348	0.221525
Gestation							3.425030	0.000005	3.447173	0.000003
Birth Weight							1.066360	0.327691	1.193121	0.268472
Male x Model									-4.956133	0.503528
Maternal Ed. x Model									12.323787	0.000384

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Table 6. To determine the influence of maternal pre and post-natal perceived stress, we replaced the COVID-model term in our general linear model with perceived stress scale (PSS) scores self-reported by the child's mother. Overall, we found that this term was not significant and did not contribute to the model fit, suggesting that while stress may play an important biological role in fetal and infant brain development, it does not appear to be solely explain the reduced cognitive scores presented in this work.

Postnatal Stress	ELC		VDQ		NVDQ	
Term	Estimate	pValue	Estimate	pValue	Estimate	pValue
PSS	0.002642	0.412242	0.003645	0.462384	-0.475995	0.613823
Male x PSS	0.133976	0.683750	0.206981	0.683043	0.363321	0.406477
Maternal Ed. x PSS	-0.042414	0.732502	-0.273539	0.155058	0.010763	0.948116
Prenatal Stress	ELC		VDQ		NVDQ	
Term	Estimate	pValue	Estimate	pValue	Estimate	pValue
PSS	1.045007	0.157838	1.832849	0.177509	1.712337	0.226585
Male x PSS	-0.216887	0.555744	-0.277688	0.676534	-1.050890	0.128812
Maternal Ed. x PSS	-0.095475	0.496830	-0.215181	0.389910	-0.067473	0.798480

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Figure 1. Visual overview of all child study visits used in each set of analysis. (a) All children between 0 and 3 years of age; (b) Children with at least one assessment before and one during the pandemic; and (c) Children under 1 year of age born prior to 2019 or after July 2020.

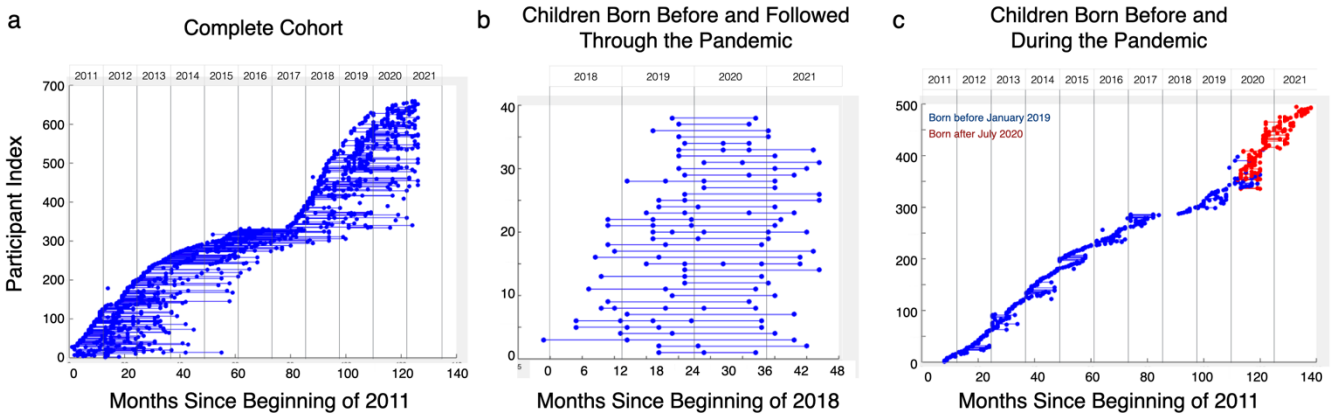

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Figure 2. Visual comparison and trends of yearly ELC, VDQ, and NVDQ composite scores of the Mullen Scales of Early Learning. In each panel, the black line and gray bar represent the expect mean (100) and standard deviation (15). Overall, we note a consistent trend of measures from 2011 to 2019, and then a significant decline in 2020 and 2021, corresponding to the COVID-19 pandemic. Significance of these reductions, controlling for important confounders, is presented in Table 3.

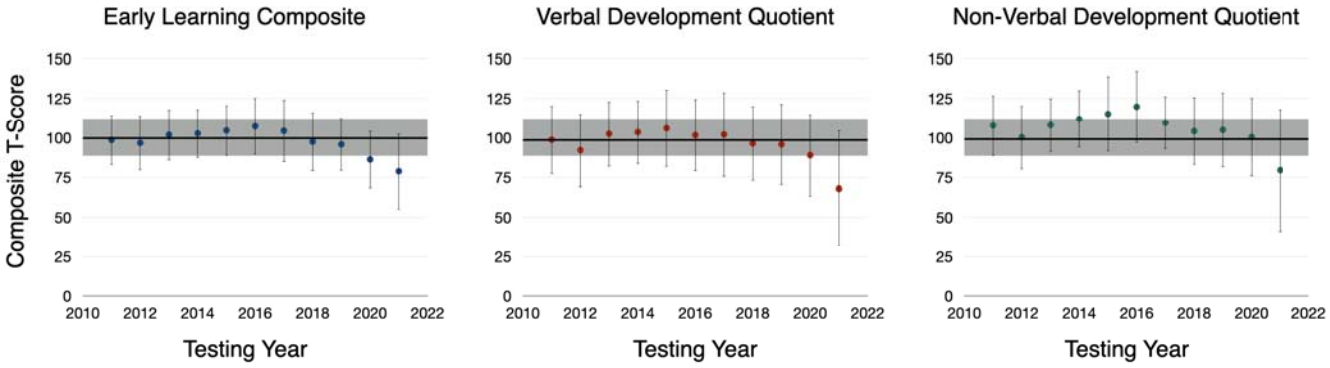

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Figure 3. Comparison of yearly gestation duration and child birth weights for children tested in our study. Overall, we find no significant change between pre- or during the pandemic.

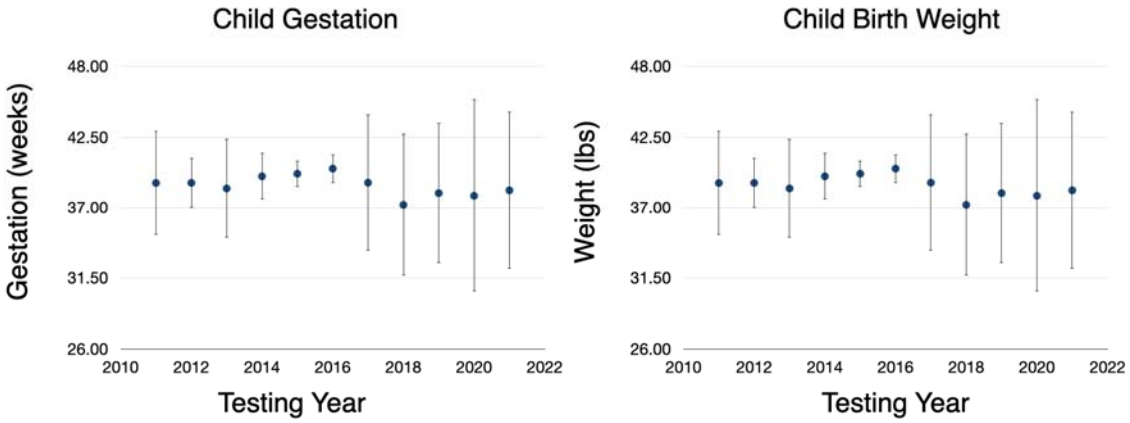

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Figure 4. Plots of individual longitudinal ELC, VDQ, and NVDQ measures in the children born before the pandemic (2018) with at least 1 pre- and during pandemic measure. We do not observe any clear increasing or decrease trends through the pandemic.

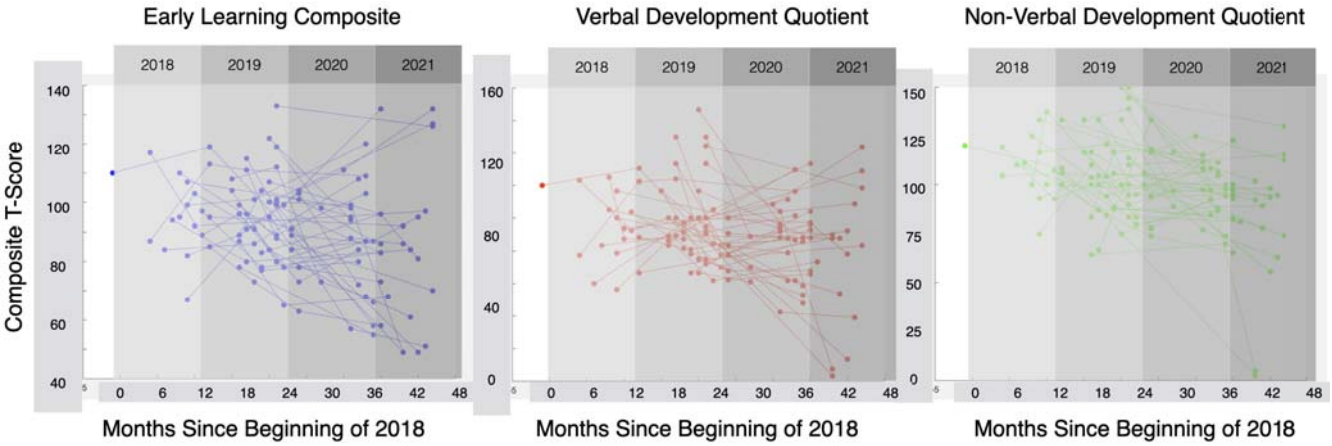

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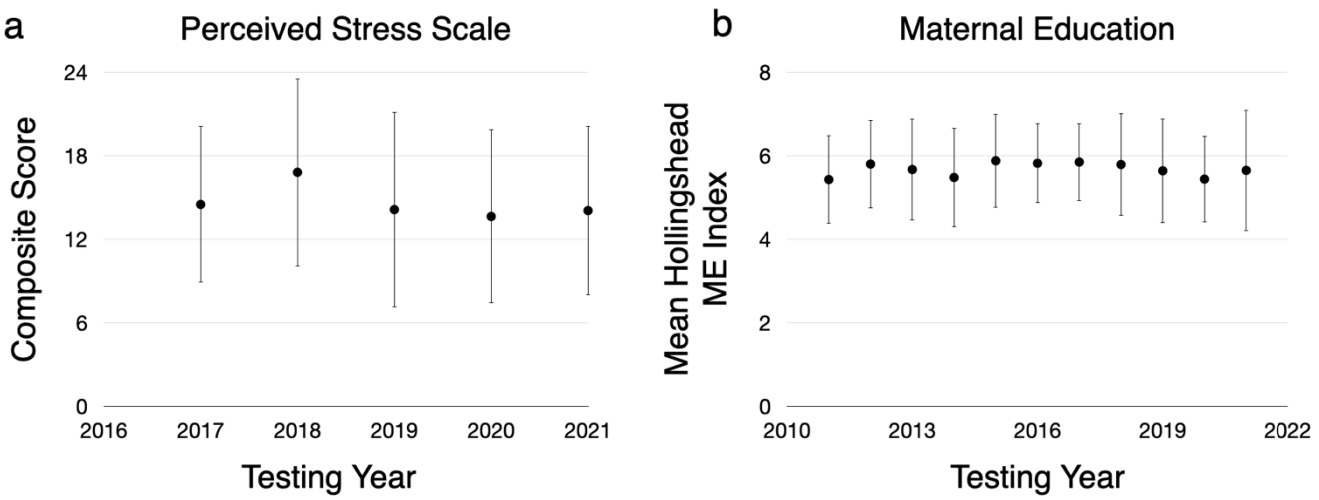
Figure 5. (a) Yearly maternal PSS scores, obtained during pregnancy and following child birth. In contrast to other studies reported at the beginning of the pandemic, we do not observe a significant increase in maternal stress in 2020 or 2021. We also examined maternal education as a marker of socioeconomic status of families tested in each year (b). Like PSS, we found no significant increase or decrease in families tested during the COVID-19 pandemic.



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Letters

Newsom and Garcetti seen maskless at SoFi

Re "Supervisor: End mask mandate" (Feb. 1): Supervisor Barger is correct in suggesting that it's time to rethink the blanket masking policy that Gov. Newsom has in place.

Both Newsom and Los Angeles Mayor Eric Garcetti shared a similar response to why they were unmasked during these photo sessions, which was they made a calculated decision based on their current circumstances and felt it was safe to be unmasked at that time.

This is precisely why Barger's proposal is right on the money.

She recognizes that we've lived with this pandemic for nearly two years. We've all been educated on the best ways to avoid contracting COVID.

It's time now to begin treating Californians like adults and trust them to make the appropriate decision to mask or not mask based on their own particular circumstances.

Kudos to Barger for being a voice of reason.

— Geneviève M. Clavreul, Pasadena

San Quentin death row plan is unbelievably bad

Re "Changes to death row on the way" (Feb. 1): Gavin Newsom wants to turn San Quentin's death row into a positive healing environment.

They're moving condemned murderers into facilities that are going to make their lives better and offer them more amenities.

He also said, "The prospect of your ending up on death row has more to do with your wealth and race than it does your guilt or innocence." Newsom is pouring more salt on the wounds of the victims and their families.

And just think, after he serves his terms as governor we will elect him to a higher office.

— Keith Pollastrini, Torrance

We should worry about what's happening here

When Joe Biden let Putin continue the pipeline to supply oil to Germany, et al, ... the U.S. is now helping fund his military to strengthen its stance on the Ukraine border.

I wonder if we're purchasing oil from him, as his promise of gas prices going down hasn't happened.

Wait and see after the Olympics in China, Taiwan will be invaded by China.

We need to worry what's going on here, as this country, as Gov. Newsom stated about California is looking like a third world country.

— Jon Reitz. San Pedro

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Newsom, Garcetti mask-less at SoFi: Barger urges rethinking of mandate

It should be up to the individual to decide when to wear mask, supervisor says

By City News Service | news@socalnews.com |

PUBLISHED: January 31, 2022 at 2:14 p.m. | UPDATED: January 31, 2022 at 5:42 p.m.

One day after Mayor Eric Garcetti and Gov. Gavin Newsom were caught posing for mask-less photos inside SoFi Stadium, a Los Angeles County Supervisor called on Monday, Jan. 31 for state and local health officials to reevaluate COVID-19 mask mandates, saying it should be up to the individual to decide when to wear one.

“Let’s do away with blanket COVID-19 masking policies — they don’t make a difference when they’re not consistently followed or enforced. We need to trust the public to make the best personal decisions for themselves based on their unique risks and circumstances,” Supervisor Kathryn Barger said in a statement.

Barger pointed to Sunday’s NFC Championship game at SoFi Stadium, noting there was inconsistent adherence to the mask-wearing requirement.

Most notably, Laker legend Earvin “Magic” Johnson on Sunday night posted a series of photos on Twitter taken that day at SoFi Stadium with mask-less officials and celebrities, including Garcetti, Newsom, San Francisco Mayor London Breed and actor Rob Lowe. Some people in the photos with Johnson —including Garcetti and Lowe — can be seen holding a mask in the photos.

The photos sparked outrage from some critics who accused the officials of hypocrisy when the public is being told to follow state and county mask mandates. Los Angeles County requires all attendees to wear masks at outdoor mega-events, like football games at SoFi Stadium. The state’s mask mandate requires people to wear masks at indoor areas of outdoor mega-events.

Garcetti’s office told City News Service, “The mayor was wearing his mask during the game and removed it for a brief moment to take a few photos.”

Newsom similarly said at an unrelated news conference in Los Angeles Monday that he was “very judicious” about wearing his mask at the game, and insisted he had his mask in his other hand when the photo with Johnson was taken.

He said he only took the mask off momentarily to take the photo.

“The rest of the time I wore it, as we all should,” said Newsom.

Jessica Millan Patterson, chair of the state Republican Party, was unimpressed by the explanations, saying in a statement, “While they force California children to wear masks in school, Gavin Newsom and friends get to enjoy a mask-free night of football in a packed stadium. His blatant and insulting disregard for his own COVID rules is a crystal-clear sign that it’s time for his Draconian policies and state of emergency to go.”

The county’s mask mandate and other COVID guidelines are set by the Los Angeles County Department of Public Health, with guidance from the Board of Supervisors. Along with outdoor mega-events with more than 5,000 attendees, people are required to wear masks in all indoor public settings, venues,

gatherings and businesses. The rules allow people to take off their masks when they are actively eating or drinking, are alone in a separate space, showering or swimming or receiving personal care services that require a mask to be removed.

Barger — the only Republican on the non-partisan Board of Supervisors — said it's time for masking mandates to be re-evaluated.

"Masking rules set by the state and county weren't followed consistently by everyone at yesterday's NFC Championship," she said. "Instead, we saw individuals choosing to mask up based on calculated personal risk. Modern stadiums like SoFi Stadium have strong air circulation and all attendees of the game were required to show proof of vaccination or a negative test. Some fans evidently felt this was enough to protect them against COVID-19."

Newsom on Monday reiterated his call for the public to wear masks, but he said in the coming weeks the state will announce its "endemic plan" on practices for the state to live with the virus longterm.

ADVERTISING

To the editor: Gov. Gavin Newsom and Mayor Eric Garcetti have the intellect to weigh the risk-benefit ratio to decide when they should mask or not mask. However, we the hoi polloi obviously lack the ability to take into consideration the various factors to make the same decision.

This is as good as any reason to end the mandate and expect people to wear a mask if they're in a high-risk group, not vaccinated, near people who are considered vulnerable and so forth. Californians have now lived in this pandemic for nearly two years, and most of us know the best techniques to protect ourselves from COVID-19. It's time now to let us put those techniques into practice.

In short, let those who need to or feel more comfortable doing so wear a mask, and allow those of us who've taken all the necessary precautions, including being vaccinated, choose when not to wear a mask, as Newsom and Garcetti did.

Geneviève Clavreul, Pasadena

PAID CONTENT

Sponsored Business Advisory Panel:

L.A. County mask rules under new scrutiny after Newsom, Garcetti seen maskless at game

By Rong-Gong Lin II,
Luke Money
Feb. 1, 2022 9:09 AM PT

The Los Angeles County Department of Public Health is defending its mask-wearing order, which is being criticized after Gov. Gavin Newsom and the mayors of L.A. and San Francisco were photographed maskless at Sunday's NFL playoff game at SoFi Stadium.

The criticism comes as coronavirus case rates are falling but L.A. County recorded more than 1,300 COVID-19 deaths in January — the highest monthly tally since last March, according to a Times analysis.

L.A. County Supervisor Kathryn Barger in a statement Monday said she believes people should be allowed to choose whether to wear a mask. She referred to the observation that many fans at the Rams' NFC championship game against the San Francisco 49ers in Inglewood on Sunday were not masked, despite L.A. County's order that people at large outdoor events be masked.

"I strongly believe individuals should be allowed to make an informed choice about whether to mask up or not. I hope state and local health leaders take this into consideration and reevaluate indoor and school masking mandates now," Barger said in her statement.

"Let's do away with blanket COVID-19 masking policies — they don't make a difference when they're not consistently followed or enforced," Barger added. "We need to trust the public to make the best personal decisions for themselves based on their unique risks and circumstances."

L.A. County Public Health Director Barbara Ferrer said the fact that many fans were not wearing a mask at Sunday's game was not a good reason to end the local mask order, which requires face coverings to be worn in indoor public settings and outdoor "mega-events" involving 5,000 or more people.

"Noncompliance with a critical safety measure is not a good reason for ending the requirement. That would be like eliminating speed limits because so many drivers ignore them and feel that they can assess for themselves the safe speed for their travel," Ferrer said in a statement.

"At some point soon, transmission will be significantly lower, and we will not need to wear our masks everywhere; unfortunately, we aren't there yet. And in order to get there as quickly as possible, we should all make our best efforts to layer in sensible protections that keep us and those around us safe," Ferrer said.

Besides L.A. County's mask order, California requires mask wearing in indoor public spaces under an order that is set to expire Feb. 15. County rules cannot be less restrictive than the state's.

Federal, state and many local health officials in California have defended mask orders as essential at a time of exceptionally high coronavirus case rates and crowded conditions in hospitals.

L.A. County is now averaging about 20,000 new coronavirus cases a day, according to a Times analysis of state data made available Monday. While that's less than half of the Omicron variant peak of 44,000 new

cases a day, it's still above the peak of last winter's devastating surge, which topped out at 16,000 new cases a day.

The latest case numbers pencil out to about 1,400 cases a week for every 100,000 residents. The U.S. Centers for Disease Control and Prevention recommends that masks be worn in indoor public settings when the rate is 50 or more cases a week for every 100,000 residents.

L.A. County last fell below that threshold last spring, but that ended when the highly contagious Delta variant began rapidly spreading over the summer.

Reaching that goal is one of several criteria the county Department of Public Health has outlined to end the local mask order for indoor public settings. The other criteria include getting 80% of residents age 12 and older fully vaccinated; getting the number of coronavirus-positive patients in hospitals at fewer than 600 for three straight weeks; and no reports of significantly circulating variants of concern that could threaten vaccine efficacy.

About 78% of L.A. County's residents age 12 and up are fully vaccinated.

Vaccination rates are far lower in younger children in L.A. County, prompting officials to issue an advisory Friday to local healthcare providers urging them to contact parents and strongly recommend children get vaccinated. In L.A. County, only 32% of children in this age group have received at least one shot; by contrast, in San Francisco, 73% of them have gotten one.

Health officials are concerned that low vaccination rates are connected with troubling rises in hospitalization rates among children. Coronavirus-positive hospitalization rates of children in this age group have risen from 2 per week in mid-November to 23 per week in mid-January.

Authorities are still warning that hospitals throughout Southern California remain under strain, even as the number of coronavirus-positive patients has begun to decline. As of Sunday, there were 3,720 coronavirus-positive patients in L.A. County's hospitals, a drop of 23% from the apparent Omicron peak of 4,814 on Jan. 19.

The number of coronavirus-positive intensive care unit patients — 749 — is down by only slightly from its Omicron peak of 794, recorded on Jan. 23.

Meanwhile, L.A. County's COVID-19 death rate remains at a level not seen in more than 10 months. According to a Times analysis of state data, L.A. County has been averaging 64 COVID-19 deaths a day, more than quadruple the rate heading into Christmas, when the county was averaging 15 deaths a day.

Some public health experts cautioned against eliminating mask requirements while case rates remain high.

"With infections still high, indoor mask mandates make sense," tweeted Dr. Ashish Jha, dean of the Brown University School of Public Health. "During big surges, as hospitals overflow, individual action isn't enough. Collective action is needed, which often means mandates."

But once coronavirus case rates fall further — and the Omicron storm becomes a drizzle — mandates will become less necessary, Jha added.

The "key is to communicate: During periods of low infections, restrictions come off. During potential future surges, public health measures may need to temporarily return," Jha wrote.

John Barry, author of "The Great Influenza: The Story of the Deadliest Pandemic in History," warned in an op-ed this week about abandoning public health measures prematurely.

Many histories say the great 1918 flu pandemic ended in the summer of 1919, but it actually lasted through 1920, with a final, fourth wave even deadlier in some U.S. cities than the devastating surge of the fall of 1918, Barry said. But virtually no U.S. city responded with control measures in the pandemic's third and final year because officials were weary of the fight.

"Newspapers were filled with frightening news about the virus, but no one cared. People at the time ignored this fourth wave; so did historians," Barry wrote. "The virus mutated into ordinary seasonal influenza in 1921, but the world had moved on well before. We should not repeat that mistake."

Times staff writer Hayley Smith contributed to this report.

February 8, 2022

FOR THE REGULAR MEETING OF THE BOARD OF SUPERVISORS OF THE COUNTY OF LOS ANGELES HELD ON FEBRUARY 8, 2022.

What is it going to take for YOU to unmask our children? I support all of the comments made to unmask the children. You have abused our children long enough. The Covid numbers reported are not that high . I know the hospitals use the Covid code for everything, because they get more money for individuals who are listed as Covid. Our life, our choice.

Mandates on MASK, and VACINNES NEED TO BE LIFTED.

Also, you need to listen to the American Frontline Nurses, on Facebook or their website. American Frontline Nurses primary objective is to educate, equip and empower nurses, patients, and families to manage their healthcare, advocate for safe, ethical healthcare options, and to maintain an individual's medical freedom. You need to be informed on both sides, not only the political side. Dr. Barbara Ferrer needs to be removed for her input on mandates. She is not qualified.

Thank you,

Linda Desrosiers

I'm speaking on set matters 2, 8, and General Public Comment.

Greetings Los Angeles Board of Supervisors and all present,

I am April Droddy. I've been a part of this community for 18 years and I'm raising my 13-year-old daughter here who attends an LAUSD school. I want to first address Supervisor Barger. Supervisor Barger, if we had a city full of officials with your level of integrity, sensibilities, sincerity and gall, I believe there would be no need for this meeting. Since this Covid-19 regime was executed in our city, I've watched you boldly go against the grain and take many, many stands...against our governor, our teachers' union, our mayor, and many others while your constituents left you standing there as they towed the crooked line. I hope they don't do that today.

Supervisors, I don't claim to know the full scope of your respective jurisdictions nor what you do and do not have the power to change, but You do know. You'll have to forgive me. I haven't been in politics very long. I didn't get in politics until politicians and leaders in this city became my child's direct perpetrators. There is no legal, scientific, or medical basis for this mask requirement. You are suffocating our children, literally, as well as mentally and spiritually.

As elected officials, we are asking you to demand that all schools stop testing, injecting, quarantining, and MASKING children that have a 99.98% chance of recovery should they legitimately contract Covid-19 or any variants. If you are truly looking for something to focus on regarding the health and safety of our children, we don't need any more food, we don't need any more grab & goes, we can feed our own children-look at LAUSD's admitted dramatic increase in rates of depression, anxiety, and suicide along with the effects of CONSTANTLY telling our children they are a literal death threat to themselves and others and muzzling their breath and speech to that end. And look around! There is more of a threat of our children getting ill and being harmed from tracking in the human feces and urine that they step in and around in our city or being shot, stabbed, raped and robbed on our streets than there is of Covid. Which is another reason to stop harassing our police and firemen and women, along with our children.

Thank you and have a blessed day.

My son, who is now a sophomore in high school hasn't had a normal school year since 7th grade! Experts around the world have sounded the alarm of a mental health crisis in our children due to school closures and continued restrictions. YOU continue to ignore it. This is an epic failure by this Board and Barbara Ferrer. Our children were locked out of their schools and sports for over a year. Now that the school opened, our children are distanced from friends, masked for 7+ hours a day, with no dances, field trips or fun. Children are being forced to wear masks to run, exercise and play sports. None of these restrictions are imposed on adults.We will not let you ignore us anymore. The testing, quarantining, and masking of our children needs to end now.

My son, who is now a sophomore in high school hasn't had a normal school year since 7th grade! Experts around the world have sounded the alarm of a mental health crisis in our children due to school closures and continued restrictions. YOU continue to ignore it. This is an epic failure by this Board and Barbara Ferrer. Our children were locked out of their schools and sports for over a year. Now that the school opened, our children are distanced from friends, masked for 7+ hours a day, with no dances, field trips or fun. Children are being forced to wear masks to run, exercise and play sports. None of these restrictions are imposed on adults.We will not let you ignore us anymore. The testing, quarantining, and masking of our children needs to end now.

Hi,

I would like to speak about the masking of our most precious assets, our children. It is reprehensible that we are still barbarically masking them for almost 40 hours every week. Our governor says California likes to lead. At this point that can no longer be said with a straight face as well over half the states in the country have left the choice up to parents whether to mask their children. All evidence shows that masks make no difference in the spread of Covid. Side by side data showing counties where masks are mandated vs left up to parent's choice show no discernable difference. Our governor, the mayor of Los Angeles, the mayor of San Francisco all know this. That is why they flaunt their own mask rules while not even in just a classroom of 25 children, but a stadium filled with 70,000 people. They KNOW that masks don't work. They are not scared of Covid yet they make our children where masks every day.

Never in our history have we asked CHILDREN to protect adults. It is the job of the adults to protect children and we are failing every single day we ask them to wear a mask.

California is an outlier and a joke. Los Angeles is a third world country that is abusing its children. The country is watching and wants nothing to do with the state. Good families are leaving by the day because of the draconian measures that have been proven to not work. Imposing vaccines on healthy children is my personal line in the sand. My family and I have put up with so much over the last 2+ years because of political reasons. A faulty vaccine that does not do what it was promised to do will never go in my children's bodies.

It's an embarrassment and moral failing that we are continuing to abuse our children every day. It's up to YOU to ask for Barbara Ferrer's resignation or to fire her. She is not a medical doctor. She has no epidemiologists on her staff. But she thinks she knows better. PARENTS know what is best for their children.

End the mask mandates for children TODAY. There is no need for more data. The data have been clear for 2 years now. Children are not at risk and need to be free.

Thank you and please take note of the fact that I listened for over an hour and not ONE person has called saying they want their children in masks. And if there are people like that out there, let them make that choice for themselves and let the rest of us live our lives.

John Fraher

NATIONAL ARCHIVES
FEDERAL REGISTER
The Daily Journal of the United States Government

Rule

COVID-19 Vaccination and Testing; Emergency Temporary Standard

A Rule by the Occupational Safety and Health Administration on 01/26/2022

PUBLISHED DOCUMENT

AGENCY:

Occupational Safety and Health Administration (OSHA), Labor.

ACTION:

Interim final rule; withdrawal.

SUMMARY:

OSHA is withdrawing the November 5, 2021, emergency temporary standard (ETS) which was issued to protect unvaccinated employees of large employers (100 or more employees) from the risk of contracting COVID-19 by strongly encouraging vaccination.

DATES:

The withdrawal is effective January 26, 2022.

ADDRESSES:

In accordance with 28 U.S.C. 2112(a), the agency designates Edmund C. Baird, Associate Solicitor of Labor for Occupational Safety and Health, Office of the Solicitor, U.S. Department of Labor, to receive petitions for review of this agency action. Service can be accomplished by email to *esSOL-Covid19-ETS@dol.gov*.

FOR FURTHER INFORMATION CONTACT:

General information and press inquiries: Contact Frank Meilinger, Director, Office of Communications, U.S. Department of Labor; telephone (202) 693-1999; email *meilinger.francis2@dol.gov*.

For technical inquiries: Contact Andrew Levinson, Directorate of Standards and Guidance, U.S. Department of Labor; telephone (202) 693-1950.

SUPPLEMENTARY INFORMATION:

I. Background and Rationale for Withdrawal

On November 5, 2021, OSHA adopted an emergency temporary standard (the Vaccination and Testing ETS), under sections 4, 6(c), and 8 of the Occupational Safety and Health Act of 1970 (29 U.S.C. 653, 655(c), 657), to protect unvaccinated employees of large employers (100 or more employees) from the risk of contracting COVID-19 by strongly encouraging vaccination (86 FR 61402). The Vaccination and Testing ETS required covered employers to develop, implement, and enforce a mandatory COVID-19 vaccination policy, with an exception for employers that instead adopted a policy requiring employees to either get vaccinated or elect to undergo regular COVID-19 testing and wear a face covering at work in lieu of vaccination. That ETS also serves as a "proposed rule" for a "proceeding" to promulgate an occupational safety or health standard. 29 U.S.C. 655(c)(3); see 29 U.S.C. 655(b).

On January 13, 2022, the U.S. Supreme Court stayed the Vaccination and Testing ETS, finding that challengers were likely to prevail on their claims. *Nat'l Fed'n of Indep. Bus.* v. *Dep't of Labor*, 595 U.S. ___, __(2022) (per curium) (slip op. at 5, 9). After evaluating the Court's decision, OSHA is withdrawing the Vaccination and Testing ETS as an enforceable emergency temporary standard. To the extent that this withdrawal is not already generally exempt from the notice and comment requirements of the Administrative Procedure Act and the OSH Act, OSHA finds good cause that the opportunity for public comment on this withdrawal is impracticable, unnecessary, and contrary to the public interest within the meaning of 5 U.S.C. 553(b)(B), and 29 U.S.C. 655(b) because it would unnecessarily delay the resolution of ambiguity for employers and workers alike. This agency action becomes effective immediately both because there is good cause and because the action removes a requirement on the regulated community. 5 U.S.C. 553(d)(1), (3).

Although OSHA is withdrawing the Vaccination and Testing ETS as an enforceable emergency temporary standard, OSHA is not withdrawing the ETS to the extent that it serves as a proposed rule under section 6(c)(3) of the Act, and this action does not affect the ETS's status as a proposal under section 6(b) of the Act or otherwise affect the status of the notice-and-comment rulemaking commenced by the Vaccination and Testing ETS. See 29 U.S.C. 655(c)(3).

Start Printed Page 3929

Notwithstanding the withdrawal of the Vaccination and Testing ETS, OSHA continues to strongly encourage the vaccination of workers against the continuing dangers posed by COVID-19 in the workplace.

II. Minor Revisions to §1910.504 and §1910.509

OSHA has removed the reference to § 1910.501 from the introductory text of the Mini Respiratory Protection requirements in § 1910.504 because the former section is now removed. The Mini Respiratory Protection Program section is retained, however, because it remains a requirement for respirator use under § 1910.502(f)(4). Similarly, OSHA has revised the incorporation-by-reference list in § 1910.509 by removing the reference to § 1910.501(b) from § 1910.509(b)(5), as the incorporation by reference list now pertains only to documents incorporated by reference in § 1910.502.

Because these minor revisions do not make any substantive change to the duties of employers, OSHA finds good cause that the opportunity for public comment on these revisions is unnecessary within the meaning of 5 U.S.C. 553(b)(B) and 29 U.S.C. 655(b). In addition, OSHA finds that public comment is impracticable in light of the need to provide clarity to the regulated community and to workers.

III. State Plans

The occupational safety and health programs run by the 28 States and U.S. territories with their own OSHA-approved occupational safety and health plans (State Plans) must be at least as effective as Federal OSHA's program. This includes a requirement that, when Federal OSHA makes a program change that renders its program more effective, the State Plan must timely adopt a corresponding change in order to maintain a safety and health program that is at least as effective as Federal OSHA (29 CFR 1902.32(e); 29 CFR 1902.44(a)). However, where, as here, the Federal program change does not impose any new requirements or otherwise render the Federal program more effective, State Plans are not required to take any action.

List of Subjects in 29 CFR Part 1910

- COVID-19
- Disease
- Health facilities
- Health
- Healthcare
- Incorporation by reference
- Occupational health and safety
- Public health
- Reporting and recordkeeping requirements
- Respirators
- SARS-CoV-2
- Vaccines
- Viruses

Authority and Signature

Douglas L. Parker, Assistant Secretary of Labor for Occupational Safety and Health, U.S. Department of Labor, 200 Constitution Avenue NW, Washington, DC 20210, authorized the preparation of this document pursuant to the following authorities: Sections 4, 6, and 8 of the Occupational Safety and Health Act of 1970 (29 U.S.C. 653, 655, 657); Secretary of Labor's Order 8-2020 (85 FR 58393 (Sept. 18, 2020)); 29 CFR part 1911; and 5 U.S.C. 553.

Signed at Washington, DC, on January 21, 2022.

Douglas L. Parker,

Assistant Secretary of Labor for Occupational Safety and Health.

For the reasons set forth in the preamble, part 1910 of title 29 of the Code of Federal Regulations is amended as follows:

PART 1910—OCCUPATIONAL SAFETY AND HEALTH STANDARDS

Subpart U—COVID-19

1. The authority citation for subpart U continues to read as follows:

> **Authority:** 29 U.S.C. 653, 655, and 657; Secretary of Labor's Order No. 8-2020 (85 FR 58393); 29 CFR part 1911; and 5 U.S.C. 553.

§ 1910.501 [Removed and Reserved]

2. Remove and reserve § 1910.501

3. Amend § 1910.504 by revising paragraph (a) to read as follows:

§ 1910.504 Mini Respiratory Protection Program.

(a) *Scope and application.* This section applies only to respirator use in accordance with § 1910.502(f)(4).

* * * * *

4. Amend § 1910.509 by revising paragraph (b)(5) to read as follows:

§ 1910.509 Incorporation by reference.

* * * * *

(b) * * *

(5) *Isolation Guidance.* COVID-19: Isolation If You Are Sick; Separate yourself from others if you have COVID-19, updated February 18, 2021, IBR approved for § 1910.502(l).

* * * * *

[FR Doc. 2022-01532 Filed 1-25-22; 8:45 am]

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ENHANCED CONTENT

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Docket Name:
COVID-19 Vaccination and Testing Emergency Temporary Standard Rulemaking

Docket RIN
1218-AD42

Supporting/Related Materials:
Occupational Safety and Health Administration (OSHA). (2021a,... Milne et al. (2021, October 12). Does infection with or... Equal Employment Opportunity Commission (EEOC). (2021, October... Centers for Disease Control and Prevention (CDC). (2021,... American Federation of Labor and Congress of Industrial... Kaiser Family Foundation (KFF). (2021, May 6). KFF COVID-19 ... Leckler et al. (2021, April 28). What settings have been... Mack CD et al. (2021, January 28). Implementation and... Koshy K et al., (February 4, 2021). Perspectives of region 8... Hawaii State. (2021, August 19). State of Hawaii Weekly...
See all 498 supporting documents

ENHANCED CONTENT

- **Publication Date:** 01/26/2022
- **Publication Type:** Final Rule
- **Fed Register #:** 87:3928-3929
- **Standard Number:** 1902.32(e) ; 1902.44(a) ; 1910 ; 1910.501 ; 1910.502(f)(4) ; 1910.504 ; 1910.504(a) ; 1910.509 ; 1910.509(b)(5) ; 1911
- **Title:** COVID-19 Vaccination and Testing; Emergency Temporary Standard

[Federal Register Volume 87, Number 17 (Wednesday, January 26, 2022)]
[Rules and Regulations]
[Pages 3928-3929]
From the Federal Register Online via the Government Publishing Office [www.gpo.gov]
[FR Doc No: 2022-01532]

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DEPARTMENT OF LABOR

Occupational Safety and Health Administration

29 CFR Part 1910

[Docket No. OSHA-2020-0007]
RIN 1218-AD42

COVID-19 Vaccination and Testing; Emergency Temporary Standard

AGENCY: Occupational Safety and Health Administration (OSHA), Labor.

ACTION: Interim final rule; withdrawal.

SUMMARY: OSHA is withdrawing the November 5, 2021, emergency temporary standard (ETS) which was issued to protect unvaccinated employees of large employers (100 or more employees) from the risk of contracting COVID-19 by strongly encouraging vaccination.

DATES: The withdrawal is effective January 26, 2022.

ADDRESSES: In accordance with 28 U.S.C. 2112(a), the agency designates Edmund C. Baird, Associate Solicitor of Labor for Occupational Safety and Health, Office of the Solicitor, U.S. Department of Labor, to receive petitions for review of this agency action. Service can be accomplished by email to zzSOL-Covid19-ETS@dol.gov.

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Notwithstanding the withdrawal of the Vaccination and Testing ETS, OSHA continues to strongly encourage the vaccination of workers against the continuing dangers posed by COVID-19 in the workplace.

II. Minor Revisions to Sec. 1910.504 and Sec. 1910.509

OSHA has removed the reference to Sec. 1910.501 from the introductory text of the Mini Respiratory Protection requirements in Sec. 1910.504 because the former section is now removed. The Mini Respiratory Protection Program section is retained, however, because it remains a requirement for respirator use under Sec. 1910.502(f)(4). Similarly, OSHA has revised the incorporation-by-reference list in Sec. 1910.509 by removing the reference to Sec. 1910.501(b) from Sec. 1910.509(b)(5), as the incorporation by reference list now pertains only to documents incorporated by reference in Sec. 1910.502.

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List of Subjects in 29 CFR Part 1910

COVID-19, Disease, Health facilities, Health, Healthcare, Incorporation by reference, Occupational health and safety, Public health, Reporting and recordkeeping requirements, Respirators, SARS-CoV-2, Vaccines, Viruses.

Authority and Signature

Douglas L. Parker, Assistant Secretary of Labor for Occupational Safety and Health, U.S. Department of Labor, 200 Constitution Avenue NW, Washington, DC 20210, authorized the preparation of this document pursuant to the following authorities: Sections 4, 6, and 8 of the Occupational Safety and Health Act of 1970 (29 U.S.C. 653, 655, 657); Secretary of Labor's Order 8-2020 (85 FR 58393 (Sept. 18, 2020)); 29 CFR part 1911; and 5 U.S.C. 553.

Signed at Washington, DC, on January 21, 2022.
Douglas L. Parker,
Assistant Secretary of Labor for Occupational Safety and Health.

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PART 1910--OCCUPATIONAL SAFETY AND HEALTH STANDARDS

Subpart U--COVID-19

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Authority: 29 U.S.C. 653, 655, and 657; Secretary of Labor's Order No. 8-2020 (85 FR 58393); 29 CFR part 1911; and 5 U.S.C. 553.

Sec. 1910.501 [Removed and Reserved]

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2. Remove and reserve Sec. 1910.501

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3. Amend Sec. 1910.504 by revising paragraph (a) to read as follows:

Sec. 1910.504 Mini Respiratory Protection Program.

(a) Scope and application. This section applies only to respirator use in accordance with Sec. 1910.502(f)(4).
* * * * *

0
4. Amend Sec. 1910.509 by revising paragraph (b)(5) to read as follows:

Sec. 1910.509 Incorporation by reference.

* * * * *
(b) * * *
(5) Isolation Guidance. COVID-19: Isolation If You Are Sick; Separate yourself from others if you have COVID-19, updated February 18, 2021, IBR approved for Sec. 1910.502(l).
* * * * *
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Attorney for Petitioner
ALLIANCE OF LOS ANGELES COUNTY PARENTS

SUPERIOR COURT OF THE STATE OF CALIFORNIA
FOR THE COUNTY OF LOS ANGELES

ALLIANCE OF LOS ANGELES COUNTY PARENTS, an unincorporated association Petitioner and Plaintiff, vs. GAVIN NEWSOM, in his official capacity as Governor of the State of California; CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY; MARK GHALY, in his official capacity as Secretary of the California Health and Human Services Agency; DEPARTMENT OF PUBLIC HEALTH OF THE STATE OF CALIFORNIA; TOMAS ARAGON, in his official capacity as Director of the California Department Of Public Health; COUNTY OF LOS ANGELES COUNTY DEPARTMENT OF PUBLIC HEALTH; MUNTU DAVIS, in his official capacity as Health Officer for the County of Los Angeles; BARBARA FERRER, in her official capacity as Director of the County of Los Angeles Department of Public Health; and DOES 1 through 25, inclusive, Respondents and Defendants.	Case No.: **VERIFIED PETITION FOR WRIT OF MANDATE (CCP 1085); COMPLAINT FOR VIOLATION OF EQUAL PROTECTION CLAUSE, DECLARATORY AND INJUNCTIVE RELIEF**

INTRODUCTION

1. If COVID-19 is so dangerous that toddlers must wear masks all day to prevent community spread, then it is far too dangerous to host 70,000 fans for the Super Bowl at SoFi Stadium. If it is safe enough to host the Super Bowl at SoFi Stadium, we must unmask the toddlers.

PARTIES

2. Petitioner and Plaintiff ALLIANCE OF LOS ANGELES COUNTY PARENTS ("Petitioner" or "Alliance") is an unincorporated association composed of and supported by parents of children in Los Angeles County who attend childcare programs and K-12 schools, and/or play youth sports in the County. Petitioner Alliance is a community group that was organized for the purpose of representing the interests of Los Angeles County children subjected to harsh and restrictive mandates by local education agencies, the County of Los Angeles ("County"), and the State of California ("State"). One of its goals is to advocate for fair, humane, and equal treatment of all children within the County and to remove all unnecessary, harmful, and unjustified restrictions against children and provide children with a full return to normalcy. Members of Alliance reside within the County, own real property within the County, have children who attend childcare or K-12 schools in the County, and/or play youth sports in the County.

3. Since a matter of public right is at stake, Petitioner need not show any legal or special interest, as Petitioner is "interested as a citizen in having the laws executed and the duty in question enforced." *Save the Plastic Bag Coalition v. City of Manhattan Beach* (2011) 52 Cal.4th 155, 166. This public right exception "promotes the policy of guaranteeing citizens the opportunity to ensure that no governmental body impairs or defeats the purpose of legislation establishing a public right." *Green v. Obledo*, (1981) 29 Cal.3d 126, 145.

4. Defendant and Respondent Gavin Newsom is Governor of the State of California and is sued in his official capacity as such.

5. Defendant and Respondent California Department of Health and Human Services of the State of California ("HHS") is an agency of the State of California.

6. Defendant and Respondent Mark Ghaly is Secretary of the HHS and is sued in his official capacity as such.

7. Defendant and Respondent Department of Public Health of the State of California ("CDPH") is subdivision of HSS, an agency of the State of California.

8. Defendant and Respondent Tomás Aragón is State Public Health Officer and Director of CDPH and is sued in his official capacity as such.

9. Defendant and Respondent Los Angeles County Department of Public Health ("LADPH") is an agency of the County of Los Angeles.

10. Defendant and Respondent Muntu Davis is the Health Officer of the County of Los Angeles Department of Public Health and is sued in his official capacity as such.

11. Defendant and Respondent Barbara Ferrer is Director of the County of Los Angeles Department of Public Health and is sued in her official capacity as such.

JURISDICTION AND VENUE

12. This Court has jurisdiction over this action pursuant to Section 1085 of the Code of Civil Procedure.

13. Venue for this action properly lies in the Los Angeles County Superior Court because Respondents are located in the County and the challenged orders impact residents, students, and athletes in the County.

14. No adequate administrative remedy exists, and any attempt to exhaust such administrative remedy by Petitioner would be futile. Notwithstanding the absence of available administrative remedies, Petitioner delivered a demand letter to Respondents on or about February 7, 2022 to provide an opportunity to Respondents to avoid litigation and reach a settlement. No such resolution has been reached as of the time of filing.

STATEMENT OF FACTS

15. Despite being among the lowest-risk demographic for serious illness and death from COVID-19[1], children in Los Angeles County have been subjected to some of the most restrictive mandates in the country.

16. In January 2022, CDPH and LADPH issued new COVID-19 mandates which are described in detail below.

STATE OF CALIFORNIA PUBLIC HEALTH ORDER

17. On January 5, 2022, CDPH issued Guidance for the Use of Face Masks ("State Order"), which is attached here as Exhibit A and incorporated by this reference. According to the State Order:

> "Over the last two weeks, the statewide seven-day average case rate has increased by more than sixfold and hospitalizations have doubled… Given the current hospital census, which is over capacity, the surge in cases and hospitalizations has materially impacted California's health care delivery system within many regions of the state. Staffing levels are also increasingly impacted by COVID-19 transmission in many critical sectors."

18. The State Order provides in part: "[t]o ensure that we collectively protect the health and well-being of all Californians; keep schools open for in-person instruction; and allow California's economy to remain open and thrive, the California Department of Public Health (CDPH) is requiring masks to be worn in all indoor public settings, irrespective of vaccine status, until February 15, 2022."

19. The State Order does not include any legal authority for the State Director of Public Health to mandate indoor masking statewide.

LOS ANGELES COUNTY PUBLIC HEALTH ORDER

20. On January 10, 2022, LADPH issued a public health order entitled "Responding Together at Work and in the Community; Beyond the Blueprint for a Safer Economy, High

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[1] *See, e.g.,* https://www.wsj.com/articles/in-children-risk-of-covid-19-death-or-serious-illness-remain-extremely-low-new-studies-find-11625785260

Transmission- Encouraging Covid-19 Vaccination and Booster Dose Coverage with Significant Risk Reduction Measures" (the "County Order"). A copy of the Order is attached hereto as Exhibit B and incorporated by this reference.

21. According to the County Order:

> "Epidemiological evidence demonstrates that the rate of community transmission, hospitalizations, and testing positive rates have all significantly increased since November 26, 2021. Although nearly 16.5 million vaccine doses have been administered and nearly 7 million residents ages 5 and older and fully vaccinated against COVID-19 in Los Angeles County, COVID-19 infection remains a significant health hazard to all residents." (Parag. 14).

22. The County Order's "primary intent is to reduce the transmission risk of COVID-19 in the County for all..."

23. The County Order includes the following appendices. Copies of Appendix S and T1 are attached here as Exhibits C and D, respectively, and incorporated by reference:

- Appendix K: Reopening Protocol for Day Camps
- Appendix K-1: Reopening Protocol for Overnight Organized/Children's Camps
- Appendix S: Protocol for Organized Youth Sports
- Appendix T1: Reopening Protocols for K-12 Schools
- Appendix T2: Protocol for Covid-19 Exposure Management Plan in K-12 Schools.

24. The County Order was issued under the authority of California Health and Safety Code sections 101040, 101085, and 120175.

25. The local health officer may take any preventive measure that may be necessary to protect and preserve the public health from any public health hazard during any "state of emergency." Health & Safety Code section 101040.

26. Each health officer knowing or having reason to believe that any case of the diseases made reportable by regulation of the department, or any other contagious, infectious or communicable disease exists, or has recently existed, within the territory under his or her

jurisdiction, **shall take measures** as may be necessary to **prevent the spread of the disease or occurrence of additional cases**. Health & Safety Code section 120175.

27. According to LADPH, the County Order is

"based on the following determinations: continued evidence of sustained and High community transmission of COVID-19 within the County; documented asymptomatic transmission; scientific evidence and best practices regarding the most effective approaches to slow the transmission of communicable diseases generally and COVID-19 specifically; evidence that millions of people in the County population continue to be at risk for infection with serious health complications, including hospitalizations and death from COVID-19, due to age, pre-existing health conditions, being unvaccinated or not eligible for vaccination, and the increasing presence of more infectious variants of the virus the causes COVID-19 and which have been shown to cause more severe disease being present in the County; preliminary evidence that suggests that fully vaccinated people who do become infected can spread the virus to others; and further evidence that other County residents, including younger and otherwise healthy people, are also at risk for serious negative health outcomes and for transmitting the virus to others, and emergency of the new Omicron variant. The [County] Order's intent is to continue to reduce the risk of COVID-19 infection for all, especially those who are not or cannot be fully vaccinated against COVID-19 in the County." (Exh. B, parag. 12)

28. Further:

"Existing community transmission of COVID-19 in Los Angeles County remains High and continues to present a high risk of infection and harm to the health of those who are not or cannot be vaccinated against COVID-19. COVID-19 vaccinations are widely available to those 5 years and older. New variants of the virus that may spread more easily or cause more severe illness are increasingly present in our county and remain a risk for both those who are fully vaccinated as well as those who are not vaccinated against COVID-19. As of January 9, 2022, there have been at

least 1,967,443 cases of COVID-19 and 27,785 deaths reported in Los Angeles County. Increased interactions during the Thanksgiving Holiday among members of the public have resulted in an increased number of daily new cases. As of January 3, 2022, the 7-day average daily case rate is now at 262.5 cases per 100,000 people, indicating High community transmission, in the absence of capacity limits and physical distancing requirements across sectors in both indoor and outdoor setting. Making the risk of community transmission worse, some individuals who contract the COVID-19 virus have no symptoms or have only mild symptoms, and so are unaware that they carry the virus and are transmitting it to others. Because even people without symptoms can transmit the virus, and because new evidence shows the infection is now more easily spread, universal indoor masking is a risk reduction measures that is prove to reduce the risk of transmitting the virus." (Exh. B, parag. 13)

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES ENFORCEMENT

29. The California Department of Social Services ("CDSS") FAQ for Child Care Facilities and Providers states the following:

- "Child care providers must ensure compliance with the current CDPH Guidance for the Use of Masks. As of June 15, 2021, the use of face coverings is required by the California Department of Public Health (CDPH) and the Division of Occupational Safety and Health (Cal/OSHA) in child care indoor settings regardless of vaccination status.
- Never place face coverings on babies or children under 2 years of age because it poses a danger and risk for suffocation.
- Children should not wear face coverings while sleeping.
- Child care providers and licensees must ensure the use of face coverings does not cause children to overheat in hot weather."[2]

[2] https://www.cdss.ca.gov/inforesources/cdss-programs/community-care-licensing/child-care-licensing/covid-19-child-care-resources/faqs-for-licensed-child-care-facilities-and-providers

30. CDSS treats the State Order as law, and uses it to revoke childcare facility licenses. For example, CDSS' complaint against Foothills Christian Ministries, Inc. ("Foothills"), claims "staff and children are not wearing face coverings (required by DPH guidance) while indoors which is an immediate health, safety and personal rights risk to children in care." A copy of the CDSS complaint is attached hereto as Exhibit E and incorporated by this reference.

31. CDSS contends that failure to force staff and children to wear face coverings violates Title 2, California Code of Regulations, section 101223(a)(2), which requires licensees to ensure that each child is accorded "safe, healthful and comfortable accommodations, furnishings and equipment to meet his/her needs." (See Exh. E).

32. CDSS is in the process of revoking Foothills' license on the grounds that toddlers and staff were not masked pursuant to the State Order.

33. Every licensed childcare facility in the County must follow the State Order and County Order or face revocation and penalties. The requirements in these orders harm children, especially those with speech and developmental delays. Accordingly, many parents, including members of Petitioner, have had to remove their children from licensed childcare facilities in the County and as a result have been forced out of work.

ENFORCEMENT FOR THEE, BUT NOT FOR ME

34. CDSS aggressively enforces the State Order[3] against childcare facilities. In addition to revoking the license of a preschool for failing to mask toddlers, CDSS has banned the director from ever working in childcare again.[4]

35. In Los Angeles County, school districts threaten children with suspension if they remove their masks at any time, based on the County Order. (*See*, Exhs. B and C).

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[3] Due to the ever-changing nature of public health guidelines, the State Order and County Order, as used in this petition, include predecessor orders and subsequent orders. The specific orders cited in this petition are current as of the date of this petition.

[4] https://www.cbs8.com/article/news/local/ca-shuts-down-foothills-christian-preschool-violating-mask-mandate/509-8621f316-70c0-41d0-9325-ed7482203235

36. John Burroughs High School in Burbank, California, suspended their entire baseball team for two weeks after its members briefly removed their masks for a photo outdoors.[5]

37. The Superintendent of the Palos Verdes Peninsula Unified School District has threatened parents that their children will be sent home if they fail to wear a mask at school.

38. LADPH Guidance for Early Childhood Education Providers requires licensed childcare facilities to mask toddlers in diapers at all times, except during naps, at which point they unmask to avoid potential suffocation. A copy of the Guidance is attached here as Exhibit F. Because toddlers breathe while sleeping and COVID-19 is airborne, the nap period completely negates any purported benefit of masking toddlers all day.

39. The County provides an online form and hotline to report COVID-19 mandate violations,[6] and routinely uses social media to encourage Angelenos to report health order violations. On information and belief, the hotline is utilized to report small businesses, schools and childcare facilities, but not Mega Event spaces like SoFi Stadium.

DESPITE HOSPITAL CAPACITY CONCERNS AND HIGH COMMUNITY TRANSMISSION, LOS ANGELES COUNTY WILL HOST THE SUPER BOWL ON FEBRUARY 13, 2022

40. Despite the ongoing COVID-19 state of emergency and recent increase in restrictions on children, the Super Bowl is scheduled to take place at SoFi Stadium in Los Angeles County on February 13, 2022. The Super Bowl is classic American entertainment in the form of a professional football game that, along with its attendant events, attracts hundreds of thousands of fans from across the globe. SoFi Stadium has capacity to hold 70,240 people.

41. Any event with more than 5,000 attendees is considered a "Mega Event" under State and Local health orders.

42. The County Order requires that all attendees at Mega Events wear face masks at all times, except when actively eating or drinking. (Exh. B, parag. 11(c)(ii)).[7]

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[5] https://www.nbclosangeles.com/news/coronavirus/southern-california-coronavirus/burroughs-high-varsity-baseball-team-suspended-coronavirus-masks-health-order-violation-burbank/2540482/?amp

[6] https://ehservices.publichealth.lacounty.gov/servlet/guest?service=0&formId=4&saveAction=5

[7] There is debate over whether SoFi is an indoor or outdoor venue, but both indoor and outdoor Mega Event rules require masking at all times unless actively eating or drinking.

43. The State Order requires masks "for all individuals in all indoor public settings, regardless of vaccination status from December 15, 2021 through February 15, 2022 [surgical masks or higher-level respirators (e.g., N95s, KN95s, KF94s) with good fit are recommended]."

44. SoFi Stadium posts signs at the venue advising guests to wear masks at all times when not actively eating or drinking.

45. On Sunday, January 30, 2022, SoFi Stadium hosted the NFC Championship game between the San Francisco 49ers and the Los Angeles Rams.

46. Many celebrities and politicians attended the NFC Championship Game, including California Governor Gavin Newsom, Los Angeles Mayor Eric Garcetti, and San Francisco Mayor London Breed (the "Public Officials").

47. Live video coverage of the NFC Championship Game and photos posted by Earvin Magic Johnson on Instagram depict the Public Officials and tens of thousands of other fans inside SoFi Stadium without masks.

48. In Mr. Johnson's photograph with Governor Gavin Newsom, taken from inside a luxury box, neither Mr. Johnson nor Mr. Newsom is wearing a mask. Mr. Newsom is not eating or drinking, nor does Mr. Newsom have a mask in his hand or around his neck. A copy of the photograph is attached here as Exhibit G.

49. In Mr. Johnson's photograph of Los Angeles Mayor Eric Garcetti, San Francisco Mayor London Breed, and Mr. Johnson, no one is wearing a mask. A copy of the photograph is attached as Exhibit H.

50. Despite an uproar from Los Angeles County parents over the hypocrisy of the Public Officials violating the State Order and County Order, on information and belief, neither the State of California nor the County of Los Angeles has taken any enforcement action against SoFi Stadium[8] or its attendees.

51. Publicly available photos and videos depict similar scenes at Mega Event spaces like Dodger Stadium, the Crypto.com Arena, the Shrine Auditorium, among others. To illustrate,

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[8] While SoFi Stadium is the example used for this writ due to the timing of the Super Bowl, there are countless other Mega Event venues in Los Angeles County where thousands of unmasked people routinely gather.

attached as Exhibit I is a photo depicting a February 6, 2022 concert at the Shrine Auditorium. Alliance member parents struggle to explain to their children why massive crowds of adults can stand shoulder to shoulder without masks, but children and toddlers cannot remove their masks in the classroom.

THE SUPER BOWL WILL INCREASE COVID-19 CASES AND HOSPITALIZATIONS

52. If COVID-19 is so dangerous that diapered toddlers must be masked all day, elementary school children are benched for a mask slip, and high school children are suspended for removing masks for a photo outdoors, then it is far too dangerous to allow a Mega Event like the Super Bowl take place in Los Angeles County.

53. If we are to believe the County Order and State Order, Los Angeles County hospitals are over capacity.

54. The NFC Championship on January 30, 2022 showed that mask-wearing is not enforced inside SoFi Stadium. Even State and County Public Officials removed their masks, and posed for photographs knowing the public would see them. Accordingly, any expectation that fans will be masked at the upcoming Super Bowl is unrealistic.

55. During a telephone call with LADPH on February 2, 2022, a member of Petitioner organization called LADPH and spoke to an employee named "Letitia."

56. Petitioner member asked Letitia when the indoor mask mandate would be rescinded.

57. Letitia responded by saying "I don't know," and told Petitioner member that the mask mandate is important because the Super Bowl will cause cases to rise.

58. Letitia stated "everybody takes their masks off [at football games]," and people are screaming and hugging.

59. Petitioner member asked, "[w]hy are we having the Super Bowl if we think it will cause an increase in cases and death?"

60. Letitia responded "we don't make the law," that it's "political" and the County could not have stopped the Super Bowl. Letitia told Petitioner member to call the Governor.

61. If it is safe enough for Los Angeles County to welcome more than 70,000 screaming fans from around the world to SoFi Stadium for an unmasked Mega Event, then it is safe enough to

unmask Los Angeles County children, who are at statistically much lower risk of negative COVID-19 outcomes than adults.

62. If it is not safe enough to unmask children at school, then the State and County Orders should be strictly enforced at the Super Bowl. If the State and County cannot strictly enforce their public health orders at SoFi Stadium, then the Super Bowl should be cancelled.

63. If there is truly a COVID-19 emergency, then by refusing to strictly enforce the State Order and County Order at SoFi Stadium, and by not postponing or canceling the Super Bowl during the ongoing state of emergency and COVID-19 surge, County and State respondents jeopardize the health and safety of Los Angeles County residents and have abused their discretion.

64. Further, by enacting and enforcing more restrictive mandates against children, who are at far lower risk of serious illness and death from COVID-19 than vaccinated adults, while refraining from enacting and enforcing such mandates against adults, respondents have acted in an arbitrary and capricious manner and accordingly abused their discretion.

YOUTH SPORTS ARE HEAVILY RESTRICTED,
WHILE ADULT SPORTS ARE UNRESTRICTED

65. Football is considered a "high-risk" sport in the County Order applicable to youth sports.

66. The County Order, Protocol for Organized Youth Sports: Appendix S ("Appendix S") requires, "[i]n outdoor settings, all coaches, staff, volunteers, referees, and officials when working with teams in settings where distancing is not feasible, and regardless of vaccination status, **must wear a mask at all times**. In all indoor settings, coaches, staff, volunteers, referees, officials, and spectators, regardless of vaccination status, **must wear a mask at all times**." (Exhibit C).

67. With respect to participants, Appendix S requires "all participants, regardless of vaccination status, to **bring and wear masks**. Masks are required to be **always worn indoors** when participants are not actively practicing, conditioning, competing, or performing. Masks are also required while on the sidelines, in team meetings, and within locker rooms and weight rooms. When actively practicing, conditioning, or competing in indoor sports, **masks are required by participants** as practicable. When actively practicing, conditioning, or competing in outdoor

moderate- and high-risk sports where distancing is not possible, **masks are required by participants**, as practicable. Encourage participants to bring more than one mask to practice or games in case their mask gets wet or soiled during play. Any face mask that becomes saturated with sweat should be changed immediately." (Exhibit C).

68. With respect to coaches, Appendix S provides, "[w]hen outdoors, require all coaches, regardless of vaccination status, working with moderate- and high-risk sports teams where distancing is not feasible, to **bring and wear masks. Coaches must wear masks**, even when engaged in intense physical activity." (Exhibit C).

69. Neither the County Order nor the State Order restricts collegiate or professional sports. (*See* Exhibits A and B).

70. In other words, despite being at much higher risk of serious illness and death from COVID-19, adults may play the "high risk" sport of football without COVID-19 restrictions. Neither the County nor the State imposes any mask requirements, test requirements, or vaccine requirements for non-youth sports.

71. Accordingly, Alliance parents will have to explain to their children why coaches and players participating in the Super Bowl will not be wearing masks, while children and their coaches are not allowed to remove their masks at school or on the field.

MASK MANDATES IN SCHOOLS HAVE NO STATISTICAL IMPACT ON COMMUNITY SPREAD

72. Data from more than 1.5 million students and staff at K-12 schools – before adult vaccination – proves that mask mandates do not impact student or teacher infection rates when adjusted for spread within the community.[9]

73. Based on a CDC report of data from November and December 2020 – prior to vaccine availability and during higher case prevalence – "lower incidence in schools that required

[9] COVID-19 Mitigation Practices and COVID-19 Rates in Schools: Report on Data from Florida, New York and Massachusetts, Emily Oster, Rebecca Jack, Clare Halloran, John Schoof, Diana McLeod, medRxiv 2021.05.19.21257467; doi: https://doi.org/10.1101/2021.05.19.21257467

mask use among students was not statistically significant compared with schools where mask use was optional."[10]

74. Considering current vaccination, disease prevalence, hospitalization and death rates, there is insufficient evidence that continued mask mandates for California's schoolchildren would provide a benefit that outweighs the potential harm.[11]

75. Additionally, a report in the New England Journal of Medicine summarizing data from Sweden in Spring of 2020 – when schools for children ages 16 and under remained open without requiring masks and vaccinations were not yet available – only saw 15 children hospitalized in the ICU out of 1,951,905 children (0.77 per 100,000) with zero deaths, and only 30 teachers were hospitalized in the ICU (19 per 100,000) – a rate similar to other occupations.[12]

76. In Florida during the fall of 2020, 45% of the state's 2.8 million students received in-person instruction. Only 2% fell ill with COVID-19. Of those, only 0.5% required hospitalization. None died.

CHILDREN HAVE ALWAYS BEEN AND REMAIN AT SIGNFICANTLY LOWER RISK OF SERIOUS ILLNESS AND DEATH FROM COVID-19 THAN ADULTS

77. COVID-19's effects exhibit a significant age gradient, falling much more harshly on the elderly and having little impact, statistically speaking, on children.

78. An unvaccinated child is at less risk of serious Covid illness than a vaccinated adult.[13]

79. The risk associated with COVID-19 increases exponentially with age.[14]

80. CDC data show that annual pediatric mortality from COVID is similar to that of the flu in unvaccinated children.[15]

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[10] https://www.cdc.gov/mmwr/volumes/70/wr/mm7021e1.htm
[11] https://ackerman-jill99 medium.com/save-our-schools-a-health-initiative-830dcd02863, citing https://www.cdc.gov/mmwr/volumes/70/wr/mm7021e1.htm
[12] 23 https://www.nejm.org/doi/full/10.1056/NEJMc2026670?query=TOC&fbclid=IwAR3fY8mbKoRontMlt-PNhZ7QK1h0SXxJ6Hoq7AOe4wn2TTIK6OPHApy7ISA
[13] *See,* https://www.nytimes.com/2021/10/12/briefing/covid-age-risk-infection-vaccine.html
[14] Peter Bauer, Jonas Brugger, Franz König & Martin Posch, "An international comparison of age and sex dependency of COVID-19 deaths in 2020: a descriptive analysis;" 2021, Nature, Scientific Reports.
[15] https://www.cdc.gov/nchs/nvss/vsrr/covid_weekly/index.htm; https://www.cdc.gov/flu/about/burden/

81. Long COVID is not a major risk to children. Studies consistently find that post-infection symptoms are similar in children who had COVID and children who had other, non-COVID infections.[16]

MASKING HARMS CHILDREN AND HAS VERY LITTLE BENEFIT

82. Over 150 studies show that masking toddlers and children during carries negative social, emotional, and psychological impacts.[17]

83. Reports on mask removal have noted social and emotional benefits for students.[18]

84. Recently, numerous California state[19] and local[20] public health officials have acknowledged growing calls from scientific experts that cloth masks are ineffective[21] in preventing the spread of COVID-19.

85. This shift is based on the recent unprecedented surge in cases throughout California despite a statewide mask mandate having been in place since December 15, 2021.

86. Aerosol scientists,[22] industrial hygienists and other experts have long maintained that cloth and surgical masks are ineffective at stopping COVID-19, with studies showing that cloth and surgical masks are only 10%-12% effective against airborne pathogens.[23]

87. As risk of infection from a pathogen is based on time and exposure, previous estimates that masks could provide anywhere from 5-45 minutes of protection[24] have now been reduced to seconds or minutes[25] as a result of the highly contagious Omicron variant.

88. However, instead of simply discontinuing the use of these ineffective masks and concluding that low case rates in schools[26] are the result of other more effective interventions, many

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[16] https://www.journalofinfection.com/article/S0163-4453(21)00555-7/fulltext; https://link.springer.com/article/10.1007%2Fs00431-021-04345-z
[17] https://brownstone.org/articles/more-than-150-comparative-studies-and-articles-on-mask-ineffectiveness-and-harms/
[18] https://www.wbur.org/news/2021/11/12/hopkinton-high-school-mask-free-trial-policy
[19] https://twitter.com/SovernNation/status/1478850855449206784?s=20
[20] http://publichealth.lacounty.gov/media/Coronavirus/docs/protocols/Reopening_K12Schools.pdf?fbclid=IwAR2g-i4ADExXgH8pOnELw1QVM8pdvVlPlKopnBS1bhcEeByB0xuqWqDUWM8
[21] https://www.wsj.com/articles/cloth-face-mask-omicron-11640984082
[22] https://twitter.com/kprather88/status/1432052441344712704?s=20
[23] https://aip.scitation.org/doi/10.1063/5.0057100
[24] https://1lnfej4c7wie44voctzq1r57-wpengine.netdna-ssl.com/wp-content/uploads/2021/05/Fact_Sheet_Face-Mask.pdf
[25] https://twitter.com/akm5376/status/1425014228159717390?s=20
[26] https://www.cdc.gov/coronavirus/2019-ncov/science/science-briefs/transmission_k_12_schools.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fmore%2Fscience-and-research%2Ftransmission_k_12_schools.html#schools-cov2-transmission

public health officials and local education agencies are instead deciding that children should wear "better masks" – in the form of surgical masks or respirators such as N95s, KN95s and the like.

89. Surgical masks, however, are no more effective than cloth due to their poor fit (particularly on children), and respirators are highly-regulated medical devices which do not meet the requirements of the State of California's K-12 mask requirement, and which State and federal government has explicitly *not* approved or recommended for children due to the serious safety risks of their prolonged use.

90. While the CDC claims "wearing a mask does not raise the carbon dioxide level in the air you breathe" because "cloth masks and surgical masks do not provide an airtight fit across the face,"[27] this statement clearly does not apply to respirators since they are specifically designed to create an airtight fit.

91. Decades of additional studies have documented the numerous side effects of wearing N95 respirators over several hours, including increased heart rates,[28] impedance of gaseous exchange and metabolic stress,[29] and increased nasal resistance (potentially due to the mask altering the actual physiology of the nose).[30]

92. Another review of the side effects of everyday use of masks and respirators from 65 publications found the use of N95s caused a drop in oxygen levels, a rise in carbon dioxide levels, respiratory impairment and headaches.[31] One study specifically found that healthy students who wore KN95s experienced dizziness, listlessness, impaired thinking and concentration problems.[32]

93. Health care workers often report bruising, scarring, rashes and other physical complications from prolonged use of N95s.[33]

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[27] https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/about-face-coverings.html
[28] "Effects of wearing N95 and surgical facemasks on heart rate, thermal stress and subjective sensations" https://www.ncbi.nlm.nih.gov/labs/pmc/articles/PMC7087880/
[29] "Respiratory consequences of N95-type Mask usage in pregnant healthcare workers—a controlled clinical study" https://www.ncbi.nlm.nih.gov/labs/pmc/articles/PMC4647822/
[30] "Effects of long-duration wearing of N95 respirator and surgical facemask: a pilot study," http://medcraveonline.com/JLPRR/JLPRR-01-00021.pdf
[31] https://www.ncbi.nlm.nih.gov/labs/pmc/articles/PMC8072811/
[32] https://iopscience.iop.org/article/10.1088/1755-1315/531/1/012034
[33] https://www.refinery29.com/en-us/2020/04/9662080/nurse-n95-bruises-face-mask

94. Additionally, people wearing N95s have been involved in serious accidents after passing out from oxygen deprivation.[34]

WELL-CONTROLLED REAL-WORLD STUDIES HAVE NOT DEMONSTRATED ANY CLEAR BENEFIT OF MASKING STUDENTS

95. To be informative, studies on school mask usage should evaluate effectiveness in real-world use, and must include a well-matched unmasked control group. Several studies meeting this criteria are available, and the results are consistent.

96. A CDC study found a 21% lower COVID incidence in schools that required mask use among students, but couldn't be sure the benefit was real. In scientific terms, the results were "not statistically significant."[35]

97. An evaluation by the United Kingdom's Health Security Agency and Department for Education found an 11% reduction in student COVID cases with mask usage, but also couldn't be sure the benefit was real. In other words, the results were not statistically significant.[36]

98. Academic studies confirm the results of government studies on school mask efficacy.

99. A study entitled "COVID-19 Mitigation Practices and COVID-19 Rates in Schools: Report on Data from Florida, New York and Massachusetts" concluded, "[w]e do not find any correlations with mask mandates."[37]

100. A study entitled "Reported COVID-19 Incidence in Wisconsin High School Athletes in Fall 2020" concluded, "[t]here were no significant associations between COVID-19 incidence and face mask use."[38]

101. A study entitled "Age-dependency of the Propagation Rate of Coronavirus Disease 2019 Inside School Bubble Groups in Catalonia, Spain" concluded, "In-school COVID transmission

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[34] https://people.com/human-interest/man-wearing-n95-mask-passes-out-while-driving-car-crashing-into-pole/
[35] https://www.cdc.gov/mmwr/volumes/70/wr/pdfs/mm7021e1-H.pdf
[36] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1044767/Evidence_summary_-_face_coverings.pdf
[37] https://www.medrxiv.org/content/10.1101/2021.05.19.21257467v1.full
[38] https://meridian.allenpress.com/jat/article/doi/10.4085/1062-6050-0185.21/466422/Reported-COVID-19-Incidence-in-Wisconsin-High

was the same in 4-5 year olds where masking was not used and in 6-7 year olds where masking was required."[39]

102. If substantial evidence supports allowing Mega Events where higher risk adults can play "high risk" sports unmasked in front of a crowd of tens of thousands, then the same evidence supports allowing small scale events where lower risk children can play sports unmasked in front of a crowd of hundreds. **There is no logical justification for a more restrictive set of rules to apply to a less at-risk population. There is no reason that adults should have no restrictions, while children are heavily restricted.**

103. If it is safe enough to host a Mega Event where more than 70,000 people from all over the world will congregate in close proximity to one another, then all health orders limiting toddler speech, interfering with social development, disrupting human connection, and requiring healthy children to isolate at home for weeks at a time in the same jurisdiction should be immediately rescinded.

FIRST CAUSE OF ACTION

(Petition for Writ of Mandate – Failure to Execute Mandatory Duty under Health & Safety Code section 120175)

(Code Civ. Proc. § 1085)

Against State and County Respondents

104. Petitioners hereby incorporate each of the foregoing paragraphs as though fully set forth herein.

105. Health and Safety Code section 120175 provides: "Each health officer knowing or having reason to believe that any case of the diseases made reportable by regulation of the department, or any other contagious, infectious or communicable disease exists, or has recently existed, within the territory under his or her jurisdiction, **shall take measures as may be necessary to prevent the spread of the disease or occurrence of additional cases.**"

[39] https://journals.lww.com/pidj/Fulltext/2021/11000/Age_dependency_of_the_Propagation_Rate_of.2.aspx

106. State and County Respondents' refusal to enforce the State Order or County Order at SoFi Stadium and at other Mega Events violates California law.

107. The County has admitted that it expects an increase in cases as a result of the Super Bowl. By failing to take measures necessary to prevent the spread of COVID-19 or occurrence of additional cases of COVID-19 – namely, cancelling or postponing the Super Bowl and continuing to allow other Mega Events during a state of emergency – Respondents failed to execute a mandatory duty under the law.

108. Further, the Los Angeles County Public Health Director says that "to keep workplaces and schools open, residents and workers are asked to:

> (1) Get tested to help reduce the spread, especially if you traveled for the holidays, have had a possible exposure, or have symptoms, or are gathering with people not in your household.
>
> (2) Adhere to masking requirements when indoors or at crowded outdoor spaces, regardless of vaccination status."[40]

109. SoFi Stadium attendees do not comply with the State Order or County Order as it pertains to masking, as shown in Exhibits G and H. Despite SoFi Stadium posting signs and providing reminders to wear masks, photos and videos from the NFC Championship game show tens of thousands of unmasked fans.

110. By allowing the Super Bowl and other Mega Events to proceed despite the County and State's knowledge of non-compliance with masking orders and admission that more cases will result from the Super Bowl due to non-compliance, County and State Respondents have failed to execute a mandatory duty under Health and Safety Code section 120175, jeopardize the public health and safety, and will cause schools and workplaces to close.

SECOND CAUSE OF ACTION

(Petition for Writ of Mandate – Abuse of Discretion under Health and Safety Code sections 120175 and 101040)

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[40] See, e.g., County Public Health January 31, 2022 News Release.

(Code Civ. Proc. § 1085)

Against State and County Respondents

111. Petitioners hereby incorporate each of the foregoing paragraphs as though fully set forth herein.

112. The County Order allows attendees at indoor and outdoor Mega Events, and inside restaurants and bars, to remove their masks while eating or drinking. (Exh. B).

113. COVID-19 is an airborne, aerosolized virus.[41]

114. Even if the County Order were strictly enforced at Mega Events, bars, and restaurants, the exception allowing for eating and drinking completely negates any protection a mask might provide. If COVID-19 is airborne, and masks prevent the virus from spreading, then allowing 70,000 people to sit shoulder to shoulder and unmask while eating and drinking will allow the virus to spread.

115. Meanwhile, toddlers and children must remain masked at all times, indoors and outdoors.[42] (Exhs. B, C, D, F). The mental, emotional, and developmental harms associated with masking and separating toddlers and children are well-documented above.

116. To illustrate, a person can walk into a packed stadium filled with 70,000 people, and take her mask off as long as she is holding a beer and a hot dog. A child, however, cannot take her mask off at school unless she is alone and distanced from everyone else, and her school allows her to do so.

117. An unmasked adult holding a drink can stand in a bar surrounded by hundreds of other unmasked adults holding drinks and be in compliance with the State Order and County Order. However, a child cannot take a drink of water inside a classroom at school or eat lunch next to a friend without violating the State Order and County Order. If a child needs a drink of water at school, that child must go outdoors and stay away from all other children. The County Order

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[41] https://www.thelancet.com/article/S0140-6736(21)00869-2/fulltext#back-bib2

[42] The County Order allows for children to unmask outdoors if sufficiently distanced from peers, but many districts in the County require masks outdoors at all times.

requires children to be separated by barriers or maintain "distance" from others while eating lunch. (Exh. B).

118. Accordingly, the County Order and State Order, as they pertain to the exception for eating and drinking at Mega Events, restaurants, bars, but not for children at school unless the children are distanced, are so arbitrary and capricious that they bare no reasonable relation to the public welfare.

119. The County Order and State Order as they pertain to Mega Events and children at school amount to an abuse of discretion as a matter of law because they are so palpably unreasonable and arbitrary.

120. Accordingly, County and State Respondents have abused their discretion under Health and Safety Code sections 120175 and 101040.

THIRD CAUSE OF ACTION

(Petition for Writ of Mandate – Abuse of Discretion under Health and Safety Code sections 120175 and 101040)

(Code Civ. Proc. § 1085)

Against State and County Respondents

121. County and State Respondents enacted and enforce the State Order and County Order strictly and aggressively against children, while ignoring high-dollar events involving much more at risk adults. The enactment and enforcement of the State Order and County Order restricts a lower-risk population much more heavily than the higher-risk population, without any rational basis for doing so. According, County and State Respondents have abused their discretion.

122. The County Order and State Order as they pertain to toddlers and children are arbitrary and capricious.

123. Public health officials claim that unvaccinated toddlers and children are at high risk from COVID-19, but the data show that unvaccinated children are at no greater risk from COVID-19 than they are from the flu, and that the risk to children from COVID-19 is exponentially lower than the risk to adults. (See paragraphs 77 – 81, *supra*).

124. The County Order requires children and their coaches to wear masks while playing youth sports, imposes strict suspension and quarantines on children, restricts the number of spectators who can observe games, and even restricts "team dinners or other social activities," among other things. (Exhs. B, C, D).

125. No such restrictions exist for adult or professional sports. Accordingly, much higher risk adults playing the same sports as children are free to do so without masks or restrictions on their social activities. Children have been singled out by the County for extremely strict COVID-19 mandates, with no rational basis.

126. Accordingly, the County Order and State Order, as they pertain to youth sports are so arbitrary and capricious that they bare no reasonable relation to the public welfare.

127. The County Order and State Order as they pertain to youth sports amount to an abuse of discretion as a matter of law because they are so palpably unreasonable and arbitrary.

128. Accordingly, County and State Respondents have abused their discretion under Health and Safety Code sections 120175 and 101040.

FOURTH CAUSE OF ACTION

(Petition for Writ of Mandate – Abuse of Discretion under Health and Safety Code sections 120175 and 101040)

(Code Civ. Proc. § 1085)

Against State and County Respondents

129. In the process of enacting the State and County Orders, neither the State nor the County weighed harms against benefits, or accounted for stratification of risk by age.

130. Neither the County nor the State has provided any rational basis for why children should be more restricted more than other higher-risk populations.

131. There are no studies upon which Respondents rely that are based on statistically significant data showing that masking children is an effective measure to prevent transmission of COVID-19.

132. There are no studies on school mask usage that evaluate effectiveness in real-world use that include a well-matched unmasked control group.

133. The absence of substantial evidence in support of the County Order and State Order render the orders arbitrary and capricious, as they bare no reasonable relation to the public welfare.

134. To the extent the County Order and State Order restrict lower risk children more than higher risk adults, they amount to an abuse of discretion as a matter of law because they are so palpably unreasonable and arbitrary.

135. Accordingly, County and State Respondents have abused their discretion under Health and Safety Code sections 120175 and 101040.

FIFTH CAUSE OF ACTION

VIOLATION OF EQUAL PROTECTION CLAUSE

OF CALIFORNIA CONSTITUTION

136. Petitioners hereby incorporate each of the foregoing paragraphs as though fully set forth herein.

137. Under the Equal Protection Clause of the California Constitution, "[a] person may not be … denied equal protection of the laws." (Cal. Const., art. I, § 7, subd. (a).) Further, "[a] citizen or class of citizens may not be granted privileges or immunities not granted on the same terms to all citizens." (Cal. Const., Art. I, § 7(b).)

138. Equal protection of the laws ensures that people who are similarly situated for purposes of a law are generally treated similarly by the law. This means that a government actor may not adopt a rule that affects two or more similarly situated groups in an unequal manner.

139. "The first prerequisite to a meritorious claim under the equal protection clause is a showing that the state has adopted a classification that affects two or more similarly situated groups in an unequal manner. This initial inquiry is not whether persons are similarly situated for all purposes, but whether they are similarly situated for purposes of the law challenged." (*Cooley v. Superior Court* (2002) 29 Cal.4th 228, 253 [citations omitted]; see also *DiMartile v. Cuomo* (N.D.N.Y. 2020), No. 1:20-CV-0859 (GTS/CFH), 2020 WL 4558711, at *10 [pandemic restrictions violated equal protection guarantees]; *Deese v. City of Lodi* (1937) 21 Cal.App.2d 631, 635 [health restrictions applicable only to certain industries violated equal protection guarantees].)

140. The government's exercise of police power "cannot be so used as to arbitrarily limit the rights of one class of people, and allow those same rights and privileges to a different class, where the public welfare does not demand or justify such a classification." (*Id.*)

141. Respondents Orders as they pertain to youth sports violate the Equal Protection Clause of the California Constitution, because Respondents impose heavy restrictions on a lower-risk class of people – children – while imposing zero restrictions on higher-risk adults, including professional athletes.

142. There is no rational basis to treat these classes differently in this manner. In fact, the only rational justification for treating adults and children differently with respect to sports would be to restrict adults more heavily than children since they are at far greater risk of serious illness and death from COVID-19, and professional athletes attract much larger crowds than youth sports. Instead, the State and County Orders give adult athletes free reign, and require youth participants and organizers to jump through so many hoops that many small nonprofit leagues in Los Angeles County have canceled their seasons.[43]

143. Similarly, there is no rational basis to force children to wear masks for over six hours per day in school and in childcare facilities, with an exception only for outdoor spaces where distance can be reliably maintained, while 70,000 fans can sit shoulder to shoulder unmasked to watch adults play sports. All 70,000 fans can hold a hot dog and a beer while unmasked and comply with State and County orders, while lower-risk children are forced to remain masked and distanced from peers. While children are threatened with expulsion for failure to comply, sports fans face no repercussions.

144. The disparate treatment of children versus adults under the State and County Orders has no rational basis.

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[43] *See, e.g.,* See, e.g., http://www.mbyb.net/#:~:text=The%20MBYB%20Board%20of%20Directors,players%20as%20soon%20as%20possible.

145. The practices described herein violate Petitioners' rights to the equal protection of the laws as guaranteed by Cal. Const. art. I, § 7 because Respondents' practices constitute differential treatment solely because of age.

146. As a direct and proximate result of defendants' conduct as alleged herein, Petitioner and the other class members have been discriminated against because of their age; greatly inconvenienced; subjected to significant mental, emotional, and physical harm; and otherwise intimidated and humiliated.

147. Unless restrained or enjoined by this court, Respondents will continue to subject Petitioner and the class to arbitrary mask rules; to being masked without demonstrable proof of effectiveness; and otherwise to intimidation, humiliation and discrimination in violation of Cal. Const. art. I, § 7.

148. Petitioner and the class have no plain, speedy, or adequate remedy at law, and for that reason, they seek declaratory and injunctive relief.

SIXTH CAUSE OF ACTION

(Declaratory Judgment)

(Code Civ. Proc. § 1060)

149. Petitioner re-alleges and re-incorporates by reference all preceding allegations in their entirety, as if fully set forth herein.

150. An actual controversy now exists between Petitioner and Respondents as to whether Respondents' practice of enacting and enforcing the State Order and County Order restrictions against children far more harshly than adults, as described herein, violates Petitioner's rights under the Equal Protection Clause of the California Constitution (Cal. Const. art. I, § 7).

151. The parties require a judicial declaration of rights in order to properly address Petitioner's complaints about Respondents' practices. Specifically, the parties require a declaration from the court regarding whether defendants practices, as alleged herein, violate the state Equal Protection Clause and, if so, in what manner.

PRAYER FOR RELIEF

WHEREFORE, Petitioners pray for relief as follows:

1. On the First Cause of Action, for alternative and peremptory writs of mandate compelling State and County Respondents to comply with Health and Safety Code section 120175, including but not limited to an order or judgment that Respondents must strictly enforce the State Order and County Order at the Super Bowl and other Mega Events, or postpone or cancel such events.

2. On the Second Cause of Action, for alternative and peremptory writs of mandate compelling the County and State Respondents to comply with the law by rescinding arbitrary and capricious mandates, including but not limited to an order or judgment that the County and State Respondents must either rescind the eating and drinking exemption from mask-wearing at Mega Events, or rescind the harsh masking and distancing rules applied to children in school and childcare settings in the State Order and County Order.

3. On the Third Cause of Action, for alternative and peremptory writs of mandate compelling the County and State Respondents to comply with the law by rescinding arbitrary and capricious mandates, including but not limited to an order or judgment that the County and State Respondents must either rescind the harsh mandates in the State Order and County Order on youth sports, or apply them equally to higher-risk adults, including professional athletes.

4. On the Fourth Cause of Action, for alternative and peremptory writs of mandate compelling the County and State Respondents to comply with the law by rescinding arbitrary and capricious mandates, including but not limited to an order or judgment that the County and State Respondents must either rescind the County Order and State Order, or weigh harms against benefits of restrictions, account for stratification of risk by age, rely on studies based on statistically significant data, and studies on school mask usage that evaluate effectiveness in real-world use using a well-matched unmasked control group, prior to enacting any further COVID-19 orders.

5. On the Fifth and Sixth Causes of Action, for a declaratory judgment pursuant to Code Civ. Proc. § 1010, declaring that treating lower-risk children far more harshly than adults under the State Order and County Order violates State law, and denies children in the County equal protection of the laws in violation of the Equal Protection Clause of the California Constitution.

6. On the Fifth and Sixth Causes of Action, for injunctive relief directing Respondents

a. to refrain from enforcing the State and County Orders in a way that disparately impacts children, and to take no further unlawful acts to restrict children more than any other demographic.

b. To refrain from enacting any restrictions on children that fail to weigh harms against benefits, fail to account for stratification of risk by age, or otherwise restrict children more than other higher risk populations. All studies upon which Respondents rely must be based on statistically significant data. Studies on school mask usage must evaluate effectiveness in real-world use, and must include a well-matched unmasked control group.

7. For costs of suit as allowed by law, including attorney's fees pursuant to Code Civ. Proc; § 1021.5.

8. For such other and further relief as may be just and proper.

Dated: February 7, 2022

Hamill Law & Consulting

By: _/s/ Julie A. Hamill_____
Julie A. Hamill
Attorney for Petitioner
Alliance of Los Angeles County Parents

EXHIBIT A

TOMÁS J. ARAGÓN, M.D., Dr.P.H.
State Public Health Officer & Director

State of California—Health and Human Services Agency

California Department of Public Health

GAVIN NEWSOM
Governor

January 5, 2022

TO: All Californians

SUBJECT: Guidance for the Use of Face Masks

Related Materials: Face Coverings Q&A | Face Coverings Fact Sheet (PDF) | Face Mask Tips and Resources | Face Shields Q&A (PDF) | Safe Schools for All Hub | More Home & Community Guidance | All Guidance | More Languages

Updates as of January 5, 2022:

- Extends requirement for universal masking indoors statewide December 15, 2021, through February 15, 2022.

Guidance For the Use of Masks

Background

The COVID-19 vaccines remain effective in preventing serious disease, hospitalization, and death from the SARS-CoV-2 virus. Unvaccinated persons are more likely to get infected and spread the virus which is transmitted through the air and concentrates indoors. To ensure that we collectively protect the health and well-being of all Californians; keep schools open for in-person instruction; and allow California's economy to remain open and thrive, the California Department of Public Health (CDPH) **is requiring masks to be worn in all indoor public settings, irrespective of vaccine status, until February 15, 2022.** This requirement will be updated as CDPH continues to assess conditions on an ongoing basis.

This measure brings an added layer of mitigation as the Omicron variant, a Variant of Concern as labeled by the World Health Organization, continues to increase in prevalence across California, the United States, and the world and spreads much more easily than the original SARS-CoV-2 virus and the Delta variant.

Over the last two weeks, the statewide seven-day average case rate has increased by more than sixfold and hospitalizations have doubled. While the percentage of Californians fully vaccinated and boosted continues to increase, we continue to have areas of the state where vaccine coverage is low, putting individuals and

communities at greater risk for COVID-19. Given the current hospital census, which is over capacity, the surge in cases and hospitalizations has materially impacted California's health care delivery system within many regions of the state. Staffing levels are also increasingly impacted by COVID-19 transmission in many critical sectors.

As noted in the Science Brief[1] by the Centers for Disease Control and Prevention (CDC) updated in December 2021, at least ten studies have confirmed the benefit of universal masking in community level analyses: in a unified hospital system,[2] a German city,[3] two U.S. states,[4], [5] a panel of 15 U.S. states and Washington, D.C.,[6], [7] as well as both Canada[8] and the U.S.[9], [10], [11] nationally. Each analysis demonstrated that, following directives for universal masking, new infections fell significantly. Two of these studies[12], [13] and an additional analysis of data from 200 countries that included the U.S.[14] also demonstrated reductions in mortality. Another 10-site study showed reductions in hospitalization growth rates following mask mandate implementation.[15]

Implementing a universal masking requirement not only has proven to decrease the rate of infections but is able to slow community transmission. A series of cross-sectional surveys in the U.S. suggested that a 10% increase in self-reported mask wearing tripled the likelihood of slowing community transmission.[16]

The masking requirement in California schools has allowed us to keep schools open when compared to other parts of the country. California accounts for roughly 12% of all U.S. students, but only 1% of COVID-19 related school closures. Nationally during the Delta surge in July and August 2021, jurisdictions without mask requirements in schools experienced larger increases in pediatric case rates, and school outbreaks were 3.5 times more likely in areas without school mask requirements.[17], [18]

In workplaces, employers are subject to the Cal/OSHA COVID-19 Emergency Temporary Standards (ETS) or in some workplaces the Cal/OSHA Aerosol Transmissible Diseases (ATD) Standard and should consult those regulations for additional applicable requirements.

Masking Requirements

Masks are required for all individuals in all indoor public settings, regardless of vaccination status from December 15, 2021 through February 15, 2022 [surgical masks or higher-level respirators (e.g., N95s, KN95s, KF94s) with good fit are recommended].

See State Health Officer Order, issued on July 26, 2021, for a full list of high-risk congregate and other healthcare settings where surgical masks are required for unvaccinated workers, and recommendations for respirator use for unvaccinated workers in healthcare and long-term care facilities in situations or settings not covered by Cal OSHA ETS or ATD.

For additional information on types of masks, the most effective masks, and ensuring a well-fitted mask, individuals should refer to CDPH Get the Most out of Masking and see CDPH Masking Guidance Frequently Asked Questions for more information.

No person can be prevented from wearing a mask as a condition of participation in an activity or entry into a business.

Exemptions to masks requirements

The following **individuals** are exempt from wearing masks at all times:

- Persons younger than two years old. Very young children must not wear a mask because of the risk of suffocation.
- Persons with a medical condition, mental health condition, or disability that prevents wearing a mask. This includes persons with a medical condition for whom wearing a mask could obstruct breathing or who are

unconscious, incapacitated, or otherwise unable to remove a mask without assistance.
- Persons who are hearing impaired, or communicating with a person who is hearing impaired, where the ability to see the mouth is essential for communication.
- Persons for whom wearing a mask would create a risk to the person related to their work, as determined by local, state, or federal regulators or workplace safety guidelines.

[1] Science Brief: Community Use of Masks to Control the Spread of SARS-CoV-2 | CDC

[2] Wang X, Ferro EG, Zhou G, Hashimoto D, Bhatt DL. Association between universal masking in a health care system and SARS-CoV-2 positivity among health care workers. *JAMA*. 2020;324(7):703–704.

[3] Mitze T, Kosfeld R, Rode J, Wälde K. Face masks considerably reduce COVID-19 cases in Germany. *Proc Natl Acad Sci U S A*. 2020;117(51):32293–32301.

[4] Gallaway MS, Rigler J, Robinson S, et al. Trends in COVID-19 incidence after implementation of mitigation measures – Arizona, January 22-August 7, 2020. *MMWR Morb Mortal Wkly Rep*. 2020;69(40):1460–1463.

[5] Van Dyke ME, Rogers TM, Pevzner E, et al. Trends in county-level COVID-19 incidence in counties with and without a mask mandate – Kansas, June 1-August 23, 2020. *MMWR Morb Mortal Wkly Rep*. 2020;69(47):1777–1781.

[6] Lyu W, Wehby GL. Community use of face masks and COVID-19: evidence from a natural experiment of state mandates in the US. *Health Aff (Millwood)*. 2020;39(8):1419–1425.

[7] Hatzius J, Struyven D, Rosenberg I. Face masks and GDP. Updated June 29, 2020. Accessed July 8, 2020.

[8] Karaivanov A, Lu SE, Shigeoka H, Chen C, Pamplona S. Face masks, public policies and slowing the spread of COVID-19: evidence from Canada. *J Health Econ*. 2021;78:102475.

[9] Joo H, Miller GF, Sunshine G, et al. Decline in COVID-19 hospitalization growth rates associated with statewide mask mandates – 10 states, March-October 2020. *MMWR Morb Mortal Wkly Rep*. 2021;70(6):212–216.

[10] Chernozhukov V, Kasahara H, Schrimpf P. Causal impact of masks, policies, behavior on early COVID-19 pandemic in the U.S. *J Econom.* 2021;220(1):23–62.

[11] Guy GP Jr, Lee FC, Sunshine G, et al. Association of state-issued mask mandates and allowing on-premises restaurant dining with county-level COVID-19 case and death growth rates – United States, March 1-December 31, 2020. *MMWR Morb Mortal Wkly Rep*. 2021;70(10):350–354.

[12] Ibid, 6.

[13] Ibid, 7.

[14] Ibid, 11.

[15] Ibid, 9.

[16] Rader B, White LF, Burns MR, et al. Mask-wearing and control of SARS-CoV-2 transmission in the USA: a cross-sectional study. *The Lancet Digital Health*. 2021;3(3):e148–e157.

[17] Jehn M, McCullough JM, Dale AP, Gue M, Eller B, Cullen T, Scott SE. Association between K–12 school mask policies and school-associated COVID-19 outbreaks — Maricopa and Pima Counties, Arizona, July–August 2021. *MMWR Morb Mortal Wkly Rep*. 2021; 70(39);1372–1373.

[18] Budzyn SE, Panaggio MJ, Parks SE, Papazian M, Magid J, Eng M, Barrios LC. Pediatric COVID-19 cases in counties with and without school mask requirements — United States, July 1–September 4, 2021. *MMWR Morb Mortal Wkly Rep*. 2021; 70(39);1377–1378.

California Department of Public Health
PO Box, 997377, MS 0500, Sacramento, CA 95899-7377
Department Website (cdph.ca.gov)

EXHIBIT B

RESPONDING TOGETHER AT WORK AND IN THE COMMUNITY

BEYOND THE BLUEPRINT FOR A SAFER ECONOMY, HIGH TRANSMISSION—ENCOURAGING COVID-19 VACCINATION AND BOOSTER DOSE COVERAGE WITH SIGNIFICANT RISK REDUCTION MEASURES

Issue Date: Monday, January 10, 2022
Effective on Tuesday, January 11, 2022*
*Updated definitions for mega events effective as of 1/15/2022;
Masking requirement effective no later than 1/17/2022

Brief Highlights (Changes highlighted in yellow)**:**

1/10/22:

- Isolation and Quarantine Requirements are revised to mainly align with the State Public Health Officer's revised Guidance for Local Health Jurisdictions on Isolation and Quarantine of the General Public, released on January 8, 2022. This guidance does NOT apply to healthcare personnel in any setting or emergency services personnel. See AFL-21-08.7. This guidance does NOT apply to TK-12 Schools. See Appendix T1 & T2. In the workplace, employers are subject to the Cal/OSHA COVID-19 Prevention Emergency Temporary Standards (ETS) or in some workplaces the Cal/OSHA Aerosol Transmissible Diseases (ATD) Standard (PDF), and should consult those regulations for *additional* applicable requirements.

1/5/2022:

- Masks must be worn at all times while indoors at Cardrooms. Patrons may remove masks only when actively eating or drinking in designated dining areas and may not consume food or beverage while playing or gaming.
- As soon as possible, but no later than January 17, 2022, employers are required to provide their employees, who work indoors and in close contact with other workers or the public, with and require them to wear a well-fitting medical grade mask, surgical mask or higher-level respirator, such as an N95 filtering facepiece respirator or KN95, at all times while indoors at the worksite or facility.
- In alignment with the State Public Health Officer's December 31, 2021 Order, beginning January 15, 2022, attendance thresholds are lowered to 500 attendees for Indoor Mega Events and lowered to 5,000 attendees for Outdoor Mega Events.
- Recognizing the protection provided by masking while indoors and in crowded settings, there is a strong recommendation that at Mega Events, Performance Venues, Movie Theatres and Entertainment Venues, food and drink only be consumed, where possible, in designated dining areas.
- Mega Events, Performance Venues, Movie Theatres and Entertainment Venues are responsible for messaging, signage, and compliance with masking requirement unless spectators/customers are actively eating or drinking.

Please read this Order carefully.

SUMMARY OF THE ORDER: Based on the federal Centers for Disease Control and Prevention (CDC) indicators, as of January 10, 2022 the County of Los Angeles had 1,768.21 new cases of COVID-19 per 100,000 persons in the past 7 days. According to the CDC's threshold of 100 or

more new cases of COVID-19 per 100,000 persons, the County remains at a High rate of community transmission of COVID-19. This Order continues to require indoor masking by all, regardless of vaccination status, to slow the spread of COVID-19 in Los Angeles County.

This Order mainly aligns with the State Public Health Officer Orders of June 11, 2021, December 13 & 31, 2021, and January 8, 2022. It continues to place certain safety requirements on individuals consistent with federal and state rules. Further, this Order incorporates by reference the July 26, 2021, and December 22, 2021 Order of the State Public Health Officer, which requires specific transmission prevention measures to be taken by Acute Health Care and Long-Term Care settings, High-Risk Congregate settings, and Other Health Care settings. In addition, this Order continues to require that all persons, 2 years of age and older, wear face masks while in indoor public settings and businesses, with limited exceptions, as a protective measure with this High level of community transmission. On July 28, 2021, the CDC, and the California Department of Public Health each issued new guidance validating the universal indoor masking requirements of this Order. The CDC's Interim Public Health Recommendations for Fully Vaccinated[1] People advises that "preliminary evidence suggests that fully vaccinated people who do become infected with the Delta variant can spread the virus to others" and therefore recommends that fully vaccinated people should wear a mask in indoor settings if they are in a [geographic] area where there is Substantial or High rates of COVID-19 community transmission. Moreover, on December 13, 2021, the State Public Health Officer required universal masking, irrespective of vaccination status, between December 15, 2021, and January 15, 2022, in public indoor settings throughout California. The State Public Health Officer explained that the universal indoor masking requirement "brings an added layer of mitigation as the Omicron variant, a Variant of Concern as labeled by the World Health Organization, is detected across California, the United States, and the world and is likely to spread more easily than the original SARS-CoV-2 virus and the Delta variant. Additionally, this new measure brings additional protection to individuals, families, and communities during the holidays when more travel occurs, and time is spent indoors."

This Order continues some requirements on businesses and government entities, such as a general requirement to report to Public Health positive cases in the workplace and in schools, requirements for signage, and a proof of vaccination or a recent negative test for COVID-19 requirement for admission into Indoor and Outdoor Mega Events. Due to the recent and drastic increases in COVID-19 cases due to the transmissibility of the Omicron variant, this Order installs a new masking requirement at Cardrooms. All patrons must wear masks at all times while indoors at Cardrooms, except when actively consuming food and beverages in designated dining areas. Patrons may not remove their masks while engaging in entertainment or gaming activities. Further, Public Health strongly recommends that at Mega Events, Performance Venues, Movie Theatres and Entertainment Venues, food and drink only be consumed, where possible, in designated dining areas. Designated dining areas should be in well ventilated spaces, ideally outdoors when possible, that are separated from walkways and other areas where people may be gathering to participate in non-food/beverage consumption activities. In addition, Mega Events, Performance Venues, Movie Theatres and Entertainment

[1] People are considered "fully vaccinated" against COVID-19 two weeks or more after they have received the second dose in a 2-dose series (e.g., Pfizer-BioNTech or Moderna) or 2 weeks or more after they have received a single-dose vaccine (e.g., Johnson and Johnson [J&J]/Janssen).

Venues are responsible for messaging, signage, and compliance with masking requirement unless spectators/customers are actively eating or drinking. Also, this Order includes best practice recommendations to reduce COVID-19 risk for individuals, businesses, and government entities.

COVID-19 daily cases and community transmission of COVID-19 are at a high level; on January 9, 2022 alone, Los Angeles County reported 45,584 new cases. Since Thanksgiving Day, the County's test positivity rate and hospitalizations have steadily increased. As of January 3, 2022, Los Angeles County is reporting a 7-day daily average case rate of 262.5 cases per 100,000 people. These statistics indicate a continued and high risk of COVID-19 infection for those who are not or cannot be vaccinated against COVID-19. Based upon federal CDC indicators and thresholds, this means that community transmission of COVID-19 within the County of Los Angeles is now High, and highly likely to increase as we are at a time when respiratory viruses, like influenza and SARS-CoV-2, spread more easily. Moreover, with the emergence and arrival of the Omicron variant, the risk of rapid community transmission has increased.

Even though more people in Los Angeles County and the region are vaccinated against the virus that causes COVID-19, there remains a risk that when outside of their residence people may come into contact with others who may have COVID-19. There are millions of people in Los Angeles County who are not yet vaccinated against COVID-19, including children under 5 years of age who are not currently eligible to be vaccinated, and people who are immunocompromised and may be particularly vulnerable to infection and disease. Most COVID-19 infections are spread by people who have no or mild symptoms of infection. The Delta and Omicron variants of the virus spread more easily. In the absence of physical distancing requirements for the public and capacity limits for indoor and outdoor settings, unvaccinated and partially vaccinated persons are more likely to get infected and spread the virus, which is transmitted through the air and concentrates in indoor settings. Additionally, we continue to see increases in COVID-19 infections among fully vaccinated persons, albeit at a significantly lower rate than those among persons who are not fully vaccinated.

The current COVID-19 vaccines remain effective at helping to reduce the risk of getting and spreading the infection. They also continue to significantly reduce the risk of getting seriously ill even if a fully vaccinated person gets COVID-19, including against the current variants of the virus that causes COVID-19. Although no vaccine is 100 percent effective at preventing illness in vaccinated people, the currently authorized COVID-19 vaccines remain the best form of protection against COVID-19 infection, hospitalization, and death. Vaccinations are widely available to those 5 years and older.

The best way to reduce the current level of community transmission and to prevent future surges is for everyone who is eligible, including those who have recovered from a COVID-19 infection, to get fully vaccinated as soon as possible. People at risk for severe illness with COVID-19, such as unvaccinated older adults and unvaccinated individuals with health risks, and members of their households, are strongly urged to get vaccinated against COVID-19 as soon as they can if they have not already done so. And all persons who are fully vaccinated should also receive a booster dose of the COVID-19 vaccine as soon as they are eligible since studies show the protection from the primary COVID-19 vaccination may decrease over time. With an increased

immune response, people should have improved protection against getting infected with and seriously ill from COVID-19, including the variants. Those who are not fully vaccinated are urged to adhere to both the required and recommended risk reduction measures.

We must remain vigilant against variants of the virus that causes COVID-19, especially given High levels of transmission here and in other parts of the world and the emergence of the Omicron variant for which current COVID-19 vaccines may not be as effective at preventing infection but are expected to protect against severe illness, including hospitalizations and death from infection. Currently, the Delta variant remains predominant in Los Angeles County. The Delta variant is two times as contagious than early COVID-19 variants and continues to lead to increased infections. The recent emergence and arrival of the Omicron variant may further increase that infection risk. Additionally, data suggests that the immune response to COVID-19 vaccination might be reduced in some immunocompromised people, which increases their risk of serious health consequences from COVID-19 infection. It is, therefore, prudent to require continued indoor masking for all as an effective public health measure to reduce transmission between people.

This Order is issued to help slow and decrease the level of community transmission of COVID-19 here in Los Angeles County.

This Order's primary intent is to reduce the transmission risk of COVID-19 in the County for all, especially those who are not fully vaccinated and fully vaccinated but immunocompromised persons, in the absence of other protective measures, like physical distancing requirements and capacity limits. Accordingly, this Order allows Businesses, schools, and other activities to remain open while at the same time putting in place certain requirements designed to (1) limit transmission risk of COVID-19 and (2) reduce the risk of any COVID-19 outbreaks.

This Order will be revised in the future, if needed, to reflect the State Executive Orders, California Division of Occupational Safety and Health's (better known as Cal/OSHA) worksite requirements, State Public Health Officer Orders and guidance, and CDC recommendations. Should local COVID-19 conditions warrant, the County Health Officer may, after consultation with the Board of Supervisors, issue Orders that are more restrictive than those of the State Public Health Officer.

This Order is effective within the County of Los Angeles Public Health Jurisdiction, defined as all cities and unincorporated areas within the County of Los Angeles, except for the cities of Long Beach and Pasadena that must follow their respective City Health Officer orders and guidance. This Order is effective on Tuesday, January 11, 2022 and will continue until further notice.

UNDER THE AUTHORITY OF CALIFORNIA HEALTH AND SAFETY CODE SECTIONS 101040, 101085, AND 120175, THE COUNTY OF LOS ANGELES HEALTH OFFICER ORDERS:

1. This Order supersedes the Health Officer's Prior Order.

2. This Order's intent is to continue to protect the community from COVID-19 and to also increase vaccination and booster dose rates to reduce transmission of COVID-19 long-term, so that the whole community is safer and the COVID-19 health emergency can come to an end.[2] Failure to comply with any of the Order's provisions constitutes an imminent threat and menace to public health, and a public nuisance, and is punishable by citation or fine.

a) This Order does not supersede any stricter limitation imposed by a local public entity within the County of Los Angeles Public Health Jurisdiction. The Order is consistent with existing authority that local health jurisdictions may implement or continue more restrictive public health measures if the jurisdiction's Local Health Officer determines that health conditions in that jurisdiction warrant such measures. Where a conflict exists between this Order and any State Public Health Officer Order related to controlling the spread of COVID-19 during this pandemic, the most restrictive provision controls, unless the County of Los Angeles is subject to a court order requiring it to act on, or enjoining it from enforcing, any part of this Order.

3. All persons living within the County of Los Angeles Public Health Jurisdiction should continue to always practice required and recommended COVID-19 infection control measures and when among other persons when in community, work, social or school settings, especially when multiple unvaccinated persons from different households may be present and in close contact with each other, especially when in indoor or crowded outdoor settings.

All persons in the general public must comply with isolation and quarantine requirements provided in the Health Officer Public Health Emergency Isolation Order and Quarantine Order. Those requirements include the following:

a) **Isolation:** All persons who test positive for COVID-19, regardless of vaccination status, previous infection, or lack of symptoms, must self-isolate for at least 5 days. Persons may only end their self-isolation after Day 5 if: a) they are asymptomatic or are fever free and their symptoms are improving and b) they take a viral test[3] collected on Day 5 or later and test negative. If unable to test or they choose not to test, and symptoms are not present or are resolving, isolation can end after day 10. Wear a well-fitting mask around others, indoors and outdoors, for a total of 10 days. Adults should wear a well-fitting medical grade mask (surgical or respirator). Children should wear a well-fitting, non-cloth mask of multiple layers of non-woven material with a nose wire.

b) **Quarantine:** All unvaccinated persons or fully vaccinated persons who are eligible for a booster but have not yet received their booster dose, who are close contacts of a COVID-19 case, must quarantine for at least 5 days after their last contact with a person who has COVID-19. Such persons must test on Day 5 after their last exposure.[4] Consider testing immediately after notification of the exposure, if practicable, especially if the person or someone that lives with them is at increased

[2] People are considered "fully vaccinated" against COVID-19 two weeks or more after they have received the second dose in a 2-dose series (e.g., Pfizer-BioNTech or Moderna) or 2 weeks or more after they have received a single-dose vaccine (e.g., Johnson and Johnson [J&J]/Janssen).
[3] An antigen test, nucleic acid amplification test (NAAT) or LAMP test are acceptable; however, it is recommended that persons use an antigen test for ending isolation.
[4] Please note, Day 0 is the day of your last contact (exposure) with the infected person. Day 1 is the first full day after your last exposure.

risk for severe illness. Persons may only end their quarantine period after Day 5 if a) they are asymptomatic and b) they take a viral test on Day 5 or later and test negative. If unable to test or they choose not to test, and symptoms are not present, quarantine can end after Day 10. Wear a well-fitting mask while around others, indoors and outdoors, for a total of 10 days. Adults should wear a well-fitting medical grade mask (surgical or respirator). Children should wear a well-fitting, non-cloth mask of multiple layers of non-woven material with a nose wire.

i. In a workplace setting (not applicable to healthcare personnel), asymptomatic employees in this category may continue to work on the condition that:

1. They get a viral test within 3-5 days after their last exposure to a case;
2. They wear a well-fitting medical-grade mask, ideally an N95/K95, around others for a total of 10 days;
3. They remain asymptomatic; and
4. They observe home-quarantine when not at work.

ii. If symptoms occur, individuals should immediately isolate and test as soon as possible (do not wait until 5 days after exposure to retest if symptoms develop earlier) and, if positive, self-isolate as described above.

c) Individuals whose vaccinations are up to date, meaning they have received their COVID-19 vaccine booster or are fully vaccinated but not yet eligible for a booster, or have recovered from COVID-19 within the previous 90 days do not need to quarantine following a COVID-19 exposure. Such persons must wear a well-fitting medical grade mask (surgical or respirator) while around others, indoors and outdoors, for 10 days after their last exposure. If symptoms occur, individuals must immediately isolate and test as soon as possible (do not wait until 5 days after exposure to retest if symptoms develop earlier) and, if positive, continue to self-isolate as described above.

d) In establishments and settings with active outbreaks, quarantine and isolation may be extended for additional days by County Public Health outbreak investigators to help lower the risk of ongoing transmission at the site.

4. **Face Masks.** All individuals must follow the requirements included in both the requirements of this Order and the July 28, 2021 and December 13, 2021 Guidance for the Use of Face Coverings issued by the California Department of Public Health.

a) These requirements are aligned with July 28, 2021 recommendations issued by the CDC. The CDC recommendations provide information about both indoor and higher risk settings where masks are required or recommended to prevent transmission to:

i. Persons with a higher risk of infection (e.g., unvaccinated or immunocompromised persons),

ii. Persons with prolonged, cumulative exposures (e.g., workers), or

iii. Persons whose vaccination status is unknown.

When people wear a mask correctly, they protect others as well as themselves. Consistent and correct mask use is especially important indoors and outdoors when in close contact with (less than six feet from) others who are not fully vaccinated against COVID-19 or whose vaccination status is unknown.

b) Masks are required to be worn by everyone, 2 years of age and older, regardless of COVID-19 vaccination status, in the following settings:
    i. On public transit (examples: airplanes, ships, ferries, trains, subways, buses, taxis, and ride-shares),
    ii. In transportation hubs (examples: airport, bus terminal, marina, train station, seaport or other port, subway station, or any other area that provides transportation),
    iii. Indoors in K-12 schools, childcare and other youth settings (See, Appendix T1 for recent updates to K-12 School masking requirements),
    iv. Healthcare settings (including long term care facilities),
    v. State and local correctional facilities and detention centers,
    vi. Homeless shelters, emergency shelters, and cooling centers,
    vii. All indoor public settings, venues, gatherings, and public and private businesses (some examples: offices, manufacturing, warehouses, retail, food and beverage services, theaters, family entertainment centers, meetings, and state and local government offices serving the public, Indoor Mega Events, among others), and
    viii. Outdoor Mega Events.

c) Recommendation for higher level of protection: In indoor public and private settings where there is close contact with other people who may not be fully vaccinated, individuals should consider wearing a higher level of protection, such as wearing two masks ("double masking") or a wearing a respirator (e.g., KN95 or N95). This is particularly important if an individual is not fully vaccinated and is in an indoor or crowded outdoor setting.

d) Individuals, businesses, venue operators or hosts of public indoor settings, venues, gatherings, and businesses, and Outdoor Mega Events must:
    i. Require all patrons, customers, and guests to wear masks when inside at all indoor settings and at Outdoor Mega Events, regardless of their vaccination status; and
    ii. Post clearly visible and easy to read signage, with or without having an employee present, at all entry points for indoor and outdoor settings to communicate the masking requirements for patrons, customers, and guests.

e) For clarity, patrons, customers, or guests at public indoor settings, venues, gatherings, and public and private businesses, and at Outdoor Mega Events are required to wear a face mask except while:
    i. Actively eating or drinking, which is the limited time during which the mask can be removed briefly to eat or drink, after which it must be immediately put back

on. Patrons, customers, or guests must be seated at a table or positioned at a stationary counter, ticketed seat, or place while actively eating or drinking.

1. Except, all persons must wear masks at all times while indoors at Cardrooms, except when actively consuming food and beverages in a designated dining area.

2. Further, it is a strong recommendation that at Mega Events, Performance Venues, Movie Theatres and Entertainment Venues, food and drink only be consumed, where possible, in designated dining areas. In addition, Mega Events, Performance Venues, Movie Theatres and Entertainment Venues are responsible for messaging, signage, and compliance with masking requirement unless spectators/customers are actively eating or drinking.

ii. Showering or engaging in personal hygiene or a personal care service that requires the removal of the face mask;

iii. Alone in a separate room, office or interior space;

f) Special considerations are made for people with communication difficulties or certain disabilities. Clear masks or cloth masks with a clear plastic panel that fit well are an alternative type of mask for people who interact with: people who are deaf or hard of hearing, children or students learning to read, people learning a new language, and people with disabilities.

g) All businesses, venue operators or hosts must implement measures to clearly communicate to non-employees the masking requirements on their premises.

h) No person can be prevented from wearing a mask as a condition of participation in an activity or entry into a business.

i) The categories of persons who are exempt from mask requirements remain unchanged at this time and can be found at http://publichealth.lacounty.gov/acd/ncorona2019/masks/#notwear. In workplaces, certain employees may be exempt from wearing a mask when performing specific tasks which cannot feasibly be performed while wearing a mask. This exception is limited to the period of time in which such tasks are actually being performed. Workers who cannot feasibly wear a mask while performing their work, and who are either unvaccinated or fully vaccinated and eligible for a dose of COVID-19 vaccine but have not yet received it, must be tested for COVID-19 at least twice per week. Fully vaccinated persons who cannot feasibly perform their job while wearing a mask, and who have received their booster dose of COVID-19 vaccine or who are not yet eligible for a booster should test at least once per week.

j) In workplaces, most employers and businesses are subject to the Cal/OSHA COVID-19 Emergency Temporary Standards (ETS) and some to the Cal/OSHA Aerosol Transmissible Diseases Standards, and should consult those regulations for additional applicable requirements. The ETS allow local health jurisdictions to require more protective mandates. This County Health Officer Order, which requires masking of all individuals at indoor public settings and businesses, and Outdoor Mega Events,

regardless of vaccination status, is a such a mandate in Los Angeles County, and overrides the more permissive ETS regarding employee[5] masking.

i. In establishments and settings with active outbreaks, quarantine and isolation may be extended for additional days by County Public Health outbreak investigators to help lower the risk of ongoing transmission at the site.
ii. Healthcare personnel in any setting must comply with the State's *Guidance on Quarantine for Health Care Personnel (HCP) Exposed to SARS-CoV-2 and Return to Work for HCP with COVID-19*, as described in AFL-21-08.6.

All employers and businesses subject to Cal/OSHA must review and comply with the active Cal/OSHA COVID-19 Prevention Emergency Temporary Standards (ETS). As approved and effective, the full text of the COVID-19 Prevention emergency standards will be listed under Title 8, Subchapter 7, sections 3205-3205.4 of the California Code of Regulations. All businesses or employers with independent contractors should also review the State Labor Commissioner's Office webpage entitled, "Independent contractor versus employee", which discusses the "employment status" of persons hired as independent contractors, to ensure correct application of the ETS. As soon as possible, but no later than January 17, 2022, employers are required to provide their employees, who work indoors and in close contact with other workers or the public, with and require them to wear a well-fitting medical grade mask, surgical mask or higher-level respirator, such as an N95 filtering facepiece respirator or KN95, at all times while indoors at the worksite or facility.

5. **Mandatory Reporting by Businesses and Governmental Entities.** Persons and businesses within the County of Los Angeles Public Health Jurisdiction must continue to follow the COVID-19 infection control protocols and guidance provided by the County Department of Public Health regarding isolation of persons confirmed or suspected to be infected with the virus that causes COVID-19 disease or quarantine of those exposed to and at risk of infection from COVID-19. In instances where the County has not provided a specific guidance or protocol, specific guidance or protocols established by the State Public Health Officer shall control.

   a) In the event that an owner, manager, or operator of any business knows of three (3) or more cases of COVID-19 among their employees, assigned or contracted workers or volunteers within a span of 14 days, the employer must report this outbreak to the Department of Public Health at (888) 397-3993 or (213) 240-7821, or online at www.redcap.link/covidreport.

   b) In the event that an owner, manager, or operator of any business is informed that one or more employees, assigned or contracted workers, or volunteers of the business has tested positive for, or has symptoms consistent with COVID-19 (case), the employer must have a protocol to require the case(s) to isolate themselves at home and require the immediate self-quarantine of all employees that had a workplace exposure to the case(s).

[5] Some independent contractors are considered as employees under the State Labor Code. For more details, check the California Department of Industrial Relations' Independent contractor versus employee webpage.

6. **LACDPH Best Practice Guidance.** All individuals and Businesses are strongly urged to follow the LACDPH Best Practice Guidance, containing health and safety recommendations for COVID-19.

7. **Considerations for Persons at Higher Risk for Negative Health Outcomes:** At this time, people at risk for severe illness or death from COVID-19—such as unvaccinated older adults and unvaccinated individuals with health risks—and members of their household, should defer participating in activities with other people outside their household where taking protective measures, including wearing face masks and social distancing, may not occur or will be difficult, especially indoors or in crowded spaces. For those who are not yet fully vaccinated, staying home or choosing outdoor activities as much as possible with physical distancing from other households whose vaccination status is unknown is the best way to prevent the risk of COVID-19 transmission.

8. **Encourage Activities that Can Occur Outdoors.** All Businesses and governmental entities are urged to consider moving operations or activities outdoors, where feasible and to the extent allowed by local law and permitting requirements, because there is generally less risk of COVID-19 transmission outdoors as opposed to indoors.

9. **Ventilation Guidelines.** All Businesses and governmental entities with indoor operations are urged to review the Ventilation Guidelines and implement ventilation strategies for indoor operations as feasible. See California Department of Public Health Interim Guidance for Ventilation, Filtration and Air Quality in Indoor Environments for detailed information. Nothing in this Order limits any ventilation requirements that apply to particular settings under federal, state, or local law.

10. **High-Risk Health Care and Congregate Settings**. This Order incorporates by reference the State Public Health Officer Order of July 26, 2021, which requires additional statewide facility-directed measure to protect particularly vulnerable populations. The Order is found here: State Public Health Officer Order issued July 26, 2021

11. **Sectors that Continue to Require Additional Risk Reduction Measures.** The following sectors serve persons and populations that have lower rates of vaccination, who are at higher risk of being infected, or who are not yet eligible to be vaccinated. As such, these sectors continue to require additional risk reduction measures and must operate subject to the following conditions listed below and those specified in the County sector-specific reopening protocol(s) located at http://publichealth.lacounty.gov/media/Coronavirus/index.htm:

    a) **Day camps.** Day camp owners and operators must implement and post the required Los Angeles County Department of Public Health Reopening Protocol for Day Camps, attached to this Order as **Appendix K**.

    b) **Schools (K-12) and School Districts.** All public and private schools (K-12) and school districts within the County of Los Angeles may open for in-person classes. Educational facilities serving students at any grade level must prepare, implement, and post the required Los Angeles County Department of Public Health Reopening Protocols for K-12 Schools, attached to this Order as **Appendix T1,** and must follow the Protocol for

COVID-19 Exposure Management Plan in K-12 Schools, attached to this Order as **Appendix T2**.

c) **Mega Events (Outdoor and Indoor).** Beginning January 15, 2022, the attendance thresholds for Mega Events are lowered from 1,000 to 500 indoor attendees and from 10,000 to 5,000 outdoor attendees. Mega Events include conventions, conferences, expos, concerts, shows, nightclubs, sporting events, live events and entertainment, fairs, festivals, parades, theme parks, amusement parks, water parks, large private events or gatherings, marathons or endurance races, and car shows. Mega Events may have either assigned or unassigned seating, and may be either general admission or gated, ticketed and permitted events. These events are considered higher risk for COVID-19 transmission.

i. **Indoor Mega Events:** Indoor Mega Events remain open to the public. In addition to the public health recommendations, Indoor Mega Event operators must verify the full vaccination status[6] or pre-entry negative COVID-19 viral test[7] result of all attendees ages 2 and older. For those attendees who cannot provide proof of full vaccination, pre-entry COVID-19 testing must be conducted within one day for antigen tests and within two days for PCR tests. Attendees must wear a face covering while indoors at an Indoor Mega Event. Operators are required to cross-check proof of full vaccination or negative COVID-19 viral test result against a photo identification for all attendees who are 18 years of age or older. Indoor Mega Event operators must prominently place information on all communications, including reservation and ticketing systems, to ensure guests are aware of the proof of pre-entry negative testing or full vaccination status, including masking requirements, and acceptable modes of verification. Self-attestation may not be used as a method to verify an attendee's status as fully vaccinated or as proof of a negative COVID-19 test result.

ii. **Outdoor Mega Events:** Outdoor Mega Events remain open to the public. Outdoor Mega Event operators of events or venues that are ticketed or held in a defined space with controlled points of entry must verify the full vaccination status (see footnote 6) or pre-entry negative COVID-19 viral test (see footnote 7) result of all attendees, ages 5 and older, prior to entry to the event. For those attendees who cannot provide proof of full vaccination, pre-entry COVID-19 testing must be conducted within one day for antigen tests and within two days for PCR tests. All attendees must wear face masks at all times, except when actively eating or drinking. Outdoor Mega Event operators must prominently place information on all communications, including reservation and ticketing systems, to ensure guests are aware of both the County Health Officer's Order

[6] The following are acceptable as proof of full vaccination status: 1) A photo identification of the attendee and 2) their vaccination card (which includes name of person vaccinated, type of COVID-19 vaccine provided, and date last dose administered) OR a photo of a vaccination card as a separate document OR a photo of the attendee's vaccine card stored on a phone or electronic device OR documentation of the person's full vaccination against COVID-19 from a healthcare provider.

[7] Pre-entry negative COVID-19 viral testing is testing that must be conducted before entry into the event or venue (both PCR and antigen are acceptable). Results of the test must be available and provided to the operator prior to entry into the event or venue. The following is required as acceptable proof of a negative COVID-19 viral test result: 1) A photo identification of the attendee (for attendees 18 years of age and older) and 2) a printed document from the test provider or laboratory OR an email or text message displayed on a phone from the test provider or laboratory. The test result information needs to include the person's name, date of test, type of test performed, and negative test result. To be considered a valid pre-entry negative COVID-19 viral test result that permits entry into the event or venue, an antigen test must be conducted within one day and PCR test must be conducted within two days prior to event entry.

that all persons must wear a face mask while in attendance and the County Health Officer requirement that all attendees, ages 5 and older, either be fully vaccinated against COVID-19 or obtain a negative COVID-19 viral test prior to attending the event. Operators are required to cross-check proof of full vaccination or negative COVID-19 viral test result against a photo identification for all attendees who are 18 years of age or older. Operators are to make face masks available for all attendees.

iii. **Additional Recommendations for Both Outdoor and Indoor Mega Events:** Mega Event operators are encouraged to follow these additional recommendations:

1. Assign staff to remind all guests to wear face masks while on the premises or location.
2. Encourage everyone to get vaccinated and receive a COVID-19 booster when eligible.
3. Facilitate increased ventilation of indoor spaces (i.e., open all windows and doors to increase natural air flow), following California Department of Public Health Interim Guidance for Ventilation, Filtration and Air Quality in Indoor Environments.
4. Encourage everyone to sign up for CA Notify as an added layer of protection for themselves and the community to receive alerts when they have been in close contact with someone who tests positive for COVID-19.
5. Convey the risk of attending large, crowded events where the vaccine status of other attendees may be unknown to the individuals.
6. Convey the risk of attending large, crowded events for populations that may not currently be eligible for vaccination or may be immunocompromised and whose vaccine protection may be incomplete.
7. Encourage all venues along any parade or event route to provide outdoor spaces for eating/drinking/congregating to reduce the risk of transmission in indoor settings.

d) **Overnight Organized / Children's Camps.** An organized camp is a site with program and facilities established for the primary purpose of providing an overnight outdoor group living experience for recreational or other purposes for five days or more during one or more seasons of the year. A Notice of Intent to Operate must be submitted by the Camp operator to the Environmental Health Division Communityhealth@ph.lacounty.gov prior to operation. The owner or operator of an Overnight Organized/ Children's Camp must prepare, implement, and post the required Los Angeles County Public Health Protocols for Overnight Organized / Children's Camps, attached to this Order as **Appendix K-1**.

e) **Organized Youth Sports Activities**. Organized youth sports include all school (TK-12 Grades) and community-sponsored programs and recreational or athletic activities and privately organized clubs and leagues. Organized Youth Sport Protocols do not apply to collegiate or professional sports. This Protocol provides direction on outdoor and indoor youth sports activities to support an environment that presents less risk for participants

of these sports. The organizers and operators of Organized Youth Sport Activities must review, implement, and post the required Los Angeles County Public Health Protocol for Organized Youth Sports, effective September 1, 2021, attached to this Order as **Appendix S**.

f) **Bars, Breweries, Wineries and Distilleries**. Effective October 7, 2021, bars that have a low-risk food facility public health permit and breweries, wineries, and distilleries with a #1, #2, #4, #23 and/or #74 state alcohol license that do not possess or that are not required to have a public health permit to operate must require patrons, who are 12 years of age or older, to provide proof of their COVID-19 vaccination status for entry. Between October 7 and November 3, 2021, all patrons must provide proof they have received at least one dose of COVID-19 vaccination for entry into the facility to obtain indoor service at a bar, brewery, winery, or distillery. Beginning November 4, 2021, all bars, breweries, wineries, and distilleries must require patrons, who are 12 years of age or older, to provide proof of full vaccination against COVID-19 for entry into the facility to obtain indoor service. Patrons who do not provide proof of vaccination against COVID-19, as specified, may be served in and use the outdoor portions of the facility, where the risk of exposure to the virus that causes COVID-19 is less likely when compared to being indoors. See paragraph 11.i for further clarification. Bars, breweries, wineries, and distilleries must comply with the Guidance for Verifying Proof of COVID-19 Vaccination and Guidance for Verifying Proof of a Negative COVID-19 Test attached to this Order. In addition, by November 4, 2021, all on-site employees must provide their employer with proof of full vaccination against COVID-19.[8]

g) **Nightclubs and Lounges**. Effective October 7, 2021, nightclubs and lounges[9] that are open only to persons 18 years of age or older, must require patrons and on-site personnel to provide proof of their COVID-19 vaccination status for entry. Between October 7 and November 3, 2021, patrons must provide proof they have received at least one dose of COVID-19 vaccination for entry into the facility to obtain indoor service at a nightclub or lounge. Beginning November 4, 2021, all nightclubs and lounges must require patrons to provide proof of full vaccination for entry into the facility to obtain indoor service. Patrons who do not provide proof of full vaccination against COVID-19 may be served in outdoor portions of the facility, where the risk of exposure to COVID-19 is less

[8] On-site employees of the bars, breweries, wineries, distilleries, nightclubs and lounges may be exempt from the vaccination requirements only upon providing their employer, a declination form, signed by the individual stating either of the following: (1) the worker is declining vaccination based on sincerely held religious beliefs, or (2) the individual is excused from receiving any COVID-19 vaccine due to Qualifying Medical Reasons.

a. To be eligible for a Qualified Medical Reasons exemption the individual must also provide to their employer a written statement signed by a physician, nurse practitioner, or other licensed medical professional practicing under the license of a physician stating that the individual qualifies for the exemption (but the statement should not describe the underlying medical condition or disability) and indicating the probable duration of the worker's inability to receive the vaccine (or if the duration is unknown or permanent, so indicate). See the most updated version of the CDC's Interim Clinical Considerations for Use of COVID-19 Vaccines guidance.

b. If an operator of a bar, brewery, winery, distillery, nightclub or lounge deems its on-site employee to have met the requirements of an exemption, the unvaccinated exempt employee must meet the following requirements when entering or working in such facility:

    a. Test for COVID-19 at least once per week with either polymerase chain reaction (PCR) or antigen test that either has Emergency Use Authorization (EUA) by the U.S. Food and Drug Administration or be operating per the Laboratory Developed Test requirements by the U.S. Centers for Medicare and Medicaid Services.

    b. Wear a surgical mask or higher-level respirator approved by the National Institute of Occupational Safety and Health (NIOSH), such as an N95 filtering facepiece respirator, at all times while in the bar, brewery, winery, distillery, nightclub or lounge.

[9] Nightclub means a commercial establishment dispensing beverages for consumption on the premises and in which dancing is permitted or entertainment is provided, and/or has as its primary source of revenue (a) the sale of alcohol for consumption on the premises, (b) cover charges, or (c) both. A lounge is defined as a business that operates primarily for the preparation, sale, and service of beer, wine, or spirits. Minors are not allowed in a lounge.

likely when compared to indoors. Nightclubs and lounges must comply with the Guidance for Verifying Proof of COVID-19 Vaccination and Guidance for Verifying Proof of a Negative COVID-19 Test attached to this Order. In addition, by November 4, 2021, all on-site employees must provide their employer with proof of full vaccination against COVID-19 (see footnote 8).

h) **Restaurants**. These indoor venues serve food or drink indoors and are required to maintain a valid public health permit to operate. Due to the increased risk of transmission at places where persons are indoors and unmasked, the County Health Officer strongly recommends that the operators of these venues reserve and prioritize indoor seating and service for patrons who are fully vaccinated against COVID-19. They should verify the full vaccination status of all patrons, 12 years of age or older, who will be seated indoors for food or beverage service. Patrons who cannot provide proof of full vaccination against COVID-19 should be served in outdoor portions of the facility, where the risk of exposure to the virus that causes COVID-19 is less likely when compared to being indoors. See paragraphs 11.i.a through 11.i.c for further clarification.

i) For clarity, individuals who do not provide proof of partial or full vaccination at bars, breweries, wineries, distilleries, nightclubs and lounges, may use the outdoor portions of the facility, but may not remain inside the facility except as solely provided in the subsections below:

   a. The individual, who is wearing a well-fitted mask, may enter the indoor portion of the facility as part of their employment to make a delivery or pick-up, provide a service or repair to the facility, or for an emergency or regulatory purpose.

   b. The individual, who is wearing a well-fitted mask, may enter the indoor portion of the facility to get to the outdoor portion of the facility or to use the restroom.

   c. The individual, who is wearing a well-fitted mask, may enter the indoor portion of the facility to order, pick-up, or pay for food or drink "to go."

j) Cardrooms. Cardroom operators may only allow indoor dining and/or drinking within designated areas of the facility only. Food and beverages may not be consumed outside of those areas or while patrons are playing or gaming within the facility. Patrons must wear masks indoors at all times while not actively eating or drinking in a designated indoor dining area.

REASONS FOR THE ORDER

12. This Order is based upon the following determinations: continued evidence of sustained and High community transmission of COVID-19 within the County; documented asymptomatic transmission; scientific evidence and best practices regarding the most effective approaches to slow the transmission of communicable diseases generally and COVID-19 specifically; evidence that millions of people in the County population continue to be at risk for infection with serious health complications, including hospitalizations and death from COVID-19, due to age, pre-existing health conditions, being unvaccinated or not eligible for vaccination, and the increasing presence of more infectious variants of the virus that causes COVID-19 and which have been shown to cause more severe disease being present in the County; preliminary evidence that suggests that fully vaccinated people who do become infected can spread the

virus to others; and further evidence that other County residents, including younger and otherwise healthy people, are also at risk for serious negative health outcomes and for transmitting the virus to others, and emergence of the new Omicron variant. The Order's intent is to continue to reduce the risk of COVID-19 infection for all, especially those who are not or cannot be fully vaccinated against COVID-19 in the County.

13. Existing community transmission of COVID-19 in Los Angeles County remains High and continues to present a high risk of infection and harm to the health of those who are not or cannot be vaccinated against COVID-19. COVID-19 vaccinations are widely available to those 5 years and older. New variants of the virus that may spread more easily or cause more severe illness are increasingly present in our county and remain a risk for both those who are fully vaccinated as well as those who not vaccinated against COVID-19. As of, January 9, 2022, there have been at least 1,967,443 cases of COVID-19 and 27,785 deaths reported in Los Angeles County. Increased interactions during the Thanksgiving Holiday among members of the public have resulted in an increased number of daily new cases. As of January 3, 2022, the 7-day average daily case rate is now at 262.5 cases per 100,000 people, indicating High community transmission, in the absence of capacity limits and physical distancing requirements across sectors in both indoor and outdoor settings. Making the risk of community transmission worse, some individuals who contract the COVID-19 virus have no symptoms or have only mild symptoms, and so are unaware that they carry the virus and are transmitting it to others. Because even people without symptoms can transmit the virus, and because new evidence shows the infection is now more easily spread, universal indoor masking is a risk reduction measure that is proven to reduce the risk of transmitting the virus.

14. Epidemiologic evidence demonstrates that the rate of community transmission, hospitalizations and testing positivity rates have all significantly increased since November 26, 2021. Although nearly 16.5 million vaccine doses have been administered and nearly 7 million residents ages 5 and older are fully vaccinated against COVID-19 in Los Angeles County, COVID-19 infection remains a significant health hazard to all residents.

In line with the State Public Health Officer, the Health Officer will continue to monitor scientific evidence and epidemiological data within the County.

15. The Health Officer will continue monitoring epidemiological data to assess the impact of lifting restrictions and fully re-opening sectors. Those Indicators include, but are not limited to:

a) The number of new cases, hospitalizations, and deaths among residents in areas in the lowest Healthy Places Index (HPI) quartile and by race/ethnicity.

b) The COVID-19 case rate.

c) The percentage of COVID-19 tests reported that are positive.

d) The availability of COVID-19 vaccines and the percentage of eligible County residents vaccinated against COVID-19.

e) The number of fully vaccinated people who get sick, are hospitalized, or die from COVID-19.

f) The presence of Variants of Concern, such as, Delta and Omicron, and their impact on indicators (a) – (e).

ADDITIONAL TERMS

16. The County shall promptly provide copies of this Order by: (a) posting it on the Los Angeles Department of Public Health's website (www.publichealth.lacounty.gov), (b) providing it to any member of the public requesting a copy, and (c) issuing a press release to publicize the Order throughout the County.

a) The owner, manager, or operator of any facility that is likely to be impacted by this Order is strongly encouraged to post a copy of this Order onsite and download, review and implement all applicable Best Practice Guidance.

b) Because guidance may change, the owner, manager, or operator of any facility that is subject to this Order is encouraged to consult the Los Angeles County Department of Public Health's website (www.publichealth.lacounty.gov) daily to identify any modifications to this Order and the Best Practice Guidance and continue to implement these important and necessary infection control protocols.

17. If any subsection, sentence, clause, phrase, or word of this Order or any application of it to any person, structure, gathering, or circumstance is held to be invalid or unconstitutional by a decision of a court of competent jurisdiction, then such decision will not affect the validity of the remaining portions or applications of this Order.

18. This Order incorporates by reference, the March 4, 2020 Proclamation of a State of Emergency issued by Governor Gavin Newsom and the March 4, 2020 declarations of a local and public health emergency issued by the Los Angeles County Board of Supervisors and Los Angeles County Health Officer, respectively, and as they may be supplemented.

19. This Order may be revised in the future as the State Public Health Officer amends its guidance to reflect evolving public health conditions and recommendations issued by the federal CDC and other public health authorities. Should local COVID-19 conditions warrant, the Health Officer may, after consultation with the Board of Supervisors, issue orders that are more restrictive than the guidance and orders issued by the State Public Health Officer.

20. This Order is consistent with the provisions in the Governor's Executive Order N-60-20 and the State Public Health Officer's May 7, 2020 Order, that local health jurisdictions may implement or continue more restrictive public health measures in the jurisdiction if the local health officer believes conditions in that jurisdiction warrant them. Where a conflict exists between this Order and any state public health order related to controlling the spread of COVID-19 during this pandemic, the most restrictive provision controls. Consistent with California Health and Safety Code section 131080, except where the State Health Officer may issue an order expressly directed at this Order or a provision of this Order and based upon a finding that a provision of this Order constitutes a menace to the public health, any more restrictive measures in this Order may continue to apply and control in the County of Los Angeles Public Health Jurisdiction.

21. Pursuant to Sections 26602 and 41601 of the California Government Code and Section 101029 of the California Health and Safety Code, the Health Officer requests that the Sheriff and all chiefs of police in all cities located in the Los Angeles County Public Health Jurisdiction ensure compliance with and enforcement of this Order. The violation of any provision of this Order constitutes an imminent threat and menace to public health, constitutes a public nuisance, and is punishable by fine, imprisonment or both.

22. This Order is issued pursuant to Health and Safety Code sections 101040, 120175, and 120295.

23. This Order shall become effective on Tuesday, January 11, 2022 and will continue to be until it is revised, rescinded, superseded, or amended in writing by the Health Officer.

IT IS SO ORDERED:

MD, MPH

1/10/2022

Muntu Davis, M.D., M.P.H.
Health Officer,
County of Los Angeles

Issue Date

Appendices At-A-Glance

Businesses and customers should continue reviewing best practice documents and sector-specific protocol for designated areas on a regular basis to ensure they are complying with the latest health protection and prevention measures.

All DPH protocol and best practice documents are available at:

http://publichealth.lacounty.gov/media/Coronavirus/index.htm

Appendix K: Reopening Protocol for Day Camps [Revised 6/23/2021]

Appendix K-1: Reopening Protocol for Overnight Organized/ Children's Camps [Revised 6/14/2021]

Appendix S: Protocol for Organized Youth Sports [Revised 1/3/2022]

Appendix T1: Reopening Protocols for K-12 Schools [Revised 1/4/2022]

Appendix T2: Protocol for COVID-19 Exposure Management Plan in K-12 Schools [Revised 1/4/2022]

EXHIBIT C

Protocol for Organized Youth Sports: Appendix S

Recent updates: Any changes are highlighted in yellow:

1/3/22:

- Updated to reflect a minimum 7-day suspension of all team activities for any youth sports team in which there has been an outbreak of four or more epidemiologically linked cases over a 14-day period.
- Masking restrictions have been extended. In addition to masking required for all indoor sports when practicable, masking is now also required for moderate and high-risk outdoor sports where distancing is not possible, when practicable.
- Recommendation and hyperlink added regarding new DPH guidance for improving ventilation in gymnasiums.
- Updated to reflect that the threshold for Mega Events has been lowered from 10,000 to 5,000 attendees for outdoor Mega Events and from 1,000 to 500 attendees for indoor Mega Events.

12/8/21:

Makes changes in response to recent updates in the State's Guidance for K-12 Schools regarding extracurricular activities. Specific changes are:

- Masks are required to be always worn indoors when participants are not actively practicing, conditioning, competing, or performing.
- Youth sports participants are required to wear a face mask while actively practicing, conditioning, or competing in indoor sports, even during heavy exertion, as practicable.
- If a youth sports team determines that requiring all players to remain masked during heavy exertion is not practicable, and players elect to participate without their masks as a result, all team members, regardless of vaccination status, are required to have screening tests for COVID-19 performed at least weekly.
- While community transmission in Los Angeles County remains substantial or high, Public Health strongly recommends that unvaccinated participants and those who are not always masked during indoor practices, conditioning, competitive play, or performing, test for COVID-19 two times per week.

On July 17 and 22, the Los Angeles County Health Officer issued a revised Health Officer Order requiring the use of face masks in all indoor public settings. Given the increase in community transmission of COVID-19 and the predominance of the more easily spread Delta variant of the COVID-19 virus and the introduction of the Omicron variant, masking indoors, regardless of vaccination status, is essential to slowing the spread of COVID-19 in the community. The Delta and Omicron variants of the COVID-19 virus spreads more easily than strains of the virus that circulated in Los Angeles County (LAC) in the past.

Per published reports, factors that increase the risk of infection, including transmission to people more than 6 feet away, include:

- **Enclosed spaces with inadequate ventilation or air handling** that allow for build-up ofexhaled respiratory fluids, especially very fine droplets and aerosol particles, in the air.
- **Increased exhalation of respiratory fluids** that can occur when an infectious person isengaged in physical exertion or raises their voice (e.g., exercising, shouting, singing).
- **Prolonged exposure** to these conditions.

It is strongly recommended that all sports activities occur outdoors where the risk of exposure is lower due to the ventilation being better than indoors.

Below is a summary of requirements and best practices for youth sports leagues (including school sports teams) to enhance safety for participants, coaches, referees, and communities and to lower the risk of COVID-19 transmission within youth teams and between teams during competitions. With the exception of the testing requirement, the requirements below apply to teams and sport activities based in LAC and to teams or players coming to LAC for a competition from other jurisdictions.

Routine screening testing for LA County-based teams or leagues is required as described below, presuming adequate COVID-19 diagnostic testing capacity and supplies. The screening testing requirements below may be modified based on the availability of and access to testing. In addition, these requirements remain in effect as long as the Los Angeles County Department of Public Health (LACDPH) reports high or substantial rates of community transmission and will be re-assessed when community transmission remains at a moderate or low level.

In addition to this information, please remember:

- ❑ Youth sports leagues must follow the Los Angeles County Health Officer Order and the Los Angeles County COVID-19 Exposure Management Plan Guidance for Youth Recreational Sports Programs.
- ❑ Youth sports leagues that employ coaches, referees or other support staff must also adhere to the Cal/OSHA COVID-19 Prevention Emergency Temporary Standards (ETS).
- ❑ Youth sports leagues operating concession stands should review and follow LACDPH Best Practice Guidance for Food and Beverage Service.

Please be sure to read and follow the general guidance for employers.
The best practices are intended to supplement the general guidance.

Follow mask rules for participants, coaches, staff, and spectators

- ❑ **Mask rules based on the setting.** Wearing face masks reduces the spread of SARS-CoV-2, the virus that causes COVID-19. In outdoor settings with less than 5,000 people, it is recommended, but not required, that all spectators who are in close contact with others, regardless of vaccination status wear a mask. In outdoor settings, all coaches, staff, volunteers, referees, and officials when working with teams in settings where distancing is not feasible, and regardless of vaccination status, must wear a mask at all times. In all indoor settings, coaches, staff, volunteers, referees, officials, and spectators, regardless of vaccination status, must wear a mask at all times.

- **Participants:** Require all participants, regardless of vaccination status, to bring and wear masks. Masks are required to be always worn indoors when participants are not actively practicing, conditioning, competing, or performing. Masks are also required while on the sidelines, in team meetings, and within locker rooms and weight rooms. When actively practicing, conditioning, or competing in indoor sports, masks are required by participants as practicable. When actively practicing, conditioning, or competing in outdoor moderate- and high-risk sports where distancing is not possible, masks are required by participants, as practicable. Encourage participants to bring more than one mask to practice or games in case their mask gets wet or soiled during play. Any face mask that becomes saturated with sweat should be changed immediately.

  Per the American Academy of Pediatrics, "Face masks have been shown to be well tolerated by most people who wear them for exercise." However, the mask may be removed under the following circumstances.

  - *Eating and drinking.* Participants may remove their face masks temporarily to eat or drink. When participants are actively eating or drinking, they should be encouraged to maintain a 6-foot distance from others to reduce the risk of exposure if someone turns out to be infected.
  - *For water sports.* Participants who are engaged in water sports such as swimming, water polo, or diving, may remove their face masks while they are in and prior to diving into the water. Face masks must be worn when participants are not in the water.
  - *For gymnastics.* Gymnasts who are actively practicing/performing on an apparatus may remove their masks because of the theoretical risk that the mask may get caught on objects and become a choking hazard or accidently impair vision. Masks are required for floor routines and when gymnasts are not actively practicing/performing on the apparatus.
  - *For competitive cheerleading.* Cheerleaders who are actively performing/practicing routines that involve tumbling, stunting, or flying may remove their masks because of the theoretical risk that the mask may get caught on objects and become a choking hazard or accidently impair vision.
  - *For wrestling.* During wrestling contact, a face mask could become a choking hazard and is discouraged unless an adult coach or official is closely monitoring for safety purposes.

- **Spectators:** When indoors, require all spectators, regardless of vaccination status, to bring and wear masks. Make masks available for those who arrive without them. When outdoors, masks are recommended in crowded spaces and places among spectators at sporting events where distancing is not practical or possible. At outdoor sporting events attended by more than 5,000 individuals, universal masking is required by all spectators and employees except for the limited time when actively eating or drinking.

- **Coaches:** When indoors, require all coaches, regardless of vaccination status, to bring and wear masks. When outdoors, require all coaches, regardless of vaccination status, working with moderate- and high-risk sports teams where distancing is not feasible, to bring and wear masks. Coaches must wear masks, even when engaged in intense physical activity.

- **Referees and other game officials:** When indoors, require all referees and officials, regardless

of vaccination status, to bring and wear masks at all times. When outdoors, require all referees and officials, regardless of vaccination status, working with moderate- and high-risk sports teams where distancing is not possible, to bring and wear masks at all times.

- ❑ **Employees:** If the youth sports league employs coaches or other support staff, please note that employers are required, upon request, to provide employees, those not fully vaccinated against COVID-19 who are working in indoor settings and in shared vehicles, with the correct-size respirator for voluntary use along with basic instructions on how to achieve a good seal. Respirators must be replaced if they get damaged, deformed, dirty, or difficult to breathe through. For more information about free and low-cost Personal Protective Equipment (PPE) for businesses and organizations see http://publichealth.lacounty.gov/docs/FreeAndLowCostPPE.pdf.
- ❑ Employees who work in a setting where they are in close contact with other people who may not be fully vaccinated should be encouraged to wear a higher level of protection, such as "double-masking" (wearing a cloth mask OVER a surgical mask), or a respirator. This is particularly important if the employee is not fully vaccinated or is fully vaccinated but has underlying medical conditions that put them at higher risk, and is working in an indoor setting, a crowded outdoor setting, or in a shared vehicle.

Vaccinate

- ❑ It is strongly recommended that all student athletes ages 5 and older, coaches and team staff are fully vaccinated. Vaccination against the virus that causes COVID-19 is available for everyone 5 years of age and older. Vaccination is the primary strategy to reduce the burden of COVID-19 disease and protect all members of the community. Having all athletes and staff in your youth sports league fully vaccinated and receive booster doses as soon as they are eligible will greatly decrease the risk of transmission of the virus among teammates and between teams, and will provide excellent protection against severe illness, hospitalization, and death. It will also decrease disruption in team activities, because individuals whose vaccination status is up-to-date[1] are not required to quarantine if they are close contacts to a case of COVID-19, as long as they remain asymptomatic and continue to test negative.
- ❑ Youth sports leagues, team organizers, or coaches should maintain records of all athletes' and staff/coaches'/volunteers' vaccination status and weekly COVID-19 testing compliance. They do not need to keep a copy of the proof of full vaccination shown nor copies of test results.

Screen for symptoms and isolate

- ❑ Ask participants and families to self-screen for COVID-19 symptoms prior to attending youth sports activities.
- ❑ Post signage to remind everyone who enters your establishment that they should NOT enter if they have symptoms of COVID-19 or if they are under isolation or quarantine orders.
- ❑ Youth sports programs must exclude or isolate any participant, coach, or spectator that is showing symptoms of COVID-19.
    - Take action to isolate participants who begin to have COVID-19 symptoms during youth

[1] Up-to-date vaccination status refers to having received a booster dose of a COVID-19 vaccine when eligible or having completed a primary COVID-19 vaccine series if not yet eligible for booster. See Vaccine eligibility summary.

sports activities, from other participants, coaches, and spectators.

- Notify LACDPH officials, staff, and families immediately of any confirmed case of COVID-19.

- A 7-day suspension of all team activities and DPH approval before resuming activity will be required of any youth sports team in which there has been an outbreak of four or more epidemiologically linked cases over a 14-day period. Individual conditioning and skill building may continue during the suspension period as long as everyone on the team complies fully with any individual isolation or quarantine orders that apply.

Reduce crowding, especially indoors

- ❑ If possible, hold youth sports activities outdoors where the risk of COVID-19 transmission is much lower.
- ❑ If youth sports activities must be held indoors, take steps to reduce the number of participants, coaches, and spectators in any indoor area.
- ❑ Physical distancing is an infection control best practice that may be implemented as an additional safety layer to reduce the spread of COVID-19. During practices, encourage activities that do not involve sustained person-to-person contact between participants and/or coaching staff and limit such activities in indoor settings. Instead, consider focusing on skill-building activities.
- ❑ Limit the number of participants who visit the restroom or locker room at any given time.
- ❑ Non-athletic team events, such as team dinners or other social activities, should only happen if they can be held outdoors with distancing.

Routine Screening Testing for COVID-19

The virus that causes COVID-19 may infect any member of the youth sports league, even fully vaccinated[2] members, although it is more likely to infect unvaccinated persons. Any infected person can potentially transmit the virus to others. One strategy to accurately identify infected individuals and then quickly isolate them is routine periodic screening testing for COVID-19 with a Nucleic Acid Amplification Test (NAAT) such as PCR, or an Antigen (Ag) test. General guidance and recommendations about testing including the types of tests available can be accessed at our Testing Information for Patients page.

- ❑ Persons who have recovered from/completed isolation for laboratory confirmed COVID-19 within the past 90 days should not be included in periodic COVID-19 screening testing if the person is asymptomatic. Screening for not fully vaccinated persons who were previously infected with COVID-19[3] should start 90 days after the first day of symptoms or from the day

[2] The following are acceptable as proof of "full vaccination": 1) A photo identification of the attendee and 2) their vaccination card (which includes name of person vaccinated, type of COVID-19 vaccine provided and the date the last dose was administered) OR a photo of theattendee's vaccination card as a separate document OR a photo of the attendee's vaccine card stored on a phone or electronic device OR documentation of full vaccination from a healthcare provider (which includes name of person vaccinated and confirms that the attendee is fully vaccinated against COVID-19). For the purposes of this Protocol, people are considered "fully vaccinated" against COVID-19: 2 weeks or more after their second dose in a 2-dose COVID-19 vaccine series, such as the Pfizer or Moderna, or 2 weeks or more after a single-dose COVID-19 vaccine, such as Johnson & Johnson (J&J)/Janssen, or 2 weeks or more after completion of COVID-19 vaccine series listed for emergency use by the World Health Organization (e.g., AstraZeneca/Oxford). See WHO's website for more information about WHO-authorized COVID-19 vaccines.

[3] The following is acceptable as proof of previous COVID-19 infection (previous positive viral test result) and completion of isolation withinthe last 90 days: a photo identification and a paper copy or digital copy on their phone or electronic device of their positive COVID-19 antigen or PCR test taken within the

of collection of first positive test (if they were asymptomatic).

- ❑ Whenever a confirmed case is identified on any of your youth sports teams, follow instructions listed in the Exposure Management Plan for Youth Sports and ensure that all unvaccinated close contacts quarantine along with any symptomatic vaccinated close contacts.
- ❑ Youth sports leagues, team organizers, or coaches should maintain records of all athletes' and staff/coaches'/referees'/volunteers' vaccination status and weekly COVID-19 testing compliance and any testing done after having exposure to a COVID-19 case. They do not need to keep a copy of the proof of full vaccination shown nor copies of test results.

  At the current time, with high or substantial community transmission occurring in Los Angeles County, the following testing requirements apply to all participating athletes and staff/coaches/ referees/volunteers. Persons who show proof that their vaccination status is fully up-to-date against COVID-19 and are not playing unmasked nor with unmasked teammates indoors, or have recovered from/completed isolation for laboratory confirmed COVID-19 within the past 90 days, should not be included in routine COVID-19 screening testing if the person is asymptomatic. Screening for persons whose vaccine status is NOT up-to-date and who were previously infected with COVID-19 should start or restart screening testing 90 days after the first day of symptoms or from the day of collection of first positive test (if they were asymptomatic). See Table below for examples of sports in different risk categories.

  1. **Indoor Moderate or High-Risk Sports for children of all ages and staff/coaches/ volunteers.** A weekly negative test result is required for all participants whose vaccine status is not up-to-date, including children who are playing and staff/coaches/volunteers; weekly school testing fulfills this obligation. If a team determines that requiring all players to remain masked during heavy exertion is not practicable, and players elect to participate without their masks as a result, all team members, regardless of vaccination status, are required to have screening tests for COVID-19 performed at least weekly. Please note that while community transmission in the County remains substantial or high, it is strongly recommended that participants whose vaccination status is not up-to-date or are not always masked during indoor practices, conditioning, competitive play, or performing, test two times per week.
  2. **Outdoor Moderate or High-Risk Sports for youth ages 12 and older and staff/coaches/ volunteers.** A weekly negative test result is required for all participants whose vaccination status is not up-to-date, including youth ages 12 and older who are playing and staff/coaches/ volunteers; weekly school testing fulfills this obligation.

- ❑ No screening testing is required for children under age 12 playing Outdoor Sports. For players on moderate- and high-risk sports teams who are under age 12, and are regularly transported together via buses/vans, a weekly negative test result is recommended; weekly school testing fulfills this obligation.
- ❑ If players under age 12 are participating in multi-county, multi-day competitions of Moderate or High- Risk Outdoor sports, a negative test within a 3-day window period[4] prior to their first game

last 90 days, but not within the last 10 days. Person must have completed their isolation requirement prior to participating.

[4] The 3-day window period is the 3 days before the inter-team competition. A 3-day timeframe instead of 72 hours provides more flexibility to the athlete or staff member. By using a 3-day window period, test validity does not depend on the time of the competition or the time of day that the test was

at the competition is recommended.

- ❑ No screening testing is required for athletes of any age, coaches, or support staff on moderate- or high-risk sports teams if the team is only engaged in conditioning or skill-building activities where 6 feet physical distance is maintained between participants at all times. This exemption only applies during the period of time when there are no close contact activities occurring at any practices and no competitive games. If there are any full practices or competitions occurring on certain days, then the testing requirements remain in place even if other practices only include conditioning and skill building.

  Youth participating in outdoor sports whose vaccination status is fully up-to-date are not required to test weekly unless there is a positive case among players, coaches and/or staff. If there is a positive case, all players, staff/coaches/volunteers (regardless of vaccination status) are required to have a weekly negative test result for two weeks from exposure to the case and must test negative prior to competitions.

- ❑ Team staff/volunteers whose role or functions do not include any direct interaction with athletes, coaches, or other staff (e.g., lending administrative support to the team or league but not working directly with youth or other team members) are exempt from the testing requirements.
- ❑ Occasional volunteers who have very limited direct interaction with athletes, coaches, or other staff (e.g., a volunteer referee or umpire who officiates only once or twice during the season) are not required to perform weekly screening testing but must produce proof of full vaccination against COVID-19 or proof of a negative test performed within the 3 days prior to their volunteer activity.

Ventilate

- ❑ If youth sports activities are taking place indoors, make sure your building's Heating, Ventilation, and Air Conditioning (HVAC) system is in good, working order.
- ❑ Consider installing portable high-efficiency air cleaners, upgrading the building's air filters to the highest efficiency possible, and making other modifications to increase the quantity of outside air and ventilation in all working areas.
- ❑ When weather and playing conditions allow, increase fresh outdoor air by opening windows and doors. Consider using fans to increase the effectiveness of open windows-position window fans to blow air outward, not inward.
- ❑ When indoor activities do occur, improved ventilation in gymnasiums is a critical strategy to lower risk of viral transmission and outbreaks occurring as a result of high-risk competitive play. Strategic use of fans to improve air exchange at floor level may have significant impact at mitigating this risk. See Best Practices for Gymnasium Ventilation for further guidance.
- ❑ Decrease occupancy in areas where outdoor ventilation cannot be increased.
- ❑ If your team or youth sports league utilizes transport vehicles, such as buses or vans, it is recommended to open windows to increase airflow from outside when it is safe to do so.
- ❑ See State Interim guidance for Ventilation, Filtration, and Air Quality in Indoor Environments and CDC Ventilation in Schools and Child Care Programs page.

administered. For example, if the competition is at 1pm on a Friday, the athlete or staff member could participate in the competition with a negative test that was taken any time on the prior Tuesday or after.

Support handwashing

- ❑ Place handwashing stations or hand sanitizer at entry and outside communal bathrooms with signage promoting use.
- ❑ Encourage frequent handwashing.

Communicate

- ❑ Post signage so that visitors who are entering your facility are aware of your policies, including the requirement that everyone must wear a face mask while indoors.
- ❑ Use your online platforms to communicate your COVID-19 safety policies to the public.

Take additional precautions around team travel and multi-team tournaments

- ❑ When traveling in vehicles with other members of the youth sports team not from the same household, wear masks during the entire trip and keep windows open. This includes when carpooling in family vehicles.
- ❑ If traveling outside Los Angeles County for an event, adhere to the Travel Advisory and Guidance.
- ❑ When traveling overnight, it is recommended that team members not from the same household sleep in separate rooms and keep masks on whenever visiting other members' hotel rooms.
- ❑ Socializing with other teams is strongly discouraged.

Understanding the Risks Associated with Sports during the Pandemic

Sports and physical activities that allow for 6-8 feet between other competitors, like golf or singles tennis, are going to be less risky than sports that involve frequent close contact, like basketball or wrestling. Those where athletes do not share equipment, like cross country, will likely be less risky than which have shared equipment, such as football. Those with limited exposure to other players may be a safer option. A sprint in a track race, for example, may be less risky than sports that put someone in close contact with another player for an extended period of time, like an entire half of a game.

The specific location where athletes train, practice and compete also impacts risk. Choose outdoor venues for sports and classes whenever possible. COVID-19 is more likely to spread in indoor spaces with poor ventilation. Indoor sports and activities will likely present an increased risk of transmission, especially if the sport or physical activity also involves close contact, shared equipment, and more exposure to other players, such as basketball.

The more people someone interacts with, the greater the chance of COVID-19 exposure. So small teams, practice pods or classes that stay together, rather than mixing with other teams, coaches, or teachers, will be a safer option. This will also make it easier to contact individuals if there is an exposure to COVID-19.

Staying within your community will be safer than participating on travel teams. Traveling to an area with more COVID-19 cases could increase the chance of transmission and spread. Travel sports also include intermixing of players, so athletes are generally exposed to more people.

Table 1. Examples of Sports Stratified by Risk Level

Low Risk	Moderate Risk	High Risk
• Archery • Badminton (singles) • Band • Biking • Bocce • Bowling • Corn hole • Cross country • Curling • Dance (no contact) • Disc golf • Drumline • Equestrian events (including rodeos) that involve only a single rider at a time • Golf • Gymnastics • Ice and roller skating (no contact) • Lawn bowling • Martial arts (no contact) • Physical training (e.g., yoga, Zumba, Taichi) • Pickleball (singles) • Rowing/crew (with 1 person) • Running • Shuffleboard • Skeet shooting • Skiing and snowboarding • Snowshoeing • Swimming and diving • Tennis (singles) • Track and Field • Walking and Hiking	• Badminton (doubles) • Baseball • Cheerleading • Dance (intermittent contact) • Dodgeball • Field hockey • Flag Football • Kickball • Lacrosse (girls/women) • Pickleball (doubles) • Squash • Softball • Tennis (doubles) • Volleyball	• Basketball • Boxing • Football • Ice hockey • Ice Skating (pairs) • Lacrosse (boys/men) • Martial Arts • Roller Derby • Rugby • Rowing/crew (with 2 or more people) • Soccer • Water polo • Wrestling

EXHIBIT D

Reopening Protocols for K-12 Schools: Appendix T1

Recent Updates (Changes highlighted in yellow)

1/17/22

- **Surge Protocol is Active**: Temporary measures may be implemented to address the volume of cases and contacts due to significant COVID-19 surges and includes considerations for simplifying case identification and exposure management as outlined in Appendix T2: Exposure Management Plan for TK-12 Schools
- Changes in quarantine and testing requirements for students and staff based upon vaccination status or positive COVID-19 test in past 90 days.
- Attendance thresholds have been lowered for both outdoor Mega events (5,000 attendees) and indoor Mega Events (500 attendees).

1/4/22

- Clarified language regarding indoor and outdoor masking requirements for student.

The County of Los Angeles Department of Public Health (DPH) is adopting a staged approach, supported by science and public health expertise, to enable schools serving students from transitional kindergarten through grade12 to reopen safely. In addition to the conditions imposed on schools by the State Public Health Officer and the California Department of Education, schools must also be in compliance with these employee and student safety and infection control protocols.

Please note: This document may be updated as new information and resources become available. Go to ph.lacounty.gov/Coronavirus for updates to this document.

This document starts with a discussion of current provisions for on-campus education in Los Angeles County (LAC), followed by information about safety strategies specific to the school environment.

The TK-12 reopening checklist provides safety measures in five areas:

(1) Workplace policies and practices to protect employee and student health
(2) Measures to create distancing where feasible
(3) Measures to optimize infection control
(4) Communication with employees, students and families of students and the public
(5) Measures to ensure equitable access to critical services.

These five key areas contain numerous strategies that your school may choose to implement as your facility develops a plan to provide a safe environment for all employees, students, and visitors. Although some preventive and protective measures are currently required in all schools and are clearly indicated as such in the following protocol, most measures are optional and voluntary. Nevertheless, it is still appropriate for schools to implement multiple layers of COVID-19 mitigation strategies while fully re-opening to limit cases and transmission on the school campus. Additional measures described in Appendix T2: Exposure Management Plan for K-12 Schools **must** also be implemented and are applicable to all on-site personnel. Further resources for TK-12 Schools can be found in the TK-12 School COVID-19 Toolkit.

General Reopening Guidance for All Schools
At this time, all schools are permitted to reopen for all students in any grades TK – 12.

Note for childcare programs located in schools. Local Education Agencies (LEAs) and schools that offer day care services for children on school campuses should refer to DPH Guidance for ECE Providers.

COVID-19 VACCINATION IS THE FIRST LINE OF DEFENSE

Achieving a high vaccination rate on your school campus is the first and best way to lower risk of infection and transmission at your school, greatly decrease risk of severe illness, hospitalization, and death in those who are fully vaccinated, and provide an additional layer of protection for those who cannot be fully vaccinated, are immunocompromised, or have underlying health conditions. For this reason, in addition to all requirements and recommendations written in this protocol, schools are urged to adopt strategies that normalize, promote, and facilitate COVID-19 vaccination and booster doses for all eligible staff and students on your campus. Please see LACDPH Vaccine Clinic Toolkit for Schools, a step-by-step guide with best practices for hosting a school-based vaccine clinic. Also be aware that a Health Officer Order issued by the State of California on August 11, 2021 requires all school staff to either show proof of full vaccination or be tested at least once per week. The State also announced that students will be required to be vaccinated for in person learning starting the term following full FDA approval of the vaccine for their grade span (7-12 and K-6).

TK to Grade 12 Reopening Checklist

Institution name: _____

Address: _____

Maximum Occupancy, per Fire Code: _____

Approximate total square footage of space open to faculty and/or students: _____

Estimated total number of administrators, teachers, and other employees that will be returning to support resumption of in person services for students:

_____

Estimated total number of students that will return per grade (if none, enter 0):

_____

TK: _____ **K:** _____ **1:** _____ **2:** _____ **3:** _____ **4:** _____ **5:** _____

6: _____ **7:** _____ **8:** _____ **9:** _____ **10:** _____ **11:** _____ **12:** _____

NOTE: The terms “employees” and “staff” are used in these protocols to refer to individuals who work in a school facility in any capacity associated with teaching, coaching, student support, provision of therapies or personal assistance to individual students, facility cleaning or maintenance, administration, or any other activity required for the school to function. “Employees” or “staff” may include individuals who are: paid directly by the relevant school system, paid by entities acting as contractors to the school, paid by outside entities acting in collaboration with the school to serve students, paid by third parties to provide individual student services, or unpaid volunteers acting under school direction to carry out essential functions. The term “parents” is used in these protocols to refer to any persons serving as caregivers or guardians to students.

A. WORKPLACE POLICIES AND PRACTICES TO PROTECT STAFF ("EMPLOYEES") AND STUDENTS (CHECK ALL THAT APPLY)

The school must have a COVID-19 Containment, Response and Control Plan that describes the school's comprehensive approach to preventing and containing the spread of COVID-19 on campus. The Plan includes, but is not limited to the following elements:

- ❑ A designated COVID-19 Compliance Team that is responsible for establishing and enforcing all COVID-19 safety protocols and ensuring that staff and students receive education about COVID-19. One member of this team is designated as a liaison to DPH in the event of an outbreak on campus.
- ❑ A plan or protocol, for steps that will be taken immediately upon notification of school officials that any member of the school community (faculty, staff, student, or visitor) tests positive for COVID-19.
- ❑ The plan addresses:
  - Immediate separation of the case from the school community to self-isolation at home if notification occurs while the case is on-site. The plan must allow for temporary, on-site isolation of the case if arrangements are needed for the person's return to their home.
  - Fact sheets or other informational materials that are to be given to the case (or appropriate family member/s if the case is a child) covering regulations governing self-isolation and links to sites with further information.
- ❑ A plan or protocol to initiate a School Exposure Management Plan **consistent with DPH guidance** that outlines procedures for:
  - Isolation of case(s);
  - Identification of persons exposed to cases at school;
  - Quarantine of exposed staff and students per guidelines described in Appendix T2: Exposure Management Plan for K-12 Schools.
  - Assurance of access to testing for all exposed students within the school who are not fully vaccinated, and all exposed staff who are not fully vaccinated, or fully vaccinated and overdue for their booster dose..
  - Notification to DPH of all confirmed cases of COVID-19 disease among employees and children who had been at school at any point within 14 days prior to the illness onset date. The illness onset date is the COVID-19 test date or Symptom Onset Date of the infected person, whichever is earlier. Reporting of cases should be done within 1 business day of the school's notification of the case. This can be completed online using the secure web application: http://www.redcap.link/lacdph.educationsector.covidreport or by downloading and completing the COVID-19 Case and Contact Line List for the Education Sector and sending it to ACDC-Education@ph.lacounty.gov. **Note**: The current activation of surge protocol procedures in schools now allows some flexibility in the mechanism of case reporting. See Appendix T2: Exposure Management Plan for K-12 Schools for details.
  - To address the volume of cases due to significant COVID-19 surges, temporary measures outlined in Appendix T2: Exposure Management Plan for K-12 Schools may be implemented to manage cases and exposures at school. These are **optional** measures: schools may continue routine protocols for exposure management during the surge period if there is capacity to do so.
- ❑ A plan to immediately report a cluster of cases (3 or more cases within 14 days) to the Department of Public Health. This can be done using the same reporting options described above: (1) submitting the report online at http://www.redcap.link/lacdph.educationsector.covidreport or (2) completing the COVID-19 Case and Contact Line List for the Education Sector and emailing it to ACDC-Education@ph.lacounty.gov. The Department of Public Health will work with the school to determine whether the cluster is an outbreak that will require a public health outbreak response.
- ❑ Contingency plans for full or partial closure of in-person school operations if that should become necessary based on an outbreak in the school or community.

- ❑ A plan or protocol for incorporating COVID-19 testing into regular school operations.
  - At a minimum the plan should describe the strategy for ensuring access to testing for students or employees who are symptomatic or students and staff who are not fully vaccinated and have known or suspected exposure to an individual infected with SARS-CoV-2. Note that current Cal/OSHA COVID-19 Prevention Emergency Temporary Standards (Cal/OSHA ETS) requires employers to offer testing at no cost to employees during paid time for:
    - Symptomatic unvaccinated employees, regardless of whether there is a known exposure.
    - Unvaccinated employees after an exposure.
    - Vaccinated employees after an exposure if they develop symptoms.
    - Unvaccinated employees in an outbreak (3 or more employee cases).
    - All employees in a major outbreak (20 or more employee cases).
  - Schools are required to have sufficient testing capacity two weeks after re-opening from winter break or by January 25, 2022, whichever is later, to test exposed students and staff who are unvaccinated or not fully vaccinated at least once weekly, during the 10 days after their last exposure date. **Please notify DPH immediately if you do not have testing capacity to meet this requirement.** If resources allow, schools should extend testing to include exposed students and staff who are fully vaccinated.
  - In addition, the school may consider a strategy for periodic testing for asymptomatic individuals with no known exposure. The California Department of Public Health (CDPH) is not requiring any particular frequency or procedure for asymptomatic testing at this time. However, the state has put into place support for specific testing cadences through supplemental testing supplies, shipment, laboratory capacity, enrollment and reporting technology, training, and assistance with insurance reimbursement. Schools are advised to access information and resources regarding school-centered testing at the state's Safe Schools for All hub. In times of high rates of community transmission, LA County recommends that periodic testing include fully vaccinated individuals where resources allow. **Note**: At this time given the volume of cases and contacts in the current pandemic surge, along with challenges in meeting the demand for testing, response testing for symptomatic and exposed individuals should be the priority. In the event of wide-scale or repeated exposures within a school, weekly testing of all unvaccinated or not fully vaccinated students may be considered until such time that exposure events become less frequent. See Appendix T2: Exposure Management Plan for K-12 Schools for additional details.
  - The plan must provide that all testing results will be reported to the Department of Public Health.
  - Please note: Screening testing is not recommended for persons who have recovered from laboratory confirmed COVID-19 within the past 90 days and are asymptomatic.
- ❑ Consider assigning vulnerable employees (employees not yet fully vaccinated who are above age 65 and/or with chronic health conditions that would place them at high risk if infected) work that can be done from home when feasible. Employees in this category should discuss any concerns with their healthcare provider or occupational health services to make appropriate decisions on returning to the workplace.
- ❑ Consider reconfiguration of work processes to the extent consistent with academic requirements and student needs to increase opportunities for employees to work from home.
- ❑ All employees have been told not to come to work if sick. School officials have provided information to employees regarding employer or government sponsored leave benefits.
- ❑ Employees with an exposure or suspected exposure to a person who has COVID-19 must follow quarantine guidance as detailed in Appendix T2: Exposure Management Plan for K-12 Schools.
- ❑ Use of school facilities for non-school purposes (community meeting or events, on-site clinic visits by people who are neither students nor staff, etc.) is permitted. Use of indoor school facilities provides more risk of contamination of indoor air and surfaces and care should be taken to avoid unnecessary exposure for regular school employees and students. Routine cleaning after use of indoor facilities by non-school groups is recommended. Use of outdoor athletic fields by non-school youth sports teams, leagues, or clubs is permitted

as long as care is taken to avoid unnecessary exposures for regular school employees and students.

- ❑ Employee screenings are recommended to be conducted before employees may enter the workspace. Entry screening should include a check-in concerning cough, shortness of breath, difficulty breathing and fever or chills and if the employee is currently under isolation or quarantine orders. Temperature checks are recommended if feasible.
  - These screenings can be done in-person upon arrival at the site or remotely before arrival using a digital app or other verifiable approach.
  - Note that current Cal/OSHA ETS requires employers to exclude employees from the workplace who have COVID-19 symptoms and/or are not fully vaccinated and have had a close contact. Cal/OSHA does not prescribe any particular method of employee screening but implementing some method as recommended will assist in compliance with the current ETS.
- ❑ Masking is required for anyone entering school buildings or transports (school buses as well as school buildings) who has contact with others (students, parents, or other employees).
  - Employees who have contact with others are offered, at no cost, an appropriate face mask that covers the nose and mouth. The mask must be worn by the employee at all times during the workday and is in contact or likely to come into contact with others. Employees who have been instructed by their medical provider that they should not wear a face mask must wear a face shield with a drape on the bottom edge, as long as their condition permits it. A drape that is form fitting under the chin is preferred. Masks with one-way valves must not be used.
  - Employees who are exempt from wearing a mask **must** undergo COVID-19 testing at least twice per week unless the employee provides proof of full vaccination status against COVID-19 and proof of receipt of booster dose once they become eligible. In times of high rates of community transmission, LA County recommends that this periodic testing also include fully vaccinated individuals with or without booster doses where resources allow.
  - **Requirement to provide upgraded masks to all school employees:** At this time, all school employees, as defined above, must wear surgical-grade masks (also referred to as medical procedure masks) or higher-level PPE (e.g., KN95 or N95 respirator masks). For those wearing surgical masks, double masking, with a cloth face covering worn over the surgical mask, is recommended for enhanced protection. Cloth face coverings alone are no longer acceptable, as they do not provide the same level of source control or personal protection as a proper surgical mask or higher-level PPE. Schools should implement this directive as soon as possible but must be in compliance no later than two weeks after the post-holiday reopening date of the school or district or January 17, 2022, whichever is later.
  - Employers are required to provide, upon request, respirators to any unvaccinated employee along with instructions on how to ensure the mask fits appropriately.
  - All staff **must** wear a face mask at all times when indoors, except when working alone in private offices with closed doors; when they are the **only** individual present in a larger open workspace for multiple employees; or when eating or drinking.
  - All staff are also required to wear masks outdoors on school campuses, except when eating or drinking, when in crowded outdoor settings where distancing cannot be easily and reliably maintained.
  - It is strongly recommended but not required that students wear upgraded masks which at a minimum are well-fitting, non-cloth mask of multiple layers of non-woven material with a nose wire. Nothing in this protocol requires that the school provide upgraded masks to its general student population. **However, universal masking with some appropriate type of face covering is still currently required for both indoor and outdoor settings on the school campus**. Exceptions would include when actively eating or drinking and in outdoor settings where physical distancing can be reliably maintained.
  - For the most updated LACDPH guidance and information on masking, refer to COVID-19 Masks.

- Alternative protective strategies may be adopted to accommodate students who are on Individualized Education or 504 Plans and who have medical reasons why they cannot use or tolerate a face mask. Students who present appropriate documentation demonstrating a disability or condition that does not allow them to safely wear a mask should wear a face shield with drape at the bottom if their condition allows it. Students with documented conditions that do not accommodate the face shield and drape may request a reasonable accommodation from the school or district. Assessing for exemption due to a medical condition, mental health condition, disability or hearing impairment that prevents wearing a mask, is a medical determination and therefore must be made by a physician, nurse practitioner, or other licensed medical professional practicing under the license of a physician. Self-attestation and parental attestation for mask exemptions due to the aforementioned conditions do not constitute medical determinations. Appropriately documented medical exemptions are the only acceptable reason a student may be excused from the requirement to wear a mask indoors at school. Personal belief or religious exemptions do not apply to masking requirements.
- It is strongly recommended that any student who is exempt from wearing a mask indoors be tested for COVID-19 at least twice a week, unless they provide proof of full vaccination status (and booster status if eligible) against COVID-19. In times of high rates of community transmission, LA County recommends that this periodic testing also include fully vaccinated and boosted individuals where resources allow.
- Public schools should be aware of the requirements in AB 130 to offer independent study programs for the 2021-22 school year.

❑ It is recommended that employees be instructed to wash or replace their face masks daily and parents be instructed to ensure that children have clean face masks.

❑ To ensure that masks are worn consistently and correctly, staff are discouraged from eating or drinking except during their breaks when they are able to safely remove their masks and increase their physical distance from others. Eating or drinking outdoors is best but eating or drinking at a cubicle or workstation indoors is preferred to eating in a breakroom if eating in a cubicle or workstation permits greater distance from and barriers between staff.

❑ Consider increasing space between employees in any room or area used by staff for meals and/or breaks, especially when space will be shared by employees who are not fully vaccinated or whose vaccination status is unknown.

❑ All employees, on-site contractors, vendors, and delivery personnel have been provided instructions regarding required use of face masks when around others indoors.

❑ Break rooms, restrooms, classrooms, and other common areas used or visited by staff are cleaned at the frequency listed below. Routine cleaning is recommended at a frequency no less than once per day during periods of operation but may be done more frequently.

- Break rooms _____
- Restrooms _____
- Classrooms _____
- Laboratories _____
- Nurse's office _____
- Counseling and other student support areas _____
- Front office _____
- Other offices _____
- Other (auditorium, gymnasium, library if in use) _____

❑ High touch areas in staff breakrooms are recommended to be cleaned at least once per day.

❑ It is recommended that hand sanitizer effective against COVID-19 be made available to all employees in

or near the following locations (check all that apply):

- Building entrance/s, exit/s _____
- Central office _____
- Stairway entrances _____
- Elevator entry (if applicable) _____
- Classrooms _____
- Faculty breakroom _____
- Faculty offices: _____

❑ It is recommended that employees be offered frequent opportunities to wash their hands with soap and water.

❑ Copies of this Protocol have been distributed to all employees.

❑ Optional—Describe other measures:

_____

B. MEASURES TO ALLOW FOR RECOMMENDED PHYSICAL DISTANCING AND REDUCE CROWDING BY STAFF, STUDENTS AND VISITORS (CHECK ALL THAT APPLY)

NOTE: LACDPH recommends that measures be implemented to create physical distancing when doing so will not interfere with the full-time attendance of all enrolled students. This is especially important during times that groups of students are outside the classroom (e.g., hallway transitions) and/or anytime masks must be removed in a group setting (e.g., lunch time, recess) where increased physical distance is preferred. For situations when physical distancing may not be feasible (e.g., very full classrooms), the importance of 100% mask adherence is critical.

❑ Maximum number of employees permitted in facility, is:_____.

❑ Face masks are required at all times on school buses and vans.

❑ Consider maintaining measures to promote physical distancing of students on school busses since many students remain unvaccinated. These measures may include (check all that apply):

- Seating one child per bus seat. _____
- Use of alternating rows. _____
- Open windows as air quality and rider safety concerns allow. _____

❑ Additional measures that may be considered to promote physical distancing and reduce rider density on school buses (Check all that apply):

- Staggered school start times to permit more than one trip per bus at school start and close. _____
- Implementation of measures that make it easier for parents to drive students to school, such as availability of early opening with staff presence, expanded short-term parking at schools, and presence of staff at drop-off areas to assure safe movement of students from drop-off to school entry. _____
- Implementation of measures that facilitate safe and age-appropriate student travel to school including Safe Routes to School walking groups, use of school crossing guards, bicycle safety and bike route programming. _____
    - Parents have been engaged in working with school personnel to assure that alternative transportation options are appropriately supervised and have incorporated strategies for physical distancing and use of face masks.
    - Building infrastructure is adapted to maximize support for bicycle commuting and capacity for bike storage is increased if possible.
- Other: _____

- ❑ Consider implementing measures to reduce crowding as students, parents or visitors enter and move through the school building. These may include (check all that apply):
  - Schedules are adjusted to avoid crowding in common spaces and when possible, allow single classrooms or small groups to move through common spaces (such as hallways and bathrooms) at a given time. _____
  - School employees are deployed in hallways to promote physical distancing and reduce loitering and crowding as students enter and proceed to classrooms. _____
  - Elevator capacity, if applicable, is limited to reduce crowding. All riders are required to wear face masks. _____
  - The following measures may be implemented to avoid crowding on stairways:
    - Designation of up and down stairways _____
    - Staggering of breaks between classes _____
    - Monitoring of stairways by school staff _____
    - Other: _____
- ❑ Consider adopting a school-wide approach to creating and maintaining stable groups, in which supervising adults and children stay together for as many activities as possible (e.g., meals, recreation, etc.), and avoid inter-mingling with people outside of their group in the setting, throughout the school day. Stable groups are considered a best practice at all grade levels and therefore recommended but not required.
  - Students with IEP or 504 plans who require specialized services may be pulled out of their general education classroom and grouped with other students requiring similar services as needed to provide appropriate level of instruction and care.
  - Specialized staff who serve students with IEP or 504 plans and/or provide specialized services will need to work with different stable groups during the school day and this should be accommodated. Staff that are not fully vaccinated should consider wearing a face shield in addition to the required mask if entering multiple classrooms for this purpose. All staff should be encouraged to wash or sanitize hands after leaving a classroom and before entering another classroom with a different group of students.
- ❑ Consider implementing measures that allow for recommended physical distancing within classrooms when possible without interfering with essential operations. These may include the following measures (check all that apply):
  - Classroom furniture is set up to maximize distance between students and between students and teachers. As a best practice, avoid using "pod" seating arrangements in classrooms. Where distancing is not feasible consider other safety measures including focus on high mask adherence.
  - Consider enhancing other mitigation layers, such as stable groups or improved ventilation.
  - Maintain an increased distance as much as possible during times when students or staff are not masked (e.g., due to eating or drinking, napping).
  - Nap or rest areas in classrooms have students placed an increased distance apart and alternating feet to head.
  - Other: _____
- ❑ Consider offering physical education classes outdoors as much as possible and select activities that allow for physical distancing. Physical education classes held indoors requires all present to wear masks except when drinking water.
- ❑ Consider implementing school policies that promote physical distancing in locker rooms. Policies may include:
  - Offering access to locker rooms only when staff supervision is possible. Staggering locker room access. Consider limiting the total time students and student athletes spend in locker rooms, for

example, suggest student athletes shower at home after practice and games.

- Creating alternative options for storage of student clothing, books, and other items.

❑ Consider implementing measures to increase physical distancing during school meals when students will be unmasked. These may include (check all that apply):

- Meals are eaten in classrooms or outdoors, without mingling of stable groups from different classrooms. _____
- If students line up to pick up food, tape or other markings are used to promote distance between students. _____
- Staff are deployed during meals to maintain distancing and prevent mixing of students from different stable groups. _____
- If meals take place in a cafeteria, mealtimes are staggered to reduce the number of groups in the cafeteria at any one time. _____
- If meals take place in a cafeteria, space between all tables/chairs has been increased to maintain distance between students while eating. Barriers between tables and/or chairs may be used as an alternative when distancing is not possible. _____

❑ Consider implementing measures to promote physical distancing in school areas used for student support services.

- Student support staff, including school employees (nurses, guidance counselors, therapists, etc.) and employees of adjunct support programs (clinicians, health educators, etc.) are encouraged to maintain when feasible physical distance while engaging in student support activities.
- Furniture and equipment in school areas used for student support services are arranged to promote distancing between any two students and/or between students and staff.
- Sharing of equipment and supplies is avoided where possible.
- Staff offering student support services are provided with appropriate Personal Protective Equipment (PPE) per Cal/OSHA requirements.

C. MEASURES THAT ENSURE INFECTION CONTROL (CHECK ALL THAT APPLY TO THE FACILITY)

❑ Symptom screening is recommended to be conducted before students, visitors and staff enter the school. Screening should include a check-in concerning symptoms consistent with possible COVID-19 and any other symptoms the individual may be experiencing. These checks can be done remotely (using a digital app) or in person upon arrival. A temperature check with a no-touch thermometer at entry can be included as part of the screening, if feasible, especially for visitors who may not be part of a systematic at-home screening process.

- Students, staff, and visitors who screen positive at entry or who report symptoms at any point during the school day should be reported to the COVID-19 Compliance Team (see Section A). The COVID-19 Compliance Team will determine whether the individual should be excused from the facility according to DPH guidance on Symptom and Exposure Screening Pathways at Educational Institutions. Students who screen positive are provided a surgical mask, unless they are already wearing a mask of recommended quality and accompanied to a pre-selected isolation space where they can remain while a determination is made on exclusion and arrangements are made for their return home, where indicated.
- Per the DPH Symptom and Exposure Screening Pathways, students, staff, and visitors who have had close contact with an individual who has screened positive for symptoms consistent with possible COVID-19 are notified of the potential exposure. These individuals are not required to quarantine unless the exposure has been confirmed through a positive COVID-19 diagnostic viral test or a clinical diagnosis from a medical provider. Students who have a confirmed exposure are accompanied to preselected quarantine space where they can remain until arrangements are made for their return

home, unless the student meets criteria to remain in the classroom space during the post-exposure period (students who remain in the classroom space post-exposure must wear a well-fitting, non-cloth mask of multiple layers of non-woven material with a nose wire). This quarantine space is apart from the one set aside for symptomatic students. It may be a separate room or an area within the same room that is set apart by a barrier. Once they return home, they are instructed to self-quarantine as required by Health Officer Quarantine Order.

- ❑ Screening of adults and of middle and high school age students should include a question about close contact with anyone at home, school or elsewhere in the past 10 days who has tested positive for COVID-19.
  - Anyone who is screened for recent exposure and reports close contact with an infected person should be managed per guidance in Appendix T2: Exposure Management Plan for K-12 Schools
- ❑ Consider implementing measures to limit risk of infection due to visits by individuals other than staff and students.These may include (check all that apply):
  - Visitors should be registered in a visitor log that includes a visitor's name, phone number and email address in case this information is needed in the future for contact tracing purposes. If a visitor must be accompanied by another person (e.g., for translation assistance, or because the visitor is a minor, or has minor students) their information should also be captured in the visitor log. _____
  - Movement of visitors within the school is best limited to designated areas such as the reception or lobby area, offices, conference or meeting rooms, and public rest rooms to the extent feasible, in order to reduce unnecessary interaction with any stable learning groups. _____
  - Visitors arriving at the school are reminded to wear a face mask at all times while inside the school. This applies to all adults and to children 2 years of age and older. Individuals who have been instructed by their medical provider that they should not wear a face mask should wear a face shield with a drape on the bottom edge, as long as their condition permits it. A drape that is form fitting under the chin is preferred. Masks with one-way valves must not be used. To support the safety of your employees and other visitors, a face mask should be made available to visitors who arrive without them. For the safety of the visitors, as well as the entire school population, it is recommended but not required at this time that visitors wear an increased grade of mask while on campus such as a surgical grade (or medical procedure) mask or higher-level PPE (e.g., KN95 or N95 respirator). _____
- ❑ Implementing measures to promote optimal ventilation in the school is strongly recommended. These may include (check all that apply):
  - Movement of classroom learning, meals, and activities to outdoor space is maximized whenever feasible and weather permitting. _____
  - The school HVAC system is in good, working order. Prior to school reopening, consider having the HVAC system evaluated by an appropriate engineer familiar with the Guidance for Reopening Schools as developed by the American Society of Heating, Refrigerating, and Air-conditioning Engineers (ASHRAE). _____
  - HVAC systems are set to maximize indoor/outdoor air exchange unless outdoor conditions (recent fire, very high outside temperature, high pollen count, etc.) make this inappropriate. _____
  - Portable, high-efficiency air cleaners have been installed if feasible. _____
  - Doors and windows are kept open during the school day if feasible and if outdoor conditions make this appropriate. Existing fire codes requiring closure of fire-rated doors must be respected. _____
  - Air filters have been upgraded to a higher efficiency (MERV-13 or higher rating is preferred). _____
  - Due to large room capacity and high-risk activities occurring on the court, improved ventilation in gymnasiums is a critical strategy to lower risk of viral transmission and outbreaks occurring as a result of high-risk competitive play. Strategic use of fans to improve air exchange at floor level may have significant impact at mitigating this risk. See Best Practices for Gymnasium Ventilation for further

guidance. _____

- Other: _____

❑ It is recommended to have measures in place to promote appropriate cleaning of space, surfaces, and objects throughout the school. These may include (check all that apply).

- A cleaning schedule has been established in order to avoid both under-and over- use of cleaning products. _____
- Buses are thoroughly cleaned daily and disinfected after transporting any individual who is exhibiting symptoms of COVID-19. Drivers are equipped with disinfectant wipes and disposable gloves to support disinfection of surfaces as needed during a run. Frequently touched surfaces are cleaned after every completed bus route. _____
- Common areas and frequently touched objects in those areas (tables, doorknobs, light switches, countertops, handles, desks, phones, keyboards, elevator switches and buttons, touch screens, printers/copiers, grab bars, and handrails) are cleaned at least daily and more frequently as resources allow using appropriate products (see below). _____
- Drinking fountains may be available for use. To minimize the risk of Legionnaire's disease and other diseases associated with water, take steps to ensure that all water systems and features (e.g., drinking fountains, decorative fountains) are safe to use after a prolonged facility shutdown. This includes proper flushing and may require additional cleaning steps (including disinfection). Refer to CDC Guidance for Reopening Buildings After Prolonged Shutdown or Reduced Operation: https://www.cdc.gov/coronavirus/2019-ncov/php/building-water-system.html. _____
- Where individualized alternatives are not feasible, for example, in laboratories and art rooms where some equipment may have to be used by multiple students, objects and surfaces are sanitized between users. _____
- Cleaning products that are effective against COVID-19 (these are listed on the Environmental Protection Agency (EPA)-approved list "N) are used according to product instructions. When EPA-approved disinfectants are not available, alternative disinfectants can be used (for example, 1/3 cup of bleach added to 1 gallon of water, or 70% alcohol solutions). Do not mix bleach or other cleaning and disinfection products together – this causes toxic fumes that may be very dangerous to breathe. _____
- Custodial and other staff responsible for cleaning and disinfecting school surfaces and objects are trained on manufacturer's directions, Cal/OSHA requirements for safe use and as required by the Healthy Schools Act, as applicable. _____
- Custodial staff and other staff responsible for cleaning and disinfecting are equipped with appropriate personal protective equipment (PPE), including gloves, eye protection, respiratory protection and other appropriate protective equipment as required by the product. _____
- All cleaning products are kept out of children's reach and stored in a space with restricted access. _____
- Ventilation is maximized during cleaning and disinfecting to the extent feasible. If using air conditioning, use the setting that brings in fresh air. Replace and check air filters and filtration systems to ensure optimal air quality. _____
- Enhanced cleaning and disinfection of school premises, when indicated, is done when students are not at school with adequate time to let spaces air out before the start of the school day. _____
- Steps are taken to ensure that all water systems and sinks are safe to use after a prolonged facility shutdown to minimize the risk of Legionnaires' disease and other diseases associated with water. _____
- Restrooms, lobbies, break rooms and lounges, and other common areas are cleaned at the frequency listed below. Routine cleaning is recommended at a frequency no less than once per day during

periods of operation but may be done more frequently.

- Restrooms: _____
- Lobbies/entry areas: _____
- Teacher/staff break rooms: _____
- Classrooms: _____
- Cafeteria dining area: _____
- Cafeteria food preparation area: _____
- Front office: _____
- Other offices: _____
- Other areas: _____

❑ Measures are in place to ensure use of appropriate face masks by all staff, students, and visitors at all times when indoors. These must include (check all that apply):

- Staff, parents, and students are informed of the requirement for face masks prior to the start of the school year and on a regular basis throughout the school year. _____
- All students 2 and older are required to wear face masks at all times while indoors on school property except while eating, drinking, or carrying out other activities that preclude use of face masks. _____
- All students 2 and older are also required to wear masks while outdoors on campus when in crowded settings, and in other outdoor spaces where distancing is not possible or practical.
- It is strongly recommended but not required that students wear upgraded masks. A well-fitting, non-cloth mask of multiple layers of non-woven material with a nose wire is recommended. Nothing in this protocol requires that the school provide upgraded masks to its general student population. **However, universal masking with some appropriate type of face covering is still currently required for both indoor and outdoor settings on the school campus**. Exceptions to universal masking requirements would include when actively eating or drinking and in outdoor settings where physical distancing can be reliably maintained. Upgraded level of masking may be required for a limited time in special circumstances such as a student in school who was recently isolating after illness and/or a positive test, or recently exposed to a confirmed case.
- Alternative protective strategies may be adopted to accommodate students who are on Individualized Education or 504 Plans and who have medical reasons why they cannot use or tolerate a face mask. They should substitute a face shield with drape at the bottom if tolerated. Assessing for exemption due to a medical condition, mental health condition, disability that prevents wearing a mask, or hearing impairment is a medical determination and therefore must be made by a physician, nurse practitioner, or other licensed medical professional practicing under the license of a physician. Self-attestation and parental attestation for mask exemptions due to the aforementioned conditions do not constitute medical determinations. Appropriately documented medical exemptions are the only acceptable reason a student may be excused from the requirement to wear a mask indoors at school. Personal belief or religious exemptions do not apply to masking requirements.
- Information is provided to staff, parents and students concerning proper use of face masks including the need to wash or replace face masks after each day's use. _____
- Signage at the entry to the school, at the entry to the school office and throughout the school building reinforces this requirement and depicts proper use of face masks. _____
- As feasible, two face masks are provided to each student at the start of the school year. If that is not feasible, parents and students are given information concerning methods for making their own face masks. _____
- Parents of younger children are encouraged to provide a second face mask for school each day in case the one a child is wearing gets soiled; this would allow for a change of the face mask during the

day. _____

- Staff who are deployed at school entry or in hallways or other common areas remind students of rules concerning use of face masks. _____
- Employees engaged in activities (such as provision of physical therapy or personal assistance to individual students) are equipped with appropriate personal protective equipment (gloves, masks, gowns, etc.), as appropriate. _____

NOTE: Staff and students who are alone in closed offices are not required to wear face masks. Students may also remove face masks indoors when eating or napping or when wearing a face mask is otherwise impracticable (e.g., while swimming or showering). The school may consider whether it is appropriate for a teacher in the early grades to use a plastic face shield with a tucked-in drape below the chin as a substitute for a face mask to enable the youngest students to see their teacher's face and avoid potential barriers to phonological instruction. Masks with transparent areas that make the lips and mouth visible also exist for this purpose and are permitted as an exemption to the upgraded mask requirements for staff for this specific purpose and only for the period of time when this activity requires the exemption.

❑ Implementing measures to promote frequent hand washing by staff, students, and visitors is recommended. These may include (check all that apply):

- Students and staff are given frequent opportunities to wash their hands for 20 seconds with soap, rubbing thoroughly after application, and use paper towels (or single-use cloth towels) to dry hands thoroughly. _____
- Younger students are regularly scheduled for frequent handwashing breaks, including before and after eating, after toileting, after outdoor play, and before and after any group activity. _____
- Staff are instructed to model frequent handwashing, especially in lower grades where bathroom time is an opportunity to reinforce healthy habits and monitor proper hand washing. _____
- Portable handwashing stations have been placed near classrooms to minimize movement and congregations in bathrooms to the extent practicable. _____
- Ethyl alcohol-based (contains at least 60% ethanol) hand sanitizer is made available to students and staff at strategic locations throughout the school where there is no sink or portable handwashing station (in or near classrooms, rooms in which support services are provided, music and art rooms). Ethyl alcohol-based hand sanitizer is preferred and should be used in school environments. Hand sanitizers with isopropyl alcohol as the main active ingredient are not used in the school, as it is more irritating and can be absorbed through the skin. _____
- Swallowing alcohol-based hand sanitizers can cause alcohol poisoning. Hand sanitizer is not out in the open and should be used with adult supervision for children under age 9. Faculty and staff have been made aware of the risk of ingestion and that they should call Poison Control at 1-800-222-1222 if there is reason to believe that a student has consumed hand sanitizer. _____
- Hand sanitizer, soap and water, tissues and trash cans are available at or near the entrance of the facility, at reception, and anywhere else inside the workplace or immediately outside where people have direct interactions. _____

SPECIAL CONSIDERATIONS FOR PERFORMING ARTS

❑ **Music classes**

- Any group musical activity requires participants to wear face masks both indoors and outdoors. However, individuals may practice such activities without masks when outdoors when alone, with enhanced physical distancing from others, and when alone indoors in a studio or practice room with the door closed.
- Playing of wind instruments is permitted in a group setting as long as the following safety measures are adhered to:
  - Those playing wind instruments must properly wear a modified face covering that allows for

direct contact with the instrument mouthpiece whenever they are playing the instrument. During periods that the students are not actively practicing or performing, they should switch to full face coverings.

  - Instrument bell covers must be used during playing of wind instruments.
  - A minimum of 3 feet of physical distancing must be maintained between any individual playing a wind instrument and all other participants.
  - Perform at least weekly screening testing with either PCR testing or antigen testing of **all** individuals who are not fully vaccinated and participating in the group practice or performance.
- For activities that generate more forceful expired respiratory droplets such as singing, increased distance between individuals and engaging in these activities outside is strongly recommended. Individual singers may practice alone outdoors and indoors in a studio or practice room without a mask or with a single instructor present if both of them are appropriately masked per the guidance contained above in this protocol. Increased distance between the singer and instructor is recommended.
- Limit the exchange (or sharing) of any instruments, parts, music sheets, or any other items.
- Use disposable absorbent pads or other receptacles, where possible, to catch the contents of spit valves or water keys, discard or clean properly after use.

❑ **Theater classes**

- Students and instructors in theater classes must wear face masks at all times. It is recommended that there be increased physical distance if the participants are enunciating (for example, those in a theater workshop).
- Limit, where possible, sharing of props, costumes, and wigs. If they must be shared, choose props, costumes and other materials that can be more easily disinfected. All props must be disinfected before first use on the set, and between uses by different actors. All shared clothing must be cleaned after each use. All wigs or other shared prosthetics must be disinfected after each use.
- Clean dressing rooms, green rooms, and production areas using a disinfectant from EPA's List N: Disinfectants for COVID-19.
- Consider holding virtual or outdoor rehearsals and performances instead of indoor. Masks must be worn at all times when multiple individuals are participating together in the activities.

❑ **Dance classes**

- Students and instructors must wear face masks at all times. Masks may be removed briefly to drink water; during water breaks, students should be reminded to maintain an increased distance from others while masks are removed. Students should be reminded to limit their exertion to a level that is comfortable while wearing a face mask and to immediately take a break from exercise if they begin to experience any difficulty breathing. Masks may be briefly removed while a participant rests and catches their breath as long as they move an appropriate distance from all others in the space. Masks should be changed if they become wet, if they stick to a person's face, or if they obstruct breathing.
- For activities that generate a greater volume of respiratory droplets such as heavy exertion, increasing the distance between individuals and limiting such activities to outdoor space is strongly recommended.
- Maximize use of outdoor space for practice and performance as much as possible. Masks must be worn at all times when multiple individuals are participating together in the activities.

❑ **Music Recording**

- Singing in sound booths/recording booths is permitted at this time as long as face masks are worn at all times as required. Increased distance between singers and from all others in the booth is strongly recommended due to the large amount of respiratory droplets released into a relatively small, confined indoor space.

- Playing of wind instruments inside a sound booth with others present in the booth is permitted as long as musicians comply with all requirements above. Refer to section on music classes.
- Singers or musicians playing wind instruments are permitted to perform in the sound booth without masks and other protective equipment only if they are sealed in the booth for solo recording and no other individuals are in the booth at the time.
- Other group instrumental music may be recorded using a sound booth; however, a minimum of 3 feet of physical distance should be maintained between all musicians at all times and masks are required as for all other spaces.
- Before the booth is used by another musician or group of musicians, the booth should be well ventilated (consider use of an air purifying device) to promote full air exchange and shared equipment (e.g., microphones) should be sanitized.

❑ **Performances**

- Any performances should follow the Best Practices Guidance for Smaller Events to reduce the risk of spreading COVID-19, unless your performance or event is a Mega Event (defined as more than 500 attendees in an indoor venue or 5,000 attendees outdoors), then you should follow the Guidance for Mega Events.
- Note that all performances in TK-12 school-sponsored productions require use of masks in indoor spaces by all persons present, including performers during the performance, regardless of vaccination status. At this time, student performers are also required to wear appropriate face coverings during outdoor performances as well. Spectators are not required to mask outdoors unless the performance qualifies as an outdoor mega-event. A TK-12 school-sponsored performance includes any performing art activity that is supervised, organized or sponsored by the school and includes students as part of their curricular or extracurricular programming, regardless of whether the performance is held at the school campus or at an offsite venue.

D. MEASURES THAT COMMUNICATE TO THE CAMPUS COMMUNITY AND THE PUBLIC

❑ Information should be sent to parents and students prior to the start of school concerning school policies related to (check all that apply):

- Isolation and quarantine policies as they apply to students who have symptoms or may have been exposed to COVID-19 _____
- Options for COVID-19 testing if the student or a family member has symptoms or has been exposed to COVID-19 _____
- Who to contact at the school if student has symptoms or may have been exposed: _____
- How to conduct a symptom check before student leaves home _____
- Required use of face masks _____
- Importance of student compliance with any physical distancing and infection control policies in place _____
- Changes in academic and extracurricular programming in order to avert risk _____
- School policies concerning parent visits to school and advisability of contacting the school remotely _____
- Importance of providing the school with up-to-date emergency contact information including multiple parent contact options _____
- Other: _____

❑ A copy of this protocol is posted at all public entrances to the school and uploaded to a public facing page on the school or district website.

- ❑ Signage has been posted throughout the school reminding staff and students of policies concerning use of face masks and importance of hand washing.
- ❑ Signage is posted at each public entrance of the school informing visitors that they should not enter the facility if they have symptoms of COVID-19.
- ❑ The school has developed and circulated a communication plan in case full or partial closure is required due to a possible cluster of COVID-19 cases.
- ❑ Online outlets of the school (website, social media, etc.) provide clear, up-to-date information about building hours, visitation policies, changes in academic and extracurricular programming, and requirements concerning use of face masks, physical distancing, and hand washing.
- ❑ Online outlets instruct students, parents, and teachers on how to contact the school in case of infection or exposure.

E. MEASURES THAT ENSURE EQUITABLE ACCESS TO CRITICAL SERVICES

- ❑ A plan for updating Individualized Education Plans (IEPs) and 504 Plans of students with special needs has been developed to ensure that education can continue without undue risk to the student.
  - This plan includes a method for proactive school contact with parents at the beginning of the school year to assure that issues related to the child's education and safety are being addressed.
  - Modifications to individual IEPs and 504 plans may involve remote learning, modifications to the classroom to accommodate student needs, school attendance in a separate area with few students, or a hybrid approach combining in-class and remote learning.
  - Steps taken to modify IEPs and 504 plans to assure student safety comply with relevant provisions of state and federal law.
- ❑ Administrative services or operations that can be offered remotely (e.g., class registration, form submission, etc.) have been moved on-line.

Any additional measures not included above should be listed on separate pages, which the business should attach to this document.

You may contact the following person with any questions or comments about this protocol:

Business Contact Name: _____

Phone Number: _____

Date Last Revised: _____

SUMMARY OF REQUIRED PROCEDURES CONTAINED IN THIS DOCUMENT

- ❑ The school must have a COVID-19 Containment, Response and Control Plan that describes the school's comprehensive approach to preventing and containing the spread of COVID-19 on campus.
- ❑ A plan or protocol to initiate a School Exposure Management Plan consistent with DPH guidance.
- ❑ A plan to immediately report a cluster of cases (3 or more cases within 14 days) to the Department of Public Health.
- ❑ A plan or protocol for incorporating COVID-19 testing into regular school operations, which at a minimum should describe the strategy for ensuring access to testing for students or employees who are symptomatic or have known or suspected exposure to an individual infected with SARS-CoV-2.
- ❑ The plan must provide that all testing results will be reported to the Department of Public Health. All

employees have been told not to come to work if sick or if they have been exposed to a person who has COVID-19.

- ❑ Anyone entering school buildings or transports (school buses as well as school buildings) who has contact with others (students, parents, or other employees) is required to wear a face mask while indoors regardless of vaccination status.
- ❑ School employees are required to wear higher grade masks. Surgical masks are minimum requirement. Higher level PPE (e.g., KN95 or N95 respirator masks may also be considered).
- ❑ Students and staff are required to wear masks in outdoor spaces, unless eating or drinking, in any crowded setting where physical distancing cannot be easily or reliably maintained.
- ❑ Assessing for mask exemption due to a medical condition, mental health condition, disability or hearing impairment that prevents wearing a mask, is a medical determination and therefore must be made by a physician, nurse practitioner, or other licensed medical professional practicing under the license of a physician.
- ❑ All employees, on-site contractors, vendors, and delivery personnel have been provided instructions regarding required use of face masks when around others indoors.
- ❑ Copies of this Protocol have been distributed to all employees.
- ❑ Face masks required at all times on buses.
- ❑ Information should be sent to parents and students prior to the start of school concerning school policies related to COVID-19 prevention.
- ❑ A copy of this protocol is posted at all public entrances to the school and uploaded to a public facing page on the school or district website.
- ❑ Signage has been posted throughout the school reminding staff and students of policies concerning use of face masks and importance of hand washing.
- ❑ Signage is posted at each public entrance of the school informing visitors that they should not enter the facility if they have symptoms of COVID-19.
- ❑ A plan for updating Individualized Education Plans (IEPs) and 504 Plans of students with special needs has been developed to ensure that education can continue without undue risk to the student.
- ❑ Per order of the State Public Health Officer, all school staff are required to show proof of full COVID-19 vaccination or be tested at least once per week.

EXHIBIT E

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 376105017
Report Date: 09/29/2021
Date Signed: 09/29/2021 04:37:14 PM

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY **COMPLAINT INVESTIGATION REPORT**	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 7575 METROPOLITAN DR STE 110 SAN DIEGO, CA 92108

This is an official report of an unannounced visit/investigation of a complaint received in our office on **09/20/2021** and conducted by Evaluator Keturah Lane

PUBLIC	COMPLAINT CONTROL NUMBER: 51-CC-20210920085958

FACILITY NAME:	FOOTHILLS CHRISTIAN INFANT PROGRAM		**FACILITY NUMBER:**	376105017
ADMINISTRATOR:	TIFFANY MCHUGH		**FACILITY TYPE:**	830
ADDRESS:	315 WEST BRADLEY AVENUE		**TELEPHONE:**	(619) 442-7728
CITY:	EL CAJON	**STATE:** CA	**ZIP CODE:**	92020
CAPACITY:	14	**CENSUS:** 11	**DATE:**	09/29/2021
		UNANNOUNCED	**TIME BEGAN:**	09/15 AM
MET WITH:	TIffany McHugh		**TIME COMPLETED:**	10:15 AM

ALLEGATION(S):

1. Masks are not being worn by staff and children

INVESTIGATION FINDINGS:

On 9/29/21 at 9:15 AM, Licensing Program Analysts (LPAs) Keturah Lane and Tyra Block conducted an unannounced complaint inspection in reference to the above allegation at the facility. LPAs met with Director Tiffany McHugh and toured the facility. Census was 6 children in the toddler room (B2 – Koala) with staff members Kristah McDaris and Marta Menak and 5 children in the infant room (B1 – Giraffe) with staff members Linda Kitchen and Rachel Shook. Total census today is 11 children. Facility also has a preschool license #376701150.

During tour, LPAs observed appropriate capacity and ratios within regulation. LPAs observed staff and children (over age 2 years) were not wearing masks/face coverings in the classroom. LPA Lane interviewed Director and two staff members. LPA Lane obtained updated LIC500 Personnel Report, LIC9040 Facility Roster and LIC610 Emergency Disaster Plan from Director during the inspection. (continued on LIC9099-C...)

Substantiated	**Estimated Days of Completion:**

SUPERVISOR'S NAME: Monica Cuddy	**TELEPHONE:** (619) 767-2249
LICENSING EVALUATOR NAME: Keturah Lane	**TELEPHONE:** (619) 767-2223
LICENSING EVALUATOR SIGNATURE:	**DATE:** 09/29/2021

I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 09/29/2021

This report must be available at Child Care and Group Home facilities for public review for 3 years.

Control Number 51-CC-20210920085958

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY **COMPLAINT INVESTIGATION REPORT (Cont)**	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 7575 METROPOLITAN DR STE 110 SAN DIEGO, CA 92108

FACILITY NAME: FOOTHILLS CHRISTIAN INFANT PROGRAM

FACILITY NUMBER: 376105017

VISIT DATE: 09/29/2021

NARRATIVE

The Department fully investigated the above allegation and obtained information from the facility file review, facility documents and interviews with the reporting party, Director and staff members. Based upon this information, the preponderance of evidence standard has been met and the allegation that masks are not being worn by staff and children is therefore **SUBSTANTIATED**. Pursuant to Title 22 of the CA Code of Regulations, the following Type A deficiency was cited (refer to LIC9099-D).

An exit interview was conducted with the Director. A Notice of Site Visit (LIC9213) and Appeal Rights (LIC9058) were provided to Director and signature on this form acknowledges receipt of these rights. LPA observed Notice of Site Visit being posted. Notice of Site Visit must remain posted for 30 days.

SUPERVISOR'S NAME: Monica Cuddy **TELEPHONE:** (619) 767-2249
LICENSING EVALUATOR NAME: Keturah Lane **TELEPHONE:** (619) 767-2223
LICENSING EVALUATOR SIGNATURE:

DATE: 09/29/2021

I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 09/29/2021

Control Number 51-CC-20210920085958

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY **COMPLAINT INVESTIGATION REPORT (Cont)**	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 7575 METROPOLITAN DR STE 110 SAN DIEGO, CA 92108

FACILITY NAME: FOOTHILLS CHRISTIAN INFANT PROGRAM

FACILITY NUMBER: 376105017

DEFICIENCY INFORMATION FOR THIS PAGE: **VISIT DATE:** 09/29/2021

Deficiency Type POC Due Date / Section Number		DEFICIENCIES		PLAN OF CORRECTIONS(POCs)
Type A 09/30/2021 **Section Cited** CCR 101223(a)(2)	1 2 3 4 5 6 7	101223 Personal Rights (a) The licensee shall ensure that each child is accorded the following personal rights: (2) To be accorded safe, healthful and comfortable accommodations, furnishings and equipment to meet his/her needs. This requirement was not met as evidenced by...	1 2 3 4 5 6 7	Director will send out a letter to all parents informing of the mask/face covering requirement indoors for children age 2 years and over and will provide extra masks if children do not have one. Director will notify all staff of the requirement to wear a face covering while indoors.
	8 9 10 11 12 13 14	Based upon LPAs observations and staff interviews, staff and children are not wearing face coverings (required by DPH guidance) while indoors which is an immediate health, safety and personal rights risk to children in care.	8 9 10 11 12 13 14	Director will send proof of letter sent out to parents & staff via e-mail to Keturah Lane by 9/30/21. LPA Lane will follow up with another unannounced visit to ensure compliance. E-mail: Keturah.lane@dss.ca.gov
	1 2 3 4 5 6 7		1 2 3 4 5 6 7	
	1 2 3 4 5 6 7		1 2 3 4 5 6 7	

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

SUPERVISOR'S NAME: Monica Cuddy **TELEPHONE:** (619) 767-2249
LICENSING EVALUATOR NAME: Keturah Lane **TELEPHONE:** (619) 767-2223
LICENSING EVALUATOR SIGNATURE:
DATE: 09/29/2021

I acknowledge receipt of this form and understand my appeal rights as explained and received.

FACILITY REPRESENTATIVE SIGNATURE:
DATE: 09/29/2021

EXHIBIT F

Guidance for Early Childhood Education Providers Requirements and Best Practices

Updates:
01/11/2022:

- Strong recommendation for all eligible staff to receive a booster dose of a COVID-19 vaccine in addition to their primary vaccine series.
- Masking now required for all outdoor activities where physical distancing is not feasible, except while eating or drinking.
- Staff are required to wear upgraded masks (surgical mask or higher-level PPE).
- Students are strongly recommended to wear masks that are well-fitting, non-cloth masks of multiple layers of non-woven material with a nose wire.

Welcome

Given the ongoing community transmission of COVID-19 and the predominant presence of the Delta variant and the Omicron variant, masking indoors and outdoors where distancing is not possible, regardless of vaccination status, is essential to slowing the spread of COVID-19 at events, within businesses, and in the community. The Omicron variant of the virus spreads much more easily than other strains of the virus. To prevent a surge in COVID-19 cases, it is important to diligently follow the requirements and best practices described in this guidance.

Per published reports, factors that increase the risk of infection, including transmission to people more than 6 feet away, include:

- **Enclosed spaces with inadequate ventilation or air handling** that allow for build-up of exhaled respiratory fluids, especially very fine droplets, and aerosol particles, in the air space.
- **Increased exhalation of respiratory fluids** that can occur when an infectious person is engaged in physical exertion or raises their voice (e.g., exercising, shouting, singing).
- **Prolonged exposure** to these conditions.

Below is a summary of requirements and best practices for early care and education (ECE) providers to enhance safety and lower the risk of COVID-19 transmission within their ECE settings as they transition to full operations. In addition to this information, please remember:

- ECE providers must comply with applicable Cal/OSHA COVID-19 Prevention Emergency Temporary Standards (ETS) and the LA County Health Officer Order. Please note that the directives in the LA County Health Officer Order must be followed when they are stricter than the Cal/OSHA ETS.
- ECE providers should review and follow the general guidance for businesses. The best practices for ECE described here are intended to supplement the general guidance.
- ECE providers should review the Exposure Management Plan Guidance for Early Care and Education Sites, described in more detail below.

Follow mask rules for employees, children, and visitors

The current Los Angeles County Health Officer Order, requires all individuals, regardless of vaccination status, to wear a mask in all indoor public settings and businesses. This order, and the state's requirement for masking

at child-serving sites, applies to children 2 years (24 months) and older, employees, staff, volunteers, parents, and all visitors. Some exceptions to the masking requirement still apply as noted below. Based on these rules, ECE providers and sites must:

- **Visitors**: Require all visitors, including parents and caregivers, regardless of vaccination status, to bring and wear masks when they are indoors and outdoors where distancing is not possible at their facility. Make masks available to those who arrive without them.
- **Children**: Require all children ages 24 months and older to wear a face mask in both indoor and crowded outdoor ECE settings. It is strongly recommended but not required that students wear upgraded masks which at a minimum are well-fitting, non-cloth mask of multiple layers of non-woven material with a nose wire. Nothing in this protocol requires that the ECE site provide upgraded masks to its general student population and parental preference should be respected as to the level of PPE the student wears. However, universal masking with some appropriate type of face covering is required for both indoor and crowded outdoor settings in a ECE program. Masks may be removed during nap time or when children are eating and drinking.
- **Employees: Requirement to provide upgraded masks to all ECE employees:** At this time, all ECE employees must be provided with and wear surgical-grade masks (also referred to as medical procedure masks) or higher-level PPE (e.g., KN95 or N95 respirator masks) when indoors. For those wearing surgical masks, double masking, with a cloth face covering worn over the surgical mask, is recommended for enhanced protection. Cloth face coverings alone are no longer acceptable, as they do not provide the same level of source control or personal protection as a proper surgical mask or higher-level PPE. Full compliance with this directive is expected to occur no later than January 17, 2022.
    - Consider also offering gloves for tasks such as serving food, diapering, handling trash, or using cleaning and disinfectant products.

*Some independent contractors are considered as employees under the State Labor Code. For more details, check the California Department of Industrial Relations' Independent contractor versus employee webpage.

Screen and respond to cases

- Entry screenings are strongly recommended to be conducted before employees enter the ECE site.
    - Entry screening should include a check-in concerning cough, shortness of breath, difficulty breathing and fever or chills and if the employee is currently under isolation or quarantine orders. Temperature checks are recommended if feasible.
    - These screenings can be done in-person upon arrival at the site or remotely before arrival using a digital app or other verifiable approach.
- Post signage to remind everyone who enters your establishment that they should NOT enter if they have symptoms of COVID-19 or if they are under isolation or quarantine orders.
- Exclude any person or isolate any child or staff showing symptoms of a contagious disease or illness until they can be transported home, as required by CDSS Community Care Licensing Division (CCLD) and pursuant to Title 22 in CCR sections 101216(h), 101226.1(a)(1) and 102417(e).
    - Isolate children who begin to have COVID-19 symptoms while in care, from other children and staff.
    - Ensure that isolated children continue to receive adequate supervision and that the health of the child is continually observed throughout the day according to licensing requirements.

- Follow public health guidelines for quarantine or isolation if an individual who resides in a family childcare home is exhibiting symptoms of COVID-19.
- ECE providers must notify LA County DPH officials, CCLD staff, and families of any confirmed case of COVID-19.
- Follow the COVID-19 Exposure Management Plan Guidance in Early Care and Education Sites for reporting COVID-19 cases to DPH.
  - Individual cases (1 case) should be reported within 1 business day.
  - Clusters of 3 or more cases occurring within 14 days should be reported immediately to DPH. Report outbreaks to the CDSS Community Care Licensing Division (CCLD) through their local Regional Office as required pursuant to Title 22, CCR section 101212(d).
  - Family childcare homes must report a communicable disease outbreak, when determined by the local health authority, to CCLD through their local Regional Office pursuant to Title 22, CCR section 102416.2(c)(3).
- Refer to the ECE COVID-19 Toolkit for additional information on reporting and managing infections and exposures in the workplace.

Consider maintaining physical distancing and stable groups

Although physical distancing is no longer required at ECE sites, it is an additional tool for infection control that can be used at ECE sites to reduce the spread of COVID-19. If possible, consider implementing the following measures:

- **Maintain well defined cohorts.** Early care and education settings typically have a stable group model with the same groups of staff and children together each day. ECE providers should consider steps to maintain a clear separation between groups throughout the day. If feasible, this can help reduce the risk of COVID-19 spread if a child or staff person comes to the site infected.
- **Stagger drop-off and pick-up times to reduce crowding.** Consider making it easier for parents and guardians to drop children off at the beginning and end of day to stagger how many children arrive and leave at the same time and prevent crowding at the entryway.
- **Use visual aids to remind children to maintain distance from others.** Help children practice physical distancing throughout the day by using visual aids, like tape on the floor or pictures to remind them to maintain their distance from other children and staff.
- **Take steps to make meals safer:**
  - For employees, staff, and volunteers, maintain an outdoor break area where employees can take their breaks. Employees should eat outdoors or alone in a closed office. If employees must eat indoors, they should be distanced by at least 6 feet (about 2 arm lengths) from others if in a shared indoor eating area.
  - For children, consider having meals outdoors if space and weather permit. When eating indoors, consider moving tables to spread children out or use tape and pictures to indicate where children can sit and help to provide adequate spacing between children.
- **Consider use of barriers** and partitions between cubicles to protect staff who are not fully vaccinated and have frequent close contact with other employees or visitors.

Improve ventilation

- Make sure your building's HVAC system is in good, working order.

- Consider installing portable high-efficiency air cleaners, upgrading the building's air filters to the highest efficiency possible, and making other modifications to increase the quantity of outside air and ventilation in all working areas.
- Consider how to safely bring fresh air into the facility. When weather and working conditions allow, increase fresh outdoor air by opening windows and doors. Consider using child-safe fans to increase the effectiveness of open windows; always position window fans to blow air outward, not inward.
- When opening windows is not possible because of outside weather conditions, it is important to adhere to infection control measures to reduce risk of spread, like proper masking and physical distancing.
- Decrease occupancy in areas where outdoor airflow cannot be increased.
- If your business utilizes transport vehicles, such as buses or vans, it is recommended to open windows to increase outdoor airflow when it is safe to do so and weather permitting.
- See CDPH Interim guidance for Ventilation, Filtration, and Air Quality in Indoor Environments and CDC Ventilation in Schools and Child Care Programs page.

Clean and disinfect

Cleaning and disinfecting surfaces can reduce the risk of infection. Train and monitor staff to follow infection control practices related to requirements for cleaning and disinfection, housekeeping and sanitation principles listed below:

- Follow cleaning and disinfection requirements as laid out in CCR sections 101216(e)(2), 102416(c), 101238(a) and 102417(b).
- Laundry, such as clothing and bedding, should be washed using the appropriate hot water setting and allow items to dry completely. If handling dirty laundry from a person who is sick, wear gloves and a mask.
- When choosing cleaning products, consider using those approved for use against COVID-19 on the EPA-approved list "N" and follow product instructions for use.
- The Healthy Schools Act requires that anyone using disinfectants at childcare centers complete annual California Department of Pesticide Regulation-approved training. Online training can be found by going to the California School & Child Care Integrated Pest Management website. Note: This does not apply to family childcare homes.
- For more information about cleaning and disinfection, see CDC guidance on Cleaning and Disinfecting Your Facility.

Encourage vaccination

COVID-19 vaccines are safe and effective and are the best way to prevent COVID-19 outbreaks in the workplace and in the community. COVID-19 vaccine is free and widely available in every community.

- Provide paid time off for vaccination and booster doses.
- Consider offering a vaccination clinic at your workplace to make it more convenient for your employees to get vaccinated. Consider opportunities to incentivize your employees to get vaccinated or to make it easier to get vaccinated. This might include offering rewards such as additional paid time off or cash bonus payments, and/or policies that are more relaxed for employees who are fully vaccinated against COVID-19.

Support handwashing

- Place handwashing stations or hand sanitizer at entry and outside communal bathrooms with signage promoting use. Be sure that hand sanitizer is out of the reach of children. Supervise children under the age of 6 when they use hand sanitizer to prevent swallowing alcohol or contact with eyes.
- Encourage frequent handwashing among children and staff.
- See the CDC guidance, When and How to Wash your Hands.

Communicate

- Post signage so that visitors who are entering your building are aware of policies, including the requirement for all visitors, employees and children over 24 months to wear a face mask while indoors and outdoors where distancing is not possible.
- Update your parent manual and share any new policies with parents.
- Use your online platforms to communicate your COVID-19 safety policies to the public.

Coping with stress

As the world continues to combat COVID-19, many are facing challenges that can be stressful for both adults and children. Many of us and many of the families we serve may feel more concerned, worried, and fearful for our own health and the health of our loved ones. It is natural to feel stress, anxiety, grief, and worry during the COVID-19 pandemic. If you, a family you serve or someone else you know is having a hard time coping, help is available 24/7 by calling the LA County Department of Mental Health's Helpline 1-800-854-7771. Help is also available via a text that says "LA" to 741741 or simply by calling the family physician of the person in need of support. The webpage http://dmh.lacounty.gov/resources includes tips to help manage stress and improve your emotional health.

Below are a few resources and recommendations to help in dealing with stress:

- California's playbook on Stress Relief during COVID-19 provides guidance on how to notice stress in kids and outlines tools and strategies on how to reduce stress for children and adults.
- Promote healthy nutrition, sleep, physical activity habits and self-care.
- Discuss and share stress reduction strategies with colleagues and families.
- Encourage staff and children to talk with people they trust about their concerns and feelings.
- Communicate openly and often with staff, children, and families about mental health support services available in the community, including if mental health consultation is available to the program.
- Consider posting signage for CalHOPE and the National Distress H: 1-800-985-5990, or text "TalkWithUs" to 66746.
- Encourage staff to call the National Suicide Prevention Lifeline at 1-800-273-TALK (1-800-273-8255), 1-888-628-9454 for Spanish, or Lifeline Crisis Chat if they are feeling overwhelmed with emotions such as sadness, depression, or anxiety; or call 911 if they feel like they want to harm themselves or others.

EXHIBIT G

SAC
TOWN

EXHIBIT H

RAMS

EXHIBIT I

February 7, 2022

To Whom It May Concern:

These mandates have gone on for too long.

As a mother of two elementary school aged children and a counselor at a public middle school in Los Angeles County, I am appalled at how our “leaders” continue to use draconian measures for masks and mandates on children, the group least susceptible to severe illness from COVID, while the politicians, themselves, dine in fancy restaurants, attend lavish weddings, and hobnob with celebrities at big sporting events.

I am not anti-mask but anti-mandate and pro-child. There is no real data that supports masking children; if anything, time will show that it has caused them more harm than good.

The ploy to prioritize politics and power over people has proved purposeless. The time to correct course is now.

Sincerely,

Janine M. McKenna, MAEd./PPS

https://www.theatlantic.com/ideas/archive/2022/01/kids-masks-schools-weak-science/621133/

I would like to request to the Board that they reconsider examining whether County employees that have not completed the vaccination process be able to return to work in health care settings and other county positions. As we know, with COVID 19, a person that is vaccinated and a person that is unvaccinated are both able to transmit the virus to another person. I have first-hand experience as I am fully vaccinated, but contracted COVID 19 (community obtained) and it went through my family. In addition, we know that the Omicron variant is also less deadly than previous variants overall. We know that the vaccine protects us, but it does not prevent us from getting COVID or transmitting it to others. The vaccine protects us only. With this new information, I would like the board to reconsider allowing those people that are unvaccinated to return to work if they are county employees. Due to the shortage of staff especially in health care, we are removing a large part of the population that could work, just because they chose (for their own reasons) not to get a vaccination. That may be because they had an adverse symptom after the first dose (not stating any causation), they might not want the mRNA style vaccine that is the only effective type offered, or they might have another medical concern or religious concern. I know that the Novavax just submitted for FDA approval, and I hope it goes through, as it will provide choice to those that might be weary of the mRNA style vaccine. At the time when the Board decided to not to allow county workers to work if they were not vaccinated, there was limited choice provided for vaccines. Even if you took one does and had medical problems such as heart problems after the first mRNA vaccine (I know we can't state causation), but you might be concerned about getting the second dose, you are still not allowed to work for the County in a healthcare setting at this time. There is no medical exception or religious exception that allows you to return to your health care job with patients. In the place that I work, those staff are just put aside in trailers awaiting the county's guidance. Even with an exemption, they will still not be allowed to work with patients, just keep a job in the county and sit and wait. It is so frustrating to us that have chosen to vaccinate as we are picking up the slack due to the Board's and county's choices. With no other previous shot or vaccine, has a person ever been kicked out of their job, because they chose not to take it. For example, if someone choses not to take the flu shot, that person has to wear a mask, but he/she does not get removed from her/his job in healthcare. Why is a person removed from their job in health care just because he/she does not want to take a COVID shot. It seems unreasonable at this time, knowing the current science. Also, I don't understand why we are allowing staff that are still positive for COVID, but might have no symptoms to work, people who decline other vaccines can continue to still work, but those who chose not to take the COVID shot, cannot work in their regular jobs, and there are no exceptions to the rule. And yet we are looking at loosening the mask rules, while still keeping people out of their regular jobs. It does not make sense to me.

DATA AND STUDIES ON MASKING

MASKS ARE INEFFECTIVE

1) Effectiveness of Adding a Mask Recommendation to Other Public Health Measures to Prevent SARS-CoV-2 Infection in Danish Mask Wearers, Bundgaard, 2021

"Infection with SARS-CoV-2 occurred in 42 participants recommended masks (1.8%) and 53 control participants (2.1%). The between-group difference was −0.3 percentage point (95% CI, −1.2 to 0.4 percentage point; *P* = 0.38) (odds ratio, 0.82 [CI, 0.54 to 1.23]; *P* = 0.33). Multiple imputation accounting for loss to follow-up yielded similar results…the recommendation to wear surgical masks to supplement other public health measures did not reduce the SARS-CoV-2 infection rate among wearers by more than 50% in a community with modest infection rates, some degree of social distancing, and uncommon general mask use."

2) SARS-CoV-2 Transmission among Marine Recruits during Quarantine, Letizia, 2020

"Our study showed that in a group of predominantly young male military recruits, approximately 2% became positive for SARS-CoV-2, as determined by qPCR assay, during a 2-week, strictly enforced quarantine. Multiple, independent virus strain transmission clusters were identified…all recruits wore double-layered cloth masks at all times indoors and outdoors."

3) Physical interventions to interrupt or reduce the spread of respiratory viruses, Jefferson, 2020

"There is low certainty evidence from nine trials (3507 participants) that wearing a mask may make little or no difference to the outcome of influenza-like illness (ILI) compared to not wearing a mask (risk ratio (RR) 0.99, 95% confidence interval (CI) 0.82 to 1.18. There is moderate certainty evidence that wearing a mask probably makes little or no difference to the outcome of laboratory-confirmed influenza compared to not wearing a mask (RR 0.91, 95% CI 0.66 to 1.26; 6 trials; 3005 participants)…the pooled results of randomised trials did not show a clear reduction in respiratory viral infection with the use of medical/surgical masks during seasonal influenza."

4) The Impact of Community Masking on COVID-19: A Cluster-Randomized Trial in Bangladesh, Abaluck, 2021

Heneghan et al.

A cluster-randomized trial of community-level mask promotion in rural Bangladesh from November 2020 to April 2021 (N=600 villages, N=342,126 adults. Heneghan writes: "In a Bangladesh study, surgical masks reduced symptomatic COVID infections by between 0 and 22 percent, while the efficacy of cloth masks led to somewhere

between an 11 percent *increase* to a 21 percent decrease. Hence, based on these randomized studies, adult masks appear to have either no or limited efficacy."

5) Evidence for Community Cloth Face Masking to Limit the Spread of SARS-CoV-2: A Critical Review, Liu/CATO, 2021

"The available clinical evidence of facemask efficacy is of low quality and the best available clinical evidence has mostly failed to show efficacy, with fourteen of sixteen identified randomized controlled trials comparing face masks to no mask controls failing to find statistically significant benefit in the intent-to-treat populations. Of sixteen quantitative meta-analyses, eight were equivocal or critical as to whether evidence supports a public recommendation of masks, and the remaining eight supported a public mask intervention on limited evidence primarily on the basis of the precautionary principle."

6) Nonpharmaceutical Measures for Pandemic Influenza in Nonhealthcare Settings—Personal Protective and Environmental Measures, CDC/Xiao, 2020

"Evidence from 14 randomized controlled trials of these measures did not support a substantial effect on transmission of laboratory-confirmed influenza…none of the household studies reported a significant reduction in secondary laboratory-confirmed influenza virus infections in the face mask group…the overall reduction in ILI or laboratory-confirmed influenza cases in the face mask group was not significant in either studies."

7) CIDRAP: Masks-for-all for COVID-19 not based on sound data, Brosseau, 2020

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

8) Universal Masking in Hospitals in the Covid-19 Era, Klompas/NEJM, 2020

“We know that wearing a mask outside health care facilities offers little, if any, protection from infection. Public health authorities define a significant exposure to Covid-19 as face-to-face contact within 6 feet with a patient with symptomatic Covid-19 that is sustained for at least a few minutes (and some say more than 10 minutes or even 30 minutes). The chance of catching Covid-19 from a passing interaction in a public space is therefore minimal. In many cases, the desire for widespread masking is a reflexive reaction to anxiety over the pandemic…The calculus may be different, however, in health care settings. First and foremost, a mask is a core component of the personal protective equipment (PPE) clinicians need when caring for symptomatic patients with respiratory viral infections, in conjunction with gown, gloves, and eye protection…universal masking alone is not a panacea. A mask will not protect providers caring for a patient with active Covid-19 if it’s not accompanied by meticulous hand hygiene, eye protection, gloves, and a gown. A mask alone will not prevent health care workers with early Covid-19 from contaminating their hands and spreading the virus to patients and colleagues. Focusing on universal masking alone may, paradoxically, lead to more transmission of Covid-19 if it diverts attention from implementing more fundamental infection-control measures.”

9) Masks for prevention of viral respiratory infections among health care workers and the public: PEER umbrella systematic review, Dugré, 2020

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

10) Effectiveness of personal protective measures in reducing pandemic influenza transmission: A systematic review and meta-analysis, Saunders-Hastings, 2017

“Facemask use provided a non-significant protective effect (OR = 0.53; 95% CI 0.16–1.71; I2 = 48%) against 2009 pandemic influenza infection.”

11) Experimental investigation of indoor aerosol dispersion and accumulation in the context of COVID-19: Effects of masks and ventilation, Shah, 2021

“Nevertheless, high-efficiency masks, such as the KN95, still offer substantially higher apparent filtration efficiencies (60% and 46% for R95 and KN95 masks, respectively) than the more commonly used cloth (10%) and surgical masks (12%), and therefore are still the recommended choice in mitigating airborne disease transmission indoors.”

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

“Exercising with facemasks may reduce available Oxygen and increase air trapping preventing substantial carbon dioxide exchange. The hypercapnic hypoxia may potentially increase acidic environment, cardiac overload, anaerobic metabolism and renal overload, which may substantially aggravate the underlying pathology of established chronic diseases. Further contrary to the earlier thought, no evidence exists to claim the facemasks during exercise offer additional protection from the droplet transfer of the virus.”

13) Surgical face masks in modern operating rooms--a costly and unnecessary ritual?, Mitchell, 1991

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

14) Facemask against viral respiratory infections among Hajj pilgrims: A challenging cluster-randomized trial, Alfelali, 2020

“By intention-to-treat analysis, facemask use did not seem to be effective against laboratory-confirmed viral respiratory infections (odds ratio [OR], 1.4; 95% confidence interval [CI], 0.9 to 2.1, p = 0.18) nor against clinical respiratory infection (OR, 1.1; 95% CI, 0.9 to 1.4, p = 0.40).”

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

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

16) Respiratory performance offered by N95 respirators and surgical masks: human subject evaluation with NaCl aerosol representing bacterial and viral particle size range, Lee, 2008

“The study indicates that N95 filtering facepiece respirators may not achieve the expected protection level against bacteria and viruses. An exhalation valve on the N95 respirator does not affect the respiratory protection; it appears to be an appropriate alternative to reduce the breathing resistance.”

17) Aerosol penetration and leakage characteristics of masks used in the health care industry, Weber, 1993

“We conclude that the protection provided by surgical masks may be insufficient in environments containing potentially hazardous sub-micrometer-sized aerosols.”

18) Disposable surgical face masks for preventing surgical wound infection in clean surgery, Vincent, 2016

“We included three trials, involving a total of 2106 participants. There was no statistically significant difference in infection rates between the masked and unmasked group in any of the trials…from the limited results it is unclear whether the wearing of surgical face masks by members of the surgical team has any impact on surgical wound infection rates for patients undergoing clean surgery.”

19) Disposable surgical face masks: a systematic review, Lipp, 2005

“From the limited results it is unclear whether wearing surgical face masks results in any harm or benefit to the patient undergoing clean surgery.”

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

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

21) The use of masks and respirators to prevent transmission of influenza: a systematic review of the scientific evidence, Bin-Reza, 2012

“None of the studies established a conclusive relationship between mask/respirator use and protection against influenza infection. Some evidence suggests that mask use is best undertaken as part of a package of personal protection especially hand hygiene.”

22) Facial protection for healthcare workers during pandemics: a scoping review, Godoy, 2020

"Compared with surgical masks, N95 respirators perform better in laboratory testing, may provide superior protection in inpatient settings and perform equivalently in outpatient settings. Surgical mask and N95 respirator conservation strategies include extended use, reuse or decontamination, but these strategies may result in inferior protection. Limited evidence suggests that reused and improvised masks should be used when medical-grade protection is unavailable."

23) Assessment of Proficiency of N95 Mask Donning Among the General Public in Singapore, Yeung, 2020

"These findings support ongoing recommendations against the use of N95 masks by the general public during the COVID-19 pandemic.5 N95 mask use by the general public may not translate into effective protection but instead provide false reassurance. Beyond N95 masks, proficiency among the general public in donning surgical masks needs to be assessed."

24) Evaluating the efficacy of cloth facemasks in reducing particulate matter exposure, Shakya, 2017

"Standard N95 mask performance was used as a control to compare the results with cloth masks, and our results suggest that cloth masks are only marginally beneficial in protecting individuals from particles<2.5 µm."

25) Use of surgical face masks to reduce the incidence of the common cold among health care workers in Japan: a randomized controlled trial, Jacobs, 2009

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

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

"Among outpatient health care personnel, N95 respirators vs medical masks as worn by participants in this trial resulted in no significant difference in the incidence of laboratory-confirmed influenza."

27) Does Universal Mask Wearing Decrease or Increase the Spread of COVID-19?, Watts up with that? 2020

"A survey of peer-reviewed studies shows that universal mask wearing (as opposed to wearing masks in specific settings) does not decrease the transmission of respiratory viruses from people wearing masks to people who are not wearing masks."

28) Masking: A Careful Review of the Evidence, Alexander, 2021

"In fact, it is not unreasonable at this time to conclude that surgical and cloth masks, used as they currently are, have absolutely no impact on controlling the transmission of Covid-19 virus, and current evidence implies that face masks can be actually harmful."

29) Community and Close Contact Exposures Associated with COVID-19 Among Symptomatic Adults ≥18 Years in 11 Outpatient Health Care Facilities — United States, July 2020, Fisher, 2020

Reported characteristics of symptomatic adults ≥18 years who were outpatients in 11 US academic health care facilities and who received positive and negative SARS-CoV-2 test results (N = 314)* — United States, July 1–29, 2020, revealed that 80% of infected persons wore face masks almost all or most of the time.

30) Impact of non-pharmaceutical interventions against COVID-19 in Europe: a quasi-experimental study, Hunter, 2020

Face masks in public was not associated with reduced incidence.

31) Masking lack of evidence with politics, CEBM, Heneghan, 2020

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

32) Transmission of COVID-19 in 282 clusters in Catalonia, Spain: a cohort study, Marks, 2021

"We observed no association of risk of transmission with reported mask usage by contacts, with the age or sex of the index case, or with the presence of respiratory symptoms in the index case at the initial study visit."

33) Non-pharmaceutical public health measures for mitigating the risk and impact of epidemic and pandemic influenza, WHO, 2020

"Ten RCTs were included in the meta-analysis, and there was no evidence that face masks are effective in reducing transmission of laboratory-confirmed influenza."

34) The Strangely Unscientific Masking of America, Younes, 2020

"One report reached its conclusion based on observations of a "dummy head attached to a breathing simulator." Another analyzed use of surgical masks on people experiencing at least two symptoms of acute

respiratory illness. Incidentally, not one of these studies involved cloth masks or accounted for real-world mask usage (or misusage) among lay people, and none established efficacy of widespread mask-wearing by people not exhibiting symptoms. There was simply no evidence whatsoever that healthy people ought to wear masks when going about their lives, especially outdoors."

35) Facemasks and similar barriers to prevent respiratory illness such as COVID-19: A rapid systematic review, Brainard, 2020

"31 eligible studies (including 12 RCTs). Narrative synthesis and random-effects meta-analysis of attack rates for primary and secondary prevention in 28 studies were performed. Based on the RCTs we would conclude that wearing facemasks can be very slightly protective against primary infection from casual community contact, and modestly protective against household infections when both infected and uninfected members wear facemasks. However, the RCTs often suffered from poor compliance and controls using facemasks."

36) The Year of Disguises, Koops, 2020

"The healthy people in our society should not be punished for being healthy, which is exactly what lockdowns, distancing, mask mandates, etc. do…Children should not be wearing face coverings. We all need constant interaction with our environments and that is especially true for children. This is how their immune system develops. They are the lowest of the low-risk groups. Let them be kids and let them develop their immune systems… The "Mask Mandate" idea is a truly ridiculous, knee-jerk reaction and needs to be withdrawn and thrown in the waste bin of disastrous policy, along with lockdowns and school closures. You can vote for a person without blindly supporting all of their proposals!"

37) Open Schools, Covid-19, and Child and Teacher Morbidity in Sweden, Ludvigsson, 2020

"1,951,905 children in Sweden (as of December 31, 2019) who were 1 to 16 years of age, were examined…social distancing was encouraged in Sweden, but wearing face masks was not…No child with Covid-19 died."

38) Double-Masking Benefits Are Limited, Japan Supercomputer Finds, Reidy, 2021

"Wearing two masks offers limited benefits in preventing the spread of droplets that could carry the coronavirus compared to one well-fitted disposable mask, according to a Japanese study that modeled the dispersal of droplets on a supercomputer."

39) Physical interventions to interrupt or reduce the spread of respiratory viruses. Part 1 - Face masks, eye protection and person distancing: systematic review and meta-analysis, Jefferson, 2020

“There was insufficient evidence to provide a recommendation on the use of facial barriers without other measures. We found insufficient evidence for a difference between surgical masks and N95 respirators and limited evidence to support effectiveness of quarantine.”

40) Should individuals in the community without respiratory symptoms wear facemasks to reduce the spread of COVID-19?, NIPH, 2020

“Non-medical facemasks include a variety of products. There is no reliable evidence of the effectiveness of non-medical facemasks in community settings. There is likely to be substantial variation in effectiveness between products. However, there is only limited evidence from laboratory studies of potential differences in effectiveness when different products are used in the community.”

41) Is a mask necessary in the operating theatre?, Orr, 1981

“It would appear that minimum contamination can best be achieved by not wearing a mask at all but operating in silence. Whatever its relation to contamination, bacterial counts, or the dissemination of squames, there is no direct evidence that the wearing of masks reduces wound infection.”

42) The surgical mask is a bad fit for risk reduction, Neilson, 2016

“As recently as 2010, the US National Academy of Sciences declared that, in the community setting, “face masks are not designed or certified to protect the wearer from exposure to respiratory hazards.” A number of studies have shown the inefficacy of the surgical mask in household settings to prevent transmission of the influenza virus.”

43) Facemask versus No Facemask in Preventing Viral Respiratory Infections During Hajj: A Cluster Randomised Open Label Trial, Alfelali, 2019

“Facemask use does not prevent clinical or laboratory-confirmed viral respiratory infections among Hajj pilgrims.”

44) Facemasks in the COVID-19 era: A health hypothesis, Vainshelboim, 2021

“The existing scientific evidences challenge the safety and efficacy of wearing facemask as preventive intervention for COVID-19. The data suggest that both medical and non-medical facemasks are ineffective to block human-to-human transmission of viral and infectious disease such SARS-CoV-2 and COVID-19, supporting against the usage of facemasks. Wearing facemasks has been demonstrated to have substantial adverse physiological and psychological effects. These include hypoxia, hypercapnia, shortness of breath, increased acidity and toxicity, activation of fear

and stress response, rise in stress hormones, immunosuppression, fatigue, headaches, decline in cognitive performance, predisposition for viral and infectious illnesses, chronic stress, anxiety and depression."

45) The use of masks and respirators to prevent transmission of influenza: a systematic review of the scientific evidence, Bin-Reza, 2011

"None of the studies established a conclusive relationship between mask/respirator use and protection against influenza infection. Some evidence suggests that mask use is best undertaken as part of a package of personal protection especially hand hygiene."

46) Are Face Masks Effective? The Evidence., Swiss Policy Research, 2021

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

47) Postoperative wound infections and surgical face masks: A controlled study, Tunevall, 1991

"These results indicate that the use of face masks might be reconsidered. Masks may be used to protect the operating team from drops of infected blood and from airborne infections, but have not been proven to protect the patient operated by a healthy operating team."

48) Mask mandate and use efficacy in state-level COVID-19 containment, Guerra, 2021

"Mask mandates and use are not associated with slower state-level COVID-19 spread during COVID-19 growth surges."

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

"A CDC-funded review on masking in May 2020 came to the conclusion: "Although mechanistic studies support the potential effect of hand hygiene or face masks, evidence from 14 randomized controlled trials of these measures did not support a substantial effect on transmission of laboratory-confirmed influenza… None of the household studies reported a significant reduction in secondary laboratory-confirmed influenza virus infections in the face mask group." If masks can't stop the regular flu, how can they stop SAR-CoV-2?"

50) A cluster randomised trial of cloth masks compared with medical masks in healthcare workers, MacIntyre, 2015

"First RCT of cloth masks, and the results caution against the use of cloth masks. This is an important finding to inform occupational health and safety. Moisture retention, reuse of cloth masks and poor filtration may result in

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

51) Horowitz: Data from India continues to blow up the 'Delta' fear narrative, Blazemedia, 2021

"Rather than proving the need to sow more panic, fear, and control over people, the story from India — the source of the "Delta" variant — continues to refute every current premise of COVID fascism…Masks failed to stop the spread there."

52) An outbreak caused by the SARS-CoV-2 Delta variant (B.1.617.2) in a secondary care hospital in Finland, May 2021, Hetemäki, 2021

Reporting on a nosocomial hospital outbreak in Finland, Hetemäli et al. observed that "both symptomatic and asymptomatic infections were found among vaccinated health care workers, and secondary transmission occurred from those with symptomatic infections despite use of personal protective equipment."

53) Nosocomial outbreak caused by the SARS-CoV-2 Delta variant in a highly vaccinated population, Israel, July 2021, Shitrit, 2021

In a hospital outbreak investigation in Israel, Shitrit et al. observed "high transmissibility of the SARS-CoV-2 Delta variant among twice vaccinated and masked individuals." They added that "this suggests some waning of immunity, albeit still providing protection for individuals without comorbidities." Again, despite use of personal protective equipment.

54) 47 studies confirm ineffectiveness of masks for COVID and 32 more confirm their negative health effects, Lifesite news staff, 2021

"No studies were needed to justify this practice since most understood viruses were far too small to be stopped by the wearing of most masks, other than sophisticated ones designed for that task and which were too costly and complicated for the general public to properly wear and keep changing or cleaning. It was also understood that long mask wearing was unhealthy for wearers for common sense and basic science reasons."

55) Are EUA Face Masks Effective in Slowing the Spread of a Viral Infection?, Dopp, 2021

The vast evidence shows that masks are ineffective.

56) CDC Study finds overwhelming majority of people getting coronavirus wore masks, Boyd/Federalist, 2021

"A Centers for Disease Control report released in September shows that masks and face coverings are not effective in preventing the spread of COVID-19, even for those people who consistently wear them."

57) Most Mask Studies Are Garbage, Eugyppius, 2021

"The other kind of study, the proper kind, would be a randomised controlled trial. You compare the rates of infection in a masked cohort against rates of infection in an unmasked cohort. Here things have gone much, much worse for mask brigade. They spent months trying to prevent the publication of the Danish randomised controlled trial, which found that masks do zero. When that paper finally squeaked into print, they spent more months trying desperately to poke holes in it. You could feel their boundless relief when the Bangladesh study finally appeared to save them in early September. Every last Twitter blue-check could now proclaim that Science Shows Masks Work. Such was their hunger for any scrap of evidence to prop up their prior convictions, that none of them noticed the sad nature of the Science in question. The study found a mere 10% reduction in seroprevalence among the masked cohort, an effect so small that it fell within the confidence interval. Even the study authors couldn't exclude the possibility that masks in fact do zero."

58) Using face masks in the community: first update, ECDC, 2021

"No high-quality evidence in favor of face masks and recommended their use only based on the 'precautionary principle."

59) Do physical measures such as hand-washing or wearing masks stop or slow down the spread of respiratory viruses?, Cochrane, 2020

"Seven studies took place in the community, and two studies in healthcare workers. Compared with wearing no mask, wearing a mask may make little to no difference in how many people caught a flu-like illness (9 studies; 3507 people); and probably makes no difference in how many people have flu confirmed by a laboratory test (6 studies; 3005 people). Unwanted effects were rarely reported, but included discomfort."

60) Mouth-nose protection in public: No evidence of effectiveness, Thieme/ Kappstein, 2020

"The use of masks in public spaces is questionable simply because of the lack of scientific data. If one also considers the necessary precautions, masks must even be considered a risk of infection in public spaces according to the rules

known from hospitals… If masks are worn by the population, the risk of infection is potentially increased, regardless of whether they are medical masks or whether they are so-called community masks designed in any way. If one considers the precautionary measures that the RKI as well as the international health authorities have pronounced, all authorities would even have to inform the population that masks should not be worn in public spaces at all. Because no matter whether it is a duty for all citizens or voluntarily borne by the citizens who want it for whatever reason, it remains a fact that masks can do more harm than good in public."

61) US mask guidance for kids is the strictest across the world, Skelding, 2021

"Kids need to see faces," Jay Bhattacharya, a professor of medicine at Stanford University, told The Post. Youngsters watch people's mouths to learn to speak, read and understand emotions, he said.

"We have this idea that this disease is so bad that we must adopt any means necessary to stop it from spreading," he said. "It's not that masks in schools have no costs. They actually do have substantial costs."

62) Masking young children in school harms language acquisition, Walsh, 2021

"This is important because children and/or students do not have the speech or language ability that adults have -- they are not equally able and the ability to see the face and especially the mouth is critical to language acquisition which children and/or students are engaged in at all times. Furthermore, the ability to see the mouth is not only essential to communication but also essential to brain development."

63) The Case Against Masks for Children, Makary, 2021

"It's abusive to force kids who struggle with them to sacrifice for the sake of unvaccinated adults… Do masks reduce Covid transmission in children? Believe it or not, we could find only a single retrospective study on the question, and its results were inconclusive. Yet two weeks ago the Centers for Disease Control and Prevention sternly decreed that 56 million U.S. children and adolescents, vaccinated or not, should cover their faces regardless of the prevalence of infection in their community. Authorities in many places took the cue to impose mandates in schools and elsewhere, on the theory that masks can't do any harm. That isn't true. Some children are fine wearing a mask, but others struggle. Those who have myopia can have difficulty seeing because the mask fogs their glasses. (This has long been a problem for medical students in the operating room.) Masks can cause severe acne and other skin problems. The discomfort of a mask distracts some children from learning. By increasing airway resistance during exhalation, masks can lead to increased levels of carbon dioxide in the blood. And masks can be vectors for pathogens if they become moist or are used for too long."

64) Face Covering Mandates, Peavey, 2021

"Face Covering Mandates And Why They AREN'T Effective**."**

65) Do masks work? A Review of the evidence, Anderson, 2021

"In truth, the CDC's, U.K.'s, and WHO's earlier guidance was much more consistent with the best medical research on masks' effectiveness in preventing the spread of viruses. That research suggests that Americans' many months of mask-wearing has likely provided little to no health benefit and might even have been counterproductive in preventing the spread of the novel coronavirus."

66) Most face masks won't stop COVID-19 indoors, study warns, Anderer, 2021

"New research reveals that cloth masks filter just 10% of exhaled aerosols, with many people not wearing coverings that fit their face properly."

67) How face masks and lockdowns failed/the face mask folly in retrospect, Swiss Policy Research, 2021

"Mask mandates and lockdowns have had no discernible impact."

68) CDC Releases School COVID Transmission Study But Buries One of the Most Damning Parts, Davis, 2021

"The 21% lower incidence in schools that required mask use among students was not statistically significant compared with schools where mask use was optional… With tens of millions of American kids headed back to school in the fall, their parents and political leaders owe it to them to have a clear-sighted, scientifically rigorous discussion about which anti-COVID measures actually work and which might put an extra burden on vulnerable young people without meaningfully or demonstrably slowing the spread of the virus…that a masking requirement of students failed to show independent benefit is a finding of consequence and great interest."

69) World Health Organization internal meeting, COVID-19 - virtual press conference - 30 March 2020, 2020

"This is a question on Austria. The Austrian Government has a desire to make everyone wear a mask who's going into the shops. I understood from our previous briefings with you that the general public should not wear masks because they are in short supply. What do you say about the new Austrian measures?... I'm not specifically aware of that measure in Austria. I would assume that it's aimed at people who potentially have the disease not passing it to others. In general WHO recommends that the wearing of a mask by a member of the public is to prevent that

individual giving the disease to somebody else. We don't generally recommend the wearing to masks in public by otherwise well individuals because it has not been up to now associated with any particular benefit."

70) Face masks to prevent transmission of influenza virus: a systematic review, Cowling, 2010

"Review highlights the limited evidence base supporting the efficacy or effectiveness of face masks to reduce influenza virus transmission."

"None of the studies reviewed showed a benefit from wearing a mask, in either HCW or community members in households (H)."

71) Effectiveness of N95 respirators versus surgical masks in protecting health care workers from acute respiratory infection: a systematic review and meta-analysis, Smith, 2016

"Although N95 respirators appeared to have a protective advantage over surgical masks in laboratory settings, our meta-analysis showed that there were insufficient data to determine definitively whether N95 respirators are superior to surgical masks in protecting health care workers against transmissible acute respiratory infections in clinical settings."

72) Effectiveness of Masks and Respirators Against Respiratory Infections in Healthcare Workers: A Systematic Review and Meta-Analysis, Offeddu, 2017

"We found evidence to support universal medical mask use in hospital settings as part of infection control measures to reduce the risk of CRI and ILI among HCWs. Overall, N95 respirators may convey greater protection, but universal use throughout a work shift is likely to be less acceptable due to greater discomfort…Our analysis confirms the effectiveness of medical masks and respirators against SARS. Disposable, cotton, or paper masks are not recommended. The confirmed effectiveness of medical masks is crucially important for lower-resource and emergency settings lacking access to N95 respirators. In such cases, single-use medical masks are preferable to cloth masks, for which there is no evidence of protection and which might facilitate transmission of pathogens when used repeatedly without adequate sterilization…We found no clear benefit of either medical masks or N95 respirators against pH1N1…Overall, the evidence to inform policies on mask use in HCWs is poor, with a small number of studies that is prone to reporting biases and lack of statistical power."

73) N95 Respirators vs Medical Masks for Preventing Influenza Among Health Care Personnel, Radonovich, 2019

"Use of N95 respirators, compared with medical masks, in the outpatient setting resulted in no significant difference in the rates of laboratory-confirmed influenza."

Effectiveness of N95 respirators versus surgical masks against

influenza: A systematic review and meta-analysis

74) Masks Don't Work: A Review of Science Relevant to COVID-19 Social Policy, Rancourt, 2020

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 general public and nonhigh-risk medical staff those are not in close contact with influenza patients or suspected patients. "No RCT study with verified outcome shows a benefit for HCW or community members in households to wearing a mask or respirator. There is no such study. There are no exceptions. Likewise, no study exists that shows a benefit from a broad policy to wear masks in public (more on this below). Furthermore, if there were any benefit to wearing a mask, because of the blocking power against droplets and aerosol particles, then there should be more benefit from wearing a respirator (N95) compared to a surgical mask, yet several large meta-analyses, and all the RCT, prove that there is no such relative benefit."

75) More Than a Dozen Credible Medical Studies Prove Face Masks Do Not Work Even In Hospitals!, Firstenberg, 2020

"Mandating masks has not kept death rates down anywhere. The 20 U.S. states that have never ordered people to wear face masks indoors and out have dramatically lower COVID-19 death rates than the 30 states that have mandated masks. Most of the no-mask states have COVID-19 death rates below 20 per 100,000 population, and none have a death rate higher than 55. All 13 states that have death rates higher 55 are states that have required the wearing of masks in all public places. It has not protected them."

76) Does evidence based medicine support the effectiveness of surgical facemasks in preventing postoperative wound infections in elective surgery?, Bahli, 2009

"From the limited randomized trials it is still not clear that whether wearing surgical face masks harms or benefit the patients undergoing elective surgery."

77) Peritonitis prevention in CAPD: to mask or not?, Figueiredo, 2000

"The current study suggests that routine use of face masks during CAPD bag exchanges may be unnecessary and could be discontinued."

78) The operating room environment as affected by people and the surgical face mask, Ritter, 1975

"The wearing of a surgical face mask had no effect upon the overall operating room environmental contamination and probably work only to redirect the projectile effect of talking and breathing. People are the major source of environmental contamination in the operating room."

79) The efficacy of standard surgical face masks: an investigation using "tracer particles, Ha'eri, 1980

"Particle contamination of the wound was demonstrated in all experiments. 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."

80) Wearing of caps and masks not necessary during cardiac catheterization, Laslett, 1989

"Prospectively evaluated the experience of 504 patients undergoing percutaneous left heart catheterization, seeking evidence of a relationship between whether caps and/or masks were worn by the operators and the incidence of infection. No infections were found in any patient, regardless of whether a cap or mask was used. Thus, we found no evidence that caps or masks need to be worn during percutaneous cardiac catheterization."

81) Do anaesthetists need to wear surgical masks in the operating theatre? A literature review with evidence-based recommendations, Skinner, 2001

"A questionnaire-based survey, undertaken by Leyland' in 1993 to assess attitudes to the use of masks, showed that 20% of surgeons discarded surgical masks for endoscopic work. Less than 50% did not wear the mask as recommended by the Medical Research Council. Equal numbers of surgeons wore the mask in the belief they were protecting themselves and the patient, with 20% of these admitting that tradition was the only reason for wearing them."

82) Mask mandates for children are not backed by data, Faria, 2021

"Even if you want to use the 2018-19 flu season to avoid overlap with the start of the COVID-19 pandemic, the CDC paints a similar picture: It estimated 480 flu deaths among children during that period, with 46,000 hospitalizations. COVID-19, mercifully, is simply not as deadly for children. According to the American Academy of Pediatrics, preliminary data from 45 states show that between 0.00%-0.03% of child COVID-19 cases resulted in death. When you combine these numbers with the CDC study that found mask mandates for students — along with hybrid models, social distancing, and classroom barriers — did not have a statistically significant benefit in preventing the spread of COVID-19 in schools, the insistence that we force students to jump through these hoops for their own protection makes no sense."

83) The Downsides of Masking Young Students Are Real, Prasad, 2021

"The benefits of mask requirements in schools might seem self-evident—*they have to help contain the coronavirus, right?*—but that may not be so. In Spain, masks are used in kids ages 6 and older. The authors of one study there examined the risk of viral spread at all ages. If masks provided a large benefit, then the transmission rate among 5-year-olds would be far higher than the rate among 6-year-olds. The results don't show that. Instead, they show that transmission rates, which were low among the youngest kids, steadily increased with age—rather than dropping sharply for older children subject to the face-covering requirement. This suggests that masking kids in school does not provide a major benefit and might provide none at all. And yet many officials prefer to double down on masking mandates, as if the fundamental policy were sound and only the people have failed."

84) Masks In Schools: Scientific American Fumbles Report On Childhood COVID Transmission, English/ACSH, 2021

"Masking is a low-risk, inexpensive intervention. If we want to recommend it as a precautionary measure, especially in situations where vaccination isn't an option, great. But that's not what the public has been told. "Florida governor Ron DeSantis and politicians in Texas say research does not support mask mandates," SciAm's sub-headline bellowed. "Many studies show they are wrong."

If that's the case, demonstrate that the intervention works before you mandate its use in schools. If you can't, acknowledged what UC San Francisco hematologist-oncologist and Associate Professor of Epidemiology Vinay Prasad wrote over at the Atlantic:

"No scientific consensus exists about the wisdom of mandatory-masking rules for schoolchildren … In mid-March 2020, few could argue against erring on the side of caution. But nearly 18 months later, we owe it to children and their parents to answer the question properly: Do the benefits of masking kids in school outweigh the downsides? The honest answer in 2021 remains that we don't know for sure."

85) Masks 'don't work,' are damaging health and are being used to control population: Doctors panel, Haynes, 2021

"The only randomized control studies that have ever been done on masks show that they don't work," began Dr. Nepute. He referred to Dr. Anthony Fauci's "noble lie," in which Fauci "changed his tune," from his March 2020 comments, where he downplayed the need and efficacy of mask wearing, before urging Americans to use masks later in the year.

"Well, he lied to us. So if he lied about that, what else has he lied to you about?" questioned Nepute.

Masks have become commonplace in almost every setting, whether indoors or outdoors, but Dr. Popper mentioned how there have been “no studies” which actually examine the “effect of wearing a mask during all your waking hours.”

“There’s no science to back any of this and particularly no science to back the fact that wearing a mask twenty four-seven or every waking minute, is health promoting,” added Popper.”

86) Aerosol penetration through surgical masks, Chen, 1992

“The mask that has the highest collection efficiency is not necessarily the best mask from the perspective of the filter-quality factor, which considers not only the capture efficiency but also the air resistance. 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 sub-micrometer-sized aerosols containing pathogens to which these health care workers are potentially exposed.”

87) CDC: Schools With Mask Mandates Didn’t See Statistically Significant Different Rates of COVID Transmission From Schools With Optional Policies, Miltimore, 2021

“The CDC did not include its finding that “required mask use among students was not statistically significant compared with schools where mask use was optional” in the summary of its report.”

88) Horowitz: Data from India continues to blow up the ‘Delta’ fear narrative, Howorwitz, 2021

“Rather than proving the need to sow more panic, fear, and control over people, the story from India — the source of the "Delta" variant — continues to refute every current premise of COVID fascism…Unless we do that, we must return to the very effective lockdowns and masks. In reality, India's experience proves the opposite true; namely:

1) Delta is largely an attenuated version, with a much lower fatality rate, that for most people is akin to a cold.

2) Masks failed to stop the spread there.

3) The country has come close to the herd immunity threshold with just 3% vaccinated.

89) Transmission of SARS-CoV-2 Delta Variant Among Vaccinated Healthcare Workers, Vietnam, Chau, 2021

While not definitive in the LANCET publication, it can be inferred that the nurses were all masked up and had PPE etc. as was the case in Finland and Israel nosocomial outbreaks, indicating the failure of PPE and masks to constrain Delta spread.

90) Aerosol penetration through surgical masks, Willeke, 1992

“The mask that has the highest collection efficiency is not necessarily the best mask from the perspective of the filter-quality factor, which considers not only the capture efficiency but also the air resistance. Although surgical mask media may be adequate to remove bacteria exhaled or expelled by health care workers, they may not be sufficient to remove the submicrometer-size aerosols containing pathogens to which these health care workers are potentially exposed.”

91) The efficacy of standard surgical face masks: an investigation using "tracer particles", Wiley, 1980

“Particle contamination of the wound was demonstrated in all aexperiments. Since the microspheres were not identified on the exterior of these face masks, they must have escped around the mask edges and found their way into the wound. The wearing of the mask beneath the headgear curtails this route of contamination.”

92) An Evidence Based Scientific Analysis of Why Masks are Ineffective, Unnecessary, and Harmful, Meehan, 2020

“Decades of the highest-level scientific evidence (meta-analyses of multiple randomized controlled trials) overwhelmingly conclude that medical masks are ineffective at preventing the transmission of respiratory viruses, including SAR-CoV-2…those arguing for masks are relying on low-level evidence (observational retrospective trials and mechanistic theories), none of which are powered to counter the evidence, arguments, and risks of mask mandates.”

93) Open Letter from Medical Doctors and Health Professionals to All Belgian Authorities and All Belgian Media, AIER, 2020

“Oral masks in healthy individuals are ineffective against the spread of viral infections.”

94) Effectiveness of N95 respirators versus surgical masks against influenza: A systematic review and meta-analysis, Long, 2020

“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 general public and nonhigh-risk medical staff those are not in close contact with influenza patients or suspected patients.”

95) Advice on the use of masks in the context of COVID-19, WHO, 2020

“However, the use of a mask alone is insufficient to provide an adequate level of protection or source control, and other personal and community level measures should also be adopted to suppress transmission of respiratory viruses.”

96) Farce mask: it's safe for only 20 minutes, The Sydney Morning Herald, 2003

“Health authorities have warned that surgical masks may not be an effective protection against the virus.

"Those masks are only effective so long as they are dry," said Professor Yvonne Cossart of the Department of Infectious Diseases at the University of Sydney.

"As soon as they become saturated with the moisture in your breath they stop doing their job and pass on the droplets."

Professor Cossart said that could take as little as 15 or 20 minutes, after which the mask would need to be changed. But those warnings haven't stopped people snapping up the masks, with retailers reporting they are having trouble keeping up with demand.”

97) Study: Wearing A Used Mask Is Potentially Riskier Than No Mask At All, Boyd, 2020

Effects of mask-wearing on the inhalability and deposition of airborne SARS-CoV-2 aerosols in human upper airway

“According to researchers from the University of Massachusetts Lowell and California Baptist University, a three-layer surgical mask is 65 percent efficient in filtering particles in the air. That effectiveness, however, falls to 25 percent once it is used.

“It is natural to think that wearing a mask, no matter new or old, should always be better than nothing,” said author Jinxiang Xi.

“Our results show that this belief is only true for particles larger than 5 micrometers, but not for fine particles smaller than 2.5 micrometers,” he continued.”

MASK MANDATES

1) Mask mandate and use efficacy for COVID-19 containment in US States, Guerra, 2021

“Calculated total COVID-19 case growth and mask use for the continental United States with data from the Centers for Disease Control and Prevention and Institute for Health Metrics and Evaluation. We estimated post-mask

mandate case growth in non-mandate states using median issuance dates of neighboring states with mandates…did not observe association between mask mandates or use and reduced COVID-19 spread in US states."

2) These 12 Graphs Show Mask Mandates Do Nothing To Stop COVID, Weiss, 2020

"Masks can work well when they're fully sealed, properly fitted, changed often, and have a filter designed for virus-sized particles. This represents none of the common masks available on the consumer market, making universal masking much more of a confidence trick than a medical solution…Our universal use of unscientific face coverings is therefore closer to medieval superstition than it is to science, but many powerful institutions have too much political capital invested in the mask narrative at this point, so the dogma is perpetuated. The narrative says that if cases go down it's because masks succeeded. It says that if cases go up it's because masks succeeded in preventing more cases. The narrative simply assumes rather than proves that masks work, despite overwhelming scientific evidence to the contrary."

3) Mask Mandates Seem to Make CCP Virus Infection Rates Climb, Study Says, Vadum, 2020

"Protective-mask mandates aimed at combating the spread of the CCP virus that causes the disease COVID-19 appear to promote its spread, according to a report from RationalGround.com, a clearinghouse of COVID-19 data trends that's run by a grassroots group of data analysts, computer scientists, and actuaries."

4) Horowitz: Comprehensive analysis of 50 states shows greater spread with mask mandates, Howorwitz, 2020

Justin Hart

"How long do our politicians get to ignore the results?... The results: When comparing states with mandates vs. those without, or periods of times within a state with a mandate vs. without, there is absolutely no evidence the mask mandate worked to slow the spread one iota. In total, in the states that had a mandate in effect, there were 9,605,256 confirmed COVID cases over 5,907 total days, an average of 27 cases per 100,000 per day. When states did not have a statewide order (which includes the states that never had them and the period of time masking states did not have the mandate in place) there were 5,781,716 cases over 5,772 total days, averaging 17 cases per 100,000 people per day."

5) The CDC's Mask Mandate Study: Debunked, Alexander, 2021

"Thus, it is not surprising that the CDC's own recent conclusion on the use of nonpharmaceutical measures such as face masks in pandemic influenza, warned that scientific "evidence from 14 randomized controlled trials of these measures did not support a substantial effect on transmission…" Moreover, in the WHO's 2019 guidance

document on nonpharmaceutical public health measures in a pandemic, they reported as to face masks that "there is no evidence that this is effective in reducing transmission…" Similarly, in the fine print to a recent double-blind, double-masking simulation the CDC stated that "The findings of these simulations [supporting mask usage] should neither be generalized to the effectiveness …nor interpreted as being representative of the effectiveness of these masks when worn in real-world settings."

6) Phil Kerpin, tweet, 2021

The Spectator

"The first ecological study of state mask mandates and use to include winter data: "Case growth was independent of mandates at low and high rates of community spread, and mask use did not predict case growth during the Summer or Fall-Winter waves."

7) How face masks and lockdowns failed, SPR, 2021

"Infections have been driven primarily by seasonal and endemic factors, whereas mask mandates and lockdowns have had no discernible impact"

8) Analysis of the Effects of COVID-19 Mask Mandates on Hospital Resource Consumption and Mortality at the County Level, Schauer, 2021

"There was no reduction in per-population daily mortality, hospital bed, ICU bed, or ventilator occupancy of COVID-19-positive patients attributable to the implementation of a mask-wearing mandate."

9) Do we need mask mandates, Harris, 2021

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

University of Hong Kong agrees. Its best estimate for the protective effect of surgical masks against influenza, based on ten RCTs published through 2018, was just 22 percent, and it could not rule out zero effect."

MASK HARMS

1) Corona children studies: Co-Ki: First results of a German-wide registry on mouth and nose covering (mask) in children, Schwarz, 2021

"The average wearing time of the mask was 270 minutes per day. Impairments caused by wearing the mask were reported by 68% of the parents. These included irritability (60%), headache (53%), difficulty concentrating (50%), less happiness (49%), reluctance to go to school/kindergarten (44%), malaise (42%) impaired learning (38%) and drowsiness or fatigue (37%)."

2) Dangerous pathogens found on children's face masks, Cabrera, 2021

"Masks were contaminated with bacteria, parasites, and fungi, including three with dangerous pathogenic and pneumonia-causing bacteria."

3) Masks, false safety and real dangers, Part 2: Microbial challenges from masks, Borovoy, 2020/2021

"Laboratory testing of used masks from 20 train commuters revealed that 11 of the 20 masks tested contained over 100,000 bacterial colonies. Molds and yeasts were also found. Three of the masks contained more than one million bacterial colonies… The outside surfaces of surgical masks were found to have high levels of the following microbes, even in hospitals, more concentrated on the outside of masks than in the environment. Staphylococcus species (57%) and Pseudomonas spp (38%) were predominant among bacteria, and Penicillium spp (39%) and Aspergillus spp. (31%) were the predominant fungi."

4) Preliminary report on surgical mask induced deoxygenation during major surgery, Beder, 2008

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

5) Mask mandates may affect a child's emotional, intellectual development, Gillis, 2020

"The thing is we really don't know for sure what the effect may or may not be. But what we do know is that children, especially in early childhood, they use the mouth as part of the entire face to get a sense of what's going on around them in terms of adults and other people in their environment as far as their emotions. It also has a role in language development as well… If you think about an infant, when you interact with them you use part of your mouth. They are interested in your facial expressions. And if you think about that part of the face being covered up, there is that possibility that it could have an effect. But we don't know because this is really an unprecedented time. What we wonder about is if this could play a role and how can we stop it if it would affect child development."

6) Headaches and the N95 face-mask amongst healthcare providers, Lim, 2006

"Healthcare providers may develop headaches following the use of the N95 face-mask."

7) Maximizing Fit for Cloth and Medical Procedure Masks to Improve Performance and Reduce SARS-CoV-2 Transmission and Exposure, 2021, Brooks, 2021

"Although use of double masking or knotting and tucking are two of many options that can optimize fit and enhance mask performance for source control and for wearer protection, double masking might impede breathing or obstruct peripheral vision for some wearers, and knotting and tucking can change the shape of the mask such that it no longer covers fully both the nose and the mouth of persons with larger faces."

8) Facemasks in the COVID-19 era: A health hypothesis, Vainshelboim, 2021

"Wearing facemasks has been demonstrated to have substantial adverse physiological and psychological effects. These include hypoxia, hypercapnia, shortness of breath, increased acidity and toxicity, activation of fear and stress response, rise in stress hormones, immunosuppression, fatigue, headaches, decline in cognitive performance, predisposition for viral and infectious illnesses, chronic stress, anxiety and depression."

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

"**European study found that children wearing masks for only minutes could be exposed to dangerous carbon dioxide levels…Forty-five children were exposed to carbon dioxide levels between three to twelve times healthy levels."**

10) How many children must die? Shilhavy, 2020

"How long are parents going to continue masking their children causing great harm to them, even to the point of risking their lives? Dr. Eric Nepute in St. Louis took time to record a video rant that he wants everyone to share, after

the 4-year-old child of one of his patients almost died from a bacterial lung infection caused by prolonged mask use."

11) Medical Doctor Warns that "Bacterial Pneumonias Are on the Rise" from Mask Wearing, Meehan, 2021

"I'm seeing patients that have facial rashes, fungal infections, bacterial infections. Reports coming from my colleagues, all over the world, are suggesting that the bacterial pneumonias are on the rise…Why might that be? Because untrained members of the public are wearing medical masks, repeatedly… in a non-sterile fashion… They're becoming contaminated. They're pulling them off of their car seat, off the rear-view mirror, out of their pocket, from their countertop, and they're reapplying a mask that should be worn fresh and sterile every single time."

12) Open Letter from Medical Doctors and Health Professionals to All Belgian Authorities and All Belgian Media, AIER, 2020

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

13) Face coverings for covid-19: from medical intervention to social practice, Peters, 2020

"At present, there is no direct evidence (from studies on Covid19 and in healthy people in the community) on the effectiveness of universal masking of healthy people in the community to prevent infection with respiratory viruses, including Covid19. Contamination of the upper respiratory tract by viruses and bacteria on the outside of medical face masks has been detected in several hospitals. Another research shows that a moist mask is a breeding ground for (antibiotic resistant) bacteria and fungi, which can undermine mucosal viral immunity. This research advocates the use of medical / surgical masks (instead of homemade cotton masks) that are used once and replaced after a few hours."

14) Face masks for the public during the covid-19 crisis, Lazzarino, 2020

"The two potential side effects that have already been acknowledged are: (1) Wearing a face mask may give a false sense of security and make people adopt a reduction in compliance with other infection control measures, including social distancing and hands washing. (2) Inappropriate use of face mask: people must not touch their masks, must

change their single-use masks frequently or wash them regularly, dispose them correctly and adopt other management measures, otherwise their risks and those of others may increase. Other potential side effects that we must consider are: (3) The quality and the volume of speech between two people wearing masks is considerably compromised and they may unconsciously come closer. While one may be trained to counteract side effect n.1, this side effect may be more difficult to tackle. (4) Wearing a face mask makes the exhaled air go into the eyes. This generates an uncomfortable feeling and an impulse to touch your eyes. If your hands are contaminated, you are infecting yourself."

15) Contamination by respiratory viruses on outer surface of medical masks used by hospital healthcare workers, Chughtai, 2019

"Respiratory pathogens on the outer surface of the used medical masks may result in self-contamination. The risk is higher with longer duration of mask use (>6h) and with higher rates of clinical contact. Protocols on duration of mask use should specify a maximum time of continuous use, and should consider guidance in high contact settings."

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

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

17) Exhalation of respiratory viruses by breathing, coughing, and talking, Stelzer-Braid, 2009

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

talking samples, and in 2 coughing samples. In the subset of exhaled samples from 10 subjects examined by culture, infective rhinovirus was detected in 2."

18) [Effect of a surgical mask on six minute walking distance], Person, 2018

"Wearing a surgical mask modifies significantly and clinically dyspnea without influencing walked distance."

19) Protective masks reduce resilience, Science ORF, 2020

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

20) Wearing masks even more unhealthy than expected, Coronoa transition, 2020

"They contain microplastics – and they exacerbate the waste problem…"Many of them are made of polyester and so you have a microplastic problem." Many of the face masks would contain polyester with chlorine compounds: "If I have the mask in front of my face, then of course I breathe in the microplastic directly and these substances are much more toxic than if you swallow them, as they get directly into the nervous system," Braungart continues."

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

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

22) The Dangers of Masks, Alexander, 2021

"With that clarion call, we pivot and refer here to another looming concern and this is the potential danger of the chlorine, polyester, and microplastic components of the face masks (surgical principally but any of the mass-

produced masks) that have become part of our daily lives due to the Covid-19 pandemic. We hope those with persuasive power in the government will listen to this plea. We hope that the necessary decisions will be made to reduce the risk to our populations."

23) 13-year-old mask wearer dies for inexplicable reasons, Corona Transition, 2020

"The case is not only causing speculation in Germany about possible poisoning with carbon dioxide. Because the student "was wearing a corona protective mask when she suddenly collapsed and died a little later in the hospital," writes *Wochenblick.*

Editor's Review: The fact that no cause of death was communicated nearly three weeks after the girl's death is indeed unusual. The carbon dioxide content of the air is usually about 0.04 percent. From a proportion of four percent, the first symptoms of hypercapnia, i.e. carbon dioxide poisoning, appear. If the proportion of the gas rises to more than 20 percent, there is a risk of deadly carbon dioxide poisoning. However, this does not come without alarm signals from the body. According to the medical portal netdoktor, these include "sweating, accelerated breathing, accelerated heartbeat, headaches, confusion, loss of consciousness". The unconsciousness of the girl could therefore be an indication of such poisoning."

24) Student Deaths Lead Chinese Schools to Change Mask Rules, that's, 2020

"During the month of April, three cases of students suffering sudden cardiac death (SCD) while running during gym class have been reported in Zhejiang, Henan and Hunan provinces. *Beijing Evening News* noted that all three students were wearing masks at the time of their deaths, igniting a critical discussion over school rules on when students should wear masks."

25) Blaylock: Face Masks Pose Serious Risks To The Healthy, 2020

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

26) The mask requirement is responsible for severe psychological damage and the weakening of the immune system, Coronoa Transition, 2020

“**In fact, the mask has the potential to "trigger strong psychovegetative stress reactions via emerging aggression, which correlate** significantly with the degree of stressful after-effects".
Prousa is not alone in her opinion. Several psychologists dealt with the mask problem — and most came to devastating results. Ignoring them would be fatal, according to Prousa.”

27) The physiological impact of wearing an N95 mask during hemodialysis as a precaution against SARS in patients with end-stage renal disease, Kao, 2004

“Wearing an N95 mask for 4 hours during HD significantly reduced PaO2 and increased respiratory adverse effects in ESRD patients.”

28) Is a Mask That Covers the Mouth and Nose Free from Undesirable Side Effects in Everyday Use and Free of Potential Hazards?, Kisielinski, 2021

“We objectified evaluation evidenced changes in respiratory physiology of mask wearers with significant correlation of O2 drop and fatigue ($p < 0.05$), a clustered co-occurrence of respiratory impairment and O2 drop (67%), N95 mask and CO2 rise (82%), N95 mask and O2 drop (72%), N95 mask and headache (60%), respiratory impairment and temperature rise (88%), but also temperature rise and moisture (100%) under the masks. Extended mask-wearing by the general population could lead to relevant effects and consequences in many medical fields.”

“Here are the pathophysiological changes and subjective complaints: 1) Increase in blood carbon dioxide 2) Increase in breathing resistance 3) Decrease in blood oxygen saturation 4) Increase in heart rate 5) Decrease in cardiopulmonary capacity 6) Feeling of exhaustion 7) Increase in respiratory rate 8) Difficulty breathing and shortness of breath 9) Headache 10) Dizziness 11) Feeling of dampness and heat 12) Drowsiness (qualitative neurological deficits) 13) Decrease in empathy perception 14) Impaired skin barrier function with acne, itching and skin lesions”

29) Is N95 face mask linked to dizziness and headache?, Ipek, 2021

“Respiratory alkalosis and hypocarbia were detected after the use of N95. Acute respiratory alkalosis can cause headache, anxiety, tremor, muscle cramps. In this study, it was quantitatively shown that the participants' symptoms were due to respiratory alkalosis and hypocarbia.”

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

“But in filtering those particles, the mask also makes it harder to breathe. N95 masks are estimated to reduce oxygen intake by anywhere from 5 to 20 percent. That’s significant, even for a healthy person. It can cause dizziness

and lightheadedness. If you wear a mask long enough, it can damage the lungs. For a patient in respiratory distress, it can even be life threatening."

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

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

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

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

33) Covid-19: Important potential side effects of wearing face masks that we should bear in mind, Lazzarino, 2020

"Other potential side effects that we must consider, however, are 1) The quality and volume of speech between people wearing masks is considerably compromised and they may unconsciously come closer

2) Wearing a mask makes the exhaled air go into the eyes. This generates an impulse to touch the eyes. 3) If your hands are contaminated, you are infecting yourself, 4) Face masks make breathing more difficult. Moreover, a fraction of carbon dioxide previously exhaled is inhaled at each respiratory cycle. Those phenomena increase breathing frequency and deepness, and they may worsen the burden of covid-19 if infected people wearing masks spread more contaminated air. This may also worsen the clinical condition of infected people if the enhanced breathing pushes the viral load down into their lungs, 5) The innate immunity's efficacy is highly dependent on the viral load. If masks determine a humid habitat where SARS-CoV-2 can remain active because of the water vapour continuously provided by breathing and captured by the mask fabric, they determine an increase in viral load (by re-

inhaling exhaled viruses) and therefore they can cause a defeat of the innate immunity and an increase in infections."

34) Risks of N95 Face Mask Use in Subjects With COPD, Kyung, 2020

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

35) Masks too dangerous for children under 2, medical group warns, The Japan Times, 2020

"Children under the age of 2 shouldn't wear masks because they can make breathing difficult and increase the risk of choking, a medical group has said, launching an urgent appeal to parents as the nation reopens from the coronavirus crisis…Masks can make breathing difficult because infants have narrow air passages," which increases the burden on their hearts, the association said, adding that masks also raise the risk of heat stroke for them."

36) Face masks can be problematic, dangerous to health of some Canadians: advocates, Spenser, 2020

"Face masks are dangerous to the health of some Canadians and problematic for some others…Asthma Canada president and CEO Vanessa Foran said simply wearing a mask could create risk of an asthma attack."

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

"The rebreathing of our exhaled air will without a doubt create oxygen deficiency and a flooding of carbon dioxide. We know that the human brain is very sensitive to oxygen depravation. There are nerve cells for example in the hippocampus, that can't be longer than 3 minutes without oxygen – they cannot survive. The acute warning symptoms are headaches, drowsiness, dizziness, issues in concentration, slowing down of the reaction time – reactions of the cognitive system. However, when you have chronic oxygen depravation, all of those symptoms disappear, because you get used to it. But your efficiency will remain impaired and the undersupply of oxygen in your brain continues to progress. We know that **neurodegenerative diseases take years to decades to develop**. If today you forget your phone number, the breakdown in your brain would have already started 20 or 30 years ago…The child needs the brain to learn, and the brain needs oxygen to function. We don't need a clinical study for

that. This is simple, indisputable physiology. Conscious and purposely induced oxygen deficiency is an absolutely deliberate health hazard, and an absolute medical contraindication."

38) Study shows how masks are harming children, Mercola, 2021

"Data from the first registry to record children's experiences with masks show physical, psychological and behavioral issues including irritability, difficulty concentrating and impaired learning.

Since school shutdowns in spring 2020, an increasing number of parents are seeking drug treatment for attention deficit hyperactivity disorder (ADHD) for their children.

Evidence from the U.K. shows schools are not the super spreaders health officials said they were; measured rates of infection in schools were the same as the community, not higher.

A large randomized controlled trial showed wearing masks does not reduce the spread of SARS-CoV-2."

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

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

"A new study, involving over 25,000 school-aged children, shows that masks are harming schoolchildren physically, psychologically, and behaviorally, revealing 24 distinct health issues associated with wearing masks…Though these results are concerning, the study also found that 29.7% of children experienced shortness of breath, 26.4% experienced dizziness, and hundreds of the participants experiencing accelerated respiration, tightness in chest, weakness, and short-term impairment of consciousness."

40) Protective Face Masks: Effect on the Oxygenation and Heart Rate Status of Oral Surgeons during Surgery, Scarano, 2021

"In all *20* surgeons wearing FFP2 covered by surgical masks, a reduction in arterial O2 saturation from around 97.5% before surgery to 94% after surgery was recorded with increase of heart rates. A shortness of breath and light-headedness/headaches were also noted."

41) Effects of surgical and FFP2/N95 face masks on cardiopulmonary exercise capacity, Fikenzer, 2020

"Ventilation, cardiopulmonary exercise capacity and comfort are reduced by surgical masks and highly impaired by FFP2/N95 face masks in healthy individuals. These data are important for recommendations on wearing face masks at work or during physical exercise."

42) Headaches Associated With Personal Protective Equipment – A Cross-Sectional Study Among Frontline Healthcare Workers During COVID-19, Ong, 2020

"Most healthcare workers develop de novo PPE-associated headaches or exacerbation of their pre-existing headache disorders."

43) Open letter from medical doctors and health professionals to all Belgian authorities and all Belgian media, The American Institute of Stress, 2020

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

44) Reusing masks may increase your risk of coronavirus infection, expert says, Laguipo, 2020

"For the public, they should not wear facemasks unless they are sick, and if a healthcare worker advised them.

"For the average member of the public walking down a street, it is not a good idea," Dr. Harries said.

"What tends to happen is people will have one mask. They won't wear it all the time, they will take it off when they get home, they will put it down on a surface they haven't cleaned," she added.

Further, she added that behavioral issues could adversely put themselves at more risk of getting the infection. For instance, people go out and don't wash their hands, they touch parts of the mask or their face, and they get infected."

45) What's Going On Under the Masks?, Wright, 2021

"Americans today have pretty good chompers on average, at least relative to most other people, past and present. Nevertheless, we do not think enough about oral health as evidenced by the almost complete lack of discussion regarding the effect of lockdowns and mandatory masking on our mouths."

46) Experimental Assessment of Carbon Dioxide Content in Inhaled Air With or Without Face Masks in Healthy ChildrenA Randomized Clinical Trial, Walach, 2021

"A large-scale survey in Germany of adverse effects in parents and children using data of 25 930 children has shown that 68% of the participating children had problems when wearing nose and mouth coverings."

47) NM Kids forced to wear masks while running in 100-degree heat; Parents are striking back, Smith, 2021

"Nationally, children have a 99.997% survival rate from COVID-19. In New Mexico, only 0.7% of child COVID-19 cases have resulted in hospitalization. It is clear that children have an extremely low risk of severe illness or death from COVID-19, and mask mandates are placing a burden upon kids which is detrimental to their own health and well-being."

48) Health Canada issues advisory for disposable masks with graphene, CBC, 2021

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

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

Is graphene safe?

"Wearing masks considerably reduces the inhalation risk of particles (e.g., granular microplastics and unknown particles) even when they are worn continuously for 720 h. Surgical, cotton, fashion, and activated carbon masks wearing pose higher fiber-like microplastic inhalation risk, while all masks generally reduced exposure when used under their supposed time (<4 h). N95 poses less fiber-like microplastic inhalation risk. Reusing masks after they underwent different disinfection pre-treatment processes can increase the risk of particle (e.g., granular microplastics) and fiber-like microplastic inhalation. Ultraviolet disinfection exerts a relatively weak effect on fiber-like microplastic inhalation, and thus, it can be recommended as a treatment process for reusing masks if proven effective from microbiological standpoint. Wearing an N95 mask reduces the inhalation risk of spherical-type microplastics by 25.5 times compared with not wearing a mask."

50) Manufacturers have been using nanotechnology-derived graphene in face masks — now there are safety concerns, Maynard, 2021

"Early concerns around graphene were sparked by previous research on another form of carbon — carbon nanotubes. It turns out that some forms of these fiber-like materials can cause serious harm if inhaled. And following on from research here, a natural next-question to ask is whether carbon nanotubes' close cousin graphene comes with similar concerns.

Because graphene lacks many of the physical and chemical aspects of carbon nanotubes that make them harmful (such as being long, thin, and hard for the body to get rid of), the indications are that the material is safer than its nanotube cousins. But safer doesn't mean safe. And current research indicates that this is not a material that should be used where it could potentially be inhaled, without a good amount of safety testing first…As a general rule of thumb, engineered nanomaterials should *not* be used in products where they might inadvertently be inhaled and reach the sensitive lower regions of the lungs."

51) Masking young children in school harms language acquisition, Walsh, 2021

"This is important because children and/or students do not have the speech or language ability that adults have -- they are not equally able and the ability to see the face and especially the mouth is critical to language acquisition which children and/or students are engaged in at all times. Furthermore, the ability to see the mouth is not only essential to communication but also essential to brain development.

"Studies show that by age four, kids from low-income households will hear 30 million less words than their more affluent counterparts, who get more quality face-time with caretakers." (https://news.stanford.edu/news/2014/november/language-toddlers-fernald-110514.html)."

52) Dangerous pathogens found on children's face masks, Rational Ground, 2021

"A group of parents in Gainesville, FL, sent 6 face masks to a lab at the University of Florida, requesting an analysis of contaminants found on the masks after they had been worn. The resulting report found that five masks were contaminated with bacteria, parasites, and fungi, including three with dangerous pathogenic and pneumonia-causing bacteria. Although the test is capable of detecting viruses, including SARS-CoV-2, only one virus was found on one mask (*alcelaphine herpesvirus 1*)…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."

53) Face mask dermatitis" due to compulsory facial masks during the SARS-CoV-2 pandemic: data from 550 health care and non-health care workers in Germany, Niesert, 2021

"The duration of wearing masks showed a significant impact on the prevalence of symptoms ($p < 0.001$). Type IV hypersensitivity was significantly more likely in participants with symptoms compared to those without symptoms (p

= 0.001), whereas no increase in symptoms was observed in participants with atopic diathesis. HCWs used facial skin care products significantly more often than non-HCWs (p = 0.001)."

54) Effect of Wearing Face Masks on the Carbon Dioxide Concentration in the Breathing Zone, AAQR/Geiss, 2020

"Detected carbon dioxide concentrations ranged from 2150 ± 192 to 2875 ± 323 ppm. The concentrations of carbon dioxide while not wearing a face mask varied from 500–900 ppm. Doing office work and standing still on the treadmill each resulted in carbon dioxide concentrations of around 2200 ppm. A small increase could be observed when walking at a speed of 3 km h–1 (leisurely walking pace)…concentrations in the detected range can cause undesirable symptoms, such as fatigue, headache, and loss of concentration."

55) Surgical masks as source of bacterial contamination during operative procedures, Zhiqing, 2018

"The source of bacterial contamination in SMs was the body surface of the surgeons rather than the OR environment. Moreover, we recommend that surgeons should change the mask after each operation, especially those beyond 2 hours."

56) The Damage of Masking Children Could be Irreparable, Hussey, 2021

"When we surround children with mask-wearers for a year at a time, are we impairing their face barcode recognition during a period of hot neural development, thus putting full development of the FFA at risk? Does the demand for separation from others, reducing social interaction, add to the potential consequences as it might in autism? When can we be sure that we won't interfere with visual input to the face recognition visual neurology so we don't interfere with brain development? How much time with stimulus interference can we allow without consequences? Those are all questions currently without answers; we don't know. Unfortunately, the science implies that if we mess up brain development for faces, we may not currently have therapies to undo everything we've done."

57) Masks can be Murder, Grossman, 2021

"Wearing masks can create a sense of anonymity for an aggressor, while also dehumanizing the victim. This prevents empathy, empowering violence, and murder." Masking helps remove empathy and compassion, allowing others to commit unspeakable acts on the masked person."

58) London high school teacher calls face masks an 'egregious and unforgivable form of child abuse, Butler, 2020

“In his email, Farquharson called the campaign to legislate mask wearing a "shameful farce, a charade, an act of political theatre" that's more about enforcing "obedience and compliance" than it is about public health. He also likened children wearing masks to "involuntary self-torture," calling it "an egregious and unforgivable form of child abuse and physical assault."

59) UK Government Advisor Admits Masks Are Just "Comfort Blankets" That Do Virtually Nothing, ZeroHedge, 2021

“As the UK Government heralds “freedom day” today, which is anything but, a prominent government scientific advisor has admitted that face masks do very little to protect from coronavirus and are basically just “comfort blankets…the professor noted that “those aerosols escape masks and will render the mask ineffective,” adding “The public were demanding something must be done, they got masks, it is just a comfort blanket. But now it is entrenched, and we are entrenching bad behaviour…all around the world you can look at mask mandates and superimpose on infection rates, you cannot see that mask mandates made any effect whatsoever,” Axon further noted, adding that “The best thing you can say about any mask is that any positive effect they do have is too small to be measured.”

60) Masks, false safety and real dangers, Part 1: Friable mask particulate and lung vulnerability, Borovoy, 2020

“Surgical personnel are trained to never touch any part of a mask, except the loops and the nose bridge. Otherwise, the mask is considered useless and is to be replaced. Surgical personnel are strictly trained not to touch their masks otherwise. However, the general public may be seen touching various parts of their masks. Even the masks just removed from manufacturer packaging have been shown in the above photos to contain particulate and fiber that would not be optimal to inhale… Further concerns of macrophage response and other immune and inflammatory and fibroblast response to such inhaled particles specifically from facemasks should be the subject of more research. If widespread masking continues, then the potential for inhaling mask fibers and environmental and biological debris continues on a daily basis for hundreds of millions of people. This should be alarming for physicians and epidemiologists knowledgeable in occupational hazards.”

61) Medical Masks, Desai, 2020

“Face masks should be used only by individuals who have symptoms of respiratory infection such as coughing, sneezing, or, in some cases, fever. Face masks should also be worn by health care workers, by individuals who are taking care of or are in close contact with people who have respiratory infections, or otherwise as directed by a doctor. 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.”

Current Research and Data do not support Masking Children in K-5 Classroom Settings

Masking is unnecessary due to Covid-19 Characteristics

-Children very rarely spread Covid-19 to adults [1,2,3,4,5,6,7,8]
-Children are at little risk from Covid-19 [3,4,9,10]
-Asymptomatic spread of Covid-19 is not common [11,12,13]
-Spread in schools in not common[1,4,12,14,15,16,17,18]
-Children are less susceptible to infection [11,19,20]

Masking is Impractical for a Classroom Setting

-Masks are easily contaminated from hands, floors, food, hair, etc. [9,21,22]
-Masks will likely be worn incorrectly by children [9,21,23,24,25]
-Low likelihood of being handled in the correct sanitary method [9,25,26,27,28]
-Low likelihood of being washed everyday [9,29]
-Masks should be changed every few hours at least [30,31]

Masking can Cause Health Issues and Spread Covid-19

-Improper mask use can cause an increased risk of infection [22,27,28,29,32,33,34,35,36]
-Experts don't agree on the effectiveness of masks [14,21,37,38,39,40,41,42,43]
-Masks worn for long periods can become bacterial traps [28,29,34,44]
-Constant washing degrades the quality of a mask over time [45]

Masking can lead to Social and Mental Harm

-Masks can negatively impact communication [22,40,46,47]
-Make it harder to focus for those with allergies, asthma, autism, ADHD, learning disabilities, etc. [9,46,47,48]
-Masks can limit social development through facial expressions [49,50]
-They can lead to negative body image and create an opportunity for bullying [9,29,51,52]

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49 https://ncbi.nlm.nih.gov/pmc/articles/PMC2781887/
50 http://aapca2.org/wp-content/uploads/2020/06/AAP-CA2-press-release-on-schools-re-opening-6-2-20-Rev.pdf
51 https://irishtimes.com/news/bullied-because-she-stood-out-in-class-for-not-wearing-designer-clothes-1.1126187
52 https://kidshealth.org/en/parents/body-image.html#:~:text=Body%20image%20is%20part%20of,about%20their%20body%20or%20looks

https://threadreaderapp.com/thread/1291187282733666305.html

Source: Twitter; Omnipotent Moral Busybody; @OBusybody; Aug 5, 2020

Conclusion Regarding Masks
They Do Not Work

By Dr. Sherri Tenpenny, DO, AOBNMM, ABIHM
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There are NO randomized, controlled trials (RCT) with verified outcomes that show a benefit to healthcare workers or community members for wearing a mask or a respirator. **There is no such definitive study**. Likewise, no study exists that shows a benefit from a broad policy to wear masks in public (documented below).

Furthermore, if there were any benefit to wearing a mask, because of the blocking power against droplets and aerosol particles, then there should be more benefit from wearing a respirator (N95) compared to a surgical mask. There is not. Neither masks nor respirators protect; cloth coverings are essentially worthless.

It should be noted that the surgical masks are primarily designed to protect the environment from the wearer, whereas the respirators are supposed to protect the wearer from the environment. (Balazy, et al).

Coronavirus are <0.125 microns in size. Masks and respirators filter particles 0.30 to 0.80 microns in size. Masks cannot possibly work. No bias-free study has ever found a benefit from wearing a mask or respirator in this application.

○ Public Health Experts Keep Changing: Mask vs No Mask

- **March 15, 2020 - Medical Science News "**Reusing masks may increase your risk of coronavirus infection." https://www.news-medical.net/news/20200315/Reusing-masks-may-increase-your-risk-of-coronavirus-infection-expert-says.aspx
    - Dr. Jenny Harries, England's deputy chief medical officer, has warned that it was **not a good idea for the public to wear facemasks** as the virus can get trapped in the material and causes infection when the wearer breathes in. "For the average member of the public walking down a street, it is not a good idea," Dr. Harries said.

- **March 30, 2020**: WHO Emergencies Press Conference on coronavirus disease https://www.who.int/docs/default-source/coronaviruse/transcripts/who-audio-emergencies-coronavirus-press-conference-full-30mar2020.pdf?sfvrsn=6b68bc4a_2
    - at 00:22:39) "We **don't generally recommend the wearing to masks in public by otherwise well individuals** because it has not been up to now associated with any particular benefit...It does have **benefit psychologically**, socially and there are social norms around that and we don't criticize the wearing of masks and have not done so but **there is no specific evidence to suggest that the wearing of masks by the mass population has any particular benefit**. In fact, there's some evidence to suggest the opposite in the misuse of wearing a mask properly or fitting it properly or taking it off and all the other risks that are otherwise associated with that.
- **March 31, 2020**: https://www.newsmax.com/us/surgeon-general-adams-masks/2020/03/31/id/960679/
    - "You can increase your risk of getting COVID19 by wearing a mask if you are not a health care provider. Folks who don't know how to wear them properly tend to

touch their faces a lot and actually **can increase the spread of coronavirus**." -Dr. Jerome Adams, US Surgeon General

- **April 3, 2020**: https://time.com/5794729/coronavirus-face-masks/
    - According to the CDC, wearing a surgical mask **won't stop the wearer from inhaling small airborne particles, which can cause infection**. Nor do these masks form a snug seal around the face.
    - The CDC recommends surgical masks **only for people who *already show symptoms*** of coronavirus and must go outside. Wearing a mask can help prevent spreading the virus by protecting others nearby when you cough or sneeze.
- **May 1, 2020:** Illinois issued an order that a mask will be required in public when social distancing isn't an option.

- **May 27, 2020:** Virginia announced a statewide mask mandate.
- .....and many more states have followed suit.

Healthy persons do not spread illness

- **Leung, Nancy., et al. (2020)** "Respiratory virus shedding in exhaled breath and efficacy of face masks." *Nature Medicine* 26, 676-680. https://www.nature.com/articles/s41591-020-0843-2
    - "...Among the samples collected without a face mask, we found that the majority of participants with influenza virus and coronavirus infection **did not shed detectable virus in respiratory droplets or aerosols**... given that each exhaled breath collection was conducted for 30 min, this might imply that **prolonged close contact would be required for transmission to occur**, even if transmission was primarily via aerosols.."

- **Gao, Ming. et al.** "A Study of infectivity of asymptomatic SARS-CoV2 carriers." *Respiratory Medicine.* 2020. Aug: 169:106026 https://pubmed.ncbi.nlm.nih.gov/32513410/
    - 455 contacts who were exposed to the asymptomatic COVID-19 virus carrier: 35 patients, 196 family members and 224 hospital staffs. **NONE of the 455 contacts contracted the SARS-CoV-2 infection**

Mask Mandates as Public Policy is a Disaster

- **Klompas, Michael., et al. (2020)** "Universal Masking in Hospitals in the COVID-19 Era." NEJM 2020; 382:e63 https://www.nejm.org/doi/full/10.1056/NEJMp2006372?
    - **We know that wearing a mask outside health care facilities offers little**, if any, protection from infection. Public health authorities define a significant exposure to Covid-19 as face-to-face contact within 6 feet with a patient with symptomatic Covid-19 that is sustained for at least a few minutes (and some say more than 10 minutes or even 30 minutes). **The chance of catching Covid-19 from a passing interaction in a public space is therefore minimal.** In many cases, the desire for widespread masking is a reflexive reaction to anxiety over the pandemic.

- **Brainard, Julii Suzanne, et al.(2020)** "Facemasks and similar barriers to prevent respiratory illness such as COVID-19: A rapid systematic review." medRxiv 2020.04.01.20049528 https://www.medrxiv.org/content/10.1101/2020.04.01.20049528v1
    - "There were 31 eligible studies (including 12 RCTs). Based on the RCTs we would conclude that wearing facemasks can be very slightly protective against primary infection from casual community contact, and modestly protective against

household infections when both infected and uninfected members wear facemasks. **The evidence is not sufficiently strong to support widespread use of facemasks as a protective measure against COVID-19.**

- **Chandrasekaran, Baskaran. (2020) "Exercise with facemask: Are we handling a devil's sword?" – a physiological hypothesis.** *Med Hypotheses.* Nov; 144:11002. 2020 https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7306735/
    - Exercising with facemasks may reduce available Oxygen and increase air trapping preventing substantial carbon dioxide exchange. The hypercapnic hypoxia may potentially increase acidic environment, cardiac overload, anaerobic metabolism and renal overload, which may substantially aggravate the underlying pathology of established chronic diseases. Further contrary to the earlier thought, **no evidence exists to claim the facemasks during exercise offer additional protection from the droplet transfer of the virus.**

- **Tam, Victor CW et al (2020)** "A reality check on the use of face masks during the COVID 19 outbreak in Hong Kong." *EClinicalMedicine.* 2020 May; 22:100356
    - In our study, 94.8% wore masks of which 83.7% wore disposable surgical masks. However, 13.0% wore them incorrectly: with 35.5% worn 'inside-out' or 'upside-down'; and 42.5% worn too low, exposing the nostrils or mouth. Packaging of different brands of surgical mask sold locally were examined; very few provided instructions on correct usage. **[NOTE: IF NOT worn correctly, there are doing nothing and should not be worn at all.]**

Particle Size: The Key to it All

- **Zhu, Na, et al. (2020).** "A Novel Coronavirus from Patients with Pneumonia in China, 2019" N Engl J Med 2020; 382:727-733. https://www.nejm.org/doi/full/10.1056/nejmoa2001017
    - Scientists were at a consensus that the diameter of the 2019-nCoV particles were **0.06 to 0.14 microns in size**. Most N95 and N99 face masks can filter out 0.30 microns. **Airborne coronavirus particle (<0.125 micron) will pass directly through a N95 face mask.**

- **Balazy, Anna, et al. (2006).** "Do N95 respirators provide 95% protection level against airborne viruses, and how adequate are surgical masks?" ***Am J Infect Control***. 2006 Mar;34(2):51-7.
    - The N95 filtering face piece respirators may not provide the expected protection level **against small virions.** As anticipated, the tested surgical masks showed a much higher particle penetration because they are known to be less efficient than the N95 respirators. **Some surgical masks may let a significant fraction of airborne viruses penetrate through their filters**, providing very low protection against aerosolized infectious agents in the size range of 10 to 80 nm.

N95 Respirators

- **Long, Y. et al. (2020). "**Effectiveness of N95 respirators vs surgical masks against influenza: A systematic review and meta-analysis." *J Evidence Based Medicine.* 2020;12:93-101. https://onlinelibrary.wiley.com/doi/epdf/10.1111/jebm.12381
    - "The current meta-analysis shows the use of N95 respirators compared to surgical masks is **not associated with a lower risk** of laboratory-confirmed influenza."

- **Randonovich, Lewis, et al. (2019)** "N95 Respirators vs Medical Masks for Preventing Influenza Among Health Care Personnel: A Randomized Clinical Trial". JAMA. 2019 Sept 3; (322(9):824-833. https://pubmed.ncbi.nlm.nih.gov/31479137/

    - **"**Among outpatient health care personnel, N95 respirators vs medical masks as worn by participants in this trial resulted in **no significant difference** in the incidence of laboratory-confirmed influenza.

- **Offeddu, V. et al. (2017)** "Effectiveness of Masks and Respirators Against Respiratory Infections in Healthcare Workers: A Systematic Review and Meta-Analysis," *Clinical Infectious Diseases*, Volume 65, Issue 11, 1 December 2017, Pages 1934–1942, https://academic.oup.com/cid/article/65/11/1934/4068747
    - "Self-reported assessment of clinical outcomes was prone to bias. Evidence of a protective effect of masks or respirators against verified respiratory infection(VRI) was **not statistically significant**."

- **Chou, Roger, et al. (2020) "**Masks for Prevention of Respiratory Virus Infections, Including SARS-CoV-2, in Health Care and Community Settings." *Ann Intern Med* June 24:M20-3213. 2020 https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7322812/
    - Randomized trials in community settings found possibly no difference between N95 versus surgical masks and probably **no difference** between surgical versus no mask in risk for influenza or influenza-like illness, but compliance was low. **Bothersome symptoms were common**.

- **Zhu JH, et al.** "Effects of long-duration wearing of N95 respirator and surgical facemask: a pilot study." *J Lung Pulm Respir Res.* 2014;1(4):97–100. http://medcraveonline.com/JLPRR/JLPRR-01-00021.pdf
    - As the protection efficacy and possible effects on nasal functions and subjective sensations of wearing N95 respirator/surgical facemask have been well demonstrated, wearing of respirator and facemask altered the fractions of air components and changed microclimate around the nasal cavity, **which would further affect the function of mucosa** and its transportation rate.

- **Cowling, B. et al. (2010)** "Face masks to prevent transmission of influenza virus: A systematic review." *Epidemiology and Infection,* 138(4), 449-456. https://www.cambridge.org/core/journals/epidemiology-and-infection/article/face-masks-to-prevent-transmission-of-influenza-virus-a-systematic-review/64D368496EBDE0AFCC6639CCC9D8BC05/core-reader
    - N95-masked health-care workers (HCW) were **significantly more likely to experience headaches.** Face mask use in HCW **was not demonstrated to provide benefit** in terms of cold symptoms or getting colds.

- **Smith, Jeffrey, et al. (2016)** "Effectiveness of N95 respirators versus surgical masks in protecting health care workers from acute respiratory infection: a systematic review and meta-analysis." *CMAJ* 2016 May 17;188(8):567-574 https://pubmed.ncbi.nlm.nih.gov/26952529/
    - Although N95 respirators appeared to have a protective advantage over surgical masks in laboratory settings, our meta-analysis showed that there were **insufficient data to determine definitively whether N95 respirators are superior to surgical masks** in protecting health care workers against transmissible acute respiratory infections in clinical settings.

Surgical Face Masks

- **Isaacs, David, et al. (2020)** "Do Facemasks protect against COVID-19?" *J. of Pediatric and Child Health,* June. 56(6): 976-977. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7323223/
    - "The **questionable benefits** arguably **do not justify health-care staff wearing surgical masks** when treating low-risk patients and may impede the normal

caring relationship between patients, parents and staff. We counsel against such practice, at least at present."

- **Jacobs, J. L. et al. (2009)** "Use of **surgical face masks** to reduce the incidence of the common cold among health care workers in Japan: A randomized controlled trial," *American Journal of Infection Control*, Volume 37, Issue 5, 417-419. https://www.ncbi.nlm.nih.gov/pubmed/19216002
    - N95-masked health-care workers (HCW) were significantly more likely to experience headaches. **Face mask use in HCW was not demonstrated to provide benefit in terms of cold symptoms or getting colds.**

- **Smith, J.D. et al. (2016)** "Effectiveness of N95 respirators versus surgical masks in protecting health care workers from acute respiratory infection: a systematic review and meta-analysis," *CMAJ* Mar 2016 https://www.cmaj.ca/content/188/8/567
    - "We identified six clinical studies …we found **no significant difference** between N95 respirators and surgical masks in associated risk of (a) laboratory-confirmed respiratory infection, (b) influenza-like illness, or (c) reported work-place absenteeism."

- **Balazy, Anna, et al. (2006).** "Do N95 respirators provide 95% protection level against airborne viruses, and how adequate are surgical masks?" *Am J Infect Control*. 2006 Mar;34(2):51-7.
    - The N95 filtering face piece respirators may not provide the expected protection level **against small virions.** As anticipated, the tested surgical masks showed a much higher particle penetration because they are known to be less efficient than the N95 respirators. **Some surgical masks may let a significant fraction of airborne viruses penetrate through their filters**, providing very low protection against aerosolized infectious agents in the size range of 10 to 80 nm.

Cloth masks

- **MacIntyre, C Raina, et al.** "A cluster randomized trial of cloth masks compared with medical masks in healthcare workers." *BMJ Open* 2015; 5:e006577. https://bmjopen.bmj.com/content/5/4/e006577.full
    - "Cloth masks also had significantly higher rates of influenza-like illness. Penetration of **viral particles through a cloth mask was almost 97%"**

- **Rengasamy, Samy, et al.** "Simple Respiratory Protection – Evaluation of the filtration performance of cloth masks and common fabric materials against 20-1000nm size particles" *The Annals of Occupational Hygiene,* Vol 54, Issue 7, Oct 2010. Pg 789-798 https://academic.oup.com/annweh/article/54/7/789/202744
    - Results obtained show that common fabric materials provide **marginal protection** against nanoparticles including those in the size ranges of virus-containing particles in exhaled breath.

- **Shakya, Kabindra M, et al.** "Evaluating the efficacy of cloth facemasks in reducing particulate matter exposure." *J Expo Sci Environ Epidemiol*. 2017;27(3):352-357. https://pubmed.ncbi.nlm.nih.gov/27531371/
    - "Our results suggest that cloth masks are only marginally beneficial in protecting individuals from particles <2.5 μm **(Note: coronaviruses are between .05 and 0.2 microns)**

- **MMWR:** *Weekly* / July 17, 2020 / 69(28);930-932 https://www.cdc.gov/mmwr/volumes/69/wr/mm6928e2.htm?s_cid=mm6928e2_w
    - At salon X in Springfield, Missouri, two stylists with COVID-19 symptoms worked closely with 139 clients before receiving diagnoses of COVID-19, and **none** of their clients developed COVID-19 symptoms. 67 were tested; 67 specimens were positive. Close contacts because ill; apparently everyone recovered uneventfully. **CONCLUSION:** 1) Exposure isn't illness and 2) positive tests isn't illness

Wearing a mask blocks oxygen

- Wearing a mask is hazardous to your health. https://www.youtube.com/watch?v=ZqRL1GXu5DE

- **Kao, Tze-Wah, et al. (2004).** The physiological impact of wearing an N95 mask during hemodialysis as a precaution against SARS in patients with end-stage renal disease." *J Formos Med Asso.* 2004 Aug;103(8(:624-8
    - Thirty-nine patients (mean age, 57.2 yrs) in the study. 70% showed a reduction in partial pressure of oxygen (PaO2), and 19% developed various degrees of hypoxemia. Wearing an N95 mask significantly **reduced the PaO2 level, increased the respiratory rate, increased chest discomfort, and respiratory distress**. Wearing an N95 mask for **4 hours** during HD significantly reduced PaO2 and increased respiratory adverse effects in ESRD patients. **[DOES THIS DO THE SAME IN OTHER PATIENTS WITH HEALTH CONDITIONS?]**

- **OSHA documents**: https://www.osha.gov/laws-regs/standardinterpretations/2007-04-02-0
    - "People begin to suffer adverse health effects when the oxygen level of their breathing air drops below 19.5 percent oxygen. The rule-making record for the Respiratory Protection Standard clearly justifies adopting the requirement that air breathed by employees must have an **oxygen content of at least 19.5 percent**.

- **Beder, A et al. (2008)** "Preliminary report on surgical mask induced deoxygenation during major surgery." Neurocirugia (Astur) 2008 Apr;19(2):121-6. https://pubmed.ncbi.nlm.nih.gov/18500410/
    - A study on 53 surgeons using a pulse oximeter pre and postoperatively. **Pulse rates increased and SpO2 decrease after the first hour**. Since a very small decrease in saturation at this level, reflects a large decrease in PaO2, our findings may have a clinical value for the health workers and the surgeons. ***[NOTE:*** *SpO2 {O2 sat} is the saturation of hemoglobin with oxygen measured with a. pulse oximeter. PaO2 is amount of oxygen in the blood, determined by an arterial blood sample. Once the O2 sat falls below 90%, the PaO2 drops quickly into the dangerously hypoxic.*

Wearing a mask increases CO2 – leading to cognitive dysfunction

- **Zheng, Guo-quing, et al. (2008)** "Chronic hypoxia-hypercapnia influences cognitive function: a possible new model of cognitive dysfunction in COPD." *Med Hypotheses.* 2008;71(1):111-3 https://pubmed.ncbi.nlm.nih.gov/18331781/
    - "We propose that cognitive impairment is strongly related to combination of chronic hypoxia and hypercapnia."

The psychological impact of mask wearing

- **TIME MAGAZINE (2020)** "Public Health Experts Keep Changing Their Guidance on Whether or Not to Wear Face Masks for Coronavirus." https://time.com/5794729/coronavirus-face-masks/
    - Lynn Bufka, a clinical psychologist and senior director for practice, research and policy at the American Psychological Association, suspects that people are clinging to masks for the same reason they knock on wood or avoid walking under ladders. "**Even if experts are saying it's really not going to make a difference,** a little [part of] people's brains is thinking, well, it's not going to hurt. Maybe it'll cut my risk just a little bit, so it's worth it to wear a mask," she says. In that sense, **wearing a mask is a "superstitious behavior**." https://time.com/5794729/coronavirus-face-masks/
- **Potts, Susan Claire.** "The Cult of the Mask." https://remnantnewspaper.com/web/index.php/articles/item/4927-the-cult-of-the-mask
    - When people hide their faces, they feel they *belong* to something. They can show their solidarity with the whole human race. They can feel *good about themselves.* They can keep people *safe*. They can *make a difference.* **The freedom of the open-faced is seen as a threat to their *safety* and, more significantly, to their sense of commitment to a great cause**. Currently, the weapons are psychological—shame, ostracism.
- **Klompas, Michael., et al. (2020)** "Universal Masking in Hospitals in the COVID-19 Era." NEJM 2020; 382:e63 https://www.nejm.org/doi/full/10.1056/NEJMp2006372
    - One might argue that fear and anxiety are better countered with data and education than with **a marginally beneficial mask**, particularly in light of the worldwide mask shortage, but it is difficult to get clinicians to hear this message in the heat of the current crisis. **Expanded masking protocols' greatest contribution may be to reduce the transmission of anxiety,** over and above whatever role they may play in reducing transmission of Covid-19.

Masks dehumanize us

- **Foley, Gretchen N, et al. (2010)** "Nonverbal Communication in Psychotherapy." *Psychiatry (Edgmont)*. June 7(6):38-44 https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2898840/
    - An estimated 60 to 65 percent of interpersonal communication is **conveyed via nonverbal behaviors**.
    - Masks distort the structure of the face. The lower part of their face is disguised. Identity is concealed. No non-verbal cues or emotion is communicated to a fellow human being can be discerned; **all facial communication is hidden under the mask.**

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Four Key Reasons Why People Choose to Not Wear a Mask

https://www.medicalnewstoday.com/articles/covid-19-and-face-masks-to-wear-or-not-to-wear#1.-Masks-offer-no-protection-to-the-wearer

1. Masks offer no protection to the wearer
    a. *Masks are not an effective way of protection from the new coronavirus, only N95 are, and masks have disclaimers saying they cannot prevent someone from acquiring the new coronavirus*
2. Evidence is lacking that masks protect anyone: the wearer or the public
    a. *See the references above*
3. Masks increase the risk of contracting an infection: COVID19 or others
    a. *Masks can become contaminated very quickly, and every time the wearer breathes in, they inhale contaminants*
4. Masks might harm the wearer
    a. *Masks limit oxygen intake and increase carbon dioxide (CO2)*
    b. *Masks are dangerous for people with certain health conditions (COPD, asthma), as they may restrict breathing*
        i. The WHO acknowledge that people living with asthma, chronic respiratory conditions, or breathing problems may experience difficulties when wearing face masks.
        ii. The CDC recommend that anyone who has trouble breathing should not wear a face covering.

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BEST REFERENCES:

1. "No one has died of coronavirus." https://www.globalresearch.ca/no-one-has-died-coronavirus/5717668

2. "Masks don't work." https://www.rcreader.com/commentary/masks-dont-work-covid-a-review-of-science-relevant-to-covide-19-social-policy

3. "Asymptomatic carriers don't spread infection." https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7219423/

4. "Exposure doesn't mean death; doesn't even mean illness." https://www.cdc.gov/mmwr/volumes/69/wr/mm6928e2.htm?s_cid=mm6928e2_w

5. "Masks for all not based on sound data." https://www.cidrap.umn.edu/news-perspective/2020/04/commentary-masks-all-covid-19-not-based-sound-data

6. "COVID19- PCR testing is Scientifically Meaningless" https://off-guardian.org/2020/06/27/covid19-pcr-tests-are-scientifically-meaningless/

FREE OUR CHILDREN TO BREATHE!

"It is error alone that needs the support of government. Truth can stand by itself."
- Thomas Jefferson

The State's mask mandate for all students is arbitrary, not based on scientific evidence, harmful to students, and impedes effective education.

Our children suffer in masks for 7 hours a day while arbitrary, unscientific mandates remain in effect. It is clear that CA DPH has chosen to ignore the overwhelming evidence that shows children are at a very low risk from being infected with covid, transmitting it to others, or becoming seriously ill.

THE FACTS:

1. **Mandatory mask rules make NO difference in student case rates in K-12 schools.**
2. **Young children RARELY IF EVER transmit COVID to others.**
3. **Children are at very low risk of being infected with covid and rarely become seriously ill.**
4. **The harms of forced mask wearing in school are significant and long-term.**

Studies published by the CDC and conducted across the U.S. found **mandatory mask rules make no difference in student case rates in K-12 schools**. A recent, real-world example just played out in Florida in September, where **case rates were no higher for unmasked students.**

According to the CDC, children with COVID-19 typically have mild symptoms or no symptoms at all, and the estimated infection fatality rate for children is 0.002%, **lower than the 0.003% estimate for a typical flu season.**

There is now an overwhelming amount of evidence to demonstrate the ineffectiveness of masks both in and outside the classroom. **To continue these mandates in defiance of all scientific evidence and logic is nothing short of CHILD ABUSE.**

Children under 12 are NOT a public health risk with regards to covid transmission, thus overarching child mask mandates should be lifted and mask wearing should be left to parental discretion.

Enough is Enough! Join our efforts:

Free2BreatheNow@gmail.com

SUPPORTING FACTS

MASK MANDATES MAKE NO DIFFERENCE; CHILDREN RARELY SPREAD COVID

-The CDC reports, "staff-to-student and student-to-student transmission are not the primary means of exposure to SARS-CoV-2 among infected children." Additionally, "**students are not the primary sources of exposure to SARS-CoV-2 among adults in school setting.**"[1]

-Recent data from more than 1.5 million students & staff at K-12 schools (before adult vaccination) proves that **mask mandates do not impact student or teacher infection rates when adjusted for spread within the community.**[2] COVID-19 Mitigation Practices and COVID-19 Rates in Schools: Report on Data from Florida, New York and Massachusetts, Emily Oster, Rebecca Jack, Clare Halloran, John Schoof, Diana McLeod, medRxiv 2021.05.19.21257467

- Based on a CDC report of data from November & December 2020 (prior to vaccine availability & during higher case prevalence) "lower incidence in schools that required mask use among students was **not statistically significant** compared with schools where mask use was optional."[3]

- Considering current vaccination, disease prevalence, hospitalization & death rates, there is insufficient evidence that continued mask mandates for California's schoolchildren would provide a benefit that outweighs the potential harm.[4]

-Dr. Naomi Bardach, Safe Schools for All Team Lead for the CA Department of Health and Human Services, explained in an opinion piece published in the New York Times, "Children and adolescents do not seem to get sick with COVID-19 as frequently as adults. And **children, especially elementary school-age children, do not seem to transmit it effectively to one another, nor to adults."** [5] She also said, "Our mental model of kids being viral vectors, viral cesspools, needs to change." [6]

- A study of Norwegian children that tested all contacts of children who had tested positive for COVID-19 concluded that "transmission of SARS-CoV-2 from children under 14 years of age was **minimal** in primary schools in Oslo and Viken, the two counties with the highest COVID-19 incidence." Notably, Norway has never required children under the age of 13 to wear a mask.[7]

- A report in the New England Journal of Medicine summarizing data from Sweden in Spring of 2020 (when schools for children ages 16 & under remained open without requiring masks & vaccinations were not yet available) only saw 15 children hospitalized in the ICU out of 1,951,905 children (0.77 per 100,000) with zero deaths, & only 30 teachers were hospitalized in the ICU (19 per 100,000) – a rate similar to other occupations.[8]

- The COVID-19 School Dashboard developed by Brown University tracks over 5,000 schools, 4 million students, & 1.3 million staff, & has consistently found student & staff infection rates of 0.1% to 0.2% since it began publishing in September.[23]

- A September 2020 report from Insights for Education of data from 191 countries found **no link** between schools being open for in-person instruction and COVID-19 infection rates.[24]

- In an article published in the medical journal Pediatrics on January 8, 2021, researchers reported that in a study of 90,000 students across 56 school districts in North Carolina during the first 9 weeks of the school year (prior to widely available vaccinations) there were only a few dozen instances of secondary spread in schools & **no cases were found of in-school child-to-adult spread**, even with community infection rates of up to 29 per 100,000.[9]

- In Florida during the fall of 2020, 45% of the state's 2.8 million students received in-person instruction. Only 2% fell ill with COVID-19. Of those, only 0.5% required hospitalization. None died. In September of 2021, comparing data between masked & unmasked yielded **no difference**.[10] Same across the U.S.[11]

MASK MANDATES HARM CHILDREN

-Children are at risk of harm from continued mask mandates. Repeated exposure to mandatory mask wearing over long periods of time, especially in schools where children are expected to learn, can be extremely harmful for children. Mask use is not benign. A review of 44 studies revealed a "statistically significant correlation in the quantitative analysis between the negative side effects of blood oxygen depletion & fatigue in mask wearers with p = 0.0454."[12]

- While CDPH has consistently required everyone, including children over the age of 2, to wear masks, the World Health Organization ("WHO") and UNICEF both state that children 5 years & under should not be required to wear masks to protect others from COVID-19. This advice is based on the safety & overall interest of the child & the capacity to appropriately use a mask with minimal assistance. Further, the WHO & UNICEF advise that decisions whether to impose a mask requirement upon children ages 6- 11 should be made only after weighing the harms & benefits, including the impact of wearing a mask on a child's psychosocial development.[13] Our state leaders have not engaged in any such risk/benefit analysis, instead choosing to proceed with a one size fits all policy. State policy also completely disregards any age-based stratification of risk & benefit.

- The benefits of mask wearing for children are questionable at best, especially when more than 70% of California adults have either natural or vaccine induced immunity to COVID-19.[14] Reduced community spread caused by a powerful combination of adult vaccination & natural immunity dramatically reduces the incidence of infection for children throughout California. This is because adult immunity protects children & further reduces the already low risk that children will suffer harm from a COVID-19 infection.[15-1] [15-2]

- The harms of forced mask wearing in the school setting are significant & long-term. The ability to see, appreciate & communicate through facial expressions (which are hidden behind a mask) is crucial to a child's social & emotional development. Children need to see their peers' outward emotional display on their faces to properly engage in social interaction. Facial expressions help both children & their teachers modify their behavior to align with social communication & behavioral norms. When facial expressions are inhibited by face masks, a child's ability to communicate effectively is reduced & they are primarily left with mimicking negative emotions.[16]

- Masks frequently cause anxiety & psycho-vegetative stress reactions in children. Children who are required to wear masks frequently & for extended period often experience an increase in psychosomatic & stress-related illnesses. They also tend to exhibit depressive self-experience, reduced participation, social withdrawal & lowered health-related self-care.[17]

-Masks also inhibit a child's ability to effectively communicate with their peers and teachers, which, in turn, negatively impacts a child's ability to learn. More than 50% of mask wearers experience mild depressive feelings.[18] Mild depressive feelings can lead to more significant depression which can then lead to suicidal ideation. Suicidal ideation is indisputably far more harmful to children than COVID-19.

-According to a study published by the CDC, commencing in April 2020, the proportion of children's mental health-related emergency department visits among all pediatric emergency visits increased & remained elevated through October. Compared with 2019, the proportion of mental health related visits for children aged 5–11 & 12–17 years increased approximately 24% & 31%, respectively.[19]

- Sadly, suicidal ideation among pediatric patients was 1.60 & 1.45 times higher in March & July 2020, respectively versus March & July 2019. Odds of a child engaging in a recent suicide attempt were 1.58, 2.34, 1.75 & 1.77 times higher in February, March, April, & July 2020 as compared with the same months in 2019.[20]

- Mask wearing disproportionately impacts children who are attempting to learn English as a second language, as it impedes their ability to process their non-native language. "Non-native speakers watch the mouth than native speakers, regardless of their level of second language expertise." [21]

-Attention to a speaker's mouth increases whenever speech-processing becomes more challenging, even when an individual is highly competent in that language.[21] Further, facial expressions often help to convey the meaning and/or intent of a speaker's words.

- Masks cause adverse physical changes, including significant increases in heart rate, decreased oxygen saturation, headaches, increased skin temperature, difficulty breathing, dizziness, listlessness, impaired thinking, & concentration problems. Masks interfere with temperature regulation & impair the field of vision & of non-verbal & verbal communication.[22]

- Masks effectiveness has been consistently disputed.[25] Without conclusive data on benefits, CA DPH should follow the Hippocratic Oath to "first, do no harm."

Steve Kirsch's newsletter

Subscribe

P100 respirators (and above) are the only face coverings that have a chance to protect you from COVID

My friend, Tyson Gabriel, is an expert on PPE. P100 respirators can greatly reduce your risk of getting COVID, but only for the wearer. AFAIK, no public health official ever talks about them. Why?

Steve Kirsch
Jan 12

475 343

Stephen Petty and Tyson Gabriel are the smartest guys I know when it comes to industrial hygiene (mitigations including masks, HEPA filtration, etc). They always emphasize the hierarchy of controls and that the focus on PPE as the silver bullet is misplaced. PPE is the last line of defense, not something to weigh heavily in a proper mitigation effort.

Watch this video which points out that even properly fitted N95 masks will be <50% filtration of particles 1um in size (10X bigger than COVID) and for cloth masks 9.8% and surgical masks 12.4%. This is the most optimistic case. This is useless to protect against COVID because of what you are typically exposed to which is measured in orders of magnitude. What this means is that with any of these interventions, you'll be exposed to slightly less viral load which means slightly slower onset of disease (delays maybe in hour best case (assuming a 10 hour doubling time). This is why all the clinical studies show 0 difference in the number of people infected. The only real solution is engineering controls, something the CDC never talks about.

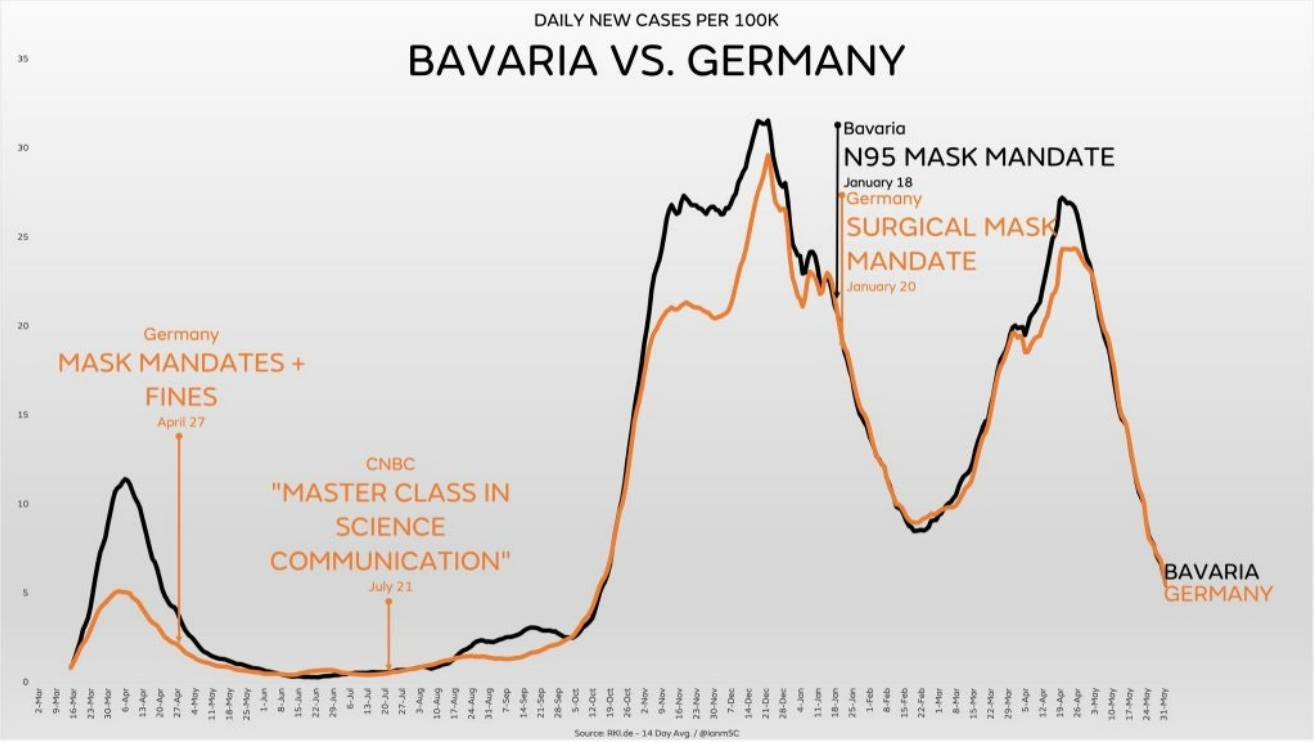
If you want PPE that seriously works and would protect you against asbestos (which is much larger than the virus), you're looking at a properly fit-tested Powered Air-Purifying Respirator (PAPR) which has positive pressure. This advice is ignored.

Petty has a Rumble channel of his videos. Tyson did an excellent video series on showing that masks don't work which you can watch here:

I spoke to him today and here are the key things you should know about masks.

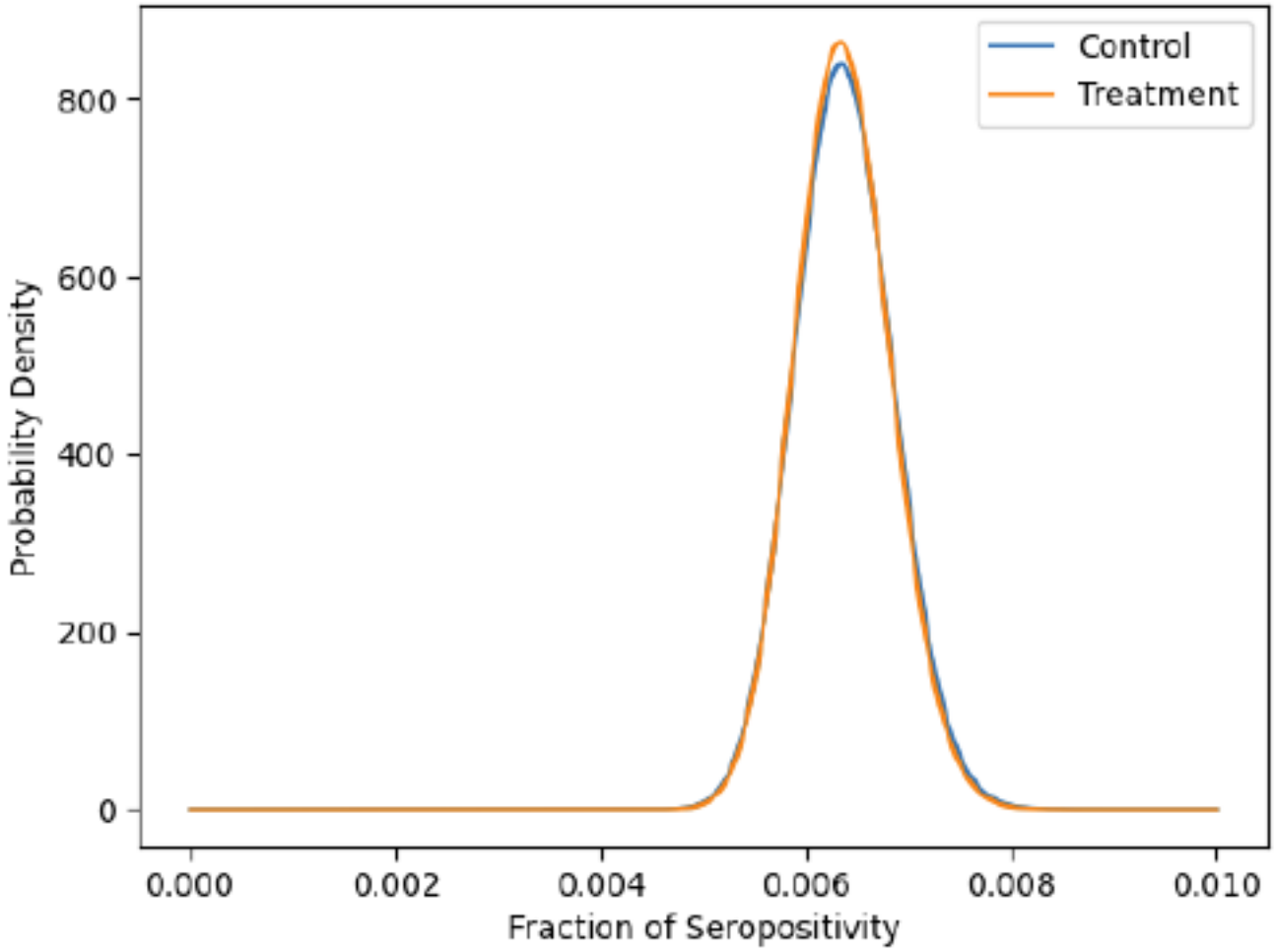
1. Cloth and surgical masks do absolutely nothing positive and N95 masks aren't much better than that.

   For example, the real world data from N95 and FFP2 masks show they make absolutely no difference; the graphs are stunning: the lines are on top of each other!!



All three mask types (cloth, surgical, and N95) are basically worse than no mask since 1) they lower your oxygen levels 2) can make you more likely to get infected with a respiratory virus, and 3) they actually increase the inhalation of virus (big droplets would fall to the floor from unmasked people, but for masked people they are instead they are aerosolized).

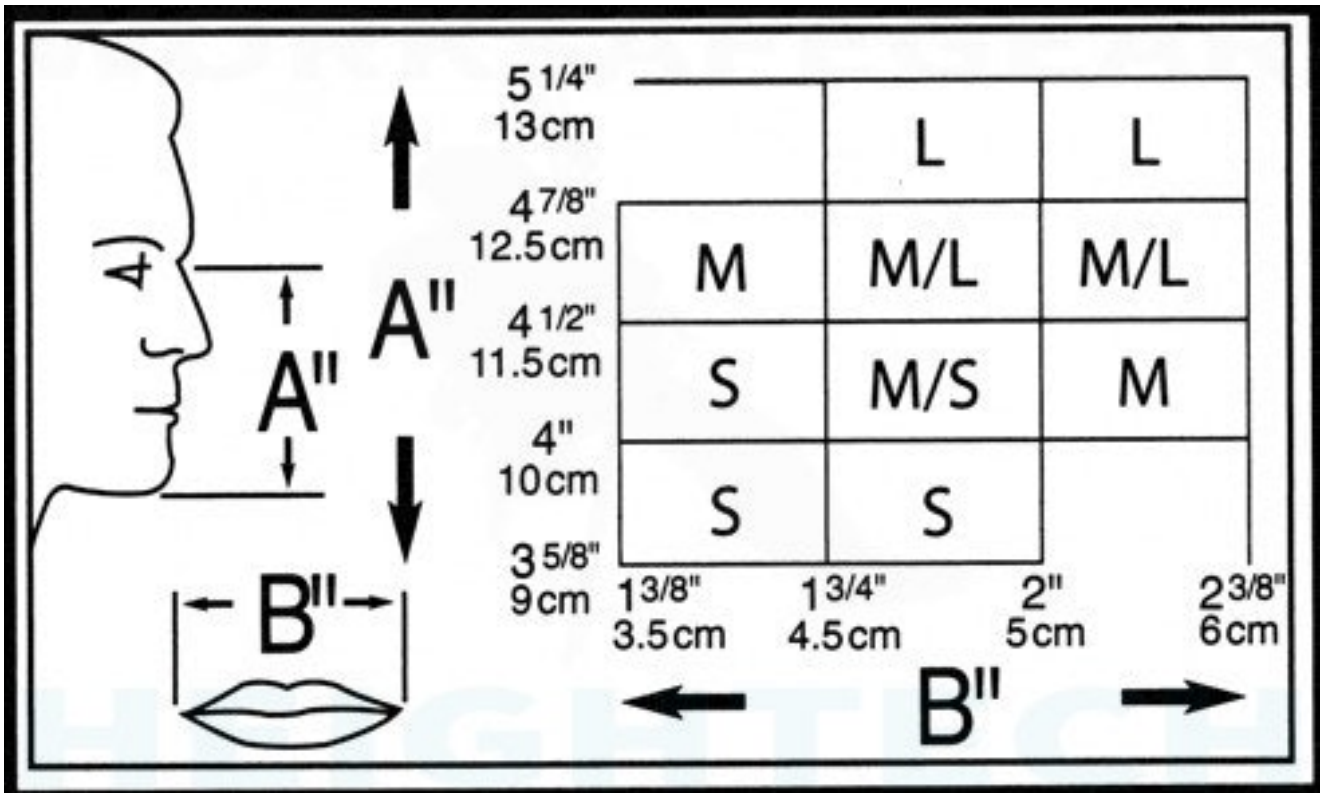
You can see the effectiveness against COVID here in this graph below which is from the highly acclaimed Bangladesh randomized trial done by Stanford and Yale. This is for purple cloth masks. As you can see, there is no difference. None. Nada. See Masks don't work for more info on the two mask randomized trials.



2. If you really want serious protection, get yourself a 3M 6000 or 7000 series half-face mask. The 6000 is the older model and is heavier duty. The 7000 is newer and a lot more comfortable.

   There are three sizes: small (7501), medium (7502), and large (7503).

   Generally, you'd get the large size if you are 6 feet tall or over. Here's the sizing chart:



3. The mask is sold without a filter. You'll need a 3M brand P100 particulate filter, such as 3M 2091 to protect against COVID. For heavy-duty use, the 7093 filters are larger and more expensive, but more durable and last longer (you can wipe them down if they get dirty).
4. These respirators make it easy to both inhale and exhale. They will truly protect you from the virus and they are much easier to breathe through than a cloth or surgical mask (they are designed to allow you to maintain suitable oxygen levels).These are serious products.
5. Due to federal law, some airlines won't allow these respirators to be used on planes because they protect you, but they don't protect other passengers since they aren't filtered for the exhaust. If they filtered the exhaust, your oxygen levels would fall to unsafe levels. In short, the airlines can't let you protect yourself with legit protection. It's illegal. That's insane.
6. So on an airplane, you may be required to wear a cloth or surgical mask that doesn't protect you or anyone else. It is the filtration systems on airplanes that are responsible for the safety record of flights (people sitting right next to an infected person could still be infected). The FAA has never figured this out. They probably never will. They will likely require these useless masks for decades to come.

In short, the FAA is brain dead. If they followed the science, they would allow people to wear respirators, but only if they wanted to. These interventions should not be forced.

If you want a mask to protect you in other situations (or to protect grandma), the 3M respirators are the way to go.

What's interesting is that everyone talks about protecting Grandma, yet nobody actually gives Grandma the protection she deserves.

What you need to know about the virus and PPE

Key points from Stephen Petty:

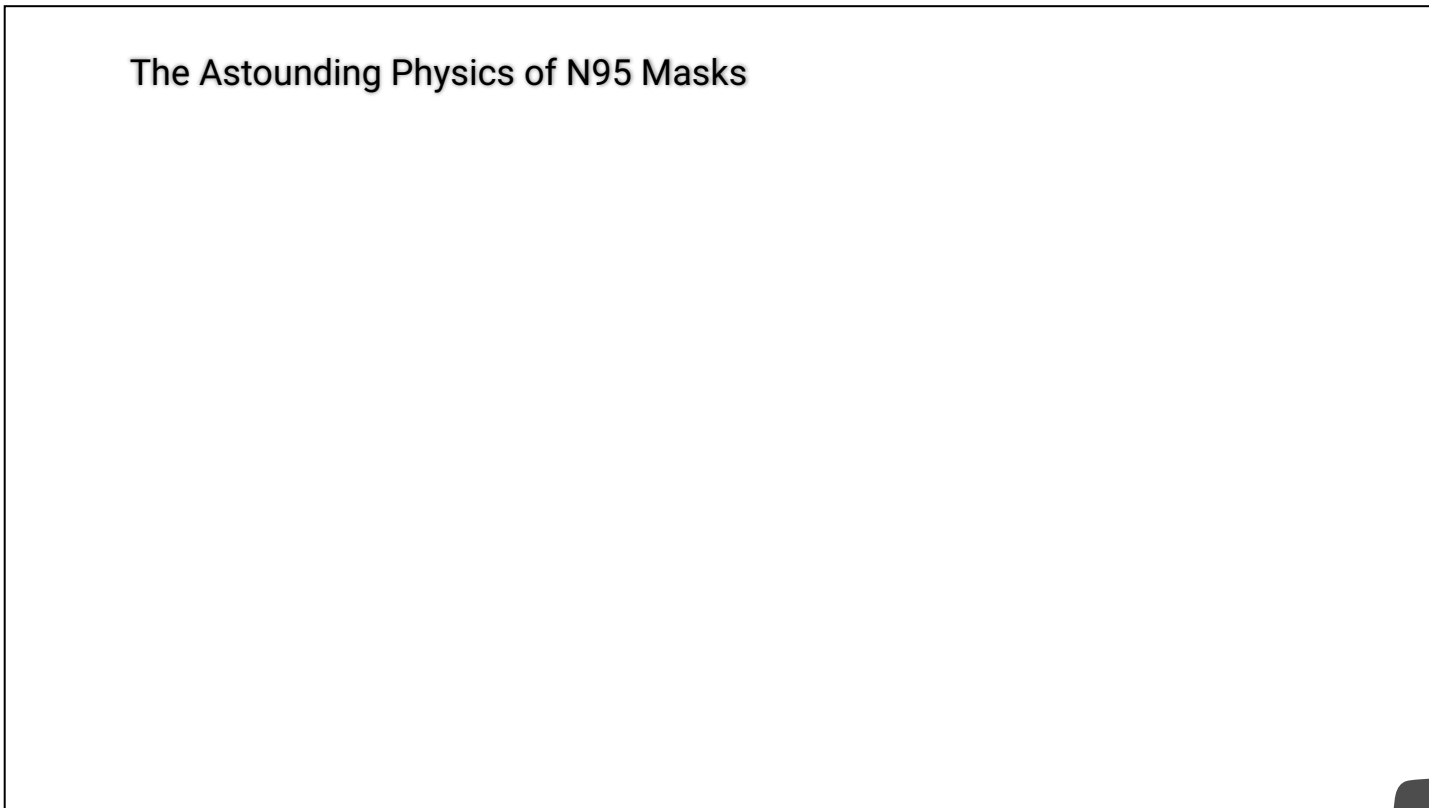
1. An infected person at peak infectivity probably emits around 1M virions per minute. This goes down to around 10K/minute after one or two days.
2. Depending on the virus, you can be infected with just a few virions or it might take 1,000. So the longer you dwell in an enclosed space, the greater your risk of
3. The virions just hangs around in the air for hours to days. If you are not in a ventilated space the virus can hang in the air for 10 to 50 days. So this is why that MIT study found that social distancing made no difference at all in an enclosed space with no ventilation or filtration.
4. Depending on the size of the space, it might take a few hours for the virions to uniformly fill the room.
5. An air filtration system that does 4.5 exchanges per hour can reduce the viral load only by 90%. But that is far more than you'll get from any type of mask or even a reasonably well fitting N95 respirator.
6. That means that if you walk into a cloud of virions, any PPE you are wearing, unless it provides several orders of magnitude of protection, isn't likely to make any difference at all as to whether you will be infected or not.
7. People who work with asbestos (typically 10X bigger than the virus) use PAPR gear (see below) since any seal leak can be extremely dangerous.
8. People who work in BSL3 or 4 labs would never be found wearing a cloth or surgical mask.
9. As any researcher who works with Ebola if they would feel protected using a cloth or surgical mask or N95 respirator. Answer: no.

The physics behind the N95 and P100 respirators

You can watch this video to learn how these respirators work in the ideal case.

In particular, this points out that because of the way these respirators work (which is to get particles to stick to the fibers rather than as a strainer), these respirators can block very small and very large particles; it is the medium size particles that are the hardest to block.

But here's the important caveat: it's only true if the air isn't moving. If it is moving with great force, then the momentum of these particles can overcome the electrostatic attraction. So take the video with a grain of salt.



Nobody wears the P100 respirators even though they are inexpensive and effective because nobody knows about them

Almost nobody wears these. I went through multiple airports and didn't see a single person with a P100 respirator.

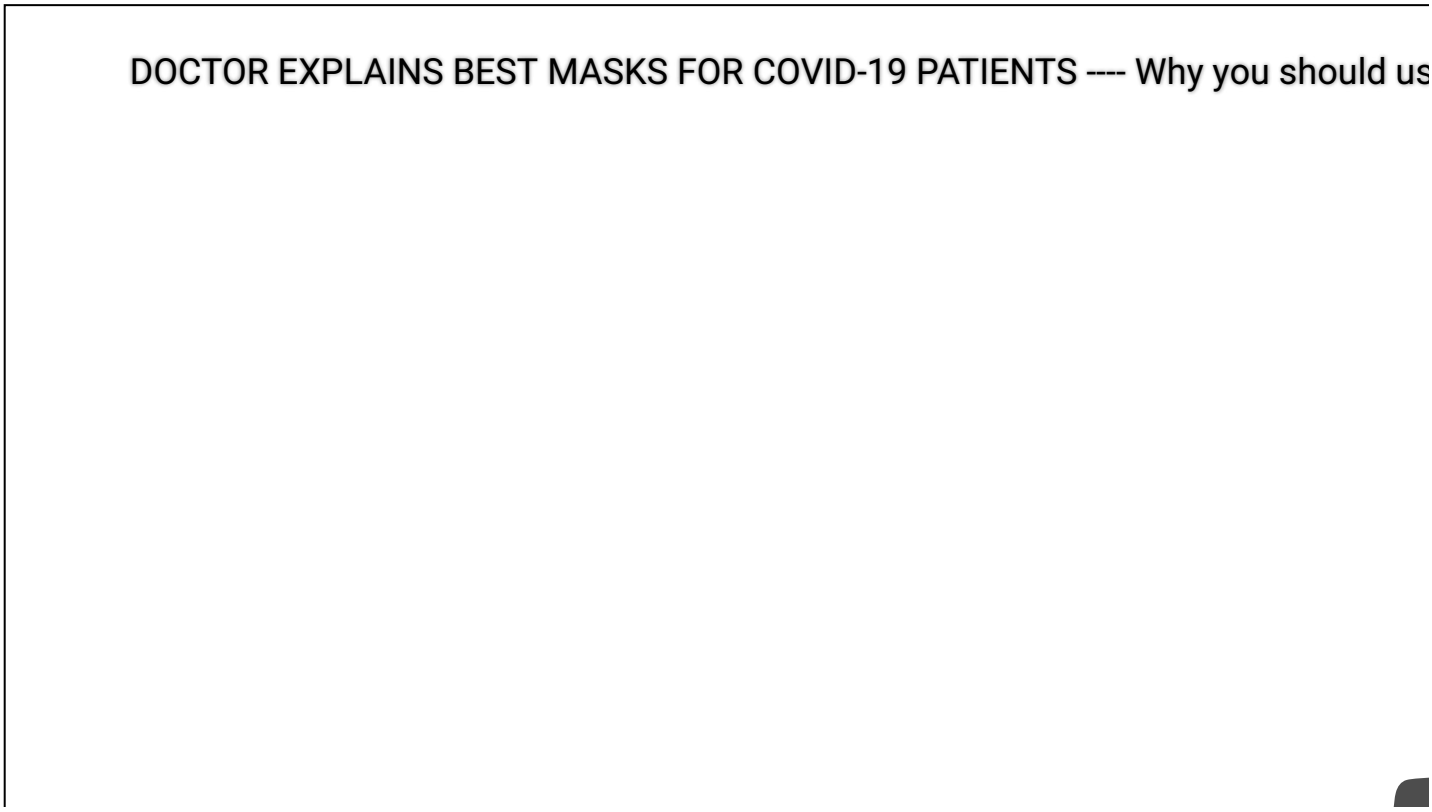
If everyone wore them, nobody would have COVID. I think by suppressing this knowledge, they can keep the pandemic alive.

Check out this video from Rahoul Ahuja, MD on P100 respirators. It was done a year ago.

He's an internal medicine physician with just 242 subscribers on YouTube who has broken the code.

He posted this video on Feb 2, 2021. It's now a year later and nobody has a clue about these respirators.

His advice on the 7093 filters (at 10:25) is spot on. Those are the same ones I purchased.



Beware of bad advice: you cannot filter the output port

Dr. Ahuja's advice in the video (at 6:30) on covering the exhalation port with a surgical mask is ludicrous. A surgical mask will not filter out the COVID virus and it will impede airflow and decrease oxygen levels inside the mask which is unsafe for the wearer. P100 respirators are awesome, but his makeshift solution is wrong. Think of all these PPE devices as one way protection: for you only.

Respirators only work one-way: to protect the wearer

P100 respirators are a one-way solution. They protect the wearer from other people; they do not protect other people from the wearer.

Why isn't there filtration on the exhaust port? They weren't designed for that. They were designed to protect the wearer. There is no need to protect the environment.

Anyone who wants protection can wear them. There is simply no need for two-way protection.

Can you design a respirator for output-only filtering? For input-output filtering?

Can you design on an output filter port onto the 3M respirator and have it work without making it unsafe to breathe? I don't know. Tyson Gabriel didn't know either. He was worried about oxygen levels inside the mask if the output port is restricted.

So if you had such a respirator, you could just put on an output filter when visiting grandma or going on a plane, and use input filters to protect yourself, or use both in mixed situations.

But all of this is overkill.

See it in action

You can see a P100 respirator in action here with a particle counter. Note, here they use the full facemask version which is overkill for COVID (the 750x series is recommended for COVID):

3M 6800 with P100 Filters Particle Count Testing

Why a P100 respirator is over 160 times better than an N95 mask

Respirators with P100 filters, when used properly, are well over 160 times more effective than an N95 respirator for two reasons:

1. the filtration is 99.97% rather than 95% (so is a factor of 500/3=166 better)
2. the respirator fits better so there is less chance of air leakage due to the silicon rubber seals. The seal is critical. A perfectly fit N95 might provide better protection than a leaky P100. However, in general, the P100 respirators nearly always provide a better fit due to the rubber seals conforming to your face. It is easy to test for leakage when you inhale and exhale as well on these respirators (just by blocking the input and output ports).

Is P100 good enough?

Each virus has a minimum number of virions that must be transmitted to cause disease. Once that threshold is exceeded, the more virions, the the faster the onset of disease and, generally, the worse the outcomes.

Therefore, the better the filtering (and we're talking orders of magnitude here to make a difference), the better the outcomes.

Here's a respirator that supports 10,000X better filtration than an N95

The best mask I'm aware of is the MIRA CM-6M Tactical Gas Mask with Particle Max P3 Virus Filters. Made from ULPA filtration technology, a step above HEPA Rated to stop 99.9995%+ of viral and bio particulates. Only $240 for the mask and $150 for a set of 6 P3 filters.

Of course you may get strange looks at the grocery store.

The optional NBC-77 SOF CBRN Gas Mask Filter will protect against CBRN (chemical, biological, radiological or nuclear) agents.

For COVID, all you need is the ParticleMax P3 Virus Filter which has the 99.9995% particle filter. With a six pack, you'd use one filter per day and rotate them out. This gives plenty of

time for the virus to die between uses of the same filter.

Remember: they only protect you.

If everyone wore this mask for a week, we could potentially wipe out respiratory viruses worldwide (assuming the masks are properly fit and worn). That would never happen following the current advice from the CDC.

Note that you can buy an optional MIRA Safety HAZ-SUIT Protective CBRN HAZMAT Suit and a MB-90 Powered Air Purifying Respirator (PAPR). Then you stand a real chance to avoid the virus.

The mask and filters only work properly if you follow the rules

The most important thing is the fit. There must be a perfect seal.

Here are the precautions from the 3M datasheet to be aware of to maximize your protection.

"Please note that penetration of particles through the filter is only one of the possible sources of exposure to contaminants. Other potential sources such as ***face seal leakage***, ***leakage as a result of improper maintenance***, *or* ***not wearing the respirator when necessary*** *may contribute more to exposure than filter penetration. Each of these factors must be addressed and controlled.*"

"For example, all particulate respirators that are designed to seal to the face (including filtering facepiece respirators) can be fit tested using the saccharin or Bitrex™ qualitative fit test methods, or using appropriate quantitative fit test methods such as the ambient particle counting method using the TSI® PortaCount®. ***Wearers must be trained how to properly use and maintain their respirators*** *and the importance of wearing them at all times during potential exposure.*

"Please also note that *respirators help reduce exposure to airborne contaminants* **but do not prevent the inhalation of all particles**.

"As a result, *when properly selected, used and maintained*, **respirators can lower exposures to concentrations considered safe for most non-biological particles**.

"*However, they do not eliminate the risk of exposure, infection, or illness* ***since safe exposure levels have not been established for biological particles***."

"In many countries, types or classes of respirators are given an "assigned protection factor," or APF. *APF is the expected ability of the respirator to reduce exposure* ***when used according to an effective respiratory protection program.***

"For example, an APF of 10 means that a respirator may reduce exposure by a factor of 10 (or 90%) *when properly selected, used, and maintained*.

"Therefore, even if a filter could be hypothetically 100% efficient, the expected amount of exposure reduction would be limited by the APF.

"*Because no respirator will prevent the inhalation of all particles,* ***none can entirely eliminate the risk of exposure, infection, and illness.***"

Their final statement is exactly why neither OSHA, NIOSH nor the CDC have ever approved anything short of a Level A suit for the protection of persons from viral respiratory hazards. And indeed, when Tony Fauci made the statement regarding the ineffectiveness of masks at the beginning of the "pandemic" in March of 2020, he was stating US Government policy that has been in place for the last 50 years. However, because this is COVID, it is generally accepted among the authorities that we don't need to follow the science anymore and can instead just trust whatever they tell us to do.

Respirators and FFP masks can be both collectors of respiratory pathogens as well as sources of airborne pathogens, especially when users are untrained and do no follow any proper respiratory hygiene.

Other risks include not wearing the respirator in accordance with training OR wearing a respirator with NO training. If you want to reduce your risk to near zero, consider the use of Level A suits.

Respiratory Protection (RP) is ONLY effective when used within the context of an effective RP program that includes medical surveillance, fit testing, training, sanitization, and personnel qualification.

Potential dangers of consumer masks they don't disclose

With the issuance by the FDA of the mask EUA, the FDA waived all good manufacturing practices that have for decades protected RP users from exposure to harmful chemicals. In

measurements performed on surgical masks purchased from Walmart, one of my readers detected massive levels of formaldehyde and VOCs in the masks themselves. He performed these measurements because he was trying to determine the source chronic nosebleeds he was having. Formaldehyde destroys the respiratory epithelium.

If schools were actually serious about protecting students

If a school seriously wanted to protect students from COVID or any other virus using masks (which is not the best way), they'd require all students to wear a respirator, e.g., the 3M 7502 respirators with the 2091 filters and proper training. And boy, our classrooms would look really silly since nobody would be able to talk to each other. If you remove the mask to speak or eat, it's all over; the protection goes out the window. But our kids would be safe!

Here's what all the kids would look like:

The point is this: if you want to wear a respirator, you should be free to wear one. And if you don't want to wear one, you should never be forced to wear one. Never.

There is no societal reason for forcing me to wear a mask to protect others. It simply doesn't work that way. A "safe" mask (one that allows sufficient oxygen to function properly and doesn't increase the likelihood of a respiratory infection) ends up only protecting the wearer, never the public (since the exhaust must be unfiltered).

So mask mandates are completely nonsensical. Anyone who wants protection can put on a mask. Problem solved.

There are over 3,243 public health officers. AFAIK, none of them have figured out that P100 mask protect people.

If you want clear proof of how totally inept the public health officers in America are, you are reading the right article. I don't know of a single public health official that realizes that the only way to stop COVID with a mask is using a P100 respirator.

Instead, they all mandate toy masks (cloth, surgical, and N95) that provide no protection from viruses.

Our public health system is truly messed up, there is no other way to put it.

The blind (the CDC) are leading the sheep (public health officers).

This isn't just in the US. I don't think they've figured this out in any country.

Even the P100 isn't perfect, but it makes the N95 look like a joke

As noted above P100 respirator is well over 100X better than the typical N95 or surgical or cloth masks. But even then it isn't perfect. Some virus particles will get through. Much of the time, the virus particles are attached to something bigger which is why most are stopped (you can't just compare the size of an isolated virus particle to the filtration size).

See this 3M datasheet for details on using P100 masks to protect against viruses for more info.

In particular, pay attention to the part around where it says, "Because of the various mechanisms by which particulate filtration occurs, the smallest particles are typically not the most difficult to filter." This is what you learned in the 5 minute video earlier in this article.

In short, really small particles are stopped efficiently (this is counter-intuitive), it is the particles that range in size from 0.05-0.5 μm that are very difficult, so these particles are filtered with lower efficiency.

However, also keep in mind that the virus is normally hijacking a ride on a bigger particle rather than being isolated. So for all these reasons, these masks work.

Are they perfect? No. But they are a hell of a lot better than the toy cloth masks and surgical masks and N95 masks that the CDC tells you to use.

PPE or source control? You can't have it both ways.

What is interesting about all of this is you can't have it both ways.

If health authorities want to protect the public, they should allow each person to wear PPE that protects them.

To mandate that I make an intervention that protects others at the risk of my own health is nonsensical. And that's what we have today… the mask mandates (cloth, surgical, N95 masks without vent holes), do virtually nothing to protect me, but put my health at risk.

Debates anyone?

For anyone prominent on the pro-vax, pro-mask side who thinks that cloth, N95, or surgical masks are equivalent or superior to P100 respirators and wants to debate me, you know where to find me.

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I write about COVID vaccine safety and efficacy, corruption, censorship, mandates, masking, and early treatments. America is being misled by formerly trusted authorities.

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Write a comment…

Dr. John H Jan 29 · *edited Jan 30*

Steve,

I can't find any evidence that P100's work for respiratory viruses.

The 3M data sheet that you linked to relies on a bacterial study and 2 mechanical models to infer that they do, which tells us nothing. Is there any solid evidence that they work for respiratory viruses?

Thanks for all you do!

1 Reply Give gift

Sunface Jack Jan 29

From the Instruction leaflet. Here https://www.jondon.com/media/pdf/manuals/3M-R8293-EA_User_Instructions-1248710141.pdf

Do Not Use For

Do not use for gases and vapors, asbestos or sandblasting; particulate concentrations that exceed either 10 times the occupational exposure limit or applicable government regulations, whichever is lower. This respirator does not supply oxygen...

4. Do not use with beards or other facial hair or other conditions that prevent a good seal between the face and the sealing surface of the respirator.

So please stop your BS with total respect.

Reply Give gift

341 more comments...

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Coastal Property Rights, Land Use & Litigation

August 27, 2021

POSTED TO THE LET THEM BREATHE WEBSITE (https://www.letthembreathe.net/)

Re: Enforcement of K–12 Mask Mandate

To All K–12 Students, Parents, Educators, and Concerned Citizens:

As counsel for Let Them Breathe, we are disturbed by reports that some state, county, and school district actors are employing scare tactics, aggressive enforcement policies, and misinformation to achieve compliance with CDPH's K–12 mask mandate. We are disseminating this letter as a clarion call for all members of the public—students, parents, teachers, school board members, government officials, and others who want our schools to be governed by the rule of law, sound public policy based on objective data, and the principle of self-determination.

As you may be aware, our firm has filed a lawsuit against the state to challenge the legality of the CDPH mask mandate. (*Let Them Breathe v. Newsom*, San Diego Super. Ct., Case No. 37-2021-00031385- CU-WM-NC.) Our lawsuit is based on arguments that the mask mandate exceeds the state's authority, is not supported by evidence, and causes harm to children. Multiple studies examining school mask mandates have failed to find any epidemiological benefit from such policies. For example, one study of 59 schools in Wales found: "There was no evidence that face coverings, 2-metre social distancing or stopping children mixing was associated with lower odds of COVID-19 or cold infection rates in the school. Primary school staff found teaching challenging during COVID-19 restrictions, especially for younger learners and those with additional learning needs."[1]

The court will decide these questions in due course. Meanwhile, we urge students and their parents to know their rights, school districts to cease their overzealous and illegal enforcement tactics, and proponents of school mask mandates to discontinue the spread of misinformation.

Forcible removal of students from classrooms violates California law.

Some school districts have implemented policies barring students from their regular classes, or from campus altogether, for failure to wear a mask. We are aware of at least one instance in which

[1] Marchant et al., *COVID-19 mitigation measures in primary schools and association with infection and school staff wellbeing: an observational survey linked with routine data in Wales, UK* (Aug. 24, 2021), available at https://www.medrxiv.org/content/10.1101/2021.08.20.21262349v1; see also, e.g., Oster et al., *COVID-19 Mitigation Practices and COVID-19 Rates in Schools: Report on Data from Florida, New York and Massachusetts* (May 21, 2021), available at https://www.medrxiv.org/content/10.1101/2021.05.19.21257467v1. Such evidence puts the lie to the argument that a mask mandate is necessary to provide a "safe" environment for education.

a school principal sought assistance from the county sheriff to forcibly remove two elementary school-aged children simply because they had peaceably refused to don a cloth mask. Enforcement strategies involving the involuntary removal or disenrollment of children from their school infringe on children's fundamental right to education and violate California law constraining the disciplinary powers of public school administrators.

California law is clear: "willfully def[ying] the valid authority of supervisors, teachers, administrators, school officials, or other school personnel … *shall not constitute grounds* for a pupil enrolled in kindergarten or any of grades 1 to 12, inclusive, *to be recommended for expulsion*." (Educ. Code, § 48900, subd. (k) [emphasis added].) This means children cannot be removed or disenrolled from school for peaceably refusing to wear a mask.[2]

Moreover, children in grades K–8 may not be suspended from school for their refusal to wear a mask. (Educ. Code, § 48900, subds. (k)(3)–(4).) Even in those instances where suspension may be a potential disciplinary measure, the school must first exhaust "other means of correction" before imposing suspension as a last resort. (Educ. Code, § 48900.5, subd. (a).)[3]

A child cannot be suspended for a first offense unless the principal or superintendent determines that "the pupil's presence causes a danger to persons." (*Ibid.*) Where there is no evidence that a child is infectious—that is, the child is not exhibiting symptoms, does not have a diagnosis of COVID-19, and has not had any exposure to a known infected person—a principal or superintendent cannot validly determine the child to be a "danger to persons" simply because he or she is not wearing a cloth mask.

Finally, no child can be suspended indefinitely. Any suspension must be "no more than five consecutive schooldays" (Educ. Code, § 48911, subd. (a)), and all suspensions cumulatively "shall not exceed 20 schooldays in any school year." (Educ. Code, § 48903, subd. (a).)

Children cannot be forced to enroll in an independent study program.

School officials in some districts have attempted to coerce students who do not comply with the mask mandate to enroll in an alternative independent study program. But California law could not be clearer that enrollment in any such program must be voluntary: "independent study is an *optional educational alternative* in which *no pupil may be required to participate*." (Educ. Code, § 51747, subd. (f)(8) [emphasis added].) Thus, enrollment can occur only if there is a "pupil-parent-educator conference" to determine whether enrollment in independent study is in the best interest of the child (Educ. Code, § 51747, subd. (h)(2)) and "a signed written agreement for independent study from the pupil, or the pupil's parent or legal guardian if the pupil is less than 18

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[2] Furthermore, a child may not be expelled from school without a full hearing before the governing board. (Educ. Code, § 48918.) Decisions by the governing board are appealable to the county board of education. (Educ. Code, § 48919.) A school official cannot simply call the sheriff to escort a child from campus.

[3] "Other means of correction" might include, among other things, "(1) A conference between school personnel, the pupil's parent or guardian, and the pupil"; "(2) Referrals to the school counselor, psychologist, social worker, child welfare attendance personnel, or other school support service personnel …"; or "(7) A positive behavior support approach with tiered interventions that occur during the schoolday on campus." (Educ. Code, § 48900.5, subd. (b).)

years of age" (Educ. Code, § 51747, subd. (f)(9)(F)).

Additionally, and importantly, a child who voluntarily enrolls in a distance learning or independent study program cannot be excluded from school facilities. Rather, the school "*shall ensure the same access* to all existing services and resources in the school in which the pupil is enrolled … *as is available to all other pupils in the school*." (Educ. Code, § 51746 [emphasis added].)

And a child enrolled in an independent study program always retains the option to return to his or her regular classroom for in-person instruction. The school is required to "*transition pupils whose families wish to return to in-person instruction* from independent study *expeditiously*, and, in no case, later than five instructional days." (Educ. Code, § 51747, subd. (f) [emphasis added].)

The state's emergency powers do not allow children to be excluded from school for refusing to wear a mask.

Section 120230 of the Health and Safety Code has been cited by some as authority for a school to exclude a child who fails to follow the CDPH mask mandate. This section is being misapplied; it provides only narrow authority for schools to exclude a child who is subject to an isolation or quarantine order duly issued by a county health officer.

Section 120230 reads in relevant part: "No … child *who resides where any contagious, infectious, or communicable disease exists or has recently existed*, *that is subject to strict isolation or quarantine* of contacts, shall be permitted by any superintendent, principal, or teacher of any … public or private school to attend the … school, except by the written permission of the health officer." (Emphasis added.)

Two things must exist before this section can apply: First, a "contagious, infectious, or communicable disease" must exist or have recently existed at the child's place of residence. Where a child has not received a diagnosis of COVID-19 and has not been exposed to the disease through a family member or close contact, this condition cannot be met. Second, the child must be subject to a "strict isolation or quarantine" order by the county health officer.[4] In all the known instances where a school has excluded or threatened to exclude a child from campus for noncompliance with the mask mandate, neither of these conditions has been met.

Section 49451 of the Education Code likewise does not authorize school officials to send a healthy child home simply for refusing to wear a mask. Section 49451 provides that "whenever there is a *good reason to believe that the child is suffering from a recognized contagious or infectious disease*, he shall be sent home and shall not be permitted to return until the school authorities are satisfied that any contagious or infectious disease does not exist." (Educ. Code, § 49451.) A child's refusal to wear a mask does not establish "good reason to believe that the child is suffering from"

[4] "Strict isolation or quarantine" means a person is subject to an order by the county health officer not to leave his or her place of confinement: "A person subject to quarantine or strict isolation residing or in a quarantined building, house, structure, or other shelter, shall not go beyond the lot where the building, house, structure, or other shelter is situated, nor put himself or herself in immediate communication with any person not subject to quarantine, other than the physician, the health officer or persons authorized by the health officer." (Heath & Safety Code, § 120225.)

COVID-19 or any other disease.

Article I, section 28, of the California Constitution sets forth "the inalienable right to attend campuses which are safe, secure and peaceful." CDPH, in a letter published on its website August 23, 2021, makes the misleading argument that this constitutional provision imposes a legal and moral imperative on schools to ensure compliance with the mask mandate.[5] This section, however, is part of a victim's rights initiative enacted by ballot measure in 2008 and pertains solely to a person's safety from the criminal acts of others. While we agree that schools must take reasonable measures to provide a safe environment for students, nothing in the California Constitution allows, much less requires, schools to bar a healthy student from attending class. And in any event, as explained above, real-world data from the last year and a half has failed to show any correlation between mask mandates for children and a decrease in the spread of COVID-19 in schools.

Schools must issue exemptions for children who for medical reasons should not wear a mask.

CDPH's mask guidance exempts several categories of persons, including the following:

- "Persons with a medical condition, mental health condition, or disability that prevents wearing a mask.…
- "Persons who are hearing impaired, or communicating with a person who is hearing impaired, where the ability to see the mouth is essential for communication."[6]

These exemptions are self-executing. Nothing in CDPH's guidance requires a child or his or her parents to submit an "application" to obtain an exemption. Yet many school districts are not only requiring an application but are compounding the difficulty by requiring extensive documentation, substituting their own non-medical opinions for those of a child's own physician, and requiring a child to waive his or her medical privacy rights or agree to other arduous and/or unlawful conditions. Such requirements effectively deprive children of exemptions to which they are entitled, violating *their* right to learn in a safe environment.

We are told that some children who have received an exemption are being isolated from their classmates or have otherwise been subject to harassment or discrimination. Many such exemptions arise out of a child's disability, and any harassment or discrimination against a child based on disability violates both California and federal law.[7]

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[5] https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Requirement-for-Universal-Masking-Indoors-at-K-12-Schools.aspx.

[6] Cal. Dep't of Pub. Health, *Guidance for the Use of Face Coverings* (July 28, 2021), available at https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/guidance-for-face-coverings.aspx.

[7] See Educ. Code, § 200 ("It is the policy of the State of California to afford all persons in public schools, regardless of their disability …, equal rights, and opportunities in the educational institutions of the state."); Educ. Code, § 201, subd. (a) ("All pupils have the right to participate fully in the educational process, free from discrimination and harassment."); Educ. Code, § 220 ("No person shall be subjected to discrimination on the basis of disability …, in any program or activity conducted by an educational institution that receives, or benefits from, state financial assistance ….")

Conclusion.

Until such time as CDPH withdraws its mask mandate or a court declares it unlawful, masks are required in schools in indoor settings. But, for as long as the mandate exists, schools may not enforce it by excluding children from classrooms, whether by means of expulsion, suspension, or forced enrollment in an independent study program. Schools must exempt students from mask requirements as provided in the CDPH guidance, without an onerous application process, and all exempt students should be free from all forms of harassment, discrimination, and retaliation.

If you would like assistance in protecting the rights of schoolchildren and fighting back against government overreach, please visit Let Them Breathe at https://www.letthembreathe.net/.

Very truly yours,

AANNESTAD ANDELIN & CORN LLP

Lee M. Andelin

Section 504 of the Rehabilitation Act of 1973 prohibits discrimination based on disability in any program or activity operated by recipients of federal funds. It states: "No otherwise qualified individual with a disability in the United States…shall, solely by reason of her or his disability, be excluded from the participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance..."

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Studies in Applied Economics

A LITERATURE REVIEW AND META-ANALYSIS OF THE EFFECTS OF LOCKDOWNS ON COVID-19 MORTALITY

Jonas Herby, Lars Jonung, and Steve H. Hanke

Johns Hopkins Institute for Applied Economics,
Global Health, and the Study of Business Enterprise

A Literature Review and Meta-Analysis of the Effects of Lockdowns on COVID-19 Mortality

By Jonas Herby, Lars Jonung, and Steve H. Hanke

About the Series

The *Studies in Applied Economics* series is under the general direction of Prof. Steve H. Hanke, Founder and Co-Director of The Johns Hopkins Institute for Applied Economics, Global Health, and the Study of Business Enterprise (hanke@jhu.edu). The views expressed in each working paper are those of the authors and not necessarily those of the institutions that the authors are affiliated with.

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Abstract

This systematic review and meta-analysis are designed to determine whether there is empirical evidence to support the belief that "lockdowns" reduce COVID-19 mortality. Lockdowns are defined as the imposition of at least one compulsory, non-pharmaceutical intervention (NPI). NPIs are any government mandate that directly restrict peoples' possibilities, such as policies that limit internal movement, close schools and businesses, and ban international travel. This study employed a systematic search and screening procedure in which 18,590 studies are identified that could potentially address the belief posed. After three levels of screening, 34 studies ultimately qualified. Of those 34 eligible studies, 24 qualified for inclusion in the meta-analysis. They were separated into three groups: lockdown stringency index studies, shelter-in-place-order (SIPO) studies, and specific NPI studies. An analysis of each of these three groups support the conclusion that lockdowns have had little to no effect on COVID-19 mortality. More specifically, stringency index studies find that lockdowns in Europe and the United States only reduced COVID-19 mortality by 0.2% on average. SIPOs were also ineffective, only reducing COVID-19 mortality by 2.9% on average. Specific NPI studies also find no broad-based evidence of noticeable effects on COVID-19 mortality.

While this meta-analysis concludes that lockdowns have had little to no public health effects, they have imposed enormous economic and social costs where they have been adopted. In consequence, lockdown policies are ill-founded and should be rejected as a pandemic policy instrument.

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Key Words: COVID-19, lockdown, non-pharmaceutical interventions, mortality, systematic review, meta-analysis

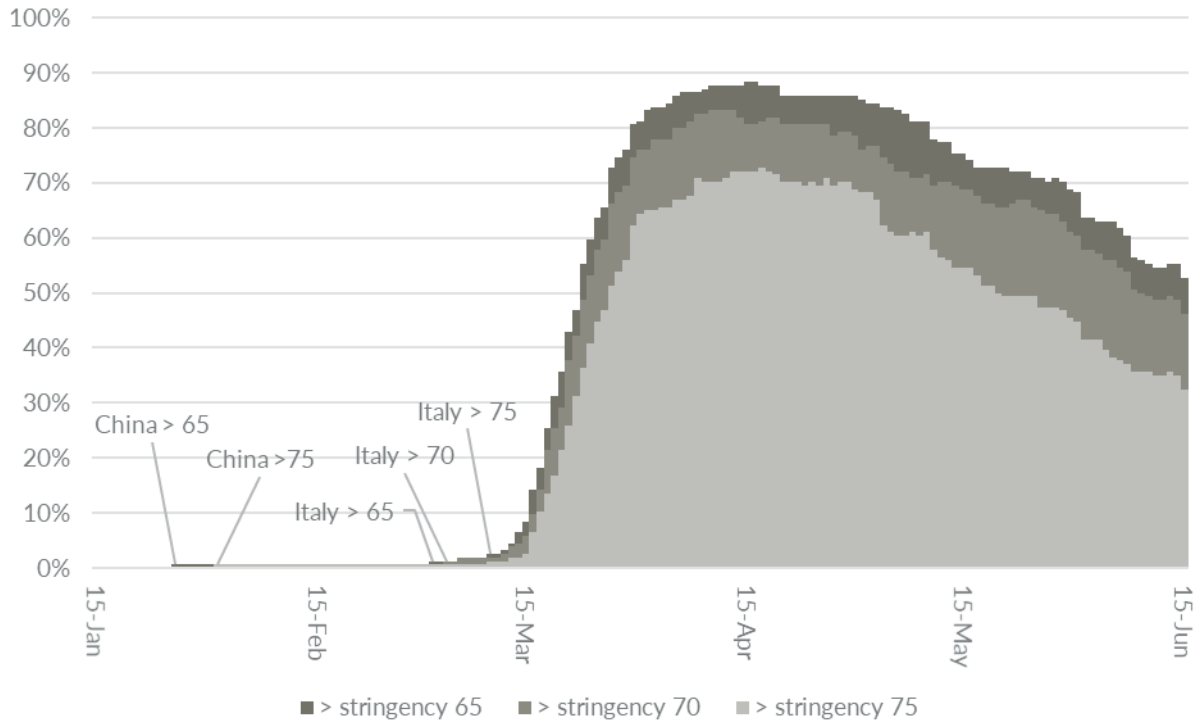
JEL Classification: I18; I38; D19

1 Introduction

The global policy reaction to the COVID-19 pandemic is evident. Compulsory non-pharmaceutical interventions (NPIs), commonly known as "lockdowns" – policies that restrict internal movement, close schools and businesses, and ban international travel – have been mandated in one form or another in almost every country.

The first NPIs were implemented in China. From there, the pandemic and NPIs spread first to Italy and later to virtually all other countries, see Figure 1. Of the 186 countries covered by the Oxford COVID-19 Government Response Tracker (OxCGRT), only Comoros, an island country in the Indian Ocean, did not impose at least one NPI before the end of March 2020.

Figure 1: Share of countries with OxCGRT stringency index above thresholds, January - June 2020



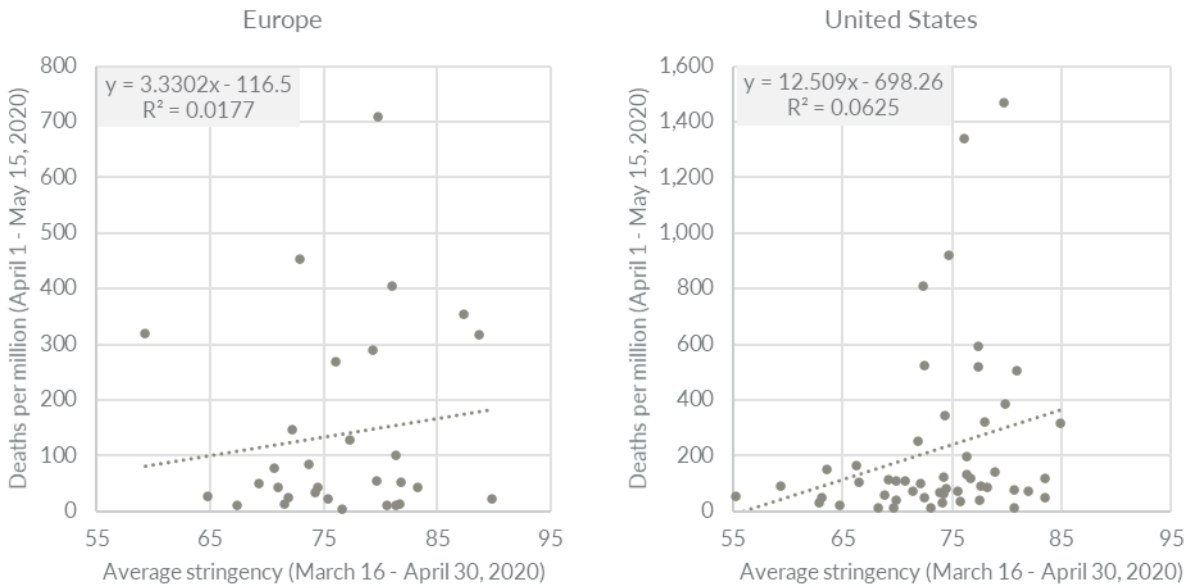
Comment: The figure shows the share of countries, where the OxCGRT stringency index on a given date surpassed index 65, 70 and 75 respectively. Only countries with more than one million citizens are included (153 countries in total). The OxCGRT stringency index records the strictness of NPI policies that restrict people's behavior. It is calculated using all ordinal containment and closure policy indicators (i.e., the degree of school and business closures, etc.), plus an indicator recording public information campaigns.
Source: Our World in Data.

Early epidemiological studies predicted large effects of NPIs. An often cited model simulation study by researchers at the Imperial College London (Ferguson et al. (2020)) predicted that a

suppression strategy based on a lockdown would reduce COVID-19 mortality by up to 98%.[1] These predictions were questioned by many scholars. Our early interest in the subject was spurred by two studies. First, Atkeson et al. (2020) showed that "across all countries and U.S. states that we study, the growth rates of daily deaths from COVID-19 fell from a wide range of initially high levels to levels close to zero within 20-30 days after each region experienced 25 cumulative deaths." Second, Sebhatu et al. (2020) showed that "government policies are strongly driven by the policies initiated in other countries," and less by the specific COVID-19-situation of the country.

A third factor that motivated our research was the fact that there was no clear negative correlation between the degree of lockdown and fatalities in the spring of 2020 (see Figure 2). Given the large effects predicted by simulation studies such as Ferguson et al. (2020), we would have expected to at least observe a simple negative correlation between COVID-19 mortality and the degree to which lockdowns were imposed.[2]

Figure 2: Correlation between stringency index and COVID-19 mortality in European countries and U.S. states during the first wave in 2020



Source: Our World in Data

[1] With R0 = 2.4 and trigger on 60, the number of COVID-19-deaths in Great Britain could be reduced to 8,700 deaths from 510,000 deaths (-98%) with a policy consisting of case isolation + home quarantine + social distancing + school/university closure, cf. Table 4 in Ferguson et al. (2020). R0 (the basic reproduction rate) is the expected number of cases directly generated by one case in a population where all individuals are susceptible to infection.

[2] In addition, the interest in this issue was sparked by the work Jonung did on the expected economic effects of the SARS pandemic in Europe in 2006 (Jonung and Röger, 2006). In this model-based study calibrated from Spanish flu data, Jonung and Röger concluded that the economic effects of a severe pandemic would be rather limited—a sharp contrast to the huge economic effects associated with lockdowns during the COVID-19 pandemic.

Today, it remains an open question as to whether lockdowns have had a large, significant effect on COVID-19 mortality. We address this question by evaluating the current academic literature on the relationship between lockdowns and COVID-19 mortality rates.[3] We use "NPI" to describe *any government mandate which directly restrict peoples' possibilities*. Our definition does *not* include governmental recommendations, governmental information campaigns, access to mass testing, voluntary social distancing, etc., but *do* include mandated interventions such as closing schools or businesses, mandated face masks etc. We define *lockdown* as any policy consisting of at least one NPI as described above.[4]

Compared to other reviews such as Herby (2021) and Allen (2021), the main difference in this meta-analysis is that we carry out a systematic and comprehensive search strategy to identify all papers potentially relevant to answer the question we pose. We identify 34 eligible empirical studies that estimate the effect of mandatory lockdowns on COVID-19 mortality using a counterfactual difference-in-difference approach. We present our results in such a way that they can be systematically assessed, replicated, and used to derive overall meta-conclusions.[5]

2 Identification process: Search strategy and eligibility criteria

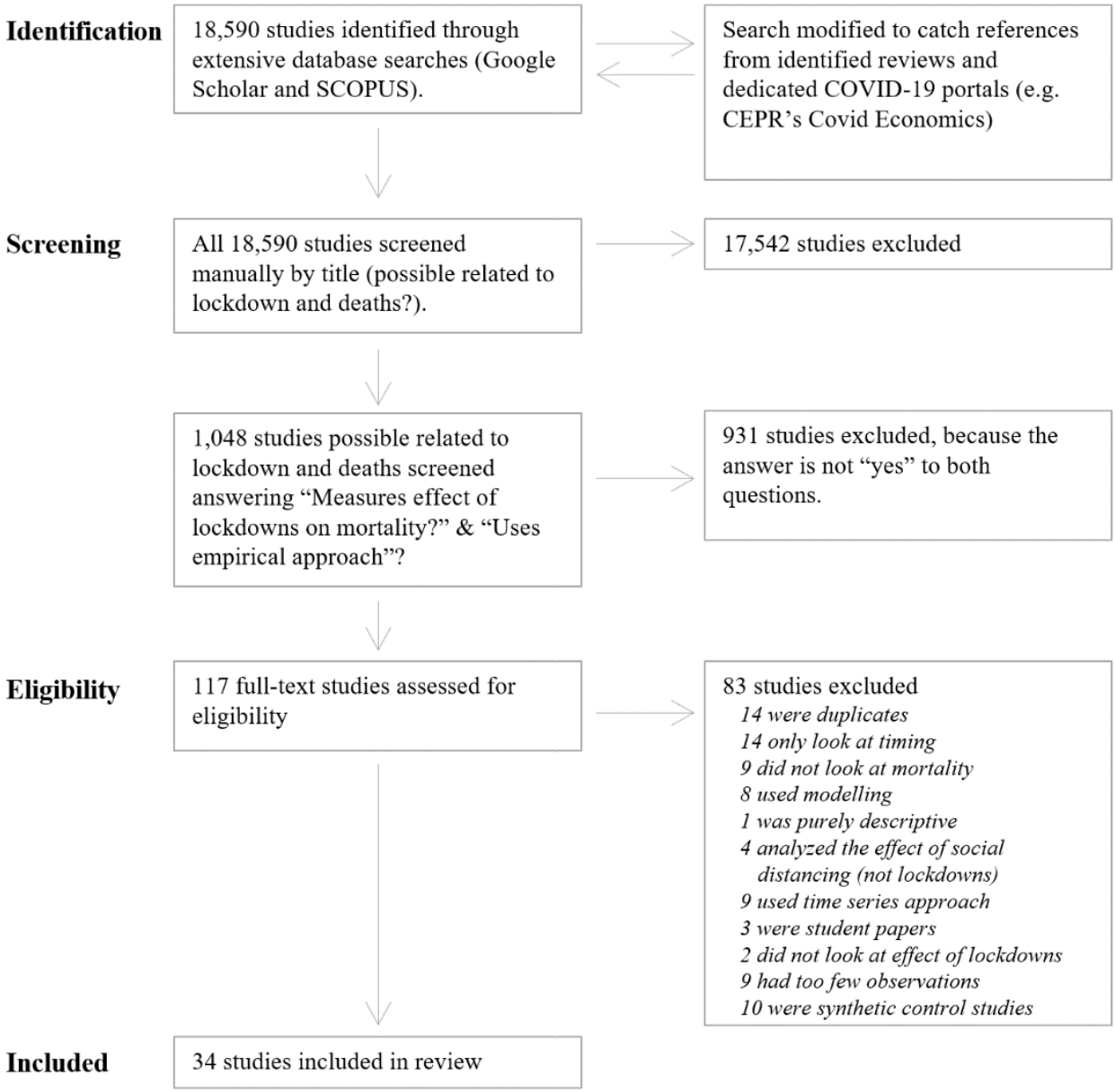
Figure 3 shows an overview of our identification process using a flow diagram designed according to PRISMA guidelines (Moher et al. (2009). Of 18,590 studies identified during our database searches, 1,048 remained after a title-based screening. Then, 931 studies were excluded, because they either did not measure the effect of lockdowns on mortality or did not use an empirical approach. This left 117 studies that were read and inspected. After a more thorough assessment, 83 of the 117 were excluded, leaving 34 studies eligible for our meta-analysis. A table with all 83 studies excluded in the final step can be found in Appendix B, Table 8.

[3] We use "mortality" and "mortality rates" interchangeably to mean COVID-19 deaths per population.

[4] For example, we will say that Country A introduced the *non-pharmaceutical interventions* school closures and shelter-in-place-orders as part of the country's *lockdown*.

[5] An interesting question is, "What damage lockdowns do to the economy, personal freedom and rights, and public health in general?" Although this question is important, it requires a full cost-benefit study, which is beyond the scope of this study.

Figure 3: PRISMA flow diagram for the selection of studies.



Below we present our search strategy and eligibility criteria, which follow the PRISMA guidelines and are specified in detail in our protocol Herby et al. (2021).

2.1 Search strategy

The studies we reviewed were identified by scanning *Google Scholar* and *SCOPUS* for English-language studies. We used a wide range of search terms which are combinations of three search strings: a disease search string ("covid," "corona," "coronavirus," "sars-cov-2"), a government

response search string[6], and a methodology search string[7]. We identified papers based on 1,360 search terms. We also required mentions of "deaths," "death," and/or "mortality." The search terms were continuously updated (by adding relevant terms) to fit this criterion.[8]

We also included all papers published in *Covid Economics*. Our search was performed between July 1 and July 5, 2021 and resulted in 18,590 unique studies.[9] All studies identified using SCOPUS and Covid Economics were also found using Google Scholar. This made us comfortable that including other sources such as VOXeu and SSRN would not change the result. Indeed, many papers found using Google Scholar were from these sources.

All 18,590 studies were first screened based on the title. Studies clearly not related to our research question were deemed irrelevant.[10]

After screening based on the title, 1,048 papers remained. These papers were manually screened by answering two questions:

1. Does the study measure the effect of lockdowns on mortality?
2. Does the study use an empirical *ex post* difference-in-difference approach (see eligibility criteria below)?

Studies to which we could not answer "yes" to both questions were excluded. When in doubt, we made the assessment based on reading the full paper, and in some cases, we consulted with colleagues.[11]

After the manual screening, 117 studies were retrieved for a full, detailed review. These studies were carefully examined, and metadata and empirical results were stored in an Excel

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[6] The government response search string used was: "non-pharmaceutical," "nonpharmaceutical," "NPI," "NPIs," "lockdown," "social distancing orders," "statewide interventions," "distancing interventions," "circuit breaker," "containment measures," "contact restrictions," "social distancing measures," "public health policies," "mobility restrictions," "covid-19 policies," "corona policies," "policy measures."

[7] The methodology search string used was: ("fixed effects," "panel data," "difference-in-difference," "diff-in-diff," "synthetic control," "counterfactual" , "counter factual," "cross country," "cross state," "cross county," "cross region," "cross regional," "cross municipality," "country level," "state level," "county level," "region level," "regional level," "municipality level," "event study."

[8] If a potentially relevant paper from one of the 13 reviews (see eligibility criteria) did not show up in our search, we added relevant words to our search strings and ran the search again. The 13 reviews were: Allen (2021); Brodeur et al. (2021); Gupta et al. (2020); Herby (2021); Johanna et al. (2020); Nussbaumer-Streit et al. (2020); Patel et al. (2020); Perra (2020); Poeschl and Larsen (2021); Pozo-Martin et al. (2020); Rezapour et al. (2021); Robinson (2021); Zhang et al. (2021).

[9] SCOPUS was continuously monitored between July 5th and publication using a search agent. Although the search agent returned several hits during this period, only one of them, An et al. (2021), was eligible according to our eligibility criteria. The study is not included in our review, but the conclusions are in line with our conclusions, as An et al. (2021) conclude that "The analysis shows that the mask mandate is consistently associated with lower infection rates in the short term, and its early adoption boosts the long-term efficacy. By contrast, the other five policy instruments— domestic lockdowns, international travel bans, mass gathering bans, and restaurant and school closures—show weaker efficacy."

[10] This included studies with titles such as "COVID-19 outbreak and air pollution in Iran: A panel VAR analysis" and "Dynamic Structural Impact of the COVID-19 Outbreak on the Stock Market and the Exchange Rate: A Cross-country Analysis Among BRICS Nations."

[11] Professor Christian Bjørnskov of University of Aarhus was particularly helpful in this process.

spreadsheet. All studies were assessed by at least two researchers. During this process, another 64 papers were excluded because they did not meet our eligibility criteria. Furthermore, nine studies with too little jurisdictional variance (< 10 observations) were excluded,[12] and 10 synthetic control studies were excluded.[13] A table with all 83 studies excluded in the final step can be found in Appendix B, Table 8. Below we explain why these studies are excluded.

2.2 Eligibility criteria

Focus on mortality and lockdowns

We only include studies that attempt to establish a relationship (or lack thereof) between lockdown policies and COVID-19 mortality or excess mortality. We exclude studies that use cases, hospitalizations, or other measures.[14]

Counterfactual difference-in-difference approach

We distinguish between two methods used to establish a relationship (or lack thereof) between mortality rates and lockdown policies. The first uses registered cross-sectional mortality data. These are *ex post* studies. The second method uses simulated data on mortality and infection rates.[15] These are *ex ante* studies.

We include all studies using a counterfactual difference-in-difference approach from the former group but disregard all *ex ante* studies, as the results from these studies are determined by model assumptions and calibrations.

Our limitation to studies using a "counterfactual difference-in-difference approach" means that we exclude all studies where the counterfactual is based on forecasting (such as a SIR-model) rather than derived from a difference-in-difference approach. This excludes studies like Duchemin et al. (2020) and Matzinger and Skinner (2020). We also exclude all studies based on interrupted time series designs that simply compare the situation before and after lockdown, as

[12] The excluded studies with too few observations were: Alemán et al. (2020), Berardi et al. (2020), Conyon et al. (2020a), Coccia (2021), Gordon et al. (2020), Juranek and Zoutman (2021), Kapoor and Ravi (2020), Umer and Khan (2020), and Wu and Wu (2020).

[13] The excluded synthetic control studies were: Conyon and Thomsen (2021), Dave et al. (2020), Ghosh et al. (2020), Born et al. (2021), Reinbold (2021), Cho (2020), Friedson et al. (2021), Neidhöfer and Neidhöfer (2020), Cerqueti et al. (2021), and Mader and Rüttenauer (2021).

[14] Analyses based on cases may pose major problems, as testing strategies for COVID-19 infections vary enormously across countries (and even over time within a given country). In consequence, cross-country comparisons of cases are, at best, problematic. Although these problems exist with death tolls as well, they are far more limited. Also, while cases and death tolls are correlated, there may be adverse effects of lockdowns that are not captured by the number of cases. For example, an infected person who is isolated at home with family under a SIPO may infect family members with a higher viral load causing more severe illness. So even if a SIPO reduces the number of cases, it may theoretically increase the number of COVID-19-deaths. Adverse effects like this may explain why studies like Chernozhukov et al. (2021) finds that SIPO reduces the number of cases but have no significant effect on the number of COVID-19-deaths. Finally, mortality is hierarchically the most important outcome, cf. GRADEpro (2013)

[15] These simulations are often made in variants of the SIR-model, which can simulate the progress of a pandemic in a population consisting of people in different states (Susceptible, Infectious, or Recovered) with equations describing the process between these states.

the effect of lockdowns in these studies might contain time-dependent shifts, such as seasonality. This excludes studies like Bakolis et al. (2021) and Siedner et al. (2020).

Given our criteria, we exclude the much-cited paper by Flaxman et al. (2020), which claimed that lockdowns saved three million lives in Europe. Flaxman et al. assume that the pandemic would follow an epidemiological curve unless countries locked down. However, this assumption means that the only interpretation possible for the empirical results is that lockdowns are the only thing that matters, even if other factors like season, behavior etc. caused the observed change in the reproduction rate, Rt. Flaxman et al. are aware of this and state that "our parametric form of R_t assumes that changes in Rt are an immediate response to interventions rather than gradual changes in behavior." Flaxman et al. illustrate how problematic it is to force data to fit a certain model if you want to infer the effect of lockdowns on COVID-19 mortality.[16]

The counterfactual difference-in-difference studies in this review generally exploit variation across countries, U.S. states, or other geographical jurisdictions to infer the effect of lockdowns on COVID-19 fatalities. Preferably, the effect of lockdowns should be tested using randomized control trials, natural experiments, or the like. However, there are very few studies of this type.[17]

Synthetic control studies

The synthetic control method is a statistical method used to evaluate the effect of an intervention in comparative case studies. It involves the construction of a synthetic control which functions as the counter factual and is constructed as an (optimal) weighted combination of a pool of donors. For example, Born et al. (2021) create a synthetic control for Sweden which consists of 30.0% Denmark, 25.3% Finland, 25.8% Netherlands, 15.0% Norway, and 3.9% Sweden. The effect of the intervention is derived by comparing the actual developments to those contained in the synthetic control.

We exclude synthetic control studies because of their inherent empirical problems as discussed by Bjørnskov (2021b). He finds that the synthetic control version of Sweden in Born et al. (2021) deviates substantially from "actual Sweden," when looking at the period before mid-March 2020, when Sweden decided not to lock down. Bjørnskov estimates that *actual Sweden* experienced

[16] Several scholars have criticized Flaxman et al. (2020), e.g. see Homburg and Kuhbandner (2020), Lewis (2020), and Lemoine (2020).

[17] Kepp and Bjørnskov (2021) is one such study. They use evidence from a quasi-natural experiment in the Danish region of Northern Jutland. After the discovery of mutations of Sars-CoV-2 in mink – a major Danish export – seven of the 11 municipalities of the region went into extreme lockdown in early November, while the four other municipalities retained the moderate restrictions of the remaining country. Their analysis shows that while infection levels decreased, they did so before lockdown was in effect, and infection numbers also decreased in neighbor municipalities without mandates. They conclude that efficient infection surveillance and voluntary compliance make full lockdowns unnecessary, at least in some circumstances. Kepp and Bjørnskov (2021) is not included in our review, because they focus on cases and not COVID-19 mortality. Dave et al. (2020) is another such study. They see the Wisconsin Supreme Court abolishment of Wisconsin's "Safer at Home" order (a SIPO) as a natural experiment and find that "the repeal of the state SIPO impacted social distancing, COVID-19 cases, or COVID-19-related mortality during the fortnight following enactment." Dave et al. (2020) is not included in our review, because they use a synthetic control method.

approximately 500 fewer deaths the first 11 weeks of 2020 and 4,500 fewer deaths in 2019 compared to *synthetic Sweden*.

This problem is inherent in all synthetic control studies of COVID-19, Bjørnskov argues, because the synthetic control should be fitted based on a long period of time before the intervention or the event one is studying the consequences of – i.e., the lockdown Abadie (2021). However, this is not possible for the coronavirus pandemic, as there clearly *is* no long period with coronavirus before the lockdown. Hence, the synthetic control study approach is *by design* not appropriate for studying the effect of lockdowns.

Jurisdictional variance - few observations

We exclude all interrupted time series studies which simply compare mortality rates before and after lockdowns. Simply comparing data from before and after the imposition of lockdowns could be the result of time-dependent variations, such as seasonal effects. For the same reason, we also exclude studies with little jurisdictional variance.[18] For example, we exclude Conyon et al. (2020b) who "exploit policy variation between Denmark and Norway on the one hand and Sweden on the other" and, thus, only have one jurisdictional area in the control group. Although this *is* a difference-in-difference approach, there is a non-negligible risk that differences are caused by much more than just differences in lockdowns. Another example is Wu and Wu (2020), who use all U.S. states, but pool groups of states so they end with basically three observations. None of the excluded studies cover more than 10 jurisdictional areas.[19] One study is a special case of the jurisdictional variance criteria (Auger et al. (2020). Those researchers analyze the effect of school closures in U.S. states and find that those closures reduce mortality by 35%. However, all 50 states closed schools between March 13, 2020, and March 23, 2020, which means that all difference-in-difference is based on maximum 10 days. Given the long lag between infection and death, there is a risk that Auger et al.'s approach is an interrupted time series analysis where they compare United States before and after school closures, rather than a true difference-in-difference approach. However, we choose to include this study, as it is eligible under our protocol Herby et al. (2021).

Publication status and date

We include all *ex post* studies regardless of publication status and date. That is, we cover both working papers and papers published in journals. We include the early papers because the knowledge of the COVID-19-pandemic grew rapidly in the beginning, making later papers able to stand on the shoulders of previous work. Also, in the early days of COVID-19, speed was

[18] A jurisdictional area can be countries, U.S. states, or counties. With "jurisdictional variance" we refer to variation in mandates across jurisdictional areas.

[19] All studies excluded on this criterion are listed in footnote 12.

crucial which may have affected the quality of the papers. Including them makes it possible to compare the results of early studies to studies carried out at a later stage.[20]

The role of optimal timing

We exclude papers which analyze the effect of early lockdowns in contrast to later lockdowns. There's no doubt that being prepared for a pandemic and knowing when it arrives at your doorstep is vital. However, at least two problems arise with respect to evaluating the effect of well-timed lockdowns.

First, when COVID-19 hit Europe and the United States, it was virtually impossible to determine the right timing. The World Health Organization declared the outbreak a pandemic on March 11, 2020, but at that date, Italy had already registered 13.7 COVID-19 deaths per million. On March 29, 2020, 18 days after the WHO declared the outbreak a pandemic and the earliest a lockdown response to the WHO's announcement could potentially have an effect, the mortality rate in Italy was a staggering 178 COVID-19 deaths per million with an additional 13 per million dying each day.[21]

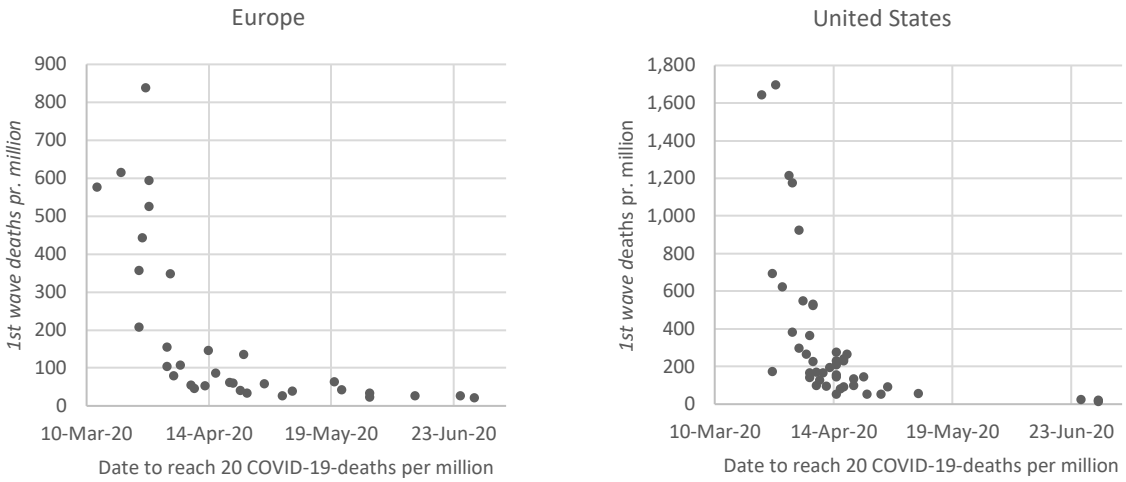
Secondly, it is extremely difficult to differentiate between the effect of public awareness and the effect of lockdowns when looking at timing because people and politicians are likely to react to the same information. As Figure 4 illustrates, all European countries and U.S. states that were hit hard and early by COVID-19 experienced high mortality rates, whereas all countries hit relatively late experienced low mortality rates. Björk et al. (2021) illustrate the difficulties in analyzing the effect of timing. They find that a 10-stringency-points-stricter lockdown would reduce COVID-19 mortality by a total of 200 deaths per million[22] if done in week 11, 2020, but would only have approximately 1/3 of the effect if implemented one week earlier or later and no effect if implemented three weeks earlier or later. One interpretation of this result is that lockdowns do not work if people either find them unnecessary and fail to obey the mandates or if people voluntarily lock themselves down. This is the argument Allen (2021) uses for the ineffectiveness of the lockdowns he identifies. If this interpretation is true, what Björk et al. (2021) find is that information and signaling is far more important than the strictness of the lockdown. There may be other interpretations, but the point is that studies focusing on timing cannot differentiate between these interpretations. However, if lockdowns have a notable effect, we should see this effect regardless of the timing, and we should identify this effect more correctly by excluding studies that exclusively analyze timing.

[20] We also intended to exclude studies which were primarily based on data from 2021 (as these studies would be heavily affected by vaccines) and studies that did not cover at least one EU-country, the United States, one U.S. U.S. state or Latin America, and where at least one country/state was not an island. However, we did not find any such studies.

[21] There's approximately a two-to-four-week gap between infection and deaths. See footnote 29.

[22] They estimate that 10-point higher stringency will reduce excess mortality by 20 "per week and million" in the 10 weeks from week 14 to week 23.

Figure 4: **Taken by surprise. The importance of having time to prepare**



Comment: The figure shows the relationship between early pandemic strength and total 1st wave of COVID-19 death toll. On the X-axis is "Days to reach 20 COVID-19-deaths per million (measured from February 15, 2020)." The Y-axis shows mortality (deaths per million) by June 30, 2020.
Source: Reported COVID-19 deaths and OxCGRT stringency for European countries and U.S. states with more than one million citizens. Data from Our World in Data.

We are aware of one meta-analysis by Stephens et al. (2020), which looks into the importance of timing. The authors find 22 studies that look at policy and timing with respect to mortality rates, however, only four were multi-country, multi-policy studies, which could possibly account for the problems described above. Stephens et al. conclude that "the timing of policy interventions across countries relative to the first Wuhan case, first national disease case, or first national death, is not found to be correlated with mortality." (See Appendix A for further discussion of the role of timing.)

3 The empirical evidence

In this section we present the empirical evidence found through our identification process. We describe the studies and their results, but also comment on the methodology and possible identification problems or biases.

3.1 Preliminary considerations

Before we turn to the eligible studies, we present some considerations that we adopted when interpreting the empirical evidence.

Empirical interpretation

While the policy conclusions contained in some studies are based on statistically significant results, many of these conclusions are ill-founded due to the tiny impact associated with said statistically significant results. For example, Ashraf (2020) states that "social distancing

measures has proved effective in controlling the spread of [a] highly contagious virus." However, their estimates show that the average lockdown in Europe and the U.S only reduced COVID-19 mortality by 2.4%.[23] Another example is Chisadza et al. (2021). The authors argue that "less stringent interventions increase the number of deaths, whereas more severe responses to the pandemic can lower fatalities." Their conclusion is based on a negative estimate for the squared term of *stringency* which results in a total negative effect on mortality rates (i.e. fewer deaths) for stringency values larger than 124. However, the stringency index is limited to values between 0 and 100 by design, so the conclusion is clearly incorrect. To avoid any such biases, we base our interpretations solely on the empirical estimates and not on the authors' own interpretation of their results.

Handling multiple models, specifications, and uncertainties

Several studies adopt a number of models to understand the effect of lockdowns. For example, Bjørnskov (2021a) estimates the effect after one, two, three, and four weeks of lockdowns. For these studies, we select the longest time horizon analyzed to obtain the estimate closest to the long-term effect of lockdowns.

Several studies also use multiple specifications including and excluding potentially relevant variables. For these studies, we choose the model which the authors regard as their main specification. Finally, some studies have multiple models which the authors regard as equally important. One interesting example is Chernozhukov et al. (2021), who estimate two models with and without national case numbers as a variable. They show that including this variable in their model alters the results substantially. The explanation could be that people responded to national conditions. For these studies, we present both estimates in Table 1, but – following Doucouliagos and Paldam (2008) – we use an average of the estimates in our meta-analysis in order to not give more weight to a study with multiple models relative to studies with just one principal model.

For studies looking at different classes of countries (e.g. rich and poor), we report both estimates in Table 1 but use the estimate for rich Western countries in our meta-analysis, where we derive common estimates for Europe and the United States.

Effects are measured "relative to Sweden in the spring of 2020"

Virtually all countries in the world implemented mandated NPIs in response to the COVID-19 pandemic. Hence, most estimates are relative to "doing the least," which in many Western countries means relative to doing as Sweden has done, especially during the first wave, when Sweden, do to constitutional constraints, implemented very few restrictions compared to other western countries (Jonung and Hanke 2020). However, some studies *do* compare the effect of doing something to the effect of doing absolutely nothing (e.g. Bonardi et al. (2020)).

The consequence is that some estimates are relative to "doing the least" while others are relative to "doing nothing." This may lead to biases if "doing the least" works as a signal (or warning)

[23] We describe how we arrive at the 2.4% in Section 4.

which alters the behavior of the public. For example, Gupta et al. (2020) find a large effect of emergency declarations, which they argue "are best viewed as an information instrument that signals to the population that the public health situation is serious and they act accordingly," on social distancing but not of other policies such as SIPOs (shelter-in-place orders). Thus, if we compare a country issuing a SIPO to a country doing nothing, we may overestimate the effect of a SIPO, because it is the sum of the signal *and* the SIPO. Instead, we should compare the country issuing the SIPO to a country "doing the least" to estimate the *marginal* effect of the SIPO.

To take an example, Bonardi et al. (2020) find relatively large effects of doing *something* but no effect of doing *more*. They find no extra effect of stricter lockdowns relative to less strict lockdowns and state that "our results point to the fact that people might adjust their behaviors quite significantly as partial measures are implemented, which might be enough to stop the spread of the virus." Hence, whether the baseline is Sweden, which implemented a ban on large gatherings early in the pandemic, or the baseline is "doing nothing" can affect the magnitude of the estimated impacts. There is no obvious right way to resolve this issue, but since estimates in most studies are relative to doing less, we report results as compared to "doing less" when available. Hence, for Bonardi et al. we state that the effect of lockdowns is zero (compared to Sweden's "doing the least").

3.2 Overview of the findings of eligible studies

Table 1 covers the 34 studies eligible for our review.[24] Out of these 34 studies, 22 were peer-reviewed and 12 were working papers. The studies analyze lockdowns during the first wave. Most of the studies (29) use data collected before September 1st, 2020 and 10 use data collected before May 1st, 2020. Only one study uses data from 2021. All studies are cross-sectional, ranging across jurisdictions. Geographically, 14 studies cover countries worldwide, four cover European countries, 13 cover the United States, two cover Europe and the United States, and one covers regions in Italy. Seven studies analyze the effect of SIPOs, 10 analyze the effect of stricter lockdowns (measured by the OxCGRT stringency index), 16 studies analyze specific NIP's independently, and one study analyzes other measures (length of lockdown).

Several studies find no statistically significant effect of lockdowns on mortality. For example, this includes Bjørnskov (2021a) and Stockenhuber (2020) who find no significant effect of stricter lockdowns (higher OxCGRT stringency index), Sears et al. (2020) and Dave et al. (2021), who find no significant effect of SIPOs, and Chaudhry et al. (2020), Aparicio and Grossbard (2021) and Guo et al. (2021) who find no significant effect of any of the analyzed NIP's, including business closures, school closures and border closures.

Other studies find a significant negative relationship between lockdowns and mortality. Fowler et al. (2021 find that SIPOs reduce COVID-19 mortality by 35%, while Chernozhukov et al.

[24] The following information can be found for each study in Table 2.

(2021) find that employee mask mandates reduces mortality by 34% and closing businesses and bars reduces mortality by 29%.

Some studies find a significant positive relationship between lockdowns and mortality. This includes Chisadza et al. (2021), who find that stricter lockdowns (higher OxCGRT stringency index) increases COVID-19 mortality by 0.01 deaths/million per stringency point and Berry et al. (2021), who find that SIPOs increase COVID-19 mortality by 1% after 14 days.

Most studies use the number of official COVID-19 deaths as the dependent variable. Only one study, Bjørnskov (2021a), looks at total excess mortality which – although is not perfect – we perceive to be the best measure, as it overcomes the measurement problems related to properly reporting COVID-19 deaths.

Several studies explicitly claim that they estimate the actual causal relationship between lockdowns and COVID-19 mortality. Some studies use instrumental variables to justify the causality associated with their analysis, while others make causality probable using anecdotal evidence.[25] But, Sebhatu et al. (2020) show that government policies are strongly driven by the policies initiated in neighboring countries rather than by the severity of the pandemic in their own countries. In short, it is not the severity of the pandemic that drives the adoption of lockdowns, but rather the propensity to copy policies initiated by neighboring countries. The Sebhatu et al. conclusion throws into doubt the notion of a causal relationship between lockdowns and COVID-19 mortality.

Table 1: Summary of eligible studies

1. Study (Author & title)	2. Measure	3. Description	4. Results	5. Comments
Alderman and Harjoto (2020); "COVID-19: U.S. shelter-in-place orders and demographic characteristics linked to cases, mortality, and recovery rates"	COVID-19 mortality	Use State-level data from the COVID-19 Tracking Project data all U.S. states, and a multivariate regression analysis to empirically investigate the impacts of the duration of shelter-in-place orders on mortality.	Find that shelter-in-place orders are - for the average duration - associated with 1% (insignificant) fewer deaths per capita.	
Aparicio and Grossbard (2021); "Are Covid Fatalities in the U.S. Higher than in the EU, and If so, Why?"	COVID-19 mortality	Their main focus is to explain the gap in COVID-19-fatalities between Europe and the United States based on COVID-deaths and other data from 85 nations/states. They include status for "social events" (ban on public gatherings, cancellation of major events and conferences), school closures, shop closures "partial lockdowns" (e.g. night curfew) and "lockdowns" (all-day curfew) 100 days after the pandemic onset in a country/state. None of these interventions have a significant effect on COVID-19 mortality. They also find no	Find no effect of "social events" (ban on public gatherings, cancellation of major events and conferences), school closures, shop closures "partial lockdowns" (e.g. night curfew) and "lockdowns" (all-day curfew) 100 days after the pandemic onset.	In the abstract the authors states that "various types of social distance measures such as school closings and lockdowns, and how soon they were implemented, help explain the U.S./EUROPE gap in cumulative deaths measured 100 days after the pandemic's onset in a state or country" although their estimates are insignificant.

[25] E.g. Dave et al. (2021) states that "estimated case reductions accelerate over time, becoming largest after 20 days following enactment of a SIPO. These findings are consistent with a causal interpretation."

1. Study (Author & title)	2. Measure	3. Description	4. Results	5. Comments
		significant effect of early cancelling of social events, school closures, shop closures, partial lockdowns and full lockdowns.		
Ashraf (2020); "Socioeconomic conditions, government interventions and health outcomes during COVID-19"	COVID-19 mortality	Their main focus is on the effectiveness of policies targeted to diminish the effect of socioeconomic inequalities (economic support) on COVID-19-deaths. They use data from 80 countries worldwide and include the OxCGRT stringency as a control variable in their models. The paper finds a significant negative (fewer deaths) effect of stricter lockdowns. The effect of lockdowns is insignificant, when they include an interaction term between the socioeconomic conditions index and the economic support index in their model.	For each 1-unit increase in OxCGRT stringency index, the cumulative mortality changes by -0.326 deaths per million (fewer deaths). The estimate is -0.073 deaths per million but insignificant, when including an interaction term between the socioeconomic conditions index and the economic support index.	
Auger et al. (2020); "Association between statewide school closure and COVID-19 incidence and mortality in the U.S."	COVID-19 mortality	U.S. population-based observational study which uses interrupted time series analyses incorporating a lag period to allow for potential policy-associated changes to occur. To isolate the association of school closure with outcomes, state-level nonpharmaceutical interventions and attributes were included in negative binomial regression models. Models were used to derive the estimated absolute differences between schools that closed and schools that remained open. The main outcome of the study is COVID-19 daily incidence and mortality per 100000 residents.	State that they adjust for several factors (e..g percentage of state's population aged 15 years and 65 years, CDC's social vulnerability index, stay-at-home or shelter-in-place order, restaurant and bar closure, testing rate per 1000 residents etc.), but does not specify how and do not present estimates.	All 50 states closed schools between March 13, 2020, and March 23, 2020. Hence, all difference-in-difference is based on maximum 10 days, and given the long lag between infection and death, there is a risk that their approach is more an interrupted time series analysis, where they compare United States before and after school closures, rather than a true difference-in-difference approach. However, we choose to include the study in our review as it - objectively speaking - lives up to the eligibility criteria specified in our protocol.
Berry et al. (2021); "Evaluating the effects of shelter-in-place policies during the COVID-19 pandemic"	COVID-19 mortality	The authors use U.S. county data on COVID-19 deaths from Johns Hopkin and SIPO data from the University of Washington to estimate the effect of SIPO's. They find no detectable effects of SIPO on deaths. The authors stress that their findings should not be interpreted as evidence that social distancing behaviors are not effective. Many people had already changed their behaviors before the introduction of shelter-in-place orders, and shelter-in-place orders appear to have been ineffective precisely because they did not meaningfully alter social distancing behavior.	SIPO increases the number of deaths by 0,654 per million after 14 days (see Fig. 2)	The authors conclude that "We do not find detectable effects of these policies [SIPO] on disease spread or deaths." However, this statement does not correspond to their results. In figure 2 they show that the effect on deaths is significant after 14 days. Looks at the effect 14 days after SIPO's are implemented which is a short lag given that the time between infection and deaths is at least 2-3 weeks.
Bjørnskov (2021a); "Did Lockdown Work? An Economist's Cross-Country Comparison"	Excess mortality	Uses excess mortality and OxCGRT stringency from 24 European countries to estimate the effect of lockdown on the number of deaths one, two, three and four weeks later. Finds no effect (negative but insignificant) of (stricter) lockdowns. The author's specification using instrument variables yields similar results.	A stricter lockdown (OxCGRT stringency) does not have a significant effect on excess mortality.	Finds a positive (more deaths) effect after one and two weeks, which could indicate that other factors (omitted variables) affect the results.
Blanco et al. (2020); "Do Coronavirus Containment Measures Work? Worldwide Evidence"	COVID-19 mortality	Use data for deaths and NPIs from Hale et al. (2020) covering 158 countries between January and August 2020 to evaluate the effect of eight different NPIs (stay at home, bans on gatherings, bans on public	When using the naïve dummy variable approach, all parameters are statistically	Run the same model four times for each of the different NPIs (stay at home-orders, ban on meetings, ban on public events and mobility restrictions). These NPIs were often introduced almost simultaneously so there is a high risk of

1. Study (Author & title)	2. Measure	3. Description	4. Results	5. Comments
		events, closing schools, lockdowns of workplaces, interruption of public transportation services, and international border closures. They address the possible endogeneity of the NPIs by using instrumental variables.	insignificant. On the contrary, estimates using the instrumental variable approach indicate that NPIs are effective in reducing the growth rate in the daily number of deaths 14 days later.	multicollinearity with each run capturing the same underlying effect. Indeed, the size and standard errors of the estimates are worryingly similar. Looks at the effect 14 days after NPIs are implemented which is a fairly short lag given the time between infection and deaths is 2-3 weeks, cf. e.g. Flaxman et al. (2020), which according to Bjørnskov (2020) appears to be the minimum typical time from infection to death).
Bonardi et al. (2020); "Fast and local: How did lockdown policies affect the spread and severity of the covid-19"	Growth rates	Use NPI data scraped from news headlines from LexisNexis and death data from Johns Hopkins University up to April 1st 2020 in a panel structure with 184 countries. Controls for country fixed effects, day fixed effects and within-country evolution of the disease.	Find that certain interventions (SIPO, regional lockdown and partial lockdown) work (in developed countries), but that stricter interventions (SIPO) do not have a larger effect than less strict interventions (e.g. restrictions on gatherings). Find no effect of border closures.	Find a positive (more deaths) effect on day 1 after lockdown which may indicate that their results are driven by other factors (omitted variables). We rely on their publicly available version submitted to CEPR Covid Economics, but estimates on the effect of deaths can be found in Supplementary material, which is available in an updated version hosted on the Danish Broadcasting Corporation's webpage: https://www.dr.dk/static/documents/2021/03/04/managing_pandemics_e3911c11.pdf
Bongaerts et al. (2021); "Closed for business: The mortality impact of business closures during the Covid-19 pandemic"	COVID-19 mortality	Uses variation in exposure to closed sectors (e.g. tourism) in municipalities within Italy to estimate the effect of business closures. Assuming that municipalities with different exposures to closed sectors are not inherently different, they find that municipalities with higher exposure to closed sectors experienced subsequently lower mortality rates.	Business shutdown saved 9,439 Italian lives by April 13th 2020. This corresponds to a reduction of deaths by 32%, as there were 20,465 COVID-19-deaths in Italy by mid April 2020.	They (implicitly) assume that municipalities with different exposures to closed sectors are not inherently different. This assumption could be problematic, as more touristed municipalities can be very different from e.g. more industrialized municipalities.
Chaudhry et al. (2020); "A country level analysis measuring the impact of government actions, country preparedness and socioeconomic factors on COVID-19 mortality and related health outcomes"	COVID-19 mortality	Uses information on COVID-19 related national policies and health outcomes from the top 50 countries ranked by number of cases. Finds no significant effect of any NPI on the number of COVID-19-deaths.	Finds no significant effect on mortality of any of the analyzed interventions (partial border closure, complete border closure, partial lockdown (physical distancing measures only), complete lockdown (enhanced containment measures including suspension of all non-essential services), and curfews).	
Chernozhukov et al. (2021); "Causal impact of masks, policies, behavior on early covid-19 pandemic in the U.S."	Growth rates	Uses COVID-deaths from the New York Times and Johns Hopkins and data for U.S. States from Raifman et al. (2020) to estimate the effect of SIPO, closed nonessential businesses, closed K-12 schools, closed restaurants except takeout, closed movie theaters, and face mask mandates for employees in public facing businesses.	Finds that mandatory masks for employees and closing K-12 schools reduces deaths. SIPO and closing business (average of closed businesses, restaurants and movie theaters) has no statistically significant effect. The effect of school closures is highly sensitive to the	States that ”our regression specification for case and death growths is explicitly guided by a SIR model although our causal approach does not hinge on the validity of a SIR model.” We are uncertain if this means that data are managed to fit an SIR-model (and thus should fail our eligibility criteria).

1. Study (Author & title)	2. Measure	3. Description	4. Results	5. Comments
			inclusion of national case and death data.	
Chisadza et al. (2021); "Government Effectiveness and the COVID-19 Pandemic"	COVID-19 mortality	Uses COVID-19-deaths and OxCGRT stringency from 144 countries to estimate the effect of lockdown on the number of COVID-19-deaths. Find a significant positive (more deaths) non-linear association between government response indices and the number of deaths.	An increase by 1 on "stringency index" increases the number of deaths by 0.0130 per million. The sign of the squared term is negative, but the combined non-linear estimate is positive (increases deaths) and larger than the linear estimate for all values of the OxCGRT stringency index.	The author states that "less stringent interventions increase the number of deaths, whereas more severe responses to the pandemic can lower fatalities." However, according to their estimates this is not correct, as the combined non-linear estimate cannot be negative for relevant values of the OxCGRT stringency index (0 to 100).
Dave et al. (2021); "When Do Shelter-in-Place Orders Fight Covid-19 Best? Policy Heterogeneity Across States and Adoption Time"	COVID-19 mortality	Uses smartphone location tracking and state data on COVID-19 deaths and SIPO data (supplemented by their own searches) collected by the New York Times to estimate the effect of SIPO's. Finds that SIPO was associated with a 9%–10% increase in the rate at which state residents remained in their homes full-time, but overall they do not find an significant effect on mortality after 20+ days (see Figure 4). Indicate that the lacking significance may be due to long term estimates being identified of a few early adopting states.	Finds no overall significant effect of SIPO on deaths but does find a negative effect (fewer deaths) in early adopting states.	Find large effects of SIPO on deaths after 6-14 days in early adopting states (see Table 8), which is before an SIPO-related effect would be seen. This could indicate that other factors rather than SIPO's drive the results.
Dergiades et al. (2020); "Effectiveness of government policies in response to the COVID-19 outbreak"	COVID-19 mortality	Uses daily deaths from the European Centre for Disease Prevention and Control and OxCGRT stringency from 32 countries worldwide (including U.S.) to estimates the effect of lockdown on the number of deaths.	Finds that the greater the strength of government interventions at an early stage, the more effective these are in slowing down or reversing the growth rate of deaths.	Focus is on the effect of early stage NPIs and thus does not absolutely live up to our eligibility criteria. However, we include the study as it differentiates between lockdown strength at an early stage.
Fakir and Bharati (2021); "Pandemic catch-22: The role of mobility restrictions and institutional inequalities in halting the spread of COVID-19"	COVID-19 mortality	Uses data from 127 countries. combining high-frequency measures of mobility data from Google's daily mobility reports, country-date-level information on the stringency of restrictions in response to the pandemic from Oxford's Coronavirus Government Response Tracker (OxCGRT), and daily data on deaths attributed to COVID-19 from Our World In Data and the Johns Hopkins University. Instrument stringency using day-to-day changes in the stringency of the restrictions in the rest of the world.	Find large causal effects of stricter restrictions on the weekly growth rate of recorded deaths attributed to COVID-19. Show that more stringent interventions help more in richer, more educated, more democratic, and less corrupt countries with older, healthier populations and more effective governments.	Finds a larger effect on deaths after 0 days than after 14 and 21 days (Table 3). This is surprising given that it takes 2-3 weeks from infection to death, and it may indicate that their results are driven by other factors.
Fowler et al. (2021); "Stay-at-home orders associate with subsequent decreases in COVID-19 cases and fatalities in the United States"	COVID-19 mortality	Uses U.S. county data on COVID-19 deaths and SIPO data collected by the New York Times to estimate the effect of SIPO's using a two-way fixed-effects difference-in-differences model. Find a large and early (after few days) effect of SIPO on COVID-19 related deaths.	Stay-at-home orders are also associated with a 59.8 percent (18.3 to 80.2) average reduction in weekly fatalities after three weeks. These results suggest that stay-at-home orders	Finds the largest effect of SIPO on deaths after 10 days (see Figure 4), before a SIPO-related effect could possibly be seen as it takes 2-3 weeks from infection to death. This could indicate that other factors drive their results.

1. Study (Author & title)	2. Measure	3. Description	4. Results	5. Comments
			might have reduced confirmed cases by 390,000 (170,000 to 680,000) and fatalities by 41,000 (27,000 to 59,000) within the first three weeks in localities that implemented stay-at-home orders.	
Fuller et al. (2021); "Mitigation Policies and COVID-19–Associated Mortality — 37 European Countries, January 23–June 30, 2020"	COVID-19 mortality	Uses COVID-19-deaths and OxCGRT stringency in 37 European countries to estimate the effect of lockdown on the number of COVID-19-deaths. Find a significant negative (fewer deaths) effect of stricter lockdowns after mortality threshold is reached (the threshold is a daily rate of 0.02 new COVID-19 deaths per 100,000 population (based on a 7-day moving average))	For each 1-unit increase in OxCGRT stringency index, the cumulative mortality decreases by 0.55 deaths per 100,000.	
Gibson (2020); "Government mandated lockdowns do not reduce Covid-19 deaths: implications for evaluating the stringent New Zealand response"	COVID-19 mortality	Uses data for every county in the United States from March through June 1, 2020, to estimate the effect of SIPO (called "lockdown") on COVID-19 mortality. Policy data are acquired from American Red Cross reporting on emergency regulations. His control variables include county population and density, the elder share, the share in nursing homes, nine other demographic and economic characteristics and a set of regional fixed effects. Handles causality problems using instrument variables (IV).	Find no statistically significant effect of SIPO.	Gibson use the word "lockdown" as synonym for SIPO (writes "technically, government-ordered community quarantine")
Goldstein et al. (2021); "Lockdown Fatigue: The Diminishing Effects of Quarantines on the Spread of COVID-19 "	COVID-19 mortality	Uses panel data from 152 countries with data from the onset of the pandemic until December 31, 2020. Finds that lockdowns tend to reduce the number of COVID-19 related deaths, but also that this benign impact declines over time: after four months of strict lockdown, NPIs have a significantly weaker contribution in terms of their effect in reducing COVID-19 related fatalities.	Stricter lockdowns reduce deaths for the first 60 days, whereafter the cumulative effect begins to decrease. If reintroduced after 120, the effect of lockdowns is smaller in the short run, but after 90 days the effect is almost the same as during first lockdown (only app. 10% lower).	There is little documentation in the study (e.g. no tables with estimates).
Guo et al. (2021); "Mitigation Interventions in the United States: An Exploratory Investigation of Determinants and Impacts"	COVID-19 mortality	Uses policy data from 1,470 executive orders from the state–government websites for all 50 states and Washington DC and COVID-19-deaths from Johns Hopkins University in a random-effect spatial error panel model to estimate the effect of nine NPIs (SIPO, strengthened SIPO, public school closure, all school closure, large-gathering ban of more than 10 people, any gathering ban, restaurant/bar limit to dining out only, nonessential business closure, and mandatory self-quarantine of travelers) on COVID-19 deaths.	Two mitigation strategies (all school closure and mandatory self-quarantine of travelers) showed positive (more deaths) impact on COVID-19-deaths per 10,000. Six mitigation strategies (SIPO, public school closure, large gathering bans (>10), any gathering ban, restaurant/bar limit to dining out only, and nonessential business	Only conclude on NPIs which reduce mortality. However, the conclusion is based on one-tailed tests, which means that all positive estimates (more deaths) are deemed insignificant. Thus, in their mortality-specification (Table 3, Proportion of Cumulative Deaths Over the Population), the estimate of all school closures (.204) and mandatory self-quarantine of travelers (0.363) is deemed insignificant based on schools CI [.029, .379] and quarantine CI [.193, .532]. We believe, these results should be interpreted as a significant increase in mortality, and that these results should have been part of their conclusion.

1. Study (Author & title)	2. Measure	3. Description	4. Results	5. Comments
			closure) did not show any impact (Table 3, "Proportion of Cumulative Deaths Over the Population).	
Hale et al. (2020); "Global assessment of the relationship between government response measures and COVID-19 deaths"	COVID-19 mortality	Uses the OxCGRT stringency and COVID-19-deaths from the European Centre for Disease Prevention and Control for 170 countries. Estimates both cross-sectional models in which countries are the unit of analysis, as well as longitudinal models on time-series panel data with country-day as the unit of analysis (including models that use both time and country fixed effects).	Finds that higher stringency in the past leads to a lower growth rate in the present, with each additional point of stringency corresponding to a 0.039%-point reduction in daily deaths growth rates six weeks later.	
Hunter et al. (2021); "Impact of non-pharmaceutical interventions against COVID-19 in Europe: A quasi-experimental non-equivalent group and time-series"	COVID-19 mortality	Uses death data from the European Centre for Disease Prevention and Control (ECDC) and NPI-data from the Institute of Health Metrics and Evaluation. Argues that they use a quasi-experimental approach to identify the effect of NPIs because no analyzed intervention was imposed by all European countries and interventions were put in place at different points in the development of the epidemics.	Finds that mass gathering restrictions and initial business closures (businesses such as entertainment venues, bars and restaurants) reduces the number of deaths, whereas closing educational facilities and issuing SIPO increases the number of deaths. Finds no effect of closing non-essential services and mandating/recommending masks (Table 3)	Finds an effect of closing educational facilities and non-essential services after 1-7 days before lockdown could possibly have an effect on the number of deaths. This may indicate that other factors are driving their results.
Langeland et al. (2021); "The Effect of State Level COVID-19 Stay-at-Home Orders on Death Rates"	COVID-19 mortality	Estimates the effect of state-level lockdowns on COVID-19 deaths using multiple quasi-Poisson regressions with lockdown time length as the explanatory variable. Does not specify how lockdown is defined and what their data sources are.	Finds no significant effect of SIPO on the number of deaths after 2-4, 4-6 and 6+ weeks.	They write that "6+ weeks of lockdown is the only setting where the odds of dying are statistically higher than in the no lockdown case." However, all estimates are insignificant in Table C. Looks as if lockdown duration may cause a causality problem, because politicians may be less likely to ease restrictions when there are many cases/deaths.
Leffler et al. (2020); "Association of country-wide coronavirus mortality with demographics, testing, lockdowns, and public wearing of masks"	COVID-19 mortality	Use COVID-19 deaths from Worldometer and info about NPIs (mask/mask recommendations, international travel restrictions and lockdowns (defined as any closure of schools or workplaces, limits on public gatherings or internal movement, or stay-at-home orders) from Hale et al. (2020) for 200 countries to estimate the effect of the duration of NPIs on the number of deaths.	Finds that masking (mask recommendations) reduces mortality. For each week that masks were recommended the increase in per-capita mortality was 8.1% (compared to 55.7% increase when masks were not recommended). Finds no significant effect of the number of weeks with internal lockdowns and international travel restrictions (Table 2).	Their "mask recommendation" category includes some countries, where masks were mandated (see Supplemental Table A1) and may (partially) capture the effect of mask mandates. Looks at duration which may cause a causality problem, because politicians may be less likely to ease restrictions when there are many cases/deaths.
Mccafferty and Ashley (2021); "Covid-19 Social Distancing Interventions by Statutory Mandate and Their Observational	Other	Use data from 27 U.S. states and 12 European countries to analyze the effect of NPIs on peak morality rate using general linear mixed effects modelling.	Finds that no mandate (school closures, prohibition on mass gatherings, business closures, stay at home	

1. Study (Author & title)	2. Measure	3. Description	4. Results	5. Comments
Correlation to Mortality in the United States and Europe"			orders, severe travel restrictions, and closure of non-essential businesses) was effective in reducing the peak COVID-19 mortality rate.	
Pan et al. (2020); "Covid-19: Effectiveness of non-pharmaceutical interventions in the united states before phased removal of social distancing protections varies by region"	COVID-19 mortality	Uses county-level data for all U.S. states. Mortality is obtained from Johns Hopkins, while policy data are obtained from official governmental websites. Categorizes 12 policies into 4 levels of disease control; Level 1 (low) - State of Emergency; Level 2 (moderate) - school closures, restricting access (visits) to nursing homes, or closing restaurants and bars; Level 3 (high) - non-essential business closures, suspending non-violent arrests, suspending elective medical procedures, suspending evictions, or restricting mass gatherings of at least 10 people; and Level 4 (aggressive) - sheltering in place / stay-at-home, public mask requirements, or travel restrictions. Use stepped-wedge cluster randomized trial (SW-CRT) for clustering and negative binomial mixed model regression.	Concludes that only (duration of, see comment in next column) level 4 restrictions are associated with reduced risk of death, with an average 15% decline in the COVID-19 death rate per day. Implementation of level 3 and level 2 restrictions increased death rates in 6 of 6 regions, while longer duration increased death rates in 5 of 6 regions.	They focus on the negative estimate of duration of Level 4. However, their implementation estimate is large and positive, and the combined effect of implementation and duration is unclear.
Pincombe et al. (2021); "The effectiveness of national-level containment and closure policies across income levels during the COVID-19 pandemic: an analysis of 113 countries"	COVID-19 mortality	Uses daily data for 113 countries on cumulative COVID-19 death counts over 130 days between February 15, 2020, and June 23, 2020, to examine changes in mortality growth rates across the World Bank's income group classifications following shelter-in-place recommendations or orders (they use one variable covering both recommendations and orders).	Finds that shelter-in-place recommendations/orders reduces mortality growth rates in high income countries (although insignificant) but increases growth rates in countries in other income groups.	
Sears et al. (2020); "Are we #stayinghome to Flatten the Curve?"	COVID-19 mortality	Uses cellular location data from all 50 states and the District of Columbia to investigate mobility patterns during the pandemic across states and time. Adding COVID-19 death tolls and the timing of SIPO for each state they estimate the effect of stay-at-home policies on COVID-19 mortality.	Find that SIPOs lower deaths by 0.13- 0.17 per 100,000 residents, equivalent to death rates 29-35% lower than in the absence of policies. However, these estimates are insignificant at a 95% confidence interval (see Table 4). The study also finds reductions in activity levels prior to mandates. Human encounter rate fell by 63 percentage points and nonessential visits by 39 percentage points relative to pre-COVID-19 levels, prior to any state implementing a statewide mandate	In the abstract the authors state that death rates would be 42-54% lower than in the absence of policies. However, this includes averted deaths due to pre-mandate social distancing behavior (p. 6). The effect of SIPO is a reduction in deaths by 29%-35% compared to a situation without SIPO but with pre-mandate social distancing. These estimates are insignificant at a 95% confidence interval.

1. Study (Author & title)	2. Measure	3. Description	4. Results	5. Comments
Shiva and Molana (2021); "The Luxury of Lockdown"	COVID-19 mortality	Uses COVID-19-deaths and OxCGRT stringency from 169 countries to estimate the effect of lockdown on the number of deaths 1-8 weeks later. Finds that stricter lockdowns reduce COVID-19-deaths 4 weeks later (but insignificant 8 weeks later) and have the greatest effect in high income countries. Finds no effect of workplace closures in low-income countries.	A stricter lockdown (1 stringency point) reduces deaths by 0,1% after 4 weeks. After 8 weeks the effect is insignificant.	
Spiegel and Tookes (2021); "Business restrictions and Covid-19 fatalities"	COVID-19 mortality	Use data for every county in the United States from March through December 2020 to estimate the effect of various NPIs on the COVID-19-deaths growth rate. Derives causality by 1) assuming that state regulators primarily focus on the state's most populous counties, so state regulation in smaller counties can be viewed as a quasi randomized experiment, and 2) conducting county pair analysis, where similar counties in different states (and subject to different state policies) are compared.	Finds that some interventions (e.g. mask mandates, restaurant and bar closures, gym closures, and high-risk business closures) reduces mortality growth, while other interventions (closures of low- to medium-risk businesses and personal care/spa services) did not have an effect and may even have increased the number of deaths.	In total they analyze the lockdown effect of 21 variables. 14 of 21 estimates are significant, and of these 6 are negative (reduces deaths) while 8 are positive (increases deaths). Some results are far from intuitive. E.g. mask recommendations increases deaths by 48% while mask mandates reduces deaths by 12%, and closing restaurants and bars reduces deaths by 50%, while closing bars but not restaurants only reduces deaths by 5%.
Stockenhuber (2020); "Did We Respond Quickly Enough? How Policy-Implementation Speed in Response to COVID-19 Affects the Number of Fatal Cases in Europe"	COVID-19 mortality	Uses data for the number of COVID-19 infections and deaths and policy information for 24 countries from OxCGRT to estimate the effect of stricter lockdowns on the number of deaths using principal component analysis and a generalized linear mixed model.	Finds no significant effect of stricter lockdowns on the number of fatalities (Table 4).	Groups data on lockdown strictness into four groups and lose significant information and variation.
Stokes et al. (2020); "The relative effects of non-pharmaceutical interventions on early Covid-19 mortality: natural experiment in 130 countries"	COVID-19 mortality	Uses daily Covid-19 deaths for 130 countries from the European Centre for Disease Prevention and Control (ECDC) and daily policy data from the Oxford COVID-19 Government Response Tracker (OxCGRT). Looks at all levels of restrictions for each of the nine sub-categories of the OxCGRT stringency index (school, work, events, gatherings, transport, SIPO, internal movement, travel).	Of the nine sub-categories in the OxCGRT stringency index, only travel restrictions are consistently significant (with level 2 "Quarantine arrivals from high-risk regions" having the largest effect, and the strictest level 4 "Total border closure" having the smallest effect). Restrictions on very large gatherings (>1,000) has a large significant negative (fewer deaths) effect, while the effect of stricter restrictions on gatherings are insignificant. Authors recommend that the closing of schools (level 1) has a very large (in absolute terms it's twice the effect of border quarantines) positive	Their results are counter intuitive and somewhat inconclusive. Why does limiting very large gatherings (>1,000) work, while stricter limits do not? Why do recommending school closures cause more deaths? Why is the effect of border closures before 1st death insignificant, while the effect of closing borders after 1st death is significant (and large)? And why does quarantining arrivals from high-risk regions work better than total border closures? With 23 estimated parameters in total these counter intuitive and inconclusive results could be caused by multiple test bias (we correct for this in the meta-analysis), but may also be caused by other factors such as omitted variable bias.

1. Study (Author & title)	2. Measure	3. Description	4. Results	5. Comments
			effect (more deaths) while stricter interventions on schools have no significant effect. Required cancelling of public events also has a significant positive (more deaths) effect. We focus on their 14-38 days results, as they catch the longest time frame (their 0-24 day model returns mostly insignificant results).	
Toya and Skidmore (2020); "A Cross-Country Analysis of the Determinants of Covid-19 Fatalities"	COVID-19 mortality	Uses COVID-19-deaths and lockdown info from various sources from 159 countries in a cross-country event study. Controls for country specifics by including socio-economic, political, geographic, and policy information. Finds little evidence for the efficacy of NPIs.	Complete travel restrictions prior to April 2020 reduced deaths by -0.226 per 100.000 by April 1st 2021, while mandatory national lockdown prior to April 2020 increased deaths by 0.166 by April 1st 2021. Recommended local lockdowns reduced deaths but results are based on one observation. Partial travel restrictions, mandatory local lockdowns and recommended national lockdowns did not have a significant effect on deaths.	The study looks at the lockdown status prior to April 2020 and the effect on deaths the following year (until April 1st 2021). The authors state this is to reduce concerns about endogeneity but do not explain why the lockdowns in the spring of 2020 are a good instrument for lockdowns during later waves are.
Tsai et al. (2021); "Coronavirus Disease 2019 (COVID-19) Transmission in the United States Before Versus After Relaxation of Statewide Social Distancing Measures"	Reproduction rate, Rt	Uses data for NPIs that were implemented and/or relaxed in U.S. states between 10 March and 15 July 2020. Using segmented linear regression, they estimate the extent to which relaxation of social distancing affected epidemic control, as indicated by the time-varying, state-specific effective reproduction number (Rt). Rt is based on death tolls.	Finds that in the 8 weeks prior to relaxing NPIs, Rt was declining, while after relaxation Rt started to increase.	Their Figure 1 shows that Rt on average increases app. 10 days before relaxation, which could indicate that other factors (omitted variables) affect the results.

Note: All comments on the significance of estimates are based on a 5% significance level unless otherwise stated.

It is difficult to make a conclusion based on the overview in Table 1. Is -0.073 to -0.326 deaths/million per stringency point, as estimated by Ashraf (2020), a large or a small effect relative to. the 98% reduction in mortality predicted by the study published by the Imperial College London (Ferguson et al. (2020). This is the subject for our meta-analysis in the next section. Here, it turns out that -0.073 to -0.326 deaths/million per stringency point is a relatively modest effect and only corresponds to a 2.4% reduction in COVID-19 mortality on average in the U.S. and Europe.

4 Meta-analysis: The impact of lockdowns on COVID-19 mortality

We now turn to the meta-analysis, where we focus on the impact of lockdowns on COVID-19 mortality.

In the meta-analysis, we include 24 studies in which we can derive the relative effect of lockdowns on COVID-19 mortality, where mortality is measured as COVID-19-related deaths per million. In practice, this means that the studies we included estimate the effect of lockdowns on mortality or the effect of lockdowns on mortality growth rates, while using a counterfactual estimate.[26]

Our focus is on the effect of compulsory non-pharmaceutical interventions (NPI), policies that restrict internal movement, close schools and businesses, and ban international travel, among others. We do not look at the effect of voluntary behavioral changes (e.g. voluntary mask wearing), the effect of recommendations (e.g. recommended mask wearing), or governmental services (voluntary mass testing and public information campaigns), but only on mandated NPIs.

The studies we examine are placed in three categories. Seven studies analyze the effect of stricter lockdowns based on the OxCGRT stringency indices, 13 studies analyze the effect of SIPOs (6 studies only analyze SIPOs, while seven analyze SIPOs among other interventions), and 11 studies analyze the effect of specific NPIs independently (lockdown vs. no lockdown).[27] Each of these categories is handled so that comparable estimates can be made across categories. Below, we present the results for each category and show the overall results, as well as those based on various quality dimensions.

Quality dimensions

We include quality dimensions because there are reasons to believe that can affect a study's conclusion. Below we describe the dimensions, as well as our reasons to believe that they are necessary to fully understand the empirical evidence.

- *Peer-reviewed vs. working papers*: We distinguish between peer-reviewed studies and working papers as we consider peer-reviewed studies generally being of higher quality than working papers.[28]

- *Long vs. short time period*: We distinguish between studies based on long time periods (with data series ending *after* May 31, 2020) and short time periods (data series ending at or before May 31, 2020), because the first wave did not fully end before late June in the U.S. and Europe. Thus, studies relying on short data periods lack the last part of the first wave and may yield biased results if lockdowns only "flatten the curve" and do not prevent deaths.

[26] As a minimum requirement, one needs to know the effect on the top of the curve.
[27] The total is larger than 21 because the 11 SIPO studies include seven studies which look at multiple measures.
[28] Vetted papers from CEPR Covid Economics are considered as working papers in this regard.

- *No early effect on mortality*: On average, it takes approximately three weeks from infection to death.[29] However, several studies find effects of lockdown on mortality almost immediately. Fowler et al. (2021) find a significant effect of SIPOs on mortality after just four days and the largest effect after 10 days. An early effect may indicate that other factors (omitted variables) drive the results, and, thus, we distinguish between studies which find an effect on mortality sooner than 14 days after lockdown and those that do not.[30] Note that many studies do not look at the short term and thus fall into the latter category by default.

- *Social sciences vs. other sciences*: While it is true that epidemiologists and researchers in natural sciences should, in principle, know much more about COVID-19 and how it spreads than social scientists, social scientists are, in principle, experts in evaluating the effect of various policy interventions. Thus, we distinguish between studies published by scholars in social sciences and by scholars from other fields of research. We perceive the former as being better suited for examining the effects of lockdowns on mortality. For each study, we have registered the research field for the corresponding author's associated institute (e.g., for a scholar from "Institute of economics" research field is registered as "Economics"). Where no corresponding author was available, the first author has been used. Afterwards, all research fields have been classified as either from the "Social Science" or "Other.""[31]

We also considered including a quality dimension to distinguish between studies based on excess mortality and studies based on COVID-19 mortality, as we believe that excess mortality is potentially a better measure for two reasons. First, data on total deaths in a country is far more precise than data on COVID-19 related deaths, which may be both underreported (due to lack of tests) or overreported (because some people die *with* – but not *because of* – COVID-19). Secondly, a major purpose of lockdowns is to save lives. To the extend lockdowns shift deaths *from* COVID-19 *to* other causes (e.g. suicide), estimates based on COVID-19 mortality will overestimate the effect of lockdowns. Likewise, if lockdowns save lives in other ways (e.g. fewer traffic accidents) lockdowns' effect on mortality will be underestimated. However, as only one

[29] Leffler et al. (2020) writes, "On average, the time from infection with the coronavirus to onset of symptoms is 5.1 days, and the time from symptom onset to death is on average 17.8 days. Therefore, the time from infection to death is expected to be 23 days." Meanwhile, Stokes et al. (2020) writes that "evidence suggests a mean lag between virus transmission and symptom onset of 6 days, and a further mean lag of 18 days between onset of symptoms and death."

[30] Some of the authors are aware of this problem. E.g. Bjørnskov (2021a) writes "when the lag length extends to three or fourth weeks, that is, the length that is reasonable from the perspective of the virology of Sars-CoV-2, the estimates become very small and insignificant" and "these results confirm the overall pattern by being negative and significant when lagged one or two weeks (the period when they cannot have worked) but turning positive and insignificant when lagged four weeks."

[31] Research fields classified as social sciences were economics, public health, management, political science, government, international development, and public policy, while research fields not classified as social sciences were ophthalmology, environment, medicine, evolutionary biology and environment, human toxicology, epidemiology, and anesthesiology.

of the 34 studies (Bjørnskov (2021a)) is based on excess mortality, we are unfortunately forced to disregard this quality dimension.

Meta-data used for our quality dimensions as well as other relevant information are shown in Table 2.

Table 2: Metadata for the studies included in the meta-analysis

1. Study (Author & title)	2. Included in meta-analysis	3. Publication status	4. End of data period	5. Earliest effect	6. Field of research	7. Lockdown measure	8. Geographical coverage
Alderman and Harjoto (2020); "COVID-19: U.S. shelter-in-place orders and demographic characteristics linked to cases, mortality, and recovery rates"	Yes	Peer-review	11-Jun-20	n/a	Economics (Social science)	SIPO	United States
Aparicio and Grossbard (2021); "Are Covid Fatalities in the U.S. Higher than in the EU, and If so, Why?"	Yes	Peer-review	22-Jul-20	n/a	Economics (Social science)	Specific NPIs	Europe and United States
Ashraf (2020); "Socioeconomic conditions, government interventions and health outcomes during COVID-19"	Yes	WP	20-May-20	n/a	Economics (Social science)	Stringency	World
Auger et al. (2020); "Association between statewide school closure and COVID-19 incidence and mortality in the U.S."	Yes	Peer-review	07-May-20	>21 days	Medicine (Other)	Specific NPIs	United States
Berry et al. (2021); "Evaluating the effects of shelter-in-place policies during the COVID-19 pandemic"	Yes	Peer-review	30-May-20	8-14 days	Public policy (Social science)	SIPO	United States
Bjørnskov (2021a); "Did Lockdown Work? An Economist's Cross-Country Comparison"	Yes	Peer-review	30-Jun-20	<8 days	Economics (Social science)	Stringency	Europe
Blanco et al. (2020); "Do Coronavirus Containment Measures Work? Worldwide Evidence"	No	WP	31-Aug-20	8-14 days	Economics (Social science)	Specific NPIs	World
Bonardi et al. (2020); "Fast and local: How did lockdown policies affect the spread and severity of the covid-19"	Yes	WP	13-Apr-20	<8 days	Economics (Social science)	Specific NPIs	World
Bongaerts et al. (2021); "Closed for business: The mortality impact of business closures during the Covid-19 pandemic"	Yes	Peer-review	13-Apr-20	8-14 days	Management (Social science)	Specific NPIs	One country
Chaudhry et al. (2020); "A country level analysis measuring the impact of government actions, country preparedness and socioeconomic factors on COVID-19 mortality and related health outcomes"	Yes	Peer-review	01-Apr-20	n/a	Anesthesiology (Other)	Specific NPIs	World
Chernozhukov et al. (2021); "Causal impact of masks, policies, behavior on early covid-19 pandemic in the U.S."	Yes	Peer-review	03-Aun-20	n/a	Economics (Social science)	Specific NPIs	United States
Chisadza et al. (2021); "Government Effectiveness and the COVID-19 Pandemic"	Yes	Peer-review	01-Sep-20	n/a	Economics (Social science)	Stringency	World
Dave et al. (2021); "When Do Shelter-in-Place Orders Fight Covid-19 Best? Policy Heterogeneity Across States and Adoption Time"	Yes	Peer-review	20-Apr-20	Finds no effect	Economics (Social science)	SIPO	United States
Dergiades et al. (2020); "Effectiveness of government policies in response to the COVID-19 outbreak"	No	WP	30-Apr-20	n/a	Management (Social science)	Stringency	World
Fakir and Bharati (2021); "Pandemic catch-22: The role of mobility restrictions and institutional inequalities in halting the spread of COVID-19"	No	Peer-review	30-Jul-20	<8 days	Economics (Social science)	Stringency	World

1. Study (Author & title)	2. Included in meta-analysis	3. Publication status	4. End of data period	5. Earliest effect	6. Field of research	7. Lockdown measure	8. Geographical coverage
Fowler et al. (2021); "Stay-at-home orders associate with subsequent decreases in COVID-19 cases and fatalities in the United States"	Yes	Peer-review	07-May-20	<8 days	Public Health (Social science)	SIPO	United States
Fuller et al. (2021); "Mitigation Policies and COVID-19–Associated Mortality — 37 European Countries, January 23–June 30, 2020"	Yes	WP	30-Jun-20	n/a	Epidemiology (Other)	Stringency	Europe
Gibson (2020); "Government mandated lockdowns do not reduce Covid-19 deaths: implications for evaluating the stringent New Zealand response"	Yes	Peer-review	01-Jun-20	Finds no effect	Economics (Social science)	SIPO	United States
Goldstein et al. (2021); "Lockdown Fatigue: The Diminishing Effects of Quarantines on the Spread of COVID-19 "	Yes	WP	31-Dec-20	<8 days	International Development (Social science)	Stringency	World
Guo et al. (2021); "Mitigation Interventions in the United States: An Exploratory Investigation of Determinants and Impacts"	Yes	Peer-review	07-Apr-20	n/a	Social work (Social science)	Specific NPIs	United States
Hale et al. (2020); "Global assessment of the relationship between government response measures and COVID-19 deaths"	No	WP	27-May-20	n/a	Government (Social science)	Stringency	World
Hunter et al. (2021); "Impact of non-pharmaceutical interventions against COVID-19 in Europe: A quasi-experimental non-equivalent group and time-series"	No	Peer-review	24-Apr-20	<8 days	Medicine (Other)	Specific NPIs	Europe
Langeland et al. (2021); "The Effect of State Level COVID-19 Stay-at-Home Orders on Death Rates"	No	WP	Not specified	Finds no effect	Political Science (Social science)	Other	United States
Leffler et al. (2020); "Association of country-wide coronavirus mortality with demographics, testing, lockdowns, and public wearing of masks"	Yes	Peer-review	09-May-20	n/a	Ophthalmology (Other)	Specific NPIs	World
Mccafferty and Ashley (2021); "Covid-19 Social Distancing Interventions by Statutory Mandate and Their Observational Correlation to Mortality in the United States and Europe"	No	Peer-review	12-Apr-20	Finds no effect	Ophthalmology (Other)	Specific NPIs	Europe and United States
Pan et al. (2020); "Covid-19: Effectiveness of non-pharmaceutical interventions in the united states before phased removal of social distancing protections varies by region"	No	WP	29-May-20	n/a	Environment (Other)	Specific NPIs	United States
Pincombe et al. (2021); "The effectiveness of national-level containment and closure policies across income levels during the COVID-19 pandemic: an analysis of 113 countries"	No	Peer-review	23-Jun-20	n/a	Health Science (Social science)	SIPO	World
Sears et al. (2020); "Are we #stayinghome to Flatten the Curve?"	Yes	WP	29-Apr-20	Finds no effect	Economics (Social science)	SIPO	United States
Shiva and Molana (2021); "The Luxury of Lockdown"	Yes	Peer-review	08-Jun-20	15-21 days	Government (Social science)	Stringency	World
Spiegel and Tookes (2021); "Business restrictions and Covid-19 fatalities"	Yes	Peer-review	31-Dec-20	<8 days	Management (Social science)	Specific NPIs	United States
Stockenhuber (2020); "Did We Respond Quickly Enough? How Policy-Implementation Speed in Response to COVID-19 Affects the Number of Fatal Cases in Europe"	Yes	Peer-review	12-Jul-20	n/a	Evolutionary Biology and Environment (Other)	Stringency	Europe
Stokes et al. (2020); "The relative effects of non-pharmaceutical interventions on early	Yes	WP	01-Jun-20	n/a	Economics (Social science)	Specific NPIs	World

1. Study (Author & title)	2. Included in meta-analysis	3. Publication status	4. End of data period	5. Earliest effect	6. Field of research	7. Lockdown measure	8. Geographical coverage
Covid-19 mortality: natural experiment in 130 countries"							
Toya and Skidmore (2020); "A Cross-Country Analysis of the Determinants of Covid-19 Fatalities"	Yes	WP	01-Apr-21	n/a	Economics (Social science)	Specific NPIs	World
Tsai et al. (2021); "Coronavirus Disease 2019 (COVID-19) Transmission in the United States Before Versus After Relaxation of Statewide Social Distancing Measures"	No	Peer-review	15-Jul-20	<8 days	Psychiatry (Social science)	Specific NPIs	United States

Note: Research fields classified as social sciences were economics, public health, health science, management, political science, government, international development, and public policy, while research fields not classified as social sciences were ophthalmology, environment, medicine, evolutionary biology and environment, human toxicology, epidemiology and anesthesiology.

Interpreting and weighting estimates

The estimates used in the meta-analysis are not always readily available in the studies shown in Table 2. In Appendix B Table 9, we describe for each paper how we interpret the estimates and how they are converted to a common estimate (the relative effect of lockdowns on COVID-19 mortality) which is comparable across all studies.

Following Paldam (2015) and Stanley and Doucouliagos (2010), we also convert standard errors[32] and use the precision of each estimate (defined as 1/SE) to calculate the precision-weighted average of all estimates and present funnel plots. The precision-weighted average is our primary indicator of the efficacy of lockdowns, but we also report arithmetic averages and medians in the meta-analysis.

In the following sections, we present the meta-analysis for each of the three groups of studies (stringency index-studies, SIPO-studies, and studies analyzing specific NPIs).

4.1 Stringency index studies

Seven eligible studies examine the link between lockdown stringency and COVID-19 mortality. The results from these studies, converted to common estimates, are presented in Table 3 below. All studies are based on the COVID-19 Government Response Tracker's (OxCGRT) stringency index of Oxford University's Blavatnik School of Government (Hale et al. (2020)).

The OxCGRT stringency index neither measures the expected effectiveness of the lockdowns nor the expected costs. Instead, it describes the stringency based on nine equally weighted parameters.[33] Many countries followed similar patterns and almost all countries closed schools,

[32] Standard errors are converted such that the t-value, calculated based on common estimates and standard errors, is unchanged. When confidence intervals are reported rather than standard errors, we calculate standard errors using t-distribution with ∞ degrees of freedom (i.e. 1.96 for 95% confidence interval).

[33] The nine parameters are "C1 School closing," "C2 Workplace closing," "C3 Cancel public events," "C4 Restrictions on gatherings," "C5 Close public transport," "C6 Stay at home requirements," "C7 Restrictions on internal movement," "C8 International travel controls" and "H1 Public information campaigns." The latter, "H1

while only a few countries issued SIPOs without closing businesses. Hence, it is reasonable to perceive the stringency index as continuous, although not necessarily linear. The index includes recommendations (e.g. "workplace closing" is 1 if the government recommends closing (or work from home), cf. Hale et al. (2021)), but the effect of including recommendations in the index is primarily to shift the index parallelly upward and should not alter the results relative to our focus on mandated NPIs. It is important to note that the index is not perfect. As pointed out by Book (2020), it is certainly possibly to identify errors and omissions in the index. However, the index is objective and unbiased and as such, useful for cross-sectional analysis with several observations, even if not suitable for comparing the overall strictness of lockdowns in two countries.

Since the studies examined use different units of estimates, we have created common estimates for Europe and United States to make them comparable. The common estimates show the effect of the average lockdown in Europe and United States (with average stringencies of 76 and 74, respectively, between March 16th and April 15th, 2020, compared to a policy based solely on recommendations (stringency 44)). For example, Ashraf (2020) estimates that the effect of stricter lockdowns is -0.073 to -0.326 deaths/million per stringency point. We use the average of these two estimates (-0.200) in the meta-analysis (see Table 9 in Appendix B for a description for all studies). The average lockdown in Europe between March 16th and April 15th, 2020, was 32 points stricter than a policy solely based on recommendations (76 vs. 44). In United States, it was 30 points. Hence, the total effect of the lockdowns compared to the recommendation policy was -6.37 deaths/million in Europe (32 x -0.200) and -5.91 deaths/million in United States. With populations of 748 million and 333 million, respectively the total effect as estimated by Ashraf (2020) is 4,766 averted COVID-19 deaths in Europe and 1,969 averted COVID-19 deaths in United States. By the end of the study period in Ashraf (2020), which is May 20, 2020, 164,600 people in Europe and 97,081 people in the United States had died of COVID-19. Hence, the 4,766 averted COVID-19 deaths in Europe and the 1,969 averted COVID-19 deaths in the United States corresponds to 2.8% and 2.0% of all COVID-19 deaths, respectively, with an arithmetic average of 2.4%. Our common estimate is thus -2.4%, cf. Table 3. So, this means that Ashraf (2020) estimates that without lockdowns, COVID-19 deaths in Europe would have been 169,366 and COVID-19 deaths in the U.S. would have been 99,050. Our approach is not unproblematic. First of all, the level of stringency varies over time for all countries. We use the stringency between March 16th and April 15th, 2020 because this period covers the main part of the first wave which most of the studies analyze. Secondly, OxCGRT has changed the index over time and a 10-point difference today may not be exactly the same as a 10-point difference when the studies were finalized. However, we believe these problems are unlikely to significantly alter our results.

Public information campaigns," is not an intervention following our definition, as it is not a mandatory requirement. However, of 97 European countries and U.S. States in the OxCGRT database, only Andorra, Belarus, Bosnia and Herzegovina, Faeroe Islands, and Moldova – less than 1.6% of the population – did not get the maximum score by March 20, 2020, so the parameter simply shifts the index parallelly upward and should not have notable impact on the analyzes.

Table 3 demonstrates that the studies find that lockdowns, on average, have reduced COVID-19 mortality rates by 0.2% (precision-weighted). The results yield a median of -2.4% and an arithmetic average of -7.3%. Only one of the seven studies, Fuller et al. (2021), finds a significant *and* (relative to the effect predicted in studies like Ferguson et al. (2020)) substantial effect of lockdowns (-35%). The other six studies find much smaller effects. Hence, based on the stringency index studies, we find little to no evidence that mandated lockdowns in Europe and the United States had a noticeable effect on COVID-19 mortality rates. And, as will be discussed in the next paragraph, the fifth column of Table 3 displays the number of quality dimensions (out of 4) met by each study.

Table 3: Overview of common estimates from studies based on stringency indexes

Effect on COVID-19 mortality	Estimate (Estimated Averted Deaths / Total Deaths)	Standard error	Weight (1/SE)	Quality dimensions
Bjørnskov (2021)	-0.3%	0.8%	119	3
Shiva and Molana (2021)	-4.1%	0.4%	248	4
Stockenhuber (2020)*	0.0%	n/a	n/a	3
Chisadza et al. (2021)	0.1%	0.0%	7,390	4
Goldstein et al. (2021)	-9.0%	3.8%	26	2
Fuller et al. (2021)	-35.3%	9.1%	11	2
Ashraf (2020)	-2.4%	0.4%	256	2
Precision-weighted average (arithmetic average / median)	**-0.2% (-7.3%/-2.4%)**			

Note: The table shows the estimates for each study converted to a common estimate, i.e. the implied effect on COVID-19 mortality in Europe and United States. A negative number corresponds to fewer deaths, so -5% means 5% lover COVID-19 mortality. For studies which report estimates in deaths per million, the common estimate is calculated as: (COVID-19 mortality with "common area's" policy) / (COVID-19 mortality with recommendation policy) -1, where (COVID-19 mortality with recommendation policy) is calculated as ((COVID-19 mortality with "common area's" policy) - Estimate x Difference in stringency x population). Stringencies in Europe and United States are equal to the average stringency from March 16th to April 15th 2020 (76 and 74 respectively) and the stringency for the policy based solely on recommendations is 44 following Hale et al. (2020). For the conversion of other studies see Table 9 in appendix B.

** It is not possible to calculate a common estimate for Stockenhuber (2020). When calculating arithmetic average / median, the study is included as 0%, because estimates are insignificant and signs of estimates are mixed (higher strictness can cause both lower and higher COVID-19 mortality).*

We now turn to the quality dimensions. Table 4 presents the results differentiated by the four quality dimensions. Two studies, Shiva and Molana (2021) and Chisadza et al. (2021), meet all quality dimensions. The precision-weighted average for these studies is 0.0%, meaning that lockdowns had no effect on COVID-19 mortality. Two studies live up to 3 of 4 quality dimensions (Bjørnskov (2021a) and Stockenhuber (2020)). The precision-weighted average for these studies is -0.3%, meaning that lockdowns reduced COVID-19 mortality by 0.3%. Three studies lack at least two quality dimensions.[34] These studies find that lockdowns reduce COVID-19 mortality by 4.2%. To sum up, we find that the studies that meet at least 3 of 4 quality measures find that lockdowns have little to no effect on COVID-19 mortality, while studies that

[34] In fact, the working papers by P. Goldstein et al. (2021), Fuller et al. (2021) and Ashraf (2020) all lack exactly two quality parameters.

meet 2 of 4 quality measures find a small effect on COVID-19 mortality. These results are far from those estimated with the use of epidemiological models, such as the Imperial College London (Ferguson et al. (2020).

Table 4: Overview of common estimates split on quality dimensions for studies based on stringency indexes

Values show effect on COVID-19 mortality	Precision-weighted average*	Arithmetic average	Median
Peer-reviewed vs. working papers			
Peer-reviewed [4]	0.0%	-1.1%	-0.2%
Working paper [3]	-4.2%	-15.6%	-9.0%
Long vs. short time period			
Data series ends after 31 May 2020 [6]	-0.1%	-8.1%	-0.2%
Data series ends before 31 May 2020 [1]	-2.4%	-2.4%	-9.0%
No early effect on mortality			
Does not find an effect within the first 14 days (including n/a) [5]	-0.2%	-8.3%	-2.4%
Finds effect within the first 14 days [2]	-1.9%	-4.7%	-4.7%
Social sciences vs. other sciences			
Social sciences [5]	-0.1%	-3.1%	-2.4%
Other sciences [2]	-35.3%	-17.7%	-17.7%
4 of 4 quality dimensions [2]	**0.0%**	**-2.0%**	**-2.0%**
3 of 4 quality dimensions [2]	**-0.3%**	**-0.2%**	**-0.2%**
2 of 4 quality dimensions or fewer [3]	**-4.2%**	**-15.6%**	**-9.0%**

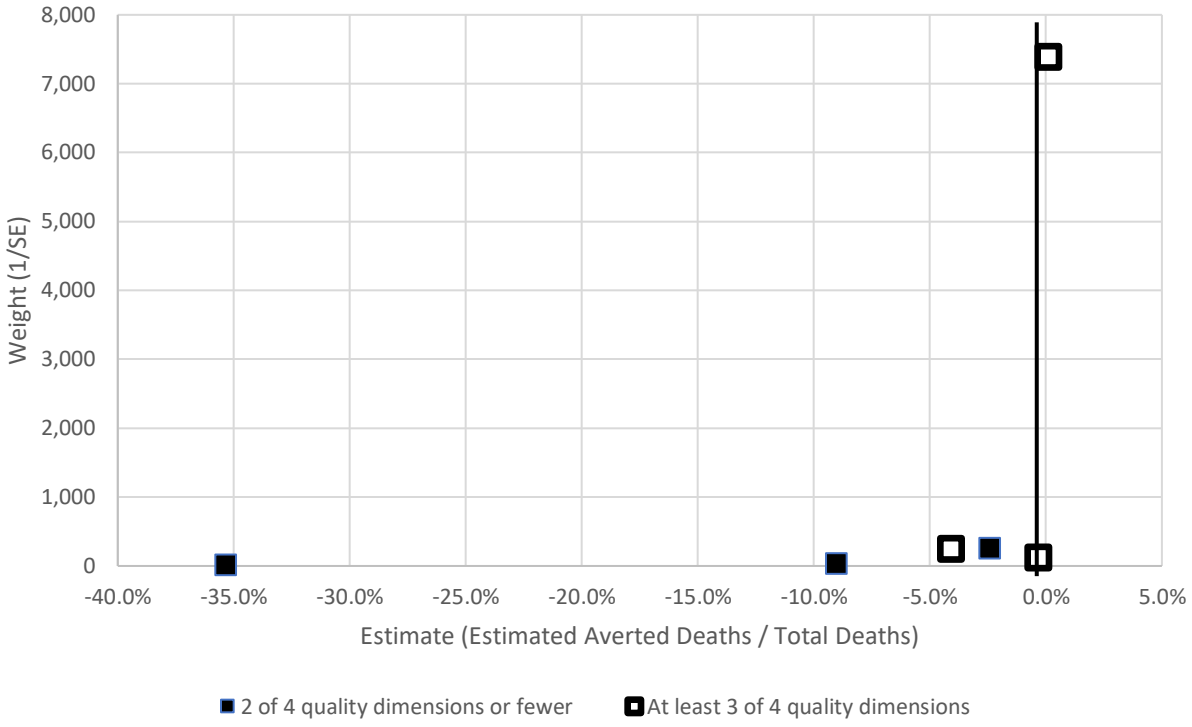
*Note: The table shows the common estimate as described in Table 3 for each quality dimension. The number of studies in each category is in square brackets. * The precision-weighted average does not include studies where no common standard error is available, cf. Table 3.*

Figure 5 shows a funnel plot for the studies in Table 3, except Stockenhuber (2020), where common estimate standard errors cannot be derived. Chisadza et al. (2021) has a far higher precision than the other studies (1/SE is 7,398 and the estimate is 0.1%)[35], and there are indications that the estimate from Fuller et al. (2021) (the bottom left) is an imprecise outlier.[36] Figure 5 The plot also shows that the studies with at least 3 of 4 quality dimensions are centered around zero and generally have higher precision than other studies.

[35] Excluding Chisadza et al. (2021) from the precision-weighted average changes the average to -3.5%.

[36] Excluding Fuller et al. (2021) from the precision-weighted average only marginally changes the average because the precision is very low.

Figure 5: Funnel plot for estimates from studies based on stringency indexes



Note: The figure displays all estimates and the precision of the estimate defined as one over the standard error. Studies where standard errors are not available are not included. Studies which live up to at least 3 of 4 quality dimensions are marked with white, while studies which lives up to 2 of 3 quality dimensions or less are marked with black. The vertical line illustrates the precision-weighted average.

Overall conclusion on stringency index studies

Compared to a policy based solely on recommendations, we find little evidence that lockdowns had a noticeable impact on COVID-19 mortality Only one study, Fuller et al. (2021), finds a substantial effect, while the rest of the studies find little to no effect. Indeed, according to stringency index studies, lockdowns in Europe and the United States reduced only COVID-19 mortality by 0.2% on average.

In the following section we will look at the effect of SIPOs. The section follows the same structure as this section.

4.2 Shelter-in-place order (SIPO) studies

We have identified 13 eligible studies which estimate the effect of Shelter-In-Place Orders (SIPOs) on COVID-19 mortality, cf. Table 5. Seven of these studies look at multiple NPIs of which a SIPO is just one, while six studies estimate the effect of a SIPO vs. no SIPO in the United States. According to the containment and closure policy indicators from OxCGRT, 41 states in the U.S. issued SIPOs in the spring of 2020. But usually, these were introduced after implementing other NPIs such as school closures or workplace closures. On average, SIPOs

were issued 7½ days after *both* schools and workplaces closed, and 12 days after the first of the two closed. Only one state, Tennessee, issued a SIPO before schools and workplaces closed. The 10 states that did not issue SIPOs all closed schools. Moreover, of those 10 states, three closed some non-essential businesses, while the remaining 7 closed all non-essential businesses. Because of this, we perceive estimates for SIPOs based on U.S.-data as the marginal effect of SIPOs on top of other restrictions, although we acknowledge that the estimates may capture the effects of other NPI measures as well.

The results of eligible studies based on SIPOs are presented in Table 5. The table demonstrates that the studies generally find that SIPOs have reduced COVID-19 mortality by 2.9% (on a precision-weighted average). There is an apparent difference between studies in which a SIPO is one of multiple NPIs, and studies in which a SIPO is the only examined intervention. The former group generally finds that SIPOs *increase* COVID-19 mortality *marginally*, whereas the latter finds that SIPOs *decrease* COVID-19 mortality. As we will see below, this difference could be explained by differences in the quality dimensions, and especially the time period covered by each study.

Table 5: Overview of estimates from studies based on SIPOs

Values show effect on COVID-19 mortality	Estimate (Estimated Averted Deaths / Total Deaths)	Standard error	Weight (1/SE)	Quality dimensions
Studies where SIPO is one of several examined interventions and not (as) likely to capture the effect of other interventions				
Chernozhukov et al. (2021)	-17.7%	14.3%	7	4
Chaudhry et al. (2020) *	0.0%	n/a	n/a	2
Aparicio and Grossbard (2021)	2.6%	2.8%	35	4
Stokes et al. (2020)	0.8%	11.1%	9	3
Spiegel and Tookes (2021)	13.1%	6.6%	15	3
Bonardi et al. (2020)	0.0%	n/a	n/a	1
Guo et al. (2021)	4.6%	14.8%	4	3
Average (median) where SIPO is one of several variables	2.8% (0.5%/0.8%)			
Studies where SIPO is the only examined intervention and may capture the effect of other interventions				
Sears et al. (2020)	-32.2%	17.6%	6	2
Alderman and Harjoto (2020)	-1.0%	0.6%	169	4
Berry et al. (2020)	1.1%	n/a	n/a	2
Fowler et al. (2021)	-35.0%	7.0%	14	2
Gibson (2020)	-6.0%	24.3%	4	4
Dave et al. (2020)	-40.8%	36.1%	3	3
Average (median) where SIPO is the only variable	-5.1% (-19.0%/-19.1%)			
Precision-weighted average (arithmetic average / median) for all studies	**-2.9% (-8.5%/0.0%)**			

*Note: * Chaudhry et al. (2020) does not provide an estimate but states that SIPO is insignificant. We use 0% when calculating the arithmetic average and median. Chaudhry et al. (2020) and Berry et al. (2021) do not affect the precision-weighted average, as we do not know the standard errors.*

Table 6 presents the results differentiated by quality dimensions. Four studies (Chernozhukov et al. (2021), Aparicio and Grossbard (2021), Alderman and Harjoto (2020) and Gibson (2020))

meet all quality dimensions but find vastly different effects of SIPOs on COVID-19 mortality. The precision weighted average of the four studies is -1.0%. Four studies meet 3 of 4 quality dimensions. They overall find that SIPOs *increase* COVID-19 mortality, as the precision-weighted average is positive (3.7%). The five studies that meet 2 of 4 quality dimensions or fewer[37] find a substantial reduction in COVID-19-mortality (-34.2%). This substantial reduction seems to be driven by relatively short data series. The latest data point for the three studies which find large effects of lockdowns (Sears et al. (2020), Fowler et al. (2021), and Dave et al. (2021)) are April 29, May 7, and April 20, respectively. This may indicate that SIPOs can delay deaths but not eliminate them completely. Disregarding these studies with short data series, the precision-weighted average is -0.1%.

Table 6: Quality dimensions for studies based on SIPOs

Values show effect on COVID-19 mortality	Precision-weighted average*	Arithmetic average	Median
Peer-reviewed vs. working papers			
Peer-review [10]	-2.4%	-7.9%	-0.5%
Working paper [3]	-12.0%	-10.5%	0.0%
Long vs. short time period			
Data serie ends after 31 May 2020 [6]	-0.1%	-1.4%	-0.1%
Data serie ends before 31 May 2020 [7]	-25.9%	-14.6%	0.0%
No early effect on mortality			
Finds effect within the first 14 days [9]	-2.0%	-10.0%	-1.0%
Does not find an effect within the first 14 days (including n/a) [4]	-10.3%	-5.2%	0.0%
Social sciences vs. other sciences			
Social sciences [12]	-2.9%	-9.2%	-0.5%
Other sciences [1]	n/a	0.0%	0.0%
4 of 4 quality dimensions [4]	-1.0%	-5.5%	-3.5%
3 of 4 quality dimensions [4]	3.7%	-5.6%	2.7%
2 of 4 quality dimensions or fewer [5]	-34.2%	-13.2%	0.0%

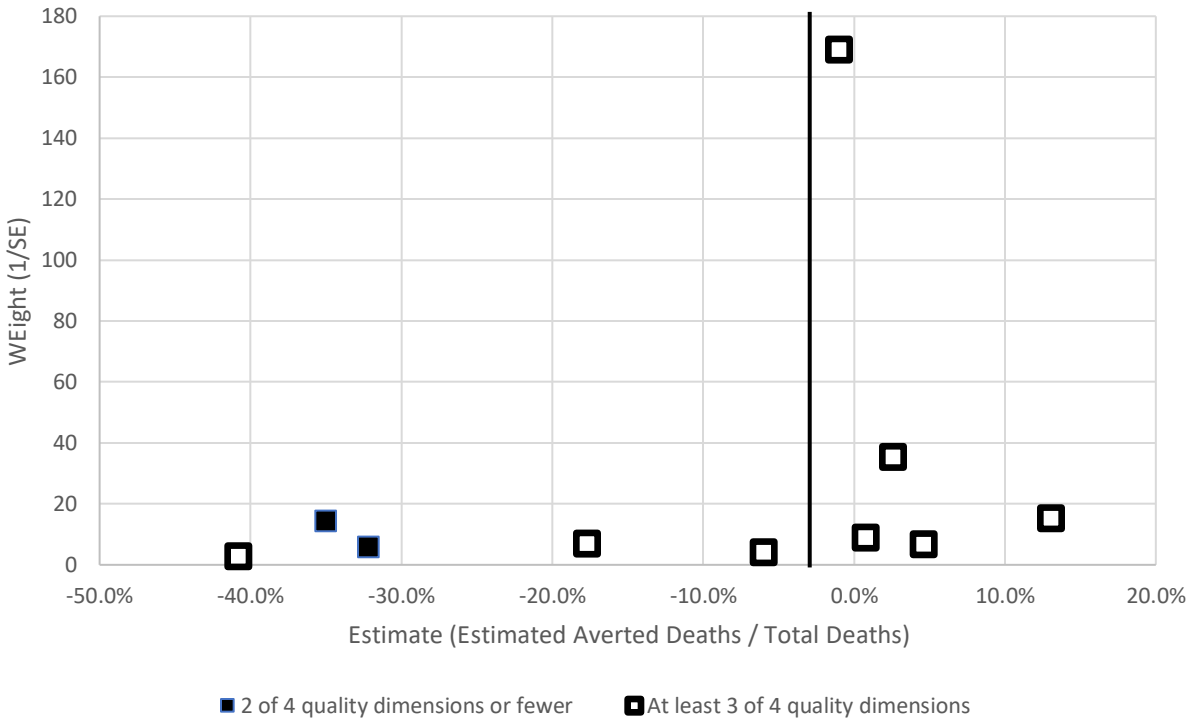
*Note: The table shows the common estimate as described in Table 5 for each quality dimension. The number of studies in each category is in square brackets. * The precision-weighted average does not include studies where no common standard error is available, cf. Table 5.*

Figure 6 shows a funnel plot for the studies in Table 5, except Chaudhry et al. (2020) and Berry et al. (2021), where common standard errors cannot be derived. Sears et al. (2020) stands out with a precision far higher than those of the other studies. But generally, the precisions of the studies are low and the estimates are placed on both sides of the zero-line with some 'tail' to the

[37] Bonardi et al. (2020) only meet one quality dimension (social science).

left.[38] Figure 5 also shows that four of eight studies with at least 3 of 4 quality dimensions find that SIPOs *increase* COVID-19 mortality by 0.8% to 13.1%.

Figure 6: Funnel plot for estimates from SIPO studies



Note: The figure displays all estimates and the precision of the estimate defined as one over the standard error. Studies where standard errors are not available are not included. Studies which live up to at least 3 of 4 quality dimensions are marked with white, while studies which lives up to 2 of 4 quality dimensions or less are marked with black. The vertical line illustrates the precision-weighted average.

Overall conclusion on SIPO studies

We find no clear evidence that SIPOs had a noticeable impact on COVID-19 mortality. Some studies find a large negative relationship between lockdowns and COVID-19 mortality, but this seems to be caused by short data series which does not cover a full COVID-19 'wave'. Several studies find a small positive relationship between lockdowns and COVID-19 mortality. Although this appears to be counterintuitive, it could be the result of an (asymptomatic) infected person being isolated at home under a SIPO can infect family members with a higher viral load causing more severe illness.[39] The overall effect measured by the precision-weighted average is -2.9%. The result is in line with Nuzzo et al. (2019), who state that "In the context of a high-impact

[38] This could indicate some publication bias, but the evidence is weak and with only 13 estimates, this cannot be formally tested

[39] E.g. see Guallar et al. (2020), who concludes, "Our data support that a greater viral inoculum at the time of SARS-CoV-2 exposure might determine a higher risk of severe COVID-19."

respiratory pathogen, quarantine may be the least likely NPI to be effective in controlling the spread due to high transmissibility" and World Health Organization Writing Group (2006), who conclude that "forced isolation and quarantine are ineffective and impractical."[40]

In the following section, we will look at the effect found in studies analyzing specific NPIs.

4.3 Studies of specific NPIs

A total of 11 eligible studies look at (multiple) specific NPIs independently or simply lockdown vs. no lockdown.[41] The definition of the specific NPIs varies from study to study and are somewhat difficult to compare. The variety in the definitions can be seen in the analysis of non-essential business closures and bar/restaurant closures. Chernozhukov et al. (2021) focus on a combined parameter (the average of business closure and bar/restaurant closure in each state), Aparicio and Grossbard (2021) look at business closure but not bar/restaurant closure, Spiegel and Tookes (2021) examine bar/restaurant closure but not business closure, and Guo et al. (2021) look at both business closures and bar/restaurant closures independently.

Some studies include several NPIs (e.g. Stokes et al. (2020) and Spiegel and Tookes (2021)), while others cover very few. Bongaerts et al. (2021) only study business closures, and Leffler et al. (2020) look at internal lockdown and international travel restrictions). Few NPIs in a model are potentially a problem because they can capture the effect of excluded NPIs. On the other hand, several NPIs in a model increase the risk of multiple test bias.

The differences in the choice of NPIs and in the number of NPIs make it challenging to create an overview of the results. In Table 7, we have merged the results in six overall categories but note that the estimates may not be fully comparable across studies. In particular, the lockdown-measure varies from study to study and in some cases is poorly defined by the authors. Also, there are only a few estimates within some of the categories. For instance, the estimate of the effect of facemasks is based on only two studies.

Table 7 illustrates that generally there is no evidence of a noticeable relationship between the most-used NPIs and COVID-19. Overall, lockdowns and limiting gatherings seem to increase COVID-19 mortality, although the effect is modest (0.6% and 1.6%, respectively) and border closures has little to no effect on COVID-19 mortality, with a precision-weighted average of -0.1% (removing the imprecise outlier from Guo et al. (2021) changes the precision-weighted average to -0.2%). We find a small effect of school closure (-4.4%), but this estimate is mainly driven by Auger et al. (2020), who – as noted earlier – use an "interrupted time series study"

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[40] Both Nuzzo et al. (2019) and World Health Organization Writing Group (2006) focus on quarantining infected persons. However, if quarantining infected persons is not effective, it should be no surprise that quarantining uninfected persons could be ineffective too.

[41] Note that we – according to our search strategy – did not search on specific measures such as "school closures" but on words describing the overall political approach to the COVID-19 pandemic such as "non-pharmaceutical," "NPIs," "lockdown" etc.

approach and may capture other effects such as seasonal and behavioral effects. The absence of a notable effect of school closures is in line with Irfan et al. (2021), who – based on a systematic review and meta-analysis of 90 published or preprint studies of transmission in children – concluded that "risks of infection among children in educational-settings was lower than in communities. Evidence from school-based studies demonstrate it is largely safe for young children (<10 years of age) to be at schools; however, older children (between 10 and 19 years of age) might facilitate transmission." UNICEF (2021) and ECDC (2020) reach similar conclusions.[42]

Mandating facemasks – an intervention that was not widely used in the spring of 2020, and in many countries was even discouraged – seems to have a large effect (-21.2%), but this conclusion is based on only two studies.[43] Again, our categorization may play a role, as the larger mask-estimate from Chernozhukov et al. (2021) is in fact "employee facemasks," not a general mask mandate. Our findings are somewhat in contrast to the result found in a review by Liu et al. (2021), who conclude that "fourteen of sixteen identified randomized controlled trials comparing face masks to no mask controls failed to find statistically significant benefit in the intent-to-treat populations." Similarly, a pre-COVID Cochrane review concludes, "There is low certainty evidence from nine trials (3507 participants) that wearing a mask may make little or no difference to the outcome of influenza-like illness (ILI) compared to not wearing a mask (risk ratio (RR) 0.99, 95% confidence interval (CI) 0.82 to 1.18). There is moderate certainty evidence that wearing a mask probably makes little or no difference to the outcome of laboratory-confirmed influenza compared to not wearing a mask (RR 0.91, 95% CI 0.66 to 1.26; 6 trials; 3005 participants)" (Jefferson et al. (2020)).[44] However, it should be noted that even if no effect is found in controlled settings, this does not necessarily imply that mandated face masks does not reduce mortality, as other factors may play a role (e.g. wearing a mask may function as a tax on socializing if people are bothered by wearing a face masks when they are socializing).

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[42] UNICEF (2021) concludes, "The preliminary findings thus far suggest that in-person schooling – especially when coupled with preventive and control measures – had lower secondary COVID-19 transmission rates compared to other settings and do not seem to have significantly contributed to the overall community transmission risks." Whereas, ECDC (2020) conclude, "School closures can contribute to a reduction in SARS-CoV-2 transmission, but by themselves are insufficient to prevent community transmission of COVID-19 in the absence of other nonpharmaceutical interventions (NPIs) such as restrictions on mass gathering," and states, "There is a general consensus that the decision to close schools to control the COVID-19 pandemic should be used as a last resort. The negative physical, mental health and educational impact of proactive school closures on children, as well as the economic impact on society more broadly, would likely outweigh the benefits."

[43] Note again, that we – according to our search strategy – did not search on the specific measures such as "masks," "face masks," "surgical masks" but on words describing the overall political approach to the COVID-19 pandemic such as "non-pharmaceutical," "NPIs," "lockdown" etc. Thus, we do not include most of the studies in mask reviews such as Liu et al. (2021) and Jefferson et al. (2020).

[44] Lipp and Edwards (2014) also find no evidence of an effect and – looking at disposable surgical face masks for preventing surgical wound infection in clean surgery – conclude, "Three trials were included, involving a total of 2113 participants. There was no statistically significant difference in infection rates between the masked and unmasked group in any of the trials." Meanwhile, Li et al. (2021) – based on six case-control studies – conclude, "In general, wearing a mask was associated with a significantly reduced risk of COVID-19 infection (OR = 0.38, 95% CI: 0.21-0.69, I^2 = 54.1%).

Only business closure consistently shows evidence of a negative relationship with COVID-19 mortality, but the variation in the estimated effect is large. Three studies find little to no effect, and three find large effects. Two of the larger effects are related to closing bars and restaurants. The "close business" category in Chernozhukov et al. (2021) is an average of closed businesses, restaurants, and movie theaters, while that same category is "closing restaurants and bars" in Spiegel and Tookes (2021). The last study finding a large effect is Bongaerts et al. (2021), the only eligible single-country study.[45]

As a final observation on Table 7, studies with fewer quality dimensions seem to find larger effects, but the pattern is not systematic.[46]

Table 7: Overview of estimates from studies of specific NPIs

	Lockdown (complete/ partial)	Facemasks/ Employee face masks	Business closure (/bars & restaurants)	Border closure (/quarantine)	School closures	Limiting gatherings	Quality dimensions
Chernozhukov et al. (2021)		-34.0%	-28.6%				4
Bongaerts et al. (2021)			-31.6%				2
Chaudhry et al. (2020)*	0.0%			0.0%			2
Toya & Skidmore (2021)	0.5%			-0.1%			3
Aparicio & Grossbard (2021)			-1.3%		0.5%	0.8%	4
Auger et al. (2020)					-58.0%		2
Leffler et al. (2020)	1.7%			-15.6%			2
Stokes et al. (2020)			0.3%	-24.6%	-0.1%	-6.3%	3
Spiegel & Tookes (2021)		-13.5%	-50.2%			11.8%	3
Bonardi et al. (2020)*	0.0%			0.0%			1
Guo et al. (2021)			-0.4%	36.3%	-0.2%	5.7%	3
Precision-weighted average	**0.6%**	**-21.2%**	**-10.6%**	**-0.1%**	**-4.4%**	**1.6%**	
Arithmetic average	**0.6%**	**-23.8%**	**-18.6%**	**-0.7%**	**-14.4%**	**3.0%**	
Median	**0.3%**	**-23.8%**	**-14.9%**	**0.0%**	**-0.1%**	**3.2%**	
4 of 4 quality dimensions	**n/a [0]**	**-34.0% [1]**	**-2.9% [2]**	**n/a [0]**	**0.5% [1]**	**0.8% [1]**	
3 of 4 quality dimensions	**0.5% [1]**	**-13.5% [1]**	**-21.5% [3]**	**0.0% [3]**	**-0.1% [2]**	**5.6% [3]**	
2 of 4 quality dimensions or fewer	**1.7% [2]**	**n/a [1]**	**-31.6% [2]**	**-15.6% [2]**	**-58.0% [1]**	**n/a [1]**	

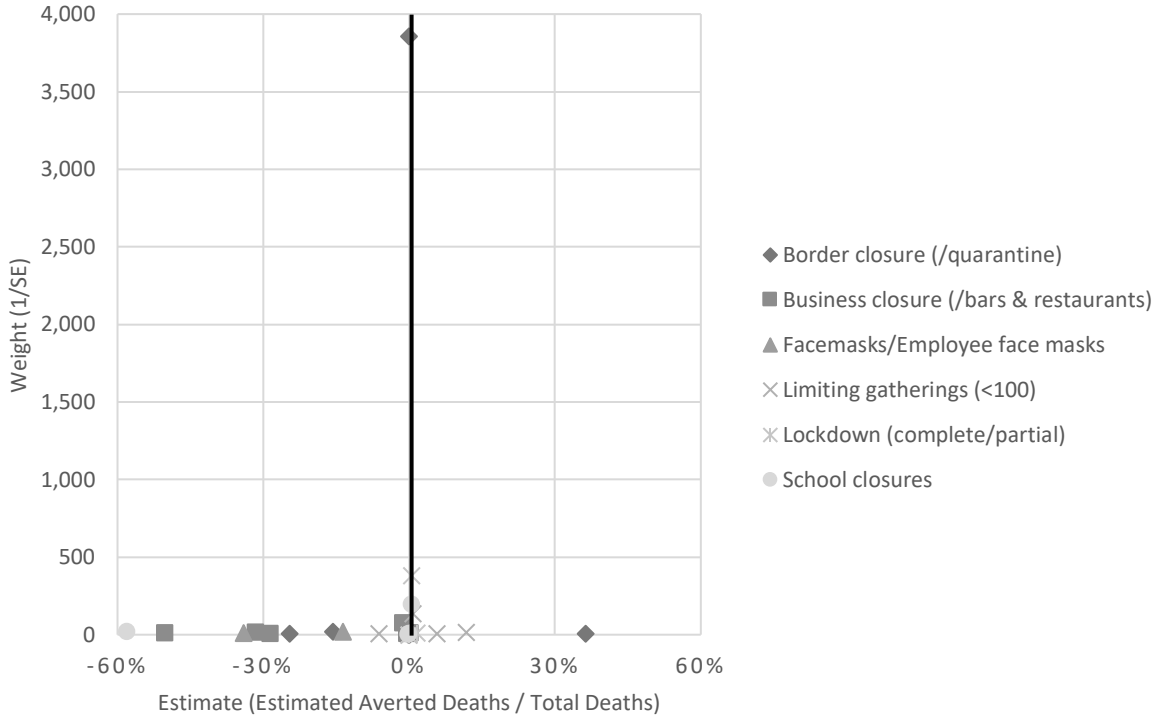
*Note: * It is not possible to derive common estimates and standard errors from Chaudhry et al. (2020) and Bonardi et al. (2020). Chaudhry et al. (2020) states that the effect of the various NPIs is insignificant without listing the estimates and standard errors. Bonardi et al. (2020) states that partial or regional lockdowns are as effective as stricter NPIs but does not provide information to calculate common estimates. Instead, we assume the estimate is 0% when calculating arithmetic average and median, while the estimates are excluded from the calculation of precision-weighted averages because there are no standard errors.*

[45] Bongaerts et al. (2021) (implicitly) assume that municipalities with different exposures to closed sectors are not inherently different, which may be a relatively strong assumption and could potentially drive their results.

[46] We saw with SIPOs that studies based on short data series tended to find larger effects than studies based on short data series. This is also somewhat true for studies examining multiple specific measures. If we focus on studies with long data series (>May 31st, 2020), the precision-weighted estimates are as follows (average for all studies in parentheses for easy comparison): Lockdown (complete/partial): 0.5% (0.6%), Facemasks/Employee face masks: -21.2% (-21.2%), Business closures (/bars & restaurants): -8.1% (-10.6%), Border closures (/quarantine): -0.1% (-0.1%), School closures: 0.5% (-4.4%), Limiting gatherings: 1.4% (1.6%).

Figure 7 shows a funnel plot for all estimates in Table 7, except Chaudhry et al. (2020) and Bonardi et al. (2020), where common standard errors cannot be derived. Two estimates from Toya and Skidmore (2020) stands out with a precision far higher than those of other studies, and estimates are placed with some 'tail' to the left, which could indicate some publication bias, i.e. reluctance to publish results that show large positive (more deaths) effects of lockdowns. The most precise estimates are gathered around 0%, while less precise studies are spread out between -58% and 36%. The precision-weighted average of all estimates across all NPIs is -0.6%.

Figure 7: Funnel plot for estimates from studies of specific NPIs



Note: The figure displays all estimates except two (se text in figure) of specific NPIs and the precision of the estimate defined as one over the standard error. Studies where standard errors are not available are not included.

Overall conclusion on specific NPIs

Because of the heterogeneity in NPIs across studies, it is difficult to draw strong conclusions based on the studies of multiple specific measures. We find no evidence that lockdowns, school closures, border closures, and limiting gatherings have had a noticeable effect on COVID-19 mortality. There is some evidence that business closures reduce COVID-19 mortality, but the variation in estimates is large and the effect seems related to closing bars. There may be an effect of mask mandates, but just two studies look at this, one of which one only looks at the effect of employee mask mandates.

5 Concluding observations

Public health experts and politicians have – based on forecasts in epidemiological studies such as that of Imperial College London (Ferguson et al. (2020) – embraced compulsory lockdowns as an effective method for arresting the pandemic. But, have these lockdown policies been effective in curbing COVID-19 mortality? This is the main question answered by our meta-analysis.

Adopting a systematic search and title-based screening, we identified 1,048 studies published by July 1st, 2020, which potentially look at the effect of lockdowns on mortality rates. To answer our question, we focused on studies that examine the actual impact of lockdowns on COVID-19 mortality rates based on registered cross-sectional mortality data and a counterfactual difference-in-difference approach. Out of the 1,048 studies, 34 met our eligibility criteria.

Conclusions

Overall, our meta-analysis fails to confirm that lockdowns have had a large, significant effect on mortality rates. Studies examining the relationship between lockdown strictness (based on the OxCGRT stringency index) find that the average lockdown in Europe and the United States only reduced COVID-19 mortality by 0.2% compared to a COVID-19 policy based solely on recommendations. Shelter-in-place orders (SIPOs) were also ineffective. They only reduced COVID-19 mortality by 2.9%.

Studies looking at specific NPIs (lockdown vs. no lockdown, facemasks, closing non-essential businesses, border closures, school closures, and limiting gatherings) also find no broad-based evidence of noticeable effects on COVID-19 mortality. However, closing non-essential businesses seems to have had some effect (reducing COVID-19 mortality by 10.6%), which is likely to be related to the closure of bars. Also, masks may reduce COVID-19 mortality, but there is only one study that examines universal mask mandates. The effect of border closures, school closures and limiting gatherings on COVID-19 mortality yields precision-weighted estimates of -0.1%, -4.4%, and 1.6%, respectively. Lockdowns (compared to no lockdowns) also do not reduce COVID-19 mortality.

Discussion

Overall, we conclude that lockdowns are not an effective way of reducing mortality rates during a pandemic, at least not during the first wave of the COVID-19 pandemic. Our results are in line with the World Health Organization Writing Group (2006), who state, “Reports from the 1918 influenza pandemic indicate that social-distancing measures did not stop or appear to dramatically reduce transmission […] In Edmonton, Canada, isolation and quarantine were instituted; public meetings were banned; schools, churches, colleges, theaters, and other public gathering places were closed; and business hours were restricted without obvious impact on the epidemic.” Our findings are also in line with Allen's (2021) conclusion: “The most recent research has shown that lockdowns have had, at best, a marginal effect on the number of Covid-19 deaths.” Poeschl and Larsen (2021) conclude that “interventions are generally effective in

mitigating COVID-19 spread". But, 9 of the 43 (21%) results they review find "no or uncertain association" between lockdowns and the spread of COVID-19, suggesting that evidence from that own study contradicts their conclusion.

The findings contained in Johanna et al. (2020) are in contrast to our own. They conclude that "for lockdown, ten studies consistently showed that it successfully reduced the incidence, onward transmission, and mortality rate of COVID-19." The driver of the difference is three-fold. First, Johanna et al. include modelling studies (10 out of a total of 14 studies), which we have explicitly excluded. Second, they included interrupted time series studies (3 of 14 studies), which we also exclude. Third, the only study using a difference-in-difference approach (as we have done) is based on data collected before May 1st, 2020. We should mention that our results indicate that early studies find relatively larger effects compared to later studies.

Our main conclusion invites a discussion of some issues. Our review does not point out *why* lockdowns did not have the effect promised by the epidemiological models of Imperial College London (Ferguson et al. (2020). We propose four factors that might explain the difference between our conclusion and the view embraced by some epidemiologists.

First, people respond to dangers outside their door. When a pandemic rages, people believe in social distancing regardless of what the government mandates. So, we believe that Allen (2021) is right, when he concludes, "The ineffectiveness [of lockdowns] stemmed from individual changes in behavior: either non-compliance or behavior that mimicked lockdowns." In economic terms, you can say that the demand for costly disease prevention efforts like social distancing and increased focus on hygiene is high when infection rates are high. Contrary, when infection rates are low, the demand is low and it may even be morally and economically rational not to comply with mandates like SIPOs, which are difficult to enforce. Herby (2021) reviews studies which distinguish between mandatory and voluntary behavioral changes. He finds that – on average – voluntary behavioral changes are 10 times as important as mandatory behavioral changes in combating COVID-19. If people voluntarily adjust their behavior to the risk of the pandemic, closing down non-essential businesses may simply reallocate consumer visits away from "nonessential" to "essential" businesses, as shown by Goolsbee and Syverson (2021), with limited impact on the total number of contacts.[47] This may also explain why epidemiological model simulations such as Ferguson et al. (2020) – which do not model behavior endogenously – fail to forecast the effect of lockdowns.

Second, mandates only regulate a fraction of our potential contagious contacts and can hardly regulate nor enforce handwashing, coughing etiquette, distancing in supermarkets, etc. Countries like Denmark, Finland, and Norway that realized success in keeping COVID-19 mortality rates relatively low allowed people to go to work, use public transport, and meet privately at home during the first lockdown. In these countries, there were ample opportunities to legally meet with others.

[47] In economic terms, lockdowns are substitutes for – not complements to – voluntary behavioral changes.

Third, even if lockdowns are successful in initially reducing the spread of COVID-19, the behavioral response may counteract the effect completely, as people respond to the lower risk by changing behavior. As Atkeson (2021) points out, the economic intuition is straightforward. If closing bars and restaurants causes the prevalence of the disease to fall toward zero, the demand for costly disease prevention efforts like social distancing and increased focus on hygiene also falls towards zero, and the disease will return.[48]

Fourth, unintended consequences may play a larger role than recognized. We already pointed to the possible unintended consequence of SIPOs, which may isolate an infected person at home with his/her family where he/she risks infecting family members with a higher viral load, causing more severe illness. But often, lockdowns have limited peoples' access to safe (outdoor) places such as beaches, parks, and zoos, or included outdoor mask mandates or strict outdoor gathering restrictions, pushing people to meet at less safe (indoor) places. Indeed, we do find some evidence that limiting gatherings was counterproductive and increased COVID-19 mortality.

One objection to our conclusions may be that we do not look at the role of timing. If timing is very important, differences in timing may empirically overrule any differences in lockdowns. We note that this objection is not necessarily in contrast to our results. If timing is very important relative to strictness, this suggests that well-timed, but very mild, lockdowns should work as well as, or better than, less well-timed but strict lockdowns. This is not in contrast to our conclusion, as the studies we reviewed analyze the effect of lockdowns compared but to doing very little (see Section 3.1 for further discussion). However, there is little solid evidence supporting the timing thesis, because it is inherently difficult to analyze (see Section 2.2 for further discussion). Also, even if it can be empirically stated that a well-timed lockdown is effective in combating a pandemic, it is doubtful that this information will ever be useful from a policy perspective.

But, what explains the differences between countries, if not differences in lockdown policies? Differences in population age and health, quality of the health sector, and the like are obvious factors. But several studies point at less obvious factors, such as culture, communication, and coincidences. For example, Frey et al. (2020) show that for the same policy stringency, countries with more obedient and collectivist cultural traits experienced larger declines in geographic mobility relative to their more individualistic counterpart. Data from Germany Laliotis and Minos (2020) shows that the spread of COVID-19 and the resulting deaths in predominantly Catholic regions with stronger social and family ties were much higher compared to non-Catholic ones at the local NUTS 3 level.[49]

Government communication may also have played a large role. Compared to its Scandinavian neighbors, the communication from Swedish health authorities was far more subdued and embraced the idea of public health vs. economic trade-offs. This may explain why Helsingen et

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[48] This kind of behavior response may also explain why Subramanian and Kumar (2021) find that increases in COVID-19 cases are unrelated to levels of vaccination across 68 countries and 2947 counties in the United States. When people are vaccinated and protected against severe disease, they have less reason to be careful.

[49] The NUTS classification (Nomenclature of territorial units for statistics) is a hierarchical system for dividing up the economic territory of the EU and the UK. There are 1215 regions at the NUTS 3-level.

al. (2020), found, based on questionnaire data collected from mid-March to mid-April, 2020, that even though the daily COVID-19 mortality rate was more than four times higher in Sweden than in Norway, Swedes were less likely than Norwegians to not meet with friends (55% vs. 87%), avoid public transportation (72% vs. 82%), and stay home during spare time (71% vs. 87%). That is, despite a more severe pandemic, Swedes were less affected in their daily activities (legal in both countries) than Norwegians.

Many other factors may be relevant, and we should not underestimate the importance of coincidences. An interesting example illustrating this point is found in Arnarson (2021) and Björk et al. (2021), who show that areas where the winter holiday was relatively late (in week 9 or 10 rather than week 6, 7 or 8) were hit especially hard by COVID-19 during the first wave because the virus outbreak in the Alps could spread to those areas with ski tourists. Arnarson (2021) shows that the effect persists in later waves. Had the winter holiday in Sweden been in week 7 or week 8 as in Denmark, the Swedish COVID-19 situation could have turned out very differently.[50]

Policy implications

In the early stages of a pandemic, before the arrival of vaccines and new treatments, a society can respond in two ways: mandated behavioral changes or voluntary behavioral changes. Our study fails to demonstrate significant positive effects of mandated behavioral changes (lockdowns). This should draw our focus to the role of voluntary behavioral changes. Here, more research is needed to determine how voluntary behavioral changes can be supported. But it should be clear that one important role for government authorities is to provide information so that citizens can voluntarily respond to the pandemic in a way that mitigates their exposure.

Finally, allow us to broaden our perspective after presenting our meta-analysis that focuses on the following question: "What does the evidence tell us about the effects of lockdowns on mortality?" We provide a firm answer to this question: The evidence fails to confirm that lockdowns have a significant effect in reducing COVID-19 mortality. The effect is little to none.

The use of lockdowns is a unique feature of the COVID-19 pandemic. Lockdowns have not been used to such a large extent during any of the pandemics of the past century. However, lockdowns during the initial phase of the COVID-19 pandemic have had devastating effects. They have contributed to reducing economic activity, raising unemployment, reducing schooling, causing political unrest, contributing to domestic violence, and undermining liberal democracy. These costs to society must be compared to the benefits of lockdowns, which our meta-analysis has shown are marginal at best. Such a standard benefit-cost calculation leads to a strong conclusion: lockdowns should be rejected out of hand as a pandemic policy instrument.

[50] Another case of coincidence is illustrated by Shenoy et al. (2022), who find that areas that experienced rainfall early in the pandemic realized fewer deaths because the rainfall induced social distancing.

6 Appendix A. The role of timing

Some of the included papers study the importance of the timing of lockdowns, while several other papers only looking at timing of (but not on the inherent effect of) lockdowns have been excluded from the literature list in this review. There's no doubt that being prepared for a pandemic and knowing when it arrives at your doorstep is vital. However, two problems arise with respect to imposing early lockdowns.

First of all, it was virtually impossible to determine the right timing when COVID-19 hit Europe and the United States. The World Health Organization declared the outbreak of a pandemic on 11 March 2020, but at that date Italy had already registered 13.7 COVID-19-deaths per million (all infected before approximately 22 February, because of the roughly 18 day gap between infection and death, c.f. e.g.. Bjørnskov (2021a)). On 29 March 2020, 18 days after WHO declared the outbreak a pandemic and the earliest a lockdown response to WHO's announcement could have an effect, the death toll in Italy was a staggering 178 COVID-19-deaths per million with an additionally 13 per million dying each day.

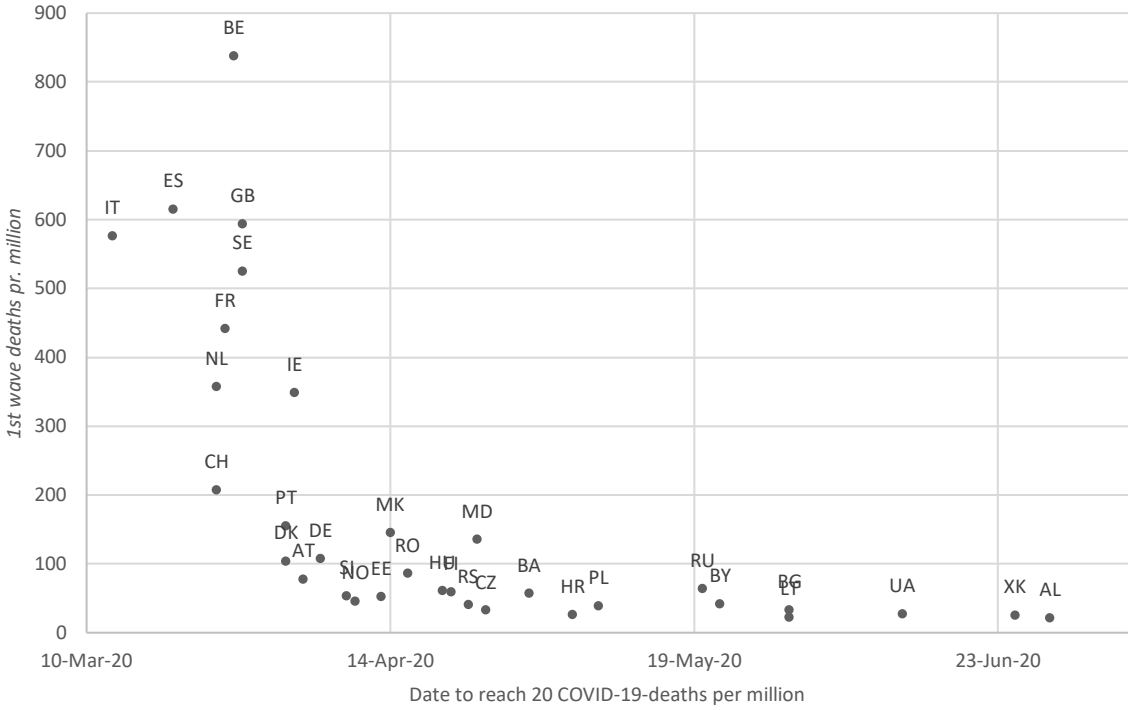
There are reasons to believe that many countries and regions were hit particularly hard during the first wave of COVID, because they had no clue about how bad it really was. This point is illustrated in Figure 8 (and Figure 9), which show that countries (and states), which were hit hard and early, experienced large death tolls compared to countries where the pandemic had a slower start. Björk et al. (2021) and Arnarson (2021) show that areas with a winter holiday in week 10 and – especially – week 9 were hit hard, because they imported cases from the Alps *before* they knew the pandemic was wide spread at the ski resorts. Hence, while acting early by warning citizens and closing business may be an effective strategy; this was not a feasible strategy for most countries in the spring of 2020.

The second problem is that it is extremely difficult to differentiate between the effect of public awareness and the effect of lockdowns. If people and politicians react to the same information, for example deaths in geographical neighboring countries (many EU-countries reacted to deaths in Italy) or in another part of the same country, the effect of lockdowns cannot easily be separated from the effect of voluntary social distancing or, use of hand sanitizers. Hence, we find it problematic to use national lockdowns and differences in the progress of the pandemic in different regions to say anything about the effect of early lockdowns on the pandemic, as the estimated effect might just as well come from voluntary behavior changes, when people in Southern Italy react to the situation in Northern Italy.

We have seen no studies which we believe credibly separate the effect of early lockdown from the effect of early voluntary behavior changes. Instead, the estimates in these studies capture the effects of lockdowns *and* voluntary behavior changes. As Herby (2021) illustrates, voluntary behavior changes are essential to a society's response to an pandemic and can account for up to 90% of societies' total response to the pandemic.

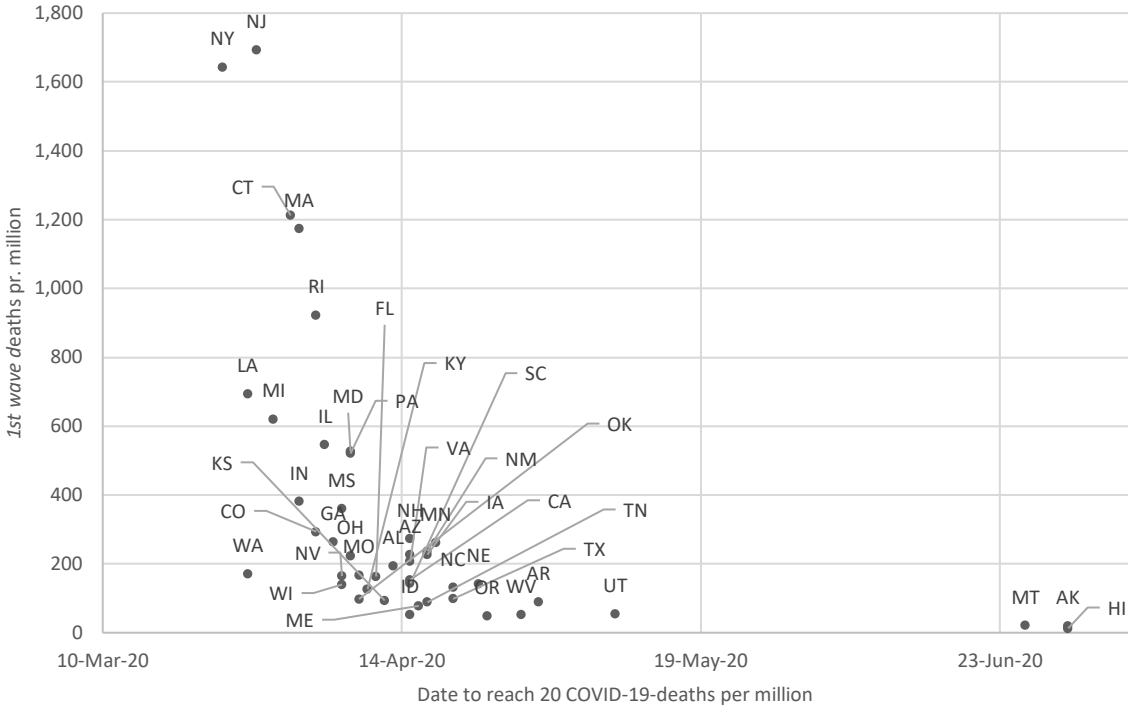
Including these studies will greatly overestimate the effect of lockdowns, and, hence, we chose not to include studies focusing on timing of lockdowns in our review.

Figure 8: Taken by surprise. The importance of having time to prepare in Europe



Description: European countries with more than one million citizens.
Source: Our World in Data

Figure 9: Taken by surprise. The importance of having time to prepare in U.S. states



Description: U.S. states with more than one million citizens.
Source: Our World in Data

7 Appendix B. Supplementary information

7.1 Excluded studies

Below is a list will the studies excluded during the eligibility phase of our identification process and a short description of our basis for excluding the study.

Table 8: Studies excluded during the eligibility phase of our identification process

1. Study (Author & title)	2. Reason for exclusion
Alemán et al. (2020); "Evaluating the effectiveness of policies against a pandemic"	Too few observations
Alshammari et al. (2021); "Are countries' precautionary actions against COVID-19 effective? An assessment study of 175 countries worldwide"	Is purely descriptive
Amuedo-Dorantes et al. (2020); "Timing is Everything when Fighting a Pandemic: COVID-19 Mortality in Spain"	Duplicate
Amuedo-Dorantes et al. (2021); "Early adoption of non-pharmaceutical interventions and COVID-19 mortality"	Only looks at timing
Amuedo-Dorantes, Kaushal and Muchow (2020); "Is the Cure Worse than the Disease? County-Level Evidence from the COVID-19 Pandemic in the United States"	Duplicate
Amuedo-Dorantes, Kaushal and Muchow (2021); "Timing of social distancing policies and COVID-19 mortality: county-level evidence from the U.S."	Only looks at timing
Arruda et al. (2021); "ASSESSING THE IMPACT OF SOCIAL DISTANCING ON COVID-19 CASES AND DEATHS IN BRAZIL: AN INSTRUMENTED DIFFERENCE-IN-	Social distancing (not
Bakolis et al. (2021); "Changes in daily mental health service use and mortality at the commencement and lifting of COVID-19 'lockdown' policy in 10 UK sites: a regression	Uses a time series approach
Bardey, Fernández and Gravel (2021); "Coronavirus and social distancing: do non-pharmaceutical-interventions work (at least) in the short run?"	Only looks at timing
Berardi et. Al. (2020); "The COVID-19 pandemic in Italy: policy and technology impact on health and non-health outcomes"	Too few observations
Bhalla (2020); "Lockdowns and Closures vs COVID–19: COVID Wins"	Uses modelling
Björk et al. (2021); "Impact of winter holiday and government responses on mortality in Europe during the first wave of the COVID-19 pandemic"	Only looks at timing
Bongaerts, Mazzola and Wagner (2020); "Closed for business"	Duplicate
Born, Dietrich and Müller (2021); "The lockdown effect: A counterfactual for Sweden"	Synthetic control study
Born, Dietrich and Müller (2021); "The lockdown effect: A counterfactual for Sweden"	Duplicate
Bushman et al. (2020); "Effectiveness and compliance to social distancing during COVID-19"	Social distancing (not
Castaneda and Saygili (2020); "The effect of shelter-in-place orders on social distancing and the spread of the COVID-19 pandemic: a study of Texas"	Uses a time series approach
Cerqueti et al. (2021); "The sooner the better: lives saved by the lockdown during the COVID-19 outbreak. The case of Italy"	Synthetic control study
Chernozhukov, Kasahara and Schrimpf (2021); "Mask mandates and other lockdown policies reduced the spread of COVID-19 in the U.S."	Duplicate
Chin et al. (2020); "Effects of non-pharmaceutical interventions on COVID-19: A Tale of Three Models"	Uses modelling
Cho (2020); "Quantifying the impact of nonpharmaceutical interventions during the COVID-19 outbreak: The case of Sweden"	Synthetic control study
Coccia (2020); "The effect of lockdown on public health and economic system: findings from first wave of the COVID-19 pandemic for designing effective strategies to cope	Only looks at timing
Coccia (2021); "Different effects of lockdown on public health and economy of countries: Results from first wave of the COVID-19 pandemic"	Too few observations
Conyon and Thomsen (2021); "COVID-19 in Scandinavia"	Synthetic control study
Conyon et al. (2020); "Lockdowns and COVID-19 deaths in Scandinavia"	Too few observations
Dave et al. (2020); "Did the Wisconsin Supreme Court restart a COVID-19 epidemic? Evidence from a natural experiment"	Synthetic control study
Delis, Iosifidi and Tasiou (2021); "Efficiency of government policy during the COVID-19 pandemic"	Do not look at mortality
Dreher et al. (2021); "Policy interventions, social distancing, and SARS-CoV-2 transmission in the United States: a retrospective state-level analysis"	Do not look at mortality
Duchemin, Veber and Boussau (2020); "Bayesian investigation of SARS-CoV-2-related mortality in France"	Uses modelling
Fair et. Al. (2021); "Estimating COVID-19 cases and deaths prevented by non-pharmaceutical interventions in 2020-2021, and the impact of individual actions: a retrospective	Uses modelling
Filias (2020); "The impact of government policies effectiveness on the officially reported deaths attributed to covid-19."	Student paper
Fowler et al. (2021); "Stay-at-home orders associate with subsequent decreases in COVID-19 cases and fatalities in the United States"	Duplicate
Friedson et al. (2020); "Did California's shelter-in-place order work? Early coronavirus-related public health effects"	Duplicate
Friedson et al. (2020); "Shelter-in-place orders and public health: evidence from California during the COVID-19 pandemic"	Synthetic control study
Fuss, Weizman and Tan (2020); "COVID19 pandemic: how effective are interventive control measures and is a complete lockdown justified? A comparison of countries and	Do not look at mortality
Ghosh, Ghosh and Narymanchi (2020); "A Study on The Effectiveness of Lock-down Measures to Control The Spread of COVID-19"	Synthetic control study
Glogowsky et al. (2021); "How Effective Are Social Distancing Policies? Evidence on the Fight Against COVID-19"	Only looks at timing
Glogowsky, Hansen and Schächtele (2020); "How effective are social distancing policies? Evidence on the fight against COVID-19 from Germany"	Duplicate
Glogowsky, Hansen and Schächtele (2020); "How Effective Are Social Distancing Policies? Evidence on the Fight Against COVID-19 from Germany"	Duplicate
Gordon, Grafton and Steinshamn (2021); "Cross-country effects and policy responses to COVID-19 in 2020: The Nordic countries"	Do not look at mortality
Gordon, Grafton and Steinshamn (2021); "Statistical Analyses of the Public Health and Economic Performance of Nordic Countries in Response to the COVID-19 Pandemic"	Too few observations
Guo et al. (2020); "Social distancing interventions in the United States: An exploratory investigation of determinants and impacts"	Duplicate
Huber and Langen (2020); "The impact of response measures on COVID-19-related hospitalization and death rates in Germany and Switzerland"	Duplicate
Huber and Langen (2020); "Timing matters: the impact of response measures on COVID-19-related hospitalization and death rates in Germany and Switzerland"	Only looks at timing
Jain et al. (2020); "A comparative analysis of COVID-19 mortality rate across the globe: An extensive analysis of the associated factors"	Do not look at mortality
Juranek and Zoutman (2021); "The effect of non-pharmaceutical interventions on the demand for health care and mortality: evidence on COVID-19 in Scandinavia"	Too few observations
Kakpo and Nuhu (2020); "Effects of Social Distancing on COVID-19 Infections and Mortality in the U.S."	Social distancing (not
Kapoor and Ravi (2020); "Impact of national lockdown on COVID-19 deaths in select European countries and the U.S. using a Changes-in-Changes model"	Too few observations
Khatiwada and Chalise (2020); "Evaluating the efficiency of the Swedish government policies to control the spread of Covid-19."	Student paper
Korevaar et al. (2020); "Quantifying the impact of U.S. state non-pharmaceutical interventions on COVID-19 transmission"	Do not look at mortality
Kumar et. Al. (2020); "Prevention-Versus Promotion-Focus Regulatory Efforts on the Disease Incidence and Mortality of COVID-19: A Multinational Diffusion Study Using	Do not look at mortality
Le et al. (2020); "Impact of government-imposed social distancing measures on COVID-19 morbidity and mortality around the world"	Uses a time series approach
Liang et al. (2020); "Covid-19 mortality is negatively associated with test number and government effectiveness"	Not effect of lockdowns
Mader and Rütternauer (2021); "The effects of non-pharmaceutical interventions on COVID-19-related mortality: A generalized synthetic control approach across 169 countries"	Synthetic control study
Matzinger and Skinner (2020); "Strong impact of closing schools, closing bars and wearing masks during the Covid-19 pandemic: results from a simple and revealing analysis"	Uses modelling
Mccafferty and Ashley (2020); "Covid-19 Social Distancing Interventions by State Mandate and their Correlation to Mortality in the United States"	Duplicate
Medline et al. (2020); "Evaluating the impact of stay-at-home orders on the time to reach the peak burden of Covid-19 cases and deaths: does timing matter?"	Only looks at timing

1. Study (Author & title)	2. Reason for exclusion
Mu et al. (2020); "Effect of social distancing interventions on the spread of COVID-19 in the state of Vermont"	Uses modelling
Nakamura (2020); "The Impact of Rapid State Policy Response on Cumulative Deaths Caused by COVID-19"	Student paper
Neidhöfer and Neidhöfer (2020); "The effectiveness of school closures and other pre-lockdown COVID-19 mitigation strategies in Argentina, Italy, and South Korea"	Synthetic control study
Oliveira (2020); "Does' Staying at Home'Save Lives? An Estimation of the Impacts of Social Isolation in the Registered Cases and Deaths by COVID-19 in Brazil"	Social distancing (not
Palladina et al. (2020); "Effect of Implementation of the Lockdown on the Number of COVID-19 Deaths in Four European Countries"	Uses a time series approach
Palladina et al. (2020); "Effect of timing of implementation of the lockdown on the number of deaths for COVID-19 in four European countries"	Duplicate
Palladino et al. (2020); "Excess deaths and hospital admissions for COVID-19 due to a late implementation of the lockdown in Italy"	Uses a time series approach
Peixoto et al. (2020); "Rapid assessment of the impact of lockdown on the COVID-19 epidemic in Portugal"	Uses modelling
Piovani et. Al. (2021); "Effect of early application of social distancing interventions on COVID-19 mortality over the first pandemic wave: An analysis of longitudinal data from 37	Only looks at timing
Reinbold (2021); "Effect of fall 2020 K-12 instruction types on CoViD-19 cases, hospital admissions, and deaths in Illinois counties"	Synthetic control study
Renne, Roussellet and Schwenkler (2020); "Preventing COVID-19 Fatalities: State versus Federal Policies"	Uses modelling
Siedner et al. (2020); "Social distancing to slow the U.S. COVID-19 epidemic: Longitudinal pretest–posttest comparison group study"	Duplicate
Siedner et al. (2020); "Social distancing to slow the U.S. COVID-19 epidemic: Longitudinal pretest–posttest comparison group study"	Uses a time series approach
Silva, Filho and Fernandes (2020); "The effect of lockdown on the COVID-19 epidemic in Brazil: evidence from an interrupted time series design"	Uses a time series approach
Stamam et al. (2020); "IMPACT OF LOCKDOWN MEASURE ON COVID-19 INCIDENCE AND MORTALITY IN THE TOP 31 COUNTRIES OF THE WORLD."	Uses a time series approach
Steinegger et al. (2021); "Retrospective study of the first wave of COVID-19 in Spain: analysis of counterfactual scenarios"	Only looks at timing
Stephens et al. (2020); "Does the timing of government COVID-19 policy interventions matter? Policy analysis of an original database."	Only looks at timing
Supino et al. (2020); "The effects of containment measures in the Italian outbreak of COVID-19"	Uses a time series approach
Timelli and Girardi (2021); "Effect of timing of implementation of containment measures on Covid-19 epidemic. The case of the first wave in Italy"	Only looks at timing
Trivedi and Das (2020); "Effect of the timing of stay-at-home orders on COVID-19 infections in the United States of America"	Only looks at timing
Umer and Khan (2020); "Evaluating the Effectiveness of Regional Lockdown Policies in the Containment of Covid-19: Evidence from Pakistan"	Too few observations
VoPham et al. (2020); "Effect of social distancing on COVID-19 incidence and mortality in the U.S."	Do not look at mortality
Wu and Wu (2020); "Stay-at-home and face mask policies intentions inconsistent with incidence and fatality during U.S. COVID-19 pandemic"	Too few observations
Xu et al. (2020); "Associations of Stay-at-Home Order and Face-Masking Recommendation with Trends in Daily New Cases and Deaths of Laboratory-Confirmed COVID-19 in	Do not look at mortality
Yehya, Venkataramani and Harhay (2020); "Statewide Interventions and Coronavirus Disease 2019 Mortality in the United States: An Observational Study"	Only looks at timing
Ylli et al. (2020); "The lower COVID-19 related mortality and incidence rates in Eastern European countries are associated with delayed start of community circulation Alban	Not effect of lockdowns

7.2 Interpretation of estimates and conversion to common estimates

In Table 9, we describe for each study used in the meta-analysis how we interpret their results and convert the estimates to our common estimate. Standard errors are converted such that the t-value, calculated based on common estimates and standard errors, is unchanged. When confidence intervals are reported rather than standard errors, we calculate standard errors using t-distribution with ∞ degrees of freedom (i.e. 1.96 for 95% confidence interval).

Table 9: Notes on studies included in the meta-analysis

1. Study (Author & title)	2. Date Published	3. Journal	4. Comments regarding meta-analysis
Alderman and Harjoto (2020); "COVID-19: U.S. shelter-in-place orders and demographic characteristics linked to cases, mortality, and recovery rates"	26-Nov-20	Transforming Government: People, Process and Policy	We use the 1% effect noted by the authors in "We find that the natural log of the duration (in days) that the state instituted shelter-in-place reduces percentages of mortality by 0.0001%, or approximately 1% of the means of percentages of deaths per capita in our sample. The standard error is calculated on basis of the t-value in Table 3.
Aparicio and Grossbard (2021); "Are Covid Fatalities in the U.S. Higher than in the EU, and If so, Why?"	16-Jan-21	Review of Economics of the Household	We use estimates from Table 3, model 5. For each estimate the common estimate is calculated as (difference in COVID-19 mortality with NPI)/(difference in COVID-19 mortality without NPI)-1, where (difference in COVID-19 mortality with NPI) is 237.89 (Table 2 states that deaths per million is 406.99 in U.S. and 169.10 in Europe) and (difference in COVID-19 mortality without NPI) is estimated as exp(ln(difference in COVID-19 mortality with NPI)-estimate).
Ashraf (2020); "Socioeconomic conditions, government interventions and health outcomes during COVID-19"	1-Jul-20	ResearchGate	It is unclear whether they prefer the model with or without the interaction term. In the meta-analysis, we use an average of -0.326 (Table 3, without) and -0.073 (Table 6, with) deaths per million per stringency point (i.e. -0.200). The common estimate is the average effect in Europe and United States respectively calculated as (Actual COVID-19 mortality) / (COVID-19 mortality with recommendation policy) -1, where (COVID-19 mortality with recommendation policy) is calculated as ((Actual COVID-19 mortality) - Estimate x Difference in stringency x population). Stringencies in Europe and United States are equal to the average stringency from March 16th to April 15th 2020 (76 and 74 respectively) and the stringency for the policy based solely on recommendations is 44 following Hale et al. (2020).

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Auger et al. (2020); "Association between statewide school closure and COVID-19 incidence and mortality in the U.S."	1-Sep-20	JAMA	Estimate that school closure was associated with a 58% decline in COVID-19 mortality and that the effect was largest in states with low cumulative incidence of COVID-19 at the time of school closure. States with the lowest incidence of COVID-19 had a −72% relative change in incidence compared with −49% for those states with the highest cumulative incidence.
Berry et al. (2021); "Evaluating the effects of shelter-in-place policies during the COVID-19 pandemic"	24-Feb-21	PNAS	The estimated effect of SIPO's, an increase in deaths by 0,654 per million after 14 days (significant, cf. Fig. 2), is converted to a relative effect on a state basis based on data from OurWorldInData. For states which did implement SIPO, we calculate the number of deaths without SIPO as the number of official COVID-19 deaths 14 days after SIPO was implemented minus 0,654 extra deaths per million. For states which did not implement SIPO, we calculate the number of deaths with SIPO as the number of official COVID-19 deaths 14 days after March 31 2020 plus 0,654 extra deaths per million. We use March 31 2020 as this was the average date on which SIPO was implemented in the 40 states which did implement SIPO. Using this approximation, the effect of SIPO's in the U.S. is 1,1% more deaths after 14 days. Common standard errors are not available.
Bjørnskov (2021a); "Did Lockdown Work? An Economist's Cross-Country Comparison"	29-Mar-21	CESifo Economic Studies	We use estimates from Table 2 (four weeks). Common estimate is calculated as the average of the effect in Europe and United States, where the effect for each is calculated as (ln(policy stringency) - ln(recommendation stringency)) x estimate.
Blanco et al. (2020); "Do Coronavirus Containment Measures Work? Worldwide Evidence"	1-Dec-20	World Bank Group	The study is not included in the meta-analysis, as it looks at the effect of NPIs on growth rates and does not include an estimate of the effect on total mortality.
Bonardi et al. (2020); "Fast and local: How did lockdown policies affect the spread and severity of the covid-19"	8-Jun-20	0	Find that, world-wide, internal NPIs have prevented about 650,000 deaths (3.11 deaths were prevented for each death that occurred, i.e. 76% effect). However, this effect is for any lockdown including a Swedish lockdown. They do not find an extra effect of stricter lockdowns and state that "our results point to the fact that people might adjust their behaviors quite significantly as partial measures are implemented, which might be enough to stop the spread of the virus." Hence, whether the baseline is Sweden, which implemented a ban on large gatherings early in the pandemic, or the baseline is "doing nothing" can affect the magnitude of the estimated impacts. Since all Western countries did something and estimates in other reviewed studies are relative to doing less – and, hence not to doing nothing, we report the result from Bonardi et al. as compared to "doing less." Hence, for Bonardi et al. we use 0% as the common estimate in the meta-analysis for each NPI (SIPO, regional lockdown, partial lockdown, and border closure (stage 1, stage 2 and full) because all NPIs are insignificant (compared to Sweden's "doing the least"-lockdown).
Bongaerts et al. (2021); "Closed for business: The mortality impact of business closures during the Covid-19 pandemic"	14-May-21	PLOS ONE	Business shutdown saved 9,439 Italian lives by 13th 2020. This corresponds to 32%, as there were 20,465 COVID-19-deaths in Italy by mid April 2020.
Chaudhry et al. (2020); "A country level analysis measuring the impact of government actions, country preparedness and socioeconomic factors on COVID-19 mortality and related health outcomes"	1-Aug-20	EClinacal-Medicine	Finds no effect of partial border closure, complete border closure, partial lockdown (physical distancing measures only), complete lockdown (enhanced containment measures including suspension of all non-essential services), and curfews. In the meta-analysis we use a common estimate of 0%, as estimates and standard errors are not available.
Chernozhukov et al. (2021); "Causal impact of masks, policies, behavior on early covid-19 pandemic in the U.S."	1-Jan-21	Journal of Econometrics	The study looks at the effect of NPIs on growth rates but does include an estimate of the effect on total mortality at the end of the study period for employee face masks (-34%), business closure (-29%). and SIPO (-18%), but not for school closures (which we therefore exclude). In reporting the results of their counterfactual, they alter between "fewer deaths with NPI" and "more deaths without NPI." We have converted the latter to the former as estimate/(1+estimate) so "without business closures deaths would be about 40% higher" corresponds to "with business closures deaths would be about 29% lower."
Chisadza et al. (2021); "Government Effectiveness and the COVID-19 Pandemic"	10-Mar-21	MDPI	The common estimate is the average effect in Europe and United States respectively calculated as (Actual COVID-19 mortality) / (COVID-19 mortality with recommendation policy) -1, where (COVID-19 mortality with recommendation policy) is calculated as ((Actual COVID-19 mortality) - Estimate x Difference in stringency x population). Stringencies in Europe and United States are equal to the average stringency from March 16th to April 15th 2020 (76 and 74 respectively) and the stringency for the policy based solely on recommendations is 44 following Hale et al. (2020). In the meta-analysis we use the non-linear estimate, but the squared estimate yields similar results.
Dave et al. (2021); "When Do Shelter-in-Place Orders	3-Aug-20	Economic Inpuiry	The study looks at the effect of SIPO's on growth rates but does include an estimate of the effect on total mortality after 20+ days for model 1 and 2 in Table 7. Since model 3, 4 and 5 have estimates

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Fight Covid-19 Best? Policy Heterogeneity Across States and Adoption Time"			similar to model 2, we use an average of model 1 to 5, where the estimates of model 3 to 5 are calculated as (common estimate model 2) / (estimate model 2) x estimate model 3/4/5.
Dergiades et al. (2020); "Effectiveness of government policies in response to the COVID-19 outbreak"	28-Aug-20	SSRN	The study is not included in the meta-analysis, as it looks at the effect of NPIs on growth rates and does not include an estimate of the effect on total mortality.
Fakir and Bharati (2021); "Pandemic catch-22: The role of mobility restrictions and institutional inequalities in halting the spread of COVID-19"	28-Jun-21	PLOS ONE	The study is not included in the meta-analysis, as it looks at the effect of NPIs on growth rates and does not include an estimate of the effect on total mortality.
Fowler et al. (2021); "Stay-at-home orders associate with subsequent decreases in COVID-19 cases and fatalities in the United States"	10-Jun-21	PLOS ONE	The study looks at the effect of SIPO's on growth rates but does include an estimate of the effect on total mortality after three weeks (35% reduction in deaths) which is used in the meta-analysis.
Fuller et al. (2021); "Mitigation Policies and COVID-19–Associated Mortality — 37 European Countries, January 23–June 30, 2020"	15-Jan-21	Morbidity and Mortality Weekly Report	For each 1-unit increase in OxCGRT stringency index, the cumulative mortality decreases by 0.55 deaths per 100,000. The common estimate is the average effect in Europe and United States respectively calculated as (Actual COVID-19 mortality) / (COVID-19 mortality with recommendation policy) -1, where (COVID-19 mortality with recommendation policy) is calculated as ((Actual COVID-19 mortality) - Estimate x Difference in stringency x population). Stringencies in Europe and United States are equal to the average stringency from March 16th to April 15th 2020 (76 and 74 respectively) and the stringency for the policy based solely on recommendations is 44 following Hale et al. (2020).
Gibson (2020); "Government mandated lockdowns do not reduce Covid-19 deaths: implications for evaluating the stringent New Zealand response"	18-Aug-20	New Zealand Economic Papers	We use the two graphs to the left in figure 3, where we extract the data from the rightmost datapoint (I.e. % impact of county lockdowns on Covid-19 deaths by 1/06/2020). We then take the average of the estimates found in the two graphs, because it is unclear which estimate the author prefers.
Goldstein et al. (2021); "Lockdown Fatigue: The Diminishing Effects of Quarantines on the Spread of COVID-19 "	4-Feb-21	CID Faculty Working	We convert the effect in Figure 4 after 90 days (log difference -1.16 of a standard deviation change) to deaths per million per stringency following footnote 3 (the footnote says "weekly deaths," but we believe this should be "daily deaths"), so the effect is e^-1.16 − 1 = −0.69 decline in daily deaths per million per SD. We convert to total effect by multiplying with 90 days and "per point" by dividing with SD = 22.3 (corresponding to the SD for the 147 countries with data before March 19, 2020 - using all data yields similar results) yielding -2.77 deaths per million per stringency point. The common estimate is the average effect in Europe and United States respectively calculated as (Actual COVID-19 mortality) / (COVID-19 mortality with recommendation policy) -1, where (COVID-19 mortality with recommendation policy) is calculated as ((Actual COVID-19 mortality) - Estimate x Difference in stringency x population). Stringencies in Europe and United States are equal to the average stringency from March 16th to April 15th 2020 (76 and 74 respectively) and the stringency for the policy based solely on recommendations is 44 following Hale et al. (2020).
Guo et al. (2021); "Mitigation Interventions in the United States: An Exploratory Investigation of Determinants and Impacts"	21-Sep-20	Research on Social Work Practice	We use estimates for "Proportion of Cumulative Deaths Over the Population" (per 10,000) in Table 3. We interpret this number as the change in cumulative deaths over the population in percent and is therefore the same as our common estimate.
Hale et al. (2020); "Global assessment of the relationship between government response measures and COVID-19 deaths"	6-Jul-20	medRxiv	The study is not included in the meta-analysis, as it looks at the effect of NPIs on growth rates and does not include an estimate of the effect on total mortality. They ascertain that "sustained over three months, this would correspond to a cumulative number of deaths 30% lower," however this is not a counterfactual estimate and three months goes beyond the period they have data for.
Hunter et al. (2021); "Impact of non-pharmaceutical interventions against COVID-19 in Europe: A quasi-experimental non-equivalent group and time-series"	15-Jul-21	Eurosurveillance	The study is not included in the meta-analysis, as they report the effect of NPIs in incident risk ratio which are not easily converted to relative effects.

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Langeland et al. (2021); "The Effect of State Level COVID-19 Stay-at-Home Orders on Death Rates"	5-Mar-21	Culture & Crisis Conference	The study is not included in the meta-analysis, as it looks at the effect of NPIs on odds-ratios and does not include an estimate of the effect on total mortality.
Leffler et al. (2020); "Association of country-wide coronavirus mortality with demographics, testing, lockdowns, and public wearing of masks"	26-Oct-20	ASTMH	Their "mask recommendation" includes some countries, where masks were mandated and may (partially) capture the effect of mask mandates. However, the authors' focus is on recommendation, so we do interpret their result as a voluntary effect - not an effect of mask mandate. Using estimates from Table 2 and assuming NPIs were implemented March 15 (8 weeks in total by end of study period), common estimates are calculated as 8^est-1.
Mccafferty and Ashley (2021); "Covid-19 Social Distancing Interventions by Statutory Mandate and Their Observational Correlation to Mortality in the United States and Europe"	27-Apr-21	Pragmatic and Observational Research	The study is not included in the meta-analysis, as it looks at the effect of NPIs on peak mortality and does not include an estimate of the effect on total mortality.
Pan et al. (2020); "Covid-19: Effectiveness of non-pharmaceutical interventions in the united states before phased removal of social distancing protections varies by region"	20-Aug-20	medRxiv	The study is not included in the meta-analysis, as the cluster the NPIs (e.g. SIPO, mask mandata amd travel restricions are clustered in Level 4).
Pincombe et al. (2021); "The effectiveness of national-level containment and closure policies across income levels during the COVID-19 pandemic: an analysis of 113 countries"	4-May-21	Health Policy and Planning	Policy implementations were assigned according to the first day that a country received a policy stringency rating above 0 in the OxCGRT stay-at-home measure. As the value 1 is a recommendation "recommend not leaving house," we cannot distinguish recommendations from mandates, and, thus, the study is not included in the meta-analysis.
Sears et al. (2020); "Are we #stayinghome to Flatten the Curve?"	6-Aug-20	medRxiv	Find that SIPOs lower mortality by 29-35%. We use the average (32%) as our common estimate. Common standard errors are calculated based on estimates and standard errors from (Table 4) assuming they are linearly related to estimates.
Shiva and Molana (2021); "The Luxury of Lockdown"	9-Apr-21	The European Journal of Develepment Research	The estimate with 8 weeks lag is insignificant, and preferable given our empirical strategy. However, they use the 4-week lag when elaborating the model to differentiate between high- and low-income countries, so the 4-week lag estimate for rich countries is used in our meta-analysis. Common estimate is calculated as the average of the effect in Europe and United States, where the effect for each is calculated as (policy stringency - recommendation stringency) x estimate.
Spiegel and Tookes (2021); "Business restrictions and Covid-19 fatalities"	18-Jun-21	The Review of Financial Studies	We use weighted average of estimates for Table 4, 6, and 9. Since authors state that they place more weight on the findings in Table 9, Table 9 weights by 50% while Table 4 and 6 weights by 25%. We estimate the effect on total mortality from effect on growth rates based on authors calculation showing that estimates of -0.049 and -0.060 reduces new deaths by 12.5% 15.3% respectively. We use the same relative factor on other estimates.
Stockenhuber (2020); "Did We Respond Quickly Enough? How Policy-Implementation Speed in Response to COVID-19 Affects the Number of Fatal Cases in Europe"	10-Nov-20	World Medical & Health Policy	When calculating arithmetic average / median, the study is included as 0%, because estimates in Table 6 are insignificant and signs of estimates are mixed (higher strictness can cause both fewer and more deaths). We don't calculate common standard errors.
Stokes et al. (2020); "The relative effects of non-pharmaceutical interventions on early Covid-19 mortality: natural experiment in 130 countries"	6-Oct-20	medRxiv	We use estimates from regression on strictness alone (Right panel in Table "Regression results, policy strictness. Baseline is "policy not introduced within policy analysis period" in "Additional file"). We use the average of 24 and 38 days from model 5. There are 23 relevant estimates in total (they analyze all levels within the eight NPI measures in the OxCGRT stringency index). We calculate the effect of each NPI (e.g. closing schools) as the average effect in all of U.S./Europe. This is done by calculating the effect for each state/country based on the maximum level for each measure between Mar 16 and Apr 15 (e.g. if all schools in a state/country are required to close (school closing level 3) the relevant estimate for that state/level is -0.031 (average of -0.464 and 0.402). We assume all NPIs are effective for 54 days (from March 15 to June 1 minus 24 days to reach full effect). Standard errors are converted to common standard errors following the same process (this approach is unique for Stokes, as our general approach is not possible).

1. Study (Author & title)	2. Date Published	3. Journal	4. Comments regarding meta-analysis
Toya and Skidmore (2020); "A Cross-Country Analysis of the Determinants of Covid-19 Fatalities"	1-Apr-20	CESifo Working Papers	It is unclear how they define "lockdown." They write that "many countries [...] imposed lockdowns of varying degrees, some imposing mandatory nationwide lockdowns, restricting economic and social activity deemed to be non-essential," and since all European countries and all states in the U.S. imposed restrictions on economic (closing unessential businesses) and/or social (limiting large gatherings) activity, we interpret this as all European countries and all U.S. states had mandatory nationwide lockdowns. The effect of recommended lockdowns is set to zero in the meta-analysis, as only one country was in this lockdown category (i.e. too few observations, cf. eligibility criteria). The estimate for complete travel closure is -0.226 COVID-deaths per 100,000. Hence, if all of Europe imposed complete travel closure, the total effect would be -0.266 * 748 million (population) * 10 (100,000/1,000,000) equal to 1,690 averted COVID-19 deaths. However, according to OxCGRT-data European countries only had complete travel bans (Level 4: "Ban on all regions or total border closure") in 11% of the time between March 16 and April 15, 2020. So the total effect is 1,690 * 11% = 194 averted deaths. During the first wave 188,000 deaths in Europe was related to COVID-19 (by June 30, 2020), so the total effect is approximated to -0.1% in Europe and, following the same logic, 0% in U.S., where no states closed their borders completely. We use the average, -0.05%, in the meta-analysis. The estimate for mandatory national lockdown is 0.166 (>0) COVID-deaths per 100,000. Since all European countries (and U.S. states) imposed lockdowns, the total effect is 1,241 (553) extra COVID-19 deaths corresponding to 0.7% (0.4%). We use the average of Europe and the U.S., 0.5%, in the meta-analysis. Calculations of the effect of "Mandatory national lockdown" follow the same logic, but we assume 100% of Europe and United States have had "Mandatory national lockdown."
Tsai et al. (2021); "Coronavirus Disease 2019 (COVID-19) Transmission in the United States Before Versus After Relaxation of Statewide Social Distancing Measures"	3-Oct-20	Oxford academic	The study is not included in the meta-analysis, as they report the effect of NPIs on Rt which are not easily converted to relative effects.

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Government data shows masks had no impact on COVID spread

Cases rose and fell while mask-wearing remained constant

By Art Moore
Published March 7, 2021 at 2:05pm

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President Joe Biden and Vice President Kamala Harris take a walk through the White House grounds. (Official White House photo)

A graph that overlays data from surveys on mask usage with the number of coronavirus cases confirms studies that indicate the face coverings have no significant impact on the spread of the coronavirus.

Using data culled from YouGov.com and the Covid Tracking Project from March 20, 2020, to March 3, 2021, economist Brian Westbury created the chart and posted it on Twitter.

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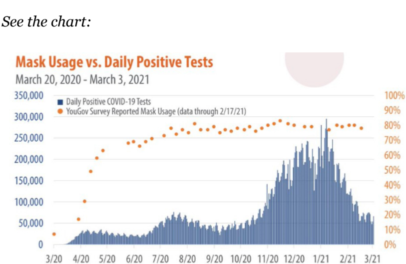
Surveys showed mask usage reached about 80% by midsummer last year and has remained consistent since then. During that period, however, the number of daily positive cases rose and fell precipitously.

Many epidemiologists have noted the coronavirus, in a second major wave, is following the bell-shaped pattern of epidemics predicted by Farr's Law in 1840, regardless of mitigation efforts.

TRENDING: Kill vax mandates with a truck blockade of the Super Bowl

See the chart:



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Another chart, from a Financial Times analysis of the Covid Tracking Project, shows very little difference in the number cases between North Dakota and South Dakota. That's despite the fact that North Dakota has had a mask mandate, while South Dakota has not.

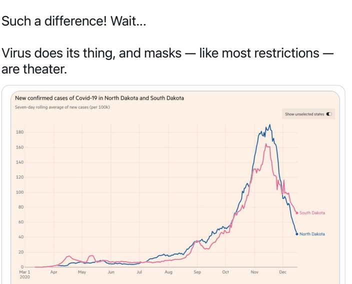
Steve Cortes @CortesSteve

North Dakota with masks

South Dakota without masks

Such a difference! Wait...

Virus does its thing, and masks — like most restrictions — are theater.



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Are masks effective in preventing the spread of COVID-19?
Yes No
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On Tuesday, Texas Gov. Greg Abbott announced his state will open "100%" next Wednesday and end the statewide mask mandate, arguing cases and hospitalizations have dropped precipitously, vaccines are being distributed and "too many Texans have been sidelined from employment opportunities" and "too many small business owners have struggled to pay their bills."

Later Tuesday, Mississippi Republican Gov. Tate Reeves announced he is replacing all current executive orders regarding coronavirus mitigation with "recommendations."

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By the end of the week, at least six other states followed with significant moves.

On Thursday, Alabama Republican Gov. Kay Ivey extended her state's mask order for another month but said it will end for good April 9.

Connecticut Democratic Gov. Ned Lamont said Thursday he will lift on March 19 all capacity limits on restaurants, retail stores, libraries, personal services, indoor recreation, gyms, museums, offices and houses of worship.

Arizona Republican Gov. Doug Ducey on Friday announced all businesses will reopen at 100% capacity.

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West Virginia Republican Gov. Jim Justice said bars, restaurants, small businesses, retail stores, gyms and museums can open to 100% capacity.

California will allow Major League Baseball and theme parks such as Disneyland to host live shows at reduced capacity on April 1.

Axios reported the Centers for Disease Control is allowing shelters handling child migrants to expand to 100% capacity, abandoning a COVID-19 requirement to stay at 50%.

No statistically significant difference

Former White House coronavirus adviser Dr. Scott Atlas explained in a recent interview why widespread use of masks is ineffective as a public policy.

See his remarks:

> *Dr.Scott Atlas: Wearing of masks is GARBAGE SCIENCE. pic.twitter.com/yfc4lJWa8c*
>
> *— Robin Monotti FRSA (@robinmonotti) March 2, 2021*

In November, as WND reported, the first large, randomized controlled trial of its kind showed no statistically significant difference in COVID-19 cases between people who wore masks and those who did not.

In October, an analysis of a dozen graphs charting the number of COVID-19 cases in countries and U.S. states confirmed the conclusions of recent studies that mask mandates had no effect on the spread of the disease.

A study by the Centers for Disease Control in October indicated that Americans were adhering to mask mandates, but they didn't appear to have slowed or stopped the spread of the coronavirus. And further, it found, mask-wearing has negative effects.

In March 2020, White House coronavirus adviser Dr. Anthony Fauci said in a "60 Minutes" interview that in general, "people should not be walking around with masks."

"Right now in the United States, people should not be walking around with masks.

"You're sure of it? Because people are listening really closely to this," he was asked.

"There's no reason to be walking around with a mask. When you're in the middle of an outbreak, wearing a mask might make people feel a little bit better and it might even block a droplet, but it's not providing the perfect protection that people think that it is. And, often, there are unintended consequences – people keep fiddling with the mask and they keep touching their face."

A change in 'the consensus'

The Association of American Physicians and Surgeons has compiled a page of "Mask Facts" that explains the basic science behind mask-wearing and summarizes a variety of studies.

It shows that the consensus prior to the coronavirus pandemic was that the effectiveness of mask-wearing by the general public in slowing the spread of a virus is unproven, and there's evidence it does more harm than good.

On April 6, 2020, the World Health Organization said the "wide use of masks by healthy people in the community setting is not supported by current evidence and carries uncertainties and critical risks." Just two months, later, however, as the pandemic surged, the WHO changed its stance without providing any evidence with randomized controlled trials.

On March 5, the Centers for Disease Control said masks "are usually not recommended in "non-health care settings."

But on Aug. 7, the CDC said it "recommends that people wear masks in public settings and when around people who don't live in your household, especially when other social distancing measures are difficult to maintain."

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Art Moore

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Art Moore, co-author of the best-selling book "See Something, Say Nothing," entered the media world as a PR assistant for the Seattle Mariners and a correspondent covering pro and college sports for Associated Press Radio. He reported for a Chicago-area daily newspaper and was senior news writer for Christianity Today magazine and an editor for Worldwide Newsroom before joining WND shortly after 9/11. He earned a master's degree in communications from Wheaton College.

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Dear WND Readers and Commenters: In response to WND recently being totally de-monetized by Google (an action Google claims it took, in part, because it objected to content posted by some commenters), WND temporarily removed commenting from the site to allow our tech team time to implement a commenting solution that would allow commenters to continue to voice their opinions freely, while also allowing WND to continue to publish the news fearlessly and cover topics of vital importance to our readers.

Commenting is now back! As part of our solution to Google's attacks on our commenters, we are switching our commenting platform to INSTICATOR. Don't worry! We've saved all your account info and comments from previous articles. All you have to do is create a commenting account with Insticator and then you will be able to link past comments from Disqus into your new Insticator account. Due to the volume of comments, some older comments may currently be missing but will be uploaded soon! If you have any feedback or questions about your Insticator commenting account, please email them at: commenting-help@insticator.com

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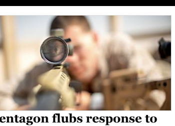
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News

New Study Finds Mask Use Had 'Little to No' Association with the Spread of COVID, Contradicting CDC

By Brett Kershaw June 7, 2021 at 5:35pm

A recent study published online on MedRxiv found that mask mandates and the use of masks in the continental United States were "not associated with lower SARS-CoV-2 spread" during the global outbreak of the coronavirus last year.

Measuring total coronavirus case growth and public mask use with data provided by the Centers for Disease Control and Prevention and Institute for Health Metrics and Evaluation, the non-peer-reviewed study's results ascertained that the growth rate of COVID-19 cases did not significantly vary between "mandate and non-mandate states."

When exposed to higher transmission and spread, "surges were equivocal" across the separate states and "[m]ask mandates and use could not be "associated with slower state-level COVID-19 spread during COVID-19 growth surges," the researchers noted.

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"Our findings do not support the hypothesis that SARS-CoV-2 transmission rates decrease with greater public mask use," they continued. According to the researchers, coronavirus "transmission waves are independent of reported mask use," and do not associate with case growth.

"Case growth was independent of mandates at low and high rates of community spread, and mask use did not predict case growth during the Summer or Fall Winter waves."

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This study is one of many to question the prevailing notion that mask mandates were proper predictors of virus mitigation during the initial months of the pandemic's outbreak.

Last year, despite protest from substantial cohorts of the American public, mask mandates were enacted throughout the country and remained in place for approximately a year.

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But after a chorus of state governments have now relinquished emergency powers and rescinded pandemic-era restrictions, such as mask-wearing and social distancing, the merits of mask-wearing and societal shutdowns are beginning to encounter popular inquisition.

Following the Freedom of Information Act request that released an assortment of Dr. Anthony Fauci's emails to Buzzfeed News and The Washington Post, there is now a heightened concern that America's public health professionals, as well as public officials, failed to do their due diligence by advocating for policies that may have been grounded in bias or cynicism.

Was the mask mandate based on inconsistent scientific research?

○ Yes ○ No

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In one email, the director of the National Institute of Allergy and Infectious Diseases appeared to profess that common masks, those worn by most of the population, are not a viable tool for protecting their healthy wearers.

"Masks are really for infected people to prevent them from spreading infection to people who are not infected rather than protecting uninfected people from acquiring infection," Fauci allegedly wrote to Sylvia Burwell, the former Secretary of Health and Human Services.

"The typical mask you buy in the drug store is not really effective in keeping out virus[es], which [are] small enough to pass through the material. It might, however, provide some slight benefit in keep[ing] out gross droplets if someone coughs or sneezes on you," he added.

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Over the course of 2020, Fauci would publicly advocate for widespread mask-wearing, saying to Republican Sen. Rand Paul of Kentucky in a Senate hearing, "Let me just state for the record that masks are not that theater. Masks are protective."

Related: Top Children's Hospital Says School Mask Mandates Should End Now

Proponents of masks, including the CDC and the National Institute of Health, still contend that they are superior instruments to limit the spread of the virus.

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Under current CDC guidelines, fully vaccinated Americans are permitted to resume activities without wearing a mask or physically distancing themselves.

For those who are either half-vaccinated or completely unvaccinated, they are required to maintain taking all recommended precautions, which include mask-wearing and social distancing compliance.

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Tags: Anthony Fauci, Centers for Disease Control and Prevention CDC, Coronavirus, health, masks, politics, Rand Paul, science, US news

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Brett Kershaw
Associate Staff Writer
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Brett Kershaw is an associate staff writer for The Western Journal. It graduate of Virginia Tech with bachelor of arts degrees in political science and history. he is a published author who often studies political philosophy and political history.

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Biden Mulling Lifelong Punishment for Passengers Who Had a Mask 'Incident' While Airborne
Americans who have refused to mask up on airplanes soon might be put on the federal No-Fly list.
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Freedom Convoy Raises Over $5 Million on Christian-Owned Funding Platform Despite Cybersattacks
Ukrainian-owned GiveSendGo stripped into the gap after the notoriously liberal GoFundme shut down the Freedom Convoy.
By Amanda Thomason | February 7, 2022

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I am a Los Angeles County resident with two children ages 13 and 11 who have been living under the most restrictive COVID-19 policies in the country for two years now; policies that have had negligible effect on controlling the virus while having extreme effects on children's and families' mental health. I am writing to ask the Board of Supervisors to re-evaluate LA County's extreme approach and align itself with the State of California and eliminate the requirement for outdoor masking at schools and make indoor masking at schools and in general optional for fully-vaccinated children February 16.

Omicron has a lower risk of severe illness, and the risk of severe COVID among children is significantly lower than in adults. Notwithstanding that fact, mitigation measures have disproportionately impacted children creating an extreme mental health crisis due to social isolation and anxiety. LADPH has yet to even acknowledge the health effects of masking on children despite the AAP and Surgeon General's warnings. We now, thankfully, have vaccines and treatments that no longer make COVID-19 the health crisis it once was. Let's celebrate that fact and acknowledge that these restrictions now do more harm than good.

I urge the LA County Board of Supervisors to move away from the panic-driven restrictions continually imposed by Barbara Ferrer and look to other states and countries that are acknowledging COVID-19 is no longer an existential threat and are dropping mask mandates in schools. We must acknowledge the collateral damage that has been done to children. Our children do not need to be masked for another year. Their mental health is too important.

From: Mark Allan Herzberg
To: ExecutiveOffice
Subject: Barabar Ferrer
Date: Wednesday, February 9, 2022 8:53:30 AM

What steps are being taken to remove her from office?

Which council members support her so I know who to vote against

How do I donate to Kathryn Barger's relection campaign?

Thank you.

Sent from my iPhone?

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Thank you.

Sent from my iPhone?

From: Cynthia Strand
To: ExecutiveOffice
Subject: Change the "mask mandate"
Date: Wednesday, February 9, 2022 7:42:22 AM

Dear Supervisors:
I urge, plead, beg you to STOP the mask mandate in LA County now. Let people make their own choices instead of forcing mandates on us. This virus is here to stay. We have to accept that and deal with it - it is time to allow us to decide how we want to live with it - masked or unmasked. The mask mandate should also be dropped for ALL schools in LA County - children are the least affected group and must be allowed to breathe and smile.

Thank you Supervisor Barger for stepping up to lead this change. It is time we trust people to do what they feel is right and *stop with the mandates.*

Cyndi Strand
Manhattan Beach CA

Sent from my iPad

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Cyndi Strand
Manhattan Beach CA

Sent from my iPad

From: Helen
To: ExecutiveOffice
Subject: County Employee Vaccine Mandates
Date: Wednesday, February 9, 2022 11:47:23 AM

Dear Los Angeles County Supervisor(s),

We, (the electorate) hire you to administer our collective. The threatened firing of law enforcement (or any county employee) for refusal to submit to an invasive medical procedure is a breach of the trust we put in you.

It has been proven these "vaccines" are of limited value for the majority of people. (Likely due to the fact only a small fraction of people are actually at risk for severe illness or hospitalization.)

The risk/benefit inures to individual freedom to choose.

Los Angeles Voter

Sent from my iPad

From: Brian Colclough
To: ExecutiveOffice
Subject: Do not fire those that choose not to be vaccinated
Date: Monday, February 7, 2022 8:15:29 PM

I cannot believe it's come to this where 18,000 people could lose their jobs.

CDC has said masks don't work unless N95
Vaccinated get Covid
Vaccinated transmit Covid
It's not about safety …those that don't want the jab don't need your protection and those that get the jab are supposedly safe….yet you want to fire people? Logic and reason has been trampled all over.

The facts are in and it's stunning that decisions were made to force people to get a shot that does not prevent you from getting the very thing it claims to protect you from.

A polio shot actually prevents you from getting polio…a Covid shot does not prevent you from getting

Have a soul and do the right thing because if you vote to fire 18,000 people you'll be haunted the rest of your life for being evil.

DO THE RIGHT THING and let them keep their jobs.

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DO THE RIGHT THING and let them keep their jobs.

From: Alice Lisboa
To: ExecutiveOffice
Subject: End the Mask and Vaccine Mandates
Date: Wednesday, February 9, 2022 4:00:55 PM

NOW! And, get rid of the granola Karen Barbara Ferrer! Why are WE THE PEOPLE paying her $389,000 a year? So, comrade Ferrer dictates we have to be masked until eternity? Enough is enough!

From:	Salina H
To:	ExecutiveOffice; Sheila; Barger, Kathryn; First District; Supervisor Janice Hahn (Fourth District); Holly J. Mitchell; media@ph.lacounty.gov
Subject:	END THE SCHOOL MASK MANDATE AND RESTICTIONS NOW
Date:	Wednesday, February 9, 2022 8:25:24 AM

These restrictions at school have been causing children mental and social emotional harm and psychological harm - end all the restrictions now.

From:	Mike Goodwin
To:	Supervisor Janice Hahn (Fourth District); First District; Sheila; Holly J. Mitchell; Barger, Kathryn; mayor.helpdesk@lacity.org; media@ph.lacounty.gov; ExecutiveOffice
Subject:	Enough is Enough…terminates the unvaccinated.
Date:	Tuesday, February 8, 2022 6:59:37 AM

How has this happened? How has this been allowed? Why is this still an issue?

All 18,000 Los Angeles County employees that have not been vaccinated, should be fired immediately. Each have been given ample time and opportunity to follow the requirements of employment with the county.

Enough is enough of being intimidated by a fringe minority that have chosen to politicize the health of all Los Angeles residents. You just don't get to pick and choose which rules you get to obey…especially in the Sheriff's department.

Enough is enough of this insubordination.

Charles Michael Goodwin
Whittier, California
214-695-3423

From: John Henry Marino
To: ExecutiveOffice; Supervisor Janice Hahn (Fourth District)
Subject: Fire Barbara Ferrer - Unscientific and Unaccountable .
Date: Tuesday, February 8, 2022 3:52:54 PM

Janice,
Here is another shout in a sea of voices: either fire Barbara Ferrer and end the vaccine and mask mandates which are crippling our county and sowing discontent, or resign and let somebody with principles do it.
Dr. Ferrer has set completely unrealistic goals for the removal of masks, and opposes one of the most like-minded states, California, in doing so. You have supported Dr. Ferrer's unscientific and backward positions throughout the course of this pandemic since your election in March 2020. If you do not do what is right, this will be your last term. The people of your district have had enough of the one-sided dictates and wholesale dismissal of our positions. You serve us. A simple Google search reveals the wave of support of removing mask and vaccine mandates (https://file.lacounty.gov/SDSInter/bos/supdocs/165995.pdf) which has gone unnoticed. The winds of change are blowing across this country, state, and county, and soon you will have to decide which way you're going to go.
The continuance of the mask mandate in the faith of the wealth of data is unscientific and illogical. First, any way you look at the data, masks have done nothing to influence the flow of this virus FROM THE BEGINNING. You may recall in March 2020, when you started your term of service, that masks were discouraged (except N-95s by health professionals) - then encouraged when politically expedient. The data was never provided to support them, and it still doesn't exist. One need only look at LA COUNTY and our rate of spread to see that all the vigorous mask and vaccine mandating has done nothing good to Slow the Spread.
Dr. Ferrer's policy reflects the definition of insanity: doing the same thing over and over yet expecting a different result. The mask mandates didn't work when the Alpha variant initially spread; they certainly don't stop Omicron or any other forthcoming variants. Looking at the results of your Health Department's past 2 years, they literally could not do anything worse. Spread and death rates matched all projections despite our attempts at interventions. It's time to try something new, and that is to take ourselves and our children out of the masks IMMEDIATELY. Not in a week, or when cases are less than 2,500 in a county of over 10,000,000 (an impossible goal), or when the stars align; NOW.
And the mask mandate needs to be across the board. The CDC, FDA, drug companies, and governments across the world ALL ADMIT that the vaccines do no Stop the Spread. We also all know that masks, aside from specific medical grade masks in specific circumstances, do not Stop the Spread. So the vaccination status of the individual should have NO BEARING on if they wear a mask or not. An unvaccinated person not wearing a mask can spread COVID just as easily as a vaccinated person wearing the mask. If you disagree, I encourage you to Follow the Science and look it up. The CDC agrees.
By imposing the mask mandate on a minority population and segregating them by their medical status, you invite discrimination and discord among your constituents. I can think of few ways to divide people more than forcing one group that you disagree with to wear a sign of that on their face at all times. If you do pursue that, perhaps you can have the county distribute the masks, and color them yellow to be more distinct. A star emblazoned across the front will mark all the wearers as *extra special* for immediate recognition and avoidance.

TLDR: end the mask and vaccine mandates NOW, or update your CV for when you look for a new job in 2024.
-Your VERY concerned constituent,

John Marino

From: Gina Felikian
To: ExecutiveOffice
Subject: Fire Barbara Ferrer
Date: Tuesday, February 8, 2022 4:58:23 PM

Dear LA County Board of Supervisors,

Enough is enough!!! How much longer do we have to live under this woman's control????

Our numbers are down, we are vaccinated, at this point if a person doesn't want to get vaccinated and gets sick, that is their choice! This is still America! You don't care if someone smokes and gets cancer. You don't care if a person is 400lbs and eats fast food every day! There's more risk of dying as a result of obesity then there is of covid right now.

Stop controlling us with this mask mandate Enough of us are vaccinated and boostered, that dying of covid isn't an issue. Get Barbara Ferrer's foot off our necks! Leave us alone already. This isn't a communist country.

Remove the mask mandates. If someone is still scared and wants to wear one, that's their choice. Stop mandating masks and FIRE Barbara Ferrer. She sucks and DOES NOT FOLLOW THE SCIENCE!

Gina felikian
319-890-3115

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Gina felikian
319-890-3115

From: Joshua Martinez
To: ExecutiveOffice
Subject: Firing for vaccination status
Date: Wednesday, February 9, 2022 9:27:12 AM

Hello, I'm still confused about all this.
You're going to fire 4,000 people for refusing to take an experimental injection with no long term studies with MRNA tech never been used in humans. Not only that you will violate the Nuremberg code which is recognized world wide for atrocities committed by nazi scientists and Japanese scientists of camp 700. Which simply put you can't experiment on people with our informed consent nor can you coerce them into taking medical treatments by any means necessary. So you firing them for not taking a shot…coercion. So you are willingly and knowingly violating Nuremberg. I look forward to your executions.

Sent from my iPhone

From: AABOffice
To: ExecutiveOffice
Subject: FW: Mandatory vaccines
Date: Wednesday, February 9, 2022 11:17:50 AM

Hello,

Please see email below and forward to the appropriate office. AAB was included in this email but it does not pertain to Assessment Appeals.

Thank you.

Jessica Longoria
Assessment Appeals Board

From: John Jackson <csmjwj7113@gmail.com>
Sent: Wednesday, February 9, 2022 11:12 AM
To: AABOffice <AABOffice@bos.lacounty.gov>
Subject: Mandatory vaccines

Honorable Board of Supervisors for LA County:

As a former (retired) LA County Deputy Sheriff's Sergeant of over 30 years, I respectfully ask you to open your minds to what your control over the lives of so many mean. The Sheriff's Department has a huge area and population to serve and protect, including security for county employees such as yourselves plus a large number of judges.

Of those long time professionals serving in after years of experience, many may be lost if the Board insist on them giving up their right to choose what medical procedures they accept for their own well being. Many will retire or go to other counties such as Riverside and San Bernardino that have not mandatory requirement.

Importantly, do you not believe that free Americans have a Constitutional right to choose what substance we put in our bodies? The COVID vaccine protects us if we get sick and may make our chances of recovery better, but DOES NOT KEEP US FROM GETTING SICK! Many of us take flu shots as different variants have occurred but we still have a chance of getting the flu, no different than the COVID variants.

Masking may have a positive affect on not spreading a disease and possibly should be used when approaching others on routine calls. Some degree of common sense needs to be used in educating others and encouraging appropriate safe guards, but DO NOT ORDER someone to care for themselves, THAT IS A PERSONAL THING!

I no longer live in LA County and would welcome any LA Deputy that desires to leave, to please consider Riverside County where our Sheriff and County Council allows for voluntary vaccinations. I think most do follow the safe guidelines that is encouraged, but it is their choice. At the young

age of 84 I am fully vaccinated including the flu shot. My choice! I ENCOURAGE THE LA COUNTY BOARD OF SUPERVISORS TO USE EDUCATION AND ENCOURAGEMENT, …NOT MANDATES to gain the results desired.

Respectfully,

John W. Jackson
LASD SGT (Retired)

From: AABOffice
To: ExecutiveOffice
Subject: FW: Mask/vaccine/testing Mandate
Date: Wednesday, February 9, 2022 1:10:39 PM

Hello,

Please see email below and forward to the appropriate office. AAB was included in this email but it does not pertain to Assessment Appeals.

Thank you.

Jessica Longoria
Assessment Appeals Board

From: Jill Tanner <jtanner@gclancaster.com>
Sent: Wednesday, February 9, 2022 12:48 PM
To: AABOffice <AABOffice@bos.lacounty.gov>
Subject: Mask/vaccine/testing Mandate

To ALL of the LA County Board of Supervisors,

Please reconsider your position on the mask/vaccine/test mandate before the final decision of March 15.

I am one of the fourth generation to live in the Antelope Valley in Lancaster. My family arrived here as farmers in about 1911 -- a ways back before it was suburban! My grandfather moved people from the San Fernando Valley in the 1920's up here in Lancaster by horse and wagon! I am invested in living here and have no intention of moving. That said, these have become very, very troubling times for the Antelope Valley. It is the perfect storm, so to speak.

First, the four of you (except Supervisor Barger) are out of touch with the needs and the services of the Antelope Valley. I realize this is her district, but you all are making decisions that affect this area, too!

Secondly, we have a DA (Gascon) who won't prosecute the criminals, who as a result, repeat the same crime within the same day. I don't need to recite the crime statistics to you -- which by the way, are not the fault of LASD...those statistics lay directly at the feet of Gascon.

Thirdly, we have a two-faced dictatorial Governor who has no concept of suburban living -- and the unique distances we travel because of that suburbia/rural living. The distance between crime and cop-to-help is immense.

Finally, which is the pointed reason for this email, you, the Supervisors (four of you, anyway) appear more like Mean Girls trying to push around Sheriff Villanueva at the expense of those of us who are trying to work, live, raise children, and enjoy grandchildren. Your manner appears more similar to junior high school girls bullying the boys. It's petty. It's not well-reasoned. Pretty soon, only the dead (by the hands of criminals and not COVID) will have masks -- and only the criminals will have guns!

I'm asking you to PLEASE reconsider your position on the mask/vaccine/testing mandate for employees (in particular the LASD). And please get out of the business of requiring testing for these, the essential workers. Just let them do their "impossible" jobs! Quit handcuffing them and get them back to work. Do you realize we still have a marijuana problem up here? And several catalytic converters and more cars are being stolen every single night!? HELP!

Sincerely,

Jill Tanner
5359 East Avenue I
Lancaster CA 93535
661-839-2999

From: David Nahrstedt
To: ExecutiveOffice
Subject: Incompetence
Date: Wednesday, February 9, 2022 9:31:21 AM

Headline: *"L.A. County Supervisors Vote to Start Firing 4,000 Unvaccinated LASD Police Officers…"*

You folks are headed for the biggest class action suit in the history of CA.

I've never seen such incompetence. You are bringing the state closer to bankruptcy and CWII.

Dr D Nahrstedt
Westwood

Sent from Mail for Windows

From:	Mark Peters
To:	ExecutiveOffice
Subject:	LA Sherrif: UN-American to fire 4,000 police officers
Date:	Wednesday, February 9, 2022 8:15:30 AM

This decision is utterly repulsive!
You have let out all the criminals, supported BLM and Antifa
and now you are firing 4,ooo officers !

Keep the Officers,

Fire the LA Board of Supervisors

Mark Peters

From:	Mark Peters
To:	ExecutiveOffice
Subject:	LA Sherrif: UN-American to fire 4,000 police officers
Date:	Wednesday, February 9, 2022 8:15:30 AM

This decision is utterly repulsive!
You have let out all the criminals, supported BLM and Antifa
and now you are firing 4,ooo officers !

Keep the Officers,

Fire the LA Board of Supervisors

Mark Peters

From: Keeton Ritter
To: ExecutiveOffice
Date: Tuesday, February 8, 2022 10:12:55 PM

You did the wrong thing voting yes on law 18 of firing people who are not vaccinated especially our first responders law enforcement agencies fire department EMT and nurses you should be ashamed you now put the whole los angles in danger with all this high crime rate going up if you support your position and your citizens of the los angles area you would turn back on your decision before it to late

Back the blue

Stand for the police end the mandates

Also hope you guys gets law suit against you guys for the whole city negligence Of the safety of the people business and the control

Sent from my iPhone

From: Hanlux Hanlux
To: ExecutiveOffice
Date: Tuesday, February 8, 2022 7:22:56 AM

So you and your board have failed the city of LA with your leftist politics and agenda's. So now you push to fire some 11,000 county employees and sheriff's.... Sounds like another recipe for disaster for a struggling city like LA. You already allow criminals to run your town in many areas. You should ask be taken from your posts. You have failed. You should answer to that. There also should be a FULL audit of the money. Which so called non profits you give money to and take money from. You do not have authority over any individual. You may think so in your warped mind. But NO man controls another. I hope your punishment is swift. Drop your mandates for these unapproved,unproven shots that are killing people and making them sick.

Thanks,
Dave Mayle

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Sent from my iPhone

From: CrossFit Challenge
To: ExecutiveOffice
Subject: Mandates
Date: Tuesday, February 8, 2022 5:07:05 PM

The L A County Board of Supervisors is an embarrassment and want to play the power game when it comes to Covid.

These vaccine mandates are a joke and I myself haven't worn a mask or been vaccinated.

Come and try to cite or arrest me.

PS. Leave the Sheriff alone. He is the only one with common sense.

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From: Caroline Perry
To: ExecutiveOffice
Subject: Mask mandate - response required
Date: Tuesday, February 8, 2022 2:29:13 PM

My family is shocked and dismayed by Barbara Ferrer's decision to not lift the mask mandate in line with neighboring counties. Angelenos have lived under the strictest conditions for almost two years ago and even though these measures appear to have done nothing to prevent covid spread - we still have higher numbers than places with fewer restrictions! - still these draconian policies remain.

My children are suffering as a result of having to wear masks in non-air conditioned public school classrooms all day, My TK student cries and doesn't want to go to school. My 6th grader says his asthma is induced by being masked for long periods (and he gave up sports when you insisted, anti-scientifically, that kids wear masks outdoors).

My three kids have all have Omicron (one picked it up at school, despite being masked/distanced, and the others caught it from her at home). Not ONE of the children experienced a single symptom, neither did any of their friends who also contracted it at the same time. To treat them like walking pathogens when this illness does not even impact them is akin to child abuse. As a vaccinated adult I only experienced mild symptoms, and it is up to adults to protect themselves with the myriad vaccines and treatments now available.

Enough is more than enough. I cannot stand by and allow you to make my children suffer any more. Lift the mask mandates NOW.

Mr & Mrs. Perry

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Mr & Mrs. Perry

From: Kent Scribner
To: ExecutiveOffice
Subject: Mask
Date: Tuesday, February 8, 2022 8:48:36 AM

"scratch a liberal and find a fascist."

The masking is totally useless unless there is a political motive.

Your motive is fear and compliance.

Perhaps the commission should clean up the crime wave they have brought.

At least the people can see you for what you are now.

From: William Bower
To: ExecutiveOffice
Subject: Oppose Agenda 1 #18!!
Date: Wednesday, February 9, 2022 11:29:42 AM

I oppose the firing of unvaccinated La County employees!
This will leave the public completely unsafe!
Please do not allow #18 to pass!
Thank you, William Bower!

From: Bobby Naderi
To: ExecutiveOffice
Subject: Please forward to all 5 supervisors....
Date: Tuesday, February 8, 2022 9:27:14 PM

Our children have not had a normal school year since 2019. For two years we have written to this Board begging for relief for our children. For two years, you have put the unions and special interests ahead of our children. Experts around the world and our own US Surgeon General have sounded the alarm of a mental health crisis in our children due to the pandemic school closures and continued restrictions. Almost every major publication has published a story in the last few weeks about the harmful effects of masking our kids and the lack of science behind it. Our children are in crisis, and YOU continue to ignore it. Not a single message from LA County Public Health addresses the social, emotional, and mental harm done to our children - all damage that is a lot more serious for most kids than the side effects of Covid. This is an EPIC failure by this Board and the Public Health Department.

Our children were locked out of their schools and sports for over a year. Now that the school doors have opened, our children are distanced from friends, masked for 7+ hours a day, with no parties, field trips or fun. Children are being forced to wear masks to run, exercise and play sports, even outdoors; meanwhile this same city is hosting the Super Bowl with over 80k. Children are made to believe that people would get sick and die from the simple act of them breathing yet see on television and in other places that adults are living in a different world with no masks and social distancing as none of these restrictions are imposed on adults. We will not let you ignore us anymore. We will not let you harm our children any longer. The testing, quarantining, and masking of our children needs to end NOW. You are all elected officials and will not be supported in the future by any parent if you continue the hypocrisy.

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From:	Michael Topor
To:	ExecutiveOffice
Cc:	Sheila; Supervisor Janice Hahn (Fourth District)
Subject:	RE: Vaccine Mandate for City Employees
Date:	Wednesday, February 9, 2022 4:36:21 PM
Importance:	High

Dear Board of Supervisors,

I learned in the news that you plan to start enforcing the Vaccine Mandate, via bypassing Sheriff Villanueva's decision. Frankly, Mr. Villanueva's stance on vaccine mandates is much more reasonable than your Board's, and I fully agree with our Sheriff's decision not to enforce it.

Your decision to start firing city employees -- is an **act of lunacy**, to say the least. Your move is not only highly unethical and immoral, but it's also Unconstitutional and Illegal.

Please be realistic! -- The pandemic is ending. Many other countries are loosening and/or lifting the restrictions & mandates entirely. Likewise, many states in the U.S. do not even have the mandates, to begin with -- and their situation is even better than in California. Which just proves, these vaccine mandates are totally unnecessary and ridiculous.

I work in the Medical industry, and know first-hand that this so-called "Covid Vaccine" is generally ineffective, but moreover -- lots of people that I know suffered serious Side Effects; many people have also died directly as a result of the vaccine (mostly because of a blood clot / stroke); in a relatively young age. All in all: **The vaccine has not been properly tested, has potentially serious side effects, and is overall very dangerous**. Your forceful mandating this "experimental drug" is reminiscent of Nazi Germany dictatorial regime. Excuse my bluntness...

You keep using the old, banal, stamped phrases "*Vaccines Safe Lives*", which is nothing more than propaganda and senseless clichés. You obviously lack sufficient knowledge to even make such statements!

If you do decide to move forward with your decision, rest assured: our City employees will not go down without a fight. The City and/or the County might be taken up to the Supreme Court, where undoubtedly your decision will be blocked! (just like president Biden's mandate on vaccinating large companies was recently blocked by the Supreme Court).

I still hope that you will use common sense - and will do what's right.
Do not implement (or enforce) the mandate!

Thank you.

Mike.

From: kim blide
To: ExecutiveOffice
Subject: Sherif Villanueva
Date: Monday, February 7, 2022 5:25:23 PM

Sheriff Villanueva's got my support and vote. Maybe he could run for mayor or governor.

From: kim blide
To: ExecutiveOffice
Subject: Sherif Villanueva
Date: Monday, February 7, 2022 5:25:23 PM

Sheriff Villanueva's got my support and vote. Maybe he could run for mayor or governor.

From: Alex Turner
To: ExecutiveOffice
Subject: Sheriff"s
Date: Wednesday, February 9, 2022 6:32:05 AM

Hello,

Just recently the board voted 4-0 to terminate all LA County Sheriff's who have not submitted proof of vaccination for SARS-CoV-2.

I reside in the Santa Clarita Valley and the LA County Sheriff's are responsible for enforcement of the law.

I'm writing to let you know, I am holding everyone accountable for the negative impact this has on our community. Terminating employees because they stand for bodily autonomy and the right to choose is asinine.

This is purely political and your yes vote will cost the safety of the people those men and woman swore to protect.

Again, I am holding all of you accountable and responsible for what can and will happen because of your stupidity and lack of knowledge.

You're all pathetic!

Alex Turner

Sent from Yahoo Mail on Android

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You're all pathetic!

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Sent from Yahoo Mail on Android

From: Cole Summers
To: First District
Cc: Barger, Kathryn; Supervisor Janice Hahn (Fourth District); ExecutiveOffice; Holly J. Mitchell; Sheila
Subject: Supervisor Be Advised
Date: Wednesday, February 9, 2022 11:15:07 AM

Supervisor Be Advised

Comes now, before these Worthy Parties, Notice, Knowledge, Facts and Opinions such that may affect their deliberations and behavior.

Recognizing that Rank and Position bring along with them Isolation and Control by underlings and minion via information control, We, the People, present you with information critical to your thinking.

Times Have Changed – .

Time changed when the CCP released the covid bioweapon in 2019. The People are learning the facts.

1. Fauci is toast.
2. CDC has lost all credibility. NIH is not far behind.
3. Sotomayor, attempting to support the covid narrative with disinformation (lies), is costing the Supreme Court in its credibility. The People will not accede to a corrupt decision.
4. The release of the CDC information shows that CA State had NO pandemic. It can now be established scientifically in court that all the measures taken by CA State, County and Local governments had no positive effect on the bioweapon/disease and are negatively impacting the citizens and businesses of CA State and Los Angeles County. Litigation en masse is expected as a result, both against individuals and government agencies. You must move to lift all restrictions now. Claims to ignorance will not shield you from the coming reckoning. Only actions in defense of We the People and our constitutional rights will

protect you and your future. Connections to the CCP are expected to pierce the veil of protection for government employees and elected officials. (See Devolution below).

5.

Devolution

As the CCP released a bioweapon in 2019, the USA is at War. This Act of War changed all status, legal, perceived, and real, on that day.

It is assumed by We, the People, that, as a Legislator/Supervisor, your understanding of our common, shared, reality is controlled by the minions who 'serve' you. Your handlers have likely NOT shared the Devolution information with you.

Here is a link to encapsulated description of Devolution that may assist your thinking for the Immediate, and long term future. We are at War. Every action and decision and Vote will have significant and serious consequences.

https://patelpatriot.substack.com/p/devolution?utm_source=substack&utm_campaign=post_embed&utm_medium=web

From: Mina Adamee
To: ExecutiveOffice
Subject: Terminate mandate of masks
Date: Tuesday, February 8, 2022 11:20:58 PM

People are tired of the mask mandates. People living in the LA County area go to Orange County to shop and dining so they can be free of masks. I just want to voice my opinion and ask you all to overturn the mask mandates including vaccination mandates for Covid-19. Thank you.

Sent from my iPhone

From: Mina Adamee
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Date: Tuesday, February 8, 2022 11:20:58 PM

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Sent from my iPhone

From: Laura.tinoco@socal.rr.com
To: ExecutiveOffice
Subject: The Sheriff
Date: Tuesday, February 8, 2022 11:58:02 PM

Leave him alone! He is the only one on our side…we see how you are! Support him or suffer in the next election!
Laura

Sent from my iPhone

From: Laura.tinoco@socal.rr.com
To: ExecutiveOffice
Subject: The Sheriff
Date: Tuesday, February 8, 2022 11:58:02 PM

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Laura

Sent from my iPhone

From: Craig Campbell
To: ExecutiveOffice
Subject: To Board of Supervisors
Date: Wednesday, February 9, 2022 1:44:24 PM

My name is Craig Campbell and I'm requesting LA County First Responders NOT be forced to take the Covid vaccine. My entire family has already had COVID and we all have robust immunity and the studies continue to show that natural immunity is superior to vaccinations. And I can only imagine that MANY of these young men and women who don't want the vaccine have already had the virus and have that same robust immunity, as well. These are the same young men and women who put their lives at risk for exposure early on in the pandemic when there was NO vaccine available. How could you forget that heroism so soon? Many of them have contracted the virus and suffered illness and now you're mandating they get the vaccine regardless of their immune status? It doesn't make any sense.

Secondly, we are a strong Catholic family. We know that an aborted fetus's cells were used in the testing of this vaccine. We believe this to be grounds for exemption for anyone who has a personal conviction because of this. Someone's faithful convictions cannot be compromised by our government - this is America. I think the First Responders should be given the same consideration because it is their right as an American to practice their faith.

Lastly, this pandemic appears to be ending per Dr. Fauci today. This entire pandemic is nearly over, why the fight now? Please show respect and gratitude to our First Responders by NOT mandating this vaccine for those who do not want it. Freedom is not free. Those who do such an amazing job putting their lives on the line every single day to keep us safe and make sure we get emergency medical care when we need it deserve to make their own personal decision regarding the vaccine.

Thank you for your consideration,

Craig Campbell
949-395-2229

From: Kiera Strain
To: ExecutiveOffice
Subject: Unmask our children
Date: Tuesday, February 8, 2022 10:15:07 PM

This is ridiculous! Our Governor and Mayor were maskless at an indoor stadium (as were most other attendees), but my 9-year-old daughter has to wear a mask at school 7 hours a day, including outside (recess & P.E.).

If Los Angeles can host the Super Bowl, things can't be as dire as Barbara Ferrer consistently claims. Why are K-12 schools being lumped in with "mega" events? Schools vary in size, but I can assure you most do not have the same capacity as Dodger Stadium, Sofi, or the Coliseum. It makes no sense. The Los Angeles Board of Supervisors should be ashamed of themselves.

Masking young children for the past two years has caused immeasurable harm. Many are depressed, socially stunted, and have never seen their teacher's or classmates' entire faces. Children are not adults. Their brains are not fully formed, this damage will be long-term, and no one seems to care. The lack of empathy for children during this pandemic has been shameful.

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February 8, 2022

TO: Los Angeles County Board of Supervisors

BOARD OF SUPERVISORS
COUNTY OF LOS ANGELES
FILED
2022 FEB -8 A 11:22

FROM: Lia Memsic

RE: Today's Agenda Item #18
titled: "Amending the Los Angeles County Code to Enhance Compliance with and endorcement of the County's COVID-19 vaccination policy." (item #18 Feb 8, 2022)

1. I OPPOSE item #18 Feb 8, 2022.
2. I support Los Angeles County Sheriff Alex Villanueva.
3. I support Sheriff Alex Villanueva's position on item #18 Feb 8, 2022.
4. Attached is "The Constitution of the United States!"

Sincerely,

Lia Memsic

2-08-2022

1 of 2

From: Erin DiMaggio
To: info@savepvschools.com
Subject: At 11:11 today for Valentine"s Day Show That You LOVE our kids more than money.
Date: Monday, February 14, 2022 7:35:04 AM

Dear Leaders of the Community,

I have BCC'd every Principal in our Local School District, every School Board Member in PVPUSD and local Assemblymembers and County Supervisors because I know you care deeply about the safety and wellbeing of children.

I am writing to you today to encourage you to be courageous leaders and let the children know they can now take off their masks if they choose to do so.

On September 8, 2020, the Los Angeles Rams Owner/Chairman E. Stanley Kroenke completed the construction of the most expensive stadium ever built. And, just yesterday on February 12, 2022, over 70,000 people, including PVPUSD School Board Member Rick Phillips and his wife, hundreds of celebrities and our State and Local elected Public Officials packed the newly built SoFi Stadium.

Vixer 2.MOV

SoFi, a five billion dollar project, was constructed during the Pandemic while our Government forced kids into in-home isolation and massive amounts of screentime. Newsom and Garcetti, under guidance by Los Angeles County Public Health Oficial Barbara Ferrer, gave The SuperBowl the green light to go on.

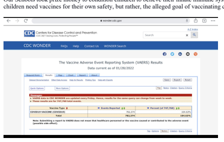
Meanwhile, they forced our kids to cover their faces while Death Row Rapper, Snoop Dogg, and Dr. Dre dry hump on a stage in front of thousands of screaming fans.

After being confronted by the press about being unmasked, Garcetti said, "I was holding my breath." While I am not in the business of telling people how to feel, I do hope you are disgusted, enraged, and ready to protect our children from ongoing abusive tactics by bureaucrats who are using children for pharmaceutical profits.

All eyes are on you now, and we were hoping you could lead the charge to protect our kids from mandates that are not for their health but for profit and power.

All Schools received millions of dollars in COVID money. California, in total, was awarded 15 billion dollars to test our kids for COVID and get them all vaccinated. Per the contracts School Districts signed with the State, they received millions of dollars to use COVID testing as part of the promotion of vaccines. **Pfizer is set to make between 98 BILLION to 102 BILLION in earnings for 2022 because they are counting on parents and people not to think and do what they are told to do by "the experts."** The majority of educated parents know this agenda is about money and has nothing to do with our kids' health.

Our Schools took prize money to condition children to believe their innate immune system doesn't work, and therefore, they must rely on a new vaccine that has now caused over 750,000 injuries and 10,000 deaths in the USA alone. Studies show that typically only about 10% of vaccine injuries get reported because most Physicians dismiss them as "correlational" and not as causation. (reported to CDC VAERS). The overwhelming amount of evidence does not support any view that children need vaccines for their own safety, but rather, the alleged goal of vaccinating children is to protect unprotected older adults who are still vulnerable because they are older adults.



Please take a stand for our children and stop enforcing COVID mandates.

Lift all mask mandates today.

Encourage Teachers and Staff not to yell at our children or punish them for pulling down their masks to breathe, take sips of water, and a big ask is for you to announce today that no child has to wear a mask at school.

There is an urgent need for children to have a sense of normalcy now!

As leaders in the community, you have the power and authority to make decisions at a local and personal level. And, you have the microphone to announce for all to hear that it is safe to breathe, especially outside.

In the Court Case between Let Them Breathe and The State of California, the State admitted that testing, quarantines, and masking were only recommended by the State and not mandatory. The State of California did this to hold themselves harmless and avoid the trial that would have proven substantially that masks have caused significant learning loss and an increase in multiple emotional and physical ailments. Judge Freeland ruled that because the State had described its guidance on testing for the virus in schools and quarantining as **recommendations** that school districts are free to use at their discretion, the State could not be sued. And as such, Schools and caring Administrators, such as yourself, have the choice to determine how they implement guidelines.

I understand you are following the Los Angeles County Public Health Department Guidelines. However, guidelines are flexible. Given the whole show of faces at the SuperBowl, including State and Local Politicians and Celebrities, it is cruel and unusual punishment to force all children to continue to bear the burden of the Pandemic. Anyone still enforcing this charade will go down on the wrong side of history because the truth always comes to light, and that time is now.

Keeping kids home from school was never for their safety and had everything to do with Politics and Profit. Not only should our kids have been back in school in the Fall of 2021, but they should have gone back after spring break in 2020.

In April of 2020, business owners and people from all over California began to protest the Stay-At-Home-Order. I was one of them, and I still haven't managed to "catch covid." The Media called us Superspreaders and started an all-out smear campaign to blame us for the increase in cases that never were. And, then just as more and more people got suspicious because, in April of 2020, there was room in the hospitals all throughout California. The only real hospital surge happened where most catastrophes seem to happen, in New York City. If you would like the Hospital Data, I will send it to you for evidence.

In late March 2020, The USNS Mercy -- one of the Navy's two 1,000-bed hospital ships docked in Los Angeles to assist with what was supposed to be a flood of dying people who required hospitalization. After two months, The City Of Los Angeles did not need emergency relief from the Navy, so in May 2020, they sailed away. And then, there was a series of racially charged murders that went viral online, one right after the other.

We witnessed the largest protests in the History of America and a month of riots and people burning down buildings in Santa Monica. The media made propaganda statements like the one from The Times, "93% of BLM Protests were peaceful." They blatantly ignored the 7% where gasoline was poured on Police Officers and set on fire. "Still, our public health officials explained, "COVID didn't spread during Black Lives Matter Protests," but every Trump Rally was a Superspreader. More people died during the race riots than at the "Insurrection at the White House." Still, the media barely touched on the massive increase in crime, homicides, and domestic abuse that directly resulted from lockdown policies.

Politicians claim that asking a person to show identification to vote at the polls is racist; however, the same Politicians are now demanding evidence of COVID-19 vaccination to participate in society. This insanity and double standards must stop.

I have witnessed the Teachers Unions using kids as bargaining tools to get raises, defund the police and get more vacation time. I have seen Teachers, and School Staff rationalize screaming at kids to cover their noses as if they are saving lives by emotionally abusing the kids. No child should at this point continue to have to tolerate this type of insanity.

As leaders in the community, I hope and pray that you can see what is happening is wrong, and I beg you to please help correct the mistakes of the past to ensure our children are safe in the present.

The emotional, psychological, and mental risks of face coverings, home isolation, mandatory vaccinations, and frequent COVID-19 testing far exceed any benefit to the child and the community. In a two-year study done by Johns Hopkins, researchers concluded there was only a .2% reduction in total mortality rates throughout COVID mandates.

There was never any scientific evidence suggesting that the SARS-CoV-2 virus was a significant threat to children. And while the virus can be deadly to some, most COVID-related deaths were in people over the age of 65 and with four or more preexisting conditions, making COVID-19 a personal health issue related to internal chronic diseases.

The American Academy of Pediatrics publishes a weekly report titled, "Children and COVID-19: State-Level Data Report." As of today, Valentine's Day, the CDC has tracked 12,042,870 total child COVID-19 cases.

It is of great significance that the term "case of COVID" is grossly misused. A case indicates only that the presence of the SARS-CoV-2 virus has been discovered either in the nostrils or a child's saliva. The PCR tests use primers that match a virus's genetic material segment and then photocopies it.

Genetic analyses require significant amounts of a DNA sample. Researchers can't isolate the SARS-CoV-2 virus without PCR amplification. PCR Tests do not give us essential metrics such as the level of infection, whether or not one is contagious or if a person is even ill or requires treatment. A person who does not have symptoms such as a fever, body aches, or low oxygen levels does not require any treatment and does not have COVID-19.

There is a significant difference between HIV and AIDS.

And, there is a substantial difference between the SARS-CoV-2 Virus and COVID-19. HIV is a virus correlated with Autoimmune Deficiency Syndrome.

However, people can have autoimmune deficiency syndrome without HIV. Autoimmune Deficiency Syndrome is a disease in which the body's immune system attacks healthy cells. Examples of autoimmune deficiency syndrome include but are not limited to:
rheumatoid arthritis
lupus, celiac disease,
multiple sclerosis
polymyalgia rheumatic
type 1 diabetes
vasculitis
and COVID-19.

According to the American Academy of Pediatrics Weekly Report, in the context of COVID-19, of the total 12,042,870 child COVID-19 cases, 0.1%-1.5% of all their child COVID-19 cases resulted in hospitalization. In states reporting, 0.00%-0.01% of all child COVID-19 cases resulted in death.

Governor Newsom declared The State of Emergency on March 4, 2020, to ensure hospital care for, as Governor Newsom explained, The Vulnerable, The Elderly, Prisoners, And, Homeless People.

- WHEREAS **personal protective equipment [PPE) is not necessary for use** by the general population but appropriate PPE is one of the most effective ways to preserve and protect California's healthcare workforce at this critical time and to prevent the spread of COVID-19 broadly; and

Conveniently, per Newsom's Declared State of Emergency, he slashed the prices of everything, including construction costs.

- The time limitation set forth in Penal Code section 396, subdivision {b), prohibiting price gouging in time of emergency is hereby waived as it relates to emergency supplies and medical supplies. These price-gouging protections shall be in effect through **September 4, 2020.**

Our children have done enough to save older adults, and I ask that you now protect the truly most vulnerable from corporate greed and government corruption, the children.

In the spirit of Valentine's Day, and to quote the epic words from the movie V for Vendetta, please remember the truth, "*You wear a mask* for so *long*, *you forget who you* were *beneath it*."

HOW LONG WILL WE HIDE OUR KIDS' SMILES AND JUSTIFY IT AS IF WE THAT IS SAVING THEM?

Beneath these masks, we are all Americans and as Americans. It is our Civic Duty to defend our children against a tyrannical Government.

At 11:11 today, the number representing unity, new beginnings, and self-assurance tells the children they can take off their masks if they choose because it is safe for them to breathe.

PLEASE WATCH THIS VIDEO FOR INSPIRATION AND DO NOT SAY, "IT IS JUST A MASK."

https://youtu.be/ysdBIqrOvc8

With Love,

Erin DiMaggio
Member of Save PV Schools, LLC
Health Coach, Parent Educator and Founder of Born Wonderful.
http://secure.notbinco.com/14ULYxX1mX-6O8OUABb5UPk5tO2P95EAbYmKvDt5hwxnbq1AIBM7fGxl_mxDKTqnR-f5ETIYi5GEfGTG6EmL3JEo7E-7qFfA7L0h0BNXN3MEOxGfs7Hx5ZCAxNXdqIFO9pnCoKuGm9YS9ZwwbqBoA7oAe9zbX7MeY8IU1v0FeZRMonNuqkm9bHqoB2vL3JdddHK-uFIwuBWQhJLNF1VSuOuD77RcyXuzxAZ4HKCuLrfcFGRcZycclhrHWPbAnMDCvFWBbzA3Mcxnkqb5YLuEJbrbcZKmtnr7PC1JbcIKTJAO9BrPzKDnEnjGaJb34_7nIPt_uzNuDb3PDDOcx6yCBxxxnKnjD9U1bnGrUnc.http%3A%2F%2Fwww.savepvschools.com

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ADDITIONAL SOURCES:

https://globeclimation.org/
https://secure.notbinco.com/11HzZuCLwXHPRH1Ik35yYBcASAUcHbYTxii2bt0YKSoS-GHJvJ_RfgxJD87JKc6JCXPwdb-3d3WEfCVVkzHzfoxXxobhJqIeB0ohEwxh_q-gfCASbvFbzvHBp1ig292BZqXqrHLvlkUk6SMvzkPOZq60MuRGaMtvY7V4cd_1PCHwgo3oZ_LSWF0P6DzOfEkUwmBuKeU53CxoHnACpvZlVlIMbfD2WTTA1xxHWGjVSOEfIpIyVDBNYZ3u0N57808u3--3ZMJIqPXbsYtGiRWVY4SbODyeGuDwHLG0G0huqWd_ke5fLv2Yj-IoJnLBOzb3RuAvFTJEAR4FJ2INqnbV0YRf3qcJ3z5K6AfN7VN3k3-Cw&http%3A%2F%2Fwww.arpnetworkjournal.com%2F
ALLIANCE OF DOCTORS URGING FOR AN END TO MASKING AND COVID RESTRICTIONS ON KIDS

"https://www.gov.ns.ca/2020/03/04/governor-newsom-declares-state-of-emergency-to-help-state-prepare-for-broader-spread-of-covid-19/
STATE OF EMERGENCY WORDING

https://www.aap.org/en-news/news/2020/covid-19-infections-children-and-covid-19-state-level-data-report/
STATE LEVEL CASE NUMBER AND HOSPITALIZATION

https://www.ssrhd.com/downloads/55664172/A-Literature-Review-and-Meta-Analysis-of-the-Effects-of-Lockdowns-on-COVID-19-Mortality
JOHNS HOPKINS TWO YEAR STUDY

https://time.com/5836348/report-peaceful-protests/
BLM PROTESTS

--
Warmest Blessings,
Erin DiMaggio
BA Kinesiology, MA Spiritual Psychology, IIN Health Coach
Founder of Born Wonderful
http://secure-web.cisco.com/1-8hZqEfE2ao1BOnTTfMCzv6Ya3t30FRMkvTbJkhIQA7thK0tvjn86ymsd1yTsD1UdPTtvTPUl8RZroLigHq7OWiJudKmeDTTT7Aldtv 47Geg_ouFKGYmfw1PjbWmhnWMth2VvAaX2TcEiUZHM5vbL6TpO3QEDBKXtHysr3oGW3fouteJFcBjv2ndu40kxz5CE66K5sZgycrHuRz5_O5vfvdpZo_SYnGQca70X6DPlaTbnE5Ag6YEqHV1YbUfDudluo7iYeWdXQzk_ocfkNiUGT0OGnopFLZTM8mEyoH1POim5piCc0fwgT233iYsrlbRhzCN-oM23cgX4ek-hR3HSlBKzDmGH832mFso6sTrYGLjn9x1YUj6dayCeZv6by3/http%3A%2F%2Fwww.bornwonderful.com
https://www.instagram.com/bornwonderful

From: donotreply@bos.lacounty.gov
To: ExecutiveOffice
Subject: BOS Contact Us Message
Date: Saturday, February 12, 2022 8:35:32 PM

The following person is trying to contact via Board of Supervisors website.
The information provided is as below.

Name: Bella Silverstein

Email: bellasilverstein@yahoo.com

Phone: (626) 731-9903

Zip Code: 91387

Message: Please keep the mask mandates in place for LA County. Transmission rates, as well as deaths, are high. The local Santa Clarita conservative rag, The Signal, has organized a one-click letter-writing campaign to end the mask mandates. Most Santa Claritans are in favor of keeping the mandates in place; most of us don't read the Signal. But we don't have any one-click letter-writing campaign asking for the maintenance of the mask order. If we eliminate masks, all we have are waning vaccines -- it's like one layer of Swiss cheese with a lot of holes in it. Keep the masks until the CDC posts metrics for removing them. Then make sure we meet those metrics.

Thank you,
County of Los Angeles Board of Supervisors

From: donotreply@bos.lacounty.gov
To: ExecutiveOffice
Subject: BOS Contact Us Message
Date: Monday, February 14, 2022 7:38:07 AM

The following person is trying to contact via Board of Supervisors website.
The information provided is as below.

Name: Jamie Melton

Email: jamimelt@yahoo.com

Phone:

Zip Code: 90278

Message: Why wasn't anyone wearing a mask at the Super Bowl?? Why is it that LA county continues to implement these mandates for your citizens, but allows a lapse for mega events? You need to do your job. It's time to meet in person and take back control from Barbara Ferrer. End the mandates and vaccine passports now!

Thank you,
County of Los Angeles Board of Supervisors

From: Salina H
To: ExecutiveOffice; Sheila; Barger, Kathryn; First District; Supervisor Janice Hahn (Fourth District); Holly J. Mitchell; media@ph.lacounty.gov
Subject: drop the mask mandates at schools now!!!! this is child abuse!!!!
Date: Friday, February 11, 2022 4:23:29 PM

From:	Salina H
To:	ExecutiveOffice; Sheila; Barger, Kathryn; First District; Supervisor Janice Hahn (Fourth District); Holly J. Mitchell; media@ph.lacounty.gov
Subject:	END THE MASK MANDATES AT SCHOOLS NOW
Date:	Monday, February 14, 2022 12:17:33 PM

You can continue to deny the psychological harm, but parents see and kids will remember

From: Dusty Trails
To: ExecutiveOffice
Subject: LA County Mask Mandates - Comment
Date: Monday, February 14, 2022 10:45:11 AM

Hello,

I would like to send the following email to reach all of the Board members.

Please let me know if this is the correct email address of if there is another email address that it should be forwarded to.

Thank you.

****

Dear Members of the Board of Supervisors,

I hope that this email finds you all well, safe, and healthy.

I am member of the community with a comment regarding mask mandates.

I think that there needs to be some clarity from public officials regarding indoor and outdoor mask mandates within LA County.

After watching yesterday's SuperBowl, I think it raised more questions regarding the mandates. While SoFi Stadium's website clearly states that mask mandates are enforced, anyone who saw yesterday's event clearly could see they were not.

It's not just the SuperBowl, though. I have been in places within the past two weeks where I have seen persons being allowed to walk around without masks indoors. I don't know if it's "fatigue" or what, but there needs to be a clear statement on mask mandates.

Either they need to still remain in force or not. It really is confusing when places have mask signage everywhere and post mandates on their website, and then no one does anything if someone is not wearing a mask.

Thank you for reading my email.

Sincerely,

Stacy S.

From: Armida Mucino-Pineda
To: ExecutiveOffice
Subject: LA County's Health Order on masking to align with the state.
Date: Friday, February 11, 2022 2:58:25 PM

We need LA County's Health Order on masking to align with the state.

The County's masking requirements are constantly changing without clear evidence that these guidelines are even effective measures. With the goalposts continuously being pushed back, these provisions can last in perpetuity.

Businesses and residents want clarity; keeping different measures when the rest of the state has moved on will only confuse and continue to hinder public trust.

Kindly,

Armida Mucino-Pineda, 90065

From: Mark Eberlein
To: ExecutiveOffice
Subject: Masks
Date: Friday, February 11, 2022 7:39:51 PM

Lift the mask mandate you weak , power hungry , pathetic scum bags. No one listens to you morons anymore.

Sent from my iPhone

From: Maitexa Cuburu
To: ExecutiveOffice
Subject: Termination of Sheriff Office Workers for No Vaccination
Date: Monday, February 14, 2022 9:57:50 AM

Dear Board,

I was shocked to hear of the recent decision to move forward with termination of employees for not getting vaccinated against Covid. It is now clear that vaccination, even a boost, does not preclude against contraction / symptoms / transmission - what problem statement is the Board attempting to solve for with the decision to enforce vaccination? Vaccinated and unvaccinated alike can transmit Covid, which has now been reduced to its mildest form, yet, so it is unclear why the Board would take such a decision. I'd be curious to understand what data is being used to implement the decision.

Conversely, terminating that many employees would be detrimental to the safety and wellbeing of residents and visitors of LA county. The high crime, vandalism and homelessness have been blowing up the news outlets in recent months - again, I'd be curious to know what criteria or data points are being used to determine that terminating such a large portion of the force would be of benefit to anyone. Recruitment rates are also widely acknowledged to be at historical lows, so I wouldn't anticipate there being a large pool of people ready to fill those positions any time soon.

I strongly urge the Board to please reconsider the decision. Thank you for your time,

From: mike fernandez
To: ExecutiveOffice
Subject: vaccine mandate
Date: Thursday, February 10, 2022 12:36:18 PM

IS IT TRUE THAT,THE SHERIFF WILL BE FORCE TO FIRE 4,000 PEOPLE FROM HIS DEPARTMENT? are you crazy? the poor communities are the ones that suffer with less police. i live in east los angeles and we need more police.

From:	ExecutiveOffice
To:	First District; Sheila; Supervisor Janice Hahn (Fourth District)
Cc:	ExecutiveOffice
Subject:	FW: Unmask our Children NOW
Date:	Monday, February 14, 2022 4:23:57 PM
Attachments:	image001.png

EXECUTIVE OFFICE
BOARD OF SUPERVISORS

The following correspondence is being forwarded to you for your information/review. Please see below.

Los Angeles County Board of Supervisors, Executive Office

From: B Gabbaie <bettygabbaie@gmail.com>
Sent: Thursday, February 10, 2022 12:17 PM
To: boardmembers@lausd.net; Melvoin, Nick <nick.melvoin@lausd.net>; García, Mónica (Board Member) <monica.garcia@lausd.net>; Jackie.goldberg@lausd.net; george.mckenna@lausd.net; kelly.gonez@lausd.net; skellman@ph.lacounty.gov; rwalensky@cdc.gov; anthony.fauci@nih.hhs.gov; Barger, Kathryn <Kathryn@bos.lacounty.gov>; ExecutiveOffice <ExecutiveOffice@bos.lacounty.gov>; Holly J. Mitchell <HollyJMitchell@bos.lacounty.gov>; gavin@gavinnewsom.com; Blume, Howard <howard.blume@latimes.com>
Subject: Unmask our Children NOW

To Whom It May Concern-

I am writing to express my concern for the well being of all Los Angeles students, including my own three boys (ages 6, 8 and 11). The weather forecast says we will experience High's of 79-80 degrees this week (that's at the beach). My kids' school is Roscomare Road at the top of the mountain where it can get up to 85 degrees this week. Please note almost their entire play area is black asphalt (minus one small patch of dead grass). Our kids have been and will be forced to to play there with their noses and mouths covered by well fitting masks all week. Did you know asphalt can run 40-60 degrees hotter than surrounding air temperature? Seems like there is a great amount of liability you're taking on here in the name of keeping people safe.

The shaded area outside of our cafeteria is only to be used for the 15 minutes our children have been granted to eat lunch. Not sure how long it took you to eat your lunch today but I'm guessing it was more.

Back in Nov 2021 we were promised that students would no longer be required to mask outdoors starting in January 2022. That would apply to LAUSD elementary school students when they reached vaccination rates of 85% so we vaccinated our children as soon as we were eligible and then you reneged. The reason we chose to vaccinate our kids was not

just to protect them from COVID. More importantly, it was so that they would have a chance to get a breath of fresh air in the middle of a 7 hour school day, to have a moment of normalcy where they could just be kids playing outside. You betrayed us and our children.

Is anyone even really paying attention to what is happening at our schools? Our children have suffered enough and while the state mandate has eased indoor masking restrictions, our kids were asked 2 weeks ago to come to school with a wired, surgical-grade mask! These masks are NOT intended for children. Not ONE parent I know is in favor of masking their children at this point and will no longer support any politician or board member who does. This is how important this issue has become for us - we will become single-issue voters as masks are doing more harm than good for our kids.

We were on board for masking the greater part of a year and a half. Desperate times call for desperate measures. When times were desperate we locked down. I gave up working to homeschool our children leaving us in financial hardship. We vaxxed. We boosted. We vaxxed our children. All 5 of us even had COVID! We are so safe at this point our children are not required to do weekly PCR tests for 90 days per LAUSD. Can they go mask free? Even just outdoors? No. Why?
Optics?
This is not a desperate time for healthy, vaccinated school aged children. That is the truth. My 6-year old cant even breath in a mask due to his asthma and has learned to hide behind his mask. He threw up at school, in his mask and almost gagged but luckily his teacher noticed. These kids are so scared of removing their masks that he almost DIED.

Masking is not a one size fits all cure. Immuno-compromised people? Elderly? Unvaccinated? Just want to be extra careful? I understand masking but please stop acting like covering our healthy vaccinated children's faces is solving any problems. So this is the part where you need to step back and let parents decide what is best for their children. The only reason I can see to keep this masking requirement in place is to make it look like the people in charge are doing something but more and more of us have seen behind the curtain now. Masking is a cruel and unfair burden to put on children for the sake of optics. The hypocrisy must end and enough seeing politicians and elected officials and board members taking photos UNMASKED while our kids, who Covid has the least threat to, suffer.

Do the right thing. Give these kids a well deserved break and let them unmask.

Sincerely,

Betty Gabbaie
Mother of 3 LAUSD Kids

From:	donotreply@bos.lacounty.gov
To:	ExecutiveOffice
Subject:	BOS Contact Us Message
Date:	Thursday, February 10, 2022 10:38:43 AM

The following person is trying to contact via Board of Supervisors website.
The information provided is as below.

Name: Jeffrey Hartig

Email: azliberal01@gmail.com

Phone: (602) 791-6807

Zip Code: 90069

Message: The County Supervisors are losing me. And im a member of the democrat Party. Barbara Ferrer's decision to not allow at least some easing of the la county mask mandate is disgustingly self serving. She came across in the tv news walking interview as actually arrogant about it. While she is not directly elected the County Supervisors appointed her. Look out because the fault is going to fall somewhere and likely on you. And if your losing me, a democrat, then your support is rapidly crumbling.

Thank you,
County of Los Angeles Board of Supervisors

From: Christopher Evans
To: ExecutiveOffice
Subject: Concerned constituent re: LADPH
Date: Friday, February 11, 2022 11:38:25 AM

Dear Board of Supervisors,

I am a resident of Los Angeles and very concerned about actions taken by LA Department of Public Health.

News today about Pfizer postponing their FDA request for vaccine approval for 6 month-4 year old children is disappointing for multiple reasons. Barbara Ferrer establishing vaccine availability for children under age 5 as a stipulation for removing indoor mask mandate was a bad decision as it was, but now it is outrageous. With Pfizer now saying they will no longer even seek approval until early April, and Ferrer decreeing 8 weeks of vaccine availability for children under 5 as a requirement for unmasking, we are now in a position where LA will be masked at minimum until summer. This indefinite masking is completely absurd, anti-scientific, and out of alignment with the rest of the state, the country, and the world.

I am imploring you to push back against Ferrer and LADPH on these mask rules, especially for children. Without even a timeline, goalpost, or metric established for unmasking two-year-olds (!!!), LADPH's cruelty is eroding every last modicum of credibility they may have had remaining. Please stop letting this happen. Ferrer is unelected and unaccountable to the public, but you have the ability to push back. Please do the right thing.

Christopher Evans

From: Seth Friedman
To: ExecutiveOffice
Subject: Covid 19
Date: Thursday, February 10, 2022 5:05:13 AM

DISCLAIMER: If YOU are too easily triggered and too lazy to carefully read this entire flyer THEN DON'T READ IT and give it to the most intelligent person you know.

The men the American people admire the most extravagantly are the most daring liars: the men they detest most violently are those who try to tell them the truth. - H.L. Mencken

CVHOAX.COM

Take Off Your Mask And Get Off Your Knees ! COVID-19 IS FAKE !
Unquestioning Gullibility And Obedient Compliance
Are Unbecoming Of A Patriot !

FACT : Thousands of highly credible and qualified doctors and scientists from around the world are adamantly insisting that Covid-19 is either completely fake or practically harmless and are being deliberately and systematically censored by the Mainstream media and governments. (Numbers Correspond To Links In CVHOAX.COM)

2,3,7,8,9,11,14,17,32,33,34,35,36,40,44,55,59,60,61,62,63,69,76,80,82.83,86,90,104, 147,157.

FACT : Covid-19 has never been scientifically proven to exist because it has not met any of the four criteria of Koch's Postulate which is known as the Gold Standard of proof of a virus's existence. The scientific study of germs is known as Germ Theory because it's a THEORY ! Germs have never been proven to be the cause of contagious disease yet have been used to sell vaccines for over a hundred years. Exosome Theory is far more plausible. If you don't know what Koch's Postulate and Exosomes are then you're not as smart or as well informed as you thought you were. This is an opportune time to drop your know it all attitude and open your ears.
4,5,6,10,11,13,16,17,32,37,43,49,73,78,79,86,87,94,110,111,112,115,116,117,118, 136,137,138,143,145,147,157.

FACT : The creator of the PCR Test used to detect Covid-19 said it was never intended to detect any virus. Every Covid-19 death was caused by something else and falsely attributed to Covid-19. Do you believe hospitals would be tempted to claim that a patient who died of the Flu had instead died of Covid-19 if the Government gave them $50,000.00 to say so ? Dr. Genevieve Briand MS, Assistant Director for Applied Economics at Johns Hopkins University, has proven that there has been no more deaths

in 2020 than there were in 2019. There were no Influenza deaths recorded in 2020 because they were falsely labeled Covid -19 deaths, as well as cancer and car wrecks etc. (157 !) 12,23,24,29,40,94,103,120,122,130,135. 9,10,16,17,27,56,88,89,96,117,118,129,143. 21,25,30,67,68,72,84,150,151. 37.

FACT : Wearing a mask is utterly ineffective at blocking a virus. A virus can pass through a mask as easily as swimming under the Golden Gate Bridge. Prolonged mask wearing causes brain damage and respiratory illnesses. The first step to overcoming your mask fetish is to admit you have one. Do you wear a mask in your vehicle or outdoors when no one is near you ? Until recently it was common knowledge that constant hand sanitizing and isolation inhibits one's immune system while exposure to dirt and filth and other people strengthens one's immune system. " Mask Mouth ". If the Mainstream Media and Government could convince you to do the Hokey Pokey they most certainly would. Unconstitutional and criminal mask mandates are a mass Asch Conformity Experiment. If you're worried about getting sick, then suffocating yourself is probably not a good idea. Any person wearing two or more masks is actively engaging in Natural Selection. 40,57,59,70,(71),78,79,87,95,101,102,132,139.140.

FACT : The Covid-19 'pandemic' was planned years in advance and has been surreptitiously introduced into the public consciousness through popular culture. Many news articles reporting on Covid-19 are bizarrely coded with strange numbers. 19,20,38,42,46,47,48,52,53,54,56,77,121. 22,39,47,48,52,156.

FACT : Unconstitutional and criminal lockdown laws are destroying your freedom and your economic livelihood and your future. Unconstitutional and criminal lockdown laws are causing the starvation deaths of millions of people in poor countries and soon in formerly wealthy countries. Is it wise to inject yourself with a drug falsely labeled as a vaccine, designed to alter your DNA and sterilize you, to prevent a virus that has never been scientifically proven to exist ? Is it wise for the U.S. Military personnel to be injected with this 'vaccine' ? A perfect analogy to comprehend the social dynamic surrounding the public's enthusiastic willingness to embrace the Covid-19 narrative without question can be seen in the video titled "Key & Peele, Pegasus Sighting". Simply change the word "Pegasus" to "Covid-19". Orson Welles' War Of The Worlds broadcast also comes to mind. Throughout history rulers have used human being's deep desire to feel like they're contributing to the greater good to manipulate the public to act against their own best interests. "A soldier will fight long and hard for a bit of colored ribbon." - Napoleon Bonaparte. The Emperor wears no clothes. Educate yourself or perish. 105,126,127,146,149,154,155. 18,50,51,65,74,75,85,92,100,106,107,108,113,114,119,128,134,149,152,153,158,159,160,161.

FACT : Lawsuits are currently being pursued against governments and other players that deceived the public to accept unconstitutional and criminal lockdown laws based on a fraudulent test to detect the nonexistent Covid-19. 58,59,64,91,124,131,141.

FACT : Four out of five Stanley Milgrams surveyed recommend critical thinking for their patients who want to live in reality and not blindly follow orders from whomever they consider to be an authority. 147,157,162.

FACT : Decades of thorough documentation of placebos and nocebos conclusively and irrefutably prove that human beings can both heal and sicken themselves with their thoughts and feelings alone. Ray Charles. Thalidomide. Catherine Austin Fitts: Planet Lockdown, the missing 21 Trillion Dollars and FASAB 56. (163).

SEE THE PROOF AT: CVHOAX.COM
Will your ego allow you to examine the proof that Covid-19 is fake ?
Although, the thought of the Mainstream Media and Government lying to this extent is frightening, your denial of this deceit is absolutely terrifying.

From:	Alan Masnek
To:	ExecutiveOffice
Subject:	Did you really just vote to fire 4000 cops?
Date:	Wednesday, February 9, 2022 7:30:10 PM

If this is true, I can't vote for you. Nice job!

Alan Masnek CPPL
21733 Paul Ave
Torrance CA 90503
mobile: (405) 206-7420
admasnek@icloud.com

From: Andrea Oliveau
To: ExecutiveOffice
Subject: Firing LASD employees shows how uninformed you are
Date: Wednesday, February 9, 2022 6:50:28 PM

Dear Board Members,

I understand you have voted to terminate the same essential workers (LASD) who kept things under control during 2020. While you sit in your homes meeting via Zoom, these men and women are out in public, protecting citizens. They protect YOUR freedom to sit in your office and pass judgment.

Note the election results in Virginia last year and realize you are next. We the people are fed up with the hypocrisy and want to be represented by people who value the same things we do.

Sincerely,
Andrea

From: Peter Geremia
To: ExecutiveOffice
Subject: Firing up to 4000 members of Los Angeles County Sheriff"s Dept
Date: Thursday, February 10, 2022 4:49:40 AM

Hello,

I just read an article showing you will fire 4000 members of the dept that declined Covid VAX.

You know I watch this from afar in NH and just wonder why you people only live for your Politics and totally ignore anything else.

This is nothing more than a political move. There is NO reason to do this.

My favorite new saying is: "This is COMPLIANCE NOT SCIENCE".

I suggest you all wake up before it is too late. You are pushing LA and CA in general into the dark ages. Why?

If you actually did your research and looked at the TRUTH you would know these mandates ARE NOT NECESSARY.

Stop being POLITICAL PLEASE!

Thank You,

Peter Geremia
Portsmouth, NH

From: AABOffice
To: ExecutiveOffice
Subject: FW: LASD mandate
Date: Thursday, February 10, 2022 8:14:21 AM

Hello,

Please see email below and forward to the appropriate office. AAB was included in this email but it does not pertain to Assessment Appeals.

Thank you.

Jessica Longoria
Assessment Appeals Board

From: Jill Tanner <jtanner@gclancaster.com>
Sent: Wednesday, February 9, 2022 6:22 PM
To: AABOffice <AABOffice@bos.lacounty.gov>
Subject: LASD mandate

Dear Supervisors,

Regarding Supervisor Kuehl's quote that she "will not permit county lives to be jeopardized by an individual decision".

Have you four individual supervisors not considered the fact that firing LASD employees will CERTAINLY jeopardize county lives? Those county lives are made up of victims of crimes while you bicker like juveniles! These deputies have been on the job as essential workers for two years! Some of these were out for one or two days with Covid already and after the appropriate quarantine went back to work (unappreciated, I might add). They are fine. They are healthy because they have to be to do their jobs well. They are putting in long hours protecting and serving a district you don't oversee! Firing them is just irresponsible.

Think. Reconsider.

Jill Tanner
5359 East Avenue I
Lancaster, Ca 93534
661-839-2999

From:	ExecutiveOffice
To:	Ruiz, Tanya; Smitherman, LaChelle; Eskender, Michael; Olvera, Maria; Zometa, Katrina
Cc:	ExecutiveOffice
Subject:	FW: Mask and Vaccine Mandates
Date:	Monday, February 14, 2022 4:32:12 PM
Attachments:	image001.png image002.png image003.png image004.png image005.png

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From: lana@thecomputer.com <lana@thecomputer.com>
Sent: Thursday, February 10, 2022 4:13 PM
To: Barger, Kathryn <Kathryn@bos.lacounty.gov>
Cc: First District <firstdistrict@bos.lacounty.gov>; Sheila <Sheila@bos.lacounty.gov>; Supervisor Janice Hahn (Fourth District) <fourthdistrict@bos.lacounty.gov>; ExecutiveOffice <ExecutiveOffice@bos.lacounty.gov>
Subject: Mask and Vaccine Mandates

Dear County Supervisors

As the county is constantly changing their stances on various issues need I remind you of your letter to me that. (See below) I ask the board to give us one single piece of evidence , scientific piece of evidence that 1) Masks work. 2) Experimental Emergency Use Vaccines work and are safe. Los Angeles County has more restrict measures than the State and now Los Angeles County is about to host the Superbowl under a State of Emergency and draconian mandates. Even the Governor of Nevada has lifted all mandates on anyone. And does not want to hold the economy back or force workers to check on vaccination status.

Our health officer, Ms. Ferrer, (not even a medical doctor) comes up with these arbitrary numbers to be able to lift restrictions. How doe she know what number is going to be effective. You provide no time limit for providing an answer. You want to keep us in a perpetual state of emergency just like the state assembly just voted 48 to 15 to keep the state of emergency with the state.

Why don't you ask her about talked about the John Hopkins study showing the public interventions have virtually no effect on the pandemic, but had a huge negative effect on the public wellbeing. In short, this study, which was extremely well done, make it crystal clear that Ms. Ferrer caused enormous amount of harm for no benefit. The point he makes is pretty simple: if Ms. Ferrer is worried about infecting the public, she should just order if you are

symptomatic, you stay home, regardless of vaccination status. Period. This is because, as Dr. Fauci has pointed out, the main driver of spread is symptomatic people

And now you just voted to fire 4000 unvaccinated Sheriff's officers. That is a real smart idea in this day with all the increase in crime and we are trying to recall our District Attorney. Someone's informed consent decision on THEIR health should not affect their job. You would not fire an officer or other country workers if this tested positive for HIV. That would be discriminating and against several state and federal laws.

"As I have expressed throughout the COVID-19 pandemic, Los Angeles County should align with the State of California on all health officer orders that impact residents, businesses and local organizations. The public deserves clarity and transparency when government officials make decisions that will impact the lives of our residents. I wish that the Department of Public Health had provided its proposed masking guidance during the July 13th Board of Supervisors meeting so that the public could have had the opportunity to listen to the decision-making process. By deviating from the State, we create confusion and disagreement at the local level, which hinders public trust and takes away from our primary messaging which should be to encourage individuals to get vaccinated with urgency given the spread of the Delta variant."

I urge you ladies to take a really hard look at what you are doing to the public. And the majority of the people are not happy. Barbara Ferrer and the board votes are ruining thousands of lives. I'm sure most people are thinking, but are too polite to verbalize. You don't want to be labeled incompetent for not interpreting the data correctly. Having restrictions so we can lift the restrictions is ludicrous.

Lana Butler
lana@thecomputer.com

From: Barger, Kathryn <Kathryn@bos.lacounty.gov>
Sent: Thursday, July 22, 2021 9:43 AM
To: lana@thecomputer.com
Subject: RE: Mask Mandate to be effective 7/17/21

Thank you for contacting my office regarding the updated mask mandate issued by the Los Angeles County Department of Public Health.

While I am concerned by the rising numbers of COVID-19 cases, I do not believe that the

proposed mask mandate will help our efforts to stress the efficacy of the vaccines and compel unvaccinated residents to get vaccinated.

As I have expressed throughout the COVID-19 pandemic, Los Angeles County should align with the State of California on all health officer orders that impact residents, businesses and local organizations. The public deserves clarity and transparency when government officials make decisions that will impact the lives of our residents. I wish that the Department of Public Health had provided its proposed masking guidance during the July 13th Board of Supervisors meeting so that the public could have had the opportunity to listen to the decision-making process. By deviating from the State, we create confusion and disagreement at the local level, which hinders public trust and takes away from our primary messaging which should be to encourage individuals to get vaccinated with urgency given the spread of the Delta variant.

Thank you for granting me the opportunity to serve you.

Sincerely,
Office of Supervisor Kathryn Barger

From: lana@thecomputer.com <lana@thecomputer.com>
Sent: Friday, July 16, 2021 10:45 AM
To: ExecutiveOffice <ExecutiveOffice@bos.lacounty.gov>; First District <firstdistrict@bos.lacounty.gov>; Sheila <Sheila@bos.lacounty.gov>; Barger, Kathryn <Kathryn@bos.lacounty.gov>; Supervisor Janice Hahn (Fourth District) <fourthdistrict@bos.lacounty.gov>
Subject: Mask Mandate to be effective 7/17/21

Dear Board of Supervisors:

I am sure you are aware of the court case in Florida Justin Green vs. Alachua County, ID 1D20-1661

The right to be let alone by the government does exist in Florida, as part of a right of privacy that [Florida's Supreme Court has declared to be fundamental. ... [The Supreme Court] has construed this fundamental right to be so broad as to include the complete freedom of a person to control his own body," the ruling added (pdf). "Under this construction, a person reasonably can expect not to be forced by the government to put something on his own face against his will. Florida's constitutional right to privacy, then, necessarily is implicated by the nature of the county's mask mandate."

The right to be left alone in the State of California and the right of privacy is a fundamental one expressed by the California Constitution and any law that implicates it 'is presumptively unconstitutional" and noted that "if a challenged law implicates a privacy right, the burden shifts to the government 'to prove that the law further[s] a compelling state interest in the least restrictive way.'"

The judge also argued that "the threat of government-sponsored shaming was not an idle one" while noting that "until recently," the face mask mandate "seemed like it might never end."

This is precisely what the Board of Supervisors of Los Angeles County are doing. But, unfortunately, this very small spike in cases does not warrant a countywide mask mandate for indoor, especially for vaccinated people.

The county needs to get out of the health business and back to real business. And give up this local emergency health order that allows the county to draw funds from the state and federal authorities.

Lana Butler
lana@thecomputer.com
3rd District

From:	AABOffice
To:	ExecutiveOffice
Subject:	FW: Vaccine mandates
Date:	Thursday, February 10, 2022 8:15:38 AM

Hello,

Please see email below and forward to the appropriate office. AAB was included in this email but it does not pertain to Assessment Appeals.

Thank you.

Jessica Longoria
Assessment Appeals Board

From: Tom Barrett <tjb9955@gmail.com>
Sent: Wednesday, February 9, 2022 4:45 PM
To: AABOffice <AABOffice@bos.lacounty.gov>
Subject: Vaccine mandates

As almost all of the United States is backing off from covid mandates, you despots are pushing harder. Screw you and your tyranny. Leave your employees to live their lives. None of you were elected to be dictators. But you have some mental illnes that makes you look just like Hitler. Resign now.

Thomas Barrett
Bellflower

From: Trace Richardson
To: ExecutiveOffice
Subject: ITEM AGENDA 18
Date: Thursday, February 10, 2022 2:30:46 PM

I ASK BOARD TO VOTE NO ON SUCH ITEMS ON SEVERAL REASONS.

1. NOT EVERYONE CAN RECEIVE THE VACCINE.
2. PEOPLE ARE STILL DYING AND ACQUIRING COVID AFTER RECEIVING VACCINE
3. VACCINE NEEDS MORE TRIALS
4. ETHICALY BIASED
5. NOT ALL REASONS FOR MEDICALLY NOT RECEIVING VACCINE IS NOT INCLUDED IN THE VACCINE EXEMPTIONS. THIS IS TAKEN AWAY TO MAKE SURE ALL WERE VACCINED. NOT TAKING INTO ACCOUNTS THEY MAY DIED
6. PEOPLE HAVE DEDICATED THEIR WORKING YEARS TO THE County of Los Angeles and have done so in a fashion that is beyond their job duties in an effort to make the County of Los Angeles a better place to live and work.
7. Objecting to Person religious beliefs is Un American and a disgrace to all religions.

I ask the board of supervisors to implement a plant to keep its workers those vaccinated and unvaccinated. Remember so person can not be vaccinated under such reason that are not covered your reasons.

I urge the Board of Supervisors to plan on keep its unvaccinated employee.

From:	Bahareh Ramin
To:	Nick Melvoin; boardmembers@lausd.net; jackie.goldberg@lausd.net; george.mckenna@lausd.net; kelly.gonez@lausd.net; skellman@ph.lacounty.gov; rwalensky@cdc.gov; anthony.fauci@nih.hhs.gov; ExecutiveOffice; Holly J. Mitchell; gavin@gavinnewsom.com; monica.garcia@lausd.net
Subject:	It"s too hot for LA kids to wear masks!
Date:	Thursday, February 10, 2022 1:25:18 PM

Kids are getting sick at school due to wearing masks while outdoors in the LA heat while they play on black asphalt. In your attempt to keep kids safe, you are actually causing our children serious harm. My own child has been suffering from bloody noses every day since the cloth masks were banned and he has had to use the fibrous surgical masks -- he misses at least 30 minutes of class time per day while he cleans up his bloodied clothes and face.

PLEASE have some mercy on these children and at the very least, relax the mask rules in hot weather.