

May 24, 2021

Dear DESE Board Members:

I am a 30+ year career OSHA regulatory compliance consultant with experience in respiratory protection including respirator fit testing and regulatory compliance. I have been asked by parents around the state to help them with situations around discrimination and health issues with face cloth wearing in businesses and schools and was deeply disturbed to hear that DESE was even considering the continuation of face cloths for children. Additionally, a communication around DESE marketing an unapproved medical treatment to children was equally disturbing.

Government agents and those acting under color of law (i.e., implementing orders as if they were laws) are forbidden by long-standing national and international law from coercing vaccination. According to legal counsel, you may be held personally accountable for the effects of face cloth wearing in asymptomatic healthy children and for your active participation in the promotion and marketing of an unapproved medical treatment as “approved” and “safe” and “effective” to children. Holding clinics on school property during school without parental presence, without adequate informed consent and not providing the right to refuse puts children at risk as they do not have the literacy level to make a potentially life altering decision. The personal and institutional liability for coerced participation in medical experiments without informed consent may be incalculable and the long term ramifications (e.g., sterilization, blood disorders, cancer, auto-immune) cannot be discounted as the clinical trials are not expected to complete until 2022/2023.

According to DESE’s own regulation, 603 CMR 46.05 (5a) proper administration of Physical Restraint – Safety Requirements “No restraint shall be administered in such a way that the student is prevented from breathing or speaking.” Would the mandating of a face cloth to be permanently worn constitute a violation of your own regulation and be considered a “restraint”, especially when there is no substantiation that a face cloth works to prevent a disease that is of negligible concern to children 0-17?

- 1) According to the CDC, only **246** children (0-17 age group) allegedly died of COVID-19 in the entire United States in 2020 (0.046% of deaths).

Table 1. Deaths involving coronavirus disease 2019 (COVID-19), pneumonia, and influenza reported to NCHS by time-period, jurisdiction of occurrence, sex and age-group. Data as of: 3/31/2021

Year in which death occurred	Sex	Age Group	All Deaths involving COVID-19 [1]	Deaths from All Causes	Deaths involving Pneumonia [2]	Deaths involving COVID-19 and Pneumonia [2]	All Deaths involving Influenza [3]	Deaths involving Pneumonia, Influenza, or COVID-19 [4]
2020/2021	All Sexes	0-17 years	246	38,993	658	44	179	1,039
2020/2021	All Sexes	18-29 years	1,957	74,191	2,150	866	150	3,379
2020/2021	All Sexes	30-39 years	5,683	105,668	5,178	2,607	318	8,550
2020/2021	All Sexes	40-49 years	15,444	159,249	13,170	7,591	494	21,448
2020/2021	All Sexes	50-64 years	80,361	671,927	73,614	42,520	2,131	113,260
2020/2021	All Sexes	65-74 years	117,252	824,289	106,268	62,656	1,944	162,496
2020/2021	All Sexes	75-84 years	148,166	1,002,845	129,796	75,104	1,961	204,550
2020/2021	All Sexes	85 years and over	164,182	1,226,820	129,599	68,290	1,843	227,102
2020/2021	All Sexes	All Ages	533,291	4,103,982	460,433	259,678	9,020	741,824

- 2) The physiological, psychological and health risks of wearing respiratory coverings are well established. (see Appendix)
- 3) According to ASTM F3502-21 Standard Specification for Barrier Face Coverings, "...no claims can be made about the degree to which a barrier face covering reduces emission of human-generated particles."
- 4) OSHA has stated in several documents, that lose fitting surgical masks do not protect against the transmission of infectious materials. Only respirators in compliance with the respiratory protection standard (29 CFR 1910.134) are acceptable.

Parents do not want to deprive their children of the benefits that in school learning has and should not have to sacrifice their children's health or life for an education, especially when the so called "rules" are arbitrary as nobody has provided evidence to substantiate them.

Sincerely,
ENVIRONET



Tammy L Blakeslee, CIH
President
/enclosures

APPENDIX STUDIES RELATED TO MASK WEARING

[1] PDF of a study in Wuhan, China showing no asymptomatic spread, entitled Post-lockdown SARS-CoV-2 nucleic acid screening in nearly ten million residents of Wuhan, China which stated, ***“There were no positive tests amongst 1,174 close contacts of asymptomatic cases.”***



10 million
asymptomatic spread

www.nature.com/articles/s41467-020-19802-w

[2] PDF of a study in entitled Facemasks in the COVID-19 era: A health Hypothesis reviews 67 references and states that ***“Although, scientific evidence supporting facemasks’ efficacy is lacking, adverse physiological, psychological and health effects are established...”***

Note: This link to the study is not available due to retraction by the publisher for this externally peer reviewed study prior to publication.



Facemasks in covid
era a hypothesis.pdf

www.ncbi.nlm.nih.gov/pmc/articles/PMC7680614/

[3] From the Centre for Evidence Based Medicine is an article with links to a PDF of a study in 2011 that states ***“The use of protective facemasks (PFMs) negatively impacts respiratory and dermal mechanisms of human thermoregulation through impairment of convection, evaporation and radiation processes. The relatively minor reported increases in core temperature directly attributable to the wearing of PFMs suggest that associated perceptions of increased body temperature may have a significant psychological component or that regional or global brain temperature changes are involved...”***



Facecovering study
thermoregulation me

www.cebm.net/covid-19/covid-19-masks-on-or-off

[4] A Study by BrJ Sports Med recently concluded ***“Cloth face masks led to a 14% reduction in exercise time and 29% decrease in VO2max, attributed to perceived discomfort associated with mask-wearing. Compared with no mask, participants reported feeling increasingly short of breath and claustrophobic at higher exercise intensities while wearing a cloth face mask. Coaches, trainers and athletes should consider modifying the frequency, intensity, time and type of exercise when wearing a cloth face mask.”***

<https://bjsm.bmj.com/content/early/2021/03/05/bjsports-2020-103758>

[5] Below are studies that discuss the impact of oxygen levels during exercise. Increasing the resistance of breathing by putting on face cloths is equivalent to working at high altitudes. Seasoned athletes are

meticulously monitored for effects related to altitude sickness. The American Academy of Family Physicians discusses altitude sickness, its causes, and its effects at length. It explains that there are 3 varying levels of altitude sickness that can result in headache, dizziness, reduction in cognitive function, swelling of the lungs with fluid, swelling of the brain, and in severe cases a coma or death can occur. It also stresses that children are at a higher risk of altitude sickness as their developing bodies are not able to adjust as well as those of an adult. Children are less likely to recognize the symptoms of altitude sickness as well, making them more susceptible to an escalated issue compared to fully grown adults

[https://www.sciencedirect.com/science/article/pii/S2095254620300399#:~:text=Prolonged%20or%20high%20intensity%20exercise,\(2\)%20accelerated%20muscle%20fatigue.&text=Exercise%2Dinduced%20increases%20in%20the,muscle%20adaptation%20to%20endurance%20training.](https://www.sciencedirect.com/science/article/pii/S2095254620300399#:~:text=Prolonged%20or%20high%20intensity%20exercise,(2)%20accelerated%20muscle%20fatigue.&text=Exercise%2Dinduced%20increases%20in%20the,muscle%20adaptation%20to%20endurance%20training.)

<https://familydoctor.org/condition/high-altitude-illness/> <https://www.theuiaa.org/uiiaa/children-at-altitude-essential-advice/#:~:text=Although%20there%20are%20no%20conclusive,sleeping%20altitude%20of%20%3C2%2C500m.>

<https://www.nfpt.com/blog/understanding-vo2-max-and-the-altitude-challenge?fbclid=IwAR0ZDGL7OgFhAizHsp09mdHd4G7EBL-uhukidhW9f8vEakiToakqRCEbc8U#:~:text=VO2%20max%20decreases%20as,by%20approximately%208-11%25>

[6] 42 peer-reviewed studies that show masks are neither safe nor effective (it's about subjugation and control not health – except for destroying it)

Source

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