



Marsha DeGennaro <mdegennaro@woodbridgeps.org>

Fwd: [External Email] Petition in SUPPORT OF MASK CHOICE

1 message

Jonathan Budd <jbudd@woodbridgeps.org>

Wed, Feb 23, 2022 at 7:09 AM

To: Marsha DeGennaro <mdegennaro@woodbridgeps.org>

Hi Marsha,

Please add this e-mail and the attachment as Correspondence for tonight's meeting.

Thanks,

Jonathan

Jonathan S. Budd, Ph.D.
Superintendent
Woodbridge, CT School District
jbudd@woodbridgeps.org
203-387-6631

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----- Forwarded message -----

From: **BOWA Parents for Choice** <BOWAparentsforchoice@protonmail.com>

Date: Tue, Feb 22, 2022 at 10:42 PM

Subject: [External Email] Petition in SUPPORT OF MASK CHOICE

To: lpiascyk@woodbridgeps.org <lpiascyk@woodbridgeps.org>, mmadonick@woodbridgeps.org <mmadonick@woodbridgeps.org>, sdelprete@woodbridgeps.org <sdelprete@woodbridgeps.org>, jdahya@woodbridgeps.org <jdahya@woodbridgeps.org>, jhughes@woodbridgeps.org <jhughes@woodbridgeps.org>, mstrambler@woodbridgeps.org <mstrambler@woodbridgeps.org>, bhopkins@woodbridgeps.org <bhopkins@woodbridgeps.org>, dross@woodbridgeps.org <dross@woodbridgeps.org>, ewilliamson@woodbridgeps.org <ewilliamson@woodbridgeps.org>

Cc: jbudd@woodbridgeps.org <jbudd@woodbridgeps.org>, bheller@woodbridgect.org <bheller@woodbridgect.org>

Dear Woodbridge Board of Education Members,

Please view the attached list for the names of almost 500 Bethany, Orange, and Woodbridge residents who are in full support of MASK CHOICE in the Bethany Public School System.

We, the undersigned, are concerned citizens who strongly believe in mask choice in the Bethany, Orange, Woodbridge, and Amity Public Schools. We urge local Selectmen, Boards of Education, and Superintendents to act immediately to make the wearing of masks and/or face coverings in Bethany, Orange, Woodbridge, and Amity Public School buildings optional for all students, faculty, staff, community members and visitors, regardless of vaccination status.

Please view the full petition language here: <https://chnng.it/8tSgh6qfvP>

We hope that you will fully consider this petition and the mental health of our children during the Special Board of Education meeting on Wednesday evening.

Sincerely,
BOWA Parents for Choice

Sent with [ProtonMail](#) Secure Email.

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BOWA Parents for Choice Signatures - petition_signatures_jobs_32285669_20220222141950.pdf

82K

Name	Signed On
BOWA Parents for	2022-02-06
Phoebe Brownin	2022-02-06
Alison Rivera	2022-02-06
Alex Rivera	2022-02-06
Brooke Hopkins	2022-02-06
Melanie Hobson	2022-02-06
Rebecca Pawlow	2022-02-06
Amanda Mauruti	2022-02-06
Darryl Pytlak	2022-02-06
Cathleen Hubbar	2022-02-06
Debbie Esposito	2022-02-06
Kristy Macci	2022-02-06
Kristen Turkosz	2022-02-06
Danielle Berlepsi	2022-02-06
Alena Roberts	2022-02-06
Jeff Hughes	2022-02-06
Courtney Clay	2022-02-06
Kellie Harvey	2022-02-06
Cheryl Wirth	2022-02-06
Dianna Fuehrlein	2022-02-06
Jessica Joseph	2022-02-06
Amanda Zapatka	2022-02-06
Kellie Barton	2022-02-06
Cindy Sampson	2022-02-06
Katie Onze	2022-02-06
Michelle Alicki	2022-02-06
Gina Pratt	2022-02-06
Theodora Antar	2022-02-06
Lynette White	2022-02-06
Matt Crainich	2022-02-06
Julie Alldredge	2022-02-06
Belynda McGurri	2022-02-07
Jessica Cavarret	2022-02-07
Michelle Shoop	2022-02-07
Rebecca Simone	2022-02-07
Ann Watkins	2022-02-07
Joan Fearnley	2022-02-07
Melissa Olive	2022-02-07
Danielle Ewing	2022-02-07
Renee Mascia	2022-02-07
Christopher DAd	2022-02-07
Falcon Knight	2022-02-07

Daniel Cowan	2022-02-07
Candace Schwal	2022-02-07
Christina Levere	2022-02-07
Zed Hawk	2022-02-07
Richard Jarecz	2022-02-07
Tiffany gagnon	2022-02-07
Jessica Ayala	2022-02-07
bonnie pelaccia	2022-02-07
Christian Young	2022-02-07
Darlene Sanner	2022-02-07
Maria Pereira	2022-02-07
Dawn Coppola	2022-02-07
Mara Graham	2022-02-07
Ed Falvey	2022-02-07
Elizabeth Pelacci	2022-02-07
Christy Wooldridge	2022-02-07
Melissa Agvent	2022-02-07
Ronnette James	2022-02-07
Jason Agvent	2022-02-07
Ed Wooldridge	2022-02-07
Katie Pelaccia	2022-02-07
Victoria Butler	2022-02-07
Jennifer Hughes	2022-02-07
Tracey Hart	2022-02-07
Dilgash Mekael	2022-02-07
DINallo Jennifer	2022-02-07
Amy Corvino	2022-02-07
Michele Anasouli	2022-02-07
Natalia Curma	2022-02-07
Susan Marsh	2022-02-07
Matilde Hubbard	2022-02-07
James Hubbard	2022-02-07
Michelle Brown	2022-02-08
Amy Goffe	2022-02-08
Cristina C	2022-02-08
Victor Guerrero	2022-02-08
Maria Carlos	2022-02-08
Brian Goffe	2022-02-08
Amy Deming	2022-02-08
Stephanie Ryder	2022-02-08
Wendy Charbonr	2022-02-08
Cristina S.	2022-02-08
Nicole Pastor	2022-02-08

Josh Gelder	2022-02-08
Carol Cangiano	2022-02-08
Austin Ward	2022-02-08
Melanie Suraci	2022-02-08
Maria Hall	2022-02-08
Evan Pelaccia	2022-02-08
Michael Adanti	2022-02-08
William Slater	2022-02-08
John Borer	2022-02-08
Sean Johnson	2022-02-08
Elizabeth Stosse	2022-02-08
Jill Guerrero	2022-02-08
Sonia Savino	2022-02-08
Jennifer Fusarelli	2022-02-08
John S	2022-02-08
Erin Sullivan	2022-02-08
Greg Rocchio	2022-02-08
Marcie Rocchio	2022-02-08
Eric Butt	2022-02-08
Avery Butt	2022-02-08
Dana DeAngelis	2022-02-08
Jeanine Capece	2022-02-08
David Audie	2022-02-08
Erin Wezenski	2022-02-08
John Wyskiel	2022-02-08
Steven DeMaio	2022-02-08
Patti Droney	2022-02-08
Frank Ruiz	2022-02-08
Gena Geremia	2022-02-08
James Geremia	2022-02-08
Amy Colonna	2022-02-08
Kevin Maurutis	2022-02-08
Dina Hardt	2022-02-08
Jennifer Levy	2022-02-08
Claudine F	2022-02-08
Mark Freer	2022-02-08
Dominick Lomba	2022-02-08
Amy Burns	2022-02-08
Kristin Burns	2022-02-08
Kate Losty	2022-02-08
Silvia Antonetz	2022-02-08
Tara Chizmadia	2022-02-08
Liane Page	2022-02-08

georgia sansone	2022-02-08
Sherry Morse	2022-02-08
John Sansone Jr	2022-02-08
Jody Nugent	2022-02-08
Taylor Venice	2022-02-08
Maryalice Dacou	2022-02-08
Cynthia Schmidt	2022-02-08
Pio Imperati	2022-02-08
Lacy Zuffelato	2022-02-08
Michael Baker	2022-02-08
Carbone Nicole	2022-02-08
Meghan Rabuse	2022-02-08
Mary York	2022-02-08
Kim Cabeleira	2022-02-08
Chris Morse	2022-02-08
Ellis Pelaccia	2022-02-08
Jessica Butanow	2022-02-08
Danielle Ruiz	2022-02-08
Rocco DeAngelis	2022-02-08
Ed Burns	2022-02-08
Julia Capecelatro	2022-02-08
AJ Capecelatro	2022-02-08
Joseph Wyskiel	2022-02-08
Nicole Dunn	2022-02-08
Jennifer Conelias	2022-02-09
Collin Williams	2022-02-09
Daniel Furman	2022-02-09
c m	2022-02-09
Holly DeMatteo	2022-02-09
Del Prete Daniel	2022-02-09
Christine Luck	2022-02-09
NadiA Sosnowitz	2022-02-09
Jed Sosnowitz	2022-02-09
Jim Preto	2022-02-09
Hayley Preto	2022-02-09
Beth Lehn	2022-02-09
Yuliya Gilshteyn	2022-02-09
Kate Boucher	2022-02-09
Justin Rehm	2022-02-09
Dina March	2022-02-09
Lin kyasky	2022-02-09
Olga Pavlovskay	2022-02-09
Melanie Rogers	2022-02-09

Deanna Bingham	2022-02-09
Monica Celozzi	2022-02-09
Kristina Knutson	2022-02-09
Colleen Rooney	2022-02-09
Tammy Johnson	2022-02-09
Maria Humphrey	2022-02-09
Rosemary Ganle	2022-02-09
Krystie Rondini	2022-02-09
t san	2022-02-09
Madison Schrijn	2022-02-09
Matthew Pickett	2022-02-09
Mike Bruni	2022-02-10
Robertehopkins l	2022-02-10
Debbie Marnel	2022-02-10
Scott Rocchio	2022-02-10
Michele Tenney	2022-02-10
Scott Tenney	2022-02-10
Kali Lucke	2022-02-10
Rachel Gaudet	2022-02-10
Amanda Scarinzi	2022-02-10
Anthony Scarinzi	2022-02-10
Chris Sander	2022-02-10
Wood Brian	2022-02-10
Mallory Rubuno	2022-02-10
Joe Cannizzaro	2022-02-10
nadine galiano	2022-02-10
Carianne F	2022-02-10
JJ Alfisi	2022-02-10
MARIE NESTOR	2022-02-10
afrodita Dinkollar	2022-02-10
Jorgo Dinkollari	2022-02-10
Sarah Donroe	2022-02-10
Afrula Kambo	2022-02-10
Julius Kambo	2022-02-10
Andi Kambo	2022-02-10
Gezim Kambo	2022-02-10
Jalein Cottrell	2022-02-10
Loren Scarinzi	2022-02-10
Caitlin Christian	2022-02-10
Kevin Cartee	2022-02-10
Ana Gloria	2022-02-10
Samantha Lockh	2022-02-10
Dennis Santulli	2022-02-11

Francesca Doeri	2022-02-11
Iryna Dickinson	2022-02-11
Ellen D	2022-02-11
Melissa Verdura	2022-02-11
Kimberly Stack	2022-02-11
Jessica Pomelow	2022-02-11
S. Sullo	2022-02-11
Matthew Hill	2022-02-11
Shannon Peters	2022-02-11
Elizabeth Wyskie	2022-02-11
Aimee Luddy	2022-02-11
Dana Moras	2022-02-11
Tiffany Arsenault	2022-02-11
Tere Tanner	2022-02-11
Aaron Rogers	2022-02-12
Christine Rowlan	2022-02-12
Katie Scheibel	2022-02-12
Kimberly Gyurko	2022-02-12
Christy Razzano	2022-02-12
James Denton	2022-02-12
Perri Levy	2022-02-12
Gary Levy	2022-02-12
Kathaleen Fitzpa	2022-02-12
Sarah Flashman	2022-02-12
Katie Biro	2022-02-12
Cindy Visnic	2022-02-12
Jennifer Kropitis	2022-02-12
Christina Provo	2022-02-12
Sarah Panton	2022-02-12
Jodi Millett	2022-02-12
AnnMarie jones	2022-02-12
James stevens	2022-02-12
Karis Beno	2022-02-12
Taylor Harold	2022-02-12
Megan Hyndman	2022-02-12
VERONICA PER	2022-02-12
Kendra Bergers	2022-02-12
Jane Postovoit	2022-02-12
David Negreiro	2022-02-12
Paul Beno	2022-02-12
Patricia Santagal	2022-02-13
Michelle Flashma	2022-02-13
Mike Visnic	2022-02-13

Daniel Adams	2022-02-13
Jesse Brutsche	2022-02-13
Jeffrey Luck	2022-02-13
Eli Johnson	2022-02-14
Samantha Dana	2022-02-14
Rachel Callahan	2022-02-14
Timothy Callahan	2022-02-14
Chrissy Outlaw	2022-02-14
John Dunn	2022-02-14
Ariella Aronowitz	2022-02-15
Betty Weinberg	2022-02-15
Kaiden Ramcke	2022-02-15
A Ryan	2022-02-15
Keira Spillane	2022-02-16
Pauline Gentile	2022-02-16
Lauren Viscuso	2022-02-16
Carol Frawley	2022-02-16
Christine Novicki	2022-02-16
Amber Durkin	2022-02-16
Colleen Boothroy	2022-02-16
Nicole Wetmore	2022-02-16
Joy Dittmann	2022-02-16
Patricia Kosh	2022-02-16
Grace Kosh	2022-02-16
Zachary Wolverton	2022-02-16
olivea kosh	2022-02-16
Amy Wolverton	2022-02-16
Jason Onze	2022-02-16
Marcia Rawden	2022-02-16
Jennifer Fleming	2022-02-16
Shawn Cleveland	2022-02-16
Lucia Dittmann	2022-02-16
Daniel Wetmore	2022-02-16
Licete Esteves	2022-02-16
Trisha Bradley	2022-02-16
Nicole Walsh	2022-02-16
Lindsey Quinn	2022-02-16
Kyle Quinn	2022-02-16
Lanette Maiorino	2022-02-16
Daniel Kunkel	2022-02-16
Alexis Sullivan	2022-02-16
Don Farnen	2022-02-17
Daniel Brigham	2022-02-17

James Leahy	2022-02-17
Bryant Esparo	2022-02-17
Malissa Farnen	2022-02-17
Claudia Tweedie	2022-02-17
Shannan William	2022-02-17
Robert Farnen	2022-02-17
Jessica Allen	2022-02-17
David Ford	2022-02-17
Paula Dillon	2022-02-17
Kiia Silverstrim	2022-02-17
Michael Hawes	2022-02-17
Kara Tweedie	2022-02-17
Loretta Anthony	2022-02-17
Diandra Swaller	2022-02-17
Christine Bowma	2022-02-17
Kerri Rosson	2022-02-17
Rose DiPaolo	2022-02-17
Lisa Jurzyk	2022-02-17
Tulsen Wachholz	2022-02-17
Nina Wnuk	2022-02-17
Karen Lynn	2022-02-17
Rita Pepe	2022-02-17
Christopher Fusa	2022-02-17
Cox Deanna	2022-02-17
Nichole Wells	2022-02-17
Kara Sullivan	2022-02-17
Sandy Ho	2022-02-17
Sandra Ozere	2022-02-17
Briana Luciani M	2022-02-17
Lauren Moras	2022-02-17
Cynthia Figuly	2022-02-17
Angela Loughlin	2022-02-17
Stephanie Calde	2022-02-17
Mikita Michael	2022-02-17
Kim Mikita	2022-02-17
Jeff Vargo	2022-02-17
Melissa Zaldo	2022-02-17
Fahra Zimic	2022-02-17
Aimee Bear	2022-02-17
Jen Field	2022-02-17
JR Fredette	2022-02-17
William May	2022-02-17
Patricia Nichol	2022-02-17

Tracy Bocek	2022-02-17
Sue Puhl	2022-02-17
Aaron Kriss	2022-02-17
Sarah Milewski	2022-02-17
Brittney Goodma	2022-02-17
Christine Haiday	2022-02-17
Andrea Decrosta	2022-02-17
Rebecca Lattanz	2022-02-17
Sara Mahon	2022-02-17
Stacey Hawes	2022-02-17
Tricia Hassenma	2022-02-17
Jeanette Savo	2022-02-17
Heather Porto Pc	2022-02-17
Pat Libero	2022-02-17
Andrea Dizenzo	2022-02-17
Michelle Amodec	2022-02-17
Eric Butt	2022-02-17
Karyn Campbell	2022-02-17
Bradley Owens	2022-02-17
sandrine saunde	2022-02-17
Juliann Pulie	2022-02-17
Melissa Langelo	2022-02-17
Gary Piccirillo	2022-02-17
Tami Piccirillo	2022-02-17
Kaili Rehm	2022-02-17
Anne Maher	2022-02-17
Damian Lattanzi	2022-02-17
paul breneman	2022-02-17
Tara Melingonis	2022-02-17
Patricia Bell	2022-02-17
Lindsey Pacelli	2022-02-17
Steve Wampler	2022-02-17
Blanca Burchill	2022-02-17
Mike Kosh	2022-02-17
Adam Carbone	2022-02-17
Diane Vidmosko	2022-02-17
Kathy Andersen-	2022-02-17
Stefanie Wells	2022-02-17
Deanna Morrin	2022-02-17
Gustavo Pina	2022-02-17
Jung Kim-Lemon	2022-02-17
Cassandra Piscit	2022-02-17
Patricia Glazer	2022-02-17

Isabella Antonucci	2022-02-17
Amy OConnell	2022-02-17
Meema Paula Sa	2022-02-17
Kristie Stutsky	2022-02-17
Olga Bondar	2022-02-17
Nicole Tower	2022-02-17
Katerina Imperati	2022-02-17
Cyndi Nadeau	2022-02-17
Keith Soldra	2022-02-17
Andre Puleo	2022-02-17
Tracy Landolfi	2022-02-17
Nicole Chomiak	2022-02-17
Whitney Torres	2022-02-17
Greg Russo	2022-02-17
Shannon Crouse	2022-02-18
Janice Farace	2022-02-18
Brittany Fish	2022-02-18
Alaina Gamble	2022-02-18
Jennifer Bourke	2022-02-18
Michelle Koos	2022-02-18
Thomas Waldron	2022-02-18
Edison Ordonez	2022-02-18
Ariana Holmes	2022-02-18
Mary Y	2022-02-18
Mari Hopps	2022-02-18
Tony Molina	2022-02-18
Xavier D	2022-02-18
Elena Godoy	2022-02-18
Dagoberto Godo	2022-02-18
Corinne Reher	2022-02-18
Jorge Silva	2022-02-19
James Turkosz	2022-02-19
Thomas Lametta	2022-02-19
Jennifer Delfino	2022-02-19
Rachel Crane	2022-02-19
Christine Floyd	2022-02-19
Winifred Göneng	2022-02-19
Louise Lopez	2022-02-19
Jaime martin	2022-02-19
Justin Berlepsch	2022-02-19
Katelyn Snell	2022-02-19
Jessica Hill	2022-02-19
Jackie Cappiello	2022-02-19

Larysa Persano	2022-02-19
A.J. Cappiello	2022-02-19
Pete Persano	2022-02-19
Barbara Kaufman	2022-02-19
Stephanie Lahan	2022-02-19
Brianne Conway	2022-02-19
Monica Alicki	2022-02-19
Mike Bruneau	2022-02-19
Alex Biro	2022-02-19
Kerrie Kubik	2022-02-19
Kathleen Haught	2022-02-19
Colleen Myatt	2022-02-19
Melanie Blude	2022-02-19
George Bondar	2022-02-19
Daniella Bondar	2022-02-19
Michael Sincavage	2022-02-19
Stephanie Sullo	2022-02-19
Athena Peterson	2022-02-19
Jaime Nardecchi	2022-02-19
Matt DePaolo	2022-02-19
Melissa Poli	2022-02-19
Kimmarie Credid	2022-02-19
Kathleen Sweeney	2022-02-19
Dennis Sweeney	2022-02-19
Melissa Bode	2022-02-19
Garrity Karr	2022-02-19
Taryn Driend	2022-02-19
Mark Boccanfuso	2022-02-19
Joseph Nardecchi	2022-02-19
LynnAnn Towers	2022-02-19
Robert Towers	2022-02-19
Michael Dittman	2022-02-19
Amara Santulli	2022-02-19
Karen Sim	2022-02-20
Sharon Raccio	2022-02-20
Nancy Thelot	2022-02-20
Christopher Gani	2022-02-20
Cora Stover	2022-02-20
Michelle Stannar	2022-02-20
Teri Alves	2022-02-20
Michael Crane	2022-02-20
ella savely	2022-02-20
Jessica Fedor	2022-02-20

Carrie S	2022-02-20
Martin Driend	2022-02-20
Gina Durso	2022-02-20
Kim Richards	2022-02-20
Ken Myatt	2022-02-21
Brittany Kasper	2022-02-21
Carmela Blakem	2022-02-21
Jacqueline McGr	2022-02-21



Marsha DeGennaro <mdegennaro@woodbridgeps.org>

[External Email] Thoughts on lifting the mask mandate

Judy Cha <jc476@cornell.edu>

Wed, Feb 16, 2022 at 4:12 PM

To: "mdegennaro@woodbridgeps.org" <mdegennaro@woodbridgeps.org>

Hi,

I'm a parent to two school children at Beecher Road. What I am not certain on is whether the in-school transmission rate will increase once wearing mask becomes optional.

So, it seems prudent to wait and see how the transmission rate looks like from the states that make the mask wearing optional. Then, we can make a better-informed decision.

Thank you,
Judy



Marsha DeGennaro <mdegennaro@woodbridgeps.org>

[External Email] Correspondence to the Board

1 message

Datta, Rupak <rupak.datta@yale.edu>

Thu, Feb 17, 2022 at 7:09 AM

To: "mdegennaro@woodbridgeps.org" <mdegennaro@woodbridgeps.org>

Dear Board Members,

I write as an infectious disease physician, hospital epidemiologist, and concerned father regarding the potential removal of the mask mandate at Beecher Road Elementary School. Rescinding the mask mandate places a disproportionate burden on families with infants and children less than 5 years of age who are not yet eligible for the vaccine. This is an issue of health equity. Making masks optional places undue risk on this large and vulnerable population. Furthermore, there is no process to monitor for COVID-19 at Beecher when masks become optional such as weekly individual or pooled screening of students and staff. Therefore, asymptomatic cases at school will likely spread infection to infants and children less than 5 years of age who have no access to the most effective method of protection.

I appreciate the significant burden that masks have placed on communities, businesses, and individuals and the difficult position in which you have been placed. However, I plead that you apply evidence-based decision-making to this process. Making masks optional undermines a key premise of wearing masks; namely, that wearing a mask prevents the wearer from spreading infection to others. This is particularly relevant to indoor spaces that are crowded like schools. If there are concerns that masks inhibit speech development and emotional growth, there are other options such as clear masks.

Thank you for your time and attention and all that you do to keep our children safe and healthy.

Sincerely,
Rupak Datta, MD PhD



Marsha DeGennaro <mdegennaro@woodbridgeps.org>

[External Email] Re: WSD Community Update from Superintendent Budd re: Mask Mandate

1 message

Hillary Drumm <hiljor@gmail.com>

Thu, Feb 17, 2022 at 10:57 AM

To: Beecher Road School <jbudd@woodbridgeps.org>, Marsha Degennaro <mdegennaro@woodbridgeps.org>

Dear Dr Budd and Members of the Woodbridge Board of Education,

This survey appears to be designed to favor lifting the mask mandate, not as an impartial survey as I would hope to see.

Option 1 is to lift the mask mandate March 1

Option 2 is to lift the mask mandate April 25

Option 3 is to lift the mask mandate July 1

Option 4 is I don't know

or Other

All language suggests lifting the mandate. No language suggests leaving the mandate in place.

If the intention is to create district policy based on which option receives the most individual votes, in all likelihood, option 1 will be default, as those who want the mandate lifted immediately will outweigh those who do not as their votes will be stratified/diluted amidst the other 4 options.

If there is anything we have learned in this pandemic, it would be that predicting the future is very difficult.

Yet you have asked us to decide at very specific times in the future when we would feel safe lifting the mask mandate when we have no idea what case load etc will be at that point.

I would suggest the current survey be as follows:

2 choices:

In favor of lifting the mask mandate on March 1

Not in favor of lifting the mask mandate on March 1

With the expectation that the community is resurveyed each month as the school year continues if the mask mandate is not lifted.

If it is lifted, then only a significant change in community case# would allow for resurveying. Such as changing to Red (>15 cases per 100,000) <https://portal.ct.gov/coronavirus/covid-19-data-tracker>. Or significant case jump at the school specifically.

I believe this is the only way to obtain accurate data as to the preferences of the BRS community in a way that would allow all to make informed choices in real time when we know the current case situation.

I would also ask that the survey require more proof that the individuals filling it out are part of the BRS community. Currently the form can be shared and filled out by any person with an email address, and also filled out multiple times using different email addresses.

This is a very sensitive and important topic and should be treated with the utmost care and respect.

Thank you,
Hillary Drumm
BRS Parent

On Wed, Feb 16, 2022 at 3:54 PM Beecher Road School <jbudd@woodbridgeps.org> wrote:



Woodbridge School District

Jonathan S. Budd, Ph.D.

Superintendent

February 16, 2022

Dear WSD Community:

Attached is an important letter related to discussion of the local policy mandating masks at Beecher Road School; in preparation for the Special Meeting of the Woodbridge Board of Education, we encourage you to complete the brief survey hyperlinked to paragraph 2. If you cannot open the attachment, you may click [here](#) to access the letter as posted on our website.

Please reach out with any questions, concerns, or feedback at any time.

Sincerely,

Jonathan S. Budd, Ph.D.

Superintendent

Woodbridge School District

Superintendent's Office

40 Beecher Road South, Woodbridge, CT 06525

District Office: 203-387-6631 ~ Main Office 203-389-2195

[Website](#)

Attached Files
jbtowsdbcommunity.2.16.2022.pdf

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Marsha DeGennaro <mdegennaro@woodbridgeps.org>

Fwd: [External Email] Re: WSD Community Health & Safety Update from Superintendent Budd

1 message

Jonathan Budd <jbudd@woodbridgeps.org>
To: Marsha DeGennaro <mdegennaro@woodbridgeps.org>

Tue, Feb 22, 2022 at 3:29 PM

Hi Marsha,

Mr. Flashman has asked that this e-mail be included as Correspondence for tomorrow night's BOE meeting.

Thanks,

Jonathan

Jonathan S. Budd, Ph.D.
Superintendent
Woodbridge, CT School District
jbudd@woodbridgeps.org
203-387-6631

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----- Forwarded message -----

From: Micah Flashman <micah.flashman@gmail.com>
Date: Wed, Feb 16, 2022 at 2:35 PM
Subject: [External Email] Re: WSD Community Health & Safety Update from Superintendent Budd
To: Beecher Road School <jbudd@woodbridgeps.org>

Hello Dr. Budd,

I am writing to sincerely request that the mask mandate be removed in the Woodbridge school system. Obviously, people may continue to wear masks at their own discretion. It is fairly well documented at this point that masking has had a significant negative impact on the development of children: emotionally, psychologically, relationally, and intellectually; and I'm sure that the full extent of this damage is yet to be discovered. Further, after surveying a number of research studies on this topic (see examples in articles linked below), the evidence that masking children has been effective in mitigating the impact of COVID-19 is inconclusive. In many ways, our nation's response to the COVID-19 crisis has caused more damage than the virus itself (for example, the dramatic spike in depression and suicide rates - especially among adolescents), and I represent a large and growing group of concerned citizens who wholeheartedly believe that the mandatory masking of children falls into this category.

Despite the immense pressure on all sides, you have done an excellent job navigating these extremely challenging times, and my family and I are grateful for your leadership of the Woodbridge school system. We stand with you in your commitment to educational excellence and we are confident that you will continue to make decisions that serve the best interests of our children.

Thank you!
Micah Flashman

More than 150 Comparative Studies and Articles on Mask Ineffectiveness and Harms * Brownstone Institute
Johns Hopkins Study: Lockdowns Only Reduce Mortality by 0.2 Percent | Mises Wire

On Fri, Feb 11, 2022 at 3:42 PM Beecher Road School <jbudd@woodbridgeps.org> wrote:



Woodbridge School District

Jonathan S. Budd, Ph.D.
Superintendent

February 11, 2022

Dear WSD Community:

Attached is a health and safety update for our district, including a status update related to the upcoming end to the State mask mandate for Connecticut public schools. If you cannot open the attachment, you may also click [here](#) to access the letter as posted on our website.

Have a wonderful weekend,

Jonathan S. Budd, Ph.D.

Superintendent

Woodbridge School District
Superintendent's Office

40 Beecher Road South, Woodbridge, CT 06525

District Office: 203-387-6631 ~ Main Office 203-389-2195

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(203) 770-5038

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Marsha DeGennaro <mdegennaro@woodbridgeps.org>

Fwd: [External Email] Masks Optional

1 message

Jonathan Budd <jbudd@woodbridgeps.org>
To: Marsha DeGennaro <mdegennaro@woodbridgeps.org>

Wed, Feb 23, 2022 at 7:05 AM

Hi Marsha,

Mr. Flashman has asked that this e-mail be included as Correspondence for tomorrow night's BOE meeting.

Thanks,

Jonathan

Jonathan S. Budd, Ph.D.
Superintendent
Woodbridge, CT School District
jbudd@woodbridgeps.org
203-387-6631

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----- Forwarded message -----

From: Sarah Flashman <sflashman97@gmail.com>
Date: Tue, Feb 22, 2022 at 1:13 PM
Subject: [External Email] Masks Optional
To: Jonathan Budd <jbudd@woodbridgeps.org>

Dear Dr. Budd,

Thank you for asking us parents for our input on this sensitive subject. My husband also wrote to you expressing our concerns about the negative impact of the mask mandate on children. Our son has had Covid twice now with very mild symptoms and a lot of children are vaccinated now which means less at risk: masks should be optional for them. It is prohibiting their speech, emotional, social, and verbal development more than we even realize. Hope this article helps explain and am praying the meeting tomorrow goes well. Thanks for your time,

Sarah Flashman

<https://invesbrain.com/speech-therapist-364-surge-in-baby-and-toddler-referrals-thanks-to-mask-wearing/>

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Marsha DeGennaro <mdegennaro@woodbridgeps.org>

Fwd: [External Email] Re: [External Email] Re: [External Email] Covid mitigations at BRS

1 message

Jonathan Budd <jbudd@woodbridgeps.org>

Tue, Feb 22, 2022 at 3:25 PM

To: Marsha DeGennaro <mdegennaro@woodbridgeps.org>

Hi Marsha,

The attached is one letter that should go into the Correspondence section of tomorrow night's meeting.

Thanks,

Jonathan

Jonathan S. Budd, Ph.D.
Superintendent
Woodbridge, CT School District
jbudd@woodbridgeps.org
203-387-6631

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 **Woodbridge School Board Masking Meeting (1).pdf**
94K

Dr Budd:

In March 2020, my family and I worried about a frightening disease. We stayed at home and sanitised everything; we cheered when the vaccine was announced. But now, in February 2022, I agree that:

"18 months ago it was irresponsible and wrong to say:

- Covid is similar to the flu
- Many people hospitalized or dying just have positive tests, are not sick from Covid
- It's most important to protect the vulnerable

Omicron is different. Now, that's basically correct. Covid is adapting to us, we need to adapt."

**- Dr. Tom Frieden, Former CDC Director
January 7, 2022**

Many other public health officials, such as CNN's Dr. Leana Wen, and Dr. Scott Gottlieb, former FDA commissioner, and advisor to Governor Lamont, have gone on record with the same opinion recently too. Public health, and public opinion, seems to be moving in this direction.

I think sooner, rather than later, we'll have to wrestle with the decision on masks at the local level, and **I hope Beecher Road School takes advantage of any change in state mandates to remove masks as soon as possible.** Here's why:

Covid in Children is now a Flu-like risk

In the 2019-2020 flu season, 576 children passed. In 2018-2019, 372. Averaged over 2 years since the start of the pandemic, 374 children have passed from Covid each year, most before a vaccine was available. Each and every one of these deaths is tragic, and I can't imagine the pain these families must have felt. I'm not minimizing it in any way, but just trying to ease minds the tiniest bit about the size of the risk.

https://www.cdc.gov/nchs/nvss/vsrr/covid_weekly/index.htm

Risk has dropped even further since the advent of vaccines and Omicron. The UK had only one hospitalization and no deaths among more than 410,000 vaccinated children who had Covid during the Omicron surge.

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1029606/Vaccine-surveillance-report-week-43.pdf

Protecting Teachers and Other Staff

Age is the single biggest risk factor for a serious Covid outcome. By orders of magnitude.

<https://www.nytimes.com/2021/10/12/briefing/covid-age-risk-infection-vaccine.html>

For teachers aged 50-59, the risk of a serious Covid outcome in Connecticut currently is less than 2.3 per 100,000 people per day. If they're boosted, the risk approaches 0. Risks are significantly lower for people under 50 and will continue to drop as case numbers do.

There are 36 people in I.C.U. care who are Covid positive. If patterns hold in CT as elsewhere in the U.S., likely 50% of them have an incidental finding of Covid. Likely only 18 or so are under care for Covid.

For the vulnerable, older than 65, the already low risk of a serious outcome drops by more than 90% after a booster. This is a lower risk of a serious outcome than that posed by the flu, for that age group.

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1045329/Vaccine_surveillance_report_week_1_2022.pdf

<https://covid.cdc.gov/covid-data-tracker/#covidnet-hospitalizations-vaccination>

<https://gis.cdc.gov/GRASP/Fluview/FluHospRates.html>

Long Covid

Many people are understandably concerned about Long Covid, but Long Covid is rare in children. Only 0.8% of Covid-positive children reported symptoms, such as loss of taste or smell, or fatigue, lasting >4 weeks, when compared to a control group. And in almost every case, those symptoms resolved within 1-5 months.

<https://link.springer.com/article/10.1007/s00431-021-04345-z>

Symptoms of Long Covid were found to be no more common in vaccinated adults than in adults *who had never had Covid*. If that pattern extends to children, Long Covid would be vanishingly rare.

<https://www.medrxiv.org/content/10.1101/2022.01.05.22268800v2>

Transmission

As we now know, based on a study conducted in Ontario, transmission of the Omnicron variant is not prevented by 2 doses of vaccine. Because of this, it's important we don't tie health measures to vaccination rates. Children who are vaccinated are just as likely to carry the virus.

<https://www.medrxiv.org/content/10.1101/2021.12.27.21268278v1.full.pdf>

<https://www.medrxiv.org/content/10.1101/2021.12.30.21268565v1.full.pdf>

Masking

The benefits to masking children in schools are not clear. Two government studies, with good, unmasked, control arms, in the U.S. and the U.K., were unable to find a statistically significant relationship between masks and Covid-19 incidence.

<https://www.cdc.gov/mmwr/volumes/70/wr/pdfs/mm7021e1-H.pdf>

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1044767/Evidence_summary_-_face_coverings.pdf

Other academic studies show the same results. Transmission within schools follows the pattern of community transmission, with no associations between mask use and Covid-19:

- <https://www.medrxiv.org/content/10.1101/2021.05.19.21257467v1.full> "We do not find any correlations with mask mandates."
- <https://meridian.allenpress.com/jat/article/57/1/59/466422/Reported-COVID-19-incidence-in-Wisconsin-High> "There were no significant associations between COVID-19 incidence and face mask use."
- https://journals.lww.com/pidj/Fulltext/2021/11000/Age_dependency_of_the_Propagation_Rate_of.2.aspx "In-school COVID transmission was the same in 4-5 year olds where masking was not used and in 6-7 year olds where masking was required"

There are other, commonly-cited, studies that show an effect of masks, but they do not have appropriate controls.

When the benefits of masks are too small to measure, as these studies suggest, we should feel comfortable ending their use. Our peer nations in Europe, the WHO, and UNICEF have all recommended against masking children under 6, and to mask children under 12 only for short periods, and in limited ways, such as only in hallways or cafeterias.

Mask optional policies should be instituted *as soon as the state allows this possibility*. Those who are not ready for this change can continue to wear masks. There should be nothing considered unusual about either wearing, or not wearing, a mask.

Other Public Health Officials Agree

Many public health officials are reaching the same conclusions

Dr. Leana Wen, *CNN's* medical analyst, and contributing columnist for the *Washington Post* says: "every person 5 and older can be vaccinated, and high-quality masks can protect individuals well. Therefore, masks can be optional, not required, even at high rates of community transmission. "

<https://archive.ph/4xsVx>

Another group of doctors made a good case in *USA Today* to remove mask mandates.

<https://archive.ph/HzFbY>

Dr. Scott Gottlieb, former FDA commissioner, made the same argument on *Face The Nation* last week:

<https://www.yahoo.com/lifestyle/transcript-dr-scott-gottlieb-face-172336431.html>

I think there is enough evidence now, with major public health officials urging us to, to get back to normal. And I hope Beecher will take the opportunity to do so at the first moment it can.

Thank you for taking the time to read this. I'd be more than happy to answer any questions, or continue a discussion.

Yours sincerely,

Grant McInnes
203-397-8022

Cc: Principal Sherman, Woodbridge School Board



Marsha DeGennaro <mdegennaro@woodbridgeps.org>

[External Email] Correspondence for 2/23 BOE special meeting

1 message

Josh Gelder <jdgelder79@yahoo.com>

Tue, Feb 22, 2022 at 9:30 PM

Reply-To: Josh Gelder <jdgelder79@yahoo.com>

To: "mdegennaro@woodbridgeps.org" <mdegennaro@woodbridgeps.org>

Good evening,

I will be speaking tomorrow during the public comment period and will reference a collection of articles about face masks. The links to approximately 80 scientific studies regarding masks can be found on the attached document.

Thank you,

Joshua D. Gelder

[jdelder79@yahoo.com](mailto:jdgelder79@yahoo.com)

203-685-6475



Mask Studies.docx

34K

1. Surgical mask / cloth face mask studies

Community and Close Contact Exposures Associated with COVID-19 Among Symptomatic Adults ≥18 Years in 11 Outpatient Health Care Facilities – United States, July 2020

The US Centre for Disease Control performed a study which showed that 85 percent of those who contracted Covid-19 during July 2020 were mask wearers. Just 3.9 percent of the study participants never wore a mask.

Original: <https://www.cdc.gov/mmwr/volumes/69/wr/pdfs/mm6936a5-H.pdf>
Erratum.

correction: https://www.cdc.gov/mmwr/volumes/69/wr/mm6938a7.htm?s_cid=mm6938a7_w <https://www.theblaze.com/op-ed/horowitz-cdc-study-covid-masks>

2. Facial protection for healthcare workers during pandemics: a scoping review

This study used 5462 peer-reviewed articles and 41 grey literature records.

“Conclusion: The COVID-19 pandemic has led to critical shortages of medical-grade PPE. Alternative forms of facial protection offer inferior protection. More robust evidence is required on different types of medical-grade facial protection. As research on COVID-19 advances, investigators should continue to examine the impact on alternatives of medical-grade facial protection”

So how is your cloth and surgical mask working again if EVEN medical grade alternatives are failing ?

Study Article: <https://pubmed.ncbi.nlm.nih.gov/32371574/>

3. Physical interventions to interrupt or reduce the spread of respiratory viruses

“There is moderate certainty evidence that wearing a mask probably makes little or no difference to the outcome of laboratory-confirmed influenza compared to not wearing a mask”

Study article: <https://pubmed.ncbi.nlm.nih.gov/33215698/>

4. Disposable surgical face masks for preventing surgical wound infection in clean surgery

“We included three trials, involving a total of 2106 participants. There was no statistically significant difference in infection rates between the masked and unmasked group in any of the trials”

Study article: <https://pubmed.ncbi.nlm.nih.gov/27115326/>

5. Disposable surgical face masks: a systematic review

Two randomized controlled trials were included involving a total of 1453 patients. In a small trial there was a trend towards masks being associated with fewer infections, whereas in a large trial there was no difference in infection rates between the masked and unmasked group.

Study article: <https://pubmed.ncbi.nlm.nih.gov/16295987/>

6. Evaluating the efficacy of cloth facemasks in reducing particulate matter exposure

“Our results suggest that cloth masks are only marginally beneficial in protecting individuals from particles <2.5 μm ”

Study article: <https://pubmed.ncbi.nlm.nih.gov/27531371/>

7. Face seal leakage of half masks and surgical masks

“The filtration efficiency of the filter materials was good, over 95%, for particles above 5 micron in diameter but great variation existed for smaller particles.

Coronavirus is 0.125 microns. therefore these masks wouldn't protect you from the virus”

Study article: <https://pubmed.ncbi.nlm.nih.gov/4014006/>

8. Comparison of the Filter Efficiency of Medical Nonwoven Fabrics against Three Different Microbe Aerosols

“The filter efficiencies against influenza virus particles were the lowest”

“We conclude that the filter efficiency test using the phi-X174 phage aerosol may overestimate the protective performance of nonwoven fabrics with filter structure compared to that against real pathogens such as the influenza virus”

Study article: <https://pubmed.ncbi.nlm.nih.gov/29910210/>

9. Aerosol penetration through surgical masks

“Although surgical mask media may be adequate to remove bacteria exhaled or expelled by health care workers, they may not be sufficient to remove the submicrometer-size aerosols containing pathogens ”

Study article: <https://pubmed.ncbi.nlm.nih.gov/1524265/>

10. Particle removal from air by face masks made from Sterilization Wraps: Effectiveness and Reusability

“We found that 60 GSM face mask had particle capture efficiency of 94% for total particles greater than 0.3 microns”

How big is the virus again? 0.125 microns.

Study article: <https://pubmed.ncbi.nlm.nih.gov/33052962/>

11. A New Method for Testing Filtration Efficiency of Mask Materials Under Sneeze-like Pressure

This study states that “alternatives” like silk and gauze etc could possibly be good options in the pandemic. It’s done on starch particles.

Does not state how big they are either, but they can still get through the material and my research points out that starch particles are “big”, much bigger than most viruses.

Study article: <https://pubmed.ncbi.nlm.nih.gov/32503823/>

12. Protecting staff against airborne viral particles: in vivo efficiency of laser masks

“The laser mask provided significantly less protection than the FFP2 respirator ($P=0.02$), and only marginally more protection than the surgical mask. The continued use of laser masks for respiratory protection is questionable. Taping masks to the face only provided a small improvement in protection”

Study article: <https://pubmed.ncbi.nlm.nih.gov/16920222/>

13. Quantitative Method for Comparative Assessment of Particle Removal Efficiency of Fabric Masks as Alternatives to Standard Surgical Masks for PPE

“Worn as designed, both commercial surgical masks and cloth masks had widely varying effectiveness (53 – 75 percent and 28 – 91 percent particle removal efficiency, respectively)”. Different brand, different results and only when they applied “nylon layers” did the “efficiency” improve. Synthetic fibres do not breathe, so this will inevitably effect your breathing.

Study article: <https://pubmed.ncbi.nlm.nih.gov/32838296/>

14. The efficacy of standard surgical face masks: an investigation using “tracer particles”

“Since the microspheres were not identified on the exterior of these face masks, they must have escaped around the mask edges and found their way into the wound”. Human albumin cells, aka aborted fetal tissue, is much larger than the virus and still escaped the mask.

Study article: <https://pubmed.ncbi.nlm.nih.gov/7379387/>

15. Testing the efficacy of homemade masks: would they protect in an influenza pandemic?

“Our findings suggest that a homemade mask should only be considered as a last resort to prevent droplet transmission from infected individuals” so why has the government suggested you make your own when they are not effective ?

Study article: <https://pubmed.ncbi.nlm.nih.gov/24229526/>

16. Using half-facepiece respirators for H1N1

“Increasing the filtration level of a particle respirator does not increase the respirator’s ability to reduce a user’s exposure to contaminants”

<https://pubmed.ncbi.nlm.nih.gov/19927872/>

17. Why Masks Don’t Work Against COVID-19

The site is full of studies proving masks dont work for coronavirus or the flu.

Article: https://www.citizensforfreespeech.org/why_masks_don_t_work_against_covid_19?fbclid=IwARoQviyvt6BObOgaMijo3CjofgTcm_gm5jhXcMkO8GcH3Kur-bwiboo8rf8

18. Masks Don’t Work: A Review of Science Relevant to COVID-19 Social Policy

This is full of studies proving mask protection is negligible for coronavirus, flu etc.

Article: https://www.rcreader.com/commentary/masks-dont-work-covid-a-review-of-science-relevant-to-covid-19-social-policy?fbclid=IwARoQviyvt6BObOgaMijo3CjofgTcm_gm5jhXcMkO8GcH3Kur-bwiboo8rf8

19. Face masks to prevent transmission of influenza virus: a systematic review

There is less data to support the use of face masks or respirators to prevent becoming infected.

Study article: <https://pubmed.ncbi.nlm.nih.gov/20092668/>

20. “Exercise with facemask; Are we handling a devil’s sword?” – A physiological hypothesis

No evidence to suggest that wearing a mask during exercise offers any benefit from the droplet transfer from the virus.

“Exercising with facemasks may reduce available Oxygen and increase air trapping preventing substantial carbon dioxide exchange. The hypercapnic hypoxia may potentially increase acidic environment, cardiac overload, anaerobic metabolism and renal overload, which may substantially aggravate the underlying pathology of established chronic diseases”

Study article: <https://pubmed.ncbi.nlm.nih.gov/32590322/>

21. Use of face masks by non-scrubbed operating room staff: a randomized controlled trial

Surgical site infection rates did not increase when non-scrubbed personnel did not wear face masks.

2010 Study article: <https://pubmed.ncbi.nlm.nih.gov/20575920/>

22. Surgical face masks in modern operating rooms – a costly and unnecessary ritual?

When the wearing of face masks by non-scrubbed staff working in an operating room with forced ventilation seems to be unnecessary.

Study article: <https://pubmed.ncbi.nlm.nih.gov/1680906/>

23. Masks: a ward investigation and review of the literature

Wearing multi layer operating room masks for every visit had no effect on nose and throat carriage rates.

Study article: <https://pubmed.ncbi.nlm.nih.gov/2873176/>

24. Aerosol penetration and leakage characteristics of masks used in the health care industry

The protection provided by surgical masks may be insufficient in environments containing potentially hazardous submicrometer-sized aerosols.

“Conclusion: We conclude that the protection provided by surgical masks may be insufficient in environments containing potentially hazardous submicrometer-sized aerosols”

Study article: <https://pubmed.ncbi.nlm.nih.gov/8239046/>

25. Masks for prevention of viral respiratory infections among health care workers and the public: PEER umbrella systematic review

Meta analysis review that says there is limited evidence to suggest that the use of masks may reduce the risk of spreading viral respiratory infections.

Study article: <https://pubmed.ncbi.nlm.nih.gov/32675098/>

26. Modeling of the Transmission of Coronaviruses, Measles Virus, Influenza Virus, *Mycobacterium tuberculosis*, and *Legionella pneumophila* in Dental Clinics

Evidence to suggest that transmission probability is strongly driven by indoor air quality, followed by patient effectiveness and the least by respiratory protection via mask use.

So this could explain “second waves” and has nothing to do with hand shaking, or not wearing a mask.

Study article: <https://pubmed.ncbi.nlm.nih.gov/32614681/>

27. Nonpharmaceutical Measures for Pandemic Influenza in Nonhealthcare Settings-Personal Protective and Environmental Measures

The use of face masks, either by infected or non infected persons, does not have a significant effect on influenza transmission.

SO MASKS DON'T PROTECT YOU FROM ME, AND VICE VERSA.

Study article: <https://pubmed.ncbi.nlm.nih.gov/32027586/>

28. Effectiveness of personal protective measures in reducing pandemic influenza transmission: A systematic review and meta-analysis

Meta analyses suggest that regular hand hygiene provided a significant protective effect over face masks and their insignificant protection.

Study article: <https://pubmed.ncbi.nlm.nih.gov/28487207/>

29. Effectiveness of N95 respirators versus surgical masks against influenza: A systematic review and meta- analysis

Use of n95 respirators compared to surgical masks is not associated with a lower risk of laboratory confirmed influenza.

Study article: <https://pubmed.ncbi.nlm.nih.gov/32167245/>

30. Adolescents' face mask usage and contact transmission in novel Coronavirus

Face mask surfaces can become contamination sources. People are storing them in their pockets, bags, putting them on tables, people are reusing them etc. This is why this study is relevant:

Study article: <https://pubmed.ncbi.nlm.nih.gov/32582579/>

31. Visualizing the effectiveness of face masks in obstructing respiratory jets

Loosely folded face masks and “bandana style” face coverings provide minimum stopping capability for the smallest aerosolized droplets.

This applies to anyone who folds or shoves a mask into their pockets or bag. It also applies to cloth and homemade cloth masks:

Study article: <https://pubmed.ncbi.nlm.nih.gov/32624649/>

32. Use of surgical face masks to reduce the incidence of the common cold among health care workers in Japan: a randomized controlled trial

Face mask use in healthcare workers has not been demonstrated to provide benefit in terms of colds symptoms or getting colds.

Study article: <https://pubmed.ncbi.nlm.nih.gov/19216002/>

33. A cluster randomised trial of cloth masks compared with medical masks in healthcare workers

Penetration of cloth masks by influenza particles was almost 97 percent and medical masks 44 percent. so cloth masks are essentially useless, and “medical grade” masks don’t provide adequate protection.

Study article: <https://pubmed.ncbi.nlm.nih.gov/25903751/>

34. Simple respiratory protection—evaluation of the filtration performance of cloth masks and common fabric materials against 20-1000 nm size particles

Cloth masks and other fabric materials tested in the study had 40-90 percent instantaneous penetration levels against polydisperse NaCl aerosols.

“Results obtained in the study show that common fabric materials may provide marginal protection against nanoparticles, including those in the size ranges of virus-containing particles in exhaled breath”

Study article: <https://pubmed.ncbi.nlm.nih.gov/20584862/>

35. Respiratory performance offered by N95 respirators and surgical masks: human subject evaluation with NaCl aerosol representing bacterial and viral particle size range

“The study indicates that N95 filtering facepiece respirators may not achieve the expected protection level against bacteria and viruses”

Study article: <https://pubmed.ncbi.nlm.nih.gov/18326870/>

36. Do N95 respirators provide 95% protection level against airborne viruses, and how adequate are surgical masks?

The n95 filtering respirators may not provide expected protection level against small virons

Study article: <https://pubmed.ncbi.nlm.nih.gov/16490606/>

37. Do Surgical Masks Stop the Coronavirus?

Study article: <https://slate.com/news-and-politics/2020/01/coronavirus-surgical-masks-china.html>

38. Effectiveness of personal protective measures in reducing pandemic influenza transmission: A systematic review and meta-analysis

This study states that an N95, depending on the brand, can range from 0.1-0.3 microns. however, most people cannot buy an N95 with a micron smaller than 0.3 micron because they are expensive and not readily available on the public market.

“N95 respirators made by different companies were found to have different filtration efficiencies for the most penetrating particle size (0.1 to 0.3 micron)”

“Above the most penetrating particle size the filtration efficiency increases with size; it reaches approximately 99.5% or higher at about 0.75 micron”

“Meta-analyses suggest that regular hand hygiene provided a significant protective effect (OR=0.62; 95% CI 0.52-0.73; I²=0%), and facemask use provided a non-significant protective effect (OR=0.53; 95% CI 0.16-1.71; I²=48%) against 2009 pandemic influenza infection”

Study article: <https://pubmed.ncbi.nlm.nih.gov/28487207/>

39. Effectiveness of N95 respirators versus surgical masks against influenza: A systematic review and meta- analysis

“The use of N95 respirators compared with surgical masks is not associated with a lower risk of laboratory- confirmed influenza. It suggests that N95 respirators should not be recommended for the general public or non high-risk medical staff who are not in close contact with influenza patients or suspected patients”

N95 masks did show a positive effect for BACTERIA but not viruses.

Study article: <https://pubmed.ncbi.nlm.nih.gov/32167245/>

40. Adolescents' face mask usage and contact transmission in novel Coronavirus

This study used dye to show if masks were contaminated. “As a result, masks surface becomes a contamination source. In the contact experiment, ten adults were requested to put on and off a surgical mask while doing a word processing task. The extended contamination areas were recorded and identified by image analysis”

Study article: <https://pubmed.ncbi.nlm.nih.gov/32582579/>

41. Use of surgical face masks to reduce the incidence of the common cold among health care workers in Japan: a randomized controlled trial

“Of the 8 symptoms recorded daily, subjects in the mask group were significantly more likely to experience headache during the study period”

“Face mask use in health care workers has not been demonstrated to provide benefit in terms of cold symptoms or getting colds”

Study article: <https://pubmed.ncbi.nlm.nih.gov/19216002/>

42. Effectiveness of Adding a Mask Recommendation to Other Public Health Measures to Prevent SARS CoV-2 Infection in Danish Mask Wearers : A Randomized Controlled Trial

“The recommendation to wear surgical masks to supplement other public health measures did not reduce the SARS-CoV-2 infection rate among wearers by more than 50 percent in a community with modest infection rates, some degree of social distancing, and uncommon general mask use”

Study article: <https://pubmed.ncbi.nlm.nih.gov/33205991/>

43. A cluster randomised trial of cloth masks compared with medical masks in healthcare workers

“An analysis of mask use showed ILI (RR=6.64, 95 percent CI 1.45 to 28.65) and laboratory-confirmed virus (RR=1.72, 95 percent CI 1.01 to 2.94) were significantly higher in the cloth masks group compared with the medical masks group. Penetration of cloth masks by particles was almost 97 percent and medical masks 44 percent”

Study article: <https://pubmed.ncbi.nlm.nih.gov/25903751/>

44. Respiratory performance offered by N95 respirators and surgical masks: human subject evaluation with NaCl aerosol representing bacterial and viral particle size range

“The study indicates that N95 filtering facepiece respirators may not achieve the expected protection level against bacteria and viruses. An exhalation valve on the N95 respirator does not affect the respiratory protection”

Study article: <https://pubmed.ncbi.nlm.nih.gov/18326870/>

45. Performance of N95 respirators: filtration efficiency for airborne microbial and inert particles

Coronavirus is 0.125 micron, as you can read in this study, it states that most N95 masks can only filter particles as small as 0.75 microns. This is too big to trap this virus. that is a fact.

And even with an efficiency of 95 percent (depending on brand, so filtration may be lower) IF the virus can be trapped... it's still missing 5 percent and maybe more based on an N95 that has 0.1 microns .

Study article: <https://pubmed.ncbi.nlm.nih.gov/9487666/>

CORONAVIRUSES ARE 0.125 MICRON. SO THE BEST N95 ON THE MARKET WOULD DO NOTHING .

46. A Novel Coronavirus from Patients with Pneumonia in China, 2019

A chinese study that proves that an airborne coronavirus particle (0.125 micron) can pass directly through an n95 mask

Study article: <https://pubmed.ncbi.nlm.nih.gov/31978945/>

47. Airborne coronavirus particle (<0.125 micron) will pass directly through a N95 face mask.

Study article: <https://www.greenmedinfo.com/article/airborne-coronavirus-particle>

SIZE OF THE CORONAVIRUS: Size can vary but all are smaller than 0.3 micron .

“Human coronaviruses measure between 0.1 and 0.2 microns, which is one to two times below the cutoff” This “cut off” is referring to the size an N95 mask can trap. Most of us, are not using MEDICAL or regular N95s.

FACE MASK SIDE EFFECTS AND HEALTH IMPLICATIONS

1. Preliminary report on surgical mask induced deoxygenation during major surgery

Face mask side effects include lowered oxygen levels.

This study proved that surgeons that wore a mask in surgery for an hour + had significant reductions in blood oxygen saturation.

This is relevant because most of us are being made to wear face masks at work for the whole shift, long journeys on public transport, and when we are in a public places doing shopping etc. and this requires a degree of exertion that is not taken into account.

“Considering our findings, pulse rates of the surgeon’s increase and SpO₂ decrease after the first hour.”

Decreasing oxygen and increasing carbon dioxide in the bloodstream stimulates a compensatory response in the respiratory centers of the brain. These changes in blood gases result in increases in both frequency and depth of breaths. This exposes another risk – if your mask traps some virus you are breathing more hence increasing viral load and exposure.

<https://www.sciencedirect.com/science/article/abs/pii/S1130147308702355?via%3Dihub>

Study article: <https://pubmed.ncbi.nlm.nih.gov/18500410/>

2. Impact of structural features on dynamic breathing resistance of healthcare face mask

Face mask side effects include impeded breathing.

Ask people if they have issues breathing in these masks. anecdotal or not, as everyone is different.

“The results showed that each evaluation index was significantly different ($P < 0.05$) among different test

masks”

Study article: <https://pubmed.ncbi.nlm.nih.gov/31280156/>

3. Respiratory consequences of N95-type Mask usage in pregnant healthcare workers-a controlled clinical study

The benefits of using N95 mask to prevent serious emerging infectious diseases should be weighed against potential respiratory consequences associated with extended N95 respirator usage.

“Study article: <https://pubmed.ncbi.nlm.nih.gov/26579222>

“It is known that the N95 mask, if worn for hours, can reduce blood oxygenation as much as 20 percent, which can lead to a loss of consciousness, as happened to the hapless fellow driving around alone in his car wearing an N95 mask, causing him to pass out, crash his car and sustain injuries. I am sure that we have several cases of elderly individuals or any person with poor lung function passing out, hitting their head. This, of course, can lead to death”

“CONCLUSIONS: Breathing through N95 mask materials have been shown to impede gaseous exchange and impose an additional workload on the metabolic system of pregnant healthcare workers, and this needs to be taken into consideration in guidelines for respirator use”

Yet we force pregnant women to use them...? What could this do to the fetus?

4. Headaches and the N95 face-mask amongst healthcare providers

Face mask side effects include headaches.

These headaches can force you to use added or unnecessary medications like painkillers that carry their own side effects. The theory as to why masks can trigger headaches is the RESTRICTION OF OXYGEN.

What are the long-term health effects on Health Care Workers with headaches arising from impeded breathing?

Here are several sources and studies that back up this claim:

Study article: <https://pubmed.ncbi.nlm.nih.gov/16441251/>

Headaches Associated With Personal Protective Equipment – A Cross-Sectional Study Among Frontline Healthcare Workers During COVID-19

Study article: <https://pubmed.ncbi.nlm.nih.gov/32232837/>

How to Avoid Migraine Triggers While Wearing Your Mask

<https://www.withcove.com/learn/migraine-triggers-mask>

5. Use of surgical face masks to reduce the incidence of the common cold among health care workers in Japan: a randomized controlled trial

“Of the 8 symptoms recorded daily, subjects in the mask group were significantly more likely to experience headaches during the study period”

“Face mask use in health care workers has not been demonstrated to provide benefit in terms of cold symptoms or getting colds”

Study article: <https://pubmed.ncbi.nlm.nih.gov/19216002/>

6. Your Health Your Responsibility

This video shows that even reading a book with a mask on decreases blood oxygen levels to your brain. what implications does this have for developing children forced to wear masks at school etc?

<https://youtu.be/ul5E5BUrII4>

7. Physiological impact of the N95 filtering facepiece respirator on healthcare workers

“CONCLUSIONS: In healthy healthcare workers, FFR did not impose any important physiological burden during 1 hour of use, at realistic clinical work rates, but the FFR dead-space carbon dioxide and oxygen levels were significantly above and below, respectively, the ambient workplace standards, and elevated P(CO₂) is a possibility”

Remember in “healthy healthcare workers” even their carbon dioxide levels rose. Most of the wider public have at least one health problem. Even healthy people were shown to have elevated CO₂ levels above the healthy guidelines.

Study article: <https://pubmed.ncbi.nlm.nih.gov/20420727/>

8. The adverse skin reactions of health care workers using personal protective equipment for COVID-19

Face mask side effects include adverse skin reactions

The adverse skin reactions of health care workers using personal protective equipment for COVID-19

Study article: <https://pubmed.ncbi.nlm.nih.gov/32541493/>

9. Your Mask May Be Causing Candida Growth in Your Mouth

Face mask side effects include yeast infections

<https://www.everydayhealth.com/coronavirus/your-mask-may-be-causing-candida-growth-in-your-mouth/>

10. ‘Mask mouth’ is a seriously stinky side effect of wearing masks

Face mask side effects include dental issues.

“We’re seeing inflammation in people’s gums that have been healthy forever, and cavities in people who have never had them before,” says Dr. Rob Ramondi, a dentist and co-founder of One ManhattanDental. “About 50 percent of our patients are being impacted by this, [so] we decided to name it ‘mask mouth’ — after ‘meth mouth.’”

“While mask mouth isn’t quite as obvious, if left untreated, the results could be equally harmful.

Gum disease — or periodontal disease — will eventually lead to strokes and an increased risk of heart attacks,”

says Dr. Marc Sclafani, another co-founder of One Manhattan Dental”

<https://nypost.com/2020/08/05/mask-mouth-is-a-seriously-stinky-side-effect-of-wearing-masks/>

11. All That Mask-Wearing Could Be Giving You (Gasp!) Mouth Fungus—Here's How to Deal With it

<https://www.wellandgood.com/mouth-sores-from-wearing-masks/>

12. 'Maskne' Is a Real Thing—Here's How to Stop Face Mask Breakouts

Face mask side effects include acne

<https://www.health.com/condition/skin-conditions/maskne-mask-acne-mechanica>

13. Improper use of medical masks can cause infections Face mask side effects include mould and infections

Masks can cause bacterial and fungal infections around the mouth, and in the mouth and lungs EVEN if you wash the cloth mask. Mould colonies were found in masks in as little as one day.

<https://www.aa.com.tr/en/health/improper-use-of-medical-masks-can-cause-infections-/1766676>

14. Mould Colonization in Your Sinuses Could Be Holding You Back From Making a Full Recovery <

Information on mould and how it can affect your health.

<https://moldfreeliving.com/2019/01/26/could-mold-colonization-in-your-sinuses/>

15. An investigation into the efficiency of disposable face masks

What are the dangers of bacterial and fungal growths on a used and loaded mask?

This study tested all kinds of disposable masks and proved they cause you to breathe back in your own crap. Study article: <https://pubmed.ncbi.nlm.nih.gov/7440756/>

16. Can the Elastic of Surgical Face Masks Stimulate Ear Protrusion in Children?

Disfiguration in children. Can masks stimulate ear protrusion in children?

This is due to masks that are too tightly fitted.

Tight masks can also cause tension headaches. Is this healthy for children long term? Study article: <https://pubmed.ncbi.nlm.nih.gov/32556449/>

17. When You Wear A Face Mask Every Day, This Is What Happens To Your Lungs

Mask use can trigger allergies due to the mask collecting particles that stay on you for long periods of time.

<https://www.thelist.com/214073/when-you-wear-a-face-mask-every-day-this-is-what-happens-to-your-lungs/>

18. The physiological impact of wearing an N95 mask during hemodialysis as a precaution against SARS in patients with end-stage renal disease

The physiological impact of wearing an N95 mask during hemodialysis as a precaution against SARS in patients with end-stage renal disease.

And yet, we make sick people wear them. Even people without breathing issues, have lowered oxygen rates.

Study article: <https://pubmed.ncbi.nlm.nih.gov/15340662/>

19. Other Face Mask Side Effects and Health Implications to Consider

There is a great potential for harm that may arise from public policies forcing mask use on the wider population.

The following unanswered questions arise unanswered:

- Can masks shed fibers or micro plastics that we can breathe in?
- Do these masks excrete chemical substances that are harmful when inhaled?
- Can masks excrete chemicals or fumes when heated, either with bodyheat sunlight or other sources of heat?
- Clothing dye can cause reactions, so how do we know that the manufacturing process of these masks do not pose a risk to us? Because, in reality, we do not buy our masks from medical companies or facilities who operate in sterile environments.

20. [Gaps in asepsis due to surgical caps, face masks, external surfaces of infusion bottles and sterile wrappers of disposable articles]

“It is obvious that the surfaces of the boxes of sterile packed disposable instruments and infusion bottles are not sterile. The disposable surgical masks and surgical caps used for sterile clothing are delivered by the producers not sterile, either.” AND THIS IS HOSPITAL EQUIPMENT.

Study article: <https://pubmed.ncbi.nlm.nih.gov/6099666/>

21. Mask Production Video

This is a “factory” that produces a lot of masks. Does this look like a sterile environment to you? This is what the majority of us are getting when we purchase online or in stores that sell them in bulk. Do you want that on your face?

<https://youtu.be/8gyOgTSlCoQ>

22. Allergies and the Immune System

Can pathogen-laden droplets interact with environmental dust and aerosols captured on the mask? Can this elicit a greater reaction to viruses? For example, if you have a dust allergy your mask is collecting this thus causing inflammation to the wearer and lowering his or her immune system.

“This can cause wheezing, itching, runny nose, watery or itchy eyes, and other symptoms” would that not

facilitate spread and infection rate of viruses?

<https://www.hopkinsmedicine.org/health/conditions-and-diseases/allergies-and-the-immune-system>

23. Virus interactions with bacteria: Partners in the infectious dance

Bacteria and viruses can interact an increase infection susceptibility:

<https://journals.plos.org/plospathogens/article?id=10.1371/journal.ppat.1008234>

24. When viruses and bacteria unite!

<https://blogs.scientificamerican.com/lab-rat/when-viruses-and-bacteria-unite/>

25. An empirical and theoretical investigation into the psychological effects of wearing a mask

Face mask side effects include altered behaviour

Are there negative social consequences to a masked society? This study implies that, yes, masks do cause people to adopt altered behaviours based on mask use.

<https://strathprints.strath.ac.uk/43402/>

26. Mask mandates may affect a child's emotional, intellectual development

Face mask side effects stagnate a child's natural intellectual development. It is well known that children find it hard to recognise faces up until a certain age. Mask use will further interfere with this. Is this healthy for a developing child?

<https://www.wishtv.com/news/mask-mandates-may-affect-a-childs-emotional-intellectual-development/>

27. Disabled People and Masks Contributing Toward Mental Health Issues

Face mask side effects and mental health

What about disabled people? Deaf /people hard of hearing rely on mouth reading. What are the implications for them? What about people who suffer cognitive and

behavioural disorders like autism? This could cause them HUGE distress. Not just from wearing a mask, but seeing others in masks (because let's face it – IT'S NOT NORMAL BEHAVIOUR).

Can masks cause anxiety, or make other mental health disorders worse?

Since masks CAN impede breathing, this can cause fainting and other bodily reaction that would otherwise be avoided if masks were not used. Here is a search engine link to prove that it is very common:

<https://duckduckgo.com/?q=mask+anxiety&ia=web>

28. Maine study looks into long-term psychological effects of wearing face masks coronavirus, COVID-19 pandemic

This is a study on the psychological effects of masks.

<https://www.msn.com/en-us/health/wellness/umaine-study-looks-into-long-term-psychological-effects-of-wearing-face-masks-coronavirus-covid-19-pandemic/ar-BB13EfiU>

29. Masks: Have You Been Captured by This Psyop?

Are there negative psychological consequences to wearing a mask, as a fear-based behavioral modification? This can easily trigger fear as a mask is reminding you there's a virus. The use of mask can also cause you to engage in risky behaviours due to a "false sense of security" because you feel protected.

<https://kellybroganmd.com/masks-have-you-been-captured-by-this-psyop/>

30. Masking the Truth – Face Masks, Empathy and Disinhibition

<https://podtail.com/fi/podcast/conspiracy-theoryology/masking-the-truth-face-masks-empathy-and-dis-inhib/>

31. Covid-19 face masks: A potential source of microplastic fibers in the environment

What are the environmental consequences of mask manufacturing and disposal?

Proof of increased littering due to increased mask use. a quick engine search will tell you, people are dumping them EVERYWHERE – into our rivers, into greenland areas etc. Plastics like nylon leach chemicals are going into our environment.

<https://pubmed.ncbi.nlm.nih.gov/32563114/>

32. Why Masks Don't Work Against COVID-19

Can used and loaded masks become vectors of enhanced transmission for both the wearer and other people? (The evidence from studies suggest yes). Masks become useless after about 20 minutes due to the moisture in your breath. This moisture can become the droplets that viruses travel on. Can this not facilitate transmission?

Can masks become collectors and retainers of pathogens that otherwise, could be avoided when breathing without a mask? (The evidence suggests yes).

Can large droplets trapped via a mask become atomized or aerosolized into breathable components? Even down to the virion size. (The evidence suggests yes).

https://www.citizensforfreespeech.org/why_masks_don_t_work_against_covid_19



Marsha DeGennaro <mdegennaro@woodbridgeps.org>

[External Email] Letter for Feb 23 Board Meeting

1 message

Rebecca Holcombe <rkholcombe@gmail.com>

Wed, Feb 16, 2022 at 7:15 PM

To: Marsha DeGennaro <mdegennaro@woodbridgeps.org>

Dear Woodbridge Board of Education,

I am not sure what the mask policy should be - I recognize that it is a complicated question with no simple answer.

However, I'd like to ask that the removal of other mitigation strategies be considered. Specifically:

1. Students eating lunch in their classroom currently watch movies throughout lunch rather than being allowed to socialize in order to minimize talking with masks off (while eating). This does not allow for normal socialization, is contributing to excessive screen time, and in at least one case, resulted in a class being shown a highly inappropriate movie. I'd ask that students return to the cafeteria and/or be allowed to talk in their classrooms during lunch with a policy that prohibits screen time during times that should be prioritized for development of friendships and social skills.
2. Classes are not permitted to mix outdoors at recess in order to maintain cohorts. This results in lack of adequate access to safe outdoor play spaces, keeping students indoors for recess on lovely days because "the field is too wet and it is our assigned space today." Beecher is regularly failing to offer students the 20 minutes of physical activity at recess that is the minimum required by state standards. I'd ask that students be given a minimum of 20 minutes of physical recreation each day, either outside or in a gym.
3. While not a mitigation measure to my understanding, there is a normalization of ipad time to occupy students during all down time that is highly concerning. Students spend their indoor recess time, free time earned as reward, and other class transition/down time with unrestricted access to games on ipads rather than the prepandemic norm of cards, games, legos, talking with friends, and other screen free socializing. I'd ask for a policy that prohibits screen time during times that should be prioritized for development of friendships and social skills.

Respectfully,

Rebecca Holcombe
Parent to students in 2nd and 4th grade



Marsha DeGennaro <mdegennaro@woodbridgeps.org>

Comment for BOE Meeting 2.23.22

1 message

Teresa Ramia <tramia@woodbridgeps.org>

Fri, Feb 18, 2022 at 1:35 PM

To: Marsha DeGennaro <mdegennaro@woodbridgeps.org>

Hi Marsha,

I wanted to submit a public comment to you for the Board of Education meeting next week. It is attached to this email. Please let me know if you need anything else.

I hope you have a nice weekend!

--

Warmly,

Teresa Ramia

Kindergarten Teacher

tramia@woodbridgeps.org

203.389.2195 ext. 148

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Woodbridge Board of Education Meeting 2.23.22.docx

17K

February 18, 2022

Dear Woodbridge Board of Education Members,

Removing our mask requirement sends a clear message that this pandemic is over and it's not.

We all feel the fatigue from having lived with Covid for the past two years, but we need to remove the mask requirement or decide to make it optional in a thoughtful way if this is the direction we are heading.

Masking has always been the most important mitigation tool in fighting this virus. Why would we automatically remove it without relaxing other restrictions first?

I believe we should utilize a tiered approach in our "move back to normal".

1. We should relax social distancing. Children should be allowed to return to the cafeteria on a more normal schedule. While in the cafeteria, panels should remain then slowly come down. Classes should be able to interact with other children while on the playground.
 - During this first phase, we should track transmission rates within the school building to see if they rise. If they do not rise dramatically, then move on to the second phase.
2. We need to send a clear message to parents that Covid in the future will be treated as any other illness. It will continue to be here and we need to learn to live with it. Parents should be informed that contact tracing, quarantine requirements and remote learning will stop during this phase.
 - If our transmission within the school continue to remain low, then we should move on to the third phase.
3. The mask requirement should be eliminated or made optional.

There are a few additional thoughts that came to my mind which we need to consider when making the decision on how to move forward.

- Although, close to 70 percent of our students are fully vaccinated, I'm certain this percentage isn't proportionate through the grade levels. My guess is that more older students are vaccinated than younger.
- By removing a mask requirement, you are exposing teachers to the virus. We are short substitutes now; would we be able to continue to cover classrooms when teachers are out sick? This has placed an incredible burden on our school.
- If wearing a mask becomes an optional choice, this puts teachers in the position of having to be the "mask police". I'm certain parents will contact teachers asking them to monitor their child's mask wearing while at school. Families who do not want their child to participate in mask breaks have asked this of teachers already. This places an incredible burden on teachers.
- If some children are wearing masks and some not will this open the door to children being socially isolated, picked on or bullied?
- Currently, the CDC is continuing to recommend mask wearing in schools. Up until now, we have followed CDC guidance. Why are we now choosing to stop following this guidance?
- If we end our mask requirement, children will continue to be required to wear a mask on the bus.

Regardless of what your decision is, I believe a thoughtful tiered approach is best with the removal of masks occurring within the final phase while continuing to monitor transmission rates within the school building.

Sincerely,
Teresa Ramia
Kindergarten Teacher



Marsha DeGennaro <mdegennaro@woodbridgeps.org>

[External Email] Additional Considerations to Determine Optional Masking

1 message

Whitney Randall <whitney.randall@gmail.com>

Thu, Feb 17, 2022 at 9:28 PM

To: Marsha DeGennaro <mdegennaro@woodbridgeps.org>

To the Woodbridge Board of Education:

I am writing to the Board in anticipation of the Special Meeting which will be held on February 23, 2022 to address optional masking at Beecher Road School (BRS), and request that this email be made public and distributed to Board members.

In the survey that was sent to families and staff on 2/16/22, it was offered that masking could become optional on a specific date set by the district. I would like to propose instead that **optional masking be determined based on case rates (cases per 100 000) in our community**, effective as of March 1, 2022.

Masking has been shown to be effective in reducing the rates of COVID19 in elementary schools, in addition to other mitigating factors, and is one strategy for protecting our most vulnerable children. It is imperative that our district determine its goals for the remainder of this pandemic: Are we hoping to reduce total case numbers in our school to a certain level? How many hospitalizations of children and/or staff are we willing to tolerate per month? **These questions must be considered if we wish for our decisions to be informed and effective.** Although many are eager to lose the masks, it is my hope that decisions about masking and other mitigation strategies used at BRS will be determined by solid data, and not based solely on opinions derived from the limited information made available to parents.

Harvard School of Public Health published an article this week that could be helpful for our district to consider when determining at what case rate masking should be made optional, taking into account vaccination rates of our students, to meet our goals ((Giardina, Bilinski, Fitzpatrick, et al., 14 Feb 22; <https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2789005>). For example:

"To achieve even a fairly permissive objective of avoiding 5 additional hospitalizations per 100 000 individuals per month, some scenarios permit unmasking only at incidence thresholds well below 15 observed cases per 100 000 residents per day (if removing mitigation is associated with moderate or large decreases in effectiveness, with low student vaccination uptake). **In scenarios with high student vaccination rates or smaller incremental mitigation effectiveness, unmasking could achieve this goal at high levels of local incidence (ie, >25 cases per 100 000 per day).**" [emphasis added]

Figure 3. Observed Local Incidence Decision Thresholds for the Delta Variant Baseline Scenario

Outcome		Probability of ≥ 1 in-school transmission per mo, with baseline mitigation effectiveness of:								
		40%			30%			20%		
Decision objective		To keep probability of ≥ 1 in-school transmission less than:								
		25%	50%	75%	25%	50%	75%	25%	50%	75%
		Baseline mitigation can only achieve objective at or below observed local incidence of: ^a								
Student vaccine coverage	0%	<1	3	6	<1	2	6	<1	2	5
	25%	1	3	7	<1	3	6	<1	3	6
	50%	1	4	7	1	3	7	1	3	6
	70%	1	4	8	1	4	7	1	3	7
	90% ^b	2	5	10	2	5	9	1	4	8
Outcome		Mean additional cases per mo associated with change in mitigation effectiveness: ^c								
		60% to 40%			70% to 30%			80% to 20%		
Decision objective		To keep mean additional cases below:								
		3	5	10	3	5	10	3	5	10
		Mitigation can only be reduced at or below observed local incidence of: ^a								
Student vaccine coverage	0%	6	10	22	3	5	10	2	3	6
	25%	8	14	33	4	7	14	3	4	9
	50%	12	22	>50	6	10	22	4	6	14
	70%	18	32	>50	9	14	32	6	9	20
	90% ^b	34	>50	>50	15	27	>50	10	17	40
Outcome		Mean additional hospitalizations per 100 000 per mo associated with change in mitigation effectiveness: ^c								
		60% to 40%			70% to 30%			80% to 20%		
Decision objective		To keep mean additional hospitalizations below:								
		1	3	5	1	3	5	1	3	5
		Mitigation can only be reduced at or below observed local incidence of: ^a								
Student vaccine coverage	0%	4	13	23	2	6	10	1	4	7
	25%	6	18	35	3	9	15	2	6	10
	50%	8	28	>50	4	12	22	2	8	14
	70%	12	45	>50	5	18	33	4	11	20
	90% ^b	>50	>50	>50	27	>50	>50	17	>50	>50

Units of observed local incidence thresholds are cases per 100 000 residents per day. It was assumed that 33% of all actual cases are observed.

^aIf observed local incidence is above these thresholds, additional mitigation measures beyond baseline will be needed to achieve each objective (eg, keep probability of at least 1 in-school transmission per month below 50%).

^bThe Delta baseline scenario presented in this table reflects 70% adult vaccination coverage, 70% vaccine effectiveness, and no weekly screening, except for the 90% student vaccination rows, which reflect 90% adult vaccination coverage (since it is assumed adult coverage will always be at least as high as student coverage).

^cOnly includes estimated mean additional cases and hospitalizations in the immediate school community (students, teachers, staff, and household members). The potential for additional cases in the wider community stemming from in-school transmission was not modeled.

As noted in the table, this model was developed based on the Delta variant, which suggests that adjustments may be required when applying to omicron and future variants. That said, taking into account the vaccination rate of our students, frequency of testing, access to ventilation and outdoor learning, etc. and following a method of calculation such as the above **could allow masking to be optional at a predetermined case rate**. Goals for our district could additionally be revisited every three to six months (preferably in collaboration with the QVHD) to account for changes to the COVID19 variant (transmissibility, severity, etc.), thus allowing unmasking to occur at higher or lower case rates, as indicated.

Using this type of strategy would **allow flexibility** for the school if another variant surges, and **in a way that is predictable so that parents are not surprised** should another mask mandate become necessary. This pandemic has shown us that flexibility is paramount, and anxiety (along with associated frustration or anger) is reduced **when**

expectations are made clear from the onset. Choosing a case rate for optional masking would most effectively prepare our families for the various scenarios which may arise as we continue to navigate the pandemic through this academic year and beyond.

Thank you for your consideration,

Whitney Randall
whitney.randall@gmail.com



Marsha DeGennaro <mdegennaro@woodbridgeps.org>

[External Email] Mask Choice comments

1 message

Melanie Rogers <melanie.rovinsky@gmail.com>

Thu, Feb 17, 2022 at 4:10 PM

To: mdegennaro@woodbridgeps.org

Good afternoon,

I hope you are well and appreciate you taking the time to read this.

I understand you are probably flooded with emails from parents on both sides of the fence - parents who begin their emails with touching, personal anecdotes about how the current mask mandates in CT are either saving or ruining their children's lives.

However, I would like to share the following story with you, and hope that for those of you who are parents, you understand why this particular instance is causing me to voice my opinion and strongly urge you to make masks a parent choice in Woodbridge.

I have two kids - 5 and 2. The other day, we were driving in the car, and my daughter (the older one) started to goofily smile at my youngest. Each time she smiled, my son broke out into the biggest belly laughs we had ever heard him do. After a few rounds of this, she stopped, and asked, "Mommy, how come everytime I smile, he smiles and laughs?" And as I said the next phrase, tears started streaming down my face: "Because smiling and laughter is contagious. That's why you should smile at everyone you meet."

For the last two years, my daughter's beautifully contagious smile has been blocked by a piece of fabric that seemingly does very little to deter Covid-19 in her age group. What it does deter is the one thing we all want to instill in our children - to give and receive kindness; to spread love and joy to others.

I do not need to tell you what an abysmally depressing world it is in which we are all currently raising our children. If we continue to block their ability to send and receive love, I truly fear for their emotional well-being and for the future of this society. There is no evidence to show that masking our kids is not emotionally, developmentally, or even physically, stunting them. There is also no evidence to show that 5 year olds, who are more likely to use their masks as kleenex (or in my daughter's case, a fancy hair accessory), are safer by wearing them. And anyone who thinks masks are doing their job clearly has not been in my house the last year, where my daughter has had every germ from colds to stomach viruses, despite wearing a mask all day at school.

Please, please - allow masks to be a parental choice. **Don't let the only thing our kids think is contagious is Covid-19. Let their smiles spread.**

Thank you for your time,

Melanie Rogers

melanie.rovinsky@gmail.com
(203) 537-9201



Marsha DeGennaro <mdegennaro@woodbridgeps.org>

[External Email] Mask mandate comments

Cory Sells <cory_sells@yahoo.com>
To: mdegennaro@woodbridgeps.org

Thu, Feb 17, 2022 at 8:40 AM

Hi Ms. DeGennaro,

Dr. Budd's recent letter gave the link to your email if we wanted any comments to be available to the public. Here are my comments:

Masks should be optional when scientific experts deem it safe, likely after 7/1/22. As an educational institution, you teach science and how to seek reliable sources. Masks are scientifically shown to be effective. Do not let the very loud, ill-informed minority of anti-maskers override science. Masks protect the wearer AND others. I would think you have an ethical obligation to protect all children at your school, including the medically-compromised.

-Cory Sells



Marsha DeGennaro <mdegennaro@woodbridgeps.org>

[External Email] Questions regarding school mask mandate

1 message

Reinier & Enrene van Tonder <vantonder77@gmail.com>

Fri, Feb 18, 2022 at 11:02 AM

To: mdegennaro@woodbridgeps.org

Good morning, Ms. DeGenarro,

I have two questions that I hope can be addressed at the meeting regarding mask mandate at school:

1) If we drop the mask requirement at school, would it be possible for parents to know the vaccination rate of students in their child's class? At least vaccination rates in the school, but preferably in their child's class. It can be done without disclosing personal information - just the percentage of kids vaccinated. This will help parents to decide whether they feel comfortable with their child going without a mask, or continue wearing a mask regardless of the mask mandate being dropped.

2) If the mask requirement is dropped, will some other forms of social distancing be continued? For example keeping the classes together for lunch and band, sitting far apart during lunch etc. If so, in the event of an uptick in cases, we can go back to masks but less students would have been exposed. This will also help parents in deciding whether to keep their children in masks, even if other students are going without masks.

Enrene van Tonder



Marsha DeGennaro <mdegennaro@woodbridgeps.org>

[External Email] In regards to unmasking at Beecher Road School

1 message

Alexis M Walter <alexis.murdoch@gmail.com>

Fri, Feb 18, 2022 at 1:13 PM

To: mdegennaro@woodbridgeps.org

To whom it may concern,

I, as a parent of a kindergarten aged student at Beecher Road School, would like to see mask use still be in effect until the start of the next school year. I feel that by then we would hopefully have an approved vaccine for younger children under 5, we should be relaxing mask policies when everyone who is at risk is able to be fully protected. Woodbridge is still considered in the red for cases within the town with buildings being closed, we should not be relaxing our mitigation policies now. We are also still in high cold and flu season, if kids are unmasking these other viruses will also run wild. Talking to my pediatrician they have already seen an increase in other viruses since policies are being relaxed elsewhere, I do not think it would be wise to just open them up to even more now.

I also worry that kids that perhaps want to keep masking will feel pressured by others who don't want to or vice versa. Adults in this area have been incredibly passionate arguing the pros and cons and I worry what that will look like amongst young students.

Let them just finish out the school year, still masked, as they've been, no arguments with who is wearing one or not, no extra stress of them passing illness onto younger siblings who can't be vaccinated yet. We all know that masks work and my child has loved her first year at school. I cannot imagine that masks are hindering her social or educational well being.

Thank you,
Alexis Walter
203-671-2962

