

July 30, 2020

Addendum to Letter Dated July 9, 2020

Dear Superintendent Brumley and Members of the Board of Elementary and Secondary Education,

This is an addendum to our letter dated July 9th and includes additional information or questions regarding:

- Where is the Evidence-Based Data?
- Mask Safety
- Pediatric Transmission and Real World Data
- Corona Casualties - the Mental Health of Our Children
- Sweden - the Control Group

Where is the Evidence-Based Data?

During the July 14th [BESE Board meeting](#)¹, we were dismayed to hear Dr. Kanter, of the Louisiana Department of Health, claim that LDH school reopening recommendations are based on “evidenced-based” CDC guidance. On the contrary, the CDC has not provided any evidence-based data to substantiate social distancing or mask use in children. They have also not supplied any data on the *safety* of those measures either, thus prompting our request for the **evidence of safety** of the minimum standards BESE is requiring.²

The [CDC website](#)³ shows a scientific model as the source for determining social distance recommendations. Models are implemented when there is no data, or *evidence*. We have included the study from the CDC for you here:

[Evaluating the Effectiveness of Social Distancing Interventions to Delay or Flatten the Epidemic Curve of Coronavirus Disease](#)⁴

“We developed an age-structured susceptible-exposed-infectious-removed *model* to describe the transmission of SARS-CoV-2.”

Canada’s Hospital for Sick Children (SickKids), a teaching and research facility associated with The University of Toronto, cautioned in their guidance for school reopening, “The objective of physical distancing is to reduce the likelihood of contact that may lead to transmission and has been a widely used strategy during the pandemic. However, strict physical distancing should not be emphasized to children in the school setting as it is not practical

¹ youtu.be/IuwS_uZfKsg

² bese.louisiana.gov/about-bese/bese-news/2020/07/14/bese-adopts-minimum-health-and-safety-standards-for-the-reopening-of-louisiana-schools

³ https://wwwnc.cdc.gov/eid/article/26/8/20-1093_article

⁴ Matrajt L, Leung T. Evaluating the Effectiveness of Social Distancing Interventions to Delay or Flatten the Epidemic Curve of Coronavirus Disease. *Emerging Infectious Diseases*. 2020;26(8):1740-1748. doi:10.3201/eid2608.201093.

and **could cause significant psychological harm**. Close interaction, such as playing and socializing is central to child development and should not be discouraged.⁵”

Additionally, the studies the CDC cites to [support their mask recommendation](#)⁶ offer no *evidence* that cloth masks will prevent the spread of SARS-CoV-2 **in a school setting**. The latest study published on the CDC website states the ineffectiveness of mask wearing in a communal setting:

[Non pharmaceutical Measures for Pandemic Influenza in Non healthcare Settings—Personal Protective and Environmental Measures](#)⁷, May 2020

“In pooled analysis, we found **no significant reduction in influenza transmission with the use of face masks** (RR 0.78, 95% CI 0.51–1.20; $I^2 = 30\%$, $p = 0.25$). One study evaluated the use of masks among pilgrims from Australia during the Hajj pilgrimage and reported **no major difference** in the risk for laboratory-confirmed influenza virus infection in the control or mask group. Two studies in university settings assessed the effectiveness of face masks for primary protection by monitoring the incidence of laboratory-confirmed influenza among student hall residents for 5 months. The overall reduction in ILI or laboratory-confirmed influenza cases in the face mask group **was not significant in either studies**. Study designs in the 7 household studies were slightly different: 1 study provided face masks and P2 respirators for household contacts only, another study evaluated face mask use as a source control for infected persons only, and the remaining studies provided masks for the infected persons as well as their close contacts. **None of the household studies reported a significant reduction** in secondary laboratory-confirmed influenza virus infections in the face mask group.”

This lack of evidence-based data is especially concerning in light of the real world concerns listed by the World Health Organization in their publication [Advice on the use of masks in the context of COVID-19: interim guidance, 5 June 2020](#)⁸:

“The likely disadvantages of the use of mask by healthy people in the general public include:

- potential increased risk of self-contamination due to the manipulation of a face mask and subsequently touching eyes with contaminated hands;
- potential self-contamination that can occur if non-medical masks are not changed when wet or soiled. This can create favourable conditions for microorganism to amplify;
- potential headache and/or breathing difficulties, depending on type of mask used;
- potential development of facial skin lesions, irritant dermatitis or worsening acne, when used frequently for long hours;
- difficulty with communicating clearly;
- potential discomfort;
- a false sense of security, leading to potentially lower adherence to other critical preventive measures such as physical distancing and hand hygiene;
- poor compliance with mask wearing, in particular by young children;
- waste management issues; improper mask disposal leading to increased litter in public places, risk of contamination to street cleaners and environment hazard;
- difficulty communicating for deaf persons who rely on lip reading;
- disadvantages for or difficulty wearing them, especially for children, developmentally challenged persons, those with mental illness, elderly persons with cognitive impairment, those with asthma or

⁵ sickkids.ca/PDFs/About-SickKids/81407-COVID19-Recommendations-for-School-Reopening-SickKids.pdf

⁶ cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/cloth-face-cover-guidance.html#recent-studies

⁷ https://wwwnc.cdc.gov/eid/article/26/5/19-0994_article

⁸ apps.who.int/iris/handle/10665/332293

chronic respiratory or breathing problems, those who have had facial trauma or recent oral maxillofacial surgery, and those living in hot and humid environments.

Mask Safety

Since writing our letter to you dated July 9, two Environmental Health and Safety professionals—with over forty years combined experience and recognized as experts in their field—filmed the videos below^{9,10} to raise awareness and discuss serious concerns not only about improper mask use by children and teachers, but the catastrophic consequences if bus drivers were to suffer adversely from extended mask use.

- This is the *short* version of the video: youtu.be/cCL6qoOqYic
- This is the extended version of the video which includes concerns for pregnant women, children, teachers, and bus drivers: youtu.be/KeovvuvvAJM

Several additional studies have been brought to our attention regarding mask use in children and face coverings for adults. Of significance is the **lack** of safety studies in children.

◇ [A randomised clinical trial to evaluate the safety, fit, comfort of a novel N95 mask in children](#)¹¹, December 2019:

A randomised clinical trial to evaluate the safety, fit, comfort of a novel N95 mask in children
“Several studies have investigated the effectiveness, safety, fit and comfort of different types of masks. However **these studies were done only in adult populations**. Even alternatives such as cloth masks have been tested **only in adult populations**. In another study, the facemasks for paediatric use (FPU) were tested mainly to evaluate the leakage associated with donning the FPU. This study did show superiority of FPU in comparison to surgical masks in certain aspects, however, the study was **not performed in children**. One study was performed in children to evaluate the redesigned open system face mask. However, the objective of this study was to evaluate the mask for monitoring PETCO₂ during sedation in clinical practice and the **children in this study donned the mask only for 30 sec**. These and other similar studies merely point to the fact that **there are no masks that are specifically designed and tested in children such that they can be prescribed for paediatric use in the setting of daily routine activities**.”

◇ [The Hospital for Sick Children \(SickKids\), a health-care, teaching and research centre dedicated exclusively to children; affiliated with the University of Toronto issued the following guidance for masks](#)¹²⁻¹³:

“Non-medical masks may reduce transmission from individuals who are shedding the virus. However, the extent of this benefit is unknown (**especially in children**) and would only be potentially beneficial if done properly. In fact, if worn incorrectly, it could lead to increased risk of infection and **it is not practical for a child to wear a mask properly for the duration of a school day**. It is noteworthy that several European countries have had children successfully return to school without face masks.

Guidance statement(s):

- Non-medical and medical face masks are not required or recommended for children returning to school.

The following points were considered in this recommendation:

⁹ youtu.be/cCL6qoOqYic

¹⁰ youtu.be/KeovvuvvAJM

¹¹ ncbi.nlm.nih.gov/pmc/articles/PMC6908682/

¹² sickkids.ca/PDFs/About-SickKids/81407-COVID19-Recommendations-for-School-Reopening-SickKids.pdf

¹³ publichealthontario.ca/-/media/documents/ncov/covid-wwksf/what-we-know-public-masks-apr-7-2020.pdf?la=en

- There is a lack of evidence that wearing a face mask prevents SARS-CoV-2 transmission in children.
- Children are not typically trained in their use and there is potential for increased risk of infection with improper mask use.
- In young children in particular, masks can be irritating and may lead to increased touching of the face and eyes which could increase the risk of infection.
- It is impractical for a child to wear a mask properly for the duration of the school day. Children would need assistance to follow appropriate procedures for putting on and taking off the mask (i.e. during meal times, snack times). In addition, during these times when the mask is removed, they would need to be stored appropriately to prevent infection spread.
- It is likely that masks will be disposed of improperly throughout the school and potentially lead to increased risk by children playing with them.
- The mask may not be tolerated by certain populations (i.e. children with underlying lung conditions, asthma, allergies) and especially during warm/humid time periods.
- It is recognized that some parents and children may choose to wear masks. This is a personal choice and should not be discouraged. To this end, equitable access to non-medical masks in the school setting is an important consideration.
- While at SickKids and other hospitals, patients have been required to wear a mask. This is a different situation as children can be closely monitored by their parents and hospital staff to ensure appropriate mask use and it is for a brief, defined period of time when there may be close interaction with a significantly immunocompromised population.”

◇ [Effect of face veil on ventilator function among Saudi adult females](#)¹⁴

“Results: Mean values of FVC, FEV1, FEV1/FVC (%) and MVV for niqab wearers were significantly lower than the corresponding values for non-niqab wearers. Significant negative correlation was found between the FVC and FEV1 values and the number of hours of the use of face veil per day. Conclusions: Long-term use of traditional niqab use can affect VF.”

Terms: forced vital capacity (FVC), forced expiratory volume in one second (FEV1), ventilator function (VF), and maximal voluntary ventilation (MVV)

◇ [Medical Masks](#)¹⁵, March 2020:

“Face masks should be used only by individuals who have symptoms of respiratory infection such as coughing, sneezing, or, in some cases, fever. Face masks should also be worn by healthcare workers, by individuals who are taking care of or are in close contact with people who have respiratory infections, or otherwise as directed by a doctor. **Face masks should not be worn by healthy individuals to protect themselves from acquiring respiratory infection because there is no evidence to suggest that face masks worn by healthy individuals are effective in preventing people from becoming ill.**”

◇ **Our compilation of mask studies can be found here:**

healthfreedomla.org/wp-content/uploads/2020/05/Mask-Studies-Rev.pdf

Pediatric Transmission and Real World Data

Recent studies are helping us understand why children have not been major vectors of disease transmission, and confirming that the likelihood of transmission from child to adult in a school setting is miniscule. The first two studies below explain why the sterile environment schools are trying to achieve could have unintended, harmful

¹⁴ researchgate.net/publication/244485085_Effect_of_face_veil_on_ventilator_function_among_Saudi_adult_females

¹⁵ jamanetwork.com/journals/jama/fullarticle/2762694

consequences, and not just from using toxic cleaners as was previously discussed in our first letter. It is theorized that another reason children are not primary sources of transmission is the cross-reactive, protective effect of prior common cold infections against SARS-CoV-2. This sterile environment could prevent a less harmful, yet protective infection with another coronavirus. In addition, there is a physiological discovery that points to reduced prevalence in children as discussed in the third study below on the significance of the ACE2 gene. The remaining studies provide evidence-based, real-world data regarding successful school reopenings. These studies along with the others provided in our letter dated on July 9 question the necessity of such drastic interventions and behavior modifications as those in the BESE guidance.

- [**Pre-existing and *de novo* humoral immunity to SARS-CoV-2 in humans**](#)¹⁶

“The presence of cross-reactive non-COVID-19 human coronavirus antibodies, induced by coronaviruses responsible for 15%-30% of seasonal common colds, which might lessen COVID-19 disease severity.”

- [**Targets of T Cell Responses to SARS-CoV-2 Coronavirus in Humans with COVID-19 Disease and Unexposed Individuals**](#)¹⁷

“The presence of such “T cells” detected in ~40%-60% of SARS-Cov2 unexposed healthy U.S. blood donors, also suggesting cross-reactive T-cell immunity between circulating “common cold” coronaviruses and SARS-Cov2.”

- [**Nasal Gene Expression of Angiotensin-Converting Enzyme 2 in Children and Adults**](#)¹⁸

“The results from this study show age-dependent expression of *ACE2* in nasal epithelium, the first point of contact for SARS-CoV-2 and the human body. Covariate-adjusted models showed that the positive association between *ACE2* gene expression and age was independent of sex and asthma. Lower *ACE2* expression in children relative to adults may help explain why COVID-19 is less prevalent in children.”³

- [**German study finds no evidence coronavirus spreads in schools**](#)¹⁹

“The study, the largest carried out on schoolchildren and teachers in Germany, found traces of the virus in fewer than 1 percent of teachers and children. Scientists from Dresden Technical University said they believe children may act as a “brake” on chains of infection.”

- [**Covid-19 in schoolchildren A comparison between Finland and Sweden**](#)²⁰

“This report is a comparison between Finland and Sweden, two in many ways similar countries who applied different measures regarding schools during the covid-19 pandemic. There is no difference in the overall incidence of the laboratory confirmed covid-19 cases in the age group 1-19 years in the two countries and the number of laboratory confirmed cases does not fluctuate with school closure or change in testing policy in Finland.”

¹⁶ [biorxiv.org/content/10.1101/2020.05.14.095414v1](https://www.biorxiv.org/content/10.1101/2020.05.14.095414v1)

¹⁷ [cell.com/action/showPdf?pii=S0092-8674\(202820\)2930610-3](https://www.cell.com/action/showPdf?pii=S0092-8674(202820)2930610-3)

¹⁸ jamanetwork.com/journals/jama/fullarticle/2766524?fbclid=IwAR2s_WYXsjrIF3qMoJnDRYdsESpRGcKXllZagjI_OQajesxXx5yruqJcUNE

¹⁹

news.yahoo.com/german-study-finds-no-evidence-164704005.html?guccounter=1&guce_referrer=aHR0cHM6Ly93d3cuZmFiZWJvb2suY29tLw&guce_referrer_sig=AQAAACFQs9iUQASLNQwpOorl7SjBPlewAR8710FNTNjOgEAP_WoC6QrIEfYEZCnoZaRR513TmncA005KtUpjiEM072mPn5MQh6_zfc9yCOVM_mWrj9MTny_7Nmb2-QL-N3AOPhBd-yd4mwRUi0yOLErP5ud0_oXHF-EWT6dKBejBz0Cj

²⁰

folkhalsomyndigheten.se/contentassets/c1b78bffbde4a7899eb0d8ffdb57b09/covid-19-school-aged-children.pdf?fbclid=IwAR29gEQDSV93YpU4cGGp8B-onycHgX9ijl0Qa_wSxrRaMwymWmzxy88lXBdg

- [Reopening schools in Denmark did not worsen outbreak, data shows](#)²¹

“Following a one-month lockdown, Denmark allowed children between two to 12 years back in day cares and schools on April 15. Based on five weeks’ worth of data, health authorities are now for the first time saying the move did not make the virus proliferate.”

- [School Children Don’t Spread Coronavirus, French Study Shows](#)²²

The study confirms that children appear to show fewer telltale symptoms than adults and be less contagious, providing a justification for school reopenings in countries from Denmark to Switzerland.

Corona Casualties - the Mental Health of Our Children

[Dr. Chad Domangue MD](#)²³, a local Louisiana physician, is voicing his concern about what he calls **Another Corona Casualty: Our Children**. Below his YouTube video²⁴ with that title it reads: “Our children are paying an irreparable price for a war against a virus that poses little physical threat to them and no one is speaking on their behalf. As a father and a Neurologist, I understand at a high level what can happen to their brains and I am frightened by the permanent damage this is doing to their mental health. Anxiety, depression, a lack of social interaction - all things our children should not be dealing with, but are because of this virus and our response to it.”

We encourage you to listen to his message regarding the effects of our actions on the mental health of our children:

<https://www.youtube.com/watch?v=3i0oXhtKJVo>

Dr. Domangue provided a list of studies that undergird his stated concern for the mental health of our children as they are forced to completely modify behavior and inhibit natural tendencies. These studies emphasize the need for the evidence of the safety of the guidelines proposed by BESE.

- ◇ [Neurobiological and Systemic Effects of Chronic Stress](#)²⁵

“Stress can cause an imbalance of neural circuitry subserving cognition, decision making, anxiety and mood that can increase or decrease expression of those behaviors and behavioral states. This imbalance, in turn, affects systemic physiology via neuroendocrine, autonomic, immune and metabolic mediators. In the short term, these changes may be adaptive; but, if the threat passes and the behavioral state persists along with the changes in neural circuitry, such maladaptation requires intervention with a combination of pharmacological and behavioral therapies.”

- ◇ [The impact of early adverse experiences on brain systems involved in the pathophysiology of anxiety and affective disorders](#)²⁶

“Thus, genetic disposition coupled with early stress in critical phases of development may result in a phenotype that is neurobiologically vulnerable to stress and may lower an individual’s threshold for developing depression and anxiety upon further stress exposure. This pathophysiologic model may provide novel approaches to the prevention and treatment of psychopathology associated with stress early in life.”

- ◇ [The traumatic stress response in child maltreatment and resultant neuropsychological effects](#)

²¹ [reuters.com/article/us-health-coronavirus-denmark-reopening/opening-schools-in-denmark-did-not-worsen-outbreak-data-shows-idUSKBN2341N7](https://www.reuters.com/article/us-health-coronavirus-denmark-reopening/opening-schools-in-denmark-did-not-worsen-outbreak-data-shows-idUSKBN2341N7)

²² [bloomberg.com/news/articles/2020-06-23/school-children-don-t-spread-coronavirus-french-study-shows](https://www.bloomberg.com/news/articles/2020-06-23/school-children-don-t-spread-coronavirus-french-study-shows)

²³ [cppain.com/physicians/chad-m-domangue-md/](https://www.cppain.com/physicians/chad-m-domangue-md/)

²⁴ [youtube.com/watch?v=3i0oXhtKJVo](https://www.youtube.com/watch?v=3i0oXhtKJVo)

²⁵ journals.sagepub.com/doi/full/10.1177/2470547017692328

²⁶ [sciencedirect.com/science/article/abs/pii/S0006322399002243](https://www.sciencedirect.com/science/article/abs/pii/S0006322399002243)

[Development of anxiety: the role of threat appraisal and fear learning](#)²⁷

“Anxious individuals exhibit threat biases at multiple levels of information processing. From a developmental perspective, abnormal safety learning in childhood may establish threat-related appraisal biases early, which may contribute to chronic disorders in adulthood.”

◇ [Gray Matter Volume in Adolescent Anxiety: An Impact of the Brain-Derived Neurotrophic Factor Val66Met Polymorphism?](#)²⁸

“These results implicate reduced GMV in the amygdala and hippocampus in pediatric anxiety, particularly social phobia.”

◇ [Can anxiety damage the brain?](#)²⁹

“Pathological anxiety and chronic stress lead to structural degeneration and impaired functioning of the hippocampus and the PFC, which may account for the increased risk of developing neuropsychiatric disorders, including depression and dementia.”

◇ [Early-life stress has persistent effects on amygdala function and development in mice and humans](#)³⁰

“The results provide evidence of both early and persistent alterations in amygdala circuitry and function following early-life stress.”

◇ [Early life stress and the anxious brain: evidence for a neural mechanism linking childhood emotional maltreatment to anxiety in adulthood](#)³¹

“Results support the hypothesis that exaggerated limbic activation to negative valence facial emotions links Childhood Emotional Maltreatment (CEM) to anxiety symptoms, which may be consequent to a breakdown of cortical regulatory processes.”

◇ [Challenges in Developing Novel Treatments for Childhood Disorders: Lessons from Research on Anxiety](#)³²

“These data parallel findings in rodents and nonhuman primates; together data show that early-life patterns of anxious behavior predict patterns of anxious behavior manifest throughout life.”

◇ [Childhood trauma, the neurobiology of adaptation, and “use-dependent” development of the brain: How “states” become “traits”](#)³³

“There are various adaptive mental and physical responses to trauma, including physiological hyperarousal and dissociation. Because the developing brain organizes and internalizes new information in a use-dependent fashion, the more a child is in a state of hyperarousal or dissociation, the more likely they are to have neuropsychiatric symptoms following trauma. The acute adaptive states, when they persist, can become maladaptive traits.”

²⁷ <https://www.sciencedirect.com/science/article/abs/pii/S135917891100005X>

²⁸ <https://www.sciencedirect.com/science/article/abs/pii/S0890856712009197>

²⁹ <https://www.ingentaconnect.com/content/wk/yco/2016/00000029/00000001/art00010>

³⁰ <https://www.pnas.org/content/110/45/18274.short>

³¹

<https://www.cambridge.org/core/journals/psychological-medicine/article/early-life-stress-and-the-anxious-brain-evidence-for-a-neural-mechanism-linking-childhood-emotional-maltreatment-to-anxiety-in-adulthood/75A331A162591F482B8D3F5DFF0EAC15>

³² <https://www.nature.com/articles/npp2008113>

³³ [https://onlinelibrary.wiley.com/doi/abs/10.1002/1097-0355\(199524\)16:4%3C271::AID-IMHJ2280160404%3E3.0.CO;2-B](https://onlinelibrary.wiley.com/doi/abs/10.1002/1097-0355(199524)16:4%3C271::AID-IMHJ2280160404%3E3.0.CO;2-B)

◇ [Protective and damaging effects of stress mediators: central role of the brain](#)³⁴

“Stress is a condition of the mind-body interaction, and a factor in the expression of disease that differs among individuals. It is not just the dramatic stressful events that exact their toll, but rather the many events of daily life that elevate and sustain activities of physiological systems and cause sleep deprivation, overeating, and other health-damaging behaviors, producing the feeling of being “stressed out.”

In the last few days a group of physicians known as **America’s Frontline Doctors** shared a hopeful message about their successes treating COVID19. One of the physicians, Dr. Mark McDonald, a child psychologist based in Los Angeles, CA, states, “This is an emotional pandemic, based on fear.” His brief commentary about his concern for the the mental health of children can be heard in these short video clips:

<https://youtu.be/XfP8gb2r1xw>

<https://youtu.be/jMISF8SjdxU>

Finally, a July 28 Bloomberg article, [Sweden Unveils ‘Promising’ Covid-19 Data as New Cases Plunge](#)³⁵, announced:

“The Health Agency of Sweden says that since hitting a peak in late June, the infection rate has fallen sharply. That’s amid an increase in testing over the period. “The curves are going down and the curves for the seriously ill are beginning to approach zero,” Tegnell said.

Sweden - the Control Group

It is important to note that in May 2020 the Prime Minister of Sweden, Stefan Lofven, advised against wearing a face mask stating, *“There is a risk of a false sense of security, that you feel you can't be infected if you have a face mask.”* He advised those displaying even very mild symptoms to stay at home, stay socially distant, and to continue regularly washing their hands³⁶.

Also of significance are deaths by age in Sweden: only one child under the age of nine has perished, and eight individuals between the ages of 20 and 29 have died as a result of COVID19.³⁷ Sweden proves there is another way to approach this dilemma.

Conclusion

As stated in our previous communication dated July 9, we are awaiting the **evidence of safety** for the guidelines BESE has put forth. The CDC guidance is **not** supported by “evidence-based” data so the importance of ensuring the **safety** of these measures cannot be emphasized enough.

The safety of students and teachers is of utmost importance to us all, but as the president stated so plainly back in March, “The cure cannot be worse than the disease.”

Provide evidence that the guidelines do no harm to children or eliminate them.

Sincerely,

The Concerned Parents of Health Freedom Louisiana

³⁴ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3181832/>

³⁵ [bloomberg.com/news/articles/2020-07-28/sweden-unveils-promising-covid-19-data-as-new-cases-plunge](https://www.bloomberg.com/news/articles/2020-07-28/sweden-unveils-promising-covid-19-data-as-new-cases-plunge)

³⁶ [rt.com/news/488567-sweden-pm-face-masks-coronavirus/](https://www.rt.com/news/488567-sweden-pm-face-masks-coronavirus/)

³⁷ [statista.com/statistics/1107913/number-of-coronavirus-deaths-in-sweden-by-age-groups/](https://www.statista.com/statistics/1107913/number-of-coronavirus-deaths-in-sweden-by-age-groups/)