

Concern around COVID-19 Mitigation Strategies - KEEP MASKS FOR NOW

email: Joshua Gray"

Friday, April 30, 2021 at 2:45:39 PM Eastern Daylight Time

To: email: "csmelton@lexrich5.org Christina Melton"

Cc: email: "jhammond@lexrich5.org Janis Hammond" , email: "kloveless@lexrich5.org Kenneth Loveless" , email: "ngardner@lexrich5.org Nikki Gardner" , email: "rhines@lexrich5.org Rebecca Hines" , email: "mhogan@lexrich5.org" , email: "chuddle@lexrich5.org Cathy Huddle" , email: "ewhite@lexrich5.org Edward White"

Dear. Dr. Melton and LRD5 Board of Directors:

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2. The recent response to this observation is that CDC is only guidance, not law. LRD5 is paying MUSC personnel for their expertise in this matter.

a. There is still no peer-reviewed, publicly available literature published from MUSC and Dr. Eckward on this subject. Peer-review is an important step in the scientific community to ensure statistical and scientific validity of results.

b. Even so, MUSC references the use of masks as an important mitigation strategy to make their recommendations for face-to-face instruction. Without masks, MUSC guidance on face-to-face instruction is moot and we should go virtual.

3. Data has recently been shared with the board, using the data from LRD5 itself - with its known flaws in traceability and voluntary reporting bias - that demonstrate the positive effectiveness of masks on reducing the transmission of COVID-19 in the district. There is no question in the peer-reviewed scientific literature that masks work to reduce the transmission of pulmonary disease vectors.

4. Putting the onus on teachers or principals to individually dictate mask policy in their classrooms or schools is an invitation to a logical disciplinary nightmare. There is a relatively wealthy (consequently access to private health insurance and health resources), vocal group in our community pushing for these changes, but it is logically a poor decision., With only a small amount of time remaining in the school year, why should we take the risk of inviting unnecessary risk now?

5. Frankly, I fail to understand - unless required by procedure - why the board is meeting to discuss mask policy for the coming school year now. This would seem to be a discussion that is only relevant closer to the beginning of next school year. We need to see vaccination rates, variant transmission rates, and actual disease risk at the time of the school year. We all hope that vaccination and mitigation has made COVID less of a concern, but there is troubling information on the penetration of variant strains and its virulence in adolescent populations.

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If you understand why kids have to wear shoes to school, and you understand how Kleenex works, then you understand why masks should remain mandatory in classrooms.

Take care,

Josh

email: Joshua Gray"

Friday, April 30, 2021 at 3:47:30 PM Eastern Daylight Time

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****nikki said****

You are exactly correct when you state....

. There is still no peer-reviewed, publicly available literature published from MUSC and Dr. Eckward on this subject. Peer-review is an important step in the scientific community to ensure statistical and scientific validity of results. That's true for mask wearing also. Even the CDC's study has yet to be peer reviewed and it is only claiming a 1% positive effect!

****response****

Nikki, thank you for your response to my email. I would appreciate a citation to the claim around a 1% effect of mask wearing. I believe the board received communication from another community member back in march around the citation I *think* you are referring to, which showed that the impact of those statements, in context, is much more appreciable than the effect you are claiming now. Were your claim correct, with respect, CDC guidance would have already been adjusted. We are obviously witnessing the implications of national politics in a nominally local school board. The current Biden Administration would no doubt love to modify guidance around this, as it would show an ability to succeed where the previous administration failed.

I will put a few peer-reviewed citations here that demonstrated the utility of masks for controlling the spread of disease with masks.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2662657/>
[https://www.thelancet.com/.../S0140-6736\(20\)31142-9/fulltext](https://www.thelancet.com/.../S0140-6736(20)31142-9/fulltext)
[https://www.thelancet.com/.../S0140-6736\(20\)31142-9/fulltext](https://www.thelancet.com/.../S0140-6736(20)31142-9/fulltext)

I likely have these downloaded somewhere if you would like, and may have already sent them in a previous communication.

Even if you hold to a position that peer-review is absent on both sides (which it clearly is not, as demonstrated above), we would then logically fall back to the guidance of both CDC, DHEC and MUSC.

Take care,

Josh

On Fri, Apr 30, 2021 at 2:45 PM Joshua Gray wrote:

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email:Joshua Gray"

Friday, April 30, 2021 at 4:50:40 PM Eastern Daylight Time

To: email: "csmelton@lexrich5.org Christina Melton"

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****Nikki Said*****

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Your articles from the lancet are referring to face masks AND eye coverings, which is not our current "anything goes as long as your mouth and nose is covered" policy.

NONE of these are peer reviewed of current CDC study. Peer reviews come AFTER not before.

Oh and Josh, I have a degree in zoology and have recently recertified my sciences in anatomy and microbiology. You have to do better on those studies to convince me. Keep digging.

Nikki,

Those are only a few of the peer-reviewed studies I pulled out of recent conversations with others pointing to the efficacy of facemasks. There are others I can pull if needed. The overwhelming consensus is that masks work. This isn't really a debate. I won't get into a question of educational credentials. I would argue that zoology isn't more applicable than my degrees from the department of chemical and biomolecular engineering, but why get too caught up in that?

Here is a write-up from a person in the district, which has been publicly shared and shared with the board, whose background and credentials DIRECTLY are relevant to this discussion.

The recent JAMA Viewpoint from CDC recommends masks as well.

Again, CDC, DHEC, State Dept of Ed, and peer-reviewed literature all agree.

People who disagree are all politically co-aligned. I don't think that is a coincidence.

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Attachments:

CDC report on mask effectiveness.pdf 154k

email: Joshua Gray"

Saturday, May 1, 2021 at 12:18:23 PM Eastern Daylight Time

To: email: "csmelton@lexrich5.org Christina Melton"

Cc: email: "jhammond@lexrich5.org Janis Hammond" , email: "kloveless@lexrich5.org Kenneth Loveless" , email:

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*****Nikki said*****

So thank you for giving up on convincing me with science. "We all agree, so it so also" (referenced by "the overwhelming consensus is that masks work" you stated) is what made the world flat for centuries. I continue to ask you to keep digging.

I have personally tried to do my own research but there just isn't much out there yet.

Nikki, BOT and Superintendent Melton

I don't believe I ever said I was "giving up on convincing (you Nikki) with science," but of course I can't convince you of anything you when you are determined in your position. If I understand your claim around Flat Earth and scientific consensus, I might remind you that 1. science is an evolving process, but to claim that because that evolution invariably leads to contradicting old theories necessitates that no science is valid would be to invalidate all scientific progress, and 2. that institutions which held onto to old beliefs long after the scientific community had achieved consensus also helped to prolong the Dark Ages.

I seem to recall last year, when a large political movement in our country led by a Yuge presence, declared that Spring/Summer + more light and warmer temperatures would mean the eradication of the Hoax Virus by Easter of 2020. That does not seem to have been a particularly accurate nor prescient claim.

To your points on the science: excerpts from the papers I sent you, which are only a quick handful I pulled from a previous conversation:

"

Adherence to mask use was associated with a significantly reduced risk of ILI-associated infection"

"

Face mask use could result in a large reduction in risk of infection

(n=2647; aOR 0.15, 95% CI 0.07 to 0.34, RD -14.3%, -15.9 to -10.7; low certainty), with stronger associations with N95 or similar respirators compared with disposable surgical masks or similar (eg, reusable 12–16-layer cotton masks; $p_{\text{interaction}}=0.090$; posterior probability >95%, low certainty)"

These are just quick excerpts from reviewing the abstracts of those papers again.

Then there's this: <https://services.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/clinical-guidance/covid-19-planning-considerations-return-to-in-person-education-in-schools/>

and this:

https://www.cdc.gov/mmwr/volumes/70/wr/mm7012e2.htm?s_cid=mm7012e2_w

which specifically calls for face masks to be worn.

These are references from the Board of the American Public Health Association. They are peer-reviewed. They explicitly endorse masks as mitigation.

The literature is overwhelmingly in support of mask mitigation, social distancing, and de-densification of public spaces. This is not a debate - in that you are correct.

I note that there is no response to the obvious fact that we are operating outside CDC guidance.

The basis for that operation, which I obviously disagree with on that basis, is that the study by MUSC indicates that we should be able to do so, based on analysis and caveats which are not vetted nor publicly available. That study, and all public comments by Dr. Eckward, specifically cite mask usage as a basis for return to face to face - either full time or in hybrid cohorts.

I.E. REMOVING MASKS INVALIDATES THE BASIS THE DISTRICT IS USING TO OPERATE FACE-TO-FACE 5 DAYS, AND SHOULD RESULT IN A FALL BACK DEFAULT TO HYBRID, NOTE MORE FACE-TO-FACE.

CDC, DHEC, State Dept. of Education, the AMA, the NIH - all of these organizations require masks for safe mitigation, and many of them suggest hybrid settings for population de-densification. .

Lastly, I again return to the point that the Board is clearly moving beyond policy "ie. ensure a safe learning environment for all children which seeks to balance disease transmission mitigation for themselves and their community with a commitment to provide a nurturing educational environment" to direct management " These are the specific steps that will be undertaken to achieve our policy and political goals."

This is micromanagement via proxy policy. It is documented to be historically counterproductive. It has been historically counterproductive in D5 in previous boards.

How many teachers do we have to hemorrhage before the Board understands that its positions are counterproductive?

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