

First Name	Last Name	City	Summary of Issue	Recommendation(s) of Resolutions
Viktor	Ackovik	Ottawa	<p>Masks are ineffective and, by restricting oxygen intake and fostering an unhygienic environment, they're harmful to health. Repeated touching, adjusting and removing of masks, all of which contributes to increased risk of contagion.</p> <p>Key risks to masks for children:</p> <ul style="list-style-type: none"> - Breathing problems – hypoxia (inadequate oxygen) and hypercapnia (elevated carbon dioxide levels in the blood) - Bacterial, viral and fungal infections such as bacterial pneumonia - Cognitive difficulties - Psychological effects - Dermatological effects - Dental effects - Micro- and nano-sized particles – inhalation risks - Individual needs of children - Long-term ill health - Hygiene issues <p>https://worldcouncilforhealth.org/resources/face-masks-the-risks-vs-benefits-for-children/</p> <p>The special board meeting invite letter states that OCDSB is following the guidance of Ontario's Chief Medical Officer of Health, Dr. Kieran Moore. He did not follow his own recommendation while enjoying a maskless dinner party shortly after urging the public to wear masks demonstrating the mask ineffectiveness. https://www.youtube.com/watch?v=3czxu-K_zcg</p> <p>There's no scientific evidence to support the popular idea that people wearing masks will reduce infection rates. A study published in the British Medical Journal in 2015 found the risk of infection with influenza-like illness was 13X higher in hospital workers using cloth masks compared to medical/surgical masks, and over 3X higher when compared to not wearing a mask at all. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4420971/</p> <p>An additional list of more than 150 comparative studies and articles on mask ineffectiveness and harms https://brownstone.org/articles/more-than-150-comparative-studies-and-articles-on-mask-ineffectiveness-and-harms/</p> <p>To impose a face covering upon every child and staff as a condition of school attendance is a significant infringement upon individual rights and freedoms, something that should be precious to every Canadian. Furthermore, the use of a face covering is deemed a medical device. OCDSB has no legal or medical authority to impose medical interventions upon students and staff.</p>	<p>NO MORE MASK MANDATES!</p> <p>School staff and students that choose to wear a mask can continue to do so.</p>

Dr. James	Allen	Ottawa	<p>As a parent of three children in OCDSB schools and a developmental psychologist and researcher, I am greatly dismayed by Dr. Kaplan-Myrth's motion to bring back a mask mandate for OCDSB schools. This is a highly divisive motion that I believe will make our school less safe for our children and will empower punitive strategies for managing child behaviour that move in the opposite direction of many of the OCDSB programs focused on respecting and celebrating diversity in cultural background as well as thoughts and worldviews. As a parents, we all hear many opinions from our neighbors about their choices in supporting their children's success in schools and I do not believe it is the role of the school board to enforce behavior in a situation where there are multiple, evidence-based and expert opinions on both the effectiveness and the necessity of a mask mandate for you young children. WE have all heard about how Ottawa hospitals are experiencing challenges and how many medical doctors working in these hospitals have spoken about their beliefs that a mask mandate could be useful. However, the issue is far from settled with other medical doctors and expert's in infectious disease, in Canada and internationally, expressing doubts about the usefulness of mask mandates for viruses like RSV and flu, when used with young children, and in terms of the need for a mandate at this time. Indeed, competent medical experts at the federal, provincial and municipal levels across Canada have not recommended a mandate. As with any intervention, there is also the potential for drawbacks which Dr. Kaplan-Myrth does not recognize. For example, a large study in B.C. reports numerous challenges and an increase in mental health concerns for children and families associated with the COVID-19 pandemic (link: https://bmjopen.bmj.com/content/11/1/e042871). This study is focused more on COVID-19 in general and on school closures, then mask mandates, but in my opinion these differences are somewhat similar to the studies that Dr. Kaplan-Myrth cites about the effectiveness of mask mandates, which also have limitations (as all studies do). I have not seen evidence that these studies explored the usefulness of masking that occurs somewhat inconsistently, in that students were allowed to be unmasked during extracurriculars and while eating, and the studies were not conducted to explore the transmission of RSV and flu viruses. In this way, Dr. Kaplan-Myrth is suggesting a policy based on an unsupported assumption that the same levels of effectiveness would be maintained while multiple aspects of the intervention have been changed and the intervention is being administered for two very different viruses. As a scientist, I believe that the evidence she mentions (and rarely cites specifically) does not meet the standards for an evidence-based policy. Indeed, in a recent article published by the CBC on mask mandates (link: https://www.cbc.ca/news/health/canada-mask-mandate-rsv-flu-children-hospitals-1.6656303) a number of medical doctors or experts in infectious disease are interviewed. The statements from at least two of these doctors can reasonably be interpreted as suggesting that the evidence does not support the need for a mask mandate at this point. This is clearly not a consensus opinion in the scientific community.</p>	<p>That the motion for mask mandates be dropped or defeated. This is a divisive policy and there is not a clear consensus of opinion in the scientific community about the effectiveness of the mandate as it is written. Further, they way that Dr. Kaplan-Myrth has defended the motion has been highly divisive. I was particularly dismayed by her language in a recent interview with Ottawa morning on CBC (link:https://www.cbc.ca/news/canada/ottawa/ocdsb-ottawa-school-mask-mandate-meeting-vote-1.6658912). In this interview when asked to speak directly to children, she uses positive, empowering and reinforcing language for students who mask, "thanking" them for "doing the right thing," yet she derogates, minimally acknowledges, and suggests punitive consequences for children who may, for a wide variety of reasons, be choosing not to wear a mask at school. Indeed, she minimizes their voices, concerns, experiences and perspectives saying that "it's not really true" that masks make it hard to breath. At OCDSB, there was a recent celebration of Children's Rights as they are conceptualized in the UN Convention of the Rights of the Child. These rights include a right for children to have a voice and be listened to by adults, to research topics of interest and come to their own conclusions and, importantly, the right for children to have access to an education. In not acknowledging children's voices, that they may come to their own conclusions about wearing a mask which could be based on their interpretation of statements by other experts around the world and in Canada and in raising the possibility of denying children the right to an education by sending them home, I believe Dr. Kaplan-Myrth's motion is infringing upon children's rights as they are outlined the UN Convention of the Rights of the Child. There is much more I could say about Dr. Kaplan-Myrth's general tone in this interview, which is highly divisive and inflammatory, minimizes the concerns of those whose opinions oppose her, and stereotypes and derogates these individuals as an "outgroup" of "anti-maskers." We are all human beings who want our children to have the best, most supportive, enriching and safe experiences as possible in OCDSB schools. When problems arise, we should be coming together, listening to one another, and moving towards collaborative solutions that have been influenced by multiple, diverse voices. In my opinion, a mandate will not accomplish this goal, it will create more division in our schools, and I am not convinced that the evidence is sufficient to support this kind of divisive policy.</p>
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Jos	Anderson	Ottawa	<p>As a physician who primarily takes care of newborns and mothers, I am stricken by the overwhelming number of them currently sick with COVID, RSV, influenza and other respiratory illnesses. These can be absolutely devastating to newborns and easily land them in the hospital in the ICU. How are these brand new vulnerable babies getting sick ? These families are being extremely cautious but they have other children who must go to school. The majority of families tell me " my other child came home from school sick and now the baby is unwell." They often comment that they send their children to school with masks but they do not wear them as teachers and fellow students are not. I wish you could hear the fear in their voices. I wish you could hear how traumatized they are to have been to the ED or admitted to the hospital as they feared for the life of their newest family member. I also wish you could hear the desperation of my colleagues who know that some of these kids might not make it or might have long term sequelae (physical or mental) from their illness, and how exhausted they are at this point in the pandemic that simple measures such as wearing a mask and staying home when sick seem to be a difficult thing to do. This is all preventable.</p> <p>There is a ripple effect in our community. Children clearly transmit COVID19 as do they other respiratory illnesses. When hospitals were filled with adults and our elderly, our cities shut down. We were in this together to flatten the curve. But when our young, our future, are in the same circumstances where we have a SECOND ICU open at CHEO, already back logged surgeries further cancelled, and my colleagues are crying out for someone to do something, we are seeing a lack of will to protect our children, and fellow community members including the high risk among us. We do not need to go back to lock downs but we do need to continue to use our tools effectively at the right moments. One such moment is NOW.</p>	<p>Reinstate mask mandates IMMEDIATELY.</p> <p>Work with Ottawa Public Health to establish clear guidelines as to when masking should occur and when it should end (i.e. when OPH stops strongly recommending indoor masks, when influenza season has been declared over and when ICU capacities reach a certain threshold that is manageable).</p> <p>Clearly and effectively communicate how these viruses are transmitted and why masks work.</p> <p>I beg you to do the right thing and vote this mask mandate back in immediately. The talk amongst fellow parents and colleagues are a desire to bring back masks. Parents are barely keeping their lives together as they work overtime with many now taking care of sick kids at home.</p> <p>Remember that often we hear the vocal minority, but there is silent majority here.</p> <p>Listen to the voices of those who have dedicated their lives to keeping people and society well.</p>
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Jos	Anderson	Ottawa	<p>As physicians in our community, we have intimately witnessed our patients' struggles due to the ongoing consequences of the pandemic on their health, finances, upset routines and well-being. We are also parents from high-risk families who continue to personally carry significant levels of burden and stress while trying to navigate this pandemic safely. Thus we bring forward their voice to you today.</p> <p>We see a specific need to highlight the inequities that vulnerable families are facing in access to education during the pandemic. There is no question that all children – including those from high-risk families - have the right to a safe education. The fact that schools are an essential space, and that high-risk individuals are present in schools and on buses, does not appear to be under consideration by most school staff, students or their families. Most families who are not high-risk themselves have now abandoned masking in schools. Others find that their children, despite being sent wearing a mask in the morning, will no longer agree to wear their masks while their classmates and teachers do not, and while they increasingly receive disparaging remarks from peers or teachers. Despite the formal policy of “mask friendly” or “masks recommended” in schools, children are telling us that it is increasingly difficult to protect themselves.</p> <p>Masking-optional policies in schools, while respiratory viruses flourish through schools, are discriminating against vulnerable children and their families. Unfortunately, one-way masking, even when it is fully supported and socially acceptable, is not nearly as effective as universal masking for source control of droplets from respiratory viruses. High-risk families, then, are forced to choose between homeschooling or virtual learning, or participating in school in a way that is identifiably different from everyone around them, where they must remain vigilant all day, and afford top quality N95 masks in order to benefit from their use in a highly contagious environment.</p> <p>Children from high-risk families also have to cope with uncomfortable situations with unmasked classmates, continuously asking others to keep their distance or put on a mask. Many of them already have a lifetime of lived experience with being ill themselves, or of having an ill parent. These children do not have the privilege of deciding they are tired of pandemic precautions, and they are further traumatized by a lasting public health crisis which de-prioritizes their safety and well-being while they are already heavily marginalized from a socioeconomic and determinant of health standpoint. This marginalization is important to address, because we know these adverse childhood experiences and developmental hardships will affect these children’s mental and physical health outcomes across their lifespan. Parents of high-risk children, many of them disabled themselves, understand these nuances well through their lived experiences.</p> <p>Many have therefore kept their children in virtual school even when it cost them their career, even when the virtual environment was not ideal for their child. The current policies are contributing to a deepening K-shaped recovery for the vulnerable, disabled and marginalized. The reality is that disability or illness can happen to anyone at any time. Inclusive policies are an important part of our collective safety net and benefit us all.</p>	<p>High-risk students and families fail to see themselves considered and protected in the current in-person learning environment.</p> <p>Today, we would like to ask the Board of Trustees to consider at length what can be done to improve the safety and participation of high-risk students and families, who are valuable members of our society worth protecting.</p> <p>We are requesting to participate in discussions around how to make our communities safer for high-risk members.</p> <p>The high-risk community has myriad needs. Should the Board wish to assess these needs and develop more focused policies to assist high-risk families during the continuing crisis, we would welcome an invitation to provide more feedback on the educational experiences of high-risk families.</p> <p>Finally, we recommend that one of the first things that should be undertaken is a return to universal masking within schools, for source control of COVID-19 and other respiratory viruses.</p> <p>Sincerely,</p> <p>Drs. Silbernagel and Anderson</p>
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Jesse	Attfield	Richmond	<p>I am a father of 3 whose oldest son is in Senior Kindergarten at Richmond Public School. My wife and I have great concerns over this special meeting to discuss a mask mandate.</p> <p>We are not against masks, let that be clear. If any amazing teacher, concerned parent, or informed student decides to wear a mask at school, that is their rightful choice. But to impose a mandate, strips us of that choice. My family strongly believes in personal body autonomy in all facets of life from pro-choice, religion, to even gender identity. Imposing a mandate that tells a child what they have to do with their body, goes directly against this.</p> <p>If the medical officials you are citing today so firmly believed in mandatory masking, they would be implementing it, but they are not. The board cites these experts, but then wants to enforce, without precedent, on their behalf.</p> <p>Hospitals will always be close to capacity, just look back at the hundreds of news stories written even before Covid. RSV and Influenza have and always will be around, even in the decades before masking became a form of virtue signaling.</p> <p>If as parents we're trusted to clothe, protect, cuddle, and love our children unconditionally, we should be trusted to make our own informed decisions when it comes to masking them.</p> <p>I ask the board that if tomorrow, Doug Ford mandated all school board trustees never wear a mask again, how they'd feel? Or act?</p> <p>I only ask that this board respect our individual decisions. For to mandate, is to take away our right to choose.</p>	<p>Strongly recommend masking in schools but not make it mandatory.</p> <p>Drop ridiculous and unrealistic terms to end masking.</p> <p>Trust parents, teachers and students to make their own choice.</p>
Erin and Jennifer	Bassett	Nepean	<p>We are writing to you as concerned parents and medical scientists who fully support an OCDSB mask requirement to protect students, educators, families, and community members. We ask that you hear the voices of your community, which includes many sick children and their worried parents, and support this mask requirement.</p> <p>We do not need to re-emphasize the significant increase in respiratory viruses and crises impacting patients and staff in the emergency room and ICU at CHEO; those numbers speak for themselves and are impossible to ignore. What we can emphasize is the toll that this is taking on children and their families within our community. We have experienced it first-hand and through the community networks that we are a part of.</p> <p>We each have a son in grade 1, attending school in Zone 3. They have both already spent a significant number of days missing school due to respiratory viruses, the most recent being a 3-week stretch. While we have been extremely lucky not to require emergency care for our children thus far, these absences from school have impacted their learning and mental well-being. The shortage of children's pain and fever medication has also caused tremendous stress for parents as we do our best to care for our sick children at home.</p>	<p>Parents want action to better protect their children, and masking is a simple way to reduce these harms. It is now time for us to do what is right, and fully utilize all of the protective measures at our disposal to reduce the spread of respiratory viruses. Cold and flu season is not at its peak, and we can confidently speak for many parents when we say that we have extreme anxiety over what is to come if we fail to take action now. We owe to it our children, education staff, healthcare workers, and their families, to initiate this simple measure alongside other layers of protection.</p> <p>We all know that "strong recommendations" to wear masks in indoor settings are not enough. Masking works best when everyone participates, and for this we need a masking requirement. We cannot rely on the "personal choice" argument here – it is flawed from both an ethical and logistical standpoint.</p> <p>We count on you to advocate for your community members and support an OCDSB masking requirement.</p> <p>Sincerely, Erin and Jennifer Bassett</p>

John	Bitzan	Ottawa	<p>I call on Trustees to consider the following questions and to address them in their motion to require mask wearing in OCDSB buildings:</p> <p>1) what specific, measurable outcomes is the requirement aiming to achieve? 2) How will the effectiveness of the mandate in achieving these measurable outcomes be evaluated?</p>	<p>I understand that the outcomes being sought would be based on counterfactuals. In other words, supporters of the motion may believe that the requirement to mask would save X number of lives and prevent Y number of hospitalizations of children or adults compared to a counterfactual scenario where no mandate was imposed. Any assumptions about hypothetical benefits that are being sought should nevertheless be made explicit and quantified in the motion or related documents. In addition, supporters of the motion should commit to making an effort to having an independent panel of diverse experts study whether the measure was effective and to analyze its costs and benefits from a social, educational and health perspective.</p>
Anna	Blixt	Ottawa	<p>I am deeply concerned by the attempt to reintroduce masking the school environment. My main concerns are:</p> <p>1) You have no right to impose pharmaceutical or non pharmaceutical interventions on our children. This has been made clear by the Minister of Education and Premier Ford stated just two days ago, clearly, that masking is a personal choice in Ontario. CMOH Dr Moore has also publicly stated (after getting caught without one) that it is a personal choice.</p> <p>2) Masks are not benign. They are deeply harmful physically, mentally and educationally. My children were endangered and damaged by the masks they were forced to wear. Education suffered and my children, as non-native English speakers, had issues with learning a new language when the teachers were hidden away behind masks. It was not a healthy environment for learning and my children often cried because they couldn't see their friends faces.</p> <p>3) Approximately 90% of teachers and children are not masked in school today. This is a clear indication that there is no great interest in resuming masking and that a strong majority has very low faith in masks as a protective measure in schools. You would be bullying the majority to act against their beliefs in order to appease a fringe minority of fanatic maskers.</p> <p>4) Masks have little to no documented effect in the school environment. The Boston study is a cherry-picked atrocity with flawed methods and there are hundreds of other studies showing absolutely no reduction of spread due to masks. Most notably the Catalonia study and the Danish study.</p> <p>5) A faux mandate that you cannot legally uphold will only create conflicts and put children on the front lines of that conflict.</p> <p>6) Earlier this year, OCDSB emailed out to parents a plea to respect that everyone has different comfort levels and that everyone's choice should be respected. That is good advice that still applies.</p> <p>7) According to a Fol request, no Risk/benefit analysis has been done regarding masks in schools in Ontario.</p> <p>8) The current wave of RSV/flu has already peaked according to official statistics - without masks.</p>	<p>You need to resolutely and permanently stop interfering with personal choice in this matter.</p> <p>If you have proof that you believe validate masks as a protective measure, you are free and welcome to present that to parents. We can then make our own risk assessments and weigh both pros and cons for our own children and reach our own conclusions based on our children's particular needs and preferences.</p> <p>I would be happy to consider research laid before me on the benefits and harms of masking, but I will not surrender the decision to you on whether this intervention will be used on my children.</p>
Kevin	Blundell	Ottawa	<p>I will briefly present scientific studies that have been done over decades on the effectiveness of masks in health care situations</p>	<p>No masking</p>

Veronica	Borda	ottawa	<p>Masks should not be mandated in schools. As parents, we are aware of precautions and standards of safety practice to instill on ourselves and our children. Masking IS a choice, and not one that should be punishable, especially in school.</p> <p>As much as the outrage of MANY parents ensued when Kaplan-Myrth brought forward this motion, personally an almost greater concern has erupted as to who we are allowing to make decisions, medical decisions at that, for our children.</p> <p>What I've learned of Kaplan-Myrth is: she is a radical, a medical bully, and an attention seeker who refuses to see opposing opinions as anything but wrong and grounds to categorize said opinions as anti semetic and against science. She refuses to acknowledge medical facts from pediatric infectious disease specialists, respiratory disease specialists and virologists that have stated forced masking in schools is not the answer. She has stated, in regards to children masking, "we don't want to see their smiles, we want to know they're smiling under their masks for doing the right thing". No, we don't. We want to practice bodily autonomy and make decisions for OUR children based on the medical evidence we rely on, not on what only she sees as right.</p> <p>Since she's a doctor, we should trust her right? Even though on RateMD, in the first dozen ratings listed from this year, 9 spoke of deplorable things as being berated or de rostered for questioning a diagnosis, and 3 from parents whos children were given prescriptions that no pharmacist would fill due to adverse reactions, and that one prescribed to a newborn was intended for adults only. THIS is the person that we should trust to make decisions for our children? The doctor that compared choosing not to mask akin to choosing to drive drunk? Or when asked what will happen to children that refuse to wear a mask in school if the mandate is passed, she said well we wouldn't let a child light a cigarette in class and not be sent home would we?</p> <p>She also states masking does not have any physical or psychological/mental impacts on children. Then why did the CECE state early last spring that when writing future curriculum updates, some developmental milestones will need to be delayed by 3-9 months due to the negative impacts of social distancing, lockdowns, and MASKS? (children not being able to hear spoken words with full clarity, unable to see the formation and enunciation of words and phrases)</p> <p>Kaplan-Myrth has no business dictating what is best for our children. Allowing her to have this power would be a grave injustice to to everyone.</p>	<p>Leave masking as a choice. Review Kaplan-Myrth's ability to be a positive decision maker as a Trustee outside of her personal agenda and personal vendetta against anyone that disagrees with her.</p>
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Allyson	Brady	Ottawa	<p>I would like to provide my support for a temporary mask mandate within OCDSB schools to mitigate the transmission of COVID.</p> <p>We have a duty to protect our children from a communicable disease that can cause brain and organ damage and new research suggesting that it can also impact our immune systems, contributing to the already overburdened healthcare system. Masks are easily implemented, low cost and effective at reducing the risk of exposure. Public health measures work best when widely adopted; one way masking is not as effective as when everyone in a classroom masks. It also encourages compliance and reduces negative peer pressure faced by students currently trying to protect themselves by masking while creating a safer environment for those students who had not had equitable access to in person education because of concerns for their health (e.g. immunocompromised individuals).</p> <p>It is easy to find opinions, editorials and anecdotes claiming that masks don't work or are harmful. But these claims must be backed up by data, by evidence. Evidence that can stand up against the very real, documented risks of COVID infections on a population level. Too often these arguments neglect to include the fact that viral particles are transmitted via aerosols, which are much larger than the virus itself and can be stopped by masks. They often don't include caveats in research studies indicating that mask types (e.g. surgical vs. N95) and compliance matter. And that these can be improved with education.</p> <p>When it comes to risking the current and future health of our children, saying that we didn't know the dangers or weren't willing to try to slow the spread of a communicable disease because it was unpopular or inconvenient is simply not good enough. I urge the board to take action to protect our children.</p>	<p>I offer support for the school board taking the following measures:</p> <ul style="list-style-type: none"> - Reinstate mask mandates in schools as a temporary public health protection, the duration of which is to be determined based on data and metrics (e.g. hospital capacity, % of staff or students out sick) - Provide masks, ideally N95s, for staff and students - Provide information (similar to what is sent home for more innocuous issues e.g. lice) to parents outlining the evidence supported risks of COVID infection and reinfection
Kyla	Brown	Ottawa	Temporary mask mandate	I strongly support a temporary mask mandate to help diminish the strain on CHEO and keep schools open during periods of high community levels of RSV/influenza/covid.
Alexandra	Camacho	Ottawa	<p>There will be a board meeting on Tuesday at 6:30 to discuss masking requirements. I was invited to participate in this meeting by Alysha Aziz (she/her/elle) OCDSB School Board Trustee for Kanata.</p> <p>Details here: https://www.ocdsb.ca/news/special_board_meeting_-_nov_22</p>	To follow World Health Organization updated mask recommendations. To include an opt out option and not just for children with disabilities. That would be very discriminatory and single out students in the school community.
Jennifer	Carey	Ottawa	<p>I recommend we do not mandate masks. If we are to teach our children to think critically, act in a community focused manner and make decisions for themselves, taking away this choice disrupts this opportunity to learn.</p> <p>The masks that children are wearing to school are mostly the cloth masks, which have been proven by numerous studies to be ineffective against covid 19 and other respiratory viruses. On top of that, currently, it is difficult to find the child sized medical masks. This could pose hardship to the community to source this new tool and end up creating inequality.</p>	I recommend we do not mandate masks.
Alex	Carr	Ottawa	Please accept this as a written delegation for the Special Meeting. I'm writing to voice my support for a temporary mask requirement indoors in schools. We've heard from local children's hospitals calling for such action. OCDSB should heed their desperate plea. This is a relatively easy step to take and one that will make a difference in reducing community spread of illnesses. I am a parent with a daughter in elementary OCDSB and I support a temporary mask requirement indoors.	Please accept this as a written delegation for the Special Meeting. I'm writing to voice my support for a temporary mask requirement indoors in schools. We've heard from local children's hospitals calling for such action. OCDSB should heed their desperate plea. This is a relatively easy step to take and one that will make a difference in reducing community spread of illnesses. I am a parent with a daughter in elementary OCDSB and I support a temporary mask requirement indoors.

Genevieve	Carr	Ottawa	Support for temporary mask mandate at OCDSB schools.	I strongly support the encouragement of the Chair and Vice-Chair of the Board to implement a temporary mask mandate at OCDSB schools for the duration of the time that local hospitals, and CHEO in particular, struggle with outbreaks of RSV, influenza and COVID. I do not need to present in person but do wish to register my support. Thanks Genevieve Carr
Rebecca	Chambers	Ottawa	If masking will be enforced by a localized policy versus a provincial mandate, the school board should shoulder the cost of surgical or N95 masks. We are in an economic downtown and many families are struggling to make ends meet. Purchasing masks is a significant financial burden, as the cost adds up over time. If the school board wants to enact a local mandate, I would support it, but only if they shoulder the bill of the PPE they believe is required to safely attend school.	Provide surgical or N95 masks to students from your own budget.
Blair	Chandler	Nepean	A resolution to put a mask mandate in place has been proposed, despite the fact that the Ontario Chief Medical Officer of Health and Ottawa Chief Medical Officer of Health have not required a mask mandate. The medical professionals with access to all available data have decided a mandate is not necessary, so trustees, without having the benefit of access to the same information and without the same medical credentials, have, without evidence, come to a different conclusion.	No mask mandate in schools.
Zachary	Cheevers	Ottawa	The ideological presupposition of the effectiveness of masks has no evidence to support itself. There have been many randomized controlled trial studies which have shown masks and respirators are not effective at preventing the spread of flulike, or respiratory illnesses that are spread by droplets and aerosol particles. This has been published and settled science for decades before covid. PPE being the lowest on the hierarchy of controls. PPE being effectively useless without proper instruction and usage. The aerosol nature of Covid completely circumvents any form of a fabric or surgical mask. For example, a Danish study on masks was done with a control group and a test group totaling approximately 6000 people. Half wore masks while half didn't. Absolutely no substantial difference was measured.	Do not reimpose the mandate.
Bruce	Clark	Ottawa	There is no scientific evidence that masks prevent the spread of viral respiratory infections. There is no scientific evidence that school age children are at any substantial risk from corona viruses. Masks prevent effective human interaction.	Therefore, children must not be forced into wearing masks.

Martin	Cottreau	Ottawa	<p>The wearing of an N95 mask is done for personal reasons. Someone may choose to wear an N95 mask if they are sick, in public / occupying social spaces, and want to try to limit the spread to others -OR- Someone may choose to wear an N95 mask if they are worried about contracting infections from others. Some wear them as a statement. In any case, it is a personal decision and caring for the community is not necessarily the main reason for wearing the mask. In the first description the individual who is sick should arguably not be in public, stay home and rest. In the second scenario the individual is scared of contracting something from others.</p> <p>I will agree that wearing a mask should remain a personal choice and those who wish to do so should not be harrassed for choosing to wear a mask.</p> <p>I do not agree that choosing not to wear a mask equates to less caring for society from the individual. The individual who chooses not to wear a mask is making a choice that promotes their communication and respiration barrier free. This individual will be a better communicator, be able to show emotion better and be able to act under duress more efficiently (such as in gym class).</p>	<p>I recommend that since we are no longer in a global health crisis that we do the right thing and allow the individual to make up his or her own mind regarding whether or not to wear a mask.</p> <p>Compelling people to do something, perhaps against their will can only lead to more civil disobedience and general distrust of our governing institutions. I know how active my children are, I know how gross masks get and I know that this is a bandaid solution for an even bigger issue that needs to be addressed and that is how to stay healthy during cold and flu season.</p> <p>I recommend that the OCDSB school board trustees remain the stewards that foster an excellent learning environment for our students. I hope that they continue to build on the momentum of getting our students back on track after two years of online learning and in class masking and social distancing that put them behind in their studies.</p> <p>Some say 'oh it's not a big deal, just wear a mask'. However I submit that forcing people to do things against their will is a big deal and respect should be given to all regardless of mask position. Forcing people to do things against their will leads to rebellion and once people rebel they will never willingly side with the cause they rebelled against even if data warrants they should.</p> <p>If we are trying to curb the spread of infectious diseases by masking then these measures need to be implemented prior to the disease being spread throuout the community. So it is too little too late. I am not comfortable with wearing masks indefinitely... that's absurd.</p> <p>Lastly we are bombarded with viruses and bacterium all the time. Every minute of every day the human body fights off invading viruses and bacterium. Which is why fostering a healthy body should be paramount to our existence. There is no need to re-invent the wheel here. Stay away from proessed foods, breathe fresh air, stay warm in the cold, get plenty of rest and plenty more daily exercise. Mandate health not bandaids.</p>
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DANIEL	CROSSMAN	Ashton	<p>I am a parent of two high school students in South Carleton HS.</p> <p>My daughter is in grade 10 and suffers from daily acute anxiety, common to many her age. The masking of children has put a mental health strain on my daughter as an additional burden which requires professional counselling. She is a bright young woman with dreams of becoming a commercial pilot.</p> <p>My son is in grade 12 and has suffered from 2 years of stop and start in-class and remote learning as well as the stress of mask mandates appearing, being removed and appearing again in what appears to be an ideological battle between parents and trustees under the guise of public health, rather than based on the actual wellbeing of children and their wishes.</p> <p>Despite the vocal proponents of masking in schools, there is abundant evidence that masks do not and have not limited the spread of viral infection from coronavirus or the seasonal influenza strains. There are however many proponents that put forth competing mask studies to highlight their benefits. Simply changing the designation to include medical grade or N95 does not avoid the fact that coronavirus particles are significantly smaller than the protection afforded by N95 filters, which are designed based on industrial and construction specifications for small dust particles.</p> <p>The mandatory wearing of masks for extended periods of time, reduces oxygen intake and increases CO2 buildup in children. Mandatory masking increases my children's sense of isolation and increases their anxiety especially given the virtually zero pediatric threat from covid.</p> <p>Our city and society exist based on the belief that individuals may take responsibility for their own medical health and wellbeing, and that cannot be imposed without consent by anyone else. In addition, there are currently no mask mandates issued by provincial education authorities.</p>	<p>You may still fulfill your fiduciary duty as Trustees by giving all students the choice and informed consent to wear masks in OCDSB school properties.</p> <p>Children in OCDSB should have the choice to wear masks or any other PPE they feel necessary. Neither those with masks or those without should be subject to segregation, harassment or intimidation for their or their parents informed choice.</p> <p>I urge the board to uphold the value of the freedom of choice as well as the rule of informed consent for medical interventions.</p> <p>I would further urge board trustees to avoid abstaining from voting against mask mandates as a means to avoid 'rocking the boat' or limiting potential liability given the fiducial duty that all trustees hold.</p>
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T-C	D'Agostino	Ottawa	<p>I understand that SB Trustees are entrusted to create a safe environment for teaching & learning; however, local mask mandates are not the most effective way to get people to mask up as stated by Dr. Vera Etches, Ottawa's Chief Medical Officer of Health. Furthermore, the Board cannot circumvent the requirement for informed consent in enforcing medical mask mandates.</p> <p>Parents have not been provided sufficient information on the risks and documented harms of widespread mask use and therefore cannot give informed consent to this experimental medical intervention on their healthy children. Any form of coercion and denial of service to participate in a medical experiment does not create a safe work and school environment.</p> <p>1-Flu, RSV, and other respiratory diseases have circulated seasonally in the past, and surgical masks were never recommended by medical professionals: what has changed in the scientific literature to suggest that surgical masks work now for these diseases? Masking in school environments to prevent virus transmission is a medical experiment at this time.</p> <p>2-The past use of surgical masks for the Covid-19 pandemic was experimental in nature and studies are now being published daily on the observed and quantifiable physical, mental, emotional and educational damages and delays resulting from these and other pandemic measures; have parents been informed of these risks and long-term harms? Have parents waived their rights to sue for damages?</p> <p>3-Occupational Health and Safety engineers have publicly stated and published documentation to indicate that wide-spread use of surgical masks and non-fit-tested N95s do not provide significant protection in the prevention of virus transmission. Are parents aware that the manufacturers of surgical masks state clearly on their packaging that they are not designed, tested or proven to reduce the spread of air-borne viruses? Are parents aware that N95s require fitting, and training plus signing a contract</p>	<p>My recommendations are:</p> <ul style="list-style-type: none"> -Trustees should evaluate the results of previous masking for COVID-19 to determine the extent of harms and learning loss and delays before acceptance and adoption of these policies for other medical situations. Parents should be informed of these results so that they can provide informed consent to any medical interventions. At this time, the benefits do not outweigh the risks. -Trustees should not blame, shame, coerce or intimidate parents for questioning proposed medical interventions - critical thinking is a pillar of the OCDSB. Children should not be discriminated against for refusing to participate in medical experiments. -Trustees should hold the Ministry of Education to account for adequate resources for air quality and learning supports to address the documented learning delays resulting from the past 2.5 years of COVID-19 pandemic policies. -Trustees should hold the Ministry of Health and Hospital Administrators to account for the maintenance and performance of their institutions. -And finally Trustees should not rush "to do something" with questionable "temporary" measures with known risks and long term harms. Trustees should create a safe environment, free from bullying and segregation. Local mask mandates are not the most effective way to get people to mask up as stated by Dr. Vera Etches, Ottawa's Chief Medical Officer of Health. Masking should remain a choice for each family as recommended by Ontario's Chief Medical Officer of health.
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Peter	Davidson	Ottawa	<p>Regarding mandatory masking at schools, I oppose this issue for the following reasons:</p> <p>1. Masking helps prevent the spread of respiratory illness, but only when worn consistently. If taken off to eat several times per day, they are rendered ineffective, based on a time of 15 min to inhale an infectious amount of viral load while not masked. This is based on a number of studies showing time to infectious dose in various configurations (mask vs. no mask). The table is contained in the Reference below as well as numerous other clinical articles.</p> <p>https://www.cbs17.com/community/health/coronavirus/fact-check-are-you-reading-this-covid-mask-chart-the-wrong-way/</p> <p>For children in school, there is inadequate consistency of masking to be considered effective.</p> <p>2. Masking makes identifying emotions more difficult for children, based on several studies including one that speaks of to children's reduced ability to recognize facial expressions when wearing a mask. Reference link below, contained in the article.</p> <p>https://www.theatlantic.com/ideas/archive/2022/01/kids-masks-schools-weak-science/621133/</p> <p>3. I am a huge proponent of masking in places where it can be used effectively and consistently (i.e. hospitals, nursing homes, etc) and there is little downside risk. However, in settings where learning and social-emotional development can be impaired, and masks can be rendered less effective based on inconsistent usage, I do not support this based on greater risk than benefit. This is a clear decision that should be based on scientific evaluation and codification and judgement of risk vs. benefit.</p>	<p>Do not impose mask mandates on students. Continue to make them voluntary if desired.</p>
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Leslie	Davison	Ottawa	<p>Dear School Board Trustees:</p> <p>Thank you for taking up the important issue of masking in schools. I am very much in favor of requiring masks in schools while our children's hospitals are in peril and viral indicators support the need for it.</p> <p>I'm on Team "Schools Should Be Open," and that's only possible if we're willing to take the necessary precautions to keep the kids and teachers safe. Therefore, my daughter already masks anywhere she's likely to have trouble maintaining space from others, including school, and always in public indoor settings. She is 4. She does not mind it, tolerates it well, and likes that she is helping others by doing it. Right now, she likes that it keeps her face warm.</p> <p>Given the clear benefits of masking and downsides of letting viral infections run wild, as we can all see in what's happening at CHEO, I'm baffled as to why we *wouldn't* introduce a simple and safe measure like universal indoor masking to reduce community illnesses when indicators are high. Is such a measure truly more disruptive than multiple weeks of illness/absence/lost productivity or work time before we've even gotten into the winter months?</p> <p>I understand that people are traumatized by what we've endured over the past 3 years, and a perception of moving "backwards" toward mandates and restrictions instead of toward a pre-COVID normal probably seems unbearable to many. I can also see that many people don't want to risk sacrificing their children's sense of "normalcy" to avoid the low risk of debilitating illness. To this, I would say a) CHEO is currently filled with kids whose parents probably never imagined their young, previously healthy children would be facing hospitalization for respiratory illnesses; b) missing multiple weeks of school for viral illnesses before cold/flu season has even begun in earnest isn't "normal" either, but that's what is happening for many kids; and c) even if you think your kid has no risk of ending up at CHEO, we can still set a higher bar for our kids' future health than "Not getting hospitalized." Among my friends and family, I've seen first-hand how mild viral illnesses can turn into long-term health problems—and yes, in young and previously healthy people. I don't want that for my child. And before the false flag gets thrown: No, this isn't about living in a bubble indefinitely to avoid all viral illness at all costs for the rest of time. I simply believe that taking the precaution of masking during a period of high/widespread viral illness is worth whatever the perceived downsides might be for the time being. I'm confident my child tolerates masking far better than she would long-term illness or being admitted to hospital (or, worse, not even being able to access an overwhelmed medical system for necessary care/medicine).</p>	<p>For the reasons above, I would fully support any motion to reintroduce a mask mandate while viral indicators support the need for it.</p>
Michelle	Dedyulin	Orleans	<p>The re-institution of the mask mandate.</p> <p>The Board should not be addressing the divisive issue of masks. The Ottawa Public Health is in a better position to make this decision - and the OPH does not endorse mandating masks.</p> <p>No masks should be forced on children or staff. Those who wish to wear one, are free to do so.</p> <p>Please focus your energies on how to address the deficiencies of the school system : focus instead of what can be done to improve the education of our children who are falling behind compared to most other countries, how to make up for the last 2+ years of children's schooling that was ruined by strikes, closures, excessive 'stay-home-with-a-runny nose' rules, etc.</p>	<p>The Ottawa Public Health is in a better position to make this decision - and the OPH does not endorse mandating masks.</p> <p>No masks should be forced on children or staff. Those who wish to wear one, are free to do so.</p>

Chelsea	Denny	Ottawa	<p>1) Young children learning to read, to recognize vowel sounds, and the ability to repeat or mimic mouth movements are not able to perform these tasks with a mask, or with an educator wearing a mask. Removing the ability to see educator and peer mouth movements presents a barrier to students in the foundational years of their education.</p> <p>2) Masking removes the inclusive education environment for young children with developmental, cognitive or hearing disabilities. For children with disabilities, masking muffles the sound of voices and removes the visual cue of mouth movements. Masking presents an unjust barrier to children with disabilities in a learning environment.</p> <p>3) Children who are not able to wear masks due to disability will be visually identifiable. If their disability was invisible before, it's now presented and provided to peers in a way that allows disabled children to be treated differently, to potentially face discrimination and separation from their peers.</p> <p>4) Mandatory masking creates an environment where children learning foundational literacy skills will continue to fall behind meeting milestones. This has been seen over the past 2 years and will continue on the same trajectory if we re-implement masking.</p>	<p>Masking should be optional for anyone who wishes to wear one.</p> <p>Enforcing a masking policy puts young children at a disadvantage and removes educational equity within our schools.</p> <p>Please consider optional masking only for children grades 4 and above, with children under grade 4 exempt.</p> <p>Please consider how our youngest, and voiceless, generation of learners have been affected, and will be affected by these considerations before the board.</p>
Thomas	Dunne	Ottawa	<ul style="list-style-type: none"> - expression of support for a temporary mask mandate for OCDSB schools - support for science and evidence based decision making by trustees and the board - support for CHEO and the need to reduce pressures on all emergency health systems <p>We believe the board has a fundamental leadership role to play in modelling evidence-based, informed decision making and behaviour.</p> <p>To that end, and given existing evidence of schools being a driving factor in the spread of infectious disease (including airborne viruses such as COVID-19), we support the implementation of a temporary mask mandate by the board.</p> <p>Given the unprecedented pressures facing children's hospitals, and the health care system generally, due to the spread of COVID-19, flu, and RSV, we support a comprehensive, layered approach to protecting our community. This should include all available measures to reduce disease spread, including masking while indoors, improved ventilation, and smaller class sizes.</p> <p>The OCDSB has an opportunity to demonstrate its leadership and to unequivocally support its teachers, staff, students and families. Masking is one of the effective layers of defence against COVID, and we should reinforce its use at every opportunity.</p> <p>We look forward to supporting the board in this decision.</p>	<p>I strongly support the adoption of a temporary mask mandate by the board.</p>
Katie	Engel	Woodlaw	<p>Mask Mandates</p> <ul style="list-style-type: none"> -lack of scientific evidence to support efficacy with airborne viruses -cancer-causing agents in surgical masks -masking children who don't even wear masks properly will only hinder them and cause more harm -no one should be forced to wear ANYTHING against their will 	<p>-parents and children choose for themselves what they feel comfortable doing</p>

Chris	Epplett	Ottawa	<p>I wish to support mandated masking as outlined in the motion.</p> <ol style="list-style-type: none"> 1. My grandchildren are constantly sick - hard on them, stress on their parents' employment and illness I catch from them. I see their immune system weaken because of constant barrage of viruses. They are normal healthy children. A break is needed. 2. Illnesses of both teachers and students) compromise learning 3. Last but definitely not least. I am very concerned about the impacts (current and long term) of the current situation on our health care system. <p>I am a grandparent and former OCDSB teacher.</p>	<p>Best: Have a mask mandate as outlined by Board motion Second best: (and very difficult to do successfully) a major campaign to encourage mask wearing so that a majority comply with mask wearing.</p>
Jim	Fawcett	Ottawa	<p>Regarding the upcoming Special Board motion "Wearing of Masks for Educators, Staff and Students" I wanted to voice my concern for this matter, as I have 3 family members who are involved in the OCDSB, from the lowest grades right up to grade 12, and will be directly impacted by the outcome of this decision.</p> <p>The children's mental health and learning development has been severely, negatively, impacted by the policies related to lockdown and masking. I have seen this first hand. Children's language development, especially in the early grades JK -> Gr 4 levels has been stunted and damaged by masking as students cannot see teachers' faces as they form consonant and vowel sounds. Reading and comprehension scores of the students at these grades levels are as low as they have ever been. Masking hides and obfuscates the most basic ways humans interact and learn. I have also seen the damage with respect to normal human communication and socialization right up to the Gr 12 year, as my eldest child has been dealing with unprecedented anxiety conditions.</p> <p>A local Ottawa early elementary educator captures the essence of the concern very well: https://twitter.com/bettybetty700/status/1594831630241341476?s=20&t=b1ltcSuSyp0y175W8UFB0Q</p> <p>In addition, if masks worked, they would have already worked. Case counts (covid and otherwise) have followed similar surges and drop offs during respiratory illness seasons for decades, and even in the past 2 years when masking mandates were in effect.</p>	<p>The children have been suffering under mandates for nearly 3 years. Proportionately this has represented a huge portion of their lives. They need normal, now.</p> <p>Recommendation: allow children and teachers to attend school in a normal fashion, which means no masks.</p> <p>(Of course, if individuals choose to mask, then they should do so, without shame or embarrassment)</p>

Katherine	Flood	Ottawa	<p>EVIDENCE MASKS DO NOT WORK, CAUSE MORE HARM THEN GOOD AND CONTRIBUTE TO THE SPREAD OF C19 Masks Didn't Slow COVID Spread: New Study The first ecological study of state mask mandates and use to include winter data: "Case growth was independent of mandates at low and high rates of community spread, and mask use did not predict case growth during the Summer or Fall-Winter waves : "Our findings do not support the hypothesis that SARS-CoV-2 transmission rates decrease with greater public mask use,"- notes the U of L report</p> <p>https://townhall.com/tipsheet/spencerbrown/2021/05/26/new-study-refutes-fauci-efficacy-of-mask-mandates-n2589990</p> <p>More Than 400 Studies on the Failure of Compulsory Covid Interventions Paul Elias Alexander https://brownstone.org/articles/more-than-400-studies-on-the-failure-of-compulsory-covid-interventions/</p> <p>More than 150 Comparative Studies and Articles on Mask Ineffectiveness and Harms Paul Elias Alexander https://brownstone.org/articles/more-than-150-comparative-studies-and-articles-on-mask-ineffectiveness-and-harms/</p> <p>Proof that Masks Do More Harm than Good 10 8 2020 Dr Coleman is a general practitioner principal and a former Professor of Holistic Medical Sciences at the International Open University in Sri Lanka. He has an honorary DSc. He has given evidence to the House of Commons and the House of Lords in the UK. Dr Vernon Coleman's track record of spotting health dangers is second to none. https://vernoncoleman.org/articles/proof-masks-do-more-harm-good</p> <p>Medical Journal Warns About Masks' Potentially Devastating Consequences : National Institutes of Health Medical Hypothesis : A devastating analysis of the harms caused by widespread, universal masking. Vainshelboim B. Facemasks in the COVID-19 era: A health hypothesis Med Hypotheses. 2021; 146:110411. https://www.aier.org/article/medical-journal-warns-about-maskss-potentially-devastating-consequences/</p> <p>The well-published Baruch Vainshelboim, Cardiology Division, Veterans Affairs Palo Alto Health Care System/Stanford University, Palo Alto, / Pulmonary Institute, Rabin Medical Center, Beilinson Hospital, Petach Tikva, Israel. Ph.D. (Universidade do Porto) in clinical exercise physiology in pulmonary rehabilitation and hence has a strong interest in the relationship between health & masks.</p> <p>The entire paper is worth reading. It cites most known studies and knowledge in the scientific literature prior to the Spring of 2020, including this statement directly from the World Health Organization [WHO] :</p> <p>"Facemasks are not required, as NO EVIDENCE is available on its usefulness to protect non-sick persons."</p> <p>physiological dangers associated with mask wearing: In addition to hypoxia and hypercapnia, breathing through facemask residues bacterial and germs components on the inner and outside layer of the facemask. These toxic components are repeatedly rebreathed back into the body, causing self-contamination. Breathing through facemasks also increases temperature and humidity in the space between the mouth and the mask, resulting in a release of toxic particles from the mask's materials</p>	<ol style="list-style-type: none"> 1. If anyone from the OCDSB were to continue to try to enforce masking, then the due diligence in researching and reading on the efficacy, harms, risk reduction and analysis of peer review studies would have to be undertaken. The fact that this discussion is even on the table, indicates this has not been done. 2. Every single school board trustee, advisor and teacher has no legal authority to enforce someone else's child to wear a covering over their face. Is every individual aware of the laws that protect a person and a child in such an action? Further, in not doing so to restricting their access to education or singling them out is also protected under the human rights code, the Health Act, and case law. 3. If the school board is doing this under the guise of of either a. Protecting the child - Then all of the above literature has to considered and read before any decisions are made. 4. If the school board is doing this under the guise that they are b. "Following" the government's recommendations - Then you seemingly are either not aware, or considering the recent findings in court, under oath, including over 15,000 pages of supporting evidence, the most important being the testimony of the Government's lead medical expert. Have you not looked into this case? The Medical experts advised against masking, and related restrictions. Do you know what the NACI is? If not, this needs to be looked into. 5. Have you looked at the above studies to see the psychological damage, social damage and trauma masking has caused?
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Julie	Fortier	Ottawa	<p>This is regarding the special meeting to reinstate a mask mandate at the OCDSB. I have many concerns but the main ones are a) trustees are not health officials b) they are not listening or doing what our top health officials are recommending which is to "strongly encourage" mask wearing c) we saw from the last time the board tried to do this, they do not have the authority. This only further divides the community. d) this will be the only school board, the only SPACE IN CANADA where masks are mandated. Everywhere is winding down covid measures as we speak. And we want to bring them down for cold and flu season. This is extreme overreach.</p>	<p>Listen to our top health officials. Be in line with all the other school boards. Be in line with the rest of North America. Recommend masks for those who want to wear them.</p>
Jennifer	Fry	Carp	<p>Requiring children wear masks in order to receive an education does more harm than good.</p> <p>A country-wide survey of children in Germany who wore masks revealed: 60% reported irritability 53% reported headaches 44% reported reluctance to go to school 38% reported impaired learning 29% reported less happiness researchsquare.com/article/rs-124394/v1</p> <p>Masks fail to curb transmission: 1. A study comparing two schools in Alachua in the US, one with a voluntary masking policy and one with a mandatory masking policy showed *no difference* in COVID-19 case numbers. 2. Masks were mandatory across Canada during the Omicron wave. The transmission rates were at their highest despite widespread masking.</p> <p>There are well-documented physiological damages with masking. Peer-reviewed literature shows masks impact multiple organ systems in a variety of ways: - changes to brain, heart, lung, kidney, and the immune system function - increased levels of carbon dioxide in the bloodstream (hypercapnia) - low levels of oxygen in the bloodstream (hypocapnia) pdmj.org/papers/masks_false_safety_and_real_dangers_part3</p> <p>Evidence of the effects of masking is lacking: There is plenty of evidence to suggest that masks do not prevent respiratory infections and do cause harm, but many unanswered questions remain. - How does masking impact language acquisition and cognitive development in children? - How does masking impact mental health? - How are young children impacted by not seeing faces? - To what extent do short-term physiological changes caused by masking impact long-term health? - How do contaminants, chemicals and pathogens found in masks impact well-being?</p> <p>Would you, with your vote today, like to be included as one of those responsible for requiring children, who are not your own, to be used in this long-term experiment—one already with clear evidence of harm and one in which we will eventually have answers to these questions—in order to receive an education? Alternatively, would you, with your vote today, be remembered as someone who left this up to the children's parents to decide?</p>	<p>Let parents make medical decisions for themselves on behalf of their children. Ensure children stay home when unwell, following the guidelines in place before 2020. Respect all choices, without prejudice. Do not discriminate against any children in our community by denying them education, children whose parents have a right to choose what medical devices are used in and on their children. Focus on the purpose of public school—education for our sweet and promising young people, received without prejudice or bullying. Educate our children on how to *promote health*, demonstrating it with immune-supportive measures like sunshine, fresh air, exercise, rest, stress-relief measures, and so much more. Our future is only as bright as we allow our children to shine in their youth. Will you be remembered as someone who let them shine brightly, or someone who dimmed their light?</p>
Jacqueline	Gavigan	Ottawa	<p>I'd like to be a delegate for the mask mandate meeting I understand it is either Monday or Tuesday</p> <p>Thank you</p>	<p>To require masks in all OCDSB schools</p>

Jacqueline	Gavigan	Ottawa	I want to register as a delegate for the board meeting discussing mask mandate	I encourage mask mandate on all OCDSB schools and would encourage board members to support to e motion
Alexis	Gideon	Ottawa	No more mandatory masks for children as it is not fair for or effective. Our health are system has been failing for decades and this will simply mask that problem. Masks harm children's speech development. Masks make children uneasy as they are visible cue that the world is not normal.	Adults and children can mask if they chose to. If the chief medical officer of health can attend parties unmask then our children should be able to be free from masks at school.
kelly	Granum	Kanata	I am a teacher at Ridgemont High School and Nepean High School.(I am no longer a union president) I would like to see a masking mandate return that staff is to encourage BUT NOT ENFORCE. We did this the last time the mandate was in place. From my experience, the vast majority complied and we were able to respect the educator's time (not requiring enforcement) and individual choice. This proves to be a very effective way for all. I would like to encourage this type of a mandate again.	We know masking helps reduce illness, but we want to mandate it with the least amount of friction. If we say it is expected, most will comply.
Christine	Guptill	Gloucester	I would like to speak in favour of requiring masks in schools.	Re-instate masking in schools.
Jennifer	Guth	Stittsville	Your "Open Letter to the Community" states: "Last week, the OCDSB, joined with CHEO and Ottawa Public Health in strongly encouraging the wearing of masks indoors, including in schools." That should be enough. It is not your place to parent our children and impose restrictions on them. We as parents will follow the advice of the health authorities, as should you, and as we feel is appropriate for our own children. You do not need to, nor do you have the right to, mandate what we do, especially when the health authorities are not doing so for the population at large. For over two years, we have been masking and isolating, reducing our bodies' natural immunity and defences, leading to a weakened state to allow cold and flus to take hold. Forcing our children (and no one else in the community!) to wear masks again only prolongs this weakened state of immunity.	Stop patronizing parents. Trust that they will make the best decisions for their children, their families, and their community. Do not impose mandatory masking on our children. [I do not intend to speak in-person as a oral delegation - I wish for these written comments to be provided to the Board of Trustees]
Andrew	Hamill	Ottawa	Mandates are damaging to the mental well being of children while providing no real protection from viral spread. Over the past 2 plus years we now have dozens of examples comparing jurisdictions with or without mandates. In every example there is virtually no difference between viral spread. For a mask to be effective it would require proper fit testing which does not happen. Children have suffered immeasurable harms as a result of all the mandates we have imposed over the past 2 and a half years and as adults it is our job to provide our children with as normal as a life as possible. The vast majority of the world has moved on and it's time we did the same here.	Do not impose masking on children. If a parent feels the need to mask their children that is a personal issue for them to administer on the family level.

Geoff	Harvey	<p>OTTAWA</p> <p>I am writing to request that trustees vote against the proposed mask mandate. As I understand the proposed motion - the mandate would apply anytime hospitals are at 85% or higher capacity.</p> <p>Are the trustees aware that Canada chronically underfunds it's hospitals, and that they are almost never at under 85 % at any time of the year?</p> <p>The following article states that Canada has one hospital bed per 6000 people, but that most US states have one hospital bed per 4000 people - and were able to stay open during the pandemic because they had adequate surge capacity, unlike Canada: https://www.bnnbloomberg.ca/u-s-is-open-as-canada-shuts-down-the-difference-their-health-care-systems-1.1703965</p> <p>Further - there are many studies about the harms directly caused by masking.</p> <p>- The following study was conducted on pregnant healthcare workers in 2015 with N95 masks and demonstrated reduced oxygen consumption by 13 % and increased carbon dioxide levels: Respiratory consequences of N95-type Mask usage in pregnant healthcare workers-a controlled clinical study https://pubmed.ncbi.nlm.nih.gov/26579222/</p> <p>- The following study demonstrated frequent contamination of masks used by hospital health workers that increased the longer the duration of the masks were worn as well as documented evidence of breathing difficulties, discomfort, trouble communicating and headaches - all problems that would make teaching more difficult in classrooms: Contamination by respiratory viruses on outer surface of medical masks used by hospital healthcare workers https://pubmed.ncbi.nlm.nih.gov/31159777/</p> <p>- A study by Brown University further found that COVID rules are blamed for 23% dive in young children's development, with face masks being the most likely culprit: Article summary: https://www.dailymail.co.uk/news/article-10247315/Face-masks-harm-childrens-development-Study-blames-significantly-reduced-development.html Study itself: https://www.medrxiv.org/content/10.1101/2021.08.10.21261846v1.full.pdf</p> <p>Further - many studies over 2 decades have concluded that masks are of little to no use in reducing transmission.</p> <p>I have included a small number of recent ones below:</p> <p>- The below journal paper based on 10 clinical studies notes systematic problems with most studies that showed positive results for masking in that they were not randomized and chiefly occurred in a healthcare setting. Further, they noted no benefit to mask use when used in randomized trials, and additional harms to individuals wearing the masks (increased pain in headaches and headaches among those who did not previously have them): International Journal of Infectious Diseases, February 2021 Vol. 103 Meta-analysis on facemask use in community settings to prevent respiratory infection transmission shows no effect https://www.sciencedirect.com/science/article/pii/S1201971220324504#bib0005</p> <p>- The below study noted that there was no significant difference between use of medical masks re N95 masks in reducing influenza transmission. In fact, there was slightly more</p>	<p>Do not mandate masks.</p> <p>Let individuals choose to wear a mask on their face or not as they see fit.</p> <p>Do not pressure students or teachers to wear masks. They will be healthier and more able to learn when they are not burdened with breathing restrictions that hamper their ability to learn and cause headaches.</p> <p>Do not tie measures at public schools to hospital capacity issues in any way. Our hospitals are chronically underfunded, and there is no value to ALSO destroying our school system with oppressive and dangerous policies that will not reduce transmission in any case.</p> <p>Studies also show that these measures affect the most vulnerable in the worst ways. Adopting this mandate will lead to worse outcomes for equity across the board as well - which should be a concern for trustees as well. See the Brown University study above for more details.</p> <p>Thank you.</p> <p>Geoff Harvey</p>
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Robert	Hill	Ottawa	<p>The board of trustees proposals to implement a temporary mask mandate. I do not believe this is necessary and am opposed to a mask mandate given Ottawa Public Health, Public Health Ontario, and PHAC's position on mask mandates. These organizations have suggested mask wearing, but leave it up to individual choice. These are experts in public health and well trained. At this point, what evidence do the trustees have that these public health organizations do not that would suggest a mask mandate? I believe children have already borne a cost to mask mandates in terms of language/speech development, social-emotional learning, and question the utility of a mandate when other organizations have not opted for a mandated approach. As a parent of a child in the school board I do not support this proposition.</p>	<p>- Continue to recommend masking for students and staff as a choice.</p> <p>- Continue to keep children home if sick.</p>
Jamie	Janes	Ottawa	<p>* bringing back mask mandates without providing evidence that masking school age children has ever made any positive impact on hospital capacity or rates of transmission. Masking school age children has known negative side effects, because of this concrete evidence of any positive effects must be demonstrated before even considering any kind of mandate.</p> <p>* Ottawa Public Health has had two years to run a proper randomized controlled trial to prove that masking school aged children has any benefit and has failed to do so. Anyone can cherry pick observational studies to support their narrative. It's time the trustees who are in favour of this show their work and provide supporting documentation.</p> <p>* OCDSB will be the only school board in North America to try and force children to mask. Why are we always the outlier in this case? Is the OCDSB the only school board following the science or the only ones ignoring it.</p> <p>* What will the consequences be for any child who can not or refuses to mask. Compliance of this policy in the spring of 2022 was already low and after 8 months of not masking, one can only assume it will be far lower this time around should a mask mandate be implemented.</p> <p>* Does the school board intend to have temporary mask mandates every cold and flu season for the foreseeable future? This is obviously something that's never been previously implemented because it has never been scientifically proven to make any meaningful difference.</p>	<p>Mask mandates have known harms and unknown benefits and should be dismissed until proper randomized controller trials have been done to show significant benefits. Once evidence has been presented to the board of their benefits, then and only then, should a conversation be had about any kind of mandates.</p> <p>Ask yourself what the benefits of masking children, only at school, could possibly be. They are not compelled to wear masks in any other social settings. The decision on masking children should be left to the parents as there is a risk vs benefit that is different for each family and child.</p> <p>I would encourage all of the trustees, regardless of their position on this issue, watch the video linked below. Dr Prasad is a very reasonable and sensible doctor who is an expert at interpreting medical studies.</p> <p>https://youtu.be/owYtnvEIUx0</p>
Beth	Jolly	Osgoode	<p>I am opposed to the motion to adopt a mandatory mask mandate at OCDSB schools for the following reasons:</p> <p>1) Unless they are worn properly, masks are not effective at stopping the spread of viral illness. (Ie: touching a mask will result in any viral particles on it spreading to the hand and from there to other surfaces...and since masks are touched and adjusted all the time, especially if worn for long periods, they are likely to be ineffective.)</p> <p>2) There are many disadvantages to mandatory masking, including impeding communication and hampering student progress (especially for those who are hard of hearing, have a speech impediment or a strong accent, do not speak the language of instruction as a first language, or who are trying to learn a second language). A mask mandate may also engender fear and/or resentment. Finally, the build-up of carbon dioxide inside the mask can lead to poor concentration, discomfort, difficulty breathing, and of course a strong urge to lift the mask frequently to get fresh air (rendering it pretty much useless anyway).</p> <p>3) Those who freely decide to wear masks are more likely to wear them properly. Those who are coerced (especially those who resent being coerced) will likely not make any effort to do more than the bare minimum, if that. Since wearing a dirty cloth mask that is regularly lifted is not useful (and teachers can hardly be expected to examine every individual mask or watch every student at all times), a mandate will likely not make much difference to infection rates.</p>	<p>Do not mandate mask wearing but follow the lead of the authorities you cite, who themselves have not mandated mask wearing in their spheres of authority.</p>

Chris	Kamel	Ottawa	<p>Dear School Board Trustees,</p> <p>Thank you for your careful consideration of the issue of masks in schools. As a parent of a junior kindergarten student I am fully supportive of requiring masks for children and educators, at minimum, in the classroom.</p> <p>Much of the argument against mandating masks rests on the idea that kids need a return to "normal", meaning a pre-COVID conception of normal. Like other parents I long for this, but I also understand that the current situation is anything BUT normal. There is nothing normal about kids being absent or missing their friends for weeks at a time due to illness. There is nothing normal about emergency expansion of pediatric ICU capacity. There is nothing normal about overflowing children's hospitals.</p> <p>The way we are approaching the current health crisis in schools is anything but normal. There is no notification about illness in the classroom as there would be for other issues, including things like head lice. There are minimal restrictions on returning to class ill and contributing to spread. And next to no enforcement of the limited public health protections in place. This is not normal. A temporary use of masks in schools will help us return to normal. Since collectively we have shown that as a society we cannot voluntarily take the actions necessary steps to protect our children, we are in the unfortunate position of having to mandate it.</p> <p>In my work-life I lead a research program to support evidence-based healthcare decision making. While I don't speak for my organization, I do speak as a person well versed in the principles of evidence-based medicine and evaluation of evidence.</p> <p>There will be claims that masks harm children's learning or mental health. There is no evidence for this.</p> <p>There will be claims that past mask wearing has created an "immunity debt" causing the current crisis. There is no evidence for this.</p> <p>There will be claims that masks don't work. There is significant evidence that they are protective, and that masks in schools reduce community spread, and help keep these viruses away from infants who cannot be vaccinated, older individuals, and those at greater risk.</p> <p>There will be claims that children cannot mask properly. This is not true. My daughter has been competently wearing a mask indoors since she was three and continues to wear one at school. While some may require an exemption, masks can be well tolerated by kids, especially with appropriate support, and we cannot let the perfect be the enemy of the good.</p> <p>We will be told "your child can mask if you want" but the evidence is clear that two-way masking is much more protective.</p> <p>There will be claims that mandates don't work. We can observe first hand that "strong recommendations" don't have the required effect, and that mandates significantly increase uptake.</p> <p>There will be calls for freedom of choice, but those freedoms cannot extend to putting others at risk. On the contrary, requiring masks is consistent with the board's principles of equity, diversity and inclusion, and supports every child's right to an education in a healthy environment.</p> <p>The past 2.5 years have been exhausting for everybody, and mandates are not something that anybody relishes, but they are what the situation calls for. If we cannot come together to protect our children, we have failed them.</p>	<p>I support adoption of the resolution on mask mandates, and continued strong messaging to parents about the current situation in schools and any other measures being taken. If being considered, I would also strongly support provision of high quality masks to staff and students to ensure access to masks is equitable and not a burden on families.</p>
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Lindsay	Kemp	Kanata	<p>I am a parent of students in Grade 4,6, and 8. While I am very sympathetic to the children that are getting sick with the viruses circulating in our community, their families, and our overworked health care providers, I am strongly against the implementation of a mask mandate across the OCDSB schools.</p> <p>Through the long years of the pandemic, we isolated, wore masks, got vaccinations and boosters. This was an incredible struggle for many and kids missed and gave up so much. They continue to be behind in their learning, their social behaviour, and more. I have a friend who is a high school teacher and she has grade 9 students that she described to me as “lost” at school. They missed out on important activities to transition them to high school and don’t know how to get involved with clubs, sports, and other kids. The junior bordenball teams at my children’s school didn’t have enough kids come out to field a team because they don’t know what bordenball is having not been able to learn and play team games in the gym during the pandemic and they haven’t been aware of the school team, having not had sports at school for the past 3 years.</p> <p>Schools have finally returned to a more “normal” environment this year. We are having pizza days and field trips again and school sports teams, clubs, choirs and bands have started back up. This has been an important step for kids in catching back up at school in many ways both educationally and socially. These extra activities are loved by students and are critical to not only their educational experience but their mental health. While my family is privileged enough to be able to participate in sports and the arts outside of school, many are not. School teams and intramurals are their only opportunity to experience being on a sports team or being a part of the choir.</p> <p>If you put a mask mandate in place all of these activities will end immediately. The Grade 7s and 8s at school have just started learning to play instruments again. This will have to stop. Many of them joined the band and have been attending practices at 8:00am, an hour before school starts, to practice for the Holiday Concert they were expecting to have again after several years. The same for the school choirs. Students have tried out for sports teams and have been practicing for tournaments that are coming up. All of this will stop if a mask mandate is put in place again. Students will again, lose out on these important activities, milestones, and opportunities.</p> <p>While Ottawa’s Medical Officer of Health, Dr. Etches, and the Province’s Chief Medical Officer, Dr. Moore have encouraged mask wearing in public, even they, with their actual public health mandate and the authority to implement such health mandates have not gone so far as to suggest a mask mandates in schools or elsewhere. The teachers’ unions, who strongly urged for increased health practices and mask mandates during the pandemic have not requested a mask mandate an no other province, public health unit or school board in the country is implementing a mask mandate.</p>	<p>The Board should be working to address other outcomes from the pandemic. The situation of extremely large class sizes and how to get more teachers and staff into the schools. My son’s Grade 6 class had 36 students in his class until 2 weeks ago. Our school has had numerous teachers leave in the middle of their jobs already this fall and not been able to hire someone new for weeks! They can’t hire enough Educational Assistants; applicants are turning down jobs after being offered them. These are the issues where the Board should be focusing their time, resources and energy.</p> <p>While it is terrible that the CHEO is full with sick children and it would be unbearable to be a parent of a child that sick, we cannot continue to impart additional negative impacts on all children. The science about the effectiveness of wearing masks is mixed. High quality N95 respirators are considered effective, but most families were not sending their kids to school in those masks. My kids were constantly picking at and removing their masks when they had to wear them. The students take their masks off twice a day to eat at school. The kids spend time with each other after school and on the weekends. Masks are not effectively preventing viruses from spreading around classrooms and students; they are only a feel good measure.</p> <p>My children have been sick this fall too; thankfully not hospitalized. They have had more colds in a month than they’ve had in 3 years. While protecting ourselves from COVID, we have insulated ourselves and our immune systems from other illnesses. This happened when my kids started daycare when they were 18 months old. They were exposed to new viruses and got sick. Some months felt like they were at home more than they were at daycare. This is how our immune system works and it will take time to rebalance in the community. What is the average age of the children that are sick and hospitalized at CHEO? I suspect that it is quite young, and not school age children. While some will have school age siblings, implementing a mask mandate and the secondary effects of that is not fair to all children.</p> <p>During the COVID pandemic we isolated and wore masks to protect ourselves and our community from this unknown virus. This is no longer the case. Our health care providers have effective diagnostic and treatment methods for COVID now. They know how to treat influenza and the respiratory syncytial viruses that are circulating. We have excellent health outcomes. Our health care systems are stressed and underfunded, but again, this is not the jurisdiction of the OCD</p> <p>What will be the measures to determine when the mask mandate is lifted? If a decision to put a mask mandate is being put in place, the specific parameters of when and why this can happen and what will determine that it can be ended needs to be determined in advance, not in an ad hoc manner when the Board of Trustees feels like it.</p> <p>In summary, please consider all the aspects of health of the</p>
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Elizabeth	Kennedy	Ottawa	<p>As a parent of three children in the OCDSB, I have a number of concerns with the approach taken to potentially introduce a mask mandate in schools.</p> <ol style="list-style-type: none"> 1. As the new trustees were only sworn into their roles last week, and have not yet completed the orientation for the scope of their roles,, it is premature to ask them to make a decision of this magnitude. As elected officials, they are entrusted to represent the views of their constituents and they have not yet had the opportunity to engage on this issue. 2. The decision to implement a mask mandate necessarily involves the weighing of significant volumes of medical information. Trustees are not positioned or resourced to undertake this careful analysis. The decision to mandate masks should be left to public health officials. 3. It has not yet been made clear whether there is a direct, causal link between the implementation of mask mandates in OCDSB schools, where students will be eating in classrooms unmasked and playing sports unmasked, and the burden being felt in children's hospitals. If this is unclear, I question what the objective of the mandate would be. 4. Prior to adopting a mandate motion, the board should identify measures of success, which has not yet been communicated to the parent community. 5. This special meeting was originally identified as an opportunity to debate the topic of mask mandates in schools. I heard through the media, that there may be a motion to introduce a mandate as a topic for the same meeting. Trustees will not have had sufficient time to digest all written submissions, oral delegations, and medical information to be able to make this important decision. 	<ol style="list-style-type: none"> 1. Defer to public health to introduce mask mandates, if and when required 2. Should the recommended option to defer to public health not be acceptable to the board, I recommend that that the decision on mask mandates be deferred until trustees have had an opportunity to engage in meaningful consultation with their constituents, review all submissions file for the meeting, as well as relevant medical information.
Jeremy	Kennedy	Ottawa	<ol style="list-style-type: none"> 1. With the trustees only being sworn in on November 15, there hasn't been enough time for the trustees to gather a reasonable amount of feedback from parents relative to the weight of a decision on school masking. A period of consultation with all stakeholders should be partaken to ensure that everyone who is interested has time to voice their opinion. With the trustee being the representative of a Zone, not an authority over it, providing only five days between announcing the meeting and holding it gives very little time to add this extra stressor to everyone's schedule. 2. A board-wide masking policy needs to be thoroughly developed before it can be reasonably voted on. There should be a clear aim to the policy, which would include measures of success. In the policy, an acknowledgement of risk needs to be stated and assumed by the board members. These would include responsibility for the negative impacts on education on the students by the policy, issues with speech and language development, and other socio-emotional impacts. 3. Both the province of Ontario and City of Ottawa have public health departments that employ medical professionals on a full-time basis who have the staff to thoroughly examine the risks/benefits of masking mandates. Both of these have the legal authority to impose masking mandates should they be deemed necessary. 	<p>My recommendation for the resolution of this issue would be to continue following the advice of the public health authority of strongly encouraging the wearing of masks in indoor settings. No further action would be required.</p>

Jeremy	Kennedy	Ottawa	<p>Good day,</p> <p>There is a procedural issue with this special meeting that needs to be addressed before debate can fairly take place.</p> <ol style="list-style-type: none"> 1. There is no motion that is publicly available that can be commented on. In April the motion by the OCDSB to re-introduce masking was publicly communicated. The OCDSB communication to parents dated Nov. 18 directs to the open letter to parents which indicates a discussion will happen but does not mention a motion is on the table. 2. Minutes of the board meeting from Nov 15 are not available yet so the public cannot read the motion presented. 3. There appears to be a motion which should be available as the article on the CBC website found at https://www.cbc.ca/news/canada/ottawa/ocdsb-mask-mandate-meeting-1.6658912 titled, "Ottawa's largest school board set to debate mandatory masks" provides detail on the proposed motion which is not in the open letter to parents or on the board's website for people to find. 4. Before public debate has happened, how is the board member quoted in the article able to state how much confidence that there was enough support last week to support this motion. The most frustrating part of this issue as a parent is how we are unable to be heard on such an important issue. 5. Comments in the referenced article equate parents, such as myself, who have concerns with this motion with people who have threatened board members. The public wants to speak to this issue, and all we ask is that we be heard before we can be prejudged. 6. This delegation page was not clear that this was how written delegations would be submitted prior to the textual change made on Monday, and it is impossible to determine who many people visited it, were confused as they did not intend to speak at the meeting, and left without making an entry. 	<p>As there are procedural flaws with the communication of the motion, it should be withdrawn and re-tabled. Very clear and concise communication related to this should be sent out to parents so they can be informed on the process.</p> <p>My 9-year old daughter suggested putting the issue out to parents to vote on.</p>
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Alisa	Khan	Ottawa	<p>I am opposed to a temporary mask mandate in OCDSB schools.</p> <p>-Children are at very low risk of serious symptoms and even transmission of COVID. Also mask mandates have largely proven ineffective in reducing the spread of COVID. Additionally there is no evidence that masking would reduce the spread of influenza or RSV. For a school board to even consider imposing a mandate that is unwanted and unwarranted in the eyes of many, there would have to be incredibly compelling evidence, which in this instance there is not.</p> <p>-Our children are also finally being exposed to viruses, which is not only a very normal part of childhood and life, but also is essential for developing a healthy immune response to pathogens that they will encounter every year. In fact the lack of exposure to viruses over the last two years may account for the surge we are seeing in infections now. Continuing to isolate children from normal pathogens will not improve the situation.</p> <p>-Children are finally getting back to normal- being able to be physically close with their teachers and peers, participate in normal school activities, see each others' emotions, hug one another and share in joy. These things are paramount for the development of relationships, learning, improving social skills and mental health.</p> <p>-A mask mandate would be divisive, and would create a stressful and fearful environment for children, which is not conducive to healthy development and learning.</p>	<p>-Do not impose a mask mandate, and continue to support personal choice in mask-wearing.</p>
Drew	Klein	Ottawa	<p>In opposition of the proposed masking mandate set forth by OCDSB trustees.</p> <ul style="list-style-type: none"> - masks don't work - masks are harmful - masks should be optional - mask mandates have failed <p>In the limited time provided to address the science behind mask failure and harm and remind trustees that the science continues to disprove hypochondriac notions that children need to wear masks</p>	<p>Absolutely no mask mandates for children.</p>

Peter	Kolakovic	Nepean	<p>I intend to argue against the imposition of any type of mandate. I have never previously spoken before the Board.</p> <p>It's my intention to speak to this issue from the perspective of psychological and spiritual health. I take no position on whether masking prevents transmission of viruses - however, based on the experience of the past two years, I suspect they are minimally effective, if at all.</p> <p>More relevant for me is the impact of wearing a mask on our individual and collective psychology as a society. Children need love and reassurance from the adults around them. That includes their parents, educators, and anyone else they come into contact with. A fearful child grows to be a paranoid and unhealthy adult. Fear and anxiety inevitably result in weakened immunity and poor health. The condition of the body reflects the state of the mind.</p> <p>The most effective way to reassure a child, and to promote their psychological and spiritual health, is to smile. Our faces communicate meaning. We learn from a very early age to interpret facial expressions and their significance. Young children learn language through listening, reading lips and mimicking what they see and hear. Speech development problems among children wearing masks are well-documented by this point. What is less appreciated and less understood is the psychological scar that develops when children are not able to see smiling faces.</p> <p>The healthiest people are the happiest people. And the happiest people are those who accept that life comes with some risks. A virus certainly poses a risk, but it's a risk that is entirely manageable through healthy lifestyle habits. Rather than promoting a highly divisive and coercive measure, the Board should instead encourage parents to give their children healthy food and make sure they exercise regularly and laugh and play as much as possible.</p> <p>In the grand scheme of things, a genuine, loving smile offers vastly greater protection to a child than a mask.</p>	<p>Reject any type of mandate and instead promote healthy lifestyle habits</p>
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Sarah	Kubacki	Ottawa	<p>I am an educator. I understand the importance of a healthy immune system. The immune system needs to work against illness in order to get strong. Children are increasingly weak after 2 years of masking. They are experiencing PTSD from the stress mandates have put on them directly and their families indirectly. Of course there is an increase in illness. What do you expect when you cut off the breath from a living being?</p> <p>As an educator I am also aware of the importance of oxygen. Oxygen is a building block for life. Children have been denied the basic fundamental right to inhale oxygen due to masks for years and of course they are therefore fundamentally ill, weak and unhealthy. https://pubmed.ncbi.nlm.nih.gov/32590322/</p> <p>Carbon dioxide is a by product, a toxin. The OCDSB is directly responsible for the current state of affairs of its population and reintroduction of mask mandates will make this board a breeding ground for weak, depressed, sick and poorly students.</p> <p>In 2022, a record number of families left Public Education due to mandates . There will no turning back if mask mandates are reintroduced. There will be healthy children in alternative schooling; pods, homeschools etc. versus the abused and damaged children in the OCDSB. Every teacher, principal, superintendent and trustee will be accountable.</p> <p>Dr. Nilli has the right to wear a mask day in and day out for the rest of her life if she so chooses. She has NO right to impose her fear-laden sense of reality on innocent children who have been harmed extensively by the mask mandates already.</p>	<p>Stay true to the Canadian Charter of Rights and Freedoms . Make masking optional. The pain and suffering of thousands of children will be on YOU, for the rest of your life otherwise. Choose wisely. Choose bravely.</p>
Ari	Kulidjian	Ottawa	<p>I am against mask mandates for schools in Ottawa. They cause harm, particularly to young children, and do not protect in any meaningful way.</p> <p>Dr. Nili Kaplan-Myrth is in a conflict of interest and should recuse herself from any participation on these issues including vote.</p>	<p>VOTE NO to masks.</p>

jude	kulidjian	Ottawa	<p>Kids face such low risks from current variants AND have such high rates of sero-prevalance AND have never had data supporting the efficacy of restrictions, ERGO they should never, ever face restrictions again. Yet, some respondents still mask their kids. That's a lamentable choice. Not only unproven, but pointless. Others limit playdates citing RSV. That's cruel and stupid. You never would have limited playdates in 2014 (unless someone actively ill) because of RSV. Your risk/benefit calculator is broken. Kids need to play with other kids. Humans are social creatures. Cold, flu and RSV are risks that it is on balance ok to accept, given the benefits of socialization.</p> <p>Some adults who have had multiple boosters wear masks to concerts. Why? You will get COVID anyway later. One in 4 won't eat at a restaurant. I am deeply concerned these people need counseling.</p> <p>One 'expert immunologist' wears masks only during take off and landing. I prefer to pray to Lord Boeing, blink my eyes three times, and pinch myself— an equally valid anti-covid strategy. How is this different from someone with a compulsion who checks their door-locks 4 times before going to bed? It is a mental habit that disrupts life.</p> <p>Others take their mask off to eat. This is all crazy. You will definitely get breakthrough COVID. It is too contagious to stop. Why all this theater only to get it anyway? Why not live normally and get it when you get it? There is no evidence that overthinking it—hyper-rationalizing your choices— delays infection, and frankly I (and most Americans) think it is insane to waste mental energy on these contortions.</p> <p>All have gotten or want to get bivalent vaccines. That just tells you they are not good at judging risk/ benefit. There are no data that anyone benefits clinically (i.e. lives longer or better) from these vaccines and it is UNLIKELY that they will benefit someone who HAD COVID. It is UNLIKELY they will provide net benefit to a young healthy person. If Gruber and Krause worked at FDA, they would not even receive EUA for people <65.</p> <p>Some report they want to reduce their risk of spreading the virus. That's arrogance and narcissism. You are one tiny person in a sea of 8 billion people with 100 billion more to come in the next 2000 years. The virus will replicate and spread to all people trillions of times and your greatest actions are like spitting in Lake Mead, and thinking you solved the drought. I cannot imagine wasting my energy thinking about this while there are real problems in the world like poverty, war, violence, famine. Delusions of grandeur.</p> <p>One expert avoids shaking hands. Good, I don't want to know you. Two carry CO2 monitors. What a deranged choice. Randomize 1000 people to carry the monitor and 1000 to not, and I promise the time till COVID will be identical in both groups. Don't like that study. Do a run in period. Give the monitor to 10,000 people and then the 100 who report they use it, will be randomized to continue or discontinue. Watch the time to COVID be identical in both groups. What's crazy is that these 'experts' are happy to do this without the study. They are no better than people who buy amulets to ward off covid— they just have a different mechanistic theory that they worship, but neither needs evidence.</p>	<p>Half of experts surveyed won't let unvaccinated loved ones attend their gatherings. Frankly, this is the hallmark of a deranged individual and a failing culture. Most cultures value relatives, treasure loved ones even when they make choices you would not. Not being vaccinated is a choice that ONLY AFFECTS THEM— they will get COVID, and so will you— imagine being so intolerant as to exclude loved ones in this way. It is a mental sickness.</p> <p>Some want to use rapid tests to make the gathering safer. Consider this: we randomize 10000 gatherings to using rapid tests vs not. I bet there would be nearly equal number of COVID cases in both groups in the weeks to follow. These 'experts' have not done this validation study. Again, they are in love with mechanism and theory, but no better than the anti-science fools they look down on. Both have such a superficial understanding of science that they change their lives in the absence of validation studies.</p> <p>What a sad bunch of "experts". Continuing to inflict restrictions on children. Leaping to get unproven boosters, and engaging in a plethora of actions with nearly no evidence that they improve any long term outcome. It reminds me of the old BF Skinner experiment. Give a pigeon a pellet at random, and it learns a bizarre dance. Here that pellet is a twitter 'like' or 'RT', and these are the dances that emerge.</p> <p>These experts think they are so wise, understand the virus so well, that with a Co2 meter on an airplane, a rapid test in their pocket, and a kf94 with gaping holes around the nose, they can avoid the inevitable. They will just make themselves sad, lonely, and crazy, and in 2 years they will throw in the towel. And when they die, years from now, they will have had COVID just as often as the rest of America— who are no longer doing jack shit because they actually have basic, common sense.</p> <p>RECOMMENDATIONS FOR RESOLUTION OF ISSUE:</p> <p>Children should not be subject to any restrictions ever, including masking, and should live normal lives. There is no need to encourage nor discourage vaccination among kids who have not had covid.</p> <p>Adults who have not have COVID should get between 1 and 3 doses, depending on age and risk factors, and resume normal life.</p> <p>(Almost) Everyone should lose weight and improve their medical problems.</p> <p>Anyone who has had COVID should never think about about it again, and continue living normally.</p> <p>The logic here is simple: once you have had covid, no one has proven that doing anything will lower the risk of actual bad outcomes (forget antibody titers)</p>
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Howard	Kwan	Ottawa	<p>This is my written delegate message to the board. I stand opposed to mask mandates in schools as many studies, recent data, and expert opinions, which have concluded that face masks do more harm than good during the entire pandemic, including the wearing of face masks harming the children's physical, psychological, mental, emotional, and developmental health and wellness. It is unlawful, unethical, immoral, and criminal what the government and school boards have been doing to the children with all the COVID measures for the past 2-plus years.</p> <p>https://brownstone.org/articles/more-than-150-comparative-studies-and-articles-on-mask-ineffectiveness-and-harms/</p> <p>The "science" of the wearing of face masks during this health crisis, coming from the government and Health officials, has been sparse and unsubstantiated, when compared to all of these other studies and opinions.</p> <p>Moreover, a comprehensive analysis of the official data sources on the COVID-19 pandemic in Ontario, by Ken Drysdale, shows what we were told by the government, and health agencies, do not match up to the extreme narrative that was portrayed to be.</p> <p>https://www.thetruefactsc19.com/ontarioreport</p> <p>It is also against the law for anyone, including the school board and school trustees, to recommend and issue any calls for the wearing of face masks without full justification and authorization from the province. If they do, then the parties are subject to serious lawsuits in the future, especially if and when any serious harms are done to any of the children.</p>	<p>Stop any recommendations requiring children in schools to wear face masks, or follow any of the health measures related to COVID until a full investigation is done, and the results are thoroughly discussed and debated in a legitimate public forum.</p>
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Dominic	Laferrière	Ottawa	<p>The company 3M, a primary maker of N95 respirators, provides specific cautions to parents or guardians on providing a respirator to a child. These cautions should be considered by Trustees and communicated to parents or guardians if the present motion passes that puts an emphasis on the distribution of N95 to all families, and then directs the use of surgical masks or N95 by all students without providing the cautions below:</p> <p>Source: https://www.3m.com/3M/en_US/worker-health-safety-us/covid19/my-n95/</p> <p>Click the tab "Can children wear respirators?" Here is what 3M says:</p> <p>In their COVID-19 guidance on respirators (updated as of January 14, 2022), the U.S. Centers for Disease Control and Prevention (CDC) states: "Parents and caregivers may have questions about NIOSH-approved respirators (such as N95s) for children. Although respirators may be available in smaller sizes, they are typically designed to be used by adults in workplaces, and therefore have not been tested for broad use in children.</p> <p>If a parent or guardian decides to provide a respirator to a child (such as when directed to do so by health authorities), then the parent or guardian must understand that he/she will be willingly accepting several risks for their child, including but not limited to the following considerations:</p> <p>A respirator must form a good seal to the face to be effective, and children's faces are unique and may be too small to obtain a good seal on respirators that were designed for adults' faces.</p> <p>It is possible that some children will not be mature enough to use a respirator correctly.</p> <p>All respirators have certain performance features and use requirements, and it is very important that all instructions are read and understood before providing a respirator to anyone.</p> <p>It is important to realize that misuse of a respirator may result in sickness or death.</p> <p>IMPORTANT: Infants and toddlers should never be given respirators due to the risk of choking and suffocation."</p>	<p>WHEREAS the company 3M, a primary maker of N95 respirators, provides specific cautions to parents or guardians on providing a N95 respirator to a child;</p> <p>THAT the OCDSB invite 3M Canada to provide expert advice before Trustees vote to distribute and/or impose N95 respirators to children;</p> <p>THAT, in default of inviting such expert advice on N95 respirators, the Trustees defer the matter to Ottawa Public Health given the level of technical expertise at stake;</p> <p>THAT, in default of both inviting the expert advice or deferring the matter to Ottawa Public Health, the Trustees include the 3M cautions cited above in their mandatory directions to parents or guardians.</p> <p>*This is a written submission only, provided as a parent of a 6-year old student in a OCDSB school, and I have never appeared before the board.</p>
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Lisa	Lawr	Ottawa	<p>Dear Trustees, please consider the following points as you prepare to vote on the mask mandate motion:</p> <p>1/ Canada's pandemic plan for influenza (2018) and all previous pandemic plans have not recommended public masking. What science has changed this position?</p> <p>"Providing masks to well people is unlikely to be feasible or sustainable on a population basis in a pandemic and may not be an appropriate use of public resources since little evidence exists regarding their effectiveness in reducing the spread of disease in the general population." (https://www.canada.ca/en/public-health/services/flu-influenza/canadian-pandemic-influenza-preparedness-planning-guidance-health-sector/public-health-measures.html)</p> <p>In even the worst scenarios involving high transmissibility and high severity (which is not the case here), masks are not recommended for well individuals:</p> <p>"Use of masks by well individuals is not recommended unless they are caring for an ill individual." (same document) This is the advice for all community living settings, including retirement homes (and presumably long-term care homes); under school and daycare, masking is not even mentioned. (Appendix A: Recommended Public Health Measures by Settings and Severity)</p> <p>The document lists reasons of resources, issues of correct fit and wearing, lack of evidence regarding effectiveness, potential for further spread and contamination due to high likelihood of improper use. In light of this, it is therefore highly irresponsible and questionable to be mandating mask use to children.</p> <p>Are we actually seeing the results of going against this earlier pandemic advice against masking that public health chose not to follow this time?</p> <p>2/ The use of emotional blackmail messaging by Public Health, that children are responsible for the well-being and health outcomes of others, especially, the medical fragile/vulnerable, is cruel, unconscionable, and will affect the mental health of children. I do not see how this can be being contemplated.</p> <p>I am not medically fragile, nor are my kids. When I was in elementary school, both my parents had cancer (non-Hodgkins lymphoma). When I was 8, my father died of cancer. My mom saw that the chemotherapy killed him, and decided to stop her treatment. She is still here today at 82.</p> <p>I am so glad that at no point, that in the years of sickness and treatment and the eventual receipt, was the idea that my 8-yr old self or my sister's 9-yr old self were in any way responsible for their health. We were not masked, did not stay distant. There was no pandemic, but there was the usual cold and flu seasons and regular childhood illnesses. Do you actually want kids questioning whether they killed their classmate's baby brother, because they took their mask off at lunch, because they 'lapsed' and had to take a mask break, 'got careless'? Do you want that on kids? Actually? Please think about this carefully.</p> <p>Today, my partner is 66, my mother is 82, healthy but quite vulnerable. We have 2 kids in school. We accept each others' various health choices, no one stays apart or avoids each other, there is not this crazy fear and judgment around health and disease and who is killing who. We all know cold and flu happens, and some are more vulnerable than others, so we take care. When sick, we take some space, stay away from Grandma, stay home from school a few days or a week as needed. We do not mask in the home. Grandma does not demand that we mask so that she is safe;</p>	<p>(cont'd) she does not ask for proof of vaccination; she does not judge others; when she gets sick, she does not attempt to contact trace back to 'the source' so that she can assign blame. She doesn't mask in stores – it is her choice and she accepts that, and yes she recently had something rather bad, got antibiotics finally and luckily recovered. Is this not a preferable approach, a preferable model of society? Look closely at what we are <i>*really*</i> teaching our kids here.</p> <p>Kids have cold symptoms much of the fall/winter. These can linger for weeks after the initial acute phase of fever and staying home. No one is going to keep their kids home for a month due to congestion, runny nose, cough, sneezing, etc. This mandate will force kids to put a cloth over their face for the whole day, with these symptoms. This is anti-science, is not conducive to good health, but the opposite.</p> <p>3/ There are issues of equity for vulnerable students, but this does not curtail the rights of every other child, and currently the cost is too high. There has to be a reasonable balance sought.</p> <p>How did the medically fragile cope until now, without masks? We had H1N1 in 2005. Every year there is cold and flu season. We've had surges and hospital capacity crises every year. We have not masked our kids for ¾ of their school year.</p> <p>Kids have had their lives stolen for 3 years, and now looking back, it's very questionable that they had to bear the brunt. Most of my son's high school years, formative years, have been wrecked. People are pretty sure and rightly sure that a return to masking mandates is one step away from a return to social bubbles, stay in your square on the play yard, stay in your cohort, back to virtual learning, no sports, no graduation, no dances, no field trips, no assemblies, no talking during lunch, no touching stay apart, no choir, vaccine passports. We have been clobbered by public health in the name of 'health' and disease.</p> <p>4/ Ontario hospitals have been overwhelmed, with shortages of beds for sick kids (and everyone) since at least 2005. Everyone knows this. This was never used to force masking. See 2005 article, "No beds at Sick Kids, Get Used to it" (Globe and Mail). https://www.theglobeandmail.com/news/national/no-beds-at-sick-kids-get-used-to-it/article977703/</p> <p>We know that hospital ICU's are basically budgeted to run at capacity. How was the criteria that hospitals be at 85% capacity to lift the mandate arrived at? In order to guarantee they stay in effect all fall/winter/spring?</p> <p>5/ Ontario weekly data shows flu/RSV has now already peaked and is on the decline, without a mask mandate.</p> <p>6/ The media and public health regularly use inflammatory rhetoric and stories to frighten people, to impose their agenda, and people are tired of it, and it is causing serious lack</p>
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Melanie	Lefebvre	Nepean	<p>I am willing to come if you do not have the 10 needed or if my points are best, but I'm very happy for someone else to do this as my health is not good and have many other priorities</p> <p>Here is a summary,.my main points have been sent in a letter</p> <ul style="list-style-type: none"> - Cold and flu are not an emergency - Hospitals have been overflowing for 30+ years during cold and flu season, capacity issue not COVID - Healthy kids have 0% chance of dying of COVID, kids who die with COVID have big comorbidities such as Stage 4 cancer - The true emergency is kids mental health issues fear, anxiety, weak immune system caused by these measures, speech delays, and now more respiratory illnesses - Masks are not effective to prevent Covids, hole of N95 much larger than virus particles - Masks are dangerous have toxic chemicals, graphene and cancorigens - Masks cause anxiety, fear, speech impairment, quiets the already shy kids, increase bacterial overload, causes headaches, difficulty breathing, dizziness, trouble concentrating - Masks cause extreme amounts of pollution from these one time to decomposable or biodegradable masks - Kids have suffered and sacrificed enough, the two week to flatten the curve has turned into almost three years, they need their lives back, it's time to stop the vicious cycle - Mask mandates and other mandates, our schools, media and political leaders have created much hate and division towards the 80-90% of the population who are against the mask mandates, it is time we stop these divisive measures and work at reconciliation, peace, tolerance and know that both sides have good intentions, both sides, both school of thoughts have love, compassion in their hearts. 	<p>Keep mask mandates optional. Let people who are scared for back to online schooling.</p>
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Joel	Lemieux	Ottawa	<p>*Written submission only*</p> <p>While the current wave of seasonal respiratory viruses impacting young children is most unfortunate, re-implementing mask mandates is not the answer to mitigating short-term hospital impacts. The current data seem to indicate that the RSV wave has plateaued without mask mandates (much as Covid cases rose and fell completely independently of the mask-wearing stringency of various jurisdictions around the world).</p> <p>Doctors, public health bureaucrats, hospital administrators & school board trustees are not PPE experts. Industrial hygienists are those who we need to look to for advice on mitigating hazards (& ensuring the mitigation itself is not harmful). At no point has a proper risk assessment/study been done on the physical/psychological/developmental effects of masking children all-day with a non-regulated, not fit for purpose 'medical' device. This is appalling.</p> <p>Surgical masks are meant to prevent contamination from biological matter, not to prevent respiratory virus transmission. They are gappy and potentially shed toxic fibers. Well-fitted, properly worn, frequently changed N95s may provide a very marginal amount of protection from virus transmission, but it is entirely unreasonable for a child to adhere to strict doffing/donning/change-off protocols and to breathe laboriously through a thick mask all-day, every day. The drawbacks clearly outweigh the benefits.</p> <p>There is not a shred of real world data that show that mask mandates interrupted the transmission of Covid anywhere in the world. Over the past 2 years, OCDSB schools closed due to community Covid cases despite near 100% mask compliance. For every study that confirms mask effectiveness, there are an equal number showing the opposite.</p> <p>Enough is enough. Following the science means evaluating all the science, not just cherry picking that which confirms bias and aligns with one's political belief system. Finally, where there is doubt, there must be choice.</p> <p>Thank You.</p>	<p>Please align with the vast majority of other Ottawa/Ontario school boards, follow Provincial policies/recommendations to keep wearing of masks in OCDSB facilities a personal choice. Vote NO on the November 21 mask mandate resolution.</p>
Michelle	Leslie	Ottawa	<p>Mental health and well being of children is absent from this discussion. RSV has been around for years, impacts mostly premature babies such as my son who was hospitalized at 8 weeks old. It is not a leading cause of hospitalization in school aged children .</p> <p>We were warned that this flu and cold season would be horrible given that we have all been masked and isolating these past two years. This is not a solution but only prolongs the problem.</p> <p>Most children and their parents have multiple doses of both Covid vaccines and flu shots.</p> <p>Additionally the masks worn in schools are disposable and not the KN95 that protect against transmission.</p>	<p>Public health nurses on site to offer flu shots. Letter to the federal government to ease regulations on child flu and cold medication so supplies can be stocked and parents can treat initial symptoms at home and not be forced to go to the ER. Public health campaigns on social development and mental health including bullying. Information sessions to parents on RSV including infection intervals so parents can better plan to keep their children home when sick. Recognition that a public mandate is not been ordered and therefore parents and their children are able to adequately look after themselves and their families.</p>

Julie	Lovitt	Kanata	<p>Regarding the plan to reinstate mask mandates for all children and staff at OCDSB schools, I assume that this decision is well informed and based on objective science and data rather than a handful of biased or politically motivated opinions. Therefore:</p> <ol style="list-style-type: none"> 1. Please explain and provide links to all peer reviewed scientific literature and other critically reviewed data that has been used to inform your decision making process. This should include: high-quality medical studies (ie. RCTs) showing SIGNIFICANT benefits to masking children in terms of reducing transmission rates of common cold and flu viruses, AND high-quality medical studies showing ABSENSE OF RISK of negative impacts to healthy childhood development and mental health status associated with extended periods of masking children around their peers. 2. Please explain and provide clear metrics that will be monitored and used by the board to determine the success or failure of this policy. This should include comparisons of observed outcomes with appropriate counterfactuals, such as schoolboards that did not implement such policies. The success or failure of the policy should be communicated to parents and be referenced in future debates where implementing a similar policy is being considered. 3. Please explain and provide clear metrics that will be monitored and used to determine when the "temporary" mask mandate will be dropped. This should NOT be loosely defined (eg. "Whenever public health releases another update on the situation.") It appears that we have already passed peak RSV infection rates. The logic behind mandating masks at this point is difficult to understand. 	<p>I do not support mandating masks for children as a protective measure against transmission of common colds and flu viruses. Young children are incapable of wearing tightly fitted N95s or respirators and these are the only types of masks that might actually do something. I think that bringing in such a policy sets an inappropriate expectation for future flu seasons, and I assert that the trustees are not capable of making an informed decision on this matter as there is an absence of high-quality medical studies confirming a lack of risk to the healthy development and mental health of young children in the scientific literature. They cannot effectively weigh the costs and benefits of such a policy without being able to adequately assess the costs.</p> <p>I suggest the school board choose to align themselves with our public health officials and strongly recommend mask usage indoors rather than mandate their use.</p>
Jesseye (Jessie)	Lu	Ottawa	<p>At the municipal level, there is no mask mandate.</p> <p>There is no mandate for mask usage province wide.</p> <p>The federal government is no longer mandating mask usage for anyone traveling by air, train or boat.</p> <p>The Trustees and the OCDSB will need to justify how they deem themselves to have more expertise, a higher level of authority, and increased superiority than the City of Ottawa's board of health, than the provincial ministry of health, and the entire federal government's Public Health Agency of Canada combined -- where none of these 3 levels of government have a mask mandate.</p>	<p>No mask mandate for children.</p> <p>No mask mandate on OCSDS property.</p>

greg	macedougall	ottawa	<p>My background: I have previously worked as a teacher in the OCDSB, as well as other three other school boards in Ontario. Math is one of my specialties, and has provided me an increased ability to parse through some of the science about COVID and health care statistics.</p> <p>I have delegated at a number of Ottawa Board of Health meetings during this pandemic. It has been frustrating at times: I produced a fairly in-depth analysis of OPH's February 2021 report on COVID in schools, demonstrating they didn't have enough data to back up their conclusions of very limited spread within schools, that I don't think they ever acknowledged. But at the start of 2022, I was able to get them to issue a correction on a similar statement made by Dr. Etches, where she had stated that as the Omicron variant wave hit, school rates were lower than the rest of the community. Earlier on, Dr. Etches had made a statement at a meeting about how droplet transmission was the primary means of spread, while later in the week CBC was reporting that Canada's representative to the World Health Organization was being criticized for the same thing, but authorities and media locally seemed to give Dr. Etche a pass on such comments.</p> <p>And most recently - the past three OPH board meetings, in June, September, and November - I have delegated pushing for implementing mask mandates, to no effect. At the meeting this month, I was the only one pushing for mask mandates, but by the end of the week Dr. Etches was saying to the media that mandates were a good idea, but only - for some unexplained reason - if they were implemented for the whole province or at individual organizations / businesses, and not at the city level or in city-run initiatives like public transit. Personally, I think that type of response is an abdication of public health responsibility.</p> <p>Because the context of this is a growing hospital and health care crisis, which for the past few weeks we have heard about in terms of children's hospitals and RSV, flu, and COVID - but it has been, and remains, an extreme and worsening crisis in most hospitals across the province and elsewhere. It is getting worse and very little if anything continues to be done to support the suffering hospital workers and hospital capacity.</p> <p>So the other side of things is to reduce the demand on the health care system. Which in other words, is about protecting the health of people in the community. The prevailing hypothesis - in my opinion, backed up with some references at the link below - for the increase in severe health problems that are currently being experienced, is some sort of immunity damage from people having had COVID infections.</p> <p>So, protecting people from COVID - as well as reducing the spread of RSV and flu currently - is both in the overall long-term interest and also will help with the current crisis in hospitals.</p> <p>There are two fairly recent studies that both measured a significant decrease in COVID spread in schools where mask mandates were in effect, versus ones that either didn't have or removed mask mandates:</p> <ul style="list-style-type: none"> * the 'Boston study' (from Harvard); and, * the 'Alberta study' (obtained from the Alberta government in court disclosure). <p>There is more that could be said on this topic, but I think this is the most relevant points for your consideration.</p> <p>** References: https://equitableeducation.ca/2022/deputation-for-public-health-hospital-crisis</p>	<p>Overall, I urge you to support implementing an immediate mask mandate for OCDSB students and staff.</p> <p>I also urge you to remove any standing OCDSB policies against ventilation improvement in classrooms, if still in effect -- namely the two policies I learned of earlier in the pandemic:</p> <ul style="list-style-type: none"> * staff were instructed not to open windows; and, * 'Corsi-Rosenthal boxes' (Do-It-Yourself air filtering tool) were not permitted to be used.
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Danielle	Mailhot	Ottawa	I currently represent parents, children and concerned citizens from the Action4Canada Ottawa Chapter and I will be presenting results of expert research in connection with the use of masking. I will also be bringing forward the concerns raised by families of our local chapter.	no recommendation
Dylan	Martin	Kinburn	I am a parent of two children at an OCDSB school. I would like to express my concerns with the board's proposed temporary mask mandate. I hope to discuss the role, governance, and directives of the board with regards to this issue as well as bring to light some points about the current health care concerns that are cause for this discussion. I would like to discuss some of the detriments to continuing to impose these interventions on children, and would also like to propose some recommendations for resolution in a respectful manner.	I would like to propose that efforts be directed to our various levels of government to address the ongoing public health issues including but not limited to funding, staffing, and planning for surges such as this current one being experienced at CHEO. It would also be beneficial to have an information campaign to parents focusing on what can be done to strengthen children's immune systems during these times.
Dylan	Martin	Kinburn	I am a parent of two children at an OCDSB school. I would like to express my concerns with the board's proposed temporary mask mandate. I hope to discuss the role, governance, and directives of the board with regards to this issue as well as bring to light some points about the current health care concerns that are cause for this discussion. I would like to discuss some of the detriments to continuing to impose these interventions on children, and would also like to propose some recommendations for resolution in a respectful manner.	I would like to propose that efforts be directed to our various levels of government to address the ongoing public health issues including but not limited to funding, staffing, and planning for surges such as this current one being experienced at CHEO. It would also be beneficial to have an information campaign to parents focusing on what can be done to strengthen children's immune systems during these times.
Robert	Martin	Ottawa	I am concerned about students' mental and emotional health as a result of the mask mandate. I am particularly concerned with masking given that there are no positive findings that masking prevents the transmission of viruses.	My solution: To eliminate forced masking in schools and treat as optional.
William	Mayda	Richmond	The OCDSB needs to maintain a focus on their core responsibilities, the delivery of education. Stay out of pretending you know "health". The issues with virus spread today is precisely because we have lived in an artificially sterile environment, in part due to excessive mask use. Returning to masks will only delay the inevitable. The situation today is a perfect storm, which is already starting to ebb!!	No mask mandates. They will be legally challenged, and take valuable time away from meaningful discussion around getting kids caught up.
Brad	Meulenkamp	Ottawa	I am unable to attend the meeting but I am in strong opposition to the proposed mask mandate. With two young kids in the OCDSB, I have witnessed masks being such a distraction from the children's education. The teachers spend far too much time trying to enforce this ridiculous mandate. I fully appreciate that Dr. Kaplan-Myrth is well intentioned with her motion, but a mandate DOES NOT MAKE SENSE. Our kids should be encouraged to wear masks, but mandates are NOT appropriate (nor likely legal given that there is no mandate at the federal, provincial, or even municipal level). I am not an anti-masker and I am not blind to the current public health challenges (I work in healthcare and have been throughout the pandemic). My concern is with 2 years of distractions in our education system, we need the focus to be on our children and their educational material, NOT on whether they are wearing a mask.	1. Continue to strongly encourage and educate our children to wear masks during these difficult time. 2. Vote AGAINST a motion to re-implement a mask mandate.
Gordon	Miller	Ottawa	My delegation will be presented in written form. It will provide information for the Trustees to consider prior to voting on a new mask mandate.	To be provided in the written submission.

Zainab	Moghal	Ottawa	<p>Dear Trustees,</p> <p>We, the undersigned, are parents of two girls aged 10 and 15, who are currently enrolled in OCDSB schools (Hopewell Avenue Public School and Glebe Collegiate Institute). We strongly disagree with the proposal to impose mandatory masking in OCDSB schools. Our reasons for taking this position are rooted in the harm that Covid-19 mandate measures have caused to our children's well-being and education. We are also witnesses to similar impacts to the children of friends and neighbours. The imposition of a mask mandate threatens to set back the progress that our children have made in recent months.</p> <p>While masking may have made sense at the height of the pandemic, its efficacy has diminished, and can now be addressed by encouraging vaccination and staying home when sick. Further, the social costs that lies behind the mask has not been adequately considered in public health calculations. Decision-makers, including those at OCDSB, have failed to take into account the significant impacts to mental health arising from previous mandate measures. Our youth experienced a staggering increase in rates of disordered eating, body dysphoria and depression. Many students simply 'checked out' and retreated into their digital devices as a coping mechanism. Our own family, and families very close to us, have not been spared by these unintended consequences.</p> <p>These impacts to the well being of our children were initially triggered by the move to on-line school. It continued on, to a lesser extent, throughout the period of mandatory masking in OCDSB. To our children, and to a great many of their peers, a room full of masked students is an alienating, unfriendly learning environment that creates an atmosphere of disengagement, passivity and dissociation. What is truly unfortunate is that many health and education officials, who purportedly profess to be acting in the best interest of our children, have ignored or minimized these serious impacts.</p> <p>We, and parents like us, are not anti-government radicals or science deniers. We reject the characterization of our motivations as being 'bizarre and misinformed and angry'. We are none of those things. We are simply the parents of children who have experienced considerable stress over the past 2.5 years.</p> <p>While we appreciate the concerns about the current prevalence of respiratory diseases in the community, it is not acceptable for the happiness, well-being, and education of students in the OCDSB to be sacrificed to advance a rigid, narrow and ideological view of public health. Why the OCDSB is contemplating the imposition of a mask mandate when the legally mandated authorities themselves, the Government of Ontario and the local Public Health Units, have not bothered to execute a comparable mandate?</p> <p>Finally, has the OCDSB thoroughly considered the impacts on school operations from this proposed mask mandate? It is likely that there will be resistance to it from students. Are the school administrators prepared to grapple with the difficulty of enforcing an unpopular measure on the 90% of students who currently are not masking. Further, do not be surprised if thousands of families such as ours mobilize to oppose the Board's mandate overreach.</p> <p>Please do the responsible thing and do not authorize this measure.</p> <p>Patrick Duxbury and Zainab Moghal</p>	<p>Please do not re-instate a mask mandate within the schools of the Ottawa-Carleton District School Board (OCDSB), for the reasons noted above - 1) impacts on mental health and social engagement with peers, 2) enforceability by school administrators (taking away from their teaching emphasis), 3) efficacy of the measure, compared to providing adequate medicines for young children, encouraging vaccination and staying home when ill.</p>
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Jennifer	Moroziuk	Ottawa	<p>I hope this note finds you well.</p> <p>I must say I'm strongly opposed to this motion and if it passes I will simply keep my son out of school.</p> <p>Unfortunately remote learning has never been an option as he is a nonverbal student.</p> <p>From experience I believe masking encourages an unstable environment for the mentally fragile</p> <p>Promoting fear mongering and fake news..</p> <p>Please consider my opinion when making your decision</p>	No mask mandate temporary or otherwise
Ed	Nera	Ottawa	<p>There are many hundreds of peer reviewed studies regarding the ineffectiveness, detrimental health effects, and negative psychological effects of mask usage. There are also many articles outlining detriments to the development of social skills and learning in general from masks; and there is also ample data to demonstrate that masks in all settings (including schools) had no significant impact.</p> <p>Given the potential negative consequences for children and their learning experiences, and the lack of demonstrable justification to mask children, it only makes sense that we reconsider this idea.</p> <p>Have those proposing the use of masks any evidence to support the notion that masks are effective or the ability to address the hundreds of studies that contradict their opinions?</p>	<p>If no one is willing to address all of the convincing evidence that the masks are ineffective then it only makes sense to not force anyone to do so. Let the parents, teachers, and children review all of the information and decide for themselves as to whether or not they wish to wear masks. Anyone that wants to wear them is free to do so, but compelling others lacks demonstrable evidence; scientific research and data.</p>
Riccardo	PANARELLA	Ottawa	<p>I never take the time to get involved in these things, but I have to speak up now. Can't you see you are just dividing people with your actions on mask mandate?</p> <p>If people want to wear one, then make it a recommendation like everyone else has, but mandating people to wear them will only sow distrust.</p> <p>You have no authority to institute this. The other 3 Ottawa school boards have all said the same thing – too divisive. If Ontario wants to do it, then so be it, but one school board going out on its own will not solve anything.</p> <p>And honestly, we don't even know if wearing mask is the best decision. We will never get over this hump as a civilization if we keep masking up at every virus infection that comes around.</p> <p>My children will NOT wear masks in school regardless of your decision.</p>	<p>Mask should be recommended, not mandatory. You should not overstep your bounds.</p> <p>I recommend you turn down this motion. Don't divide people.</p>

Jelena	Panteleakos	Ottawa	<p>I am writing today to express my concern with MANDATORY student masking at schools.</p> <p>I have rarely expressed any opinions re: pandemic measures mainly bc I was in support of vaccination as I always have been for my children and my family for any illness that can be prevented by doing so.</p> <p>We have moved on past this pandemic. We should reiterate that sick people should stay at home until they get better at anytime, not just pandemic. Getting sick is a part of life. Building up our immunity is a part of life. We should always support our community best we can but not always put our children at the front line! Should masking be mandated and become mandatory in all places at all times, sure. We are all in it together. But mandating our children wear masks at all times while the rest of the country does as the please - no.</p> <p>That said, I absolutely will refuse sending my children to school masked for 8 hours ever again - if it is mandated ONLY for them. It is abhorent and maddening. I will pull them both out if that is the case and move to a private institution.</p> <p>Enough is enough.</p>	Remote learning for all concerned or frankly anything else other than MANDATORY masking.
William	Parker	Ottawa	Please no mask mandate, I support masking but it doesn't make sense right now without provincial action, you're just getting people annoyed and the wording of the suggested mandate in terms of timeline is too long. I cannot attend the meeting in person but please accept this as a written delegation.	No masking, or if masking, a mandate of a far shorter duration. Explicit provision that masks are not required outside.
Alex	Perrier	Ottawa	I oppose the coerced/forced masking policy proposed by Kaplan-Myrth, Evans and other OCDSB members. "Temporary" forced masking was already in place for two years on Ottawa public transit, and around 1% years in almost all indoor public venues in Ontario and Québec. There is a correlation between forced masking and a spike in COVID-19 deaths and positive cases, and so this measure failed to prevent repeated lockdowns. Forced masking and other restrictions harmed the social life of children and teens, led them to a spike in speech therapy appointments, and led them to lower academic success. For all of these reasons, I oppose the proposed coerced masking policy.	<p>I am requesting that the OCDSB discontinue the suggestion or implementation of coerced/forced masking. The choice of whether or not to mask should be up to each child or teen, in conjunction with their parents and their doctors. Kaplan-Myrth does not serve as the doctor of each and every student in the OCDSB, and therefore, I believe that a blanket forced masking policy is unacceptable. In addition, on August 25, 2021, I wrote to Evans upon the OCDSB proposing coerced masking and vaccination at the time, and I courteously explained why I oppose such policies; however, Evans did not respond to my e-mail.</p> <p>I have never contacted Kaplan-Myrth, due to her hostility towards those opposing COVID-19 restrictions. On the TVO program The Agenda on September 6, 2022, she accused such people of using the "far-right language of anti-maskers, anti-vaxxers, and ableists" for simply seeking a return to normal life, a life prior to COVID-19. Therefore, I believe that students and parents should be free to choose whether or not to follow Kaplan-Myrth's suggestions, but I disagree with her accusations towards those with different opinions, and I disagree with her proposal of coerced masking.</p>
Lachlan	Potts	Ottawa	<p>I am unable to learn at 100 percent of my potential when being taught by a teacher in a mask. This is due to me being hard of hearing. I use a hearing aid and and FM system. But still with this I am unable to see my teachers mouth. This makes it difficult to learn in my main language English and it is especially hard to learn in French and I am in the French immersion program.</p> <p>I am behind in my reading and writing due to mask wearing the last 2 years of school, I now have to leave French class 4 days a week to do the empowered reading program to help me.</p>	Please allow masking to be optional for teachers and students.

Steve	Quast	Nepean	<p>Any debate and vote would suggest scientific method is optional. This type of thinking is concerning. If there were any benefit to universal masking, every jurisdiction in the world would be voluntarily masking. This clearly is not the case. Any suggestion of a benefit to masking is simply virtue signalling and nothing to do with decades of clearly established evidence.</p> <p>It is unfathomable to consider that our knowledge with regards to an infinitesimally small particle (typically 20 million viruses per cubic meter indoors and outdoors alike) can be mitigated by a simple mask, unchecked at its perimeter, pulled off many times a day for water and eating, removed among friends and absent in public spaces.</p> <p>The engineering mechanics of small particles and filters is lost on a majority of individuals and most individuals in the medical field. Surgeons do not wear masks to prevent viral infections (any simple background research would verify this). They were worn to prevent bacterial infection, and since have been rendered obsolete with antibacterial medicine such as penicillin.</p> <p>Masking is political and the desire to think medical officials are somehow protecting the population is a ruse. No province in Canada is forcing this issue on its citizens at this moment. As demonstrated in the past few days, Ontario's top doctor went to a party full of unmasked individuals after recommending masking for all. He knows it will do no use. Shame on those who have not spoken correctly and have promoted a fear of viral infection. First it was droplets, incorrectly promoted as how viruses spread (always has been aerosol). Then to prevent sneezing and magic plexiglass barriers that somehow stop airflow. Again, if anyone is sick, they show outward signs and others will naturally shy away and of course should stay home. People who are ill are empowered to circulate in public under the guise of being protected.</p>	Masking shall remain optional. Education on the shortcomings and misunderstanding of masking should be promoted. I sincerely hope a voice of reason prevails and we can move on to helping our students overcome the psychological damage and mental health issues caused by lockdowns, masking and virus hysteria in the first place.
Ron	Rancourt	Kanata	<p>My main points: masks don't work; they do harm; where there is potential for harm there must be choice; a mandate removes choice; a mandate will not prevent flu season from happening.</p> <p>I will be providing a digital file with links to relevant information.</p>	No mask mandate.
Lauren	Reid	Ottawa	<p>Mandatory masking should return to schools to protect our children, and school board staff, from this dangerous respiratory virus season.</p> <p>I have two young children in OCDSB schools and am a physician. I feel it is our responsibility to protect each other and to take reasonable mitigation measures, especially when the health system is overwhelmed.</p>	Mandatory masking in OCDSB school for students, staff and visitors.
Zoe	Robinson	Ottawa	<p>I am writing as an educator and a parent with a child in Year 1 Kinder who has been wearing a mask since September but due to no other students wearing masks has been ill and missed most of her school year.</p> <p>We also were released last Monday from CHEO from a 8 day stay with my 14 month old who caught RSV and had to be on breathing support. He continues to catch every illness my daughter brings home.</p> <p>We are in crisis and need to be protecting our most vulnerable.</p> <p>It is not sustainable to keep missing work for myself and other parents. I see the stress in parents faces and wish we could find a way to keep ourselves , families and students from severe respiratory illnesses.</p>	If a mask mandate could be enforced during the winter months it would reduce the illness and allow students to be in school learning. It is a real mystery to me how we are supposed to close these learning gaps and keep students in school with all the illnesses circulating.

Moira	Rushton, MD, MPH	Ottawa	<p>I am concerned that the OCDSB is veering away from its role in education and overstepping into the field of public health. While I appreciate that the members of the OCDSB board care deeply for our children and community, it is beyond the scope of the school board to implement public health mandates above and beyond Ottawa and Ontario Public Health.</p> <p>If, and when, the province and city of Ottawa public Health organizations, implement a mask mandate for children and the general public, then it would be appropriate for that to extend to our schools as well.</p> <p>Until that time it is very much out of scope for school board trustees to be making public health decisions that our experts in public health themselves do not support.</p> <p>Moreover, I do not believe you have the authority over our children to implement or enforce such a mandate when a provincial/local mandate is not in place.</p>	<p>I recommend that the OCDSB of public health guidelines regarding masking, isolation and any and all other health related changes in the classroom to public health experts. The school board should focus on providing high quality education to our children and leave public health decision to public health experts.</p> <p>Thank you for your consideration</p> <p>Dr. Moira Rushton Medical Oncologist MD, MPH, FRCPC</p>
Nives	Scott	Ottawa	<p>I would like to provide a personal account of the issues my daughter faced (selective mutism) due to masking and hopefully appeal to the trustees' humanity in terms of what these measures mean for our children and their well-being.</p>	<p>Symptom screening, staying home when sick, putting pressure on the government to allocate funds towards our health care infrastructure, to repeal bill c124. Children, their education and their well-being should not once again wear the burden of a healthcare system that has been verging collapse for years.</p>
Melissa	Seiler	Kanata	<p>Good evening,</p> <p>I am talking on behalf of parents who value informed consent for any medical advice and exercise their rights to choose what is best for their child. School Trustees do not have the authority to replace the parent in any circumstance, and should be prosecuted for attempting to mandate a medical procedure with side effects that have not yet been researched. School trustees mandating masks should be criminally charged for imposing a medical procedure without parental consent.</p>	<p>It is against the law to mandate anything. You could be held liable for up to 75,000\$ in fines for violating human rights... See link and information here: https://action4canada.com/ontario-filing-a-human-rights-complaint/</p>
Michael	Smith	Kanata	<p>Proper evidence for benefits/harms of mask mandates for children in schools is incredibly slim and I would like to know what evidence is being used to make the decision outside. Expert opinion alone is not reliable evidence. It is instead the research that is available to the experts that constitutes the evidence base, which should be high quality (randomized trials preferred), and systematically reviewed.</p> <p>The main concern for us is that there will be no demonstrable benefit to instituting a mandate and it will impact the ability for my child to learn and socialize during what is a critical time for her development. Some milestones, when missed, can't simply be delayed without permanent repercussions.</p> <p>Several years of this so far is unacceptable without a far higher bar for the certainty of the evidence. It MUST be compelling. Otherwise, we don't know if this mandate will have any (positive, or negative) impact for the given objective of reducing illness/reducing strain on the healthcare system.</p> <p>Should the mandate pass, a clear metric for it's removal must be identified. Hospital capacity for eg. could suffice for now, but this disregards the abysmal state of health care in Canada over the long term which is far more important than anyone wearing masks.</p> <p>It is a mistake to solve capacity problems with more restrictions on the public. It isn't being done in countries with better health care (Nordic countries for eg). Mandating masks on children was NEVER done at any point during the pandemic for these places. By almost all metrics, we have under performed in comparison.</p>	<p>The evidence used in the decision making process should be shared with the public so that we may have confidence that the decision making is taken seriously and sits on top of a reliable scientific base.</p> <p>Discussion of this evidence should also be encouraged to make the public aware of the issues surrounding the reliability if it should come up.</p> <p>Trustees should no longer resort to trusting the experts, but rather seeing the data, and asking about it. At least, understand the objections from other qualified experts to be aware of the problems.</p> <p>Identify a clear metric for the removal of the mandate should it pass.</p>

Kathryn	Spurr	Ottawa	<p>Concerning the motion put forward by Trustee Kaplan Myrth concerning a mask mandate at OCDSB schools and buildings - I would like to know the legal authority the OCDSB. has to pass and enforce such a motion. Specifically, what section in the Education Act, R.S.O. 1990, c. E.2.</p> <p>Secondly, concerning fairness, the email to notify parents of the Board Meeting was sent Friday morning. However the deadline to apply for four minutes of speaking time was Thursday at 4pm.</p>	<p>I would like to Board to tell me the section in the Education Act, R.S.O. 1990, c. E.2, that gives them the power to pass and enforce a masking mandate.</p> <p>I would like the meeting to be postponed to allow delegations to apply to seek four minutes of speaking time.</p>
Elizabeth	Sweeney	Ottawa	<p>I am a parent with disabilities and we are a bi-racial family with a child in 2nd grade. I am also a member of the OCDSB Advisory Committee on Equity. I'm writing today as a parent, in support of the trustee motion to reinstate mandatory masking. It's surprising to me that we're at a place where this is necessary and that there are those in our community who feel so strongly against it.</p> <p>Masking saves lives.</p> <p>This, in my opinion, should be enough of a rationale. Everyone is sick right now. Our hospitals are overwhelmed with children who can't breathe. Soon, if not already, our hospitals won't have the capacity they need to save our lives if we need them to or to save the lives of someone we love. People across this city are not getting the surgeries and the treatment they require to survive. What if this was you - waiting to have invasive cancer removed? What if it was your child? And all because of viruses that could have been prevented, by wearing a mask. If our children wear masks in schools and it prevents one baby from dying, one grandparent, one mother - isn't that enough?</p> <p>The truth of the matter is that this is also an equity issue. Racialized and Indigenous children and families have been disproportionately and unfairly impacted by this health crisis. Families with disabilities have been excluded from schools and public life as they try to navigate a society that feels too inconvenienced to try to protect them.</p> <p>This is a common-sense approach to a health crisis and continuing as we have without masks is incredibly irresponsible and short-sighted. We all have a civic duty to take care of each other and prevent unnecessary harm, sickness, and death. I understand that everyone is trying to lookout for what's best for their kids and this mask mandate will not be in place permanently. This is a temporary measure put in place during a crisis. We are all capable of doing what is best to take care of those around us. This is not an issue of personal preference. This is a time in our lives that requires compassion, care and a strong commitment to inclusion. This is the lesson I want to teach my children.</p>	<p>I recomment supporting the motion to make masking manditory in schools.</p>

Eryk	Swist	ottawa	<p>I am parent of 3 children in the River/Gloucester-Southgate ward. I wanted to let you know that I don't support any introduction of masks for children or any other "Covid" measures. Similarly to the current inflation that everyone is noticing when they go to the stores, I believe the spike in respiratory illness is a direct result of the unprecedented Covid policies like masking and lockdowns of the past 2 years, a catch-up scenario if you will. I believe masking policies, at best, do nothing but move the problem down the road, and at worse they create other problems. For example:</p> <p>What about the waste generated by mask garbage?</p> <p>What about inhaling mask fibers? Prove to me that it's not harmful long term to wear a mask. Adequate studies have not been performed on the potential health hazards posed by elongated mask use. In particular, the inhalation of microplastic fibers from the mask material! In addition to this the warm, moist environment of a mask is the perfect breeding ground for bacteria.</p> <p>On the subject of mental health and social development of children which I might add, is one the benefits of having public schools. There are obvious downsides of making of children, such as not being able to see their friends smile and instead perceiving them as vectors of disease! Research in this topic has already found children with hearing impairment to have impaired word recognition in settings with mask wearing. Even children without hearing impairment have been found to have reduced word identification particularly in a noisy environment when the speaker is masked. Face masks also appear to impair recognition of emotions, trustworthiness and perceived closeness and may "undermine the success of our social interactions." These drawbacks are huge.</p> <p>What about again sacrificing education quality so that we can police mask usage?</p>	<p>No to mask mandates. Leave people with a choice, if they want to mask up, because they believe it helps them, then that's fine. I don't want my children to mask.</p>
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Erin	Thiessen	Kanata	<p>The suggested return of mask mandates in schools is wrong-headed and carries the potential to do more harm than good.</p> <p>Masks are not a silver-bullet solution. Most do not provide remotely adequate filtration to stop viruses. Many of the viruses that circulate during the regular cold and flu season are touch contagious which may well lead to more illness when small children (those most vulnerable to the current spread of influenza and RSV) are constantly touching their faces. Older children who have already developed more robust immune systems will not face the same level of risk anyway so assuming a similar policy for 4 year olds and 18 year olds ignores actual risk.</p> <p>Masks impede speech and language development. They interfere with the imperative understanding of facial social cues. Our children have already been so sacrificed in the last several years that many may never recover the learning that has been lost. This is a tremendously important point to bring attention to as reports throughout the world have been measuring unexpectly disasterous learning outcomes. As Ontario students have lost more schooling than most jurisdictions, we can only assume that the results are similar at best and likely worse.</p> <p>A constant environment of heightened fear and anxiety, emphasized every time someone looks at another person, does no good for mental health outcomes. We are finally moving back to a normal social interaction for and with our children. Why would we rip this away once again?</p> <p>The emphasis on the availability of pediatric ICU beds as justification for school mask mandates is disingenuous. In a province of almost 15 million people, we have a baseline of 112 PICU beds for the entire province. Adding an "additional pediatric ICU ward" at CHEO is an addition of 5 beds. This is hardly field hospital type discussion. A perusal of CHEO's website will also present a similar level of freak out last fall ... when school masking was already in place.</p>	<p>It must be recognized that small children go through several years of building immunity by contracting and recovering from viruses. To suggest that no one should ever get sick has been a strange legacy of the past few pandemic years. Myopic focus on policies that disregard trade-offs and potential harms are not good policies.</p> <p>Leave masking as optional for those who want it. Do not mandate it for everyone.</p>
Natalie	Thomas	Munster	<p>Regarding mask mandate discussion, I would like the opportunity to provide a written delegation communication as I am a nurse at cheo and am working during the meeting scheduled time, or to be able to speak remotely after 8pm should the meeting still be ongoing.</p> <p>I am a parent of one elementary school aged child with asthma who is currently sick at home, parent of one high school child and an RN at CHEO having to witness firsthand the magnitude of illness and resource strain that is occurring. I would like to add my voice to the appeal for more preventative measures, and I support a mask mandate while viral illness is so prevalent in our communities.</p>	Temporary mask mandate until hospital capacity eases

Sefora	Tognon	Orleans	<p>My son is a type 1 diabetic and recently rushed to CHEO's ER for troubling breathing with a severe case of suspected RSV. On any given day, several children/staff in his class are sick, showing symptoms and/or leaving mid-way through the day unwell. He wears a mask in all indoor settings and is fully vaccinated against COVID and the flu and yet, He has missed over 3 full weeks of school due to illness. He has been subjected to an intensive, painful, and 24/7 diabetes management regiment to deal with consequences of acquiring these illnesses.</p> <p>RSV/COVID/Flu cases are overwhelming CHEO and the healthcare system and the cold/flu season has only just begun</p> <p>Student Absenteeism is HIGH and the ability to attend school and pursue education is being disrupted significantly</p> <p>CHEO, OPH and medical experts are encouraging mask-wearing indoors including schools but mask-wearing among staff/students still remains very low.</p>	<p>Implementing a mask mandate across the OCDSB for all students and staff immediately until the current climate indicates otherwise</p>
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John	Vroom	Ottawa	<p>Some points for consideration are provided below. Each point below has a corresponding recommendation point in the "Recommendation(s) for resolution of issue:" box.</p> <ol style="list-style-type: none"> 1. Trustees forging a policy that is separate from the provincial mandate, Ottawa Public Health's mandate, other large school boards in Ottawa (such as the OCDB), and from all other school boards in the province. 2. Removing the ability of OCDSB staff, students, and parents to make their own informed decisions on masking. 3. Providing no clear, data driven evidence that masking in the OCDSB alone will significantly change the rates of hospitalization at CHEO. 4. Providing a random set of parameters for mandating and not mandating such as "CHEO ICU rates", "end of flu season", "end of public health recommendations to mask indoors". 5. Using only health data, more specifically, hospital capacity rates to drive decision making and policy formation. 6. Creating a policy that is not legally enforceable based on provincial rules and law. 7. Asking staff to enforce a policy that veers away from the rules and conditions Ottawa and Ontario have set for the region. It creates passive, yet confrontational interactions with children and teachers, teachers and parents. It creates friction and divisiveness in the classroom, staff room, and ultimately leads to increased stress levels and absences. 	<ol style="list-style-type: none"> 1. The OCDSB already has a mask policy, as directed by the Ontario Government and Ottawa Public Health. This policy has led to greatly improved ventilation in all school classrooms, enhanced cleaning procedures, improved personal hygiene routines for students and staff such as hand washing and disinfecting workspaces. Masking is strongly encouraged and used by those who feel it is a valuable tool for them. Staying with the current policy that was derived from provincial and regional health authorities is the best course of action. 2. Allowing students, staff, and parents to make their own informed decisions on masking is the absolute best way to ensure that all "lenses" are valued and appreciated. We have dedicated staff, good parents, and good students. People choose to wear, or not wear, a mask for many reasons, and reasons that go beyond a health (lens) perspective. Staying with the current policy that was derived from provincial and regional health authorities is the best course of action. 3. There is no concrete evidence to suggest that masking in the OCDSB will bring down hospitalization rates. Outside of a total societal mask mandate, any benefit will be marginally small. Unless clear, data generated evidence is provided, staying with the current policy that was derived from provincial and regional health authorities is the best course of action. 4. No policy change being brought forth should include seemingly random parameters for implementation. No one person or trustee should be given credence to create the rules and conditions for masking. If trustees wish to use their powers to circumvent provincial and regional health directives, they need to be debated and created over a period of time, with proper input. Staying with the current policy that was derived from provincial and regional health authorities is the best course of action. 5. Using only health data to drive a policy initiative can be perceived as discriminatory. A social lens refers to how we view a situation, others, and the world around us. It is important to remember that in an institution such as a "public school", many different "lenses" exist. They need to be considered. This policy change is driven almost entirely by a health lens. Staying with the current policy that was derived from provincial and regional health authorities is the best course of action. 6. This policy is not legally enforceable. This has been clarified by the Minister for Education, Stephen Leece. Creating policy that lives outside of provincial law sets a dangerous precedent. Staying with the current policy that was derived from provincial and regional health authorities is the best course of action. 7. Students, staff, and parents all understand the masking rules as they have been set by Ottawa Regional Health and the province of Ontario. Whether in schools, or in the community, people make informed decisions and follow them in a manner that works best. Asking staff and students to follow a separate trustee policy is problematic, confusing, and stressful. This is not the role of a trustee. In keeping the policy as it is, trustees are already looking after the health and welfare of staff and students., as are the other school boards
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Shawna	Warden	Ottawa	<p>My name is Shawna Warden I am a parent of a senior kindergarten student at Roberta Bondar. I would like to discuss the issue of masking and why it should be optional. I have done much scientific research on this as I know there are a lot of disagreements on the topic. My points of interest are below.</p> <ul style="list-style-type: none"> -Scientific studies show that masking does impact children's ability to recognize faces and emotions. It interferes with verbal communication and long term affects are not known. It affects learning of languages which I have seen with my son. The emotional affects include no sight of smiling which interferes with communication and successful teaching making it hard for young students to identify faces or emotions and affects social and emotional reasoning. -The affects of SARS-CoV2 on children is predominantly low risk the science shows that the spread from them is also low risk and does not endanger parents or others significantly. If a child gets it the chances of them getting severely ill or dying is extremely low. -The dangers of the virus fatality rate is 0.05 in persons 70 years of age and under. This is comparable to the rates of most influenza viruses and is actually lower then them. -Masking impedes breathing and contributes to other health problems scientific evidence shows that the most commonly used masks (surgical and cloth) are ineffective at reducing transmission. Many reports state that masks become insignificant and do not function after just 20 minutes of use to do saturation and because of that pass the droplets. -The rebreathing of our exhaled air creates an oxygen deficiency and a flooding of carbon dioxide. The human brain is sensitive to oxygen deprivation and is affected by low oxygen levels. This causes metabolic changes that impact cognitive functioning and brain plasticity. -Masking is affecting there immune system preventing their interactions with natural germs leading to overwhelming infections and serious health consequences. 	Make mask wearing optional.
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Regina	Watteel	Ottawa	<p>Dear Board Members:</p> <p>I am writing in regard to this evening's trustee vote on mask mandates.</p> <p>As a concerned parent, it is my hope that you act in the best interest of students and vote AGAINST a school mask mandate. Such mandates are not backed by sound science, they are not without harm, and they fall well outside the Board's purpose and general expertise.</p> <p>I realize the subject is controversial. This underscores the importance of respecting individual choice and allowing the students and parents to decide what is best for themselves.</p> <p>I am well aware of the social media rants by some of the board members. Dr. Nili Kaplan-Myrth, who is not an expert on masking and appears to be quite ignorant on the topic, has been vocal in her anti-science, pro-mask rhetoric. I am also aware of Dr. Kaplan-Myrth's open violation of the CPSO drug policy and her decision to administer covid vaccines to young patients prior to Health Canada's approval (https://www.cbc.ca/news/canada/ottawa/booster-ottawa-family-doctor-1.6282731). I consider such actions to be reckless, to demonstrate a disregard for public safety and due process, and to be indicative of an over-inflated sense of entitlement. It is my hope that the majority of board members ran for election to serve the needs of the students and not simply to impose their own rigid ideologies and beliefs onto our children.</p> <p>I have done a great deal of research on the topic. My household has several members with science degrees including two with PhDs; we understand the scientific process as well as the hierarchy of scientific evidence. We are very health conscious, and we make informed choices. We do not follow ill-advised, harmful measures that seek to undermine our health and safety. Regardless of tonight's vote, our masking behavior will not change. Still, it is my hope that the Board does the right thing and votes against a mask mandate.</p> <p>I encourage each member to cast a vote and let your voice be heard. It is my understanding that the trustee in my region abstained from the mask mandate vote last spring. Such an action does not absolve a trustee from the outcome as it allows aggressive bullying tactics to dominate the vote.</p> <p>Please feel free to contact me via email or phone if you wish to discuss this further.</p> <p>Thank you for your time,</p> <p>Regina N. Watteel BSc. Hons. Math & Physics, MSc. PhD. Statistics</p>	<p>Please vote AGAINST the mask mandate in OCDSB schools. Thank you.</p>
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Andrew	Waye	Ottawa	<p>Hospitals are overwhelmed and healthcare workers are burning out as we continue to be in a once in a century global pandemic.</p> <p>We do not know the long term effects of COVID-19 on children, especially from repeated infections. Until evidence that COVID infection does not result in immunity robbery, like measles does, leaving one more susceptible to serious outcomes from future infections or to other pathogens, we shouldn't be taking a "let's wait and see" approach. As a toxicologist, the precautionary principle is a fundamental value to me and should be applied when there are high levels of uncertainty and evidence exists to suggest a serious risk, such as is the case with COVID. Right now we are not applying the precautionary principle in our schools, despite evidence that COVID can impact multiple organ systems, including the heart and brain, and result in a weakened immune system, making one more likely to experience long-term or serious health consequences with repeated infections. Current data shows children are not immune to long COVID. We should be implementing simple, effective steps, to mitigate risk too school staff and to children until the impacts of this virus on our bodies is better understood.</p> <p>One of the simplest and straightforward, high-impact measures to help flatten the curve that is currently overwhelming our healthcare system from respiratory viruses is to wear a mask. One of the simplest and straightforward, high-impact measures to help prevent COVID-19 infection and reinfection of my children is masking.</p> <p>Staff and students have a right to a safe (and inclusive, for those at high risk of severe outcomes of COVID) work and learning environment.</p>	<p>Mask mandates for students and staff at school.</p> <p>CO2 monitors to ensure classrooms and students aren't subject to contaminated air with high viral loads. High viral loads upon exposure may impact the severity of the infection.</p>
David	Wieland	Kars	<p>Motivation for recommending masking Efficacy/benefits of masks Pros and cons Wishful thinking vs. scientific validity</p> <p>CHEO's chief of staff has good reason to be stressed about the extraordinary strain on pediatric ICU beds. But what's the basis for insisting that we know masks work? The 2019 WHO report reviewed ten trials of face masks against flu-like illness, none of which found a statistically significant benefit. Scientifically valid COVID-specific studies (not TV reporter demonstrations) have been similar, and some have even shown negative "benefits". (See https://swprs.org/face-masks-and-covid-the-evidence/ for an itemized presentation of the studies and their results.)</p> <p>It seems that the main consideration now is whether the public will accept mask mandates -- not demonstrated efficacy or even technical mask details. Ventilation (dilution) is the most definitive way to reduce airborne germ transmission. Most people would willingly wear effective masks if there was clear value, but unsupported claims and misdirected mandates undermine the experts' credibility. Aren't we supposed to follow the science? How can ignoring it in favour of wishful thinking be helpful?</p>	<p>Qualify the extent, if any, of the connection between school attendance and CHEO ICU demand. (Reports say it's mostly babies and very young children, presumably pre-school, in ICU.)</p> <p>Review the high-quality studies (not TV reporter demonstrations) of the efficacy of the types of readily available masks. (See https://swprs.org/face-masks-and-covid-the-evidence/ for an itemized presentation of the studies and their results.)</p> <p>Weigh the perceived pros and cons against the tested ones, watching for the bias of presumed but unmeasured value and risk. That is, avoid basing policy on wishful thinking and social pressure rather than on solid science. Media can't be ignored, but don't allow them to steer board policy.</p>

David	Wieland	Kars	<p>Motivation for recommending masking</p> <p>Efficacy/benefits of masks</p> <p>Pros and cons</p> <p>Wishful thinking vs. scientific validity</p>	<p>Qualify the extent, if any, of the connection between school attendance and CHEO ICU demand. (Reports say it's mostly babies and very young children, presumably pre-school, in ICU.)</p> <p>Review the high-quality studies (not TV reporter demonstrations) of the efficacy of the types of readily available masks. (See https://swprs.org/face-masks-and-covid-the-evidence/ for an itemized presentation of the studies and their results.)</p> <p>Weigh the perceived pros and cons against the tested ones, watching for the bias of presumed but unmeasured value and risk. That is, avoid basing policy on wishful thinking and social pressure rather than on solid science. Media can't be ignored, but don't allow them to steer board policy.</p>
Mandy	Wong	Ottawa	<p>I do not consent to the potential mandate of masks to be returning in the schools. They are harmful to The children's development. They are not safe to be using for any extended periods of time. The holes in the mask are bigger than the size of any virus. They are not created or intended to be used to stop a virus. Many factors need to be looked at that Do not add up to the use of masks.</p>	<p>Encourage healthy, eating and exercise. Our bodies need viruses in order to create and build immunity. Keeping ourselves away from them will actually make people sicker.</p>

Dawn	Xiao	Ottawa	<p>Hello,</p> <p>Please take this as a submission against mandating masking.</p> <p>Key points are below.</p> <p>Cheers, Dawn</p> <p>1) The mandate of schools is primarily a place for education. Leave the public health for public health experts in public health organizations to recommend, and individuals to decide for their own bodies. Please do not let schools step outside of their jurisdiction.</p> <p>2) Mask mandates are not enforceable without prior full support from the province & public health entities, just like the fiasco that the Ottawa Carleton District School Board got itself into in spring 2022.</p> <p>3) We've had years of kids hardly seeing other kids and adults' faces when interacting, which has delayed growth in social and communication skills. Please do not let our schools add to this problem.</p> <p>4) Pre-pandemic, we did not even recommend wearing masks for common respiratory illnesses, and the science has not changed. In fact, we were told by public health authorities that wearing of masks was not needed, even in spring 2020.</p> <p>5) Wearing medical masks adds to the microplastics that the wearer breathes in, they are adding to plastic waste, and are a strangulation hazard for wildlife. We have seen many just left out on the street. These single use masks are making our environment less safe.</p> <p>6) Please let our kids respiratory systems grow normally, without mandating face coverings. Let their immune systems develop normally, experiencing the variety of typical respiratory illnesses without masking. And please do not force them to continuously breathe in concentrated amounts of the same germs that were meant to be excreted out with breaths out, that end up stuck on the inside of masks.</p> <p>7) If someone really wants to wear a mask or respirator to protect themselves, they are still free to do so, including when there is no mask mandate.</p>	<p>Recommended to vote against mandatory masking.</p> <p>Individuals would still be free to wear masks or respirators on themselves.</p>
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Skyler	Ye	Ottawa	<p>Dear OCDSB,</p> <p>I am a student at Glebe Collegiate Institute and at the same time, I am the Co-President of the Glebe Collegiate Institute Students Council. After the news came out that the school board will have a meeting to decide whether to bring the mask mandate back to school, I talked to many current students at Glebe Collegiate Institute. There is more than 80% percent of students think that this is not a good time to bring back the mask mandate and that wearing a mask should be a personal choice and shouldn't be decided by the school board. There are also students like me that wear masks all the time in public settings and schools, but we still believe currently there is no COVID-19 Mask Mandate Act from the provincial and federal government. So there is no authority given to any school boards to force students to wear masks, and students and citizens should be treated equally under the Canadian Charter of Rights and Freedoms - "Equality Rights". So I would like to bring up the students' voices to the school board to put it into consideration, I personally 100% encourage students to wear masks to protect each other, but the mask mandate is currently not the best and legit solution to the issues.</p> <p>Sincerely,</p>	<p>I recommend the school board increase the communication between the school board and students with the current local covid-19 news and strongly encourage students to wear masks or have more posters in school to present the facts of Covid-19 to encourage students to wear masks. At the same time, put more effort into providing more support to students' mental health and help the school operation back to normal by providing normal education to help students to get over with the final exam this school year. At the same time, provide more opportunities for ELL Students to improve their speaking skills, because it is really hard for them to learn English with some teachers' masks on. I hope you could put students' voices into consideration and help to build schools back to normal and safe operation as soon as possible. Thank you so much for your listening.</p>
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