

Thank you for the opportunity to share my thoughts with you regarding HB248. I just want to start by telling you that I have dedicated all of my adult life to medicine. I became a RN in 2011 and then obtained my MSN for Family Nurse practitioner in 2015. I have been practicing since. I love my children more than anything in this world. I would NEVER want to put mine or anyone else's children in harms way.

I want to first start by telling you I believe COVID-19 is real, there is a threat with certain populations and age groups, and the virus is especially dangerous to the very old and very sick. It can also be serious in adults who have co-morbidities (heart issues, diabetes, morbid obesity, etc). However, COVID-19 does not pose a serious threat to our children. In fact, the fatality rate for children is less than 0.01% and even as awful and tragic as it is when a child passes away from ANYTHING, the 0.01% were often immunocompromised kiddos who would have trouble fighting off any type of respiratory virus (I am attaching studies for all of the statistics that I cite). Also, according to TIME magazine, fewer children died OVERALL in 2020 despite COVID-19. Children are also 20X more likely to die from an injury than they are from COVID. This includes accidental drownings, accidental ingestion of medications, drowning, and car accidents. There has been no studies or stories that show that schools are super spreader environments, in fact quite the opposite has been proven true. Our children need school and social interaction with their peers. They thrive best when they can be with their friends and play, openly and freely without constant interference from masking, distancing, and constantly being told "put the mask over your nose." Data from the UK, shows that among 469,982 children infected with COVID, the survival rate was 99.995%, another staggering positive statistic.

Schools are punishing kids for not masking. Isolating them. Making them feel like monsters. Threatening to take away their sports if they do not comply with vaccines. This is not the Ohio I was raised in anymore.

According to a recently published study by Dr. Angela Rasmussen, a professor of Columbia University School of Health, published in the New England Journal of medicine the findings stated: "There is insufficient evidence to support the claim that masks reduce the infectious dose of SARS-CoV-2 and the severity of Covid-19." A European study, published by the American Medical Association found that "after only 3 minutes of mask wearing, children registered levels of carbon dioxide inhaled exceeded acceptable limits by a factor of 6, presenting risks for hypercapnia for masked children." Hypercapnia leads to headaches, dizziness, fainting and other issues. Dr Jay Bhattacharya of Stanford University wrote on the psychological toll of masking children " the benefits of masking children are small to none; the costs are much higher." In addition, asymptomatic spread is insignificant, and most epidemiologists will acknowledge there is a 0% chance of asymptomatic spread, I found one study that said the rate was 0.0004% in other words, insignificant. A recent study published by brown University showed no higher rates of transmission in masked versus unmasked kids in school. Suicides and depression are up in school aged children. Significantly. The kids seeking mental health treatment is skyrocketing. Last year in Ohio, adolescent mental health wards had to turn patients away.

Teachers and staff have had the opportunity to receive a COVID-19 vaccine at no cost to them. They either accepted the offer or they declined. According to studies the vaccine is 98-99% effective. Those who have received the vaccine, are now protected according to this data. Others who did not take the vaccine either 1- thought the risk did not exceed the benefit, 2- were not concerned about COVID-19 or

3- just simply did not want to take it. But, they had a choice and they each made a choice that was best for themselves and for their family. They are allowed to make that choice and I respect it. However, we can no longer say children are putting teachers at risk due to 1- vaccine availability and 2- the information and statistics I cited above do not put children at risk or teachers at risk from contracting it from students. It is very plain and simple. Do not send your kids to school if sick at all. My boys missed more school than I liked, but I did not send them if they had any complaint as I felt this was the right thing to do.

In the medical world, we analyze risk versus benefit for every treatment we suggest. I am 100% for well studied vaccines, my children are fully vaccinated and their vaccines records are complete. However, in children the risk versus benefit of a COVID-19 vaccine, shows that there is concern for parents when vaccinating their children against COVID-19. After being approved for emergency use in children just a couple of months ago, there have been over 700 reports of myocarditis, which is more cases of myocarditis in a given year for children of this age group. Risk versus benefits needs to be analyzed in every age group, and in school aged children there needs to be more studies. With a survivability rate of over 99.995%, parents have to make a choice on what is best for their children. Children and families should not be punished or threatened with continued masking if they do not choose to vaccinate against COVID-19, because there is a risk involved with vaccination. Even if small, this choice is something that needs to be made amongst families, not departments of health or boards. Recommendations can be made, but we must have a choice.

According to the Associated press, overdose rates are up by 29% from lockdowns and closures. Children are trying to make sense of this all and are turning to to illicit drugs to cope. Drugs can infiltrate any community and school, regardless of size. Children need normalcy to feel safe and comfortable.

In conclusion, I would like to share some personal stories regarding masking and school. My youngest son went from looking forward to school every day to hating it. I had to drag him out of bed. He was in the gifted program at Bellevue, he still did well here at SE but he hated school because of his masks. I had to beg my pediatrician for a face shield order and then Branson felt isolated, alone, and different. He had a terrible time making friends at first with the masks and distancing, and often begged me to "let me take this off." I told him I would home school him and he said "Please I want friends." When I asked about mask breaks, I was told by the school nurse he could talk to a counselor.....that was not the issue...he was anxious and uncomfortable. Very heartbreaking for a parent to hear. My older son Braydon has had 10 treatments on a wart on his face that the dermatologist said is from masking. It cannot be allowed to continue.

Finally, I would like to say if teachers and students want to mask and get the vaccine then they can very well go ahead. I am not judging them. They feel differently than I do. Many are still being cautious, and that is absolutely okay and respected. But, they have a choice, and so should we as parents. With the statistics and data above, it is well known that children are not at risk, that those at risk have the opportunity to be vaccinated should they chose, and that masking is psychologically harmful to children who do not wish to wear one.

longer the case an we know much more about COVID-19 than we ever did before. Masking and COVID-19 vaccination must be a choice in the 2021-2022 school year, or we will see the negative consequences mentioned above for decades to come. If you feel you must have some type of protocol, temperature checks and education to parents about not sending kids to school sick is your best option.

If you have any questions or would like to speak with me further, please do not hesitate to reach out.

Sincerely, 

Heather Robinson MSN, CNP, but most importantly, mom ☺

<https://www.cidrap.umn.edu/news-perspective/2020/11/kids-covid-cases-rise-most-are-mild-new-data-show>

<https://www.nejm.org/doi/full/10.1056/NEJMc2030886>

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