

6-24-2020 SPECIAL BOARD MEETING TRANSCRIPTION
***A LIST OF NAMES OF INDIVIDUALS WHO SUBMITTED COMMENTS VIA EMAIL**
IS PROVIDED AT THE CONCLUSION OF THE TRANSCRIPTION*

Barke: Welcome everyone. I want to thank everyone for attending tonight, our special event on reopening at the schools. We will start with an invocation from Mr. Robert Hammond.

Hammond: [Inaudible] Thank you. Thank you, blessed Father, for allowing us to be here. We ask that you grant us wisdom and [Inaudible].

Barke: Amen. Thank you so much. Next, we'll have Beckie Gomez lead us in the Pledge of Allegiance.

Gomez: Please join me as we honor our Nation.

Board, Gomez and Audience: I pledge allegiance to the flag of the United States of America and to the Republic for which it stands, one nation under God, indivisible, with liberty and justice for all.

Gomez: Thank you.

Barke: Thank you. I just have a couple of comments and then we'll start. The OCDE recently put forward some guidelines for school re-openings. Although I strongly disagree with the non-transparent process and the lack of public participation, I do see some common sense ideas. Furthermore, I also believe that understanding the impact that not opening schools has on our children and our community must wait until any guidelines put forward. There should also be recognition that distance learning is not working and is not an acceptable method of education. Finally, emphasis should also be placed on the voluntary nature of any recommendations and that parents ultimately have the most important voice and choice in this matter. Next, I would like to introduce our moderator, Mr. Will Swaim. Oh, I'm sorry.

Williams: I make the motion to adopt the Agenda.

Barke: I'll second it. Okay.

Boyd: I'll do roll call.

Barke: Okay.

Boyd: President Barke?

Barke: Present.

Boyd: Trustee Gomez?

Bedell: Present.

Boyd: Trustee Bedell?

Boyd: Trustee Sparks?

Sparks: Here.

Boyd: Vice President Williams?

Williams: Present.

Boyd: Thank you.

Barke: Okay.

Williams: Motion to [inaudible]

Barke: I second. All those in favor? Roll call vote, please. We're just waiting for the roll call vote for adopting the Agenda.

Boyd: President Barke?

Barke: Yes.

Boyd: Trustee Gomez?

Gomez: Yes.

Boyd: Trustee Sparks?

Sparks: Yes.

Boyd: Vice President Williams?

Williams: Yes.

Boyd: Trustee Bedell is absent.

Barke: Ready to move to Public Comment. We're going to allow 30 minutes for public comment before the meeting, and we are going to stick to the 30 minutes even though we do allow extra time normally. [Inaudible]. As I was saying, we are going to have 10, three-minute speakers so that we don't go over our 30 minutes. We don't want to cut into our expert panel. After the forum, we'll allow for more public speakers. The first speaker will be Alan Hostetter.

Hostetter: Hello, Board of Education. My name is Alan Hostetter. I live in San Clemente. My wife is currently a 20-year veteran schoolteacher in Orange County. I value her health as well as the health of Orange County's children. I personally view the masking of children in schools as a form of child abuse. The very thought of it turns my stomach, and here's why. I refer back to the same Swiss research report on COVID-19 that I sent you a couple of days ago. It was released less than a week ago and is quite up to date. It is supported with links to all of the data they relied upon to make their conclusions. When you read this information, it's easy to see now, in hindsight, that COVID-19 really turned out to be nothing more than another flu season.

By the way, the overall CDC death count numbers being put out are completely inflated and fake. I can back this up, but don't have the time here. The Swiss research report shows the mortality rate for COVID-19 is already as low as common influenza. With a massive amount of testing we are doing in the US the mortality rate is likely to drop even further and below that, a common flu. Think about that. We are here discussing whether to mask our children and our teachers, reduce their daily oxygen intake significantly, distance them from each other and put additional burdens on your teachers and continue feeding into this unnecessary climate of fear. Largely driven by our absolutely horrible and fake mainstream news media that has been enjoying a bonanza of higher ratings and increased ad revenues since they began their fear porn back in early March.

The Swiss research report additionally provides substantial evidence that masking and distancing had virtually no effect on the spread of the virus. Again, they back this assertion up with data and evidence. Please see specifically point number 22 in this report where researchers state, and I quote, "At no time was there ever a medical reason for the closure of schools as the risk of disease and transmission in children is extremely low." With this in mind, why are we still operating out of a place of fear and panic? It makes no sense any longer, yet we persist in keeping ourselves and our children in this ongoing state of fear and anxiety. If you dig deeply and really follow your gut, as well as the facts, you begin to realize there is something much, much bigger than a virus happening out there.

It is sinister, and you can smell it in the air mixed with this acrid smoke from riots nationwide. I'll let speculate on the origins or motivations behind this. I'll simply say that in order to make a proper decision in this matter, you must take this into consideration. One example, I was told that a group called the American Pediatric Association is going to be here to lobby on behalf of masking children. When you go to their website, they look like nothing more than a left wing political action committee. It's all over their website, easy to spot. I copied some of their news releases, and I'll leave them here for you. In closing, it will be up to you leaders to see through this illusion, this mask of fear that has been created by the media and even some in medicine. Please protect our innocent children, our hardworking teachers and your staff. Please, no masks, no distancing, no new normal. Thank you.

Barke: Thank you, Mr. Hostetter. Our next speaker is Kris Hostetter.

K. Hofstetter: Hi everyone. I appreciate your being here tonight. Testing. Good? Good to go? My name is Kris Hofstetter and tonight I'm speaking to you as a private citizen of Orange County exercising my first amendment rights to speak. I'm not speaking as an employee in school districts. First of all, I'd like to thank the Board, of course, for their service to the families within their jurisdiction. I know you're in a difficult position, and that it's impossible to make everybody happy all of the time with your decisions and recommendations about education. You've done a great job about giving families options for their kids and how they access public education in the fall. I want to emphasize the word options.

I am speaking to encourage you to consider giving the families in our district another important choice; deciding for themselves whether or not to mask their children in school. As someone with over two decades of experience as a professional educator, working with multiple ages of students, I'm qualified to offer a prediction of how this will play out in the classroom. First of all, masking is an unsustainable practice that cannot be performed to the level necessary by children to stay in compliance with medical guidelines. There are studies showing that masks could even potentially harmful, especially if they are used incorrectly. Children by nature are very active and very hands on.

They're inquisitive and social nature goes against that passive submission and willpower it takes to wear a mask and stay in compliance. It's therefore unacceptable to mandate the wearing of masks in school, as it does not provide for the least restrictive environment possible for learning. Second, there currently is not a law in California. I repeat not a law in California requiring children to wear a mask during school. At this point, they are merely guidelines, merely guidelines. Education is facing a massive deficit in funding and masking as a mitigating activity further depletes funds while at the same time being potentially ineffective or harmful.

It is not a sustainable practice and in addition, based on many personal conversations with parents that I've had, districts will lose enrollment if choices are not offered as parents will protect their children from the harms of masking by pulling them out of public school. Now is not the time to lose enrollment. Mandatory masking of children in school interferes with their California constitutional right for access to public education in the least restrictive environment possible. I'm skipping a lot. Therefore, in allowing families to decide for themselves whether to

mask their children in school, you are allowing them access to the educational equality that is their right. Thank you so much. I do appreciate your time and all you're doing for us.

Barke: [Inaudible] Our next speaker is Nicole Brown, and on deck is Syndie Ly.

Brown: I'm Nicole Monteilh Brown of Costa Mesa and my attorney, Ms. Lee, will be speaking on my behalf. Go ahead, Lee.

Lee: Can you hear me?

Brown: Yes.

Lee: Awesome. We should be making few, if any, changes to our schools. The risk of death to children from COVID is 0.0% according to the CDC. In Orange County, zero people under the age of 24 have died. Kids have zero risk from this disease, and they also pose zero risk of harm to others. They do not become silent spreaders who bring it home to grandma. First of all, even adults do not cause asymptomatic spread. In May, A COVID positive asymptomatic carrier was exposed to nearly 500 people. No one got COVID. Two hairstylists in Missouri served 140 customers while positive. Nobody got COVID. On June 8 the World Health Organization noted countries doing contact tracing, and I quote. "Our following contacts and they are not finding any secondary transmission onward."

They went on to state, and I quote again, "No child is known to have passed COVID to an adult." the reason the statewide masks order does not apply to schools. You are governed by the State Department of Education guidance which recently issued, "This guidance is not binding legally." The document even states, "It is intended to be a guide." It states it as, "Not a mandate." It further states, "It is not one size fits all." You can adopt it or not. I recommend against adopting the mask mandate or the social distancing measures for the following reasons: 1) regarding masks, there is a zero data showing viral containment. The mesh of the mask is simply too large to contain the virus particle.

What the masks, however, do cause is hypoxia. Recently in Orange County, a number of residents donned a mask and within three minutes, all of them, all of them dropped from normal oxygen to hypoxic zones. The average oxygen rate was two points below where Medicare will pay you for you to get supplemental oxygen. It was 86%. Two of the women dropped into the 70% zone where heart attacks and death occur. If you mandate masks, mark my words. You will be sued, and it will be a heavy loss each time. Social distancing was developed by the CIA. It works better than torture at breaking people down. It doubles your risk of death. It's the equivalent of smoking 15 cigarettes a day and being an alcoholic. It destroys a part of the brain that is responsible for learning.

We may as well lobotomize our children and hand them cigarettes and whiskey on their way into homeroom. They might be better off. In terms of the 6-foot rule, it is bogus. It came from Britain where the lead researcher recently admitted, "They did not think the British population would understand what 1 meter was, so we doubled it to be on the safe side." They concluded, and I quote again. "The 2 meter rule was literally conjured up out of nowhere." What 6 feet means is that you can't get all the kids in the class at the same time, half of your learning will be online. Years of research have shown and I quote again, "Online learning is ineffective." You've got 10

million kids in California, 43% are poor. For these children, it will be catastrophic. Please do not mandate social distancing in our schools. It has no place there.”

Barke: Thank you so much. Syndie Ly please, and on deck is Tiffany Iselin.

Ly: Good evening, Board of Trustees, Supervisor Wagner, and panel experts. I currently have four boys attending schools in the Tustin Unified School District. I have been monitoring the reopening of schools, particularly in my school districts, because it affects my boys. As you are aware, the California Department of Education issued a 62-page guideline for school reopening. I also reviewed the Orange County Together guidelines that was put out, I assume, by this Board and also sat on the webinar hosted by OC Superintendent Al Mijares this morning to find out what we're doing with California schools, particularly Orange County. I'm wondering why these guidelines were put out yesterday prior to the public's feedback today. Okay?

It just seems backwards to me. As these are currently just guidance, I urge you to consider the implications to children by implementing these measures in the schools. According to the state COVID-19 webpage, there have been zero deaths in California by someone age 17 or below. If you drill down further and looking at Orange County, there have been zero deaths for children, or even ages 24 years or below. Okay? Looking down further, I urge you to look at the science and the data. It does not support not reopening schools to the regular schedules. The science says that children are resilient. They have immune systems. It makes sense to put them back in their schools and their regular routine so that we can build herd immunity for the rest of the population.

Particularly, the adoption of the 6-foot rule will force California schools to a remote hybrid-learning model. This this is what I've heard. I reviewed it with the state department guidelines with the Orange County Together guidelines that we're looking at some hybrid schedule models. Okay? This does not make sense, particularly disadvantaged, the socioeconomic groups. The lower section socioeconomic groups will not be able to afford any childcare. They will leave their kids at home unattended. Then there will also be a lack of computer and internet connections. By leaving their child at home alone, we're actually putting their kids at a death sentence. They will be behind other kids.

We're putting kids in Orange County and California way behind other kids. Other measures, such as implementing face covering for kids, removing field trips and assemblies affecting a child's psychological and wellbeing. My kids currently are going to summer camp, because their summer camp is open. Their summer camp requires mandating face mask. I witnessed firsthand how kids are not abiding by this. By the time I pick them up, they're removing their face mask, they're moving it way below.

Barke: I'm sorry. Your time is up. Thank you, though. Appreciate your comments.

Ly: Thank you.

Barke: Tiffany Iselin, and on deck is Ryan...

Tworek: Tworek.

Barke: Thank you.

Iselin: Hello, Board of Trustees. My name is Tiffany Iselin, and I'm the parent of an incoming kindergartner with special needs. My daughter has an IEP to support her sensory processing challenges. Children at her age, even those without diagnosed special needs, are developing all of their senses through tactile activities, such as playing in the sand, climbing and swinging on playground equipment, and through social and emotional bonding and communication with their peers. I'm very concerned that if we take away these sensory and social opportunities at school, our children will suffer greatly. The California Department of Public Health and state education officials have both issued school reopening guidelines that fail to take into account the emotional and developmental health and wellbeing of our children.

These guidelines are written to protect public health but at what cost? Children are simply not at any risk for developing complications from COVID-19. Per data reported as of today on the OC Healthcare Agency website, Orange County has had a total of 299 deaths since this pandemic started. Just over half of those were in skilled nursing facilities. It is safe to assume that the vast majority of children do not come into contact with sniff residents regularly. They do not pose a direct threat to this population. Half of the remaining 147 deaths were over age 65 and only 38 Orange County COVID-related deaths were between the ages of 25 and 55. Zero deaths have been reported under the age of 25. This is in a population of 3.8 million people.

In fact, less than 5% of all cases of COVID in Orange County have been in kids under 18. Essentially, we are going to modify the schooling of over 486,000 Orange County students, to theoretically, shield a population that isn't even at serious risk of developing complications from this illness. It is prudent to educate our children and community to socially distance from those people who are at risk, the elderly and immunocompromised, but children, young adults, and the majority of teachers under 65 should be allowed and encouraged to attend school in a normal setting with normal class sizes, and with minimal social distancing measures in place. Kids learn through sensory activities, collaborative projects, playing with and forming close bonds with their peers, negotiating social situations and through movement and self-expression.

Mask wearing, standing 6 feet apart and other detrimental social distancing measures, excuse me, will only impair student learning. I predict that there will be more cases of bullying, teachers will have a near impossible task enforcing these regulations, and students will be distracted from their education. Online learning and hybrid models should be offered for those who are at-risk or have at-risk family members at home. While keeping in mind that these models are not ideal for the vast majority of students and can be very detrimental to students of lower socioeconomic status.

Let's put reasonable science-based measures in place, such as increased hand washing, keeping kids and teacher's home when they're sick, and allowing parents to choose which mode of learning works best for their family. The tiny health risks that COVID conveys on our children is nothing compared to the educational and emotional deprivation they will endure if forced to follow the reckless guidelines proposed by the state and local public health departments. Thank you for your time.

Barke: Thank you very much. Ryan?

Tworek: My name is Ryan Tworek. I'm doing this for my kids, Jacks and Chloe. I sell technology skills for a company called PluralSight to Fortune 500 companies like Broadcom, Petco and other companies. I know what it's like to get adults to try and do like a week of class of one hour a week. It's [expletive] impossible. It's hard just to get adults to do this for a week on Zoom, and there is no way you're going to get your kids to do this on Zoom. My wife, we've been there. The thing that we got to talk about is equity and access. There are kids in Orange County who live out of their cars. They live out of hotels. They have parents who are in ICU, and they don't have food. They don't have a responsible adult at home who's taking care of them. You know what their guiding posts and their safe spot is? It's the school. The school is what helps provide them the food. It provides them the resources. It gives them a place. You can't drop these kids off. You guys are getting them Chromebooks, but you don't give them internet access. You gave them Google Classroom, but you didn't give him a printer. They can't do the work. You're gapping the kids. These kids are poor. They don't live in places like Newport, Mission Viejo. They don't have the funds. These kids in Santa Ana and other places, they don't have it. You're gapping all of the kids. You're taking away their resources. Like, giving a crazy schedule.

You're going to gap these kids more, because they're not getting online learning. All the kids who have privilege are going to learn. The kids who don't, aren't going to get gapped further. By fifth grade, these kids are two to five years behind where their peers are. You guys are responsible for 489,000 kids, but you're also responsible for 200,000 employees who work for the school district. In that aspect, you have staff on your teams who are going home on sick leave right now because parents are bullying them. I hope in your plan you're taking into account how teachers are getting treated, how your front desk, how your secretaries are getting treated, because they are going home on sick leave right now.

I know people who work in Orange Unified District, and that's how I know these things. These kids are getting gapped, and it's horrible for equity and access for what you're doing. Your teachers and your employees need to be protected from the parents. You have [expletive] parents out there who are treating your people like [expletive], and they need to be dealt with. That is part of the thing that needs to be helped. It's not just the kids. There's no way. You can't do the crazy schedules. It messes up the teacher's lives. It messes with the parents' lives. You have the nutrition aspect of it. You have bus drivers. How are you going to get 40 different bus drivers scheduled?

You can't even afford one bus driver schedule let alone 40 schedules. There's no way to do it. You have teachers who don't want to go back. They say, they're going to get sick. Yet, not one adult has been affected by asymptomatic passage to adults. Who even said, no child is known to have passed COVID-19 to adults. Kids are not getting sick. Intelligence for kids, linguistic, logical, mathematical, body, kinesthetic, music, spatial, naturalist, interpersonal and intrapersonal. You just took away three to four learnings ways. How do they do the interpersonal or the intrapersonal? You can't do that if we're sitting 6 feet apart. This is like ridiculous. They can't do it. There's no way. Kids have to go back to normal. No question. It's just normal. Go back to school. That's it.

Barke: Thank you. Next, we have Sarah Beck.

Beck: My name is Sarah Beck. Thank you for your continued focus on creating a healthy and happy return to Orange County schools this coming fall. I'd like to acknowledge your hard work. Thank you. Most notably, I'm a parent. I'm also a cultural anthropologist, and I have chosen to be a substitute teacher at my children's school. My two children attend San Juan Elementary, a CAPO Unified Spanish Immersion Program. Let me tell you, nos encantamos nuestra escuela. We love our school. Tonight, I'm speaking for the parents and students of CAPO Unified School District and imploring you to create guidelines to reopen our schools, as much as possible for a traditional return this fall.

Changes to schools operating basis due to COVID-19 should be minimized and done with reason and logic. Minimizing changes such as temperature checks, concentrated emphasis on hygiene and sanitation with heightened restructuring occurring when, and if, there is a heightened risk. These all seem like fair and reasonable shifts. First and foremost, let's acknowledge the elephant in the room. Science and statistics back the facts that children have zero risk of death and pose zero risk of asymptomatic transmission of COVID-19. According to the CDC, the current risk of fatality of children is 0.0%. Here in the United States, students have a higher risk of death when traveling to school than posed to COVID-19. My kids cross or Ortega Highway every day. There's more risk there. Earlier this month, the World Health Organization confirmed that asymptomatic spread is not occurring. With these facts in mind, much of the discussion of [inaudible] regarding the restructuring of education in response to COVID-19 is based on the unfounded belief that children need to be distanced by 6 feet, and class sizes must be cut. Perceivably, there will be a significant percentage of families who choose the option of distance learning. This will inherently cut classroom sizes. Problem solved. As you grapple with our return, I urge you to take thoughtful and continued precautions for underprivileged families. I beg that you take specific care in the options you set forth.

The guidelines and plans represented by Tony Thurmond are particularly unrealistic and, frankly, alarming in terms of the continuation of systemic racism. Systemic racism leads to such issues as discrimination in criminal justice, employment, housing, healthcare, and power, and importantly, education. A lot more but I'll skip past. Students need to be in school full time. They need in-person interaction with their teachers and peers. They need educators keeping an eye out for abuse, and they need educators to provide positive reinforcement. There are too many kids in poverty that will not be able to keep up with distance learning. Many parents don't have the ability to speak for their families.

They don't have the time or technological or educational background to support their education. I conclude by pressing you to think independently. Look at the facts and statistics and ultimately, choose to represent the kids in this state and this county who depend on public education. Become part of changing institutional racism rather than perpetuating it.

Barke: Thank you.

Beck: Put kids back in school. Thank you so much. Hillary Salway, please. On deck is Darrlene. Following Darrlene will be Angela, and then we'll move on to the forum.

Salway: Hi. My name's Hillary Salway. Thank you for having us tonight. I don't know if my son will be starting his educational career in the public school system this year. He's enrolled to start

kindergarten at Los Palmas, which is a dual immersion program in San Clemente. Will he get to hug his teacher? Will he be able to articulate his needs with a mask on? Will he get to play tag at recess? Are his social and emotional wellbeing being put at the forefront when deciding his fate in the most formative years of his life? I don't know. It breaks my heart, but I don't have these answers for him or myself. There's a lot I do know. I know the infection rate for COVID-19 in Orange County is 0.3%. I know the recovery rate is incredibly high, between 97 and 99.75%.

I also know that there are no deaths of children between the age of zero and 17 in the state of California. In fact, during the 2017-18 flu season, the CDC reported that over 186 children died. I state these facts not to diminish the significance of those deaths, but to bring forth perspective. School districts are considering putting our future generations in masks for up to eight hours a day. I do know that when you cover your face for a prolonged time, you're restricting your airflow. You're forced to breathe in carbon dioxide, which is inducing hypoxic injury and increases cortisol levels, and in turn, suppresses one's own immune system.

The very immune system that we are relying on to fight off these infections. Not to mention the fact that human beings use and rely on facial expressions and other paralinguistic information in order to develop understanding of emotions, empathy, perspective, and figurative language. Someone may argue that children are not susceptible to COVID, but they may be asymptomatic and pass it along. The asymptomatic theory is rapidly being debunked by studies throughout the world. One of which found 455 people were exposed to an asymptomatic COVID-19 virus carrier for four to five days. Zero of these people were tested positive for COVID-19.

Eliminating recess and limiting group gatherings is also being considered. I do know that a child's development is shaped by interactions which are influenced by relationships and learning opportunity experiences. If social interactions during your school day are now being defined and led by a physical distancing, our children's experiences are no longer influenced by what they choose to do, but rather what it is chosen for them. I don't care how old you are, there are long-term detrimental effects of putting these practices into effect in our kids' schools.

For the sake of my three sons, for my husband who is a teacher in the district, and the district's financial wellbeing and reputation, I ask you reconsider any restrictions that will eradicate my sons' or any other child's right to a proper education. Not only ensures he succeeds academically, but also excels in the physical, psychological, cognitive, social, and emotional processes that create a well-rounded individual. Thank you.

Barke: Thank you very much. Next up is Darrlene.

Alquiza: Is this how I speak? Okay. Thank you for having me and good evening. I'm Darrlene Alquiza. I have a science degree in child and adolescent development and a master's degree in human development, specializing in early childhood education. Regarding the reopening of schools, we must provide a least restrictive environment for all children. Social-emotional development is an integral part of the learning that takes place at school. We do not want fear of the coronavirus to teach fear of building relationships with others. California Senator Connie Leyva, chair of the Education Committee, clarified that the state's guidances are not mandates.

The Orange County health officer clarified to the County Supervisors that Orange County is at half the rate of infection the state deems concerning. Furthermore, the CDPH and CDEs guidance came out June 5, meaning the CDC's updated guidance was not considered in those guidances. The CDC's guidance updated on June 3 has no mention of masks and does not expect schools to screen children. I encourage our district to consider what is best for children who are not an at-risk group for COVID-19. Living in a district where the infection ICU and death rates are so low the state does not deem our numbers concerning. A least restrictive environment focusing on the science-based measures of hand washing and disinfecting is practical, doable, developmentally appropriate, and reasonable to continue post COVID.

Everyone remembers their first days of school and what kindergarten was like. I do not want kindergarteners and TK students to have their first school experiences be that of not seeing faces, not being allowed to touch anyone or anything, not developing a close relationship with the strangers in the room. I also do not want children to develop social-emotional agnosia, inability to understand social cues or use them themselves. I do not want children to be running around for PE in the August heat with their breathing impaired by a mask. I want to make sure children are provided a least restrictive environment. I agree with the first principles listed by the OC Board of Education.

I share this as an education professional who has taken courses on infectious diseases. I've been an education director in New York City when H1N1 broke out in the city. I have consulted with epidemiologist, immunologists and other doctors regarding COVID. Please, also consider standards for sending children home who are feeling sick at school. I know when I was a child in Fullerton School District, if I didn't have a fever, I had to stay at school. Maybe we can consider that. Also considering for parents to be allowed to keep children home if they feel their children are sick and not to have to worry about truancy. Thank you for your time.

Barke: Thank you very much. Our last speaker now, Angela Buterbaugh.

Buterbaugh: Hello, Board and panelists. My name is Angela Buterbaugh, and I am a former pediatric RN and a current stay-at-home mom to my son that has special needs. He is one of the kids that I hope you guys are most concerned about; definitely want to be concerned about all children, for sure. The children with IEPs that need to look at somebody in the face to understand how to interact interpersonally with one another, and to form meaningful bonds so that they can grow up and become people that are productive in society. They are really, really a focus for me, of course, because that's what's in my home, but for everybody. If my child thrives with his needs, every child will thrive because he is one that is more vulnerable.

If you protect him and you give everybody else the same consideration, then everybody will be that much further ahead. My fear is that looking at the guidelines that California is putting upon. He is he's going to miss out on all social interaction, which means staying 6 feet apart from everybody which is completely unnatural, which is covering faces so that he can't tell if somebody's happy with him or sad with him. He can't understand, really, what's going on behind that mask. No child is going to be able to do that, but mine in particular. It's heartbreaking to think that these kids may have to suffer, not have things like recess to get their wiggles out, to move so that they can concentrate and learn so that they can grow and become children that grow

into amazing adults so that they can one day take over this world. We're not always going to be here. They're our future. Without them, there is no future.

We need to protect them now. The other kids that are, of course, the most vulnerable are the low socio-economic group, right? They're the ones that may not have parents at home to help them out. This distance learning thing was a nightmare. I think you guys know that. My son would hang up on his teacher, run in the other room crying, "Mommy, I'm never going to see her again." He loves her so much that it just broke his little heart. To see that happening in him, and him to lose hope because this is what was going on. It was heartbreaking. It's something that cannot ever happen again.

We need to never, ever, ever put our children in this situation, in this circumstance. Where they are learning from a screen, where they're competing with their peers for a "hi" from the teacher. Twenty six first graders. Let me tell you it's [onomatopoeia]. There's nothing that anybody is really getting. There is no interaction with anyone, and it's something that we need to not let happen. Thank you.

Barke: Thank you very much. Okay. We're going to move right into the forum quickly here. I'm going to introduce our moderator. Mr. Will Swain is an Orange County resident and president of the California Policy Center. He is a career journalist. He graduated from the University of Southern California and UC Irvine and was founding editor and then publisher of OC Weekly. He is a member of UC Irvine's Deans Leadership Society. To you, sir.

Swain: Thank you, President Barke. Can I ask you guys if I can just go in order here? I've got a list of all of our experts. Okay, great. I'll start with Orange County Supervisor, Don Wagner, if I may. Supervisor Wagner was reelected to the Third Supervisorial District seat in March 2020, representing nearly 600,000 residents in Orange County's Third District. That's Anaheim Hills, Irvine, Orange, Tustin, North Tustin, Villa Park, Yorba Linda and Unincorporated Canyons. He's a practicing attorney and has also served as a community college district trustee, state legislator, and the mayor of Irvine, my hometown, from 2016 to 2019. You're on.

Wagner: All right. Let me unmute and let me get started. First of all Madam President, Trustees, and Mr. Swain, pleasure to be here and have a chance to address the issue. You are doing here what we did at the Board of Supervisors for months and continue to do at virtually every meeting; grapple with the question of how do we go about not just stemming the spread of COVID, but also reopening and reopening as safely. We'd all like to do it quickly. We'd all like to have done it yesterday, but do it as responsibly and as quickly and as safely as we possibly can. I know that's the issue that each of you considers first and foremost in your minds as you go about this process.

We heard from several of the speakers, I think maybe from all of the speakers about the importance of the children that are under your charge and how their health has been impacted by the crisis. Not because they're coming down with COVID, but because the shutdown has significant, very unfortunate effects on all of us and perhaps our children most of all. It is important, however, to also keep in mind as we go through the process, that your charge is not just the students as you all recognize. It is in addition, the parents who will be interacting in your

schools. It is the staff that come to work every day, the teachers, and all of their support staff. I'm not going to rehearse the numbers.

We heard it from some of the speakers about the relative lack of transmission to children, and the complete lack, so far, thank God, of any fatalities amongst the youngest among us here in Orange County. The fact of the matter is, as I was reading the other day, it seems that science is now telling us the teachers, when they come back to work, are going to be more at-risk in the teacher's lounge than they are going to be in the classrooms and the children themselves if this is done right, if this is done safely, are going to be not significantly at risk. The question for you is how do we get us back to what is as close to normal as possible? The good news, and this is what I want to make sure I impress upon you in just the couple of minutes I have left, is that Orange County has been remarkably successful in our efforts at flattening the curve.

We all heard that expression. Flatten the curve didn't mean beat the virus. It didn't mean there will be no more cases. It meant that we deal with these cases and spread them out so that our hospital system is best able to provide the care these people need to better survive the disease. Rather than, as we saw in New York, the hospitals are inundated. The hospitals are swamped. The hospitals are overwhelmed, and people die. The good news is Orange County is way ahead, way ahead of where our surrounding counties are. That's the time signal, so let me leave you with a teaser. Let's talk about the hospitalization rate in Orange County when we get to the questions and answers, because I think you're going to be shocked as I was when I learned some of this stuff. Good luck in you doing your duty here tonight. Thank you. **[APPLAUSE]**

Swaim: Thank you, supervisor. All right. Dr. Steven is it Abelowitz? Abelowitz is the past pediatric department chair at HOAG Hospital Presbyterian. That's HOAG Hospital right here in Newport, I gather. I'm going to say yes. He is board certified in pediatric medicine and medical director of Coastal Kids Pediatric Medical Group in Newport Beach, Irvine, Laguna Niguel and Ladera Ranch. Among other credentials and honorifics, Dr. Abelowitz is a fellow of the American Academy of Pediatrics and board certified in pediatric medicine. Doctor, you have three minutes? Three minutes.

Williams: We'll give some grace for you, sir.

Abelowitz: Good evening, Orange County Board of Education. I'm Dr. Steven Abelowitz. As mentioned, I'm a board-certified pediatrician. I've been a proud member of this community since completing my pediatric residency training locally here at UCI. I'm the founding physician and medical director of Coastal Kids, and as mentioned, I practice at five locations. For more than two decades, I've been actively caring for and treating children in Orange County. Currently, together with 30 other providers, we're serving over 50,000 local pediatric patients. At Coastal Kids, we practice evidence-based medicine and closely follow the guidelines of the American Academy of Pediatrics.

With that said, this current pandemic is new to all of us, including to the CDC, the WHO, and the AFP. As a result, there have been at times, continue to be conflicting recommendations regarding the prevention and treatment of COVID-19, especially at the beginning of the pandemic. As a pediatrician, I continue to witness the indirect adverse effects of the social intervention strategies

implemented to combat this virus. Specifically, the impact that the prolonged lockdowns have on the children of our community. Our providers have observed patients postponing acute medical care, the lazy proactive therapies and interventions for our special needs children, substantial increases in mental health symptoms, arising child abuse, significant delays with vaccination schedules and other important preventative care measures, educational deficiencies and much, much more.

The children of our community are the silent casualties, not of the COVID-19 virus itself, but from the result of interventions attempting to stop the spread of COVID-19. As you are probably aware, the relative morbidity and mortality rates of children affected by COVID-19 are significantly low. Fortunately, and as been mentioned, thank heavens in Orange County the mortality rate of children affected by COVID-19 to date is low. I am here today with a heavy heart. Torn between the possible interventions needed for the prevention of spreading the virus throughout our communities and the effects that these situation actions could have on the physical and emotional wellness of our children.

We need to work together to achieve the optimal balance between caution and flexibility without triggering detrimental impact in our children's academic experiences or to the overall health and wellbeing. Recently, the AFP of California released a statement regarding reopening in-person education in California and the California schools. It represents over 5,000 pediatric pediatrician members and supports collaborative decision making among school districts and local and state public health departments about when it's safe to open schools.

Critical factors to consider regarding reopening include how best to protect the public and limit the spread of COVID-19; ensure the health and safety of children and the staff; meet the education needs of all children; provide appropriate support and accommodations for children with disabilities and other special needs; address psychosocial and mental and behavioral needs of children; coordinate with pediatricians and other healthcare providers in the community to ensure children receive timely school entry while child immunizations against vaccine preventable illnesses; provide modifications and accommodations related to school programs, campus settings, and health issues that must be addressed during the school day.

California pediatricians stand ready to serve as resources to local communities, public health departments, and schools to support them in safely opening in-person education experience for California's children. Later in my closing statement, I'll share our AFP chapter's public comment. Thank you. **[APPLAUSE]**

Swaim: Thank you very much. I think that we're going to do five minutes. That was my understanding too, Doctor. Sorry about the confusion. Supervisor, you have two minutes and we're going to yield back some of the time here. I skipped Dr. Mark McDonald, a double board-certified child and adolescent psychiatrist in private practice in L.A. Doctor, that's all I've got for your bio. I apologize. I am sure there's a lot more to your life story if you'd like to tell us about that.

McDonald: I do have a credited practice in West L.A. I've been treating children and adolescents for about eight years, along with a couple of years of pretty intensive treatment of

incarcerated youth under the L.A. County Department of Mental Health Services in Lancaster and Sylmar. I've also treated a lot of in-patient children in several hospitals in South LA, and I've also worked in a lot of rehab facilities doing outpatient work primarily with adolescents suffering from drug abuse.

Williams: Proceed.

McDonald: Thank you. I was planning to provide a hopefully interesting and informative list of statistics to start my now five minutes. Thank you for the additional two minutes. I appreciate that. Every single one that I was going to provide was already provided by the parents. I am incredibly impressed by this group of parents. You are far ahead of the parents that I work with in Los Angeles. Everything that was said by the parents was accurate medically and scientifically. I will only reiterate two points that I think are both critical and incontrovertible. Children are not dying of this disease. They are not spreading it to adults. That is beyond debate.

It is on public record on the CDC website, which I think many parents found in order to produce these statistics. This raises a very perplexing question for me as a psychiatrist, which is if our children are not at risk, why are we holding this meeting? We're not discussing how to reopen a convalescent home. That would be a really tricky thing to try to do, because as most of us know, and several parents quoted this, more than half of all of the deaths from this disease occurred in nursing homes in most parts of the country. The average age of death is 80. The average age of death of all natural causes, all causes in the United States is 79, 80, 79. It's pretty much the same.

Why are we here? My opinion, my clinical opinion, just from my work and from my experience with the kids and the parents in Los Angeles is that we're here for one primary reason, which is to sit with our fear and our anxiety as parents, adults and board members. I do understand that. I do understand fear and anxiety. I work with people in that domain every day, in particular with children, but also with parents because every child comes with a parent. I believe from my work and also, most recently dealing with the sub-quelling of the government response to this virus that providing information generally does very little good in changing people's feelings.

Sometimes it does, but not very often. The people that are here that have strong feelings, regardless of what direction they aim and they point in, are probably not going to leave here with different feelings based on the information that I provide or that other parents provide to them. I'd like to propose something. Even if there isn't really a much that everyone here can agree on that we can perhaps agree on one thing, which is that the decision making towards the reopening of the schools be based upon one primary concern, which is what is in the best interest of the children. Not how do we, as adults and as parents and as board numbers, moderate our own anxiety.

When we send our kids off to camp, when we send our kids off to high school, when we send our kids off to college, to marry their spouse, I believe every parent feels anxiety. But we also know that it's in the best interest of our kids to do those things and not to keep them at home. We don't want to have children living in our basement when they're 35 years old. I'm sure that we all know people who are doing that, and it's not healthy. I would offer this suggestion for those who were

not speaking tonight, who are watching on Zoom, 691 the last time I checked, who feel differently, I say feel differently because again, the facts, the scientific facts are not in dispute.

Your kids are safe. If you feel differently, step back just for a moment and ask yourself what's in the best interest of my child, of our children? Not what makes me the adult feel safe, feel comfortable, feel less anxious. I think that may guide you in a better direction than arguing and debating feelings and pushing very gray areas of positions that don't have a lot of clear scientific support. Thank you. [APPLAUSE]

Swaim: Thank you, doctor. Dr. Gold, can I go to you next? All right. Dr. Simone Gold is a board – you're going to love this – is a board-certified emergency physician in L.A., graduated from Chicago Medical School. We have heard of this place before attending Stanford Law School Turner, JD. She completed – I'm sorry I'm doing a dramatic rendering here. I'll stop. I'll calm down. I was very impressed – she completed a residency in emergency medicine at Stony Brook University Hospital in New York. Dr. Gold's had a lifelong interest in health policy.

She worked in Washington, D.C. for the former surgeon general, as well as for the chairman of the Labor and Human Resources Committee. She's also worked as a physician advisor to determining an inpatient or outpatient status and a physician attorney advocate for hospital clients with Medicare and Medicaid appeals. She's also, because she's bored, I guess, is a published author and the editor of several magazines and newspaper articles - Dr. Gold.

Williams: You probably should stay there, because that's how have you as the administrator.

Gold: Thank you. Is that good? Thank you so much. I think I'll probably only need three minutes, not the five. Yes, it's true. I come to you today as a doctor, a lawyer and also as a mom. Thank you for having me. Like Dr. McDonald before me, I was so impressed with the knowledge and passion that the parents are bringing tonight, and it does take away from what a lot of what I have to say. I'm just very impressed. Instead of talking numbers and statistics, let me just share with you a couple of things that I know from my real life, despite the beautiful resume. I wanted to meet the person you were describing. My day-to-day life these days consists mostly of practicing in the emergency department. I do see lots of COVID cases.

This is something I deal with all the time. Because what I'm seeing is so different than what people are being told by the media, this is why I started to speak out publicly. I think that's how you all came to find me is that's what I do now. I speak a lot on the subject. Just today, an op-ed that I wrote was published in USA Today. It's the opposing viewpoint very strongly against masks. I'd like to just explain why I'm against the masks. There's no science at all to support masks - zero. Let me explain to you the size of the virus is 0.1 micron. You don't have to know what a micron is. The difference is, is that masks don't keep out anything below, let's say, about 100 microns.

If you took a piece of cotton and you folded it at least eight times, you would get to 20 microns. That would be 200 times the size difference than the virus. This is just one of the things that when you look at the science and you look at the facts, the facts don't support lots of things that are being, "Told to us as guidelines." This is important, because if there was real merit to these

ideas, then you could discuss if we should be doing them with our children. It's obviously very unnatural for a child to wear a mask, but if there was a really important reason to do it, maybe we would do it. The science simply isn't there for things like masks. You can read my op-ed if you're more interested.

Does anybody know how we came across the recommendation to do 6 feet social distancing? That's pretty much how we came to that recommendation. It was really just, kind of in a way, picked up out of the air. The further you are away from somebody, obviously the less and less likely you are to contract something contagious from that person. People said 6 feet in America. It could have been 3 feet. It could've been 2 feet. It could have been 10 feet. It was really picked out of the air. Nothing I say is made up. You can look up things that I say. There's no magic to 6 feet.

I don't normally talk about the social distancing 6 feet so much, because outside the school setting, you can kind of moderate your behavior. But within the school setting, if you're going to hold to 6 feet, that's a dramatic change in your budget and in children's lives, teachers' lives, classrooms. You have to know if the 6 feet had some deep scientific purpose to it. The answer is - it simply does not. I did forget to say about the size of the micron, the 0.1, and the 20 to 100 microns. Wearing a mask is a little bit like wearing a chain link fence to keep out a mosquito. This is the proportion. This is the vision you should have in your head of a useful or not useful strategy to take.

The last thing I would implore the Board is that the lawyer part of me requires me to say there is no law requiring the 6 feet or masks. This is up to the Board. That's why it's a guideline. The governor does not have the mandate, does not have the authority to order this as a law. It is therefore up to you with the consent, advice and pressure of the parents to do what's in the best interest of the children. I would implore you to stick with the science. It doesn't support the mask and it doesn't support 6 feet. Thank you. **[APPLAUSE]**

Swaim: Thank you. Is Joel Kotkin here yet? Joel?

Barke: Is he online? He's coming in remotely.

Swaim: Can I ask an IT person if Joel's on?

Williams: He's listed.

Swaim: I think we're waiting for an IT person. Is Joel on?

Barke: Yes.

Swaim: Great. Okay. Let me see. Let me get back here. Here we go. Joel Kotkin is a Presidential Fellow in Urban Futures at Chapman University in Orange, California. He's executive director of the Houston-based Urban Reform Institute, and he is senior advisor to the Kim C. Gardner Policy Institute. It goes on. Executive editor of the widely read news site, I love it, Newsography. I've read it. A regular contributor to City Journal, Daily Beast [inaudible], American Affairs and Real Clear Politics. He recently completed several studies on urbanism, future of localism, changing role of transit in America, and most recently, California's lurch toward feudalism. He is the director of the center for Demographics and Policy at Chapman.

He was a lead author of a major study on housing. Recently, with Marshall Landscape, published a strategic analysis for Orange County, California. Joel Kotkin, please go on. He doesn't start after that awesome intro. [LAUGHTER] I'm going to let the tech person...all right. We'll come back to Joel if he comes back through. Shall we? All right, I'm going to introduce another policy expert. That's Larry Sand, education policy expert with an insider's view of this issue. He began teaching in New York in 1971, and in 1985 began teaching elementary school as well as English, Math, History and ESL in the L.A. Unified School District, where he also served as a Title I coordinator.

Retired, but never retiring, he's the president of the nonprofit California Teachers Empowerment Network (CTEN) a nonpartisan group dedicated to providing teachers with reliable and balanced information about professional affiliations and positions on education issues. Mr. Sand, take yourself off mute.

Sand: I believe I am. Yes?

Swain: You are indeed.

Sand: Okay, thank you. Thank you, everybody. I really have to say that the sensibility and the logic in this room is mind blowing. Just let me add a couple to the pile. According to the CDC, most recently as of June 17, five to 14-year-olds, 13 have died nationally from COVID - thirteen . Forty-six have died from influenza, just to put this into perspective. I've also read in several places that for people under the age of 65, the risk of dying from COVID-19 isn't much higher than from getting in a car and driving to work. The hysteria is palpable. We all know this. That said, I'm going to take a different tactic. People are spooked. After COVID, it is going to be something else. Maybe it's people in general, or maybe it's Americans. I don't know.

You can have Mad Cow Disease, acid rain, ozone layers. I can go on and on about this. People are just giving to panics and conspiracy theories. It's just the way we are. The rest of us have to acknowledge that. There's no cure for that as far as I know. Polls say that up to 20% of teachers may retire. Now, this is nationally. I don't know about Orange County. Up to 60% of parents may not send the kids back to school in the fall. A quarter percent of families are more likely to homeschool or virtual school after lockdowns. We must recognize this. As such, one way out would be the blended model. I know somebody doesn't think much of the blended model. From what I know, it's quite successful.

This is where kids learn from the best teachers in the world via computers. Flesh and blood teachers also need a remediation enrichment answering any questions that a video can't answer. One of the side benefits is that you can have 40 kids in a class, 20 kids on a computer and 20 kids with the flesh and blood teacher. If those teachers do retire, one might have fewer teachers, but this is one way to deal with that problem. Kids get flex time, pace themselves as it teaches kids independence. In a 2010 study, you can find this online, the US Department of Education found that blended instruction is more effective than strictly face-to-face or online instruction. It's the best of both worlds.

That said, there are going to be parents who won't even send our kids to school and that situation. If you're not going to send your kid at all to a brick and mortar, then virtual charters are an

option. Obviously, this is not for everybody, but if you're going to give parents choices, this is the way to go. With the blended model, and I'm well aware there's a big learning curve for teachers, the parents, the school district and the school board, et cetera. We must get busy immediately. The best programs must be found, and teachers must learn how to use these programs immediately. Every student, of course, will need a device and an internet service. With fewer teachers employed, the district shouldn't be out any money.

Also, there's a way to do a blended where kids go to school and are separated. If the only way a parent is going to send a kid to school if this social distancing, and I know it's BS, but this is what parents might do. I'm saying we have to be ready for this. COVID-19 has been a wakeup call, and maybe even a blessing that the old Prussian model of a teacher standing in front of a class is not right for every kid. A teacher trained in government approved schools, standing in front of a class, obedient kids sitting in rows. That day may be over. Maybe that's a good thing.

For those who want it, fine. For those who want something different, maybe that day has come. It also can be a blessing in comparing who wants choices. We can't do the same rigid thing, even though what everybody in this room said is true. People are still buying into the fact that this is a horrible, horrible disease that is going to kill their children. I don't know how to fix that. Thank you.

Swaim: All right. Great. I understand that, Joel Kotkin is back. I'm looking at the IT guy. Joel Kotkin?

Kotkin: Yes.

Swaim; All right. Let's punch him up on the board.

Kotkin: Okay.

Swaim; Joel Kotkin, if you can hear me?

Kotkin: I can hear you. Can you hear me?

Swaim: Yes.

Kotkin: I'm just going to do this really quickly. Since I am not a doctor, my father was, but I'm not. I'm not going to comment so much on the facts in the case. I listened to both sides and come out totally confused. I do think I would have liked to have heard from more people, parents who feel the other way. I know that there are parents who feel the other way, and it would have been nice to know. I thought that so far it's been sort of one side. I'm so used to in the media environment today that it's always on the other side. I do think we do have to confront the idea that many parents are concerned. I would love to know what the survey data is that you have when you asked parents whether they're ignorant or wise or whatever.

How many of them feel this way? I do think that one big issue, and it has been brought up by a lot of people, relates to the issue of poorer families who cannot afford childcare. Whether or not if we go to a hybrid system, will there be someplace for them to go that will be safe for them to be in, but would also encourage involvement with the online learning? I do think, I have a 15 soon to be 16-year-old, and we found the online provisions fairly inadequate. On the other hand, I'll end with this. I like what Larry was saying. I think there are opportunities here, because my boss is on the school board. I'll try to speak carefully, but basically, I think some form of hybrid learning may be a very good thing, particularly in the older grades.

I don't know, but it just seems to me with very young children, the connection with the teachers are pretty important. Some sort of hybrid learning, because I think, eventually, and I've been working on this in other areas we're going to move into an era where we have access to the best minds and the best data electronically. Why shouldn't we have some access to that? I'm hoping since I teach, how do you use this hybrid model? I don't know how much it would work below high school, but I think it's something to look into. Again, I would really like to know when you asked parents, what they said. Whether or not you think they're right or they're wrong, they're still the parents.

If they feel that their children are at risk, I think that's something you have to confront directly. I would have liked to have seen, I'm usually complaining from the other side, but I would have liked to have seen more contrary data to where the Board is going, even though I might be sympathetic to it.

Swaim: Thanks very much. Joel, now I think if we...Dr. Gold, will you mute me? Thank you. Excellent. All right, Joel. Thank you very much. Is Dr. Michael Eilbert here? Also on Zoom? Okay. Do we have Dr. Michael Eilbert on? I think I do want to go on. While we're trying to punch him up, let's go to Dr. Michael. Fitzgibbons, a hospitalist and an infectious disease specialist practicing medicine in central Orange County for over three decades. He's on staff at St. Joseph's hospital in Orange. A graduate of Georgetown Medical School, Dr. Fitzgibbons completed his residency and fellowship right here at UC Irvine Medical Center. In the current pandemic, he's actively involved in the treatment and care of acute COVID-positive patients.

He's an expert on infectious pathogens. I think that's a fancy word for things that kill us, and they're associated morbidity and mortality. Dr. Fitzgibbons is a delegate to the California Medical Association and active in public policy on health and medical issues with the OCMA. Doctor, we're going to unmute you.

Fitzgibbons: Hello. Thank you for that illustrious introduction.

Swaim: I think you wrote it.

Fitzgibbons: No, actually. I am Michael Fitzgibbons. I'm not his surrogate. I am board certified. I've been practicing infectious disease in Orange County since 1981. My connection to education, besides having three kids, and four-and-three-quarter grandchildren is my father was a continuation high school teacher for 30 years. My sister was a district administrator for almost 30 years. The parents gave my talk. I will say that the state of the epidemic in Orange County is better than it has been in the Northeast, much better. I think it's related to sunshine and the fact that the wavelength of UVB in our area allows us to convert vitamin D in our skin to an active form, and therefore protect us from many infections. We are at day 153 of the epidemic.

Since, as you've heard, Orange County has a population of...I got 3.2 million, but who's counting. Five percent positives of the testing as you've heard. Again, 299 deaths. About 100 people in Orange County die every day of natural causes and other diseases. If you look at the epidemic so far, we've got about two deaths per day on average. Recently, that increased to eight. Again, as you've heard, the statistics are by far, these are elderly people. Again, you've heard that children by and large are a very minor part of this epidemic. They do not, for the most part,

spread to adults. This is very different than influenza. By the way, adolescents, though, do have an adult pattern of transmission.

They are capable of transmitting to adults and adolescents. Masks for the general population do reduce viral spread. I don't mean to contend with Dr. Gold. But if you look at statistics where masks in societies are prevalent and a meta-analysis of mask wearing, there is a benefit. Having said that, she's right. The virus is a lot smaller than the mask can contain, but the purpose of the mask is obviously to contain droplets, and they do that to some extent. Again, if people are out in public and they're coughing and sneezing, the mask will provide some benefit. It's not very great. As you heard from the CDC initially, they told people not to wear a mask, because they want to preserve the PPE for caregivers. Laudable, but it's better to tell the truth.

A mask in children, however, children are not tiny adults. Masks in a schoolroom would be burdensome. Again, as one of the parents said, in effective. Other countries such as Germany have exempted primary and junior high schools from wearing masks while the children are in their class. Again, it's better to keep the children in the classrooms. Perhaps have the teachers move than forcing children to wear masks. Mask disadvantage the children who have problems learning, hearing, speaking, seeing. They disadvantage new English speakers as well as socially disadvantaged children. Again, it's a different story with high school students. They could probably comply, but again, when they're in the classroom, it's far more important to limit the number of people that they're having contact with than to wear a mask.

Again, we're in this room. We experienced and those, by the way, online, greetings. We experienced social distancing, and it doesn't feel good. Generally, of course, we're going to emphasize hand hygiene. I brought mine. Everybody, kids can bring theirs. Again, I don't think that masks in schools are useful. I think they're detrimental. I'd like to transition, because we do have some elderly teachers like me, perhaps. There is data that suggests that just like the way we control the HIV epidemic, we use pre-exposure prophylaxis. Shockingly, and I'm sorry to disappoint some people, hydroxychloroquine, when used in India when taken for six consecutive weeks in weekly doses by physicians and caregivers, resulted in an 80% reduction in COVID-19 infections.

Don't give up hope because vitamin D-3, given in Chicago, accomplished just about the same thing. **[APPLAUSE]** There are new treatments. Again, you've heard about dexamethasone. There's something called the Math Protocol, which is methylprednisolone, ascorbic acid, thiamine, and dexamethasone. We're using a convalescent plasma. There are agents to interfere with the cytokine storm that you've heard about. Again, this is why dexamethasone works. There are other more expensive sort of forms of that - Tocilizumab and Sarilumab. I would point out that the West Coast has in terms of ventilator-associated deaths, approximately only 15%. Whereas New York, it was 40 to 80% depending on who you talk to.

Again, I think that masks are a disaster for children and the schools. I appreciate the points of view. I will say, this is an experiment that we're all going through now. If one wanted to do the experiment, I don't say you should. I know there are people as Mr. Kotkin said, who are very frightened of this. I will say that there was a famous general who said, "Never take the counsel of your fears." For those who will, it is possible, I suppose, that you could offer schools where

children can do what they're doing in South Korea. Of course, you see there's a plastic shield surrounding this child who is wearing a mask, too. She's also, I think, wearing gloves, but she's on her iPhone. So much for education in Korea. Thank you very much.

Swaim: It's nice to see that some things don't change. Do we have Dr. Eilbert by any chance?

Eilbert: I am here now. Yes. Thank you.

Swaim: All right. Okay. Dr. Michael Eilbert. Am I pronouncing your name correctly, sir?

Eilbert: That is correct.

Swaim: Great. A hospitalist and pulmonologist, practicing medicine in Newport's HOAG. I'm sorry. Can you say it again?

Eilbert: Hospitalist?

Swaim: In Newport's HOAG Memorial Hospital Presbyterian. Has been in private practice for more than 20 years in Orange County. In this pandemic, Dr. Eilbert is actively involved in the treatments and care of acute COVID-positive patients. He's a member of the board of directors of the Orange County Medical Association, and president elect to OCMA. Congratulations on that, Doctor, you have the microphone.

Eilbert: Thank you. I'm Michael Alberta. I'm a hospital-based doctor at HOAG hospital in Newport Beach. I'm not a pulmonologist just to keep the record clean. I do have school-aged children in Orange County. Before I go any further, I want to just put a shout out there that since I worked for and with a number of organizations, that any viewpoints I express today are my own and not intended to represent any hospital or medical group's business interest, or professional organization with which I might be affiliated. I'm here as an invited guest, concerned parent and a front-line physician. With that, I hope to bring some of my experience and perspective to the table.

I got to tell you, I have been so impressed with the testimony from the parents that preceded this and as well as some of the experts. I don't know that I have so much to add other than my own experiences with my hospital. I'm just going to kind of talk a little bit about that. I want to credit all the healthcare workers at my facility at other facilities across the country. All the first responders who have been on the frontline during what I would consider to be the initial and terrifying early stages of this pandemic. We did not know what to expect. It's definitely been a terrible thing and it's been very scary. We were scared for ourselves. We were scared by extinction for our family.

The fear that people are experiencing, especially when they haven't seen this up close and firsthand is totally understandable. We, ourselves, were kind of looking at each other and wondering who was going to die. The mood has definitely changed in the time that we've been experiencing this. I'll tell you a little bit about that. The first case that came to California was treated at my hospital, and that case ended very well. The patient recovered nicely. Nobody in his household actually ended up infected despite the fact that he lived with three other people. We've had numerous patients diagnosed at my facility through the hospital, through the emergency department, through affiliated clinics, through random pre-surgical testing.

The majority of these have not required hospitalization and have done well. Deaths all be it infrequent at our facility have generally been associated with very elderly patients, compromised, vulnerable, and most often they've been associated with convalescent care center outbreaks. Few, if any, hospital-acquired infections among our hospital staff have been noted or occurred at least to my knowledge, which means that with reasonable caution, the likelihood of getting infected is not so high. Many of the hospitalizations at my institution were due to placement or temporary quarantine issues or for brief observation of at-risk cases. In other words, we're not being flooded with patients coming in from all over the community with horrible pneumonia.

Again, it's not to say that this doesn't exist. It's not to say that it's not more prominent than other areas, but our picture of everybody coming into the hospital on the verge of death is really not the case. In fact, that represents the minority rather than the majority of cases in our experience. In fact, very rare is it that somebody who is otherwise healthy age 65 or less, to die as has been stated numerous times during this conference. Daily ICU cases - I wanted to just mention some of that. The statistics with regard to tracking hospitalizations and ICU have been one of the measures that we've been using to kind of measure a barometer of health in the community and what's going on with the epidemic. The numbers are never as clean as we think.

Daily ICU statistics, first of all, are additive. When patients come into the hospital, and they're severely ill. They may end up in the ICU for a very, very long time. Months, or even more, which means that there's a cumulative effect. The number will gradually rise. That's not the whole picture. Also, taken into account the community, there's a lot of patients being flown in from the Imperial Valley in particular. Almost every day, we're receiving another patient that's being airlifted in from outside communities. When we look at the ICU counts, it's not necessarily entirely reflective of what's going on in Orange County. I just kind of wanted to clear that point.

Lastly, with regard to hospitalizations, the initial goals of containment had everything to do with not overwhelming the hospital system. This was to flatten the curve. It was never to end the curve or crush the curve. The notion that the count of new cases was going to zero was never on anybody's agenda or anyone's radar. That kind of crept in there. I want to assure you that in Orange County, we have not overwhelmed the system. In fact, quite to the contrary, we have at least somewhat temporarily underwhelmed the medical delivery system with a number of very serious unintended consequences, which we may or may not get into later during this discussion.

In any case, my bottom line, which I'm really confident is, of course the virus is real. It's scary. It exists. It's contagious although not the most contagious virus in history. It can be deadly, but not the most deadly virus either. It is widespread, but it's not going back in the box. It's not going away. We have to find some way that we can all agree moving forward, how to reengage with life, reengage with education. I really hope that we achieve some of those goals here tonight. Thank you. [APPLAUSE]

Swaim: Thank you, doctor. Thank you, Dr. Gold, for stepping in and being the sound engineer for this concert. I'm going to turn to a Dr. Clayton Chau. Doctor, I don't know if you can hear me? Excellent, but we can't hear you. Are you muted by any chance on your side, or maybe our IT person needs to unmute you?

Chau: I'm unmuted now. Can you hear me?

Swaim: There you are. Thank you, doctor. This is Dr. Clayton Chau who is now the head of the Orange County Healthcare Agency, and he came to that position from the agency's behavioral health division. Dr. Chau brings a wealth of experience to HCA, particularly within the realm of behavioral health. He most recently served as chief clinical and strategy officer for MIND OC, a nonprofit that oversees a public private collaboration to build facilities and provide mental health services. From 1999 to 2012, Dr. Chau worked for the County Health Agency's Behavioral Health Services team. His resume also includes executive positions with the nonprofit LA Care Health Plan and Providence Health Systems. You stepped into the job at an interesting time just what, two months ago, it looks like, maybe? Congratulations.

Chau: I'm in week number eight.

Swaim: Week number eight. That's great.

Chau: Supervisor Wagner's the agent now.

Swaim; Yes. We'll ask him. Dr. Chau, I'm going mute myself. You're ready to go. Dr. Gold, will you crank him up? Thank you.

Chau: Thank you so much, Madam President and Board Trustees. Thank you so much for inviting me to participate in this panel tonight. I guess one of the good things about being the last speaker is that everybody else said what you wanted to say, particularly Dr. Fitzgibbons, did some of that statistic that you've heard tonight. I'll tell you. I'll make this very short. What keeps me up at night is the fact that we will have children back to school. The thing that I worry the most is how do you tell a nine-year-old, 10-year-old after months of locked up at home that they're going to go see their friend and that you need to keep distance from your friend? That will be the most devastating thing for our children.

I worry about the emotional and wellness that will have an effect on them. Clearly, this is a difficult issue that parents and schools would have to consider. I know that the Healthcare Agency has been involved early on with OCDE and several school districts to work on the plan for reopen. I appreciate that as an acting health officer. That's my concern - is the total wellness of our community, not only the physical wellness, but also the emotional wellness and the financial wellness. As you know, this pandemic has devastated our community from every way you look at it. What we have so far, information we're coming out every day. Because this is a new phenomenon if I may use that term.

We've only been dealing with this virus since February, and research has been hurried up within this last few months. Every day, almost, as we've gotten new information come out at a time. We don't really know all of this is speculation and theory. We don't know what it's like when children are back into school with each other after months of being locked up. I think it was Dr. Eilbert or Dr. Fitzgibbons talked about this new environment that we need to really pay close attention to.

With that, I want to let you know what the Healthcare Agency, UCI School of Public Health, CHOC, and the school district and OCDE, we are attempting to perhaps ask several schools who are bringing children back for summer school to really allow us to study the behavior pattern of our children, as well as looking at the surveillance as is related to infection rate now that they're all back together. I'm hoping that UCI would approve for that study, so we can move forward

and at least learn something about this new normal. I hate, I know some of you don't like that term, this new ecosystem, this new environment that we put our children in to inform us in, "Hey, this looks good on paper, but in reality, this is what happened."

When all the schools would have at least some preliminary data on how kids would interact with each other when they come back to school. That would further drive the decision for a countywide opening of our school. Thank you so much for allowing me to join you tonight. I look forward to our conversation. Thank you.

Swaim: Thanks for making the time. Thank you, Dr. Gold. You're on it. All right. Sherry Kropp, may we go to you? Is that okay? Great. I'll let you unmute while I introduce you. Sherry Kropp, Ph.D. has been serving in Los Alamitos Unified School District since 1985. Actually, if you mute me right now, it would be better. If you go ahead and just hit the mute button there for one sec, sorry. I was too quick...has been serving in the Los Alamitos Unified School District since 1985 and has been the superintendent since 2011 who retired in 2019. I did not know that. Congratulations. She began her career in 1978 as an English, math and biology teacher and coach, I think it says here, before returning to Southern California, where you grew up. Where were you a teacher? I'm so sorry. It says here before returning to Southern California.

Kropp: In Washington State.

Swaim: Okay, great. Before returning to Southern California, where she grew up and graduated from high school. Before she was named superintendent of Los Alamitos Unified School District, Dr. Kropp was a teacher, assistant principal, and interim principal at Los Alamitos High School, a principal at a continuation high school and a director and assistant superintendent in the district. She was selected as Teacher of the Year two times while teaching in Washington State, Administrator of the Year while principal at Laurel High School and received the Honorary Service Award two times as the assistant principal and a superintendent. She has a bachelor's degree in English, a master's in educational administration, and a doctorate in educational leadership. Thank you, Doctor. Proceed. Now you can unmute yourself. Thanks.

Kropp: Thank you, Mr. Swain, President Barke and esteemed members of the Board. As everyone has already stated, I feel like most of what I was going to say has been said, and it's really quite impressive. I'll just reiterate a few things. I'm really, literally, still in daily shock regarding what has been done to our state and locally to our community, to be honest. I don't really know how it's possible that we massively shut things down. I feel like a lot of decisions have been made that aren't really based on science and it's upsetting. Mostly I'm here for kids. I know that I've worked with gifted and talented, socioeconomically disadvantaged, students on an IEP and none of them are thriving right now. I shouldn't say none. The vast majority of them are not thriving. The way that we're doing schools right now is not equitable.

The big buzz words we say as educators for a long time now is equity and access. We've heard it earlier tonight, and there's no way that that's happening right now. I'm going to give anecdotally just a couple things. I do have four great nephews. All of them have autism, and they're very different. They, too, are regressing to such a degree that it is heartbreaking. I have two other great nieces and nephews. They're in Washington. I've been up there twice, most recently. One of

them, Bella, literally calls me every day to help her with a math problem. That's just so ridiculous, but I help her. She can't possibly teach herself. She doesn't have a computer. Too long a story for the tragic background, but she doesn't have the ability to learn on her own.

Not every family has a teacher living there or somebody who is a parent that's skilled in that. I think no matter how well-intended they are, they can't. I'll go back to some things. I always get too fired up, but sitting I might stay calmer and talk too long. At three minutes cut me off. Children and young people belong in school. They need a safe place to learn and grow. The power of education and the magic that happens with an excellent teacher is something we all know. It's the connections that are made between students and significant adults that matter the most. Schools aren't like they used to be. They aren't a teacher standing in the front, the sage on the stage, they say.

They are doing blended classrooms, and computerized learning, and adaptive technology. There's a lot of really amazing work being done. A lot of high school students do take one of their courses as an online course. Many research studies show the power of adult-student relationships. There's hundreds of studies, but the Search Institutes, is one of the oldest ones that's still current and relevant. One adult can significantly change the life of a child. If we're not giving our children exposure to healthy, positive adults, they're going to miss that. Not only helps them develop positive assets, it prevents a lot of negative assets from showing up. Schools do provide a place for children to learn to work with – I'm skipping the academics, because it's an obvious and I have three minutes.

Obviously, the academics – but they also learn to work with others, make friends, develop resiliency, things that are important. They also have adults there, sadly, that can intervene when they see signs of abuse and neglect. During these last three months, we have hurt thousands of children, far more hundreds of thousands than we've helped by keeping them isolated. I understand flattening the curve when we didn't know. I understand there are people at risk, but it's those people at risks responsibility to keep themselves isolated rather than expect children to do that. I know as person who's close to 65 and have my own health issues, it's my responsibility. It never occurred to me for one second that we should close schools so that I stay safe.

I don't believe struggling students are...I think that they'll never catch up. I'm not saying they won't be great. But you, if we believe in the power of education and you must, or you wouldn't be serving on this Board, you can't then pretend that a loss of education for three to five months doesn't matter, because it does. We're going to keep trying to catch up, and I have goosebumps on that. I'll quit those stories. Districts exist, I'll end, maybe with this. Districts exist to serve and support our students and the dreams our families have for their kids. That's it. It's our job to do what's best for our children. I do believe in our parents and given the choice, some maybe their students are at risk and they need to be online in their own virtual classroom, excuse me.

They should have that choice. If the district can't provide it, that's the way a county can. You can provide that virtual classroom, but I believe parents are not informed. Maybe something that the county can do is there ought to be a website. I should be able as a parent, I'm not one right now, but I should be able to click on a link and see this data that's been shared today by other people. I don't need to repeat how many deaths. How are we getting it? Where is that? If I'm a parent and

I'm just operating from a place of fear, because that's all I see and read in here. Then I don't know that other data. We need to have that at an easy place for parents to read linked with research so that it's just not more people spewing an opinion, because I realize that's what I'm doing right now. We have real data and facts that we can put on a website.

Another thing that the county could do is have a clearinghouse of information about what other districts are doing. I think that that would be really important. It's always disheartening to me that we can't get a Board, staff, county, teachers and everyone in the same room. I'm not sure how you do that - maybe town hall meetings. We need to have a whole lot more local meetings where parents can stay informed and we can hear from them. I talked way too much, but I guess I'll stop there. There you go. Thank you for letting me speak. [APPLAUSE]

Swaim: Well done. I'll just say as kudos to the Board members here. Your call for a town hall. That's why we're all here tonight. We're doing the best we can with the technology. Thanks Dr. Gold and IT support. Okay. Do we have Michael Shires here? Great. Can we key him in here? IT support person? Thank you.

Shires: Can you hear me.

Swaim: All right. Yes, sir. We can hear you. Let me just say a couple of words about you here, if I may. Michael Shires is an associate, a Ph.D., by the way, associate dean for Strategy and Special Projects and associate professor at Pepperdine University School of Public Policy. He has a long record of success in finding new strategies and solutions to problems across a wide range of organizations. Hopefully, that that will soon include schools. Over 25 years, he has worked extensively with and within new organizations with line responsibility for developing management and educational systems. He's published extensively on state and local government finance, California K through 12 education policy and higher education policy, as well. His research includes not only the nuts and bolts of state and local governance and finance, but also the ethics and politics of decision-making at these levels. Dr. Shires, you're on.

Shires: Thank you and thank you to the members of the Board for the opportunity to participate. Also, thank you for giving me a chance to speak. Usually when you're the last one on the list they say, "were there any five-second comments you wanted to give us on the way out the door? Thank you for that as well. I'm struck. I appreciate the passion, the excitement and how well-read people are about so many of these issues. A couple of things strike me. First is two months from now, we'll be launching the next academic year; literally 60 days. This is not a theoretical question. This is not a, "what are we going to do in the fall?" question. This is, "what are we going to do right now?"

On top of that, there's this band of public health officials that are going to set rules for us all to operate in. The questions about masks and physical distancing. In most counties in the state, I know Orange County has more conversation about this than most counties. Pepperdine is in Los Angeles County. We've been told it's not a conversation. It's literally you're going to have half the students in your classrooms, and you're going to have to live with that. That's really the environment that our school districts are facing right now, too, in most jurisdictions. Like I said,

Orange County is a little bit of an exception with this. But at the same time, we're a nation of laws and we're institutions that have to respond to those parameters.

Some of the questions we have to face as an education community tonight is, "what guidance do we give the schools in this environment where that prospect is real?" Where, in fact, fiscal distancing might be reality. The idea that students are going to be expected to wear a mask. I can't imagine kindergartners not hugging. I have no idea how you do that in a classroom. I think there's some operational things. I'm glad we have kindergarten teachers involved. I think this is the big problem in the middle of all this. I find it fascinating that the governor of the state of California says, "I can shut your business down. I can take away your constitutional right to go outside to meet with other people.

I can do all these things, but I can't set aside a collective bargaining agreement and give districts the ability to respond to this in an emergency basis." If you read their guidelines under employees, the first thing you're supposed to do as a school district is go ask the union what you can do. I'm just struck by this. This is a time when every school and every district in the state of California needs to be a functional charter. All the rules need to be out the window as we sit down, not just with the teachers, not just with the administrators, but with the teachers, the administrators, the staff, and the parents, and figure out what the solution is for that campus and that school.

I think one of the pieces of guidance that we need to give schools are, ask for forgiveness not permission. It needs to be a time where the schools respond to the needs of their community. There needs to be a time when, instead of worrying about what the collective bargaining rules are. If you need to hire extra staff to pull off the solution that you think is best for your school, you need to go hire that staff and you need to figure it out and you don't need to create new job classifications and negotiate it for six months. You got 60 days. This is now. I think one of the things, I'm impressed by the passion. I'm excited by the engagement of so many parents in this conversation. That's what we need to be leveraging.

We need to be going on a campus-by-campus basis in finding the solutions. If it's a low-income school that has lots of free lunches, that's going to be a different set of solutions than Newport Harbor High School. We know that, and we need to be cognizant of that. We need to work with those communities to find the answers. I think the first thing is, and I echo Joel Kotkin's comments earlier. This is an opportunity for innovation. This is a chance to try some of these things and to find new ways to do these things. It's also a time when we should have some freedom to do it. Money should be loosened. The restrictions on money should be loosened, and school should be given the ability to figure out how to fit what they have to do and the money they have.

Fortunately, schools did pretty well on this most recent budget negotiation. Granted, it was just a short-term reprieve. I understand that, but it's better than what it could have been. I think that's the first thing. The second thing, and this is one, I actually had the privilege of homeschooling my kids for three years when they were young. I'm not saying that because I think that's the perfect model for all this. What I'm saying is there are people who do this already, whether it's IEPs, whether it's online education programs, whether it's online charters. There are people doing

this. To the extent we're going to build these hybrid modes where we're going in person and on ground, we need to tap their expertise. We need to reach out to these communities.

They need to be part of these conversations. I will tell you. I'm at Pepperdine. I'm putting together our fall semester that's going to be both online and or in person. We're giving our students all the options we can just like I think the school should give the families all the options they can. As we do that, it's a complicated process. You have to take faculty and teachers who've never taught online. I'm going to tell you right now. It's not as efficient, especially the first couple of times as it is in person if you've been doing in-person for a long time. You need to set priorities for what content is going to go to the top of the heap and make sure it gets taught.

You're not going to be able to hit every standard, and you have three new ones like the state guidelines tell us to do. You're really going to have to focus in on what the most important things are. I think that kind of guidance is very valuable. I think the other thing that we really need to focus on is building partnerships. That's why I said, I would love to see kind of the equivalent of a charter school board for every one of our schools where they sit down, and they figure out their local solutions. The districts also need to be involved. Obviously, there's infrastructure, especially around the technology space where districts absolutely have to be part of this conversation. Transportation, all these other issues that are sitting out there.

We also have to plan it in a world where it can go either way. Where, in fact, it may be 100% online. It may be that everything's fine in 60 days, and we can just open the doors and everybody can show up and smile. I'm skeptical on the latter, but it's possible. I think it's a time where we need to empower these folks. We need the districts, especially, and I think the boards of education can be communications and resource hubs. We're helping these what I would call these local charters. These local charter boards help the schools navigate the course and give them a list of questions that they need to answer and figure out. Somewhat like what the guidelines have, but I would leave it a lot more open ended than I think a lot of theirs are.

I think at the end of the day, this is an exceptional time. We've shut down the economy. We printed \$3 trillion that didn't exist before. We've got a lot of things as a society in response to this disease, mostly because of uncertainty. We just don't know. The debate over masks. The debate over how infectious it is, how contagious it is. The first week of this infection, we were all going to die from it. You had Governor Cuomo asking for 20,000 respirators... ventilators, I'm sorry, At a time when I don't think he even tapped into the 400 he got. There's this landscape of uncertainty that hangs over this that's terrifying to everyone. I think it's about enabling the schools and local officials to be powerful leaders.

I think at the district level, especially, it's also being sensitive to those schools whose leadership may not be up to the task and giving them additional support as they work through it. It really is, I think, an opportunity to innovate and come up with new solutions to a lot of these questions. I also echo, I think, some of the students, my sons did some online curriculum and they thrived when we were doing homeschooling with it. There are other kids who would absolutely be miserable in that setting. That's why you have to make the solutions local. You just can't have a generic model that says this is what every school should do. With that, I'll reserve any other suggestions to the question period, but thank you so much for this opportunity.

Swaim: Thank you, Dr. Shires. Is Ed online? I don't see Ed on here.

Williams: No, he's not here.

Swaim: Not here? Okay, great. I think we may actually be done here. Is that correct? Alright. Trustee Barke, what would you like to do next?

Barke: I would like you to now allow each Trustee to ask a question, and each reply will have five minutes.

Swaim: Can I ask my guy who went to med school to keep time?

Williams: I will.

Swaim: Thank you, sir. All right. Let's start if we can...let's see with Ms. Gomez. May we start?

Gomez: I'm going to defer. I'll go last.

Swaim: Okay. May I ask you, Trustee Barke, to go next?

Barke: Yes, I would be happy to go. Thank you so much for everyone. I have to say that I had a couple of pages here of questions. The audience and the specialists who are here, the experts, answered so many of my questions ahead of time. It's amazing. Thank you so much. I'm going to start with Dr. Gold. Being that you have some legal background, and that's a big question I have. The governor, I know, has a lot of authority during an emergency to say wear masks, do this, do this. Who ultimately has the authority to implement the opening of schools and doing all this? My understanding is the governor has this authority during an emergency. Are we still in an emergency, and extend beyond that, please? Can everyone hear her? I can't.

Gold: The reason the governor has more power during an emergency is part of that reason is because it's time limited. It's not typical to have a state of emergency go on as open-ended as it does. I looked for case law directly on point as to how much authority the executive branch has to create these orders in an emergency, in a pandemic situation. It was not exact case point on that exact question. In normal times though, the legislator is the branch that makes the law. The governor does not make law. Executive orders are not the same thing as law. It's not the same thing to say that it's a law, because Governor Newsom came out with that. However, this isn't even at that level. This isn't even an executive order.

Last week, a state court judge issued an injunction prohibiting Governor Newsom from making any new executive orders. Because he's done so many executive orders. What he did with this, again, you can look all this up. This was actually, as some people have alluded to, not an executive order, but it was a guidance that he went through the California Department of Public Health. It's absolutely a guidance. It's not even an executive order. It's specifically carved out schools due to other agencies' oversight. "The statewide mask order exempts certain public settings that have their own guidelines such as schools." The school district is not bound by the California Department of Public Health guidelines.

They have to follow what the State Department of Education says. The State Department of Education has a guidance. Therefore, it is not law. The school doesn't have to follow this the same way. Outside the school, you might have to and that's even questionable. Because this state of emergency has gone on for such an open-ended period of time.

Barke: Thank you. I'd like to move to Dr. Kropp, please. I know that you've had a lot of experience. I know as a superintendent, that is a difficult job enough just implementing a new

year and making sure that everything goes as smooth as possible. It's never smooth, but as smooth as possible. How can we really expect the elementary children to properly wear face coverings, social distance, and will the teachers be the mask police and the distance police? How do you see that playing out?

Kropp: I don't think it's socially feasible, and I don't think it's economically feasible. There's one pile of money, and we want that money to go toward children and educating them. I don't think that is feasible. I think things like temperature checks and washing your hands. There are some things that are feasible, but I read the state guidelines and I don't think they are. I could have it wrong, but I even understand the governor reversed the order and no longer exempted schools or districts from the masks. And in fact, the educators I know had to wear them. I don't think it's feasible. I do find it interesting that there are no changes happening with collective bargaining. It is essential that you have to collaborate. You can get information and input out to parents.

I'm really on fire about getting the facts out, but parents need to weigh in. I know most districts have done that survey. They're in the process of it right now. I know that they're meeting with their staffs. I know that most are already having the union leadership, because you just can't operate without that. Then they're having to come together at the table. I believe in times of crisis that we're in this business and that the right thing for kids will happen. I do believe that the vast majority of teachers want to be in school and that the vast majority of our parents want their kids in school. Will see. I don't know.

Barke: Thank you so much.

Swaim: How about we go to a Trustee Williams, then, next?

Williams: Thank you for each and every one of the experts that came here today. You took time, you traveled. What you are expressing is very important. I've learned quite a bit as a human being and as a parent, as a father. I have to make some concessions about what I've learned personally, as a physician. I grew up in the traditional sense that when we went to surgery, we wash, we sterilize, we use masks both on our feet and our head our face. I always sort of looked and viewed that as being very important. But now that we've gone through these unparalleled and unprecedented times, where a different perspective that I have taken on. I'm very concerned about our families, our kids, the masks and the social distancing are very real issues; and I'll make and allude to the effort by our good Superintendent Mijares called Orange County together.

I think a lot of the common sense things that are mentioned in here the hand-washing, disinfecting, classroom space I may not agree with. I think that's an arbitrary issue, but I do disagree tremendously on the mask issue. These are the masks that we've had at least from my chair of being a primary care physician. I thought it worked and protected us. Well, they don't. In fact, if you look at the data that's out there. If you looked a meta-analysis study that was done by Dr. Cowling where he looked at it for –

Swaim: Doctor? If I could interject for one second exercising using my authority as a moderator. Is there a question here? I'm being honest, sir.

Williams: Sure.

Swaim: You're the boss.

Williams: I get my five minutes, so I can do whatever I want.

Swaim; Five minutes.

Williams: You can't take it from us.

Swaim: I won't take it back. In fact, I'll give you back 15 seconds.

Williams: Getting back to the subject here about fear. Dr. McDonald, you taught me a lot about fear, because this is what this is all about. It's the fear of the community. It's a fear of getting a disease, especially for our children where these children are not at risk. I thank you for that. Tell me, in your time exploring this, studying it, tell me about those studies and what did it teach you?

McDonald: I'll skip over the areas that have already been commented on regarding respiratory problems and immunologic weaknesses that come about by forcing children to wear masks for long periods of time and just jump right into my own experience, clinically, with children who have been wearing masks extensively for the last three or four months. I had a parent that came to me last week, who said, "Finally, we get to go out. We get to go to the beach." He asked his daughter, "should we go to the beach today?" Normally, she would have just jumped for joy. She said, "no, we can't go to the beach." And father said, "why?" She said, "but daddy, there are people at the beach, and they're not wearing masks." Then she burst into tears.

This girl is eight years old. She's not at risk of contracting or spreading coronavirus. She's developed a phobia, a social phobia. This is one of many, many, many, many examples I've seen in my practice in the last few months. I have a parent of an autistic child who took his daughter and his wife back to his home country six days ago, because he could not find a way to allow her to succeed in home and school while complying with these outdoor mask requirements, indoor mask requirements, et cetera. I know we're short on time. I just want to say that, and this is my strong clinical opinion from years of experience and four months now of intensively seeing this exact case multiplied out by hundreds and hundreds of patients.

If we force require children to go back to school wearing masks, we will have essentially guaranteed a generation of children develop emotional illnesses. If they continue...[APPLAUSE] they will develop into a trauma. A cut on the skin is an injury. A scar is permanent. A trauma is permanent without extensive, expensive treatment. I do not want to see our children traumatized when there is zero benefit to doing it. Zero.

Williams: Thank you. Can I take 30 seconds?

McDonald: Of course.

Williams: This question is for Dr. Fitzgibbons on the issue of that multi meta-analysis study of the 12 different studies looking at the effectiveness of surgical masks and preventing N1H1. Was there any sort of evidence that masks do protect?

Fitzgibbons: Yes.

Williams: What study?

Fitzgibbons: [Inaudible]

Williams: Out of the 12 studies, there was 11 that said that masks were not effective.

Boyd: You'll have to unmute. We're not picking you up.

Swaim: Is it okay if we come back?

Williams: Yes.

Swaim: Okay. Dr. Fitzgibbons, we'll come back to you. If you want to look through the research, that's okay.

Fitzgibbons: Okay.

Swaim: Trustee Sparks, we may go to you then.

Sparks: Thank you, can you hear me? I want to thank Trustees Williams and Barke for really carrying the lion's share of putting this panel together. I think that's incredibly informative for our community. Thank you all for all the hard work you've put into this. Here we are, the great social experiment for K-12 and universities. It has just been complete chaos. I work as an administrator at Chapman University. We've gone through Model A, Model B, Model C, Model D of how we're going to reopen. It's changing fluid every day. My own research, I'm actually an expert in health communication and lifespan developmental communication, and my own research to show in lifespan development, this sort of intersection of health risk communication and life span development communication.

My own research has shown that the notion of interaction starvation can negatively impact, does negatively impact health outcomes. That's a simple finding. I could go on and on about all the findings that I've had over the years in my 20 years as a researcher. I think that is really pertinent to today and adding a slightly different dimension than what we've heard from a lot of the medical experts. It's that combination of behavioral or lack of behavioral and social interaction, how it impacts negatively our health outcomes. It can be mental health outcomes as Dr. McDonald was talking about, as well as the social behavioral outcomes.

Related to that, I think my question would be to Dr. Chau, Dr. Knox and Dr. Shire and Dr. McDonald, whoever would like to jump in. What do we know about the learning outcomes, the mental and social behavioral outcomes, and/or potential successes for K-12 in terms of bringing these kids back to school? What did we learn the last several months when all of us educators have had to go into this remote learning environment, just sort of jumping into it? We've seen some successes. I think by and large, what we've seen, but what is the research telling us?

What are the experiences telling us from parents and kids of successes and things that haven't been so successful in terms of learning outcomes? Like Joel Kotkin was pointing out, what are the satisfaction levels of parents, as well as the students? There's so many issues and problems around that. I wanted to kind of throw those ideas out to the experts, McDonald, Knox, Chau, and Shires.

Swaim; Can I be incredibly rude and ask you to pick one?

Sparks: I'll start with Dr. Chau.

Swaim: Thank you.

Chau: Thank you for that question. I think that many of our children from poor family truly was at disadvantage when school was online, because the family don't have money to even hook

them on Wi-Fi for them to access school. We know that. We know that even in Orange County, in some of the poor areas, kids are just at a disadvantage. We know that there are some kids just not made to study online. We know that. We know the fact that children need to be with children. We know this last year when it happened, it had an emotional effect on our kids. There's no denying that. That's why we really want to conduct a study when we bring them back. What is the baseline since they've been locked up, lack of a better word, for the last three months? How are they going to adjust to the new environment? It's a great question. We need to learn that. We need to have to understand that. Thank you.

Sparks: Dr. Shires, I was hoping to get your opinion on this set of questions in terms of your experience with jumping into the online remote learning environment at the university level, and how you think that's translating to the K-12 environment. That's a lot of the experience that I've had as well.

Shires: Here's the thing. You've seen all these studies that are coming out, peer reviewed, that have been rushed through and then reversed and all that. What we're going to see in about two years, are a bunch of studies that answer your question empirically with data. Anecdotally, we know several things. Teaching online is very different than teaching in person. Unless you know how to make that transition, it's very hard. In fact, doing what you do in a normal classroom online sometimes is counterproductive. I teach in three-hour blocks. Think about a school day. Think about chunks of that school day being spread across the day in kind of a semi-disruptive fashion, especially for lower grades.

It just doesn't happen with the same kind of guidance and mentorship that happens in a normal classroom. My understanding of most school districts and most of the teachers that I've talked to, and this is a national observation, is that the spring was kind of a write off. A few students got something out of it, but for most students, the learning that happened during the spring was minimal at best. I know in some of the local districts in our area, they actually told the kids, "you can't do any worse than you were doing when we sent you home." Gee, I'm a high school senior about to graduate, guess what I didn't do - any schoolwork. I think for a lot of schools and a lot of families, that's how it felt. For a lot of teachers, that was their experience.

Very anecdotal at this point. The data aren't out there. We haven't had a chance to assess anything. Even the tests that we gave were not in a format that's comparable to what we did last year, so we could see if there's any change. This is one of those areas of just uncertainty and a lack of data. Not every anecdote can be wrong. I think the data, when we do get it, are going to show that this was not...giving people seven days to get ready to teach online and to learn how to do that is not really good pedagogy. Even the 60 days we have this summer to try and equip our students and our faculty, like we're trying to do a Pepperdine, it's a crash course. That was part of why I got into that whole collective bargaining thing. We pretty much need to work the teachers all summer if we're going to have a productive online experience in the fall in most cases. I haven't heard any of those conversations yet, so I'm hoping to hear them soon.

Sparks: Thank you.

Swaim: Thank you. Trustee Gomez.

Gomez: Thank you very much. I'd just like to make a couple of comments first. Online, we have over 700 people at one point in the count. I think it may have dropped off a little bit. I also want to ask President Barke, how are we going to handle the Q and A? At one point there was over 367 questions. How are we going to monitor that? Did we have any plan for that?

Williams: No, we didn't anticipate that. That is something we'll have to talk about.

Gomez: Okay. Because you have plenty of people that want to ask the questions or have comments about this one.

Williams: We have a COVID-19 epidemic.

Gomez: My point is if we organize something, we need to make sure that we cover our bases here.

Swaim: Would you like us to answer all 400 questions? I'm happy to read them.

Gomez: No. My point is -

Swaim; No. Let's answer all 400. Shall we?

Gold: [Inaudible]

Gomez: That's not appropriate.

Swaim: Gavel, please. Proceed.

Gomez: My point is that we need to go back and look at these questions at some point and get these answered, because we have 700-plus people that had questions. Secondly, I'm a little disappointed that we didn't include a teacher or an active superintendent on this panel. My question for Dr. Fitzgibbons. I'm looking at the CDC website right now and it says, "we know from recent studies that a significant portion of individuals with coronavirus lack symptoms, and that even those who eventually developed symptoms can transmit the virus to others before showing symptoms. This means that the virus can spread between people interacting in close proximity, speaking, coughing, or sneezing even if those people are not exhibiting certain symptoms." At this point with the CDC recommendation, and they also talk about physical distancing as well. What is your take on that advice from the CDC?

Swaim: Doctor, you're going to have to unmute yourself if you're not already.

Fitzgibbons: I apologize, because it was difficult to understand what you were saying because you're wearing a mask. I do believe that this infection, like all infections, has an asymptomatic period. Again, the immune response takes, in most viral infections several days to kick in and develop symptoms. There is an innate immune system on the level of each cell, which begins to protect. Then there is the systemic humoral immune system and cellular system that kicks in. That then produces the panoply of symptoms that we usually identify with respiratory infection. To answer your question, yes, there are asymptomatic [inaudible].

Gomez; All right. Thank you. This one is for Dr. Chau. I'm looking at the Orange County website here, and I am seeing that the hospitalizations are increasing. Can you comment on that?

Chau: Yes ma'am. Actually, if you look at the number of hospitalizations, I think Dr. Wagner has included, too, is that as hospital allowing more cases to be admitted. For example, people who have appendicitis, people have kidney stone, and they need to be admitted for treatment. All the hospital have to test people for COVID-19 in order to appropriately place them. If they're positive then they are placed together with people who are positive. If they're negative, then they

just go on the regular ward. There are people who get admitted for a reason, not because of COVID symptoms. They tested positive then that number gets reported to the state. Is that because of that?

Some hospitals say the number of people who are admitted in that scenario is quite small for Orange County compared to other counties. The number is in there. The infection is spreading in the community, of course you will see that the number of people who are sick will get to the point where their need to be hospitalized will also go up. In Orange County, that trend has been at the desired level compared to what the monitoring criteria that the state has set up for all counties. Knock on wood, we've been doing fairly well. You've heard me publicly talk about the capacity of our hospital is the number that I worry most. I think Dr. Eilbert has alluded to that as in Orange County. Luckily, so far our capacity is still quite good. I don't know if Dr. Eilbert wanted to add something to that.

Eilbert: We've been following the hospitalizations. Again, it's not a one size fits all with regard to our experience with hospitalizations. We see a number. We follow a statistic. Maybe following the death count as morbid as that is may be a better way of assessing how virulent and what we're dealing with than necessarily hospitalizations. That, for the state of California, has been relatively flat. Obviously, we'd like it to be zero. I don't think that that's realistic. Again, as my comment goes, you can't put it back in the box. We're going to live with this virus, whether we like it or not. When I describe some of the patients that we see in the hospital, they're there for a variety of reasons.

Some of them are being picked up because they're being tested as prescreening for surgery, so it's more of an incidental. Sometimes they come in for other reasons, and they mention that they've had a fever. We test them. They come up positive. Some of them are minimally symptomatic, but they may have exhibited some symptom at a convalescent care facility or a psychiatric hospital. They get sent over to be tested but they've tested positive. They can't go back. We know all about sending patients back to convalescent care facilities. What happens is they end up in the hospital for 10 days until they clear the virus, and they're cleared from isolation. As far as the ICU goes there are people that are sick. There are some terrible outcomes.

We would be totally disingenuous if we said that some people didn't have a horrible story. That doesn't tend to be the majority. We also have to take into account that as the epidemic goes on, people go into the hospital. Sometimes they spend a month or two months in the ICU. You actually get some degree of cumulative effect of more and more people stacking in the ICU. I want to give reassurance. Again, this has nothing to do with the children, but it does have to do with what the county's readiness to kind of expand its opening. That is to say that in my experience, hospitals are actually underfilled, not overfilled. We have a lot of capacity. We have plenty of excess ICU capacity. We have the ventilators.

In fact, what we've even learned from the East Coast experiences is under the worst case scenario, and again, I hope we never get to it and I don't believe we will. There's always the capacity to bring in surge hospitals and to quickly assemble additional hospital beds out of places that are not necessarily hospitals. The New York experience for example, they built these things. They didn't use them very heavily, even in the worst-case scenario. That was the worst-case

scenario in the world. It was New York City. Even there, if they did exceed capacity it was only temporary. It's not to kind of blow it off. This is a real problem. I wish we had a crystal ball. I wish we knew how this was going to end up, but the only thing I can say for certain is the virus, it ain't going away. We're going to have to learn some way to move forward and reengage in life because, otherwise the consequences of everything else are going to be catastrophic.

Swaim: Thank you, doctor.

Chau: If I may take this opportunity to explain something as well. Thank you for bringing it up, Dr. Eilbert, the death count. That's exactly what we worry about looking at the death count.

Swaim: Dr. Chau? I'm so sorry to interrupt you, but we have to keep on the schedule here. Each speaker gets five minutes up here. I want to move on. We're going to give Dr. Fitzgibbons a chance during your time, Dr. Williams. I'm going to exercise my prerogative. We're going to go alphabetical order, which means Trustee Barke, you go first.

Barke: Thank you. I'd like to start by addressing Beckie's comments, Ms. Gomez's comments. I'm sorry that you're disappointed. I must admit that I was very disappointed when Dr. Mijares would not let me observe or participate in his meetings that were not transparent and were not open. As a result of that, that's why we created this meeting so that we could be transparent to our families, to our constituents. We thought that was important. As a result of the Brown Act, I could only work with Dr. Williams in the initial planning, Beckie, you and the others had the opportunity to add to the panel. I'm sorry.

We did the best we could. I hope for the majority of you that you're happy with the way it's worked out. Now, I will proceed to ask a question. [APPLAUSE] Larry Sand, we've ignored you over there. Let's ask you a question. You write on education policy. Funding of schools is typically based on attendance. I know there may be some changes this year. Some grandfathering, maybe, of the ADA. What happens if a significant number of parents decide to home school their kids? How's that going to affect education as a whole?

Sands: If you're talking about homeschooling, then there'd be a lot less money for schools. I think that's sort of a self-answering question because in California, schools get money for what's called ADA, Average Daily Attendance. If there's no attendance, there's no money. If parents start homeschooling, and I don't mean virtual charters. I mean actually homeschooling and taking on the full responsibility on their own, there will be a lot less money in education.

Barke: The basis of that question is I've had a lot of families and parents tell me that if you don't go back in a natural fashion and allow us to send our kids to school, I'm just going to homeschool even if I have to do it part time. That's why I asked what the effect might be in a situation like that.

Sands: That's why I suggested before some kind of choice. Once again, I appreciate what all the medical advice here tonight, but some parents are just not going to buy it. They are hell bent on not sending their kids back.

Barke: Thank you.

Swain: Okay, let's go to Trustee Gomez, please. You're next.

Gomez: Thank you. I'd like to go back to Dr. Chau to address the question about the hospitalizations.

Chau: Yes ma'am?

Gomez: Do you want to finish your comment about the hospitalizations that you weren't able to finish?

Chau: No. I was just going to mention that since Dr. Eilbert mentioned about the death count, which is very important for us. Perhaps the way we present the information every day, we say there were this many deaths recorded. It actually doesn't mean that yesterday, that's how many people who died, because the death information is coming to us in waves and there's a delay. Be on the lookout for our new version 2.0 on how we're presenting the data. Anything that we collect the day before, we're going to go back and put it in the exact date so you could see it. I know the media has been spinning that.

Over the last two days there has been a rise in death or the last few days, there's a rise in number of people who are positive. That is just not true. It's just the way that we present data. Since I take the helm of this position, I have asked my staff to really look at the way we present data in real situations so that the community have access to understanding the data the way that they should be. Thank you.

Gomez: Thank you, Dr. Chau, because a lot of the information is presented in trends and the deaths are represented in a pie chart, so it's a little difficult to discern with that. I'd also like to ask about the number of tests. For the last several weeks, with the exception of two days, we were testing 3,000 4,000 cases. Yesterday we only tested 1,478. Can you explain a little bit about that?

Chau: Again, that's the issue with the system. When a lab does the test, they would be most pressing to report the positive cases into the state system. Then they batch the negative tests into the system later. There's always a delay. That's why when you see the number reported each day. It's actually not accurate, because some of the tests could have been done a week or two weeks ago. The system was only reported for us to download the number. With the new version 2.0, and how we presented the data, when we receive the data, the test, we will go back and plug them into the right day. Moving forward, the data will tell you exactly when each test was performed, so you have a better picture of what that looks like.

For an example, over the last weekend, the media just went into a frenzy and said, "oh my God, suddenly, Friday and Saturday we have 400 people who are positive. That's actually not true, because that's data that spread out for a couple of weeks. We are going to present the data in a real way so that people can have a better picture. Thank you for that question, ma'am.

Swaim: Thank you, Doctor.

Gomez: Do I still have time?

Swaim: No. We're done.

Swaim: Okay. Trustee Sparks, your turn.

Sparks: Okay. My question is for Dr. Abelowitz. Am I saying that correctly? My research in specifically in cancer communication science would indicate that...it makes me question, what are the secondary health implications of a lack of screening? I'm directing it to you as a

pediatrician. With the lockdown, all the kids are home and they're not going out to the doctors for their regular appointments or to their regular ear appointments, vaccination appointments, whatever; going to see the pediatrician. What do you think are the secondary health implications? My research in the cancer world is telling me if we don't have early detection and early screening, we're going to have higher instances of cancer because of delayed screening and diagnoses.

Abelowitz: First let me make the statement...[inaudible]...there was a delay in the petri. I'll give you examples. One thing, years of leaving the house, coming to the doctor's office, a cough or a fever, and went off and dealt with pneumonia in the CHOC. The office had to call 911 and [inaudible] CHOC hospital[inaudible]. You can't really [inaudible] prior circumstances [inaudible] taken care [inaudible] and started on treatment, and [inaudible] very fast. The other was a newborn baby, parents were fearful as well leaving the house to come to the doctor's office. [inaudible] jaundice. After the baby leaves the hospital, and the parents waited.

Instead of the couple of days after. They came to us, five or six days later. This baby had exceptionally high jaundice and high levels of jaundice could lead to a [inaudible]. [Inaudible] there was some brain damage. Acute, delayed care was the first thing we saw. As we progressed, we saw delaying our preventative care measures, vaccinations, growth issues and nutritional issues. Our kids with special needs who were getting services. Our children notice an increase in mental health issues.

We started treating because of their lack of access to their specialists. Psychiatrists, for instance, was one of those. We had to quickly learn how to adapt and improve our skills in certain instances, because we were available. We saw an increase in anxiety and depression and so forth due to the lockdowns. I think those were one of the key things that come to mind where the lockdowns and effect. Fear of leaving their homes and a fear of coming to the doctor's office led to those consequences.

Swaim: Thank you, doctor. I'm going to cut it off there and Dr. Sparks as well. Trustee Williams, I move to you.

Williams: I'm going to end with -

Swaim: Can I just remind you that we have Dr. Fitzgibbons with mask evidence you asked for, I think?

Williams: Yes. I'm going to end with Don Wagner. I'll ask a question of him. First, I want to point out. Again, it's said by my good colleague, Dr. Fitzgibbons. The 2010 Cowling Study, which had a meta-analysis study of 12 different studies on the risk of N1H1. I'm looking at pages 451 and 452, and the findings showed no significant difference overall with the use of the mask. Do you see that there? Do you agree with this publication? It was a little while ago.

Wagner: I don't see what you're looking at. I emailed you the meta-analysis that I was referring to with some photographs of the sort of charts of the data on one side or the other. This was just published. It's actually in preview form.

Williams: Right. Like in everything in life, we're going to have these differences of opinion, but this particular subject is very important. I think it was a hallmark study done 10 years ago when the NIH and the findings by this doctor were that there's no significant differences when masks were used to prevent the disease. Ending up my question to the good supervisor, during your opening statements you were talking about the hospitalizations. Can you comment on that?

Wagner: I was, and Dr. Chau, good on him for making a point that definitely needs to be made. One of the problems you have as policy makers, one of the problems the Board of Supervisors has as policy makers is getting good data from which to make those policy decisions. What we are seeing in the data, are frankly numbers that are not trustworthy. Not because anyone is intentionally trying to give us bad numbers or directing us in the wrong place. It's just that there are different ways of counting. There are different ways of qualifying that have been a challenge for us. The two examples to give. One is in-testing. We have got the capacity to do over 4,000 tests, county and the local healthcare providers themselves. Over 4,000 tests.

There are days where we have a couple of hundred people ask for tests, and that is it. We can't drag more people. We can't force people to take tests, but we have excess capacity. We get blamed by the state when they say, "well, your testing levels aren't high enough." Let me tell you about how test numbers get reported. If you test 10 people and one of them turns out to have COVID, all in one day. You test 100 people the next day, and eight of them have COVID. Your rate has actually gone down, but the press is going to say, because we've seen it. "Massive spike. Eight cases today. There was only one yesterday." The hospitalization problem that Dr. Chau talked about briefly is even worse.

He and I learned about this particular issue together on a conference call he and I were on Monday. We've been in this how long now? On Monday, we find out that as he said, if you have appendicitis tonight and go to the hospital and they test you, and they will test you to find out how to triage you. If you test positive, you may be completely asymptomatic. You are a COVID hospitalization. If you slip and fall walking out of here, hit your head, you go to the hospital, you're asymptomatic, you're tested. You got COVID. You're a COVID hospitalization. You're there because you bang your head. You're there because you had appendicitis. That talks directly to something Larry Sand mentioned. The public is spooked. Why?

Because they're going to see these increased hospitalization numbers. They're going to assume, rightly, that that's COVID blowing up. What is really right is more people are finally going back to the hospital. They denied themselves treatment for how long. People are going there on an emergency basis. They are testing positive despite being asymptomatic. Our numbers go up. Finally, Dr. Eilbert talked briefly. We are getting people in from other counties. Why? Because we did such a great job flattening the curve early in this pandemic.

We now have the capacity to treat them. Welcome, they're human beings. Happy to treat them. Don't count them in my hospitalization numbers, and then have the governor say, "Wagner, you're not doing a good job down here." But they're getting counted in our hospitalization numbers. You need to compare apples to apples if you're going to make wise policy decisions. Good luck to all of you picking out the apples and comparing them. **[APPLAUSE]**

Swaim: Thank you for that. We're going to start with the closing statements by our expert panelists here. I'd like to start, if I can, with Supervisor Wagner. You got three minutes. Then just so you all know, we're just going to kind of go around the room again and you'll have three minutes to sum up. Don't feel obliged to take all three minutes.

Wagner: I will try not to take all three minutes, but that's going to be hard. Real briefly, a lot of what I've heard here is absolutely critically important to hear and to reflect on as you go about making your decisions. Yes, people are spooked. Set aside whether they should be or shouldn't be and the debate about the hospitalization rates, et cetera. People are spooked. I was spooked early on. Quick war story. Early in this pandemic, I was the board liaison at our emergency operations center. The discussion was whether we would be able to secure the Honda Center's ice and the Great Park Great ice facility to store our dead bodies when our morgues were overwhelmed. Thank God we're nowhere close.

We're not even having that discussion any longer, but there was an enormous amount of uncertainty and that is a chilling. Not to beat that pun into the ground, conversation to have. We have done a great job getting us to the point where we don't have to have that conversation any longer, but people remain spooked. Rightly or wrongly. What we have to realize as policy makers, as Joel Kotkin said, there are people who feel the other way. Right or wrong, they feel that way. One of the things I absolutely agree with the governor on, and I'll end on this bipartisan note. I agree with the governor. When he said, we can open all day long, but if the people don't feel safe, they're not going to come back out.

You can open the schools, but if the parents don't feel safe, they're not going to send their kids there. As you fight these policy issues amongst yourselves and make these policy decisions, you do have to realize there are people who are spooked, which is why we need to assure them we are opening safely. We're doing it the way the medical science dictates. I wish you all good luck in doing that.

Swaim: It's terrifying when you say good luck like that. Dr. McDonald, you're up.

McDonald: Alright. I'm live. Excellent. From a purely clinical point of view and I'm speaking just as a clinician. I'm setting aside all of the political overtones that I see mashing about on the questions from the 600 viewers at home, because I really don't think this is a political question at least not the way I'm phrasing it or framing it. The closure of the schools for children was the single biggest mistake we made in responding to this virus. I'm saying that not because studies have shown and they will in a couple of years, I'm absolutely certain of it. But because of what I've seen in my office the last four months, I have no doubt in my mind. What we do now is, in my opinion, so important not to correct the mistake because that's impossible.

We can't go back in time, but to not do any more damage. I have an adult patient who's fairly wealthy. He lives in West Hollywood. He's an actor and he is a family member of a \$100 million performer that all of us would know if I mentioned the name, which I can't. He has spent the last four months confined in his multimillion-dollar home up in the Hollywood Hills. Despite the fact that he is in his thirties, he's healthy. He has absolutely no risk of getting sick from this disease and dying from it. I asked him, because he won't come to my office anymore. He has four \$200

per hour training sessions every week on Zoom in his home to keep himself healthy. He goes to Zoom to my office now. I asked him what will have to change for you to come back to life?

He said, “when I'm forced to.” I absolutely understand and respect the comments that have been made by several people today that people are scared, and their feelings are going to prevent them from sending their children back to school. I completely get that. But if we continue to act on our fears and our feelings rather than on evidence and data, which is unambiguous and incontrovertible in the area of children. There's no way we're going to find our way out of this unless we're forced to bring our children back to school. I don't really see that as being a very good solution. I do not believe that there's any reason to distance children, to mask children, to do anything other than what we were doing when they had the flu, which killed children and has killed children every year for decades. Coronavirus doesn't do that.

I, once again, want to reiterate what I said in the very beginning. This problem should not be about our anxieties and fears as adults. It should be about two things. It should be about clear medical evidence. I think it's very clear that nobody with their right mind, that's not a conspiracy theorist or a kook can argue against any of the comments the parents have made today. I'd like to take a breath to finish up my time. That we make these decisions in the best interests of the children, not in our own interests of feelings as adults. We have to do this, because our children deserve it. We need to set ourselves up to a higher standard than the way that we've been behaving in the last four months. [APPLAUSE]

Swaim; Dr. Abelowitz? Please. Unmute yourself, sir.

Abelowitz: I mentioned in my opening statement many of us and including some of our community members mentioned this, the children have been the silent casualties of the lockdown. Especially in regard to them returning to schools. Schools needs to be open for the educational needs, their mental needs, and even in different communities for nutritional needs. I think there's little controversy where that's concerned. There are mitigation measures that we didn't spend a lot of time talking about, which is less controversial, which I think should be emphasized.

Temperature checks on entrance to school, temperature checks at different times if needed, screening questionnaires, hand washing was mentioned a few times. Those are easier to intervene with and less controversial with minimal if no side effects in regards to the risks that we place our children in. Masks, as we all know, a mask is controversial. There are different sectors of the public and different sectors of the medical community with different agreements if we go by different viewpoints. If we go back three months ago as a practicing physician, and the CDC's recommendation is not to wear masks. We don't need to wear masks. Then studies were put in front of us supporting that.

As the pandemic started and the CDC started investigating and coming up with their direction. The recommendation became yes to use masks. We see it's evolving, the data's evolving, the science is evolving. Unfortunately, there's a lot of political input and agendas as well that's pushed in different angles. We will know a lot more as someone said, in a couple of years. We're learning. It's new. It's novel. We really have to look into the interest of the children and not

cause more harm than benefit. The treatment should not be worse than the cure. It is a difficult discussion and conclusion to come to versus masks. Fortunately, I don't have to make that decision at the end.

I do think it's very, very important and essential to listen to parents. To take into account how different cities in different communities with different needs, because we may make those decisions and the Board may make those decisions based on those as well. There needs to be, as a practicing pediatrician, the voices of our parents are essential and enable us to implement the best possible care that we have. I want to thank you all for inviting me to partake in today's meeting. I'm so honored to help support our school districts with those safe re-openings and in-person education models.

Swaim: Thank you, doctor. [APPLAUSE] Before we get to you, Dr. Gold, can I go off...sorry. This is set for a guy who wears hearing aids. Can you tell? Before we go to you, Dr. Gold. I'm thinking if we could just switch in people who are offline who have been waiting patiently. I'm looking at Michael Elbert sitting there patiently and quietly like a Buddhist monk. If you can take yourself off mute, sir?

Eilbert: Sure. I've been hearing a lot of good things in closing, too. There are some things that are not controversial as Dr. Abelowitz points out. There are some things that are more controversial. In medicine, we grade evidence based upon number one, how compelling it is versus on the other end, how non-compelling it is. There are certain things, again, that people are suggesting that are implemented. There is no doubt that there are things that can be done that will reduce risk to everybody. Many of these can be put in place easily. I think that there's just a certain requirement of practicality to all of this, which is where a lot of the controversy has come up. What can you do, realistically?

My statement, really, is, or my slogan, I think, moving forward is called pandemic to endemic. How are we going to make this work? We have no choice. We have to live with this virus and its inherent risks. It's with us. There's been a lot of strategies. We've explored all of these over the last several months or many of them anyway. Self-isolating, and if so, for how long? I can guarantee you six months from now, a year from now, the virus is not going to be gone. We're still going to be dealing with it. It's still going to be crossing borders. It's still going to be crossing state borders. It's still going to be transmitting. We may even have second rounds of it.

At some point or another, we have to kind of come to grips with the fact that this virus is in this world and we have to live with it. What are we going to do? We're going to wait for a vaccination strategy. That may be helpful, but that's the strategy of hope and is not exactly an action item. If it works out, that's great. It may represent some promise. Timing, efficacy, and safety are all unknowns. Are we comfortable using children as the earliest recipients of the vaccinations as they emerge against the virus that, once again, by and large, poses no threat to their safety? I don't know. These are interesting questions. Under ideal circumstances, these don't necessarily prevent a contraction of the illness or passive spread of the virus.

While a perfect solution may somehow emerge a year from now, two years from now. I think we have to deal in the present and we can't wait forever. We must move forward. What are the

consequences to not moving forward? What are the consequences to our children in restricting their access to normal educational and developmental activities? Sports, arts competition, friendships, socialization? Meanwhile, parents out of work facing poverty, homelessness, hunger, under certain circumstances. All kinds of social malady can follow this. Crime, violence, various forms of abuse, suicide, homicide, social unrest. Fortunately, there's a sort of grace with this particular virus, which I think is the crux of this whole discussion.

For whatever grace there is, it seems to spare the young and target the elderly. That's not necessarily kind, but it's a lot kinder than the other way around. If it were the other way around, I don't think that any of us could even sit here and have this discussion. I'm glad that we can. I'm glad that we can talk about getting back to education, because education is essential. The risk in children, as we know, based upon worldwide universal experience is that it's extremely low. I guess we've gone over this quite a bit. The children have to return to school before we can move forward as a culture and as a society. We can look to other countries in Europe and Asia, Austria, Norway, Denmark, Sweden, Australia, New Zealand, Finland, Israel as pioneers who have returned to school.

They've had myriad experiences, but by and large, the experiences have been that there are a few to no outbreaks associated with national school returns. The children, by and large, are not at risk. Nor have they been recognized to be a major vector of spread as had initially been the fear. Sure, we can debate the strategies of their return. Sure, it's almost inevitable that at some point through some mechanism, some children will be exposed to the virus. They have been exposed in the past to viruses. They will always be exposed in the future to viruses. That's just reality. It's the reality of living on this planet. Right now, I think we are in a state of semi-paralysis. I think the greatest victims of this apprehension of fear and the loss of culture and opportunity are the children. They're locked in their homes.

They're glued to their screens, 16, 18 hours a day. Experiencing all kinds of fears. Their lives are on hold. Their minds and bodies are turning to mush. I say that because I watch my own children deteriorate. I have a very hard time standing by and watching this happen. I just believe the bottom line for the sake of our children we have to find a plan, and we have to move forward and reopen our schools in the most acceptable fashion for everybody.

Swaim: Thank you, doctor. I'm going to cut you off there. Thank you so much. [APPLAUSE]. Dr. Gold. Pardon? You may. Please, yes. I think we can just assume you don't need permission anymore.

Gold: Thank you. I want to say that first of all, there is a medical issue, but it's become a legal crisis. If we start managing things that don't work and that are harmful, we're going to create an economic crisis that's going to lead to the end of public school as we know it. Public school is a great equalizer. Parents are going to vote with their feet and simply be done with it if there's no good reason. I want to remind everybody there's always going to be viruses. I'm not that old, but in my short career so far as a physician, 2005, we had the H5N1 virus, 2009 you had the H1N1 virus, 2014 we had Ebola, 2014 also had MERS-CoV, and in 2016 we had Zika. Can you imagine if we turned the school budget upside down every time we had a virus?

They would quite literally, no exaggeration, there would be no school board. No rational parent would ever stay in such a system. The only difference now is that every citizen in the country and in the world suddenly has an opinion on the microscopic world. In which I, and these other doctors, have been living in for decades. With all due respect to everybody here, it would just be better if everyone ignored the media hysteria and just went back to living life as they did pre-2020. It is public hysteria that's hurting the children, not the virus. I just want to respond to a couple of things that I heard. There was exactly one argument in favor of making all these changes. The only argument is that parents are afraid.

This is a great opportunity for parents to role model how you get through fear. I understand parents are afraid. What I do all day every day is work as an emergency physician in the ER. People are always coming to me with fear. Am I supposed to say to them, "oh yeah, we'll just do that thing that makes you feel better, but not the thing that really helps?" That's insane. Really? That's insane. Teach your children how to get through the fear. Of course, there's going to be some parents who don't want to come back. They'll watch their peers and their neighbors go back. They'll see that they lived through it, they survived and they'll move forward. We're always afraid of things.

The first day of school, the first day of a new job, the time you move to a new county. The time you're about to get married. You've got to get through the fear. If there was a rational reason to change the system, that would be a different story. There isn't. Something else I want to comment on. Just as random things people said, yes, we are now assessing just about everybody. The numbers are going to go up. The other way you can call this is herd immunity. That's what you can call it. We test everybody now. Pretty much everyone that comes into my emergency room gets tested. They can have a broken leg and they get tested. One speaker said, he can't imagine kindergarteners not hugging each other.

It sends such a visual, emotional chill for me, because that's exactly what I think the situation is going to be where kindergartens are not hugging each other. I can absolutely see that. That's where we're going with this. The speaker, I think it was Trustee Williams, had a question about the masks. I'm sorry. I did speak less in my opening remarks. If you'll just indulge me for a moment. New England Journal of Medicine spoke exactly in this point. It is clear that masks in the COVID era. It is clear that masks serve symbolic roles, masks best, most important sense is to reduce sense of anxiety and increase your perceived sense of safety and well-being. This may not be logical, but we are all subject to fear and anxiety during crisis. That's New England Journal of Medicine on the subject of masks in the COVID era. Thank you. [APPLAUSE]

Swaim: Next up, let's go to, if we can, Joel Kotkin. Are you available?

Kotkin: First of all, the only reason I would suggest the choices is you are responsible to the parents at some point. I just know from my own circle that there are some parents who just are not going to send their kids back to school. We have to figure out some way to deal with it. Second of all, I completely agree with the comments about social life. I have an extremely outgoing and charismatic daughter who's an actress at OCSA. These four months have been a disaster for her. I've seen her personality change in ways that I never thought would happen. I

think there are some real risks here. I happen to be working on an opening up a project in Arkansas. We're now doing a lot of research on what's happening in Europe.

It does look like in Europe, they have opened up their schools. They have some restrictions for sure, but that seems to be working. I just have to say that OCSA may be a little better than some. But I got to tell you, what I'm hearing from public schools all over the country in Dallas and Houston, as well as in LA, the online, full-time with our current teaching staff structure is not working, period. Absolutely not. We have to look at those examples. Media, because Like Will I've spent my life in that crazy business. I am actually horrified by the coverage. Not to cover what really went wrong and what are the dangers, which I think are very real and everyone agrees; but the absolute inability to ever report anything that might be contrary to the conventional wisdom.

That's one of the biggest issues, I think, that is overlying. I think there are lots of reasons just like there are conservatives who are going to say it's a conspiracy, which is probably not the case. There are also many people on the left who see this as an opening to the green new deal. How we're going to control people's lives. There's certainly that element. Of course, a lot of it has to do with getting rid of Trump, which I agree with, but I don't think this is the way to do it. The media has been really bad. Lisa and I have spoken about this, about the incredibly one-dimensional coverage that generally dominates. For instance, just looking at the numbers myself, the number of deaths from COVID have dropped dramatically in the United States.

If you take the daily total, they're a fraction of what they were two months ago. I have yet to see a story in the media that even discusses that. Lastly, my biggest concern by far about this is the effect on the economy and particularly on working-class people here in Orange County. About 40% of all people making under 40,000 a year in the United States have lost their jobs. Many of the people in the service industries. Us professionals can get away with living online. A lot of those people cannot. I think we have to do two things. One, try to figure out how we can open up more of the economy over time so those people have a chance to get an income again. I think the other thing that's really critical is trying to come up with some program.

This is why Mike's idea about we've got to throw out the book about how we do things. For working-class families who cannot afford childcare. If we're going to go every other day, there has to be some way that those kids can go to someplace where they would get at least some degree of encouragement for them to learn. Also to relieve the parents, because somebody who's maybe working two, three jobs, can't sit around with their kids. I don't know what that intermediate step is going to be, but I think that's something the school board has to think about. I think Mike's point that we just can't go back to the things being normal. I, as a taxpayer, don't want to pay teachers a full salary and a nice pension so they work one hour a day, which is what we've experienced.

Swaim: Thank you, Joel. Okay. Let's get back into the room here. We'll go to you, Dr. Fitzgibbons.

Fitzgibbons: Can you hear me?

Swaim: Yes, sir.

Fitzgibbons: Thank you. I think everyone else who has spoken have been impressed with the ideas and the acumen that we have heard. Dr. McDonald, I believe, and Dr. Gold talked about fear. Fear of course is irrational. Who are we? We are the educators. We are the people who are entrusted with converting fear into rational thought and action. One of my friends says, every act, his father used to say, “every act is an intelligence test.” We are sort of confronted with that. I was thinking about this image of who could we throw under the bus, the elderly or our children? I know what I'm elderly. I'd jump under the bus to save my child. We've experienced a nightmare. Of course, what do you do in a nightmare? You wake up.

We have been taught that adversity is protective, and we need to recognize that here. There are people that they're afraid. They're going to be afraid, and we've got to respect that fear, and we've got to treat it. The way you treat it is with information and with rational thought. We have to recognize also that those people may never be mollified. Again, offering an alternative will help. Education was in trouble before this epidemic. In Baltimore and this isn't Baltimore, but none of the children could pass math tests. That leads me to recognize that in Orange County we do have strengths. We have an environment that favors wellbeing and health. We don't have a mass transit system where people are forced to be compacted together. We have an intelligent, educated population. These are our strengths.

Keep in mind that the virus has - do you want to get that? It's your mother. **[LAUGHTER]** Sorry, thanks. We have to recognize that the virus is not omnipotent. It's got to compete with a lot of other viruses out there. To some extent, and I don't know if you recall, but there were some pretty bad hombre viruses in Orange County in late January and February. To some extent, I think that may have had something to do. If it wasn't corona virus, it was tough because I got it. It's got to compete out there too, and we're learning. We're learning to compete with it and changing. Again, the strategies we're using are increasingly effective to treat it. Again, that's reducing fear and that is helping people, I think, to, co-exist as Mike Eilbert said, with this virus.

Swaim: I'm going to have to ask you to wind down here.

Fitzgibbons: One other thing. I think Carl Jung said, “most human problems are not solved, they just become less important.” I think if we focused on the children's education, this will become less important. Thank you.

Swaim: Thank you, Dr. Fitzgibbons. Okay. Let's go back online to Dr. Chau if we may. Dr. Chau, are you available?

Chau: Yes, sir. Here I am. I want to thank Madam President. I guess all my colleagues on the panel have eloquently given their speech. I would just say a couple of things from perspective of a health officer, acting health officer and the director for the Health Agency here. My staff and I stand here ready to collaborate with all of you to make sure that we bring the health of our community. Because for me, the health of our community of our children is most important to me.

I think we need to acknowledge the diversity in our community. There are family who really are very vulnerable, economically speaking as well. We need to work together, because we're in it

together. That's all I'm going to say. We're all in this together. We want our children to thrive, because they are our leaders for tomorrow. If they're not thriving, we will be dead in water. That's all I can say. Thank you for your time. I look forward to collaborating with all of you. Thank you.

Swaim: Thank you, doctor. Back here in the room, then let's go to Larry. Then we're going to go back to you, Michael shires. Then we'll come back to you, Dr. Kropp to sing us out.

Sand: I'll make this very quick. Once again, nothing really new here. All the data and all the medical advice and explaining to people all well and good, this must be done. But there are still parents who are going to be freaked out and not send their kids to a traditional school setting. Unless we're willing to write those kids off to just homeschooling, we have to figure out how to get teachers more involved in online learning. I said, we have to do it now. Michael Shires said, "it's got to be a crash course." We have about two months, and we have to do this. The only other thing I had just coincidentally, I got a text from somebody who's on a school board here in Orange County. She said please just bring up that school boards are scared to death of lawsuits over this. I'm just reporting that. I'm not going to take a side on it, but I do think that is a concern and something that needs to be examined I guess at another meeting. Thank you.

Swaim: Thank you, Larry Sand. Okay. Back online, Michael Shires. Dr. Shires. Go ahead.

Shires: Thank you, I guess there's kind of three themes that come to my mind as I think about this. One of the things is we need to provide education to all the children who can access it, and we need to make it accessible to all the children. In this environment, especially with COVID here, we're going to have to do extraordinary things. To do those things, we have to act quickly. The 60-day clock is ticking. It was 90 days before. We've lost a third of that time already. We need to act now. It's interesting. I was reading through some of the comments and there's some great comments there. I want to thank the people who are watching this online. It's a pretty amazing turnout for an event like this.

We talked a lot about the teachers who don't engage, and they're probably not watching right now. I think it's also important to remember the folks who have to carry all this off when we're done and figuring out how we're going to do it are the teachers and the staff in the classrooms. There's two parts to that. One is getting them ready to do it, which is something that's where I think the urgency really is. We need to equip them to be able to operate in that environment. We need to find solutions that they can work with, that the communities can work with. Whether it's after school care so the parents can work. Praying that their jobs come back together. Or whether it's educational support to help students who have fallen behind if nothing else, because of the destruction of all this.

We have to have that flexibility. On top of that, my comments about collective bargaining. I think this year is as an exception to everything. I'm not saying we need to do that permanently. I know there's people in this room who would say that's a great idea. Right now, we need to act quickly. I know there are some districts that are doing that. There are some districts that have great relationships between the unions, the administration, the community and the PTA's. They're all working together to find these solutions I was talking about. There's also a lot of

districts that aren't. That are kind of mired in the process. We can't be mired in process at this time. We just don't have that luxury. Kind of flexibility, urgency, and then inclusion.

The parents have to be at the table on day one. If we're going to talk about what families need, we need to have families there who need things who can enunciate that and explain it in a way that those needs can be met. If we're doing hybrid or whether we're doing in-person shorter school days. Whatever it is, two days a week proposals like the Department of Ed.'s plan talks about. That creates huge challenges on households. We need to be coming together as communities to work this. Just like schools have been kind of a center of social focus and connection for communities for so long now. They need to take the lead in this time and be those resources finding new solutions to these problems as they unfold in front of us.

Swaim: Thank you, doctor. Good seeing you. We'll go to Dr. Kropp, Sherry Kropp. Final words?

Kropp: There are challenges districts are going to have. I've heard many of this throughout the night. But public schools, I believe 100% of me that they are the great equalizer. It's wonderful when you're a parent with choice, the technology, the wisdom, the knowledge. I can home teach my student. I could pay to send them anywhere, or I can go to my local public schools. I think it is absolutely critical that we do what we can to support our districts and our public schools so that all kids can have that quality whether they choose. Because I've already said the importance of parent choice, online blended or traditional school, they also should have that choice. In my perfect world, schools would open up, a regular full-time schedule five days a week with the full array of academics, athletics, activities, the arts and technology.

We'd have some safeguards in place, temperature checks, regular hand-washing and that's all well and good. I understand that fear. What frustrates me from a district employee perspective is that I've learned so much tonight. Yet, the people that we're asking them, we're charging them to get this set up in their schools. How are they going to hear all of this in a consolidated fashion? I'm hoping as a result of this meeting, that there can be some sort of a sheet of paper that says here's the facts as we know them, or what was shared. Because as a superintendent, I want that. We are in a collaboration world. Nobody operates in a vacuum. I wouldn't have had his information to even share with my parent groups, the teacher union, or the teacher groups.

I'm almost done. A couple of other things. I know you have to collaborate and have committees, but it has to be a little deeper than that. I've yet to meet five parents that can represent 5,000 parents. That's just not practical. You have those meetings, but you have to have other ways like surveys and get information out. Hence, this information is so important. I want to say with all of this, I don't think anything is as important as a child's teacher. We have amazing teachers. They're well trained. They're trained in the use of blended and collaboration and online and technology. We have many, many. I think maybe the silver lining is more have joined that, but they need to be interfacing with their children. I think they're the priority, and they need to be in schools. Thanks for your time.

Swaim: To our panel of experts, thank you so much for showing up tonight. Even those of you who stayed at home. Dr. Shires, I'm impressed. You look like you haven't even broken a sweat

here. You look like you're just getting ready to go back into your day. Thank you guys very much. To the people who listened to it at home, thanks for inviting me here to moderate. Trustee Barke, I turn it over to you.

Barke: Thank you so much, Will. I can't tell you how grateful that we are all for you helping us moderate. It's a big job. I appreciate it. I think you did a great job. On behalf of the Orange County Board of Education, the trustees, I do want to thank all of our experts, the ones that are here, the ones that are online. I also want to thank everybody who came here tonight in person, those that have asked questions. I apologize as everything else is new during COVID. Having a meeting like this is new. We had no idea we'd get about 600 questions online. We'll have to figure out how to deal with that in a quick fashion. I also must say that we have an entire notebook here of hundreds of comments that came in.

If I started reading these, we would be here until next week. I can't possibly read them all to you, but I want to just summarize very quickly the things that I did read in the hundreds of comments. Some want their kids to wear masks and social distance. Some don't. Some want to wait for a vaccine. Some think that's crazy and impossible. Some want to return and want remote learning. Some are afraid to come back to school. Some can't wait to come back to school. Some would like daily screening or batch testing. There are many, many concerns about the panelist here tonight, that they're stacked. There's concerns about the first principles that were put out. I must tell you that parents have choices, and these are just guidelines and recommendations.

The information that will come out of this will be guidelines, recommendations, and parents have choices as to what to do with that. Nothing we say tonight you have to do. I am sorry to the people that are not happy with the forum. Nobody's happy with everything. I wasn't happy with Dr. Mijares' forum that didn't include us. We can't please everybody all the time. We do our best. We remind you that people have choices. This is just information for you to filter through. We are going to have more public comment. I think that the trustees want a five-minute break to do whatever they need to do in five minutes. We'll come back. I have another 10 or so public comments here. Those of you that are waiting, I will get you. I promise, if you'll just give us five minutes. How about if we promise to return no later than 10? We've got 10 whole minutes.

Williams: We can excuse the panel.

Barke: Yes. If the panel would like to stay, we'd love to keep you, but we know that you're very busy. You have lives. Stay if you want. We love you. We appreciate your time tonight. If you want to head out, we also understand that. Thank you. I can't thank you enough for coming out tonight and being a part. I am also speaking to those remotely.

[THE MEETING RECESSES FOR 10 MINUTES. UPON COMPLETION, PRESIDENT BARKE CONTINUES SPEAKING]

Barke: Hello, everyone.

[PRESIDENT BARKE STRIKES THE GAVEL TWICE TO SIGNAL THE CONTINUATION OF THE SPECIAL BOARD MEETING]

Barke: We're going to call the meeting back to order and call up the first speaker. Our first speaker is Kristin Krofina. Is Kristen in the house? All right. Kristen Krofina, is she still here? On deck we have Patricia Cabadul? Hopefully, it's close. I think you're muted. There you go.

Krofina: Good evening, Board. Thank you very much for having me. I'm grateful for the principles you put forth. My name is Kristin Krofina, and I'm a stay-at-home mom in the Newport-Mesa School District. I'm here to give my adamant support to reopen our schools with minimum changes to protocols and procedures. By closing the schools and turning our lives upside down, our children have become a huge casualty of this crisis. It's beyond heartbreaking to me how they've suffered, not only academically, but through forced isolation. Also, physically and emotionally. Now we must move forward and make sure our children can safely return to school normally this fall.

When providing guidance and recommendations to Orange County schools, please only consider facts and science and not hysteria or propaganda. The CDC says the COVID fatality rate for those under 19 is 0.0%. Children have a zero risk of death from this virus. In fact, the flu is way more dangerous for school-age children as also documented by the CDC. Furthermore, we know that asymptomatic transmission is not driving the virus. This was recently confirmed by W.H.O. and they further confirmed with contact tracing that zero children have passed the virus on to family members. Regarding facial masks, there is no scientific evidence that cloth or surgical masks protect against tiny virus particles.

They're actually a breeding ground for bacteria and viruses. When worn improperly like they usually are, transmission will further increase. Furthermore, when you're wearing a mask, you're breathing in your own carbon dioxide and impairing every single function of your body. I do not wish to continue in the narrative of mask wearing as a courtesy to others. When in fact, it's the contrary. I implore you not to allow this nonsense to be crept into our schools. Recently, California residents had been misled by the press that mask wearing was an executive order from the governor. It is, in fact, actually only guidance from the Department of Public Health.

Regarding face shields, as a possible alternative for masks. Just a reminder, these are part of police riot gear uniforms and also have no place in our schools. There's absolutely no proof or data regarding social distancing. It will actually cause much psychological harm. It would be yet another dehumanizing, unnecessary precaution. I also am extremely concerned about any type of online or hybrid learning. This will be an educational and logistical disaster for children and families, especially those in households with low incomes. Let's use practical measures like hand washing stations, more janitors for cleaning and remind parents to keep their children home when they're sick. Thank you.

Barke: Thank you. Okay. Patricia? Is Patricia still here? Patricia Cabadul? Going once, going twice. All right. We have Erica Villapando. Thank you.

Villapando: Good evening, Board. Thank you for having me here tonight. As a parent of two children in elementary school here at Newport-Mesa School District. Also as a physical education teacher, I am strongly discouraging you, the Board of Education from implementing the state guidance related to schools. Specifically, the wearing of masks by students, teachers,

and administrators. Or, 6 feet separation and the not sharing of instructional materials and games. We are very well aware that these guidance means recommended actions only. There is no legal penalties for not following these guidelines, and they are at your discretion. There is no law.

There is no law on this. I believe we're moving in the right direction as outlined in the first principles of the agenda. As the panels of experts have acknowledged, as outlined in the agenda, social distancing of children who generally represent the lowest risk cohort for COVID is unacceptable. Requiring children to wear masks during school is not only impossible to implement, but not based on science and could potentially be harmful. It's therefore unacceptable. If parents choose not to send their kids back to school, that's their right. They should be able to do as they feel fit for their families. With that in mind, my strong belief is that the best thing for our children would be to return to school to its past normalcy.

It has been a difficult past three months as my children have suffered much anxiety and a web of fear has been cast around them. This cannot continue for my kids' mental state sake. I have done my homework. I believe there's enough scientific evidence that supports a normal school environment with no masks and forced social separation to be safe and to be healthy. I have some links here for you if I can hand that to you. Also, wanted to share nine reasons why mask wearing should not be implemented in schools. There's no evidence to support masks to stop the transmission of viruses. No. 2, interferes with oxygen intake. No. 3, rebreathing of carbon dioxide. Hypercapnia is not good.

Reduces the ability of the immune system to function properly. No. 5, causes an increase of virus in the bloodstream. No. 6, children touch their faces, naturally, multiple times. Hands transmit pathogens. No. 7, masks provides perfect medium for germs to grow. No. 8, asthmatics, diabetics, anxiety, claustrophobia, childhood obesity, or any immune-compromised person should not wear a mask for the previously mentioned reasons. Lastly, speech and language is being developed and children must see facial expressions to help learn to speak proficiently. As a mother with a child with special needs, my child needs to see their teacher's face, needs to understand what the teacher is communicating with their peers are seeing to keep them apart.

Also, my child suffers from social interactions and doesn't understand that. If you're going to keep children apart, that is going to affect my child. That is all I have for you tonight. I thank you so much for letting us speak and letting us be heard tonight. I really appreciate that. Thank you so much.

Williams: Thank you.

Barke: Lyn Stoler? On deck is Quinn Stolarz.

Stoler: Is this working? Hi, my name is Linda Stoler. I'm a public health professional with a master's in public health who is actually a product of Sherry Kropp's school district. I'm here because I love my community. To read a public comment, which I offered alongside several Orange County Ph.D. and JD candidates. This comment has over 600 signatures of support from Orange County residents, 93% of whom are registered voters. These include teachers, physicians, students, alumni, community members and parents. I'm happy that everyone here is

so adamant that we base policies on science. I'm here to tell you some, because this statement is based on the leading overwhelming evidence all but decided in the written form that I submitted.

Here's the truth, as opposed to cherry-picked data, experts and public comments. "Frankly, what is truly unacceptable is the outline approach that you have provided. One that would put our students, especially those with autism and intellectual disabilities and people of color and their families at great risk. Principal One states that delaying the opening of schools until a cure or vaccination is developed is unacceptable. Actually, public health totally agrees. We therefore should move to reopen schools with the understanding that we have to implement strategies that minimize the health risks we impose on our community. While children may face lower risk of COVID-19 infection and mortality, this doesn't mean there is no risk.

The growing number of reports of severe multi-system inflammatory problems in children among youth in the US and Europe who tested positive is immediate reason for concern. Children may experience less severe symptoms, but there's a lack of evidence. A total lack of evidence supporting that less severe cases are less contagious. Viral load is high even if cases may appear less severe in children. Asymptomatic or mildly symptomatic children may still pose a transmission threat to their community and family members. Overwhelmingly, the biomedical literature has shown that social distancing at a minimum of one meter is associated with drastic and significant reductions in transmission of COVID-19.

The CDC continues to recommend 6 feet of social distancing. I find it unfathomable that we have deemed unacceptable to implement a proven solution to a known problem. The next claim is that wearing masks is not based on science and could be potentially harmful. That is a gross misinterpretation of the available evidence. The CDC and California Department of Education both recommend that everyone wear masks in public spaces. The weight of the evidence overwhelmingly falls on this side. A meta review, not of 12 studies from 2010, but of 172 studies from June covering COVID, H1N1, and SARS has demonstrated that this is the case.

The only exception is if children are unable to wear their mask properly, and there would be reasonable exceptions for elementary school students. Lastly, you state that a district that is unwilling to provide that education parents will be allowed to send their children to a district or charter school. This qualification is unacceptable. By failing to provide a reliable, safe and high-quality education, you will be disproportionately affecting communities who choose children or other family members have preexisting conditions or learning disabilities, are low income, or are from communities of color. It is your job to provide accessible education, which means supporting schools and teachers so they can safely reopen. If you're unwilling or unable to accomplish this, you have to hire people who are. Thank you for your time. [APPLAUSE]

Barke: Quinn? Are you still here? Is Quinn Stolarz here? No. Okay. Next is Elizabeth Hubbard.

Hubbard: Hi. Can everyone hear me? I'll talk louder then. Thank you. Hello. I'm here as a concerned community member, graduate of Los Alamitos High School and current graduate student at UC Irvine. As my friend Lyn so eloquently stated, we are not here to support the idea that schools should remain closed. Rather, we are here to push and fight for this Board to research and educate themselves on techniques to reduce transmission that can be consistently

supported across all the districts in Orange County. There have been many comments on equitable education, and I would argue that education has never been equitable in this county.

I also strongly feel that this Board and panel are incredibly biased, cherry-picked and are not being truthful to the parents looking to them for support and guidance. Several comments made by panelists tonight are untrue from citing redacted papers to downright lying to citizens about mask efficacy. I find it incredibly frustrating that you are promoting the exact same mistakes that were made during the 1918 influenza pandemic. This is completely unacceptable, and the people of Orange County deserve better and will be voting for better this coming election. Thank you. [APPLAUSE]

Barke: Shaun Dove is on deck, and then Mrs. G. That will end our public comment.

Elliott: Thank you. I'm a kindergarten teacher. I've been teaching for 24 years, and I ask you to allow kids to come back as kids. I cannot imagine going to school and having a kid not be afraid of me if I'm looking at them like this. Children, when they're little, they thrive and need connection. That's what gives them their confidence. That's what shows them love. That's why I became a teacher. Teaching has been in my heart because I love children. I want to come back and see their faces. I want them to see other children smile. I want them to be able to play, share and do all the things that we want kids to do. I ask you to allow them to come back without masks, without social distancing. Allow parents that are scared to have that online option. Thank you for your time. [APPLAUSE]

Barke: After Sean Dove, our last speaker will be Mrs. G.

Dove: Good evening board members, members of the public. Thank you for having me here. This mask is about as useless as the governor of this state. The vaccines as proven by autism. I 1990, 1 in 30,000 children had autism. A vaccine was made. Today it's 1 in 10. Do not give me the vaccine propaganda whatsoever. Do not give me these masks that will not save her nor the distance with circulating air, whether in restaurants, schools or otherwise. What they're not telling you, and what they don't want to get out in public is that the suicides in this country have greatly, greatly risen since this pandemic has been isolating everybody. Everybody here does not go home to the same house. Our children do not go to the same homes.

The suicide and the child abuse hotline has been ringing off the hook, but the reporting of child abuse has not. Because they are not going to bus drivers and teachers and nurses and administrators. These children are at home getting beaten by the parents that we're forcing them to stay with that cannot handle it, because alcohol sales are up over 60%. Locking these children in these kinds of situations, we all go to this home we think everybody goes to. It is not true. I've seen it firsthand. Opening the schools up, making the masks, if the parents want their children to wear a mask, let them wear a mask. But making it mandatory is unacceptable. It's not proven by science. This thing doesn't stop the common cold.

I implore you do not be pressured by the liberal propaganda that is being spewed out here tonight. The facts of the matter are the children. Red and yellow, black, and white are the most important thing for all of us, and they should be in every single decision. That's why you're

sitting in those chairs. I trust you. That's why you're there. The people of Orange County, majority of them trust you. I believe God trusts you, most importantly. Thank you for your time. [APPLAUSE]

Barke: Is Mrs. G still here?

Mrs. G: Like I said in the past, I'm not one to speak. I just had to come and share, again, something that happened with my personal family. The other morning, my daughter crawled into bed and my husband left the news on. We'd been talking about masks, how to come back to school and kids just wanting to come back as normal. My daughter saw on the news, defund the school police. No more school police on campus. She looked at me and started crying, and was like, "Mom, what are they talking about? Is this real?" I said, "Yeah. This is what they're discussing. What they're talking about for our children." She says, "I don't want to go back to school if that's the way it is and there's no police to protect me. I don't feel safe." Screw the masks.

You guys need to let these kids be normal. What they know, they only know. Like I said before, my eldest daughter hasn't missed a day of school since second grade. She just graduated eighth grade. She did not want to step foot on campus with masks. She didn't want to see her fellow friends, her teachers, her principal in a mask. She's like, "I don't want to go there. I don't want to see that." Like I said, there was no alternative. There was no...I can't even think of the word. I'm sorry. I'm nervous. Alternative, he said. It was district. It wasn't school. It wasn't principal's decision. He had no alternative. He never got back to me. I had to call again. We finally got an answer. "Oh, just come Friday." Walked in, staff had no masks.

Go figure, right? Vice principal was in the hallway moving carts. He didn't have any mask on. The minute he saw me, mask on. It's amazing. It's got to stop. You got to let our kids come back to school normal. Please think about this. They don't need this distancing, 6 foot distancing. Thank you for your time. I hope you really truly listen to all these members of Orange County, and obviously these doctors and these panelists that were here tonight. They were amazing. The statistics are there. The science is there. Masks do nothing. Most importantly, our children need to be safe and feel safe wanting to come back to school, because mine are not at this point in time. Thank you for your time. [APPLAUSE]

Barke: Okay. That concludes our public comment for the evening. Any further discussion? Do we have a motion to end? Dr. Williams?

Williams: I make the motion to adjourn.

Barke: I'll second the motion. All those in favor.

Board: Aye.

Barke: Did you have to do a roll call, Nina, for that? No.

Boyd: I have it logged.

Barke: Okay. Thank you.

INDIVIDUALS WHO SUBMITTED PUBLIC COMMENTS VIA EMAIL

Julie Hirschey	Ashely Rajamin	Kimberly Claytor
Megan Fallman	Angela Bishop	Dr. Kathleen Treseder
Dan Walsh	Heather Kroeger	Jill Alexander
Payal Avellan	Karen Tanenbaum	Jacqui Genow
Valerie Bain	Dr. Sara Goodman	Christine A.
Sarah Mooney	Megan Wiles	Catheryn Johnson
Alison Waite	Dave Gillette	Teresa Shimogawa
Gregory Sloan	Rebecca Nelson	Cristina Jung
Britt Dowdy	Judith Treas, Ph.D.	Stephanie Butler
Angela Eilers	Joanne Jiang	Tiffany Im
Russell Klein	Mary Ann W.	Julie Cheng, MD
Tamara Fairbanks	Kate Mudge	Haley Horton
Danielle Curitore	Shira Liu	Shannon Jachetta
K. Walsh	Jocelyn Rodriguez	Eric H. Ball, MD, FAAP
Kimberly Hahm	Megan Hobza	Nicole Reynolds
Mark Warschauer	Keith Danner	S.B.
Eric Rignot	Michele M Jones	Kate Doti
Joshua Schroeder	Elizabeth Allen	Erin Anderson
Jessica Ardo	Dawn Mortazavi	Mark McDonnell, MD
Anastasia Surch	Megan Magabilin	Michelle Ferchaw
Sarah Klein	Morgan Nelson	Melahat Rafiei
Dr. Luu	Lia Thomas	Cyrus M. Shahriary MD,FAAP
Amy Rogan-Mehta	Romesh and Rushika de Silva	Grant Schuster
Phyllis Gilmore	Karen Aleksic	Janice Burstin
Caroline Schneider	Julianna Suchard	Jane Chang
Kristen Lytton	Harrison Lam	Nina Lim
Nour Rafiei	Anita Sinha MD FAAP	Kristal Bates
Ashley Shuler-Garcia	Cindy Calisher	Eugene Fields
Melissa Miller	Reshmi Basu, MD, FAAP	E. Riley
Marc Lerner, MD	Michael Williams	Anonymous
Himakar Nagam	Jennifer Drudge	Jason Williams
Lauren Stopnitzky	Natasha Agbai, MD	Catriona Lewis
Leigh Dundas, Esq	Tonda Fields	Allison Squirrel
Chrissy Morgan	Lurette Forrest D.V.M.	Sonya Rasminsky, MD
Emily Taylor Poppe	Juli Stockstill	Gila Jones
Annie Ro	Genevieve Maciel	Rebecca Nelson
Craig Kalthoff	Carole Jean Uhlener	Dr. David Sandner
Wendy L. Fund	Sinda Althoen	Lorena Rubio
Kevin Dwyer	Hillary Zieve, MD, FAAP	Matt Pearce
Dr. Shana Charles	John Haffner	Amy Zax
Taylor T Tran	Mieko Igarashi, PhD	Ryan Hawkins

Matt H.	Natalie Moser	Amy Novak, PhD
Tammy Smecker-Hane	Zully Vielman	Angela Nash
David S. Meyer	Anna Solt MD	Mitchell Huntley
Briana Bell	Laurel Brown	Briana Olson
Stacey Stasior	Theodore Heyming, MD	Cynthia Miller
Rachael Davidson	Shannon Stone	Marc Pearson
Stephanie Huscroft	Marina Kahana	Brittney Lafontaine Bode
The Meza Family	Laurie Smith	Deyadira Arellano
Michelle Byerly	Oren Izenberg	Emily Rosecrans
Nikta Forghani, MD	Les and Rachel Van Exel	Georgiana Bostean
Julianne Nielsen	Carrie Lundell	Ms. Besseling
Roberta Cox	Imelda Valdivia	Taylor Simmons
Gita Saini	Jesslyn Maron	Sherry Mostofi, Esq.
Allison Foley, MD	Hillary Salway	Kim Riley
Julianne Nielsen	Phyllis F Agran, MD, MPH	Tony
Jay M. Lieberman, MD	Abigail Archibald	Leila Iravani, MD
Susan Lew, M.S.	Meena Kapur	Collette Smith
Stacey Strong Ortega	Valerie Crozier	Lauren Glover
Sara Kass	Augusta Lind	Veronica Arreola
Jennifer Watanabe	Carmelita Valdivia-Garcia	Linda Lee MD
Jennifer Frank	Joe Bartell	Loc Ta
Lizzette Barrios-Gracian	Lorena Rubio	Angela Kim
Natasa Kostic	Sean Tauber	Ellen Song MD
Canyon Lew	Deep and Jalpa Trikannad	Kyle
Sanjita Gowda	Dr. Danielle Curitore	Deborah Leopo
Alica Beget	Theodore Heyming, MD	William Camargo Claudio
Sharon Frances, PhD	Rebecca Hicks	Sandra Martin
Nishant Niroola	Marcie Loftis	Krystal Lopez Padley
Cindy Walters	Jennifer Vega	Carrie Woodson
Liz Hawkins	Naz Hamid	Librada Leopo
Jennifer Surges	Israel Rubio	Caitlin Bailey
Sarah Auwarter	Tracy Nolzco	Iain Padley
Imelda Valdivia	Ann Gunvalsen	Jessica Lindseth
American Academy of Pediatrics,	Michael Wu	Casey Cooper, Ph.D.
UC Irvine	Terri Webster	Melissa Brown
CHOC Children's Hospital	Marissa Warren	Rachel and Alan Bunteman
Emily Amendola	Shannon Stone	Dana Collins
Valerie Hamilton	Jack Hart	Benjamin Clarke
Laurie Smith	Amanda Case	Joyce Noche
Kim Le	Mitch Timbanard	Jethro Pobre, B.S.
Jennifer Surges	Jennifer Johnson	Jim Grissom

Sunil Saini
Marci Carey
Angel Tauber
Felicity Figueroa
Staci Eisman
Jeremy Kelly

Angie Timbanard
Eleni Karapoulios
Anonymous
Cole Spurrier
Joanne Huang
Kaen Walton

Andrew R Einhorn
Tiffany Watts
Lisa
Joseph Cruz
Lisa Lingle
Dina M. Randazzo