

Orange County Board of Education Resolution on Healthy Children

WHEREAS, the World Health Organization (“WHO”) and UNICEF both state that children 5 years and under should not be required to wear masks, and advise that decisions whether to impose a mask requirement upon children ages 6-11 should be made based on several factors, including the impact of wearing a mask on a child’s psychosocial development ^{1,2}; and

WHEREAS, the WHO also recommends against children wearing masks during exercise or play, as it accurately recognizes that masks can be harmful because they compromise a child’s ability to breathe; and

WHEREAS, recent studies have shown that repeated exposure to mask wearing over longer periods can be extremely harmful ³; and

WHEREAS, numerous studies have shown that children are less likely to transmit and less likely to get symptomatic COVID-19 than adults^{4,5,6,7,8,9}; and

WHEREAS, children do not typically spread COVID-19, even without wearing masks ¹⁰ and teachers are no more likely to be hospitalized due to Covid-19 than in other occupations ¹¹; and

WHEREAS, the ability to see, appreciate and communicate through facial expressions is crucial to a child’s social development ¹², mental health ¹³, physical well-being ¹⁴; and

WHEREAS, compared with 2019, the proportion of mental health reported by the United States Centers for Disease Control beginning in April 2020—related visits for children aged 5–11 and 12–17 years increased approximately 24%. and 31%, respectively ¹; and

WHEREAS, in Orange County, persons 0-17 years old account for ONE total deaths due to Covid-19; and

WHEREAS, the majority of adults and children over 12 years old—including those at high risk of adverse outcomes from COVID-19— have had ample opportunity to get vaccinated; and

WHEREAS, mask wearing also disproportionately impacts children who are attempting to learn English as a second language, as it impedes their ability to process their non-native language ¹⁶; and

WHEREAS, many highly credentialed, well-respected medical professionals have recently and publicly advocated for the universal elimination of mask mandates for children. ¹⁷

NOW, THEREFORE BE IT RESOLVED, that the Orange County Board of Education (OCBE) establishes the following goals:

- Assist in the return of governing power for school safety protocols to the School Districts themselves
- Advocate for Parental Choice for masking and vaccinating their children
- Work toward removal of Orange County State of Emergency status
- Ensure that mask guidelines will NOT be based on vaccination status

BE IT FURTHER RESOLVED, that OCBE is committed to assisting the local school districts in giving students an opportunity to return to normalcy in the classroom, including optional face coverings and removal of discriminatory vaccination status practices; and

BE IT FURTHER RESOLVED, that OCBE will seek out the assistance of any and all government agencies involved in the decisions regarding safety protocols in the school, specifically requesting assistance to make masks optional and relinquishing safety protocol decision making power to the school district itself; and

BE IT FURTHER RESOLVED, that OCBE will send a written request to CDPH requesting them to revise its guidance to eliminate any mask mandate for children in all settings throughout the state of California (at a minimum in Orange County), including in the classroom, at summer camp and while participating in youth sports and/or exercise ; and

BE IT FURTHER RESOLVED, that the OCBE directs the clerk to transmit official copies of this resolution to the following: superintendents for all school districts within Orange County, Orange County Department of Public Health, California Congressmembers, California Governor, Cal Osha, California Department of Public Health, and any other entities the board deems appropriate for this resolution.

1. [https://www.who.int/publications/i/item/advice-on-the-use-of-masks-in-the-community-during-home-care-and-in-healthcare-settings-in-the-context-of-the-novel-coronavirus-\(2019-ncov\)-outbreak](https://www.who.int/publications/i/item/advice-on-the-use-of-masks-in-the-community-during-home-care-and-in-healthcare-settings-in-the-context-of-the-novel-coronavirus-(2019-ncov)-outbreak); and <https://www.who.int/news-room/q-a-detail/q-a-children-and-masks-related-to-covid-19>
2. https://www.who.int/publications/i/item/WHO-2019-nCoV-IPC_Masks-Children-2020.1
3. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8072811/>
4. Children under 10 represent less than 1% of all COVID-19 cases.

Kelvin, A. A. & Halperin, S. COVID-19 in children: the link in the transmission chain. *Lancet* 20, 633–634 (2020); Wu, Z. & McGoogan, J. M. Characteristics of and important lessons from the coronavirus disease 2019 (COVID-19) outbreak in China: summary of a report of 72314 cases from the Chinese center for disease control and prevention. *JAMA* 323, 1239–1242 (2020).

5. Pediatric patients (0–17 years) comprise an extreme minority of nationwide COVID-19 deaths and there were ZERO pediatric deaths from COVID-19 in the United States from January to March of this year.

<https://covid.cdc.gov/covid-data-tracker/#demographics>; and Havers FP, Whitaker M, Self JL, et al. Hospitalization of Adolescents Aged 12–17 Years with Laboratory-Confirmed COVID-19 — COVID-NET, 14 States, March 1, 2020–April 24, 2021. *MMWR Morb Mortal Wkly Rep.* ePub: 4 June 2021. DOI: <http://dx.doi.org/10.15585/mmwr.mm7023e1>

6. Children have about a one in a million chance of death from COVID-19, as opposed to 600 deaths per million in the U.S. from adults.

<https://www.wbur.org/onpoint/2021/05/11/should-kids-be-vaccinated>

7. As compared to children, the risk of death from COVID-19 is between 1,100 to 7,900 times higher for adults over the age of 65—most of whom are now protected through vaccination.

<https://www.nature.com/articles/s41390-021-01590-8>

8. The number of pediatric deaths is significantly less than the CDC estimate of almost 600 pediatric deaths from influenza in the 2017-2018 season, despite wide distribution of an influenza vaccine.

<https://www.cdc.gov/flu/spotlights/2019-2020/2019-20-pediatric-flu-deaths.htm>

9. <https://services.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/children-and-covid-19-state-level-data-report/>

10. Norway has never required children under 13 to wear a mask. As seen in a study of Norwegian children that tested all contacts of children who had tested positive for COVID-19 which concluded that "transmission of SARS-CoV-2 from children under 14 years of age was minimal in primary schools in Oslo and Viken, the two counties with the highest COVID-19 incidence."

<https://www.eurosurveillance.org/content/10.2807/1560-7917.ES.2020.26.1.2002011>

11. Data from Sweden in Spring of 2020 (when schools for children ages 1-16 remained open without requiring masks) found that only 15 children were hospitalized in the ICU, out of 1,951,905 children (0.77 per 100,000), with zero deaths, and only 30 teachers were hospitalized in the ICU (19 per 100,000) – a rate similar to other occupations.

<https://www.nejm.org/doi/full/10.1056/NEJMc2026670?query=TOC&fbclid=IwAR3fY8mbKoRontMlt-PNhZ7QK1h0SXXJ6Hoq7AOe4wn2TTIK6OPHApy7ISA>

12. "The outward emotional displays of one's peers' faces is a critical and necessary component of social interaction in schools. It helps pupils and teachers to modify their behavior in order to align with social communication and behavioral norms. When these emotional displays are inhibited by face masks, our ability to communicate effectively with one another is reduced and we are primarily left with mimicking negative (frown) emotions."

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7417296/>

13. Masks frequently cause anxiety and psycho-vegetative stress reactions in children, with an increase in psychosomatic and stress-related illnesses and depressive self-experience, reduced participation, social withdrawal and lowered health-related self-care.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8072811/>

14. Masks can cause adverse physical changes, including significant increases in heart rate, decreased oxygen saturation, headaches, increased skin temperature, difficulty breathing, dizziness, listlessness, impaired thinking and concentration problems. Masks interfere with temperature regulation, and impair the field of vision and of non-verbal and verbal communication.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8072811/>

15. Leeb RT, Bitsko RH, Radhakrishnan L, Martinez P, Njai R, Holland KM. Mental Health-Related Emergency Department Visits Among Children Aged <18 Years During the COVID-19 Pandemic — United States, January 1–October 17, 2020. *MMWR Morb Mortal Wkly Rep* 2020;69:1675–1680. DOI: [http://dx.doi.org/10.15585/mmwr.mm6945a3external icon](http://dx.doi.org/10.15585/mmwr.mm6945a3external%20icon).

16. “Non-native speakers watch the mouth more than native speakers, regardless of their level of second language expertise.” Attention to a speaker’s mouth increases whenever speech-processing becomes more challenging, even when an individual is highly competent in that language.

Joan Birulés, Laura Bosch, Ferran Pons & David J. Lewkowicz (2020) Highly proficient L2 speakers still need to attend to a talker’s mouth when processing L2 speech, *Language, Cognition and Neuroscience*, 35:10, 1314-1325, DOI: 10.1080/23273798.2020.1762905

17. Dr. Monica Gandhi (infectious disease specialist), Dr. Tracy Beth Høeg (epidemiologist and sports medicine physician), Dr. Allison Krug (epidemiologist), Dr. Lucy McBride (internal medicine physician) and Dr. Jeanne Noble (director of

COVID-19 response for UCSF emergency department).

<https://www.sfchronicle.com/opinion/openforum/article/Is-it-safe-to-fully-reopen-California-schools-16224689.php>; and <https://www.washingtonpost.com/opinions/2021/05/26/its-time-children-finally-get-back-normal-life/>

AYES: 4 (Barke, Williams, Sparks, Shaw)


NOES: 1 (Gomez)

ABSENT: 0

STATE OF CALIFORNIA, COUNTY OF ORANGE

I, **Mari Barke**, Vice President, Board of Education of Orange County, California hereby certify that the foregoing Resolution was duly and regularly adopted by the said Board at a regular meeting thereof held on the 7th day of July 2021.

IN WITNESS THEREOF, I have hereunto set my hand and seal this 7th day of July 2021.



Mari Barke
President, Orange County Board of Education