

Dear CT State Legislators,

I am reaching out today as a loving parent, high school science teacher and citizen of Connecticut. In this letter I am providing what I call “Empowering Facts” supported by scientific literature for you to review. It is my hope that these facts will show you that Parental Choice is a safe way forward and that the Executive Order mandating masks in school can be dropped on February 15th. In addition, I hope these facts encourage you to advocate for data driven policy over politicized fear based policy not supported by our gained knowledge over the course of the COVID pandemic.

### **Empowering Fact #1 - Masking Science Supports Parental Choice**

Recent real-world mask studies for COVID mitigation have not statistically demonstrated any clear benefit in masking students. For example, a CDC and a UK study found a 21% and 11% lowered incidence rate of covid, respectively in schools with mask mandates but couldn't be sure that the benefit was real due to being statistically insignificant with the control group<sup>[1-2]</sup>. Studies from the United States did not find any correlations with mask mandates<sup>[3-4]</sup> nor significant associations between COVID-19 incidence and face mask use<sup>[5]</sup>. A Danish study on community masking and SARS-CoV-2 also shows no statistical difference between masking and the non masking control group.<sup>[6]</sup> In addition, meta-analysis and systematic reviews of mask studies on influenza-like illnesses, including SARs-COV2 show no statistical significance of a protective effect in verified respiratory infection in both health care and community settings<sup>[7-13]</sup>. Lastly, studies show cloth masks, which are widely used in schools, result in significantly higher rates of infection than medical masks and control groups<sup>[14-15]</sup>. The fact that there is an overwhelming body of evidence showing no statistical difference between clinical illness and face mask use should relieve any fears of allowing parental choice in this matter.

### **Empowering Fact #2 - Effective Prevention & Treatment Options Supports Parental Choice**

Studies from around the world show that hospitalizations and death are greatly reduced with the use of preventative measures and early outpatient treatment. The majority of members in our learning communities across the state have had the opportunity to be vaccinated with over 90% of teachers and 80% of children older than 12 being fully vaccinated in Connecticut and are therefore considered to be safe. Those who have chosen to not be vaccinated and those that can not be vaccinated have prophylaxis options and early treatment therapies that have been proven in the scientific literature to be highly successful in decreasing hospitalization and death in Covid patients<sup>[16]</sup>. There are many options from natural over the counter therapies<sup>[17-21]</sup> to prescription pharmaceuticals<sup>[22-24]</sup> that can be used to keep patients out of the hospital and alive. These options offer life saving solutions and should be highly promoted while allowing for parental choice in the use of face masks in school.

### **Empowering Fact #3 - Infection Fatality Rates Supports Parental Choice**

Studies also show that the infection fatality rates for students and staff inside the buildings of our learning communities across the state are highly age stratified but also at low levels below one percent<sup>[25-27]</sup>. Based on data for infection fatality rates for the cohort of persons inside school buildings, it can be seen that the range is from 0.71% for near retirement cohorts and as low as 0.0013% for our student population. These numbers indicate that the students and staff inside our school buildings are considered low risk for negative outcomes. Policy moving forward should reflect the low infection fatality rate and allow for choice in personal mitigating strategies.

#### **Empowering Fact #4 - Evolution of Variants to Less Virulency Supports Parental Choice**

Viruses can either mutate to less virulent strains or strains with increased virulency. So far, it has been seen that the COVID death rates continue to decline with each variant from the original Alpha strain to the Omicron strain. According to data from the United Kingdom, where the Delta variant dominated the cases throughout the summer months of 2001, the average case fatality rate was 11 times less virulent compared to the original Covid strain<sup>[28]</sup>. Data with the Omicron variant shows as compared with patients who had the delta variant, omicron patients had a 53% reduced risk of hospitalization, a 74% reduced risk of ICU admission and a 91% reduced risk of death<sup>[29-30]</sup>. While the certainty of how COVID will evolve from the Omicron strain is unknown, the current evolutionary path is hinting at the notion that SARS-CoV-2 will eventually become like other respiratory viruses that are not a cause of concern<sup>[31]</sup>. This fact again supports a move to parental choice for the use of face masks in school.

In closing, I hope that you use this data to help inform your decision on extending the masking executive order in schools. The evidence overwhelmingly shows that student masking has no scientifically established benefit in real-world use. When an intervention's real-world benefits are too small to measure, we should feel comfortable ending its use. The need for normalcy at school is urgent and I know it may take time for some students and families to adjust to any drastic changes. Some extra time beyond the 15th may be of consideration in order to allow schools to communicate and prepare families for the change. This may allow families to get their children fully vaccinated if they so choose and mentally prepare their children for the change.

Thank you,  
Nyla Tresser

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- [30] [In the Journals: Comparison of Omicron Vs. Delta Clinical Outcomes](#)
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