From: Richdtt, Lisa
Sent: Friday, September 17, 2021 4:15 PM
To: Meier, Adam
Cc: Hinnenkamp, Rachel; Scott, Magdalena; Yang, Hannah; Troeger, Victoria; Miller, Jen;
Zimmerman, Heather; Weight, Ryan; Fejes, Dana; Weisner, M'liss; Baldry, Erika; McCaffrey, Helen; Saycich, Sam;
Lopeman, Jessica; Duthie, Mary; White, Lauren; Gardner, Will; Riordan, Carrie J.; Harwell, Todd;
Smith, Laura
Subject: Public Health Data Integrity

Director Meier,

We are writing to you to voice our concern and disagreement with the evidence presented in the DPHHS Emergency Rule to Promote Parental Rights Regarding Masking in Schools.

As epidemiologists, we objectively review scientific literature on a regular basis to inform our programs and policies. In an effort to uphold public health data integrity, we need to bring two claims from the Rules to your attention as they are misleading and false:

1. *There is no scientific evidence that shows masking is an effective way to reduce the transmission and incidence of COVID-19*.
   a. The Rule ignores numerous peer-reviewed studies that looked at the effect of mask mandates on COVID-19 infections (aside from a footnote) as well as studies that specifically looked at masks and COVID transmission in schools. The omission of any mask effectiveness studies is seemingly due to the fact that ‘...randomized control trials have not clearly demonstrated mask efficacy against respiratory viruses...’. Conducting a randomized control trial on mask wearing among children during a pandemic is unethical. Additionally, the lack of

2. *In the absence of strong evidence, the mandate is unnecessarily restrictive and burdensome*.
   a. The Rule does not adequately address the burden placed on families and educators. The mandate imposes significant costs on families and school districts, including the cost of purchasing and maintaining masks, as well as the potential for increased absenteeism and school closure due to the potential spread of COVID-19. Furthermore, the mandate is not based on strong scientific evidence and does not take into account the varying circumstances of different school districts and communities.

We strongly urge you to reconsider the evidence and base the decision on a robust scientific foundation. We are committed to ensuring the health and safety of all our communities and believe that evidence-based decision-making is essential to achieving this goal.

Sincerely,

[Signature]
randomized control trials does not and should not negate the impact of peer-reviewed literature with credible study designs.

2. *There is a body of scientific literature on negative health consequences of prolonged mask wearing on children*.  
   a. **Not one study cited in the Rule backs up this claim.** The Kisielinski article⁹ is cited multiple times within the Rule as evidence. It is a meta-analysis that was limited to the negative effects of masks. Of the 44 articles included in their analysis, only four studies pertained to pediatrics:

      i. The first¹⁰ was a study asking 24 kids to rate their perception of comfort, hotness, breathability and fit after wearing a mask for 3 minutes of walking and 3 minutes of running. No health consequences were measured.

      ii. The second¹¹ was a crossover study assessing safety, fit, and comfort of a specific N95 mask and the primary outcome was end-tidal carbon dioxide. The study concluded: ‘the physiological parameters; ETCO2, FICO2, RR, HR, SpO2, were well within the acceptable range, the masks used were found to fit all the children tested in the study and the majority of the children did not experience any difficulty in breathing while wearing the masks indicating good comfort.’ They acknowledged the limitation that kids only wore masks for 5 minutes.

      iii. The third¹² study, conducted in 2009, assessed the perceived ‘fear factor’ by showing kids pictures of physicians wearing face shields and surgical masks and asking them to pick which they would prefer to take care of them and if they found any of the physicians frightening. No health consequences were measured.

      iv. The fourth¹³ looked at the observations from parents, doctors, and teachers in an online registry from Germany. The study acknowledged ‘A bias with respect to the preferential documentation of particularly severely affected children... cannot be ruled out’ and concluded ‘The results indicate the importance of representative surveys and randomized controlled trials and a renewed risk-benefit assessment of mask obligation in children.’ No health consequences were measured.

This misrepresentation of scientific data is concerning for several reasons:

1. It threatens the credibility of Montana DPHHS and will negatively impact our ability to communicate with Montanans in the future.
2. It contributes to the spread of misinformation and adds confusion to those who are trying to make informed decisions to keep their kids and communities safe.
3. As DPHHS employees, it is demoralizing to have the Department issue a Public Health Emergency Rule that is not founded in the science of public health.
4. It jeopardizes local public health department efforts and adds additional challenges to their ability to keep their communities informed and safe.
5. It places school officials in the position of defending peer-reviewed literature when DPHHS did not and it further divides school communities.

Public health staff have worked tirelessly throughout this pandemic to collect, review, analyze and share reliable data with the citizens of Montana. The science and data are constantly evolving and our knowledge around COVID-19 is evolving with that. We will continue to uphold and promote high standards of science and research to the best of our ability. Please reach out at any time.

Sincerely,

DPHHS Epidemiologists

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Jessica Lopeman,
Mary Duthie, MPH
Lauren White,
Will Gardner,
Carrie Jo Riordan,

1. CDC Science Brief: Community Use of Cloth Masks to Control the Spread of SARS-CoV-2.
   http://dx.doi.org/10.15585/mmwr.mm7004e3


2021, 18. 4344. https://doi.org/10.3390/ijerph18084344


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