

LOWELL Greig K * DCBS

From: Michelle Rabin <michellerabin@gmail.com>
Sent: Tuesday, July 19, 2022 4:48 PM
To: RULEMAKING Osha * DCBS
Subject: please extend the rules

Exhibit 0 Page 1

There is NO emergency currently. Please ensure that our rights are not violated. We don't need any further mandates. The very fact that vaccines are authorized and recommended for babies and toddlers is stunning. There is NO emergency yet you offer experimental treatment for little ones who have NO risk. The risk of vaccination is far greater than any risk from Covid for healthy children. This level of abuse will bring down the OHA IF you fail to extend these rules.

Michelle Rabin, Ph.D.

LOWELL Greig K * DCBS

From: Caren Dancer <dancecaren@gmail.com>
Sent: Tuesday, July 19, 2022 7:06 PM
To: RULEMAKING Osha * DCBS
Subject: masks

Exhibit 1 Page 2

I am an Oregon resident and I say NO!!!! to any mask or vaccine mandates-both have been proven ineffective and harmful. Caren Liebman



Virus-free. www.avg.com

LOWELL Greig K * DCBS

From: Kaylene Whitt <kaylene2009@hotmail.com>
Sent: Wednesday, July 20, 2022 7:26 AM
To: RULEMAKING Osha * DCBS
Subject: Covid-19 policies

Exhibit Δ Page 3

Please make the temporary rules permanent that are set to expire soon. There is no need now for restrictive rules. There also needs to be a set date to end these rules now that the pandemic is over.

If the healthcare industry desires to continue with masking and testing they should pay for any and all costs for their workers.

Thank you,
Kaylene Whitt

Sent from my iPhone

From: Stephanie Ryan <rsgcryan@gmail.com>
Sent: Wednesday, July 20, 2022 10:00 AM
To: RULEMAKING Osha * DCBS
Subject: Recommend OHA adopt the temporary rules as permanent rules...

Exhibit 0 Page 4

To the Oregon rule makers,

I'm a legal voting Oregon citizen recommending that OHA adopt the *temporary rules* for COVID19 as **permanent** rules, that Oregon leaders look to **repeal** the governor's more strict COVID rules entirely and generally restore sanity in Oregon by returning our Constitutional rights back to us, including but not limited to: our freedom in bodily Rights to mask or not to mask in any building/location/space, and bodily Rights to vaccinate or not to vaccinate.

This is what a free society allows. It has been fought for long and hard for over 200 years. Please help be a part of preserving it, in small or large ways.

Sincerely,
Stephanie Ryan
8137 SW Seminole Trail, Tualatin, OR 97062
503-267-6251

LOWELL Greig K * DCBS

From: Ashley Corey <ashleycorey629@gmail.com>
Sent: Thursday, July 21, 2022 10:57 AM
To: RULEMAKING Osha * DCBS
Subject: Comment on OAR 437-001-0744 on Covid 19 Workplace rules

Exhibit 0 Page 5

Good morning,

I am writing to comment that I support the permanent removal of all indoor masking requirements - as has been done on a temporary basis in recent months.

I believe each individual now has all the resources at their disposal to make informed decisions to reduce their risk from Covid 19.

Thank you,

Ashley Corey, RN, BSN
Portland, OR

LOWELL Greig K * DCBS

From: REW Sarah C * DCBS
Sent: Thursday, July 21, 2022 5:15 PM
To: RULEMAKING Osha * DCBS
Subject: FW: masks/mandates

Exhibit 0 Page 6

From: Caren Dancer <dancecaren@gmail.com>
Sent: Tuesday, July 19, 2022 7:06 PM
To: REW Sarah C * DCBS <Sarah.C.REW@dcbs.oregon.gov>
Subject: masks/mandates

I am an Oregon resident and I say NO!!!! to any mask or vaccine mandates-both have been proven ineffective and harmful. Caren Liebman



Virus-free. www.avg.com

LOWELL Greig K * DCBS

From: Tia Seran <tiaseran@gmail.com>
Sent: Friday, July 22, 2022 8:33 PM
To: RULEMAKING Osha * DCBS
Subject: Oregon masking rules

Exhibit 0 Page 7

To whom it may concern,

In regards to OAR 437-001-0744, OAR 333-01901025 and 333-019-1015, I would like to make my public comment. Please stop all masking rules everywhere. No more mask mandates, allow us as free citizens to make choices about safety for our own selves without government force. -Tia Seran

LOWELL Greig K * DCBS

From: Nancy <n.naish@comcast.net>
Sent: Saturday, July 23, 2022 10:36 AM
To: RULEMAKING Osha * DCBS; REW Sarah C * DCBS
Subject: Comment on masking rules

Exhibit D Page 8

Hello,

I am writing to comment on the rules addressing covid 19 for the upcoming public hearing. These masks and social distance must stop. They do nothing to stop or slow any virus spread. Studies have shown that masks don't stop any virus from spreading but they do in fact cause harm and make us sick from not only the chemicals used to make them but also by breathing in our own bacteria. They must not be made permanent but in fact they must stop completely.

Thank you,

Nancy Naish

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This email has been checked for viruses by AVG.

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.avg.com%2F&data=05%7C01%7COSH A.rulemaking%40dcbs.oregon.gov%7C907da6eb8fd41c5125908da6cd1e41a%7Caa3f6932fa7c47b4a0cea598cad161cf%7C0%7C0%7C637941946106031916%7CUnknown%7CTWFpbGZsb3d8eyJWljiMC4wLjAwMDAiLCJQIjoiV2luMzliLCJBTiI6Ikk1haWwiLCJXVCi6Mn0%3D%7C3000%7C%7C%7C&sdata=WUVZqg1ze3FhyRrb6QYrmcghhoZplQdrN6iXgo%2FI88w%3D&reserved=0>

From: Stephanie75 <Stephanie75@protonmail.com>
Sent: Saturday, July 23, 2022 2:14 PM
To: RULEMAKING Osha * DCBS
Subject: Public health order rescinding school/wroklpace indoor masking requirements

Exhibit D Page 9

To Whom It May Concern,

OHA/OSHA is taking public comment regarding the TEMPORARY Public health order rescinding school indoor masking requirements and Public Health Emergency in All Oregon Workplaces.

As we now know, masking did little to nothing to stop the spread of Sars-Cov-2. See study by [Johns Hopkins](#) and this [preprint](#), just to name a small few.

Not to mention that governments' top scientists are leaving the CDC and FDA and NIH because of utter shame and lack of true science. See this [article](#) by mainstream MD Marty Makary.

I know it is fun to finally be cool (as a nerd myself, I get it), and scientists are having their day in the sun and the power they never had in high school. But your masking policies will be looked at as a true failure in the history books. Shameful and destructive tyranny.

You are ruining a generation of children. You are ruining human interaction which is scientifically proven without a doubt to be crucial to our mental health. Have you looked at All Cause Mortality data since 2021? It's not COVID that's killing us.

Please make PERMANENT the rule that gives people the choice to mask or not mask in indoor (or outdoor for that stupid matter) spaces and schools.

Sincerely, with hopes to restore the respect I once had for you,
Stephanie

Sent with [Proton Mail](#) secure email.

From: Stephanie Sur <vetsteph@gmail.com>
Sent: Saturday, July 23, 2022 2:19 PM
To: RULEMAKING Osha * DCBS
Subject: Public health order rescinding school/wrokplace indoor masking requirements

Exhibit D Page 10

To Whom It May Concern,

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Sincerely, with hopes to restore the respect I once had for you,
Stephanie

LOWELL Greig K * DCBS

From: healing@inorbit.com
Sent: Saturday, July 23, 2022 3:16 PM
To: RULEMAKING Osha * DCBS

Exhibit D Page 11

Hello, thank you for reading my comment.

My vote is to adopt the current temporary rules as permanent and also address the expiration date of these rules. We need to look at the data and understand that mandates, lockdowns masking are not long term solutions and in fact have more risk than benefit.

Sent using the mobile mail app

LOWELL Greig K * DCBS

From: Katie Phillips <ktphillips401@gmail.com>
Sent: Saturday, July 23, 2022 4:49 PM
To: RULEMAKING Osha * DCBS
Subject: Adjustments to Rules for Public Health

Exhibit D Page 12

To Whom it May Concern,

I am writing to say that the "rules" for public health "emergencies" need to be over and done with, completely. It is unfair, inappropriate, and ridiculous for a government agency to try to dictate how people live their lives. If you'd like to make public statements, offering suggestions for people to take better care of themselves, fine, but it is wrong for you to make and try to enforce certain rules and then punish people/businesses for not following your rules. Specifically pertaining to masks, there are MULTIPLE studies that show masks are ineffective against viruses (and say so on the boxes), and they even harm people's health. They are considered a medical device, and you cannot force people to wear them. People are tired of the government overreach and WILL NOT COMPLY. Quit the power play and honor the freedom people have to make the decision of whether they want something on their face or not.

Thank you,
Katie Phillips

LOWELL Greig K * DCBS

From: REW Sarah C * DCBS
Sent: Monday, July 25, 2022 8:28 AM
To: RULEMAKING Osha * DCBS
Subject: FW: Comment on masking rules

Exhibit D Page 13

-----Original Message-----

From: Nancy <n.naish@comcast.net>
Sent: Saturday, July 23, 2022 10:36 AM
To: RULEMAKING Osha * DCBS <OSHA.rulemaking@dcbs.oregon.gov>; REW Sarah C * DCBS <Sarah.C.REW@dcbs.oregon.gov>
Subject: Comment on masking rules

Hello,

I am writing to comment on the rules addressing covid 19 for the upcoming public hearing. These masks and social distance must stop. They do nothing to stop or slow any virus spread. Studies have shown that masks don't stop any virus from spreading but they do in fact cause harm and make us sick from not only the chemicals used to make them but also by breathing in our own bacteria. They must not be made permanent but in fact they must stop completely.

Thank you,

Nancy Naish

--
This email has been checked for viruses by AVG.
<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.avg.com%2F&data=05%7C01%7COSH.A.rulemaking%40dcbs.oregon.gov%7C2f2f983e24044e02e1d708da6e52455a%7Caa3f6932fa7c47b4a0cea598cad161cf%7C0%7C0%7C637943596868432611%7CUnknown%7CTWFpbGZsb3d8eyJWljiMC4wLjAwMDAiLCJQIjoiV2luMzliLCJBTiI6Ikk1haWwiLCJXVCi6Mn0%3D%7C3000%7C%7C%7C&reserved=0&sdata=XKXUScAWgkNSjdvVRLZi1IA1UgL3wwwy9RXBo%2FE21u4%3D&reserved=0>

LOWELL Greig K * DCBS

From: Jonna Pahlisch <jonna@bendbroadband.com>
Sent: Monday, July 25, 2022 9:45 AM
To: RULEMAKING Osha * DCBS
Cc: REW Sarah C * DCBS
Subject: Make Temporary Mask Rules, Permanent

Exhibit D Page 14

I am writing to ask OHA to make the temporary rules around masking in schools, work places and other public settings, permanent. The science is clear, masks do not work. NOW is the time for OHA to create an expiration date for any masking requirements in the state.

Masks have been detrimental to the health of our children, preventing them from communicating and learning properly. Please follow the example of most states in this country, and remove any mask requirements from being required now, or in the future.

Thank you,

Jonna Pahlisch

LOWELL Greig K * DCBS

From: Marvin Mandel <team@speak4.co>
Sent: Monday, July 25, 2022 2:40 PM
To: RULEMAKING Osha * DCBS
Subject: Repeal Workplace COVID rules

Exhibit D Page 15

July 25, 2022 @ 09:39pm
Repeal Workplace COVID rules

I am writing to urge OSHA to repeal the agency's workplace COVID rule entirely. The agency claims that the proposed adjustments are "a major step forward towards the full repeal of the rule." Taking a major step forward isn't enough, however, when the rules themselves are both unnecessary and burdensome. They should be repealed in their entirety.

While certainly less restrictive for most workplaces than previous versions of the COVID rule, the proposed version would be permanent and open-ended. The proposed rule contains no clear metrics that would trigger full repeal. Rather, OSHA says merely that the rule will be repealed when it is no longer necessary to address the COVID-19 pandemic," as determined by OSHA itself.

Don't cling to an unnecessary and outdated rule. OSHA should repeal it in its entirety.

Thank you.

Mr. Marvin Mandel
13990 SW Hall Blvd,
Tigard, OR 97223
marvinmandel@comcast.net
503-710-6040

LOWELL Greig K * DCBS

From: Brett Gorley <team@speak4.co>
Sent: Monday, July 25, 2022 2:40 PM
To: RULEMAKING Osha * DCBS
Subject: Repeal Workplace COVID rules

EXHIBIT D PAGE 16

July 25, 2022 @ 09:39pm
Repeal Workplace COVID rules

I am writing to urge OSHA to repeal the agency's workplace COVID rule entirely. The agency claims that the proposed adjustments are "a major step forward towards the full repeal of the rule." Taking a major step forward isn't enough, however, when the rules themselves are both unnecessary and burdensome. They should be repealed in their entirety.

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Thank you.

Mr. Brett Gorley
2008 SE 130TH AVE,
Portland, OR 97233
berencamlost@gmail.com
503-329-0687

LOWELL Greig K * DCBS

From: Jason Findling <team@speak4.co>
Sent: Monday, July 25, 2022 2:40 PM
To: RULEMAKING Osha * DCBS
Subject: Repeal Workplace COVID rules

Exhibit 0 Page 17

July 25, 2022 @ 09:35pm
Repeal Workplace COVID rules

I am writing to urge OSHA to repeal the agency's workplace COVID rule entirely. The agency claims that the proposed adjustments are "a major step forward towards the full repeal of the rule." Taking a major step forward isn't enough, however, when the rules themselves are both unnecessary and burdensome. They should be repealed in their entirety.

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Don't cling to an unnecessary and outdated rule. OSHA should repeal it in its entirety.

Thank you.

Mr. Jason Findling
2230 SE 152nd Ave,
Portland, OR 97233
i1theratrace@yahoo.com
503-333-5388

LOWELL Greig K * DCBS

From: Michael Skelton <team@speak4.co>
Sent: Monday, July 25, 2022 2:50 PM
To: RULEMAKING Osha * DCBS
Subject: Repeal Workplace COVID rules

Exhibit D Page 18

July 25, 2022 @ 09:42pm
Repeal Workplace COVID rules

I am writing to urge OSHA to repeal the agency's workplace COVID rule entirely. The agency claims that the proposed adjustments are "a major step forward towards the full repeal of the rule." Taking a major step forward isn't enough, however, when the rules themselves are both unnecessary and burdensome. They should be repealed in their entirety.

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Don't cling to an unnecessary and outdated rule. OSHA should repeal it in its entirety.

Thank you.

Mr. Michael Skelton
4791 Lone Oak Rd SE,
Salem, OR 97302
mskelton1117@gmail.com
503-400-4595

LOWELL Greig K * DCBS

From: George George Hazeltine <team@peak4.co>
Sent: Monday, July 25, 2022 2:50 PM
To: RULEMAKING Osha * DCBS
Subject: Repeal Workplace COVID rules

Exhibit D Page 19

July 25, 2022 @ 09:47pm
Repeal Workplace COVID rules

I am writing to urge OSHA to repeal the agency's workplace COVID rule entirely. The agency claims that the proposed adjustments are "a major step forward towards the full repeal of the rule." Taking a major step forward isn't enough, however, when the rules themselves are both unnecessary and burdensome. They should be repealed in their entirety.

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Don't cling to an unnecessary and outdated rule. OSHA should repeal it in its entirety.

Thank you.

Mr. George George Hazeltine
8300 NE QUATAMA ST UNIT 102,
BEAVERTON, OR 97006
massolo@runbox.com
503-528-6009

LOWELL Greig K * DCBS

From: Ken Monroe <team@speak4.co>
Sent: Monday, July 25, 2022 2:50 PM
To: RULEMAKING Osha * DCBS
Subject: Repeal Workplace COVID rules

Exhibit D Page 20

July 25, 2022 @ 09:49pm
Repeal Workplace COVID rules

I am writing to urge OSHA to repeal the agency's workplace COVID rule entirely. The agency claims that the proposed adjustments are "a major step forward towards the full repeal of the rule." Taking a major step forward isn't enough, however, when the rules themselves are both unnecessary and burdensome. They should be repealed in their entirety.

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Don't cling to an unnecessary and outdated rule. OSHA should repeal it in its entirety.

Thank you.

Mr. Ken Monroe
9920 se foster rd apt 7,
Portland, OR 97266
olchap@promotionsbystorm.com
541-250-9025

LOWELL Greig K * DCBS

From: Bill Slattery <team@speak4.co>
Sent: Monday, July 25, 2022 3:00 PM
To: RULEMAKING Osha * DCBS
Subject: Repeal Workplace COVID rules

Exhibit D Page 21

July 25, 2022 @ 09:56pm
Repeal Workplace COVID rules

I am writing to urge OSHA to repeal the agency's workplace COVID rule entirely. The agency claims that the proposed adjustments are "a major step forward towards the full repeal of the rule." Taking a major step forward isn't enough, however, when the rules themselves are both unnecessary and burdensome. They should be repealed in their entirety.

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Don't cling to an unnecessary and outdated rule. OSHA should repeal it in its entirety.

Thank you.

Mr. Bill Slattery
2635 Jackson St,
Eugene, OR 97405
bill@sja.us.com
541-228-1228

LOWELL Greig K * DCBS

From: Richard B Evans <team@speak4.co>
Sent: Monday, July 25, 2022 3:00 PM
To: RULEMAKING Osha * DCBS
Subject: Repeal Workplace COVID rules

Exhibit 1 Page 22

July 25, 2022 @ 09:57pm
Repeal Workplace COVID rules

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Don't cling to an unnecessary and outdated rule. OSHA should repeal it in its entirety.

Thank you.

Mr. Richard B Evans
17982 Ridge Lake Drive, Lake Oswego, OR, Lake Oswego, OR 97034 rick@carewstaffing.com
503-432-1383

LOWELL Greig K * DCBS

From: Ellen Fisher <team@speak4.co>
Sent: Monday, July 25, 2022 3:10 PM
To: RULEMAKING Osha * DCBS
Subject: Repeal Workplace COVID rules

Exhibit D Page 23

July 25, 2022 @ 10:03pm
Repeal Workplace COVID rules

I am writing to urge OSHA to repeal the agency's workplace COVID rule entirely. The agency claims that the proposed adjustments are "a major step forward towards the full repeal of the rule." Taking a major step forward isn't enough, however, when the rules themselves are both unnecessary and burdensome. They should be repealed in their entirety.

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Don't cling to an unnecessary and outdated rule. OSHA should repeal it in its entirety.

Thank you.

Mrs. Ellen Fisher
12600 SE MT Scott Blvd,
Happy Valley, OR 97086
fredfisher1@aol.com
503-915-8838

LOWELL Greig K * DCBS

From: Edward Cole <team@speak4.co>
Sent: Monday, July 25, 2022 3:20 PM
To: RULEMAKING Osha * DCBS
Subject: Repeal Workplace COVID rules

Exhibit D Page 24

July 25, 2022 @ 10:11pm
Repeal Workplace COVID rules

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Thank you.

Mr. Edward Cole
32471 S Kropf Rd,
Canby, OR 97013
edc@yoderautosalvage.com
503-651-2192

LOWELL Greig K * DCBS

From: Robyn Elam <team@speak4.co>
Sent: Monday, July 25, 2022 3:20 PM
To: RULEMAKING Osha * DCBS
Subject: Repeal Workplace COVID rules

Exhibit 0 Page 25

July 25, 2022 @ 10:17pm
Repeal Workplace COVID rules

I am writing to urge OSHA to repeal the agency's workplace COVID rule entirely. The agency claims that the proposed adjustments are "a major step forward towards the full repeal of the rule." Taking a major step forward isn't enough, however, when the rules themselves are both unnecessary and burdensome. They should be repealed in their entirety.

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Thank you.

Mrs. Robyn Elam
1417 SE Weeping Willow Ct,
Grants Pass, OR 97527
robynznest@me.com
805-501-9822

LOWELL Greig K * DCBS

From: Jordan Klass <team@speak4.co>
Sent: Monday, July 25, 2022 3:20 PM
To: RULEMAKING Osha * DCBS
Subject: Repeal Workplace COVID rules

Exhibit D Page 26

July 25, 2022 @ 10:18pm
Repeal Workplace COVID rules

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Thank you.

Dr. Jordan Klass
5216 SE KNAPP ST.,
Portland, OR 97206
jordanklass@yahoo.com
503-551-4161

LOWELL Greig K * DCBS

From: Conae Carpenter <team@speak4.co>
Sent: Monday, July 25, 2022 3:20 PM
To: RULEMAKING Osha * DCBS
Subject: Repeal Workplace COVID rules

Exhibit 0 Page 27

July 25, 2022 @ 10:14pm
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Thank you.

Ms. Conae Carpenter
1740 LINNEA AVE,
Eugene, OR 97401
Chipper0808@comcast.net
541-232-1994

LOWELL Greig K * DCBS

From: Mark Pirisky <team@speak4.co>
Sent: Monday, July 25, 2022 3:30 PM
To: RULEMAKING Osha * DCBS
Subject: Repeal Workplace COVID rules

Exhibit D Page 28

July 25, 2022 @ 10:23pm
Repeal Workplace COVID rules

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Thank you.

Mr. Mark Pirisky
330 SW 35th St, Redmond, OR 97756,
Redmond, OR 97756
mvrtn@msn.com
541-306-7104

LOWELL Greig K * DCBS

From: Derik Smith <team@speak4.co>
Sent: Monday, July 25, 2022 3:40 PM
To: RULEMAKING Osha * DCBS
Subject: Repeal Workplace COVID rules

Exhibit 0 Page 29

July 25, 2022 @ 10:30pm
Repeal Workplace COVID rules

I am writing to urge OSHA to repeal the agency's workplace COVID rule entirely. The agency claims that the proposed adjustments are "a major step forward towards the full repeal of the rule." Taking a major step forward isn't enough, however, when the rules themselves are both unnecessary and burdensome. They should be repealed in their entirety.

While certainly less restrictive for most workplaces than previous versions of the COVID rule, the proposed version would be permanent and open-ended. The proposed rule contains no clear metrics that would trigger full repeal. Rather, OSHA says merely that the rule will be repealed when it is no longer necessary to address the COVID-19 pandemic," as determined by OSHA itself.

Don't cling to an unnecessary and outdated rule. OSHA should repeal it in its entirety.

Thank you.

Mr. Derik Smith
2430 35th Street,
Springfield, OR 97477
deriksmith@comcast.net
541-896-1427

LOWELL Greig K * DCBS

From: JONETTTE FLYNN <team@speak4.co>
Sent: Monday, July 25, 2022 3:40 PM
To: RULEMAKING Osha * DCBS
Subject: Repeal Workplace COVID rules

Exhibit D Page 30

July 25, 2022 @ 10:36pm
Repeal Workplace COVID rules

I am writing to urge OSHA to repeal the agency's workplace COVID rule entirely. The agency claims that the proposed adjustments are "a major step forward towards the full repeal of the rule." Taking a major step forward isn't enough, however, when the rules themselves are both unnecessary and burdensome. They should be repealed in their entirety.

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Don't cling to an unnecessary and outdated rule. OSHA should repeal it in its entirety.

Thank you.

Mrs. JONETTTE FLYNN
po box 451,
murphy, OR 97533
jonette@fieldshomecenter.com
541-659-5292

LOWELL Greig K * DCBS

From: Lori Schneider <team@speak4.co>
Sent: Monday, July 25, 2022 4:40 PM
To: RULEMAKING Osha * DCBS
Subject: Repeal Workplace COVID rules

EXHIBIT

D-31

July 25, 2022 @ 11:35pm
Repeal Workplace COVID rules

I am writing to urge OSHA to repeal the agency's workplace COVID rule entirely. The agency claims that the proposed adjustments are "a major step forward towards the full repeal of the rule." Taking a major step forward isn't enough, however, when the rules themselves are both unnecessary and burdensome. They should be repealed in their entirety.

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Don't cling to an unnecessary and outdated rule. OSHA should repeal it in its entirety.

Thank you.

Mrs. Lori Schneider
16035 Moss Lake Way,
Oregon City, OR 97045
ratherberiding@comcast.net
503-539-4085

LOWELL Greig K * DCBS

From: David Lewin <team@speak4.co>
Sent: Monday, July 25, 2022 5:00 PM
To: RULEMAKING Osha * DCBS
Subject: Repeal Workplace COVID rules

EXHIBIT

0-31

July 25, 2022 @ 11:56pm
Repeal Workplace COVID rules

I am writing to urge OSHA to repeal the agency's workplace COVID rule entirely. The agency claims that the proposed adjustments are "a major step forward towards the full repeal of the rule." Taking a major step forward isn't enough, however, when the rules themselves are both unnecessary and burdensome. They should be repealed in their entirety.

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Don't cling to an unnecessary and outdated rule. OSHA should repeal it in its entirety.

Thank you.

Mr. David Lewin
7610 SE 30th Ave.,
Portland, OR 97202
david@lewindesigns.com
503-593-7837

LOWELL Greig K * DCBS

From: Rosemary Zoucha <team@speak4.co>
Sent: Monday, July 25, 2022 5:10 PM
To: RULEMAKING Osha * DCBS
Subject: Repeal Workplace COVID rules

EXHIBIT

0-32

July 26, 2022 @ 12:03am
Repeal Workplace COVID rules

I am writing to urge OSHA to repeal the agency's workplace COVID rule entirely. The agency claims that the proposed adjustments are "a major step forward towards the full repeal of the rule." Taking a major step forward isn't enough, however, when the rules themselves are both unnecessary and burdensome. They should be repealed in their entirety.

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Don't cling to an unnecessary and outdated rule. OSHA should repeal it in its entirety.

Thank you.

Mrs. Rosemary Zoucha
10245 NW Royal Rose Ct,
Portland, OR 97229
rosemary@morningstarccinc.com
503-297-9593

LOWELL Greig K * DCBS

From: DOUGLAS PARK-SAMPLE <team@speak4.co>
Sent: Monday, July 25, 2022 5:30 PM
To: RULEMAKING Osha * DCBS
Subject: Repeal Workplace COVID rules

EXHIBIT
0-33

July 26, 2022 @ 12:25am
Repeal Workplace COVID rules

I am writing to urge OSHA to repeal the agency's workplace COVID rule entirely. The agency claims that the proposed adjustments are "a major step forward towards the full repeal of the rule." Taking a major step forward isn't enough, however, when the rules themselves are both unnecessary and burdensome. They should be repealed in their entirety.

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Don't cling to an unnecessary and outdated rule. OSHA should repeal it in its entirety.

Thank you.

Mr. DOUGLAS PARK-SAMPLE
378 SE Claire St,
Roseburg, OR 97470
deedesam14@hotmail.com
541-580-2588

LOWELL Greig K * DCBS

From: Ernie Lemos <team@speak4.co>
Sent: Monday, July 25, 2022 7:50 PM
To: RULEMAKING Osha * DCBS
Subject: Repeal Workplace COVID rules

EXHIBIT

0-34

July 26, 2022 @ 02:48am
Repeal Workplace COVID rules

I am writing to urge OSHA to repeal the agency's workplace COVID rule entirely. The agency claims that the proposed adjustments are "a major step forward towards the full repeal of the rule." Taking a major step forward isn't enough, however, when the rules themselves are both unnecessary and burdensome. They should be repealed in their entirety.

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Don't cling to an unnecessary and outdated rule. OSHA should repeal it in its entirety.

Thank you.

Mr. Ernie Lemos
3771 NE Oakeside Loop,
Bend, OR 97701
ernielemos@icloud.com
541-316-9469

LOWELL Greig K * DCBS

From: Glenn Amsberry <team@speak4.co>
Sent: Monday, July 25, 2022 8:40 PM
To: RULEMAKING Osha * DCBS
Subject: Repeal Workplace COVID rules

EXHIBIT
D-35

July 26, 2022 @ 03:32am
Repeal Workplace COVID rules

I am writing to urge OSHA to repeal the agency's workplace COVID rule entirely. The agency claims that the proposed adjustments are "a major step forward towards the full repeal of the rule." Taking a major step forward isn't enough, however, when the rules themselves are both unnecessary and burdensome. They should be repealed in their entirety.

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Don't cling to an unnecessary and outdated rule. OSHA should repeal it in its entirety.

Thank you.

Mr. Glenn Amsberry
110 Buckingham Circle,
Eagle Point, OR 97524
gamsberry@ccountry.net
541-830-4871

LOWELL Greig K * DCBS

From: Brian Jensen <team@speak4.co>
Sent: Monday, July 25, 2022 9:20 PM
To: RULEMAKING Osha * DCBS
Subject: Repeal Workplace COVID rules

EXHIBIT

0-36

July 26, 2022 @ 04:18am
Repeal Workplace COVID rules

I am writing to urge OSHA to repeal the agency's workplace COVID rule entirely. The agency claims that the proposed adjustments are "a major step forward towards the full repeal of the rule." Taking a major step forward isn't enough, however, when the rules themselves are both unnecessary and burdensome. They should be repealed in their entirety.

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Don't cling to an unnecessary and outdated rule. OSHA should repeal it in its entirety.

Thank you.

Mr. Brian Jensen
600 N 12th St.,
Philomath, OR 97370
jensbk@comcast.net
541-609-8876

LOWELL Greig K * DCBS

From: Joel Bender <team@speak4.co>
Sent: Monday, July 25, 2022 9:40 PM
To: RULEMAKING Osha * DCBS
Subject: Repeal Workplace COVID rules

EXHIBIT

0-37

July 26, 2022 @ 04:30am
Repeal Workplace COVID rules

I am writing to urge OSHA to repeal the agency's workplace COVID rule entirely. The agency claims that the proposed adjustments are "a major step forward towards the full repeal of the rule." Taking a major step forward isn't enough, however, when the rules themselves are both unnecessary and burdensome. They should be repealed in their entirety.

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Don't cling to an unnecessary and outdated rule. OSHA should repeal it in its entirety.

Thank you.

Mr. Joel Bender
15835 S Lora Ct,
Oregon City , OR 97045
JoelBender@hushmail.com
503-310-3367

LOWELL Greig K * DCBS

From: William Burt <team@speak4.co>
Sent: Monday, July 25, 2022 10:00 PM
To: RULEMAKING Osha * DCBS
Subject: Repeal Workplace COVID rules

EXHIBIT

0-38

July 26, 2022 @ 04:52am
Repeal Workplace COVID rules

I am writing to urge OSHA to repeal the agency's workplace COVID rule entirely. The agency claims that the proposed adjustments are "a major step forward towards the full repeal of the rule." Taking a major step forward isn't enough, however, when the rules themselves are both unnecessary and burdensome. They should be repealed in their entirety.

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Don't cling to an unnecessary and outdated rule. OSHA should repeal it in its entirety.

Thank you.

Mr. William Burt
13058 Donald Rd NE,
Aurora, OR 97002
williamburt@greencloaks.com
503-982-1503

LOWELL Greig K * DCBS

From: Jean Troudt <team@speak4.co>
Sent: Monday, July 25, 2022 11:00 PM
To: RULEMAKING Osha * DCBS
Subject: Repeal Workplace COVID rules

EXHIBIT
D-39

July 26, 2022 @ 05:59am
Repeal Workplace COVID rules

I am writing to urge OSHA to repeal the agency's workplace COVID rule entirely. The agency claims that the proposed adjustments are "a major step forward towards the full repeal of the rule." Taking a major step forward isn't enough, however, when the rules themselves are both unnecessary and burdensome. They should be repealed in their entirety.

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Don't cling to an unnecessary and outdated rule. OSHA should repeal it in its entirety.

Thank you.

Ms. Jean Troudt
12060 SW Par 4 Dr,
Tigard, OR 97224
jt@cmconline.com
503-620-1202

LOWELL Greig K * DCBS

From: Ann Durrant <team@speak4.co>
Sent: Monday, July 25, 2022 11:30 PM
To: RULEMAKING Osha * DCBS
Subject: Repeal Workplace COVID rules

EXHIBIT

D-40

July 26, 2022 @ 06:24am
Repeal Workplace COVID rules

I am writing to urge OSHA to repeal the agency's workplace COVID rule entirely. The agency claims that the proposed adjustments are "a major step forward towards the full repeal of the rule." Taking a major step forward isn't enough, however, when the rules themselves are both unnecessary and burdensome. They should be repealed in their entirety.

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Don't cling to an unnecessary and outdated rule. OSHA should repeal it in its entirety.

Thank you.

Dr. Ann Durrant
1704 Webb Lake Drive,
Silverton, OR 97381
annmdurrant@yahoo.com
503-949-7758

LOWELL Greig K * DCBS

From: Dennis Hand <team@speak4.co>
Sent: Monday, July 25, 2022 11:30 PM
To: RULEMAKING Osha * DCBS
Subject: Repeal Workplace COVID rules

EXHIBIT

D-41

July 26, 2022 @ 06:26am
Repeal Workplace COVID rules

I am writing to urge OSHA to repeal the agency's workplace COVID rule entirely. The agency claims that the proposed adjustments are "a major step forward towards the full repeal of the rule." Taking a major step forward isn't enough, however, when the rules themselves are both unnecessary and burdensome. They should be repealed in their entirety.

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Don't cling to an unnecessary and outdated rule. OSHA should repeal it in its entirety.

Thank you.

Mr. Dennis Hand
115 NW PAWNEE CT,
Roseburg, OR 97471
dhand@rosenet.net
541-643-2394

LOWELL Greig K * DCBS

From: Adrian Currier <adriancurrier@hotmail.com>
Sent: Monday, July 25, 2022 11:40 PM
To: RULEMAKING Osha * DCBS
Subject: Comment on proposed changes to OAR 437-001-0744

EXHIBIT
D-42

This is a public comment concerning the OSHA-proposed changes to the Rule Addressing COVID-19 Workplace Risks for masking and other provisions.

[More than 150 studies](#) comparing countries which have used strict masking measures to deal with COVID-19 versus those that have not have shown little to no difference between the two and that masking actually poses harms to health. [Masking has been shown](#) to impede the intake of oxygen, increase levels of CO₂ in the body, and recirculate other toxins back into the respiratory system and the body.

[Face masks have also been shown to impair development](#) in toddlers who are learning to read facial cues and develop emotional reasoning and social skills. [There is also evidence](#) that suggests significant reductions in the cognitive function and performance of children born during this pandemic.

[A Cochrane review](#) observes that surgical masks and N95s make little or no difference in contracting respiratory illnesses. [A study in The BMJ](#) found that cloth masks have actually been shown to increase the risk of infection.

As OSHA has proposed, please remove the indoor masking requirements and most other provisions.

Thank you for your service,

Adrian Currier

LOWELL Greig K * DCBS

From: Constance Iman <team@speak4.co>
Sent: Tuesday, July 26, 2022 12:10 AM
To: RULEMAKING Osha * DCBS
Subject: Repeal Workplace COVID rules

EXHIBIT

D-43

July 26, 2022 @ 07:01am
Repeal Workplace COVID rules

I am writing to urge OSHA to repeal the agency's workplace COVID rule entirely. The agency claims that the proposed adjustments are "a major step forward towards the full repeal of the rule." Taking a major step forward isn't enough, however, when the rules themselves are both unnecessary and burdensome. They should be repealed in their entirety.

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Don't cling to an unnecessary and outdated rule. OSHA should repeal it in its entirety.

Thank you.

Mrs. Constance Iman
18204 S Chalet Dr ,
Oregon City, OR 97045
connieiman@ccgmail.net
503-702-5048

LOWELL Greig K * DCBS

From: James Benvie <team@speak4.co>
Sent: Tuesday, July 26, 2022 6:40 AM
To: RULEMAKING Osha * DCBS
Subject: Repeal Workplace COVID rules

EXHIBIT

D-44

July 26, 2022 @ 01:30pm
Repeal Workplace COVID rules

I am writing to urge OSHA to repeal the agency's workplace COVID rule entirely. The agency claims that the proposed adjustments are "a major step forward towards the full repeal of the rule." Taking a major step forward isn't enough, however, when the rules themselves are both unnecessary and burdensome. They should be repealed in their entirety.

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Don't cling to an unnecessary and outdated rule. OSHA should repeal it in its entirety.

Thank you.

Mr. James Benvie
6195 Thurston Springfield ,
Springfield, OR 97478
forestryinspections@comcast.net
541-554-5162

LOWELL Greig K * DCBS

From: Dan Jackson <team@speak4.co>
Sent: Tuesday, July 26, 2022 10:00 AM
To: RULEMAKING Osha * DCBS
Subject: Repeal Workplace COVID rules

EXHIBIT

D-45

July 26, 2022 @ 04:57pm
Repeal Workplace COVID rules

I am writing to urge OSHA to repeal the agency's workplace COVID rule entirely. The agency claims that the proposed adjustments are "a major step forward towards the full repeal of the rule." Taking a major step forward isn't enough, however, when the rules themselves are both unnecessary and burdensome. They should be repealed in their entirety.

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Don't cling to an unnecessary and outdated rule. OSHA should repeal it in its entirety.

Thank you.

Mr. Dan Jackson
1507 Bennett creek road,
Cottage Grove, OR 97424
dandjackson@gmail.com
541-654-6044

LOWELL Greig K * DCBS

From: Chana Batya <chanabatya7@gmail.com>
Sent: Tuesday, July 26, 2022 4:18 PM
To: RULEMAKING Osha * DCBS
Subject: Masks

EXHIBIT

D-46

Show me the science that masks work against Covid.

LOWELL Greig K * DCBS

From: Pure Health Natural Medicine <purehealthnaturalmedicine@gmail.com>
Sent: Tuesday, July 26, 2022 4:39 PM
To: RULEMAKING Osha * DCBS
Subject: Rules

EXHIBIT 0-47

I am recommending that OHA adopts the *temporary rules* as permanent rules but I also acknowledge that there is a need for a real expiration date on these rules.
Please make an expiration date on these rules We do not have any reason to mask or other The illness is not a high risk anymore The masks are more dangerous to the health of individuals especially children than the illness Thank you Anne Power

--
Pure Health Natural Medicine
745 NW Mt Washington Drive Suite 104
Bend Oregon 97703
541-639-3494
fax 541-306-3237
www.purehealthnaturalmedicine.com

LOWELL Greig K * DCBS

From: Katrina Buskirk <cutcokat81@gmail.com>
Sent: Tuesday, July 26, 2022 4:43 PM
To: RULEMAKING Osha * DCBS
Subject: Public masking

EXHIBIT

0-48

To whom it may concern,

I live in S. Oregon. It is very rare to see anyone in a mask outside of a clinical setting, and our hospital is not overrun to a point that it would benefit the community to return to a widespread mask mandate.

It is time to make the rules currently in place, NOT requiring masks, permanent and acknowledge that there is a real need for a true expiration on any and all rules imposing public masking, which Oregonians have repeatedly demonstrated should be a personal decision based on individual circumstances.

Katrina Buskirk
Klamath Falls, OR 97603

LOWELL Greig K * DCBS

From: REW Sarah C * DCBS
Sent: Tuesday, July 26, 2022 4:49 PM
To: RULEMAKING Osha * DCBS
Subject: FW: Public masking

EXHIBIT

D-49

From: Katrina Buskirk <cutcokat81@gmail.com>
Sent: Tuesday, July 26, 2022 4:45 PM
To: REW Sarah C * DCBS <Sarah.C.REW@dcbs.oregon.gov>
Subject: Public masking

To whom it may concern,

I live in S. Oregon. It is very rare to see anyone in a mask outside of a clinical setting, and our hospital is not overrun to a point that it would benefit the community to return to a widespread mask mandate.

It is time to make the rules currently in place, NOT requiring masks, permant and acknowledge that there is a real need for a true expiration on any and all rules imposing public masking, which Oregonians have repeatedly demonstated should be a personal decision based on individual circumstances.

Katrina Buskirk
Klamath Falls, OR 97603

LOWELL Greig K * DCBS

From: Aliani Amaya <alianiamaya@gmail.com>
Sent: Tuesday, July 26, 2022 4:58 PM
To: RULEMAKING Osha * DCBS
Subject: mask mandates - NO!!!!!!!!!!!!!!!!!!!!!!

EXHIBIT

D-50

please please please do not institute any more mask mandates!!!!!!!!!!!!!!!!!!!!!!

From: souixzan@mind.net
Sent: Tuesday, July 26, 2022 4:59 PM
To: RULEMAKING Osha * DCBS; REW Sarah C * DCBS
Subject: Oha adopt temporary rule

EXHIBIT

D-51
P.1

Good afternoon

Let us begin with a fact. The covid has morphed past omicron. So, why all the draconian rule making? (if you can't answer me, and you cannot, ask yourself in the deep of the sacred night)

Currently, the rules that OHA has in place are temporary and will expire soon.

Adopt these **TEMPORARY** rules so that **we will not return to masking in workplaces, increased sanitation requirements, and physical distancing**, to name a few.

Include a concrete expiration date for these rules

Rule Summary:

Due to reduced COVID-19 cases and hospitalizations, Oregon OSHA is proposing to make substantive changes to [OAR 437-001-0744](#): Rule Addressing COVID-19 Workplace Risks (COVID-19 rule) to remove the indoor masking requirements and most of the other provisions no longer appropriate to this stage of the pandemic. These proposed changes have been in effect as temporary amendments since March 18, 2022 and are set to expire [September 13, 2022](#). If these rulemaking adjustments are not made, the rule will revert to the stricter requirements in Administrative Order 14-2021 adopted on December 21, 2021.

The proposed amendments remove masking requirements in general workplace settings. However, employers must allow workers to voluntarily use facial coverings and provide facial coverings at no cost to workers. Additionally, employers must

facilitate COVID-19 testing for workers if such testing is conducted at the employer's direction by ensuring the employer covers the costs associated with that testing, including employee time and travel.

P.2

These proposed adjustments represent a significant removal of COVID-19 requirements, and are a major step forward towards the full repeal of the rule. As stated in the rule, Oregon OSHA will fully repeal the rule when it is no longer necessary to address the COVID-19 pandemic. Because it is not possible to assign a specific time for that decision, Oregon OSHA will consult with the Oregon OSHA Partnership Committee, the Oregon Health Authority, the two Infectious Disease Rulemaking Advisory Committees, and other stakeholders*

* who are these 'other stakeholders' do they include any inherent citizens whose lives you are destroying?

Thank you for using bonafide facts while making your decision
suzia aufderheide
ashland 97520

Sent from my iPad

From: Janet Johnson <peacecoast@gmail.com>
Sent: Tuesday, July 26, 2022 5:07 PM
To: RULEMAKING Osha * DCBS
Subject: I oppose all "covid" mandates

EXHIBIT *D-52*

I oppose all covid mandates: no masking, no sanitation requirements, no anti-social distancing, etc. This manufactured crisis has decimated the lower classes and small businesses while enriching Big Pharma and global elites. Human beings, especially children, have been damaged psychologically, socially, educationally, and physically by the unscientific measures imposed by unelected officials.

Remove all mask and other requirements and never allow these reductions in civil liberties to happen again.

**Janet E. Johnson
Newport, OR 97365**

LOWELL Greig K * DCBS

From: Caren Dancer <dancecaren@gmail.com>
Sent: Tuesday, July 26, 2022 5:17 PM
To: RULEMAKING Osha * DCBS
Subject: masks

EXHIBIT

0-53

I say no to masks or mandates!!!! Caren Liebman



Virus-free. www.avg.com

LOWELL Greig K * DCBS

From: Brent King <brentkinglmt@yahoo.com>
Sent: Tuesday, July 26, 2022 7:09 PM
To: RULEMAKING Osha * DCBS
Subject: Covid Rules and Restrictions

EXHIBIT

D-54

To whom it may concern,

In order to make sure that we don't suffer with unnecessary Covid restrictions I want to heartily recommend that OHA adopts the *temporary rules* as permanent rules. In order for this to happen smoothly there is a need for a real expiration date on these rules.

Thanks for your careful consideration on this.

Sincerely yours,
Brent King

[Sent from Yahoo Mail for iPhone](#)

LOWELL Greig K * DCBS

From: Ellen Bailey <ellen361@gmail.com>
Sent: Tuesday, July 26, 2022 7:31 PM
To: RULEMAKING Osha * DCBS
Subject: Adjustments to Rules Addressing the COVID-19 Public Health Emergency in All Oregon Workplaces

To
Department of Consumer and Business Services/
Oregon OSHA

EXHIBIT

D-55

Please do not make us resume mask wearing. Countries with everyone masking did not have any better health outcomes than countries where few people wore masks. Masks reduce our oxygen supplies to the brain and blood and interfere with communication. Masks do more harm than good.

Please look at research that is unbiased and honest.

Sincerely,

Ellen M. Bailey
420 SE Grand Ave. Apt 308
Portland OR 97214-1179

LOWELL Greig K * DCBS

From: Harold & Kimmy Otterlei <hkotterlei@gmail.com>
Sent: Tuesday, July 26, 2022 9:49 PM
To: RULEMAKING Osha * DCBS
Subject: Comment from citizen Harold Otterlei

EXHIBIT
D-56

It would not be wise to mandate masks, social distancing et al. It has been proven over and over that masks have little impact on reducing the spread of COVID if at all. The impact of COVID has lessened. Please do not mandate masks.

Harold Otterlei
16106 Winston Dr, Oregon City, OR 97045

Harold & Kimmy Otterlei
Hosts with [Life Impact](#)
Kerith Springs Lodge & The Evergreen House Oasis

LOWELL Greig K * DCBS

From: Lynn Barton <nylldarb35@gmail.com>
Sent: Wednesday, July 27, 2022 6:02 AM
To: RULEMAKING Osha * DCBS
Subject: Proposed changes to OAR 437-001-0744

EXHIBIT

D-57
P.1

SUBJECT: Proposed changes to OAR 437-001-0744

I urge you to adopt this modification of indoor masking rules. They are destructive and damaging. Many studies show that mask requirements have done nothing, and if anything, slightly increase risk of illness (possibly the "Foegen effect," whereby hypercondensed droplets caught by masks are re-inhaled and introduced deeper into the respiratory tract). I attach a meta-analysis of mask requirement results (little to none), and a discussion of an excellent study comparing two similar school districts, one with mask mandates and one without. Result: the district *without* a mandate had a higher peak of illness - more got sick - but the curve is exactly the same otherwise.)

As a school substitute I frequently saw dirty masks left on desks, and also a teacher came to school WITH COVID. He stayed in the room where I was supposed to cover for him working on paperwork. I was there for a half hour until I finally left. He also stood close to me to talk to me. I didn't realize he had COVID until he admitted his test had just come back and shown he was positive. I had just had it myself and had good immunity so I didn't get sick. But I was angry. When I got sick, *I stayed home*. He apparently thought wearing a mask would actually protect other people.

Furthermore, making kids wear masks is harmful to them, unsanitary, ineffective, and abusive.

The provision allowing people to wear masks if they wish is fine with me, especially since so many have been propagandized into such fear and mistakenly feel safer wearing one.

I further urge you to abolish ALL MASK REQUIREMENTS. I haven't seen my new doctor's face, ever. Nor has she seen mine. It's horrible what is being done. MAKE MASKS OPTIONAL. And get rid of all mandates.

I personally will not wear a mask any more. I am changing careers after subbing for five years for many reasons, but the threat of mask mandates returning is a big one. Mask mandates are dividing the public and making people hate each other. Please end this madness.

Sincerely,

Lynn Barton
Medford

Evidence:

Comparing two similar school districts in North Dakota, one with a mask mandate and one without:

<https://brownstone.org/articles/the-best-mask-study-yet/>

"Cochrane, the gold standard of research analysis: "The pooled results of randomised trials did not show a clear reduction in respiratory viral infection with the use of medical/surgical masks during seasonal influenza. There were no clear differences between the use of medical/surgical masks compared with N95/P2 respirators in healthcare workers when used in routine care to reduce respiratory viral infection. Hand hygiene is likely to modestly reduce the burden of respiratory illness. Harms associated with physical interventions were under-investigated. There is a

need for large, well-designed RCTs addressing the effectiveness of many of these interventions in multiple settings and populations, especially in those most at risk of ARIs. "

P.2

<https://pubmed.ncbi.nlm.nih.gov/33215698/>

LOWELL Greig K * DCBS

From: Karen McKim-Altman <team@speak4.co>
Sent: Wednesday, July 27, 2022 9:00 AM
To: RULEMAKING Osha * DCBS
Subject: Repeal Workplace COVID rules

EXHIBIT

0-58

July 27, 2022 @ 03:57pm
Repeal Workplace COVID rules

I am writing to urge OSHA to repeal the agency's workplace COVID rule entirely. The agency claims that the proposed adjustments are "a major step forward towards the full repeal of the rule." Taking a major step forward isn't enough, however, when the rules themselves are both unnecessary and burdensome. They should be repealed in their entirety.

While certainly less restrictive for most workplaces than previous versions of the COVID rule, the proposed version would be permanent and open-ended. The proposed rule contains no clear metrics that would trigger full repeal. Rather, OSHA says merely that the rule will be repealed when it is no longer necessary to address the COVID-19 pandemic," as determined by OSHA itself.

Don't cling to an unnecessary and outdated rule. OSHA should repeal it in its entirety.

Thank you.

Mrs. Karen McKim-Altman
13160 SW Carr Street,
Beaverton, OR 97008
altman0425@yahoo.com
503-260-2265

LOWELL Greig K * DCBS

From: Ryan Sur <ryansur@gmail.com>
Sent: Wednesday, July 27, 2022 10:10 AM
To: RULEMAKING Osha * DCBS; REW Sarah C * DCBS
Subject: OAR 437-001-0744: Rule Addressing COVID-19 Workplace Risks

EXHIBIT

D-59

Greetings,

I'm urging you to remove masking mandates for the workplace and schools. New studies are being released showing the ineffectiveness of masking policies. For both slowing and/or stopping transmission.

I would also urge OHA and OSHA to reevaluate all the strategies deployed since the start of Covid and determine what we got right and what we got wrong. Please be open minded and look at all the data available, not just information handed down from the federal level.

Thank you,
Ryan Sur

LOWELL Greig K * DCBS

From: Loretta Johnson <lorettamj@onlinemac.com>
Sent: Wednesday, July 27, 2022 10:17 AM
To: RULEMAKING Osha * DCBS
Subject: Masking requirements

EXHIBIT

D-60

I am contacting you to say our household does not want any further mask mandate, for anyone. Not in any work place, medical or otherwise. Masking is harmful having to rebreather our own air, restricting breathing for all of us, is unsanitary and does not do what it is said to do. We want our lives back. Personally I avoid going to medical appointments because I cannot wear a mask without excessive stress and struggling to breathe.

Thank you

Dave and Loretta Johnson

Sent from my iPad

LOWELL Greig K * DCBS

From: Marvin Marcotte <team@peak4.co>
Sent: Wednesday, July 27, 2022 10:30 AM
To: RULEMAKING Osha * DCBS
Subject: Repeal Workplace COVID rules

EXHIBIT

D-61

July 27, 2022 @ 05:23pm
Repeal Workplace COVID rules

I am writing to urge OSHA to repeal the agency's workplace COVID rule entirely. The agency claims that the proposed adjustments are "a major step forward towards the full repeal of the rule." Taking a major step forward isn't enough, however, when the rules themselves are both unnecessary and burdensome. They should be repealed in their entirety.

While certainly less restrictive for most workplaces than previous versions of the COVID rule, the proposed version would be permanent and open-ended. The proposed rule contains no clear metrics that would trigger full repeal. Rather, OSHA says merely that the rule will be repealed when it is no longer necessary to address the COVID-19 pandemic," as determined by OSHA itself.

Don't cling to an unnecessary and outdated rule. OSHA should repeal it in its entirety.

Thank you.

Mr. Marvin Marcotte
Philomath,
Philomath, OR 97370
danmar1114@peak.org
503-869-8190

LOWELL Greig K * DCBS

From: London Lunoux <lalunoux@gmail.com>
Sent: Wednesday, July 27, 2022 10:49 AM
To: RULEMAKING Osha * DCBS
Subject: End all covid related restrictions and rules!

EXHIBIT
D-62

End all covid related rules related to masking, testing, distancing, closures, curfews, disinfecting and vaccination. It is not effective and at this stage we need to return to full normal. Encourage good ventilation and hand washing as well as staying home when ill. Absolutely, most of all, NO more mask requirements anywhere.

LOWELL Greig K * DCBS

From: Greg Gilfillan <team@speak4.co>
Sent: Wednesday, July 27, 2022 11:30 AM
To: RULEMAKING Osha * DCBS
Subject: Repeal Workplace COVID rules

EXHIBIT

D-63

July 27, 2022 @ 06:23pm
Repeal Workplace COVID rules

I am writing to urge OSHA to repeal the agency's workplace COVID rule entirely. The agency claims that the proposed adjustments are "a major step forward towards the full repeal of the rule." Taking a major step forward isn't enough, however, when the rules themselves are both unnecessary and burdensome. They should be repealed in their entirety.

While certainly less restrictive for most workplaces than previous versions of the COVID rule, the proposed version would be permanent and open-ended. The proposed rule contains no clear metrics that would trigger full repeal. Rather, OSHA says merely that the rule will be repealed when it is no longer necessary to address the COVID-19 pandemic," as determined by OSHA itself.

Don't cling to an unnecessary and outdated rule. OSHA should repeal it in its entirety.

Thank you.

Mr. Greg Gilfillan
213 Oak St,
Silverton, OR 97381
liquivana@gmail.com
503-874-4486

LOWELL Greig K * DCBS

From: Greg Gilfillan <team@speak4.co>
Sent: Wednesday, July 27, 2022 11:30 AM
To: RULEMAKING Osha * DCBS
Subject: Repeal Workplace COVID rules

EXHIBIT

D-64

July 27, 2022 @ 06:23pm
Repeal Workplace COVID rules

I am writing to urge OSHA to repeal the agency's workplace COVID rule entirely. The agency claims that the proposed adjustments are "a major step forward towards the full repeal of the rule." Taking a major step forward isn't enough, however, when the rules themselves are both unnecessary and burdensome. They should be repealed in their entirety.

While certainly less restrictive for most workplaces than previous versions of the COVID rule, the proposed version would be permanent and open-ended. The proposed rule contains no clear metrics that would trigger full repeal. Rather, OSHA says merely that the rule will be repealed when it is no longer necessary to address the COVID-19 pandemic," as determined by OSHA itself.

Don't cling to an unnecessary and outdated rule. OSHA should repeal it in its entirety.

Thank you.

Mr. Greg Gilfillan
213 Oak St,
Silverton, OR 97381
liquivana@gmail.com
503-874-4486

LOWELL Greig K * DCBS

From: Sydney Castleton <sydneycastleton4@gmail.com>
Sent: Wednesday, July 27, 2022 12:19 PM
To: RULEMAKING Osha * DCBS

EXHIBIT

D-65

Pertaining to masking and other covid guidelines. I feel we are at a place in general personal and public concern, education and awareness that we no longer need mandates deciding these choices. I appreciate people being more aware of NOT spreading disease. I appreciate that it is now entirely acceptable for people to mask for whatever reason. I believe we in a good place and we need to exhibit trust and support freedom as well as wisdom.

Sydney Castleton DVM

LOWELL Greig K * DCBS

From: Coffee Shop <steve@thecoffeeshoppdx.com>
Sent: Wednesday, July 27, 2022 2:00 PM
To: RULEMAKING Osha * DCBS
Subject: Indoor Masking

EXHIBIT
0-66

The temporary suspension of the “permanent” indoor masking requirements should be made permanent.

Indoor masking is a futile effort and is not supported by any credible study or guidance. One only need to look at masked vs. unmasked jurisdictions throughout the United States and the world to see that masking does not control the spread of a respiratory disease.

The permanent indoor mask requirement imposed by the OHA was done so for purely politically expedient reasons, and should be abandoned by the OHA.

Forced indoor masking will be met with considerable contempt and non-compliance, and rightly so. Vaccines are available for anyone who desires, moreover, most of the population has already had COVID19 and has either natural immunity, or whatever protections the vaccines provide.

It is pure political theater at this point to reimpose a mask-mandate, especially one that doesn't require any particular type of mask quality or application.

End the nonsense and join the rest of the world in a common sense approach this issue. Masking does not work.

Steve Bonfiglio
General Counsel
971-227-7042
Steve@thecoffeeshoppdx.com

LOWELL Greig K * DCBS

From: Duane Shields <shieldswd@gmail.com>
Sent: Wednesday, July 27, 2022 2:32 PM
To: RULEMAKING Osha * DCBS
Subject: Adjustments To Rules Addressing covid-19

EXHIBIT

D-67

Hello,

My comment is that workplace mask requirements for covid-19 be removed.
Furthermore, the covid-19 public health emergency declaration should be ended.

Regards,
Warren Shields
Hillsboro, OR

LOWELL Greig K * DCBS

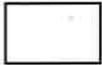
From: REW Sarah C * DCBS
Sent: Wednesday, July 27, 2022 3:20 PM
To: RULEMAKING Osha * DCBS
Subject: FW: masks

EXHIBIT

D-68

From: Caren Dancer <dancecaren@gmail.com>
Sent: Tuesday, July 26, 2022 5:18 PM
To: REW Sarah C * DCBS <Sarah.C.REW@dcbs.oregon.gov>
Subject: masks

I say no to masks or any vaccine mandates going forward-they are both ineffective and harmful. Caren Liebman



Virus-free. www.avg.com

LOWELL Greig K * DCBS

From: REW Sarah C * DCBS
Sent: Wednesday, July 27, 2022 3:21 PM
To: RULEMAKING Osha * DCBS
Subject: FW: Oha adopt temporary rule

EXHIBIT

D-69 P.1

From: souixzan@mind.net <souixzan@mind.net>
Sent: Tuesday, July 26, 2022 4:59 PM
To: RULEMAKING Osha * DCBS <OSHA.rulemaking@dcbs.oregon.gov>; REW Sarah C * DCBS <Sarah.C.REW@dcbs.oregon.gov>
Subject: Oha adopt temporary rule

Good afternoon

Let us begin with a fact. The covid has morphed past omicron. So, why all the draconian rule making? (if you can't answer me, and you cannot, ask yourself in the deep of the sacred night)

Currently, the rules that OHA has in place are temporary and will expire soon.

Adopt these **TEMPORARY** rules so that **we will not return to masking in workplaces, increased sanitation requirements, and physical distancing**, to name a few.

Include a concrete expiration date for these rules

Rule Summary:

Due to reduced COVID-19 cases and hospitalizations, Oregon OSHA is proposing to make substantive changes to [OAR 437-001-0744](#): Rule Addressing COVID-19 Workplace Risks (COVID-19 rule) to remove the indoor masking requirements and most of the other provisions no longer appropriate to this stage of the pandemic. These proposed changes have been in effect as temporary amendments since March 18, 2022 and are set to expire [September 13, 2022](#). If these rulemaking

P.2

adjustments are not made, the rule will revert to the stricter requirements in Administrative Order 14-2021 adopted on December 21, 2021.

The proposed amendments remove masking requirements in general workplace settings. However, employers must allow workers to voluntarily use facial coverings and provide facial coverings at no cost to workers. Additionally, employers must facilitate COVID-19 testing for workers if such testing is conducted at the employer's direction by ensuring the employer covers the costs associated with that testing, including employee time and travel.

These proposed adjustments represent a significant removal of COVID-19 requirements, and are a major step forward towards the full repeal of the rule. As stated in the rule, Oregon OSHA will fully repeal the rule when it is no longer necessary to address the COVID-19 pandemic. Because it is not possible to assign a specific time for that decision, Oregon OSHA will consult with the Oregon OSHA Partnership Committee, the Oregon Health Authority, the two Infectious Disease Rulemaking Advisory Committees, and other stakeholders*

* who are these 'other stakeholders' do they include any inherent citizens whose lives you are destroying?

Thank you for using bonefide facts while making your decision
suzia aufderheide
ashland 97520

Sent from my iPad

LOWELL Greig K * DCBS

From: REW Sarah C * DCBS
Sent: Wednesday, July 27, 2022 3:22 PM
To: RULEMAKING Osha * DCBS
Subject: FW: please NO MASK MANDATES!!!!!!!!!!!!!!!!!!!!!!

EXHIBIT

D-70

From: Aliani Amaya <alianiamaya@gmail.com>
Sent: Tuesday, July 26, 2022 4:59 PM
To: REW Sarah C * DCBS <Sarah.C.REW@dcbs.oregon.gov>
Subject: please NO MASK MANDATES!!!!!!!!!!!!!!!!!!!!!!

please don't make people wear masks any more!!!!!!!!!! if people want to wear a mask, fine, but others should be free to breathe the air. PLEASE!!!!!!!!!!!!!!!!!!!!!!

LOWELL Greig K * DCBS

From: REW Sarah C * DCBS
Sent: Wednesday, July 27, 2022 3:23 PM
To: RULEMAKING Osha * DCBS
Subject: FW: Rules

EXHIBIT

D-71

From: Pure Health Natural Medicine <purehealthnaturalmedicine@gmail.com>
Sent: Tuesday, July 26, 2022 4:39 PM
To: REW Sarah C * DCBS <Sarah.C.REW@dcbs.oregon.gov>
Subject: Rules

I am recommending that OHA adopts the *temporary rules* as permanent rules but also I acknowledge that there is a need for a real expiration date on these rules. Please make an expiration date on these rules We do not have any reason to mask or other The illness is not a high risk anymore The masks are more dangerous to the health of individuals especially children than the illness Thank you Anne Power

--
Pure Health Natural Medicine
745 NW Mt Washington Drive Suite 104
Bend Oregon 97703
541-639-3494
fax 541-306-3237
www.purehealthnaturalmedicine.com

LOWELL Greig K * DCBS

From: Dan Wade <team@speak4.co>
Sent: Wednesday, July 27, 2022 3:30 PM
To: RULEMAKING Osha * DCBS
Subject: Repeal Workplace COVID rules

EXHIBIT

0-72

July 27, 2022 @ 10:25pm
Repeal Workplace COVID rules

I am writing to urge OSHA to repeal the agency's workplace COVID rule entirely. The agency claims that the proposed adjustments are "a major step forward towards the full repeal of the rule." Taking a major step forward isn't enough, however, when the rules themselves are both unnecessary and burdensome. They should be repealed in their entirety.

While certainly less restrictive for most workplaces than previous versions of the COVID rule, the proposed version would be permanent and open-ended. The proposed rule contains no clear metrics that would trigger full repeal. Rather, OSHA says merely that the rule will be repealed when it is no longer necessary to address the COVID-19 pandemic," as determined by OSHA itself.

Don't cling to an unnecessary and outdated rule. OSHA should repeal it in its entirety.

Thank you.

Mr. Dan Wade
1730 NW Thatcher Rd,
Forest Grove, OR 97116
danwade@codeyoursite.com
503-954-5562

LOWELL Greig K * DCBS

From: Irene Smith <team@speak4.co>
Sent: Wednesday, July 27, 2022 3:30 PM
To: RULEMAKING Osha * DCBS
Subject: Repeal Workplace COVID rules

EXHIBIT

D-73

July 27, 2022 @ 10:26pm
Repeal Workplace COVID rules

I am writing to urge OSHA to repeal the agency's workplace COVID rule entirely. The agency claims that the proposed adjustments are "a major step forward towards the full repeal of the rule." Taking a major step forward isn't enough, however, when the rules themselves are both unnecessary and burdensome. They should be repealed in their entirety.

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Don't cling to an unnecessary and outdated rule. OSHA should repeal it in its entirety.

Thank you.

Ms. Irene Smith
4548 SE 96TH AVE,
Portland, OR 97266
cookie457@centurylink.net
503-761-5155

LOWELL Greig K * DCBS

From: Bill Higby <team@speak4.co>
Sent: Wednesday, July 27, 2022 3:30 PM
To: RULEMAKING Osha * DCBS
Subject: Repeal Workplace COVID rules

EXHIBIT

D-74

July 27, 2022 @ 10:24pm
Repeal Workplace COVID rules

I am writing to urge OSHA to repeal the agency's workplace COVID rule entirely. The agency claims that the proposed adjustments are "a major step forward towards the full repeal of the rule." Taking a major step forward isn't enough, however, when the rules themselves are both unnecessary and burdensome. They should be repealed in their entirety.

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Don't cling to an unnecessary and outdated rule. OSHA should repeal it in its entirety.

Thank you.

Mr. Bill Higby
4163 SUMMERCREST ST SE,
Albany, OR 97322
bill.higby@comcast.net
541-979-0214

LOWELL Greig K * DCBS

From: Jerry von Phul <team@speak4.co>
Sent: Wednesday, July 27, 2022 3:30 PM
To: RULEMAKING Osha * DCBS
Subject: Repeal Workplace COVID rules

EXHIBIT

0-75

July 27, 2022 @ 10:23pm
Repeal Workplace COVID rules

I am writing to urge OSHA to repeal the agency's workplace COVID rule entirely. The agency claims that the proposed adjustments are "a major step forward towards the full repeal of the rule." Taking a major step forward isn't enough, however, when the rules themselves are both unnecessary and burdensome. They should be repealed in their entirety.

While certainly less restrictive for most workplaces than previous versions of the COVID rule, the proposed version would be permanent and open-ended. The proposed rule contains no clear metrics that would trigger full repeal. Rather, OSHA says merely that the rule will be repealed when it is no longer necessary to address the COVID-19 pandemic," as determined by OSHA itself.

Don't cling to an unnecessary and outdated rule. OSHA should repeal it in its entirety.

Thank you.

Mr. Jerry von Phul
989 COBALT CT SE,
Salem, OR 97306
vonphulkd@comcast.net
503-569-0206

From: Michael Ferchland <team@speak4.co>
Sent: Wednesday, July 27, 2022 3:40 PM
To: RULEMAKING Osha * DCBS
Subject: Repeal Workplace COVID rules

EXHIBIT

D-76

July 27, 2022 @ 10:37pm
Repeal Workplace COVID rules

I am writing to urge OSHA to repeal the agency's workplace COVID rule entirely. The agency claims that the proposed adjustments are "a major step forward towards the full repeal of the rule." Taking a major step forward isn't enough, however, when the rules themselves are both unnecessary and burdensome. They should be repealed in their entirety.

While certainly less restrictive for most workplaces than previous versions of the COVID rule, the proposed version would be permanent and open-ended. The proposed rule contains no clear metrics that would trigger full repeal. Rather, OSHA says merely that the rule will be repealed when it is no longer necessary to address the COVID-19 pandemic," as determined by OSHA itself.

Don't cling to an unnecessary and outdated rule. OSHA should repeal it in its entirety.

Thank you.

Mr. Michael Ferchland
6947 Ivy St.,
Springfield, OR 97478
m.ferchland@comcast.net
541-606-0174

LOWELL Greig K * DCBS

From: James Baker <team@speak4.co>
Sent: Wednesday, July 27, 2022 3:40 PM
To: RULEMAKING Osha * DCBS
Subject: Repeal Workplace COVID rules

EXHIBIT

D-77

July 27, 2022 @ 10:33pm
Repeal Workplace COVID rules

I am writing to urge OSHA to repeal the agency's workplace COVID rule entirely. The agency claims that the proposed adjustments are "a major step forward towards the full repeal of the rule." Taking a major step forward isn't enough, however, when the rules themselves are both unnecessary and burdensome. They should be repealed in their entirety.

While certainly less restrictive for most workplaces than previous versions of the COVID rule, the proposed version would be permanent and open-ended. The proposed rule contains no clear metrics that would trigger full repeal. Rather, OSHA says merely that the rule will be repealed when it is no longer necessary to address the COVID-19 pandemic," as determined by OSHA itself.

Don't cling to an unnecessary and outdated rule. OSHA should repeal it in its entirety.

Thank you.

Mr. James Baker
7186 Laurelridge Loop NE,
Keizer, OR 97303
curlycar@comcast.net
503-580-9907

LOWELL Greig K * DCBS

From: David Akers <team@speak4.co>
Sent: Wednesday, July 27, 2022 3:40 PM
To: RULEMAKING Osha * DCBS
Subject: Repeal Workplace COVID rules

EXHIBIT

July 27, 2022 @ 10:33pm
Repeal Workplace COVID rules

0-78

I am writing to urge OSHA to repeal the agency's workplace COVID rule entirely. The agency claims that the proposed adjustments are "a major step forward towards the full repeal of the rule." Taking a major step forward isn't enough, however, when the rules themselves are both unnecessary and burdensome. They should be repealed in their entirety.

While certainly less restrictive for most workplaces than previous versions of the COVID rule, the proposed version would be permanent and open-ended. The proposed rule contains no clear metrics that would trigger full repeal. Rather, OSHA says merely that the rule will be repealed when it is no longer necessary to address the COVID-19 pandemic," as determined by OSHA itself.

Don't cling to an unnecessary and outdated rule. OSHA should repeal it in its entirety.

Thank you.

Mr. David Akers
PO. 21605 S. Yeoman R, Box 692,
Beavercreek, OR 97004
davidpakers@yahoo.com
971-645-8612

From: REW Sarah C * DCBS
Sent: Wednesday, July 27, 2022 3:44 PM
To: RULEMAKING Osha * DCBS
Subject: FW: Mask mandates

EXHIBIT

D-79

-----Original Message-----

From: Marilyn Stephens <marilyn.stephens8@me.com>
Sent: Wednesday, July 27, 2022 9:01 AM
To: REW Sarah C * DCBS <Sarah.C.REW@dcbs.oregon.gov>
Subject: Mask mandates

Please register my strong objection to mask mandates for preventative measures for Covid 19 or respiratory viruses! The scientific evidence since the mid 1980s has demonstrated that gauze/cloth masking is not useful in preventing infection.

The use of masks were prescribed in surgical areas to reduce harmful non viral pathogens and NOT airborne viruses that easily penetrate these masks.

As a mental healthcare professional for 24 years, I have been trained in use of medical protective equipment and I have received regular education on pathogens transmitted in community and clinic settings. Recently, I have witnessed moderate harms caused by stupid and indiscriminate use of masks especially in kiddos. People do not understand safe use of these devices and policies for masking are encouraging employees to practice medicine without licensure . People are breathing in carbon fumes and bacteria on these masks and some individuals react with headaches and asthma.

Please do not implement these useless policies that cause more harm and do not prevent infection.

Aloha,
Marilyn Stephens, LCSW
Sent from my iPhone

LOWELL Greig K * DCBS

From: DAVID LEWIN <team@speak4.co>
Sent: Wednesday, July 27, 2022 4:00 PM
To: RULEMAKING Osha * DCBS
Subject: Repeal Workplace COVID rules

EXHIBIT

D-80

July 27, 2022 @ 10:57pm
Repeal Workplace COVID rules

I am writing to urge OSHA to repeal the agency's workplace COVID rule entirely. The agency claims that the proposed adjustments are "a major step forward towards the full repeal of the rule." Taking a major step forward isn't enough, however, when the rules themselves are both unnecessary and burdensome. They should be repealed in their entirety.

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Don't cling to an unnecessary and outdated rule. OSHA should repeal it in its entirety.

Thank you.

Mr. DAVID LEWIN
7610 SE 30th Ave.,
Portland, OR 97202
david@lewindesigns.com
503-593-7837

LOWELL Greig K * DCBS

From: Millie Mathis <team@speak4.co>
Sent: Wednesday, July 27, 2022 4:30 PM
To: RULEMAKING Osha * DCBS
Subject: Repeal Workplace COVID rules

EXHIBIT

D-81

July 27, 2022 @ 11:26pm
Repeal Workplace COVID rules

I am writing to urge OSHA to repeal the agency's workplace COVID rule entirely. The agency claims that the proposed adjustments are "a major step forward towards the full repeal of the rule." Taking a major step forward isn't enough, however, when the rules themselves are both unnecessary and burdensome. They should be repealed in their entirety.

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Don't cling to an unnecessary and outdated rule. OSHA should repeal it in its entirety.

Thank you.

Ms. Millie Mathis
1 Meadow Lane,
Shady Cove, OR 97539
pilliego7@icloud.com
360-751-0489

LOWELL Greig K * DCBS

From: Ben Egli <benegli.paw@gmail.com>
Sent: Wednesday, July 27, 2022 5:15 PM
To: RULEMAKING Osha * DCBS
Subject: OSHA MASK revision

EXHIBIT

D-82

To whom it may concern,

ALL mask laws/rules/mandates should be abolished immediately. I was present during all of the OHA virtual public hearings about masks, and not one person was in favor of masking. There is a tremendous amount of data that shows no significant difference in virus transmission between masked and unmasked states, and extreme damage has been done to our workforce, our children, and their schools.

These rules are politically motivated, and have created intense distrust of government organizations and the medical community.

-Ben Egli

Sent from my iPhone

LOWELL Greig K * DCBS

From: Michele R. <michele.sunray@gmail.com>
Sent: Wednesday, July 27, 2022 5:43 PM
To: RULEMAKING Osha * DCBS
Subject: Public comment OAR 437-001-0744

EXHIBIT
D-83

Re: Adjustments to Rules Addressing the COVID-19 Public Health Emergency in All Oregon Workplaces

I DO NOT support public mask mandates. Please ensure that the mask mandate does NOT return.

Sincerely,
Michele Ray
12790 NW Filbert St.
Portland, OR 97229

LOWELL Greig K * DCBS

From: Julia Whaley <julialeewhaley@gmail.com>
Sent: Wednesday, July 27, 2022 5:24 PM
To: RULEMAKING Osha * DCBS
Subject: Mask Mandates

EXHIBIT

D-84

Please be advised I do not, and will not support masks for my employees. They've had enough. They don't work. Enough!

LOWELL Greig K * DCBS

From: samsa@pacifier.com
Sent: Wednesday, July 27, 2022 7:51 PM
To: RULEMAKING Osha * DCBS
Subject: Statement in Opposition to Permanent Mask "Mandates"

EXHIBIT
D-85

Please consider this testimony AGAINST making mask "mandates" permanent in Oregon.

The OHA has already risked liability with its temporary mandates, which are likely unconstitutional, and at any rate did nothing to stop COVID-19 from becoming an endemic human virus.

The futile gesture of donning a ratty mask from the bottom of one's purse to chat with a pharmacist in the middle of a grocery store where everyone's already safely buying groceries without masks is ridiculous and erodes public trust in any other legitimate public health decisions that may arise.

We're all going to get COVID-19 anyway. Most of us have already had it, many more than once. Get on with life and let citizens make their own health choices.

Katherin Kirkpatrick, CMT-R
Retired Medicolegal Industry Worker
1319 SE 53rd Avenue
Portland, Oregon 97215
(503) 232-8663
samsa@pacifier.com

From: Verna Hershberger <vernah@wvi.com>
Sent: Wednesday, July 27, 2022 8:26 PM
To: RULEMAKING Osha * DCBS
Subject: Mask Mandates

EXHIBIT
D-86

Re: Adjustments to Rules Addressing the Covid 19 Public Health Emergency in All Oregon Workplaces

We DO NOT support public mask mandates. Please ensure that the mask mandate does NOT return.

Sincerely,

Enos and Verna Hershberger

40378 S. McCully Mtn. Rd.

Lyons, Oregon 97358

LOWELL Greig K * DCBS

From: Sheila Larson <team@speak4.co>
Sent: Wednesday, July 27, 2022 10:30 PM
To: RULEMAKING Osha * DCBS
Subject: Repeal Workplace COVID rules

EXHIBIT

0-87

July 28, 2022 @ 05:22am
Repeal Workplace COVID rules

I am writing to urge OSHA to repeal the agency's workplace COVID rule entirely. The agency claims that the proposed adjustments are "a major step forward towards the full repeal of the rule." Taking a major step forward isn't enough, however, when the rules themselves are both unnecessary and burdensome. They should be repealed in their entirety.

While certainly less restrictive for most workplaces than previous versions of the COVID rule, the proposed version would be permanent and open-ended. The proposed rule contains no clear metrics that would trigger full repeal. Rather, OSHA says merely that the rule will be repealed when it is no longer necessary to address the COVID-19 pandemic," as determined by OSHA itself.

Don't cling to an unnecessary and outdated rule. OSHA should repeal it in its entirety.

Thank you.

Mrs. Sheila Larson
3289 Wintercreek ,
Eugene, OR 97405
Sheila17@protonmail.com
541-912-4465

LOWELL Greig K * DCBS

From: Sheila Larson <team@speak4.co>
Sent: Wednesday, July 27, 2022 10:30 PM
To: RULEMAKING Osha * DCBS
Subject: Repeal Workplace COVID rules

EXHIBIT

D-88

July 28, 2022 @ 05:22am
Repeal Workplace COVID rules

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Thank you.

Mrs. Sheila Larson
3289 Wintercreek ,
Eugene, OR 97405
Sheila17@protonmail.com
541-912-4465

LOWELL Greig K * DCBS

From: Sara Kay <team@speak4.co>
Sent: Wednesday, July 27, 2022 11:00 PM
To: RULEMAKING Osha * DCBS
Subject: Repeal Workplace COVID rules

EXHIBIT

D-89

July 28, 2022 @ 05:50am
Repeal Workplace COVID rules

I am writing to urge OSHA to repeal the agency's workplace COVID rule entirely. The agency claims that the proposed adjustments are "a major step forward towards the full repeal of the rule." Taking a major step forward isn't enough, however, when the rules themselves are both unnecessary and burdensome. They should be repealed in their entirety.

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Don't cling to an unnecessary and outdated rule. OSHA should repeal it in its entirety.

Thank you.

Miss Sara Kay
655 SE 2nd Street,
Toledo, OR 97391
saramegankay@hotmail.com
541-351-1771

LOWELL Greig K * DCBS

From: Sarah Jewett <snapesiii@me.com>
Sent: Thursday, July 28, 2022 5:30 AM
To: RULEMAKING Osha * DCBS
Subject: OAR 437-001-074 - Save Oregonians Lives

EXHIBIT

D-90

Dearest OHA-

Please adopt the temporary rules as permanent - we are losing too many hospital staff and first responders, no staff for critical human needs and our state is in-need of help for marginalized folks - masking them only makes it worse Science is settled on this topic.

Table 7. Description of studies included in the review of face masks

STUDY	STUDY DESIGN	STUDY PERIOD	POPULATION & SETTING	INTERVENTION	OUTCOME & FINDING	QUALITY OF EVIDENCE
Aiello AE, 2010 (20)	Cluster-randomized intervention trial	Nov 2006 - Mar 2007	1437 university hall residents (USA)	Mask; Mask + Hand hygiene; control	Significant reduction in ILI during weeks 4-6 in mask and hand hygiene group compared to control. No significant reduction in ILI in mask and hand group or mask-only group or control	Moderate
Aiello AE, 2012(23)	Cluster-randomized interventional trial	Nov 2007 - Mar 2008	1178 university hall residents (USA)	Mask; Mask + Hand hygiene; control	No significant reduction in rates of laboratory-confirmed influenza in mask and hand group or mask-only group or control group	Moderate
Barasheed O, 2014 (50)	Non-blinded cluster-randomized trial	Nov 2011 - Nov 2011	164 Australian pilgrims (Saudi Arabia)	Mask; control	No significant difference in laboratory-confirmed influenza in two arms; protective effect against syndromic ILI compared to controls (31% versus 53%, p = 0.04)	Moderate
Cowling BJ, 2008 (26)	Cluster-randomized intervention trial	Feb 2007 - Sep 2007	198 laboratory-confirmed influenza case and their household contacts	Mask; Hand hygiene; control	No significant reduction in the secondary influenza attack rate in control, mask, or hand group	Moderate
Cowling BJ, 2009 (19)	Cluster-randomized intervention trial	Jan 2008 - Sep 2008	407 laboratory-confirmed influenza case and 794 household members	Mask; Mask + Hand hygiene; control	No significant difference in rates of laboratory-confirmed influenza in hand-only or mask and hand group	Moderate
Larson EL, 2010 (27)	Cluster-randomized intervention trial	Nov 2006 - Jul 2008	617 households	Mask + Hand hygiene; Hand hygiene; control	No significant reduction in rates of laboratory-confirmed influenza in control, hand, mask or hand group	Moderate
MacIntyre CR, 2009 (48)	Cluster-randomized intervention trial	Aug 2006 - Oct 2006 & Jun 2007 - Oct 2007	145 laboratory-confirmed influenza case and their adult household contacts	Surgical mask; P2 mask; control	No significant difference in rate of laboratory-confirmed influenza in control, face mask or P2 mask group	Moderate
MacIntyre CR, 2016 (49)	Cluster-randomized intervention trial	Nov 2013 - Jan 2014	245 ILI index case and 597 household contacts	Mask; control	Clinical respiratory illness, ILI and laboratory-confirmed viral infections were lower in the mask arm compared to control, but results were not statistically significant	Moderate
Simmerman JM, 2011 (22)	Cluster-randomized intervention trial	Apr 2008 - Aug 2009	465 laboratory-confirmed influenza case and their household contacts	Mask + Hand hygiene; hand hygiene; control	No significant reduction in rate of secondary influenza infection in control, hand, mask or hand group	Moderate
Suess (2012) (24)	Cluster-randomized intervention trial	Nov 2009 - Jan 2010 & Jan 2011 - Apr 2011	84 laboratory-confirmed influenza case and 218 household contacts	Mask; Mask + Hand; control	No significant difference in rate of laboratory-confirmed influenza in control, mask, mask or hand group	Moderate

ILI: influenza-like illness; USA: United States of America.

Be a hero!

Thank you !

Concerned Oregonian

LOWELL Greig K * DCBS

From: Shaun Hannay <team@speak4.co>
Sent: Thursday, July 28, 2022 6:10 AM
To: RULEMAKING Osha * DCBS
Subject: Repeal Workplace COVID rules

EXHIBIT
D-91

July 28, 2022 @ 01:06pm
Repeal Workplace COVID rules

I am writing to urge OSHA to repeal the agency's workplace COVID rule entirely. The agency claims that the proposed adjustments are "a major step forward towards the full repeal of the rule." Taking a major step forward isn't enough, however, when the rules themselves are both unnecessary and burdensome. They should be repealed in their entirety.

While certainly less restrictive for most workplaces than previous versions of the COVID rule, the proposed version would be permanent and open-ended. The proposed rule contains no clear metrics that would trigger full repeal. Rather, OSHA says merely that the rule will be repealed when it is no longer necessary to address the COVID-19 pandemic," as determined by OSHA itself.

Don't cling to an unnecessary and outdated rule. OSHA should repeal it in its entirety.

Thank you.

Mr. Shaun Hannay
2951 SW 50th Ct,
Redmond, OR 97756
shaunhannay@bendbroadband.com
541-420-6070

LOWELL Greig K * DCBS

From: Mary Noble <team@speak4.co>
Sent: Thursday, July 28, 2022 8:00 AM
To: RULEMAKING Osha * DCBS
Subject: Repeal Workplace COVID rules

EXHIBIT

0-92

July 28, 2022 @ 02:54pm
Repeal Workplace COVID rules

I am writing to urge OSHA to repeal the agency's workplace COVID rule entirely. The agency claims that the proposed adjustments are "a major step forward towards the full repeal of the rule." Taking a major step forward isn't enough, however, when the rules themselves are both unnecessary and burdensome. They should be repealed in their entirety.

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Don't cling to an unnecessary and outdated rule. OSHA should repeal it in its entirety.

Thank you.

Mrs. Mary Noble
7622 SE Lake Road,
Portland, OR 97267
mahc45@hotmail.com
360-977-0566

LOWELL Greig K * DCBS

From: Gayla Schamburg <schamburgg@yahoo.com>
Sent: Thursday, July 28, 2022 9:08 AM
To: RULEMAKING Osha * DCBS
Subject: No more mask vaccine mandates

EXHIBIT
D-93

Please, let's move on. The people are tired of this government overreach. It's 2022. There are multiple antivirals and four vaccines available. This is old propaganda, please move on.

Sent from my iPhone

From: Mark Bordcosh <mark@1281solutions.com>
Sent: Thursday, July 28, 2022 11:59 AM
To: RULEMAKING Osha * DCBS
Subject: When will you be removing the mask mandates in health care settings?
Attachments: COVID-19_Masks.pdf

D-94
P.1

When will you be removing the mask mandates in health care settings? It makes no sense whatsoever. Covid is no more dangerous than the flu or the common cold and these masks are going to create sickness
<https://childrenshealthdefense.org/defender/masks-sick-foegen-effect-covid-transmission-cola/?eType=EmailBlastContent&eld=cc7dca37-8655-4809-922e-0b31e854013a> . Attached is some science to read on the masks. Remember the PCR test cannot tell if you have covid or the flu, it only tells you if you are infected or not, so you never could make accurate cases.

Thank you for your time.

Mark Bordcosh

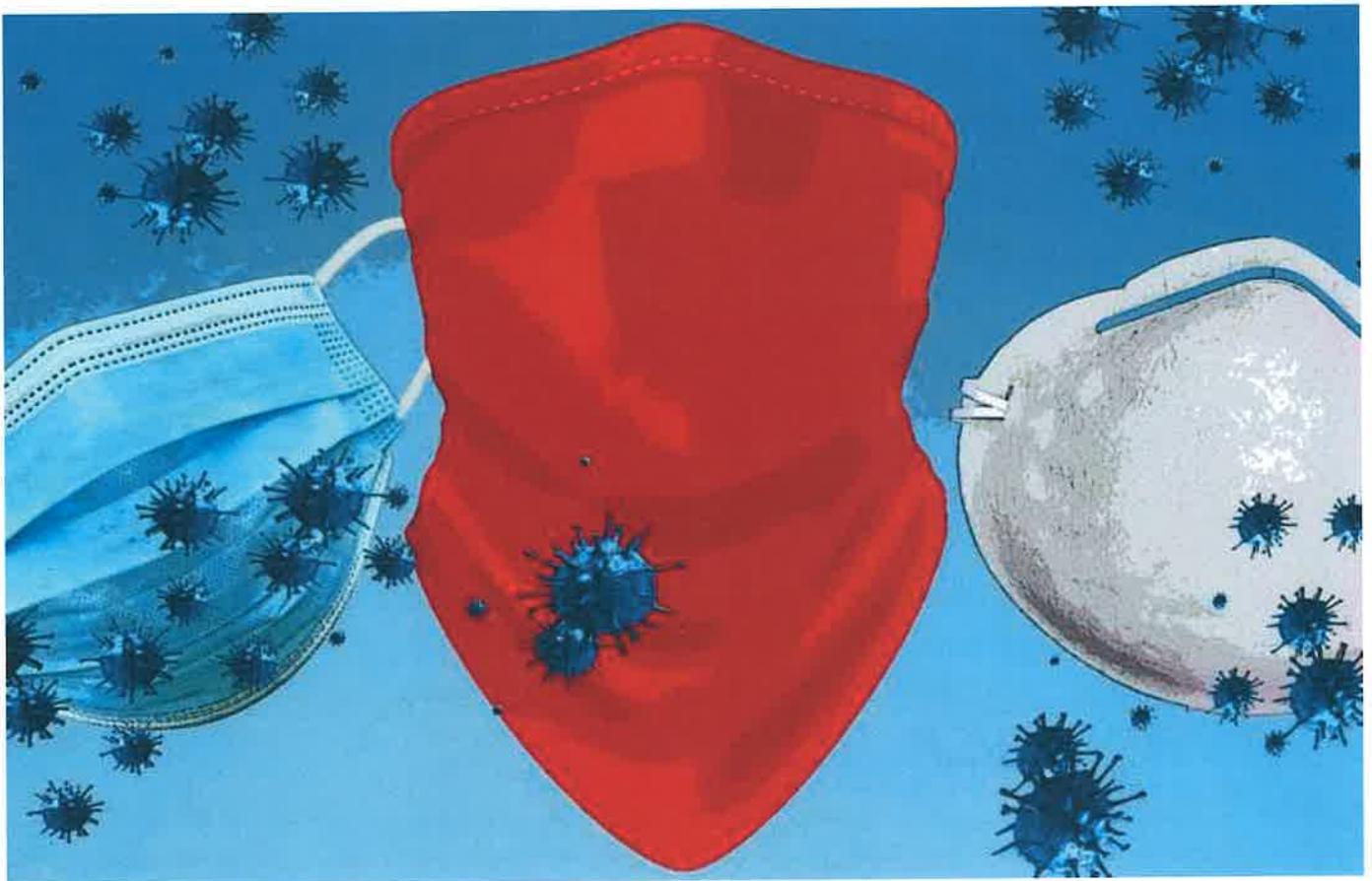
Phone: 503-933-6668
E-mail: mark@1281solutions.com

EXHIBIT

D-94
P.2

COVID-19 Masks:

How Effective *and* How Safe?



11-21-21 (revision 3-3-22)

EXHIBIT

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P. 3

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***Note 1:** All of this Report's Table of Contents sections above, are clickable links.
In the Report, all of the underlined blue text are all also clickable links.*

***Note 2:** To quickly return to where you were reading, when clicking on a link, hold down the **Command/Control Key**. This will open the link on a separate page (behind this document).
When done reading the link, put that document away, and you will still be where you left off here...*

***Note 2:** Physicist John Droz, jr is the editor of this report.
Please Email him with any questions, corrections or additions.*

Cover graphic credit.

Chapter 1: Introduction

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P. 4

The COVID-19 pandemic is clearly a complex, technical matter. But the good news is that Science exists **to give us answers to our technical issues.**

As such, every COVID-19 policy (e.g., about masks, vaccinations, therapies, etc.) should be firmly based on real Science. If they are, we will have a high degree of success.

Unfortunately, that is not happening, due to: **a)** bad actors who see this pandemic as an opportunity to make a financial profit or to gain political power, *and* **b)** well-intentioned parties who simply don't understand how to apply real Science to COVID-19 issues.

Currently the main challenger to real Science, is **political science** (*aka* politics). Citizens need to be on high alert for cases where political science is misrepresented as being real Science. That's a primary objective of all of our reports: **to separate the real from the pretender.**

This scientific [study](#) concluded that "public health has reneged on its core principles."

Whether masks are good or bad comes down to two questions: **a)** are they meaningfully effective in preventing COVID-19 transmission, *and* **b)** are they safe to wear?

To answer those questions, we look to **Science**. This report — although scientific — is written for lay persons to be able to understand. Yes, a few parts of it are technical, but the topic is technical, so that's unavoidable.

Science's answer to both questions is **NO**. For a quick overview, just read the "Bottom Lines" at the end of each chapter, plus the Conclusion (Chapter 4), as those are written in plain English.

For those who want to delve deeper into the COVID-19 mask issue, about a hundred links are provided for them to do considerably more research, if that is their inclination.

For citizens who would like to get more educated on other aspects of COVID-19 (e.g., vaccinations, therapies, etc.) our webpage of Science-based COVID info is [C19Science.info](#).

Note: we strongly recommend perusing [Appendix A: Some Facts and Figures](#), *before* reading through the two chapters of studies on **effectiveness** and **safety** (the two primary concerns).

Note that nothing in this report should be misconstrued as giving medical advice. We recommend that for all medical issues that citizens consult with a licensed physician.

For all medical decisions patients should be well-educated — including getting information from different perspectives — so that with their physician they can make informed health decisions. This is essentially what is spelled out in the [Nuremberg Code](#).

Chapter 2: Sample Mask Effectiveness Studies

1. **Study: Mask mandate and use efficacy in state-level COVID-19 containment**
“We did not observe association between mask mandates (or use), and reduced COVID-19 spread in US states.”
2. **29 Studies: Masks for prevention of viral respiratory infections among health care workers and the public: PEER umbrella systematic review**
A meta-analysis review that included 11 studies and 18 random control trials of 26,444 participants. This systematic review found limited evidence that the use of masks might reduce the risk of viral respiratory infections.
3. **16 Studies: Effectiveness of personal protective measures in reducing pandemic influenza transmission**
This meta-analysis concluded that regular hand hygiene provided a significant protective effect, and face mask use provided a non-significant protective effect.
4. **Study: Experimental investigation of indoor aerosol dispersion and accumulation in the context of COVID-19: Effects of masks and ventilation**
This study (published by the *American Institute of Physics*) found that face masks reduced indoor aerosols by 12% at most — which is not enough to prevent infections.
5. **Study: Non-pharmaceutical Measures for Pandemic Influenza in Non-healthcare Settings- Personal Protective and Environmental Measures**
The use of face masks, either by infected or non-infected persons, does not have a significant effect on viral transmission.
6. **Study: Physical interventions to interrupt or reduce the spread of respiratory viruses**
“There is moderate certainty evidence that wearing a mask makes little or no difference to the outcome of laboratory-confirmed influenza compared to not wearing a mask.”
7. **Study: An Overview on the Role of Relative Humidity in Airborne Transmission of SARS-CoV-2 in Indoor Environment**
Relative Humidity (RH) is an important factor responsible for airborne transmission of SARS-CoV-2 virus. In dry indoor areas, chances of airborne transmission are higher than humid areas. Indoor air at 40 to 60 percent RH is the optimum level for human health. Important to set minimum RH standard for indoor environments.
8. **29 Studies: Effectiveness of Masks and Respirators Against Respiratory Infections in Healthcare Workers**
This meta-analysis concluded that evidence of a protective effect of masks or respirators against verified respiratory infection was not statistically significant.

9. **Study: “Exercise with face mask; Are we handling a devil’s sword?” – A physiological hypothesis**

There is no evidence to suggest that wearing a mask during exercise offers any benefit from the droplet transfer from the virus. [This is noteworthy, as the argument is that although masks can not filter out the SARS-CoV-2 virus, that they may be able to filter out droplets that carry the SARS-CoV-2 virus. This study seems to say no.]

10. **Study: A cluster randomized trial of cloth masks compared with medical masks in healthcare workers**

Penetration of cloth masks by influenza particles was almost 97 percent and medical masks 44 percent — so cloth masks are essentially useless, and “medical grade” masks don’t provide adequate protection. This study is the first RCT of cloth masks, and the results caution against the use of cloth masks.

[Note: influenza particles are over three times the size of the SARS-CoV-2 virus (see [here](#)), so it can be inferred that the filter efficiency for the SARS-CoV-2 virus would be worse.]

11. **Study: Surgical face masks in modern operating rooms – a costly and unnecessary ritual?**

The wearing of face masks by non-scrubbed staff working in an operating room with forced ventilation seems to be unnecessary. [An argument from mask proponents is that wearing a mask protects others from you. This study seems to say no.]

12. **Study: Face mask against viral respiratory infections among Hajj pilgrims...**

A large randomized controlled trial with 8000± participants, found that face masks “did not seem to be effective against laboratory-confirmed viral respiratory infections nor against clinical respiratory infection.”

13. **Study: Simple respiratory protection—evaluation of the filtration performance of cloth masks and common fabric materials against 20-1000 nm size particles**

“Results obtained in the study show that common fabric materials may provide marginal protection against nanoparticles, including those in the size ranges of virus-containing particles in exhaled breath.” [SARS-CoV-2 virus is about .1 micron = 100 nm]

14. **Study: Respiratory performance offered by N95 respirators and surgical masks: human subject evaluation with NaCl aerosol representing bacterial and viral particle size range**

“The study indicates that N95 filtering face piece respirators may not achieve the expected protection level against bacteria and viruses.”

15. **Study: Analysis of the Effects of COVID-19 Mask Mandates on Hospital Resource Consumption and Mortality at the County Level**

There was no reduction in per-population daily mortality, hospital bed, ICU bed, or ventilator occupancy of COVID-19-positive patients attributable to the implementation of a mask-wearing mandate.

16. **Study: Modeling the filtration efficiency of a woven fabric...**

“For viral particles, our estimated efficiency is in the range 2.5%–10%... We conclude that due to the hierarchical structure of woven fabrics, they are expected to filter poorly.”

17. **Study: Modeling of the Transmission of Coronaviruses, etc. in Dental Clinics**

The evidence suggests that transmission probability is strongly driven by indoor air quality — specifically ventilation — and the least by respiratory protection *via* mask use.

18. **16 Studies: Evidence for Community Cloth Face Masking to Limit the Spread of SARS-CoV-2: A Critical Review**

This review looked at the quality of the studies *supporting* masking. “Of sixteen meta-analyses, eight were equivocal or critical as to whether evidence supports a public recommendation of masks, and the remaining supported a public mask intervention on limited evidence, primarily on the basis of the precautionary principle.”

19. **Study: Aerosol penetration and leakage characteristics of masks used in the health care industry**

“We conclude that the protection provided by surgical masks may be insufficient in environments containing potentially hazardous sub-micrometer sized aerosols.” [Note: the SARS-CoV-2 virus is a sub-micrometer sized particle.]

20. **3 Studies: Disposable surgical face masks for preventing surgical wound infection in clean surgery**

“We included three trials, involving a total of 2106 participants. There was no statistically significant difference in infection rates between the masked and unmasked group in any of the trials.”

21. **2 Studies: Disposable surgical face masks: a systematic review**

“Two randomized controlled trials were included involving a total of 1453 patients. ...in a large trial there was no difference in infection rates between the masked and unmasked.”

22. **Study: Face seal leakage of half masks and surgical masks**

“The filtration efficiency of the filter materials was good, over 95%, for particles above 5 micron in diameter but great variation existed for smaller particles.” Coronavirus is .1± microns, therefore these masks would not offer good protection from that virus.

23. **Study: Comparison of the Filter Efficiency of Medical Non-woven Fabrics against Three Different Microbe Aerosols**

“The filter efficiencies against influenza virus particles were the lowest.”

[Note: influenza particles are over three times the size of the SARS-CoV-2 virus (see [here](#)), so it can be inferred that the filter efficiency for the SARS-CoV-2 virus would be worse.]

24. **Study: Aerosol penetration through surgical masks**

“Although surgical mask media may be adequate to remove bacteria exhaled or expelled by health care workers, they may not be sufficient to remove the sub-micrometer size aerosols containing pathogens.” [The SARS-CoV-2 virus is sub-micrometer.]

25. **6 Studies: Effectiveness of N95 respirators versus surgical masks against influenza: A systematic review and meta-analysis**

This meta-analysis was of six Randomized Controlled Trials (RCTs) involving 9,171 participants. The conclusion: “the use of N95 respirators compared with surgical masks is not associated with a lower risk of laboratory-confirmed influenza. It suggests that N95 respirators should not be recommended for the general public.”

26. **Study: N95 Respirators vs Medical Masks for Preventing Influenza Among Health Care Personnel: A Randomized Clinical Trial**

“2371 participants completed the study and accounted for 5180 HCW-seasons. ... Among outpatient health care personnel, N95 respirators vs medical masks as worn by participants resulted in no significant difference in the incidence of laboratory-confirmed influenza.”

27. **Commentary: Universal Masking in Hospitals in the COVID-19 Era**

An article in the **New England Journal of Medicine** (written by five physicians) came to the conclusion that face masks offer little to no protection in everyday life.

28. **Study: Masking lack of evidence with politics**

“It would appear that despite two decades of pandemic preparedness, there is considerable uncertainty as to the value of wearing masks.”

29. **12 Studies: Face masks to prevent transmission of influenza virus: a systematic review**

In this meta-analysis of twelve studies, the authors found little data to support the use of face masks to prevent wearers from becoming infected.

30. **Study: Use of surgical face masks to reduce the incidence of the common cold among health care workers in Japan: a randomized controlled trial**

Face mask use in healthcare workers has not been demonstrated to provide benefit in terms of colds symptoms or getting colds.

31. **Study: Effectiveness of Adding a Mask Recommendation to Other Public Health Measures to Prevent SARS- CoV-2 Infection in Danish Mask Wearers**

The COVID-19 infection results between mask wearers and the control group were not statistically significant.

32. **CDC: “CDC is not aware of any randomized controlled trials that show that masks, or double masks, or cloth face coverings are effective against COVID-19.”**

33. **Study: Testing the efficacy of homemade masks: would they protect in an influenza pandemic?**

“Our findings suggest that a homemade mask should only be considered as a last resort to prevent droplet transmission from infected individuals.” [Note that droplets are significantly larger than the SARS-CoV-2 virus.]

34. **Study: Evaluating the efficacy of cloth face masks in reducing particulate matter exposure**
“Our results suggest that cloth masks are only marginally beneficial in protecting individuals from particles <2.5 micron.” [Coronavirus is .1± micron.]

35. **Study: Assessment of Proficiency of Mask Donning Among the General Public in Singapore**

The survey was administered to 2499 adults, who were given instructions for proper mask use. Subsequently, only 12.6% passed the Visual Mask Fit (VMF) test. This would indicate that the compliance of children would be lower yet.

36. **17 Studies: The use of masks and respirators to prevent transmission of influenza: a systematic review of the scientific evidence**

Seventeen studies were reviewed in this meta-analysis. “None of the studies we reviewed established a conclusive relationship between mask / respirator use and protection against influenza infection.”

[Note: influenza particles are over three times the size of the SARS-CoV-2 virus (see [here](#)), so it can be inferred that the filter efficiency for the SARS-CoV-2 virus would be worse.]

37. **Study: Facial protection for healthcare workers during pandemics: a scoping review**

This study used 5462 peer-reviewed articles and 41 grey literature records. Conclusion: “The COVID-19 pandemic has led to critical shortages of medical-grade PPE. Alternative forms of facial protection offer inferior protection.”

38. **Study: Particle removal from air by face masks made from Sterilization Wraps: Effectiveness and Reusability**

“We found that 60 GSM face mask had particle capture efficiency of 94% for total particles greater than 0.3 microns.” [These are better quality masks than standard cloth masks, so cloth masks would provide little effectiveness for the .1 micron SARS-CoV-2 virus.]

389. **Study: Visualizing the effectiveness of face masks in obstructing respiratory jets**

A few studies have considered the filtration efficiency of homemade masks made with different types of fabric; however, there is no broad consensus regarding their effectiveness in minimizing disease transmission.

— continued on next page —

EXHIBIT

D-94 p. 10

CHAPTER 2, EFFECTIVENESS, BOTTOM LINE:

There are multiple variables involved in the mask situation — from type of mask worn, how well it fits, how often a specific mask is worn, how hygienic the wearer is in general, etc.

Let's look at a worst case scenario: a COVID-19 infected person, three feet away, sneezes on you. *Will a mask meaningfully reduce your chances of getting infected?*

Clearly any mask will somewhat filter you breathing in the SARS-CoV-2 virus transmitted by aerosol and droplets. However, you will still inhale some of the SARS-CoV-2 virus (the amount would depend on the mask quality).

Further, your face, hair, clothes, hands, etc will all have the SARS-CoV-2 virus on them. Without immediately discarding your clothes and taking a shower, the likelihood of you transmitting the SARS-CoV-2 virus into your respiratory track is almost 100% certain. So the answer to the question (*Will a mask meaningfully reduce your chances of getting infected?*) is **NO**.

Another way to look at the effectivity question is: *on average, how much is a mask going to reduce the inhalation of the SARS-CoV-2 virus?* Based on the studies cited above (plus the multiple variables involved (also see above), a good scientific guess is:

a) an N95 medical quality mask, 10% to 40%, and b) cloth mask, 0 to 5%.

In other words, the Science says that the benefit of wearing a mask to protect yourself (or others) from COVID-19, is small — as they are NOT meaningfully effective.

The argument could be made that any reduction of the SARS-CoV-2 virus is a benefit, and indeed it is. The question here though, is: are there any **adverse health consequences** for wearing a mask, especially for children, that would negate any small benefit masks provide?

Only after we know the scientific answer for that, can we approximately determine what the **NET benefit** is for mask wearing.

Chapter 3 provides sample scientific studies about mask safety.

Chapter 3: Sample Mask Safety Studies D-94 p. 11

1. **24 Studies: Does Universal Mask Wearing Decrease or Increase the Spread of COVID-19?**
“A survey of peer-reviewed studies shows that universal mask wearing (as opposed to wearing masks in specific settings) does not decrease the transmission of respiratory viruses from people wearing masks to people who are not wearing masks. Further, indirect evidence and common sense suggest that universal mask wearing is likely to increase the spread of COVID-19.”
2. **Study: Results of a Germany-wide registry on mask mouth and nose covering in children**
“Impairments caused by wearing the mask were reported by 68% of the parents. These included irritability (60%), headache (53%), difficulty concentrating (50%), less happiness (49%), reluctance to go to school (44%), malaise (42%), impaired learning (38%), and drowsiness or fatigue (37%).”
3. **Report: Dangerous pathogens found on children’s face masks**
Concerned parents sent 6 face masks worn by their children to the University of Florida Lab for analysis of contaminants. This June 2021 report, details the findings:
“The analysis detected the following 11 dangerous pathogens on the masks: *Streptococcus pneumoniae* (pneumonia), *Mycobacterium tuberculosis* (tuberculosis), *Neisseria meningitidis* (meningitis, sepsis), *Acanthamoeba polyphaga* (keratitis and granulomatous amebic encephalitis), *Acinetobacter baumannii* (pneumonia, bloodstream infections, meningitis, UTIs—resistant to antibiotics), *Escherichia coli* (food poisoning), *Borrelia burgdorferi* (causes Lyme disease), *Corynebacterium diphtheriae* (diphtheria), *Legionella pneumophila* (Legionnaires’ disease), *Staphylococcus pyogenes serotype M3* (severe infections—high morbidity rates), *Staphylococcus aureus* (meningitis, sepsis).”
4. **Report: Masks, false safety and real dangers: Microbial challenges from masks**
“Bacteria are on average ten times the size of viruses, and have less penetration through masks. Therefore, at least part of the re-circulated flow of bacteria in aerosolized and droplet exhalation does not escape the vicinity of the oral and nasal environment. Bacteria and other microbes are not only retained in this space, but masks themselves are warm, moist repositories of these microbes.”
5. **Study: Virus interactions with bacteria: Partners in the infectious dance**
A bacteria infection from a mask can make the wearer more susceptible to a SARS-CoV-2 viral (or other) infection, as well as set the stage for more serious adverse COVID-19 outcomes. (See also [this](#) and [this](#).)
6. **Study: Headaches and the N95 face-mask amongst healthcare providers**
“Healthcare providers may develop headaches following the use of the N95 face-mask.”

7. **Study: Impact of the COVID-19 Pandemic on Early Child Cognitive Development: Initial Findings in a Longitudinal Observational Study of Child Health**
They report a cognition drop of 23% since the beginning of the pandemic, and partly blame masks. “Masks worn in public settings and in school settings may impact a range of early developing skills, such as attachment, facial processing, and socio-emotional processing.”
8. **Study: Face masks: benefits and risks during the COVID-19 crisis**
“We found only weak evidence for wearing a face mask as an efficient hygienic tool to prevent the spread of a viral infection... Importantly, we found evidence for significant respiratory compromise in patients with severe obstructive pulmonary disease, secondary to the development of hypercapnia. This could also happen in patients with lung infections, with or without SARS-CoV-2.”
9. **Study: Preliminary report on surgical mask induced deoxygenation during major surgery**
The increased rate of infection in mask-wearers may be due to a weakening of immune function during mask use. Surgeons have been found to have lower oxygen saturation after surgeries even as short as 30 minutes. Low oxygen induces [hypoxia-inducible factor 1 alpha](#) (HIF-1). This in turn [down-regulates CD4+ T-cells](#), which are necessary for viral immunity.
10. **Report: Mask mandates may affect a child’s emotional, intellectual development**
This physician writes about some of the emotional and intellectual liabilities that face masks can have on children. Unfortunately, these consequences will not likely be seen until sometime into the future. [Here is a related [report](#).]
11. **Report: ‘Mask mouth’ is a seriously stinky side effect of wearing masks**
“We’re seeing inflammation in people’s gums that have been healthy forever, and cavities in people who have never had them before,” says dentist Dr. Rob Ramondi. “People tend to breathe through their mouth instead of through their nose while wearing a mask. The mouth breathing is causing the dry mouth, which leads to a decrease in saliva — and saliva is what fights the bacteria and cleanses your teeth.” He adds that “saliva is also what neutralizes acid in the mouth and helps prevent tooth decay and gum disease. Gum disease — or periodontal disease — will eventually lead to strokes and an increased risk of heart attacks,” says Dr. Marc Sclafani.
12. **Video: Trans Cranial Doppler test to show mask effects on brain blood circulation, etc.**
This short video shows that even reading a book with a mask on, decreases blood oxygen levels to your brain.
13. **Study: Headaches Associated With Personal Protective Equipment – A Cross-Sectional Study Among Frontline Healthcare Workers During COVID-19**
Most healthcare workers develop new headaches, or exacerbation of their pre-existing headache disorders.

14. **Study:** The adverse skin reactions of health care workers using personal protective equipment for COVID-19 0-94 p.13
95.1% of health care workers had adverse skin reactions to the N95 mask.
15. **Report:** Your Mask May Be Causing Candida Growth in Your Mouth
“Now that mask wearing is becoming the norm, we’re more susceptible to mask-induced skin problems. [Maskne](#) (mask acne) is more common, but a candida infection is also possible.” [Also see [this](#) related article.]
16. **Commentary:** Can the Elastic of Surgical Face Masks Stimulate Ear Protrusion in Children?
“Pre-adolescent children have undeveloped auricular cartilage with less resistance to deformation; prolonged pressure from the elastic loops of the mask at the hollow or, even worse, at the anthelix level can influence the correct growth and angulation of the outer ear.”
17. **Study:** An empirical and theoretical investigation into the psychological effects of wearing a mask
This study shows that wearing COVID-19 face masks can produce at least four altered behaviors. This could be particularly troublesome for young children, in formative stages.
18. **Study:** Effects of surgical and FFP2/N95 face masks on cardiopulmonary exercise capacity
“Ventilation, cardiopulmonary exercise capacity and comfort are reduced by surgical masks and highly impaired by FFP2/N95 face masks in healthy individuals.”
19. **Study:** The physiological impact of wearing an N95 mask during hemodialysis as a precaution against SARS in patients with end-stage renal disease
Wearing an N95 mask for 4 hours during this operation significantly reduced PaO₂ ([Partial Pressure Oxygen](#)) and increased respiratory adverse effects in these patients.
20. **Report:** COVID-19: Face Masks and People with Disabilities
Universal mask requirements present difficulties for some people with disabilities who cannot wear masks either at all or for an extended period of time. In addition, some people with disabilities cannot communicate effectively with another person if the other person is wearing a mask. Examples include deaf and hard of hearing people and some people with intellectual, developmental, or processing disabilities.
21. **Study:** Adolescents’ face mask usage and contact transmission in novel Coronavirus
Face masks — especially as used by younger people — can have their surfaces become contamination sources, which has health consequences. Students are storing them in their pockets, bags, putting them on tables, people are reusing them etc.
22. **Study:** Face Mask-Associated Ocular Irritation and Dryness
“We have seen a marked increase in dry eye symptoms among regular mask users at multiple clinics, including individuals who have never previously suffered from dry eyes.”

23. **Study: Exercise with face mask – A physiological hypothesis**

“Exercising with face masks may reduce available Oxygen and increase air trapping preventing substantial carbon dioxide exchange. The hypercapnic hypoxia may potentially increase acidic environment, cardiac overload, anaerobic metabolism and renal overload, which may substantially aggravate the underlying pathology of established chronic diseases.”

24. **Study: Is a Mask That Covers the Mouth and Nose Free from Undesirable Side Effects in Everyday Use and Free of Potential Hazards?**

“The aim was to find, test, evaluate and compile scientifically proven related side effects of wearing masks. For a quantitative evaluation, 44 mostly experimental studies were referenced, and for a substantive evaluation, 65 publications were found. The literature revealed relevant adverse effects of masks in numerous disciplines. In this paper, we refer to the psychological and physical deterioration as well as multiple symptoms described because of their consistent, recurrent and uniform presentation from different disciplines as a Mask-Induced Exhaustion Syndrome (MIES)... Extended mask-wearing by the general population could lead to relevant effects and consequences in many medical fields.”

25. **Report: The Mask Con — Mask Anxiety is real**

Here a psychologist identifies [18 Ways to Manage Mask Anxiety](#).

26. **Short Video: Mask Production**

This is an Indonesian “factory” that produces a lot of masks. Does this look a hygienic environment? This is what some of us are getting when we purchase online or in stores that sell them in bulk. The unsanitary manufacture of some masks raises these questions:

- Can masks shed fibers or micro plastics that we can breathe in?
- Do these masks excrete chemical substances that are harmful when inhaled?
- Clothing dye can cause reactions, so how do we know that the manufacturing process of these masks do not pose a risk to us?

27. **Study: Respiratory consequences of N95-type Mask usage in pregnant healthcare workers**

“Breathing through N95 mask materials have been shown to impede gaseous exchange and impose an additional workload on the metabolic system of pregnant healthcare workers, and this needs to be taken into consideration in guidelines for respirator use. The benefits of using N95 mask to prevent serious emerging infectious diseases should be weighed against potential respiratory consequences associated with extended N95 respirator usage.”

28. **Study: Use of surgical face masks to reduce the incidence of the common cold among health care workers in Japan: a randomized controlled trial**

“Subjects in the mask group were significantly more likely to experience headache during the study period.” [Note: the SARS-CoV-2 virus is about three times the size of the most common cold virus, rhinovirus (see [here](#)).]

29. **Study: Physiological impact of the N95 filtering face piece respirator on healthcare workers**

“Conclusions: In healthy healthcare workers, the respirator did not impose any important physiological burden during 1 hour of use, at realistic clinical work rates. However, the respirator dead-space carbon dioxide and oxygen levels were significantly above and below, respectively, the ambient workplace standards.”

30. **Article: Improper use of medical masks can cause infections**

Children are much more likely to improperly use face masks. Further, the physician here says: "We use N95 masks only in intensive care while caring for patients; it is unnecessary for the citizen to use them under any circumstances.”

CHAPTER 3, SAFETY, BOTTOM LINE:

As stated at the end of Chapter 2: there are *multiple* variables involved in the mask situation — from type of mask worn, how well it fits, how often a specific mask is worn, how clean the mask is, how hygienic the wearer is in general, etc.

The *safety* of mask wearing is directly correlated to some of these variables. Unfortunately, there is a reverse correlation with effectiveness: **The higher the mask filtration, the more likely it is that the mask wearer will suffer adverse health consequences.** (See cited studies.)

Some of the potential problematic health consequences from wearing masks that are identified in the studies above are:

- ✓ Headaches
- ✓ Impaired learning and cognition
- ✓ Brain deoxygenation (*unknown consequences*)
- ✓ Difficulty concentrating
- ✓ Increased anxiety and irritability
- ✓ Eye irritation and dryness
- ✓ At least four possible psychological problems (*disinhibition, transformation, etc.*)
- ✓ Facial acne and other skin infections
- ✓ Candida/Thrush mouth infections
- ✓ Dental gum disease (*can eventually lead to strokes and an increased risk of heart attacks*)
- ✓ Possible ear mis-development in children
- ✓ Bacterial exposure from a mask (*A bacteria infection would make the wearer more susceptible to catching COVID-19*)
- ✓ A weakening of immune function during mask use
- ✓ Possible aggravation of underlying pathology of established chronic diseases

In other words, the Science says that wearing a mask is NOT safe, especially for children.

Chapter 4: Conclusions

To make relevant conclusions here, we need to carefully assess how well masking meets COVID-19 policy objectives. Those objectives are to minimize the chances of:

- a mask wearer getting infected, from a nearby person with COVID-19, *and*
- a mask wearing individual with COVID-19, infecting a nearby person.

In theory, those objectives are commendable. The fly in the soup is that in our zeal to do *something*, there are other significant considerations that are often not factored in. For example, in implementing any COVID-19 rules and regulations, it is important that they:

- be genuinely based on real Science (e.g., not based on fear),
- be consistent with other health policies,
- not cause any serious health consequences,
- do not unnecessarily extract civil rights from citizens, *and*
- be a scientifically provable net societal benefit.

THIS REPORT'S BOTTOM LINE:

Mask mandates (especially for children in a school setting), violate all five (5) of the above health care policy caveats. In other words, a mask is unlikely to be a Net Benefit to the wearer or the public.

A quick overview of the COVID-19 mask policy situation:

- a) Our main exposures to COVID-19 are from *surface contacts* and *airborne transmission*.
- b) Current scientific evidence indicates that aerosol is the main airborne transmission source.
 - i) Any cloth or non-medical mask has extremely low effectiveness against aerosols.
 - ii) An N95 mask, worn properly, has limited effectiveness against COVID-19 aerosols.
- c) The potential health risks for wearing a mask are substantial, particularly for children.
 - i) The mortality risk to children, with proper post-infection treatment, is almost zero.
 - ii) **The higher the mask filtration, the more negative the mask health consequences.**
 - iii) The net effect of wearing a mask, especially for children, is negative.
- d) The vaccination status of you or others, has no bearing on mask effectiveness (or safety).
- e) If educated adults choose to wear a COVID-19 mask, they should be free to do so.
- f) A mask mandate is likely based on good intentions, but there are other (more effective) measures that can be taken to protect the health of citizens, e.g.:
 - i) Frequent [hand cleaning](#).
 - ii) Social distancing.
 - iii) Education regarding the importance of optimizing our immune system.
 - iv) Having science-based [therapies](#) readily available for newly infected citizens.
 - v) Offering citizens the option of getting a vaccination.
 - vi) For more details about school suggestions, see [here](#).

Appendix A: Some Facts and Figures *D-94 p. 17*

- A meta-analysis is not new research, but rather is an analysis of a collection of studies (e.g., to see if they are in agreement, etc.). Meta-analyses are where we wrote “xx Studies.” Since we are simplifying here, we lumped clinical trials and studies together.
- This [study](#) states that the SARS-CoV-2 virus is about .1 micron ([.1 \$\mu\text{m}\$](#)) in size. Airborne transmission of this size particle, by itself, would be by aerosol. (See CDC’s [comments](#).)
- In some cases the SARS-CoV-2 virus is carried by a larger (e.g., water) molecule. However those larger molecules would normally drop quickly, so go only short distances (a few feet). A sneeze would be an exception, and carry droplets further (6 to 10 feet).
- The current scientific consensus is that most of the airborne COVID-19 transmission is due to aerosols, **not** droplets (e.g., see [here](#) and [here](#)). This has a major impact on masks — i.e., only very high filtration masks have the possibility of any meaningful effectiveness.
- The CDC’s [current position](#) is that transmission from surface contamination is secondary to airborne transmission (aerosol and droplets).
- A mask could possibly be: **a)** protecting the mask wearer when they are near an infected person, or **b)** protecting nearby persons, when the mask wearer is infected.
- An N95 mask is designed to filter particles .3+ microns in size (i.e., about three times the size of the SARS-CoV-2 virus).
- An N95 mask will only have very little COVID-19 effectiveness (in either a or b, above) when dealing directly with the very small SARS-CoV-2 virus.
- An N95 mask will have some effectiveness (with both a and b, above) when dealing with a water droplet carrying the SARS-CoV-2 virus.
- The conclusion is that any mask less than N95 (e.g., cloth mask) will have little or no COVID-19 effectiveness in either situation, for both a and b, above.
- Important perspective: more children died in the 2018-2019 flu season, than subsequently died in a comparable period from COVID-19 (e.g., see [here](#)). Why didn’t schools mandate masks for that higher mortality risk?
- If the policy is to minimize COVID-19 transmission, then other meaningful measures should also be employed (as a package) to be consistent: taking everyone’s temperature on entering the building, frequent hand cleaning, and social distancing. **For a school situation**, we’ve outlined suggested measures in this [Report](#).

Additional informative materials worth reading:

- [Masks Don’t Work: A Review of Science Relevant to COVID-19 Social Policy](#).
- [Why Masks Don’t Work Against COVID-19](#).
- [Understanding Particle Size and Aerosol-Based Transmission](#).
- [The Face Mask Folly in Retrospect](#).

Appendix B: What About Conflicting Reports?

Mask proponents may say:

“You have listed an impressive array of studies that question both the **effectiveness** and **safety** of masks for COVID-19. However, there are some *other* studies that conclude that masks are effective and safe for COVID-19 — and some of these come from government agencies. So what are citizens to do when there are seemingly contradictory studies?”

Here are some observations from a lifelong professional scientist... To begin with we need to be clear that **Science** is not confused here, but rather that **scientists** are conflicted.

Science is a process, and conflicted scientists just means that they are working their way through the process. Our hope is that they will be competent, objective and thorough when foraging their way down a path through this new wilderness. If they are, we will get to our destination with the least amount of trouble and complications. If not, it will be a harrowing, painful, and expensive trip.

Along the way we will almost always encounter situations where some scientists come to different conclusions. In other words, some will say: *we need to go this direction*, while others are saying: *no, we need to go that way*. (Remember the insightful words of Robert Frost.)

So what do citizens do when the experts are giving different directions?

To begin with we need to be clear that the “experts” are not infallible. In fact, experts have a long history of being wrong, and of giving bad advice. As citizens of a democratic society, we have every right to question to basis for policies like mask mandates.

The more that citizens are educated — and question what they are told — the more likely they will know what is the better route for them and their families to take. Although this involves **work** (an out-of-favor four letter word) on the part of citizens, that’s what this Report is about: *to minimize the effort needed to get educated on this topic*.

Briefly, to decide which path to take:

- i) We need to actually read (at least the abstracts) of both sets of studies. It’s a mistake to base conclusions on a journalist’s (a non-scientist) translation of a scientific study. In this Report we have provided a link to *every* study cited, so citizens can easily do that.
- ii) In reading the studies, we need to make sure that both are making the same assumptions, are looking at the same issues, have adequate sample size, etc.
- iii) Assuming that there are no explanations for the discrepancy found above, then we should give considerably more consideration to studies that found problems. From a Science perspective, studies finding problems carry more weight than the opposite.
- iv) In this case we are fortunate to have a Meta-analysis of some of the key studies supporting mask use. Its conclusion is that they do not meet scientific standards.

Appendix C: What Does the CDC Say? D-94
p. 19

When tracking down the basis for mask mandates, almost all roads lead to the CDC.

For example, North Carolina's state health department publishes a [Strong Schools Toolkit](#) that has some good recommendations for how NC K-12 schools should deal with COVID-19. Included in that is a mask *recommendation*. As a primary basis for that advice is a reference to [AAP](#) (American Academy of Pediatrics). The NC Dept of Health document has **zero references** to scientific studies concerning COVID-19 mask effectiveness or safety. Rather than research scientific mask studies for NC citizens, they are passing the ball to others, like AAP.

So what has AAP done? Here is their "Guidance" [page](#) of school COVID-19 recommendations, which includes their position on masks. Specifically they state: "All students older than 2 years and all school staff should wear face masks at school (*unless medical or developmental conditions prohibit use*), regardless of vaccination status." They then list eight reasons for their position.

There are two primary concerns about masks: **effectiveness** and **safety**. In the AAP's list of reasons they cite one (1) study to support their belief about effectiveness. They do not mention **any** safety concerns, and cite **zero scientific studies about mask safety** (!).

Let's look at the AAP's [single citation](#) to support mask effectiveness. As a professional scientist for over fifty years, I've looked at thousands of studies and this one citation is not exactly a strong basis for such an important matter. For example, first, it does not follow the format of a typical scientific study (abstract → conclusions). Second, it is an analysis of a single US county (out of 3500± counties). Third, it has some questionable assumptions that undermine its conclusions. See this [analysis](#) of it which says that **at best** this study indicates that masks might reduce COVID-19 infections by two out of **ten thousand** students.

Clearly, based on what scientific studies are publicly available on this topic (see Chapters 2 and 3 of this Report), AAP has done a woefully inadequate job of justifying their mask position. As medical professionals they should be all about **objective** and **comprehensive** investigation into technical matters (e.g., mask effectiveness and safety), before they take a public position on it. They are well-aware of this grossly inadequate effort on their part, so they punt the ball by then saying that they are relying on the CDC for guidance for their guidance...

OK, so what does the [CDC](#) (US Centers for Disease Control and Prevention) say? Here is their [page](#) about masks. They then reference readers to a [page](#) titled "Your Guide to Masks." On that the CDC discusses what type of mask to wear, etc. Surprisingly, until [January 14, 2022](#), the CDC only **approved** cloth (very porous) masks, and had no approval for higher filtration N95 and surgical masks! They also recommend masks for children at least two years old.

To their credit, the CDC does list some [scientific studies](#). Here are some examples of what our senior federal health agency is saying to justify their mask position:

- 1 - "A study of 60 elementary school children reported no adverse cardiovascular (e.g., heart rate) or pulmonary (e.g., peripheral oxygen saturation) effects among children while wearing a cloth face covering in a classroom for 30 consecutive minutes of instructional time." ***Sixty children for 30 minutes?!!!***
- 2 - "A separate study observed no oxygen desaturation or respiratory distress after 60 minutes of monitoring among children less than 2 years of age when masked during normal play." ***Sixty minutes for children LESS THAN TWO YEARS OLD?!!! The CDC advises against using masks for children less than two years old, so why would they reference this study?***
- 3 - "A randomized trial among 40 children aged 3–10 years old scheduled for elective surgery, found that protective surgical face masks could be used safely in the postoperative period." ***Elective surgery is a tiny niche situation that has no relevance to everyday use by children, especially for many hours every day in a classroom.***
- 4 - "A study of 2-year-old children concluded that they were able to recognize familiar words presented without a mask and when hearing words through opaque masks." ***So what? Again, TWO YEAR OLD children — being tested for word recognition!***

Etc.

What about the other sixteen studies on their list? This comprehensive [analysis](#) discussed almost all of them, and found serious flaws in every one. (*Also see * items in [Appendix E](#).*)

For example, the Abaluck (Bangladesh) [study](#) included both surgical *and* cloth masks in its conclusions. However, when surgical masks are excluded (as the CDC advises **against** surgical masks) there is no statistical difference between mask and non-mask wearers. [Note: *clicking on the [DOI link](#) results in an error — which might mean that the study has been withdrawn.*]

Regarding mask **safety**, the CDC says: "The safety of mask use during low to moderate levels of exercise has been confirmed in studies of healthy adults and adolescents." In other words, the **ONLY** mask **safety** studies listed by the CDC: **1)** do not pertain to K-8 children, **and 2)** are just about exercise, a very specialized, short-term activity.

It seems that most of what appears on the CDC website about masks, comes from this one [report](#), where the primary author is a CDC employee — not an MD, but a *data analyst*. What is most disturbing is that there is essentially no acknowledgement of the 100± studies identified herein. They are all posted on [NIH](#), so they would be readily available to a data analyst.

Science is supposed to be **objective** and **comprehensive**. The CDC's published material used to support their mask position is extremely deficient on both counts. The inescapable conclusion is that (regarding masks) the CDC is promoting political science, **not** real Science.

After reviewing the CDC (and other health agencies') information, our conclusion stands: COVID-19 masks have **very low benefit**, and are **high risk**, especially for school children.

Appendix D: Masks and Vaccination Status

0-94
P.21

Remember that the theoretical objectives for wearing a mask are:

- a) to protect you [or your child] from being infected by others, *and*
- b) to protect others from being infected by you [or your child].

We've already shown that masks typically offer no net benefit for both situations. The question now is: **does vaccination status (of you or others) change that reality?**

To scientifically answer that question, we need to remember two key facts about COVID-19 vaccines:

- They do **not** provide immunity from being infected with the SARS-CoV-2 virus, *and*
- They do **not** prevent transmission from an infected vaccinated person to someone else.

For a more detailed scientific discussion of COVID-19 vaccines, please read this [Report](#).

To cover all cases, there are sixteen possible scenarios here, so probably the best way to look at the consequences of each is to have a graphic. Below is a simplified representation of the different situations encountered here.

Scenarios #1 & #2 —

You do **NOT** have COVID-19, but OTHERS do. How are YOU affected in each of the following:

OTHERS	Are Not Vaccinated	Are Vaccinated
Do Not Wear a Mask	<i>some exposure</i>	<i>some exposure</i>
Wear a Mask	<i>some exposure</i>	<i>some exposure</i>

YOU	Are Not Vaccinated	Are Vaccinated
Do Not Wear a Mask	<i>some exposure</i>	<i>some exposure</i>
Wear a Mask	<i>some exposure</i>	<i>some exposure</i>

Scenarios #3 & #4 —

You **DO** have COVID-19, but OTHERS do Not. How are OTHERS affected in each of the following:

OTHERS	Are Not Vaccinated	Are Vaccinated
Do Not Wear a Mask	<i>some exposure</i>	<i>some exposure</i>
Wear a Mask	<i>some exposure</i>	<i>some exposure</i>

YOU	Are Not Vaccinated	Are Vaccinated
Do Not Wear a Mask	<i>some exposure</i>	<i>some exposure</i>
Wear a Mask	<i>some exposure</i>	<i>some exposure</i>

The exact amount of exposure in each case depends on *numerous* other incalculable variables. The takeaway message here is that regarding masks: **the vaccination status of you (or your child) or others, makes no consequential difference in any scenario.**

Appendix E: Some Sample References *D-94 p.22*

Our webpage of Science-based COVID-19 info: C19Science.info

Our brief report: [What Schools Should Do For COVID-19](#)

Short Effectiveness Video: [Viral immunologist Dr. Byram Bridle — Do Masks Work?](#)

Short Safety Video: [Live Mask Test on Child Using Different Masks](#)

[97 Reports about Mask Ineffectiveness, plus 61 Reports Concluding that Masks can be Unsafe](#)

47 plus 32 Studies: [Ineffectiveness of COVID masks plus multiple adverse side effects](#)

34 Studies: [Analyses of Face Mask Effectiveness and Safety](#)

23 Studies: [Masks Don't Work — A Review of Science Relevant to COVID-19 Social Policy](#)

42 Studies: [Masks are Neither Effective nor Safe — A Summary of the Science](#)

6 plus 6 Studies: [Mask Effectiveness and Mask Safety](#)

Multiple Studies: [Association of American Physicians and Surgeons — Mask Facts](#)

Multiple Studies: [Are Face Masks Effective? The Evidence](#) (*looks at studies, pro and con*)

Multiple Studies: [Masking: A Careful Review of the Evidence](#)

Multiple Studies: [Do Masks Work? A Review of the Evidence](#)

Meta-Analysis: [Is a Mask Free of Undesirable Side effects and Potential Hazards?](#)

14 Peer-reviewed Studies: [Does Mask Wearing Decrease or Increase the Spread of COVID-19?](#)

Primary Doctor Medical Journal: [Collection of Six Mask Studies](#)

Physician's Analysis: [The Risks vs. Benefits of Face Masks](#)

Analysis: [Why Is There No Correlation between Masks, Lockdowns, and Covid Suppression?](#)

Resource: [Europe's Top Health Officials Say Masks Aren't Helpful in Beating COVID-19](#)

Resource: [Sweden's Top Epidemiologist: We See No Point In Wearing Masks](#)

Resource: [Federal Law Prohibits Mandates of Emergency Use COVID Vaccines, Tests, Masks](#)

*Hidden Studies: [CDC's own studies \(10 Clinical Trials\) show masking to be ineffective](#)

*Exposed Studies: [Inside 2 New Studies the CDC Claims Prove Masks Save Lives](#)

*Exposed Study: [Debunking the CDC's Mask Mandate Study](#)

*Exposed Study: [CDC double mask "study" a perfect example of politicized junk "science"](#)

Retracted Study: [Effectiveness of Surgical and Cotton Masks in Blocking SARS-CoV-2](#)

Retracted Study: [Decrease in Hospitalizations for COVID-19 after Mask Mandates in 1083 U.S. Counties](#)

For reference: the [Maryland Dept of Health](#) published a reasonable set of K-12 guidances.

For reference: [extract](#) of talk from engineer Stephen Petty, on building solutions.

For reference: there are many studies, reports and articles in the *Media Balance Newsletter* archives. Simply search for "mask" in the [2022 archives](#), [2021 archives](#) and [2020 archives](#).

* *Add these to what is said in [Appendix C](#) about the failings of the CDC...*

LOWELL Greig K * DCBS

From: DIANA MCGUIRE <team@speak4.co>
Sent: Thursday, July 28, 2022 12:30 PM
To: RULEMAKING Osha * DCBS
Subject: Repeal Workplace COVID rules

EXHIBIT

D-95

July 28, 2022 @ 07:24pm
Repeal Workplace COVID rules

I am writing to urge OSHA to repeal the agency's workplace COVID rule entirely. The agency claims that the proposed adjustments are "a major step forward towards the full repeal of the rule." Taking a major step forward isn't enough, however, when the rules themselves are both unnecessary and burdensome. They should be repealed in their entirety.

While certainly less restrictive for most workplaces than previous versions of the COVID rule, the proposed version would be permanent and open-ended. The proposed rule contains no clear metrics that would trigger full repeal. Rather, OSHA says merely that the rule will be repealed when it is no longer necessary to address the COVID-19 pandemic," as determined by OSHA itself.

Don't cling to an unnecessary and outdated rule. OSHA should repeal it in its entirety.

Thank you.

Mrs. DIANA MCGUIRE
22985 N. FORK RD. S.E.,
Lyons, OR 97358
diana@wvi.com
503-859-3543

From: S Fudge <steph.r.fudge@gmail.com>
Sent: Thursday, July 28, 2022 1:09 PM
To: RULEMAKING Osha * DCBS
Subject: Support of OAR 437-001-0744 Changes to Remove Masking in Workplace Settings

EXHIBIT

0-96

Hello,

I, as a lifelong Oregon resident, would like to strongly share my support of Oregon OSHA's proposal for substantive changes to OAR 437-001-0744 to remove masking requirements in general workplace settings.

Thank you,
Stephanie Rose Fudge
Tigard, OR Resident

From: Kent Zerr <team@speak4.co>
Sent: Thursday, July 28, 2022 2:20 PM
To: RULEMAKING Osha * DCBS
Subject: Repeal Workplace COVID rules

EXHIBIT

D-97

July 28, 2022 @ 09:17pm
Repeal Workplace COVID rules

I am writing to urge OSHA to repeal the agency's workplace COVID rule entirely. The agency claims that the proposed adjustments are "a major step forward towards the full repeal of the rule." Taking a major step forward isn't enough, however, when the rules themselves are both unnecessary and burdensome. They should be repealed in their entirety.

While certainly less restrictive for most workplaces than previous versions of the COVID rule, the proposed version would be permanent and open-ended. The proposed rule contains no clear metrics that would trigger full repeal. Rather, OSHA says merely that the rule will be repealed when it is no longer necessary to address the COVID-19 pandemic," as determined by OSHA itself.

Don't cling to an unnecessary and outdated rule. OSHA should repeal it in its entirety.

Thank you.

Mr. Kent Zerr
2601 25th Street SE,
Salem, OR 97302
lakeview2@icloud.com
503-370-8778

LOWELL Greig K * DCBS

From: Elizabeth Hollenbeck <team@speak4.co>
Sent: Thursday, July 28, 2022 7:20 PM
To: RULEMAKING Osha * DCBS
Subject: Repeal Workplace COVID rules

EXHIBIT
D-98

July 29, 2022 @ 02:13am
Repeal Workplace COVID rules

I am writing to urge OSHA to repeal the agency's workplace COVID rule entirely. The agency claims that the proposed adjustments are "a major step forward towards the full repeal of the rule." Taking a major step forward isn't enough, however, when the rules themselves are both unnecessary and burdensome. They should be repealed in their entirety.

While certainly less restrictive for most workplaces than previous versions of the COVID rule, the proposed version would be permanent and open-ended. The proposed rule contains no clear metrics that would trigger full repeal. Rather, OSHA says merely that the rule will be repealed when it is no longer necessary to address the COVID-19 pandemic," as determined by OSHA itself.

Don't cling to an unnecessary and outdated rule. OSHA should repeal it in its entirety.

Thank you.

Ms. Elizabeth Hollenbeck
992 5th,
Vernonia, OR 97064
duneside109@gmail.com
360-593-2844

LOWELL Greig K * DCBS

From: Adrienne Nickel <team@speak4.co>
Sent: Thursday, July 28, 2022 8:40 PM
To: RULEMAKING Osha * DCBS
Subject: Repeal Workplace COVID rules

EXHIBIT
D-99

July 29, 2022 @ 03:37am
Repeal Workplace COVID rules

I am writing to urge OSHA to repeal the agency's workplace COVID rule entirely. The agency claims that the proposed adjustments are "a major step forward towards the full repeal of the rule." Taking a major step forward isn't enough, however, when the rules themselves are both unnecessary and burdensome. They should be repealed in their entirety.

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Don't cling to an unnecessary and outdated rule. OSHA should repeal it in its entirety.

Thank you.

Ms. Adrienne Nickel
1035 VICTORIA FALLS DRIVE,
REDMOND, OR 97756
beargram@aol.com
541-504-6456

LOWELL Greig K * DCBS

From: Russell McGuire <team@speak4.co>
Sent: Thursday, July 28, 2022 10:20 PM
To: RULEMAKING Osha * DCBS
Subject: Repeal Workplace COVID rules

EXHIBIT

D-100

July 29, 2022 @ 05:19am
Repeal Workplace COVID rules

I am writing to urge OSHA to repeal the agency's workplace COVID rule entirely. The agency claims that the proposed adjustments are "a major step forward towards the full repeal of the rule." Taking a major step forward isn't enough, however, when the rules themselves are both unnecessary and burdensome. They should be repealed in their entirety.

While certainly less restrictive for most workplaces than previous versions of the COVID rule, the proposed version would be permanent and open-ended. The proposed rule contains no clear metrics that would trigger full repeal. Rather, OSHA says merely that the rule will be repealed when it is no longer necessary to address the COVID-19 pandemic," as determined by OSHA itself.

Don't cling to an unnecessary and outdated rule. OSHA should repeal it in its entirety.

Thank you.

Mr. Russell McGuire
3427 SE Pepperwood Way,
Hillsboro, OR 97123
absolut_hunter@hotmail.com
503-888-0968

From: Ami Teigen <amiteigen@gmail.com>
Sent: Friday, July 29, 2022 10:07 AM
To: RULEMAKING Osha * DCBS
Subject: Adjustment to rules addressing covid pub. Health , in all workplaces

EXHIBIT
D-101

Hello, OAR 427-001-0744 set to expire soon. I would like the rule to remove indoor masking requirements and most of the other provisions no longer appropriate to this pandemic, be adjusted and adopted to stay into effect. I believe the community is safe, and it would allow businesses to get back to normal.

Sincerely,
Ami Teigen

LOWELL Greig K * DCBS

From: David Meador <dmeador86@yahoo.com>
Sent: Friday, July 29, 2022 12:03 PM
To: RULEMAKING Osha * DCBS
Subject: OAR 437-001-0744 Commentary

EXHIBIT
D-102

Oregon OSHA:

This is in regards to the proposed changes to OAR 437-001-0744. I speak as a safety professional, and I speak as a faithful employee of a private mid-sized Oregon company that has been negatively and tangibly affected by the Covid rules dictated by the State for well over two years.

In clear defiance of copious amounts of scientific data, Oregon OSHA continues to dabble in prescribing what are – at best – completely useless interventions against a sickness that presents itself as almost typical. Rather than empowering Oregon businesses to respond effectively on terms most beneficial to their own employees, bureaucratic “safety professionals” who have no visible concern for the health of their own bodies fully bought into the notion that a plastic partition is an effective means of stopping a virus. By their own admission, the mass implementation of a thin sheet over an employee’s mouth is not “Personal Protective Equipment,” but rather a means of “Source Control.” If that is true, the onus lies on the bureaucrats to prove that such an intervention is effective. Oregon OSHA has repeatedly failed to do so. More incredibly, Oregon OSHA has even gone so far as to consider working with the Oregon Health Authority and other shady “stakeholders” to mandate a vaccination that is proving to have negative efficacy on a worldwide level.

The sheer complexity of the myriad number of edicts foisted on Oregon industries results in a circus that pulls employers away from addressing more important safety matters. All of this would be laughable were the aforementioned bureaucrats not fining well-intentioned Oregon businesses into oblivion.

If Oregon OSHA is to retain any shred of credibility, it must repeal all rules related to Covid immediately. A simple reduction in Covid rules is unacceptable in light of the damage that Oregon OSHA has already caused.

David Meador
Medford, Oregon

LOWELL Greig K * DCBS

From: Kip Patridge <team@speak4.co>
Sent: Saturday, July 30, 2022 12:40 AM
To: RULEMAKING Osha * DCBS
Subject: Repeal Workplace COVID rules

EXHIBIT

D-103

July 30, 2022 @ 07:35am
Repeal Workplace COVID rules

I am writing to urge OSHA to repeal the agency's workplace COVID rule entirely. The agency claims that the proposed adjustments are "a major step forward towards the full repeal of the rule." Taking a major step forward isn't enough, however, when the rules themselves are both unnecessary and burdensome. They should be repealed in their entirety.

While certainly less restrictive for most workplaces than previous versions of the COVID rule, the proposed version would be permanent and open-ended. The proposed rule contains no clear metrics that would trigger full repeal. Rather, OSHA says merely that the rule will be repealed when it is no longer necessary to address the COVID-19 pandemic," as determined by OSHA itself.

Don't cling to an unnecessary and outdated rule. OSHA should repeal it in its entirety.

Thank you.

Mr. Kip Patridge
24219 Hwy 99 W,
Junction City, OR 97448
Jillhubb@aol.com
760-963-5972

LOWELL Greig K * DCBS

From: Dyan Kirkpatrick <team@speak4.co>
Sent: Saturday, July 30, 2022 9:00 AM
To: RULEMAKING Osha * DCBS
Subject: Repeal Workplace COVID rules

EXHIBIT

0-104

July 30, 2022 @ 03:59pm
Repeal Workplace COVID rules

I am writing to urge OSHA to repeal the agency's workplace COVID rule entirely. The agency claims that the proposed adjustments are "a major step forward towards the full repeal of the rule." Taking a major step forward isn't enough, however, when the rules themselves are both unnecessary and burdensome. They should be repealed in their entirety.

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Don't cling to an unnecessary and outdated rule. OSHA should repeal it in its entirety.

Thank you.

Mrs. Dyan Kirkpatrick
27942 S Hwy 211,
Estacada, OR 97023
shoal_drover_of@icloud.com
503-630-5084

LOWELL Greig K * DCBS

From: Kelly Putman <team@speak4.co>
Sent: Thursday, August 4, 2022 1:00 AM
To: RULEMAKING Osha * DCBS
Subject: Repeal Workplace COVID rules

EXHIBIT

A-105

August 04, 2022 @ 07:57am
Repeal Workplace COVID rules

I am writing to urge OSHA to repeal the agency's workplace COVID rule entirely. The agency claims that the proposed adjustments are "a major step forward towards the full repeal of the rule." Taking a major step forward isn't enough, however, when the rules themselves are both unnecessary and burdensome. They should be repealed in their entirety.

While certainly less restrictive for most workplaces than previous versions of the COVID rule, the proposed version would be permanent and open-ended. The proposed rule contains no clear metrics that would trigger full repeal. Rather, OSHA says merely that the rule will be repealed when it is no longer necessary to address the COVID-19 pandemic," as determined by OSHA itself.

Don't cling to an unnecessary and outdated rule. OSHA should repeal it in its entirety.

Thank you.

Mrs. Kelly Putman
29212 S Dhooghe Rd,
Colton, OR 97017
putmanjk@colton.com
971-242-9675

EXHIBIT

D-106
P.1

From: Kelli Ngariki <kelli@hlthcarecomp.com>
Sent: Monday, August 8, 2022 8:38 AM
To: RULEMAKING Osha * DCBS <OSHA.rulemaking@dcbs.oregon.gov>; RULEMAKING Osha * DCBS <OSHA.rulemaking@dcbs.oregon.gov>
Subject: comment on COVID-19 rules

It is my understanding that Oregon OSHA rules should be as strict or more strict than the federal OSHA standards. It appears that is not the case when looking at AGP's in healthcare (exceptional risk) settings.

Federal OSHA standards say:

Recommended PPE ensembles for dentistry

Care of patients in areas where community transmission of COVID-19 has subsided in the local area Care of patients in areas where community transmission of COVID-19 continues in the local area Care of patients in areas where community transmission of COVID-19, regardless of community transmission of COVID-19 in the local area

Dental procedures not involving aerosol-generating procedures	Dental procedures that may or are known to generate aerosols	Dental procedures not involving aerosol-generating procedures	Dental procedures that may or are known to generate aerosols	Dental procedures not involving aerosol-generating procedures	Dental procedures that may or are known to generate aerosols
<ul style="list-style-type: none"> Work clothing, such as scrubs, lab coat, and/or smock, or a gown Gloves Gown Eye protection (e.g., goggles, face shield) At a minimum, face mask (e.g., surgical mask,) with face shield NIOSH-certified, disposable N95 filtering facepiece respirator (or better) offers more protection 	<ul style="list-style-type: none"> Gloves Gown Eye protection (e.g., goggles, face shield) At a minimum, face mask (e.g., surgical mask,) with face shield NIOSH-certified, disposable N95 filtering facepiece respirator (or better) offers more protection 	<ul style="list-style-type: none"> Work clothing, such as scrubs, lab coat, and/or smock, or a gown Gloves Eye protection (e.g., goggles, face shield) At a minimum, face mask (e.g., surgical mask,) with face shield NIOSH-certified, disposable N95 filtering facepiece respirator (or better) offers more protection 	<ul style="list-style-type: none"> Gloves Gown Eye protection (e.g., goggles, face shield) NIOSH-certified, disposable N95 filtering facepiece respirator (or better) offers more protection 	<ul style="list-style-type: none"> Work clothing, such as scrubs, lab coat, and/or smock, or a gown Gloves Eye protection (e.g., goggles, face shield) At a minimum, face mask (e.g., surgical mask,) with face shield NIOSH-certified, disposable N95 filtering facepiece respirator (or better) offers more protection 	<ul style="list-style-type: none"> Gloves Gown Eye protection (e.g., goggles, face shield) NIOSH-certified, disposable N95 filtering facepiece respirator (or better) offers more protection

D-106 p.2

Care of patients in areas where community transmission of COVID-19 has subsided in the local area	Care of patients in areas where community transmission of COVID-19 continues in the local area	Care of patients with suspected or confirmed COVID-19, regardless of community transmission of COVID-19 in the local area
(e.g., goggles, face shield)	facepiece respirator (or better) offers more protection to workers who may encounter	respirator or better†
▪ Face mask (e.g., surgical mask,)	asymptomatic or pre-symptomatic patients who can spread COVID-19 or other aerosolizable pathogen†	respirator or better†

† Note that disposable N95 filtering facepiece respirators and certain cartridges for elastomeric respirators may be adversely affected by an increase in moisture and spray from certain work tasks. During extended procedures in which aerosols or other splashes/sprays of water, saliva, or other body fluids could cause moisture to collect in/on a filtering facepiece respirator, OSHA recommends using a surgical N95 or an R95, P95, or better filtering facepiece; elastomeric respirator with an appropriate cartridge; or powered air-purifying respirator (PAPR). Also consider utilizing a face shield in addition to a respirator in such settings.

In areas of ongoing community SARS-CoV-2 transmission, during aerosol-generating procedures conducted on patients assumed to be non-contagious, dental practitioners and any support staff who enter the patient treatment area during the procedure should use N95 respirators or respirators that offer a higher level of protection, such as other disposable filtering facepiece respirators, PAPRs, or elastomeric respirators, if available. Respirators must be used in the context of a respiratory protection program under 29 CFR 1910.134, which includes medical evaluations, training, maintenance, and fit testing. If a respirator is not available due to supply chain shortages, first consider alternatives such as other NIOSH-approved respirators, expired NIOSH-approved respirators, or respirators certified in other countries.

The CDC guidance on PPE is similar to the Federal OSHA guidance above.

A major point of confusion is that the Oregon COVID-19 Community transmission map is different than the CDC COVID-19 Community transmission map. Take Lane County for example. On the Oregon Map, Lane county has High community transmission levels but on the CDC's map, Lane county has medium transmission levels. As you will see on the two maps, the number of cases on the Oregon map (at the top) is 184 cases per 100,000 and that is HIGH but on the CDC map (at the bottom), the lane county cases are 194 and that is considered MEDIUM. Which map are we supposed to look at? Why are they different?

D-106
P.3

100%

Counties by Level of Community Transmission

Select a bar to highlight the county that level of community transmission



Community transmission in Lane County is currently High.

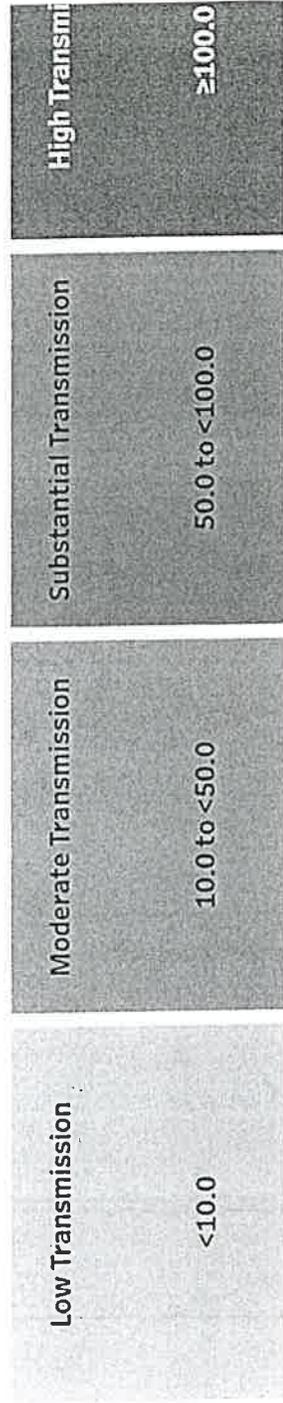
Data from the week of 7/31/2022 show:

- 705 confirmed and presumptive cases
- 184.2 cases per 100,000 residents
- 11.0% test positivity rate

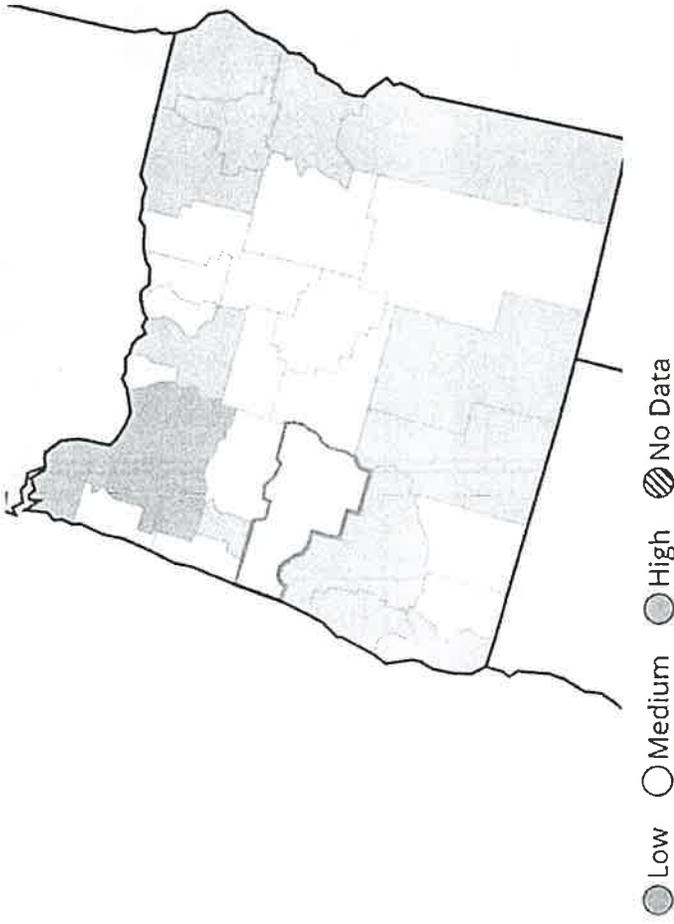
Low Moderate Substantial

Indicators

Total new cases per 100,000 persons in the past 7 days



D-106
P.4



Time Period: COVID-19 Community Levels were calculated on Thu Aug 04 2022 - Wed Aug 03 2022. New COVID-19 admissions per 100,000 population using data from Wed Jul 27 2022 - Tue Aug 02 2022.

Cases & Deaths in Lane County, Oregon

Data through Wed Aug 03 2022

Total Cases	743
Case Rate (last 7 days)	194.47 1K
% Change (last 7 days)	-11.23

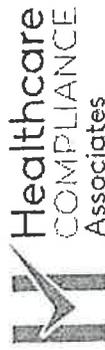
D-106
p.5

In the OR-OSHA COVID-19 rules it states that healthcare should be providing PPE in accordance with CDC's Optimizing Personal Protective Equipment (PPE) Supplies... This document only offers guidance if facilities cannot get appropriate PPE and have to 'make do'. This is currently not the case and does not assist healthcare in knowing which PPE to use. There is nothing in this document related to AGP's and what PPE should be worn. Healthcare clinics want to do the right thing but OR-OSHA's COVID rules are very confusing and when it comes to PPE requirements.

Please consider adopting the Federal OSHA table I listed above and clearly define what community transmission levels constitute wearing N95's. We also have many questions from healthcare clinics asking what PPE they need to wear in general, and that table is much easier to read and understand.

Thank you!

Kelli Ngariki
Healthcare Compliance Associates
2258 33rd St.
Springfield, OR 97477
541-345-3875 ext. 1



LOWELL Greig K * DCBS

From: Persida Villas-Paz <persidav@jhnsy.com>
Sent: Wednesday, August 10, 2022 2:34 PM
To: RULEMAKING Osha * DCBS
Subject: Proposed Rulemaking: Adjustments to Rules Addressing the COVID-19 Public Health Emergency in All Oregon Workplaces

EXHIBIT

0-107

To Whom it may concern:

I believe that the rule should remain as is now in which masks are not required in general workplaces. People who choose to wear masks voluntarily is fine. I understand that the rules will still be in effect at health facilities, and that is fine for people with different health risks. Also, so far in the pandemic, 71 percent have been fully vaccinated. Therefore, we must move forward and try to live our lives as normal as possible.

Thanks,

Persida Villegas Paz
503.663.6650

LOWELL Greig K * DCBS

From: annejory <annejory@protonmail.com>
Sent: Wednesday, August 10, 2022 10:08 PM
To: RULEMAKING Osha * DCBS
Subject: OAR437-001-0744

EXHIBIT

D-108

To Whom it May Concern:

The importance of making the temporary rules set forth by the governor as permanent is critical. Oregonians are intelligent and believe in choice. Since the pandemic most Oregonians have had full vaccination or recovered from Covid. As we all know at least 51% of vaccinated individuals have had Covid post vaccination. The removal of REQUIREMENT for indoor masking in the public setting has allowed all OREGONIANS to make a choice regarding their personal health care. I have traveled the state extensively from the coast to Portland to Southern Oregon in the last two weeks. I have, as a medical provider, canvassed hundreds of Oregonians regarding their views. 90% agree that indoor masking is a choice...we are intelligent enough to recognize our personal risks and our personal freedoms. Clinical studies show that symptomatic individuals of ANY respiratory virus or bacterial infection are benefitted by masking and that masking in the asymptomatic is not efficacious. That being said..Masking is an individual choice. Oregonians for the most part of done with "permanent mandatory rules".

Sincerely

Anne Ryland P.A.

Sent with Proton Mail secure email.



To:
Department of Consumer and Business Services
Oregon OSHA
OSHA.rulemaking@dcbs.oregon.gov
Renee.M.Stapleton@oregon.gov
Delivered electronically on August 3, 2022

EXHIBIT

0-109

The Oregon Dental Association (ODA) represents over 2100 practicing dentists in all corners of the State, at all kinds of practices. We thank OR-OSHA for convening stakeholders and for continually revisiting COVID-19 rules and making appropriate adjustments as the landscape evolves.

The ODA wishes to offer comments in support of proposed rule changes in OAR 437-001-0744

The dental profession has a proven track record of safety for 30+ years since the advent of Universal/Standard Precautions. Over decades of care, dental practices have safely protected staff, doctors, and patients from colds, flu, SARS-CoV-1, and H1N1 and now SARS-CoV-2. Dentists are experts at infection control and have successfully treated patients with other infectious disease for decades.

Specifically, ODA appreciates that the proposed rules take the above into consideration, and allow practitioners to exercise professional judgement, informed by CDC guidelines (Optimizing Personal Protective Equipment Supplies During the COVID-19 Pandemic), in determining the appropriate level of PPE to use when performing aerosol-generating procedures on a patient without evidence of COVID-19 infection.

Thank you for your consideration,

Sincerely,

A handwritten signature in black ink, appearing to read 'C. Roa', written over a horizontal line.

Dr. Calie Roa
ODA President



OFFICE OF THE DIRECTOR

Kate Brown, Governor

Oregon
Health
Authority

500 Summer St NE E-20
Salem, OR 97301
Voice: 503-947-2340
Fax: 503-947-2341
www.oregon.gov/oha

EXHIBIT

0-114

August 12, 2022

Dear Oregon OSHA partners,

We appreciate the opportunity to review Oregon OSHA's Rules Addressing COVID-19 Workplace Risks for All Oregon workplaces and Employer-Provided Labor Housing.

Oregon Health Authority's Public Health Division is committed to responding to the COVID-19 pandemic and eliminating COVID-19 health inequities through evidence-based and scientific approaches to control the spread of disease and severe outcomes, using important tools like vaccines and therapeutics in addition to other layered mitigation measures. The Public Health Division offers comments about specific provisions as follows:

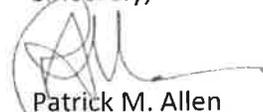
- **Physical Distancing.** We advise removal of the provision related to physical distancing in the health care environment [(4)(k)]. Though avoiding unnecessarily crowded spaces remains a sound strategy to avoid transmission of SARS-CoV-2, growing evidence has shown that six feet separation is unlikely to substantially reduce aerosol-mediated transmission. If physical distancing provisions remain, we suggest language that focuses on avoiding unnecessary crowding or congregation as a strategy to prevent spread of COVID-19 in the workplace.
- **Screening in health care settings.** We recommend removal of this provision or adding clarification that it does not necessarily require health care personnel to conduct in-person screening [(4)(h)]. Visitor management is an essential component of a health care facility's infection control plan and should be done in accordance with CDC recommendations. However, temperature checks and staffed entry screening processes are expected to be low yield due to asymptomatic, pre-symptomatic or mild COVID-19 presentations and may exacerbate already-significant staffing shortages throughout the state. Alternatively, visitor management plans could be added as a component of the infection control plan elements described in (3)(h) and (4)(c).
- **Masking.** Alignment is recommended on masking in health care settings [(4)(l)]. Current language states that mask, face covering, or face shield should be used in health care settings "(i) When working inside where six feet of distance between employees and other individuals cannot be consistently maintained, or (ii) When an employee shares a room with one or more other individuals and the total enclosed area of the room does not provide at least 100 square feet per person." OAR 333-019-1011 currently requires masking for personnel in health care settings, as defined in rule. We suggest referring to masking requirements as stated in OAR 333-019-1011 or more broadly referring to OHA guidance. We do not recommend masking based on proximity or spacing alone as it does not address small respiratory droplet or aerosol spread and may present implementation challenges. Masking, with a well-fitting facemask or higher-level respiratory protection, remains a key component of layered prevention strategies to reduce the spread of SARS-CoV-2 in health care environments.

- **COVID-19 infection exposure notification.** Contact tracing and exposure notification are important facets of communicable disease control. However, the impact of contact tracing and exposure notification for COVID-19 has decreased over time due to ongoing, substantial levels of community spread, availability of vaccines and other tools to prevent transmission (i.e., masking, broad-based testing efforts, and availability of rapid tests, which allow individuals to rapidly notify their contacts), emergence of variants with shorter incubation periods, and significant numbers of asymptomatic or mild cases of COVID-19. Notification processes for what is likely a small proportion of the total number of infections that employees or employers become aware on a timeline short enough to intervene, is unlikely to prevent the spread of COVID-19. CDC and OHA no longer recommend universal contact tracing. With little data suggesting effectiveness of exposure notification processes at this stage of the pandemic and the possibility that these efforts may detract from other essential infection control activities, we suggest removing this requirement [(3)(j), (4)(i)]. Should this be removed, employers will still be able to base infection control strategies on public health recommendations, which can be adapted rapidly to changing COVID-19 epidemiology and updated with evidence regarding contact tracing best practices. Public health is expected to continue to recommend the prioritization of contact tracing efforts for high-risk congregate settings, outbreaks with unusual transmission dynamics, or for novel or emerging variants that pose significant threat of severe disease, hospitalization, or death.
- **Provisions covered by multiple regulatory bodies.** For provisions that are known to be addressed in other state or federal regulatory guidelines, consider adding clarification under applicable OAR 437 rule provisions that they do not supplant additional state or federal rule, regulation, or requirement pertaining to the topic. This includes current provisions, should they remain in rule language, regarding:
 - Entry screening in health care settings [(4)(h)]
 - Masking in health care settings [(4)(l)]
- **Ventilation.** We strongly recommend continued attention to maximizing ventilation in occupational settings as a key strategy to prevent the spread of COVID-19.

Thank you for your partnership and your commitment to workplace safety and health for all workers in Oregon. We are happy to discuss these comments at your convenience.

Please contact Dr. Rebecca Pierce at rebecca.a.pierce@dhsosha.state.or.us or 971-673-3498 with questions.

Sincerely,


Patrick M. Allen
Director