



Psychiatry, Mental Health and Wellness
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Hawaii Board of Education:

It is was reported that, during the pandemic lockdowns of 2020, rates of child abuse dropped.

However, analysis later showed this was inaccurate. It turns out, child abuse had actually increased. But because of decreased reporting by teachers, the spike in cases was missed. Teachers are the main reporters of child abuse, and it is difficult to notice child abuse through Zoom.

Mask mandates may also have caused problems that went unnoticed during the stress of the pandemic. No matter how well intentioned they were.

It is high time we begin to consider these problems.

I write with expertise in mental health. It is a physician's job to sound the alarm when public policy causes more harm than benefit. When government doesn't factor into its analysis, the negatives of masking, it is up to other professionals to provide feedback.

We can no longer afford to be naive. Mask mandates for children come with serious costs.

"Mommy I can't take my mask off, I feel naked without it. People will see my face." This comment was shared to me- in my clinic- by a concerned mother. It made me begin to think, and notice, the impact of masking.

Consider that some children now feel naked without a mask on their face. This is a remarkable effect of masking... the wish to no longer be seen at all. Likewise, Zoom has led some children to prefer to hide behind a blank screen. Long-term masking involves children in a kind of permanent anonymity, in which they feel invisible. Facial expressions are unused. The child begins to suspect that expressivity is unnecessary to life and irrelevant. This stunts social development in a vulnerable child. It makes them less able to test how their

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expressions and vocal tone are received by others. It makes them unable to see how others react to their personality and presence. Do they smile when I am near? The child can't tell. This fosters unease. When this persists, for years on end, it creates not just unease, but indifference, or a feeling of irrelevance. Of course, it also produces loneliness. But eventually, it may produce suspiciousness, detachment.

Children naturally want to see one another, hug and touch one another. Masking and social distancing mandates make children feel that these urges are dirty, and may involve them in accidental manslaughter. This produces a feeling of shame and disgust connected to basic human needs and urges. If spread out over years, this will give everyday innocent social gestures a sense of shame and unease that chokes off social and emotional development.

Another child wants to breath more freely, and so lowers his mask often, and gets reprimanded frequently by his teacher. He vaguely feels that his natural tendency to want to breath, involves him in manslaughter. He feels that his basic needs are dangerous. This produces shame.

This sort of thinking, that lowering your mask may kill someone, has unique power among children. "Step on a crack and break your mother's back" is less preposterous to children than it is to adults. Likewise, "Take off the mask, and kill grandma" will, in a child, induce more guilt and shame than it ever will in an adult. Children have magical, literal minds, without the development of the frontal lobes required to balance the fear of contagion with common-sense.

Without proximity, or physical contact, children cannot test or establish proper boundaries with others, or interpret body language. Is my teacher angry with me? Is my classmate happy to see me? Who knows. After a while, a young child may give up, and stop trying to find out. The subtleties of facial expression are likewise lost. Eye contact is reduced. Trust, and bondedness with peers is reduced, and replaced with mistrust, and isolation.

Pronunciation also suffers. Referrals for speech pathology have increased around the United States, and the official data from the UK from OFSTED agency, has shown the same. It may be due to the masks causing children to lisp, or slur word endings.

Deaf and other disabled kids have been severely disadvantaged by masking. They cannot read lips anymore.

Remember that just as children are incredibly resilient to stress, they derive this power from being able to normalize whatever is happening to them.

If you ask a young child whether masking feels tolerable to them, having just spent all of first and second grade with a mask on, many will say it doesn't bother them. After all, they have little basis for comparison. High schoolers may also say it doesn't bother them because they are aware that their answer may put them at odds with their principal. The idea of asking kids if it bothers them, is problematic, given the compliance required of them. They do not wish to be thought of as superspreaders. And of course they do not feel they have a say in the matter. That is part of the problem. It is like asking a child if their parents divorce bothers them. Their answer is highly avoidant and uneasy. Obviously, they do not wish to hurt or offend their parents.

Children often blame themselves for negative experiences. The fear of killing grandma, in addition to being mercilessly policed for not wearing their mask correctly in school, has produced an environment in which children are chronically stressed and even feel shame about basic needs. "I am a menace, I'm a possible super spreader", "I'm safer being invisible" and "I should talk less, since talking, singing, can kill someone". These are the toxic ideas we are still fostering in children.

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It causes neurosis and worry for a child, or for anyone, to think they may be spreading COVID without knowing it.

There is no way to reassure an anxious person, once you have convinced them they may spread a deadly disease accidentally, unknowingly, by clearing your throat or singing too loud. This is intolerable from a mental health point of view. It is like dealing with a hypochondriac patient in a clinic. No amount of reassurance will work. The concept of accidental, or "asymptomatic spread" at best lacks strong scientific support, and at worst, has caused tremendous stress to people. I foresee that many adults will take years to recover from the chronic anxiety caused by this pseudoscientific idea.

The original basis for mask mandates was, after all, the concept of asymptomatic spread. Or, in other words, the masking of healthy people.

Again, I can tell you as a physician that this concept has little scientific support. The largest study looking at how COVID spreads, in Wuhan itself, looked at the nasal swabs of ten million people, and did not find a single instance of asymptomatic spread. The various CDC studies which compared unmasked and masked schools in Arizona, and elsewhere, were all low quality comparative studies, which did not take into account that the surrounding communities had vastly different rates of vaccine coverage and natural immunity. Finally, a recent NIH study on school masking, has been severely criticized for the circular logic it uses in its contact tracing data, namely, by not counting a masked student's infection as having originated in the school, if all other children nearby were also wearing masks. This obviously begs the question, and undermines the study results, as was pointed out by Dr. Tracy Hoeg.

Again, it is high time we wake up to the negative impacts of mask mandates for children and, out of caution, roll back these mandates immediately.

Cordially,

A handwritten signature in black ink, appearing to be 'TC', followed by a long, smooth, horizontal flourish that tapers at both ends.

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