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MARAS DECLARATION IN OPPOSITION TO MOTION TO DISMISS (OCTOBER 29, 2021)

IN THE UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF OHIO

P.M. a Minor, By and Through Her Parent, TERPSEHORE MARAS,

Plaintiffs,

v. Case No. 1:21-CV-1711

MAYFIELD CITY SCHOOL DISTRICT BOARD OF EDUCATION, ET AL.,

Defendants.

DECLARATION IN OPPOSITION TO MOTION TO DISMISS

I, TERPSEHORE MARAS, make the following Declaration, pursuant to 28 U.S.C. § 1746:

1. I am a Plaintiff in this action and mother of P.M., a minor student in the Mayfield City School District ("MCSD") who is also plaintiff in this action. I have personal knowledge of the matters set forth in this Declaration. This Declaration is filed in opposition to the pending Motion to Dismiss.

2. On October 1, 2021, I filed an Amended and Restated Complaint. Defendants filed a new Motion to Dismiss in response. MCSD moves to dismiss this action

arguing that I have no standing to represent the interests of my daughter given that I'm not an attorney. Respectfully, I believe that I fit within an exception to the rule cited by MCSD given that I have a personal stake in this action as a single parent who will sustain all medical costs attributable to injuries sustained by my minor daughter by virtue of the mask mandate. Nevertheless, I agree to have her dismissed as a named party given by my personally moving forward with this matter I can adequately protect her rights.

3. Given the indisputable evidence we now have regarding the lack of efficacy and significant harm caused by long-term mask usage, it is very much surprising to me that counsel for MCSD so aggressively fights to dismiss this case. Don't they want to find out if children are in danger due to this mask mandate? It is my understanding they are seeking to represent school boards around the state in similar actions so I guess the bottom line for at least one law firm is that money comes before the health of our children.

4. Even though the Court previously found there was no likelihood of success when ruling on the TRO application—the Court ruled before the Court had in front of it the significant harm that will be caused by a continued mask mandate as well as any articulated constitutional arguments. I direct the Court to what is set forth below to fully understand why continuing with a mask mandate creates a danger to all children in the MCSD.

5. Mask mandates have ceased for much of the state. The DOH Order rescinding most Ohio mask mandates was issued on June 2, 2021 and is publicly available at https://odh.ohio.gov/wps/portal/gov/odh/

media-center/ODH-News-Releases odh-news-release-06-02-21.

6. School mask mandates, however, are currently encouraged by the CDC. *See* CDC Guidance for COVID-19 Prevention in K-12 Schools (Updated Oct. 22, 2021) ("CDC recommends indoor masking for all individuals age 2 years and older, including students, teachers, staff, and visitors, regardless of vaccination status.") (Publicly available on https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/k-12-guidance.html). In other words, children—who are those most vulnerable to long-term mask usage, are the ones who are now forced to wear them.

7. The MCSD position on the issue of school mask safety and efficacy contrasts with schools in Florida—which clearly demonstrates that there is sufficiently a difference of opinion on the topic requiring Defendants step back and let parents decide.

8. Compared to what was done here, other states do "follow the science" and understand that the use of masks and other medical choices must be made by parents and not government. *See* State of Florida Office of the Governor Executive Order Number 21-175, filed July 30, 2021 and attached here as Exhibit "A".

9. In agreeing with the actual science, the Governor of Florida ordered on July 30, 2021 as follows:

> WHEREAS, schools—including those that did not require students to be masked—did not drive community transmission of COVID-19; and

WHEREAS, despite recent Centers for Disease Control and Prevention (CDC) "guidance," forcing students to wear masks lacks a well-grounded scientific justification; indeed, a Brown University study analyzed COVID-19 data for schools in Florida and found no correlation with mask mandates; and

WHEREAS, masking children may lead to negative health and societal ramifications; and

WHEREAS, studies have shown that children are at a low risk of contracting a serious illness due to COVID-19 and do not play a significant role in the spread of the virus; and

WHEREAS, forcing children to wear masks could inhibit breathing, lead to the collection of dangerous impurities including bacteria, parasites, fungi, and other contaminants, and adversely affect communications in the classroom and student performance; and

WHEREAS, there is no statistically-significant evidence to suggest that counties with mask requirements have fared any better than those without mask requirements during the 2020-2021 school year; and

WHEREAS, on April 29, 2021, Florida Surgeon General Dr. Scott Rivkees issued a Public Health Advisory stating that continuing COVID-19 restrictions on individuals, including long-term use of face coverings,

pose a risk of adverse and unintended consequences

* * *

WHEREAS, given the historical data on COVID-19 and the ongoing debate over whether masks are more harmful than beneficial to children and to school environments in general, we should protect the freedoms and statutory rights of students and parents by resting with the parents the decision whether their children should wear masks in school; and

WHEREAS, we should equally and uniformly protect the freedoms and rights of students and parents across the state. NOW, THEREFORE, I, RON DESANTIS, as Governor of Florida, by virtue of the authority vested in me by Article IV, Section I(a) of the Florida Constitution, and all other applicable laws, promulgate the following Executive Order, to take immediate effect:

Section I. I hereby direct the Florida Department of Health and the Florida Department of Education, working together, to immediately execute rules pursuant to section 120.54, Florida Statutes, and take any additional agency action necessary, using all legal means available, to ensure safety protocols for controlling the spread of COVID-19 in schools that:

A. Do not violate Floridians' constitutional freedoms;

B. Do not violate parents' right under Florida law to make health care decisions for their minor children; and

C. Protect children with disabilities or health conditions who would be harmed by certain protocols such as face masking requirements.

Exhibit "A".

10. MCSD would have the Court believe that wearing masks is no big deal and students should just comply "for the greater good"—a perspective straight out of Orwell's 1984. It is important to first take into consideration that the 3-ply surgical masks routinely used by students are very much "medical devices". Specifically, the most used masks are classified by the FDA as medical devices and should not be forced on anyone without adequate consent. *See* FDA medical device database that shows "surgical masks" as a Class 2 medical device. (Publicly available at https://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfPCD/classification.cfm? id=2909). The FDA designation of surgical masks as "medical devices" is recognized by the Occupational Safety and Health Administration: "Surgical masks are typically cleared by the U.S. Food and Drug Administration as medical devices." *See* "Protecting Workers: Guidance on Mitigating and Preventing the Spread of COVID-19 in the Workplace", footnote 1 (Publicly available at https://www.osha.gov/coronavirus/safework).

11. The parents of Ohio school children should always have a choice in what medical devices their children use—especially given the real potential harm and lack of efficacy with mask usage. To that end, after the release of numerous studies and expert anal-

ysis, in October 2021, there should no longer be any doubt that the 3-ply masks used by most are neither safe to wearers nor effective at stopping the transmission of SARS-CoV-2. It is obvious that none of this information has been viewed by MCSD given their legal counsel's filings with this Court so aggressively argue that mandating masks is something that should be continued.

12. The most obvious physical harm caused to mask wearers—especially those wearing masks all daylong during school, is a pronounced increase in CO2 from prolonged mask usage. Researchers have analyzed the CO2 content of inhaled air among those wearing commonly-used masks as well as wearing no mask and determined that CO2 in inhaled air under standard 3-ply surgical masks led to "impairments attributable to hypercapnia," which is the buildup of C02 in the blood. Not surprisingly, researchers advise: "The clinical implications of elevated CO2 levels with long-term use of face masks needs further studies." *See Rhee, MSM., et al.*, "Carbon dioxide increases with facemasks but remains below short-term NIOSH limits," BMC Infect Dis. (April 16, 2021) (Publicly available at https://pubmed.ncbi.nlm.nih.gov/33858372).

13. The adverse impact of CO2 on mental performance, however, is well documented and needs no additional studies. This particular harm obviously has great importance when it comes to a school mask mandate. *See e.g., Sayers, JA., et al.*, "Effects of carbon dioxide on mental performance," J Appl Physiol (July 1, 1987) (Publicly available at https://pubmed.ncbi.nlm.nih.gov/3114218/).

14. These health risks should not come as a surprise given that over fifteen years ago it was realized

that the use of use of respirator masks "[i]n the event of an influenza pandemic" would cause large numbers of healthcare workers to wear respirator masks "for prolonged periods and problems with hypercapnia might reduce the tolerability of these devices." *See Fletcher, SJ, et al.*, "Carbon dioxide re-breathing with close fitting face respirator masks," Journal of the Association of Anesthetists (August 9, 2006) (Publicly available at https://associationofanaesthetists-publications.onlinelibrary.wiley.com/doi/full/10.1111/j.1365-2044.2006.04767.x).

15. In 2008, there was a similar study done using the same sort of 3-ply surgical masks currently prevalent in the MCSD school system. This study demonstrated "surgical mask induced deoxygenation during major surgery"—providing for a decrease in the oxygen saturation of arterial pulsations after only an hour of surgery. *See Beder, A., et al.*, "Preliminary report on surgical mask induced deoxygenation during major surgery," Neurocirugia (Astur) (April 19, 2008) (Publicly available at https://pubmed.ncbi.nlm.nih.gov/18500410/).

16. There are also less obvious ways prolonged use of masks can cause physical harm—all of which were not likely considered when MCSD issued its mask mandate. For example, microbes from a child's mouth, known as oral commensals, frequently enter the lungs, and wearing a mask will accelerate this process. it has been determined that "oral commensals in the lungs could drive an IL-17-type inflammation and influence lung cancer progression." *See* "The Lung Microbiome May Affect Lung Cancer Pathogenesis and Prognosis," American Association for Cancer Research (November 11, 2020) (Publicly available at https://www.

aacr.org/about-the-aacr/newsroom/news-releases/the-lung-microbiome-may-affect-lung-cancer-pathogenesis-and-grognosis/).

17. Another issue that's been rarely discussed and likely not considered by the MCSD Board when issuing its various mask mandates is the fact that the disposable 3-ply surgical masks commonly used also release potentially harmful microfibers directly into the body. A UK University's May 5, 2021 news release regarding a study exploring these dangers states masks "still are essential in ending the pandemic" yet in the same release recognizes the dangers of mask usage: "The findings reveal significant levels of pollutants in all the masks tested—with micro/nano particles and heavy metals released into the water during all tests. Researchers conclude this will have a substantial environmental impact and, in addition, raise the question of the potential damage to public health—warning that repeated exposure could be hazardous as the substances found have known links to cell death, genotoxicity and cancer formation." *See* "Nanoplastics and other harmful pollutants found within disposable face masks," Swansea University (May 5, 2021) (Publicly available at https://www.swansea.ac.uk/press-office/news-events/news/2021/05/nanoplastics-and-other-harmful-pollutants-found-within-disposable-face-masks.php). The referenced survey concludes: "The toxicity of some of the chemicals found and the postulated risks of the rest of the present particles and molecules, raises the question of whether DPFs [disposable face masks] are safe to be used on a daily basis." *See Sullivan, GL., et al.*, "An investigation into the leaching of micro and nano particles and chemical pollutants from disposable

face masks—linked to the COVID-19 pandemic," Water Research (May 15, 2021) (Publicly available at https://www.sciencedirect.com/science/article/abs/pii/S0043135421002311#) (emphasis added).

18. None of the masks that are currently required by MCSD undergo rigorous quality control testing. Most of the face coverings used today are mass produced in China—the type of mask that releases aerodynamic nano-particulate fibers which can be inhaled deeply into the lungs, reaching the gas exchange surfaces of the alveoli. More to the point, these respirable nano-fibers are in the same range of physical dimensions as asbestos fibers and share the same aerodynamics once inhaled. As a result, they have the same potential to cause the same type of harm caused by asbestos fibers, creating conditions for formation of sensitization (sore throat, cough, alveolitis, asthma) scar tissue (fibrosis) and cancer (lung cancer or mesothelioma) with the serious risk of short-term and long-term harm. The Affidavit of Stephen Petty discusses these issues. In fact, the level of authority in this domain is very deep and was likely not reviewed by the MCSD at any point in time. *See Kobayashi, H., et al.*, "Diffuse lung disease caused by cotton fibre inhalation but distinct from byssinosis," BMJ Thorax (November 24, 2004) (Publicly available at https://thorax.bmj.com/content/59/12/1095); *Lai, PS., et al.*, "Long term respiratory health effects in textile workers," Current Opinion in Pulmonary Medicine (March 19, 2013) (Publicly available at https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3725301/); *Pimentel, JC., et al.*, "Respiratory disease caused by synthetic fibres: a new occupational disease," Thorax (1975) (Publicly available at https://www.ncbi.nlm.nih.gov/pmc/articles/PMC470268/pdf/

thorax00140-0084.pdf); *Wuyts, WA., et al.*, "The pathogenesis of pulmonary fibrosis: a moving target," European Respiratory Journal (May 2013) (Publicly available at https://erj.ersjournals.com/content/41/5/1207; *Oberdfirster, G., et al.*, "Nanotoxicology: an emerging discipline evolving from studies of ultrafine particles," Environmental Health Perspectives (March 22, 2005) (Publicly available at https://www.ncbi.nlm.nih.gov/gmc/articles/PMC1257642/); and *Byrne, JD., et al.*, "The significance of nanoparticles in particle-induced pulmonary fibrosis," McGill Journal of Medicine (January 11, 2008) (Publicly available at https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2322933/).

19. In addition to the above major health risks, research has shown that masks adversely impact respiratory function; masks trap exhaled disease particles in the mouth/mask, increasing infectious load and increasing disease potential; masks may give a false sense of security—having users forgo more effective practices such as frequent hand washing or being in a well-ventilated room—in direct contradiction of WHO guidance; masks lower oxygen levels in the blood so SARS-CoV-2 can enter cells more easily (which happens when arterial oxygen levels decline) so wearing a mask actually increases COVID-19 severity and increases the risk of contracting COVID-19 as well as other respiratory infections; masks compromise communications and reduce social distancing; masks worn imperfectly are dangerous and will collect and colonize viruses, bacteria and mold; masks are not needed for those without symptoms given contact tracing studies show that asymptomatic carrier transmission is very rare; and masks are dangerous

and contraindicated for a large number of people with preexisting medical conditions and disabilities.

20. As one game show host famously used to say "And, that's not all . . . !" In a recent article published by the International Journal of Environmental Research and Public Health, it has been discovered that excess mask usage causes a new disease called "Mask-Induced Exhaustion Syndrome". *See Kisielinski, K., et al.*, "Is a Mask That Covers the Mouth and Nose Free from Undesirable Side Effects in Everyday Use and Free of Potential Hazards?" International Journal of Environmental Research and Public Health (April 20, 2021) (Publicly available at https://www.mdpi.com/1660-4601/18/8/4344).

21. As for the "mental harm" caused by mask usage, this Court only needs to acknowledge that children are social creatures who yearn for social contact that is unmuzzled and not hampered in a way that makes expressiveness blank and inhuman—especially at an early age when children often learn by seeing facial expressions. Future studies demonstrating the adverse psychological impact of mask wearing will likely cover reams of volumes. It is doubtful the MSCD examined the suicide rate since masks and their other "protective" measures were forced on children. *See Ganesan, B., et al.*, "Impact of Coronavirus Disease 2019 (COVID-19) Outbreak Quarantine, Isolation, and Lockdown Policies on Mental Health and Suicide," Front Psychiatry (April 16, 2021) (recognizing that "as soon as these lockdown policies are implemented, there is no updated and functional suicide monitoring system data on the effect of COVID-19 lockdown and other social distancing measures on mental health and suicide.") (Publicly available at

https://www.frontiersin.org/articles/10.3389/fpsyt.2021.565190/full).

22. Almost as an aside, even if you were to ignore all the risk factors, there should not be any mask mandate by the MCSD given masks do not prevent the transmission of SARSCoV-2. First and foremost, according to OSHA only respirators can "possibly" protect against virus transmission in areas with community transmission of SARS-CoV-2 and "[s]urgical masks are not respirators and do not provide the same level of protection to workers as properly-fitted respirators. Cloth face coverings are also not acceptable substitutes for respirators." See "COVID-19 Control and Prevention," United States Department of Labor, Occupational Safety and Health Administration (Publicly available at https://www.osha.gov/coronavirus/control-prevention).

23. Moreover, "if workers need respirators, they must be used in the context of a comprehensive respiratory protection program that meets the requirements of OSHA's Respiratory Protection standard (29 CFR 1910.134) and includes medical exams, fit testing, and training." Even the CDC makes the same distinctions between masks and respirators. *See* infographic "Understanding the Difference," Centers for Disease Control and Prevention (Publicly available at https://www.cdc.gov/niosh/npptl/pdfs/understanddifferenceinfographic-508.pdf).

24. MCSD never mandated the use of respirators—nor should it have given the significant expense, necessary individual training, necessary medical exams, and the additional physical harm caused by long-term usage of such medical devices. In what can only be considered ironic, N95 Respirators are not

even intended to filter asbestos-sized particles, aerosols, or to stop illness or disease—as shown by reading the warnings on every respirator package. Indeed, even high-efficiency masks only provide "filtration efficiencies (60% and 46% for R95 and KN95 masks, respectively)" while "the more commonly used cloth (10%) and surgical masks (12%)"—effectively providing zero protection given the 10% and 12% benchmarks also require perfect fits with no visible gaps. *See Shah, Y., et al.*, "Experimental investigation of indoor aerosol dispersion and accumulation in the context of COVID-19: Effects of masks and ventilation," The Physics of Fluids (July 21, 2021) (Publicly available at https://www.researchgate.net/publication/353484161_Experimental_investigation_of_indoor_aerosol_dispersion_and_accumulation_in_the_context_of_COVID-19_Effects_of_masks_and_ventilation).

25. Given that SARS-CoV-2 is 40,000 times smaller in area and 1,000 times smaller in diameter than the cross-section of a human hair all one must do to demonstrate the fatal flaw in relying on 3-ply masks is testing whether a strand of hair can slip through any gap—something that can most certainly be done in every instance. This was recognized in a February 2021 study when it was determined "there may be an elevated risk of the airborne transmission of SARS-CoV-2 by way of the very small droplets that transmit through conventional masks and traverse distances far exceeding the conventional social distance of 2m." *See Edwards, DA., et al.*, "Exhaled aerosol increases with COVID-19 infection, age, and obesity," Proceedings of the National Academy of Sciences of the United States of America (February 23, 2021)

(emphasis added) (Publicly available at https://www.pnas.org/content/118/8/e2021830118). The conventional facial coverings used to satisfy MCSD's mask mandate do not meet any of the several key OSHA Respiratory Protection Standards for respirators and do not qualify as personal protective equipment because leakage occurs around the edges of all ordinary facial coverings and cannot provide a reliable level of protection against inhalation of very small airborne particles sufficient for adequate respiratory protection. The federal government's own regulations state as much. *See* 29 CFR § 1910.134.

26. The CDC's transmission guidance—revised on May 7, 2021, states that "touching mucous membranes with soiled hands contaminated with virus" is the third vector for SARS-CoV-2 transmission. *See* "Scientific brief: SARS-CoV-2 transmission, summary of recent changes," Centers for Disease Control and Prevention (May 7, 2021) (Publicly available at https://www.cdc.gov/coronavirus/2019-ncov/science/science-briefs/sars-cov-2-transmission.html). Given that masks will never protect someone's eyes, this is yet another reason why masks are inherently ineffective at stopping the spread of SARS-CoV-2 particles and why they are particularly harmful in a school setting where children will continuously adjust masks and rub their eyes. Good personal hygiene—namely adequate and frequent hand washing, will significantly assist where masks cannot.

27. While masks provide no real protection against aerosols transmitting SARS-CoV-2 particles—the primary mode of viral transmission, engineering controls such as proper ventilation are indisputably effective at stopping the spread of the virus—something

rarely mentioned by the Ohio Department of Health and CDC. As recently discovered by a group of researchers, "while higher ventilation capacities are required to fully mitigate aerosol build-up, even relatively low air-change rates (2 h A1) lead to lower aerosol build-up compared to the best performing mask in an unventilated space." *See Shah, Y., et al.*, "Experimental investigation of indoor aerosol dispersion and accumulation in the context of COVID-19: Effects of masks and ventilation," The Physics of Fluids (July 21, 2021) (Publicly available at https://www.researchgate.net/publication/353484161_Experimental_investigation_of_indoor_aerosol_dispersion_and_accumulation_in_the_context_of_COVID-19_Effects_of_masks_and_ventilation). The Petty Affidavit—Exhibit "O" to my Amended Complaint,—was personally given by me to the Clerk for filing. Apparently, it was never filed with my Amended Complaint. I request that the Clerk file it as soon as possible.

28. Rather than advocate the use of dangerous and ineffective masks, MCSD should ensure its schools have adequate ventilation and filtration controls—most of which would not cost significant funds. Substantial mitigation of SARS-CoV-2 particles could be immediately achieved by: (i) opening windows and using fans to draw outdoor air into indoor spaces (diluting the concentration of aerosols), (ii) setting fresh air dampers to maximum opening on HVAC systems, (iii) overriding HVAC energy controls, increasing the number of times indoor air is recycled, (iv) installing needlepoint ionization technology to HVAC intake fans, and (v) installing inexpensive ultraviolet germicide devices into HVAC systems. See "Employers guide to COVID-19 cleaning and disin-

fection in non-healthcare workplaces," American Industrial Hygiene Association (August 11, 2020) (Publicly available at https://aiha-assets.sfo2.digitaloceanspaces.com/AIHA/resources/Guidance-Documents/Employers-Guide-to-COVID-Cleaning-and-Disinfection-in-Non-Healthcare-Workplaces-Guidance-Document.pdf). *See also* Occupational Safety and Health Standards, 29 CFR § 1910.134(a)(1) ("In the control of those occupational diseases caused by breathing air contaminated with harmful dusts, fogs, fumes, mists, gases, smokes, sprays, or vapors, the primary objective shall be to prevent atmospheric contamination. This shall be accomplished as far as feasible by accepted engineering control measures (for example, enclosure or confinement of the operation, general and local ventilation, and substitution of less toxic materials). When effective engineering controls are not feasible, or while they are being instituted, appropriate respirators shall be used pursuant to this section.") (emphasis added).

29. If Defendants truly cared about the health of students—which I can only assume they do, they would immediately end the MCSD mask mandate—a mandate that may have been born out of good intentions but can now only be viewed as harmful. Going to school for so many hours should be a healthy learning experience—not one which will jeopardize your health for no good reason. If a student wants to wear a mask, that is up to a parent and child, and they should be free to do so. Masks should never be forced on healthy persons who care about their health. In the same way those who viewed asbestos as a "wonder material" years ago, unless the MCSD now adjusts its course to

"follow the real science", it may similarly occupy the wrong place in history.

30. What MCSD does by requiring the use of masks, collecting personal data of its students for purposes of enforcing quarantines, contact tracing, taking temperatures of students, etc., etc., is in violation of the U.S. and Ohio Constitutions.

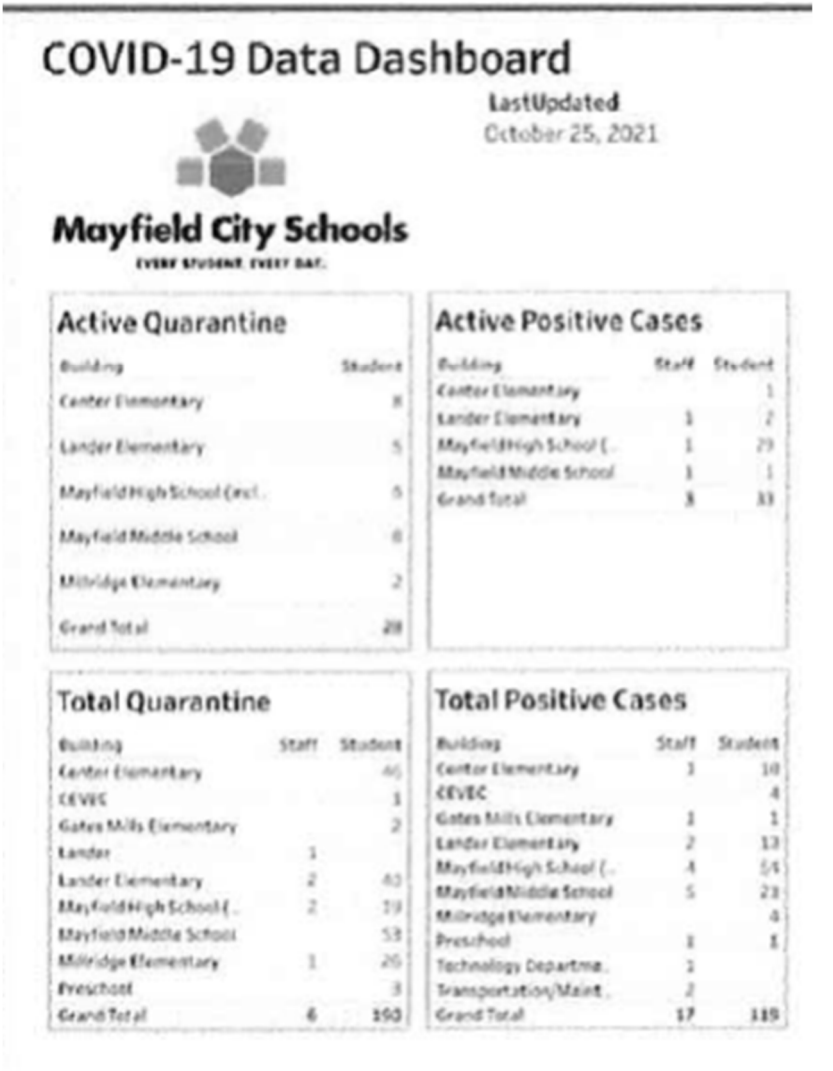
31. The "Ohio Health Care Amendment" was on the November 8, 2011 ballot as an initiated constitutional amendment and overwhelmingly passed by over 65% of the vote. *See* Proposed Constitutional Amendments since 1954 (Publicly available at https://www.sos.state.oh.us/globalassets/elections/historical/issuehist.pdf).

32. The Official Explanatory Statement in favor of the Ohio Health Care Constitutional Amendment is publicly available at https://www.ohiosos.gov/globalassets/ballotboard/2011/3-argument-for.pdf?_ cf_chl_Jschl_tk_=pmd_Zzkm6zyV9HF2K54tKqhTRH_e.gL8zP2DyEbiT_maWrw-1633806099-0-gqNtZGzNAnujcnBszQhl. The Official Explanatory Statement for this successful ballot initiative states the Ohio Health Care Amendment was explicitly initiated to "preserve the freedom of Ohioans to choose their health care." In fact, the Official Explanatory Statement begins: "Protect your health care freedom, preserve your right to choose your doctor and health insurance, and keep government out of your personal medical decisions."

33. The Mayfield City School District COVID-19 resource and information page is publicly available at https://www.mayfieldschools.org/Coronaviruslnformation.aspx

34. The MCSD COVID-19 dashboard tracks positive cases and quarantines across the district. (Publicly available at https://www.mayfieldschools.org/Covid-19 DataDashboard.aspx)

35. Below is a screen shot of the dashboard:



COVID-19 Data Dashboard

LastUpdated
October 25, 2021

Mayfield City Schools

EVERY STUDENT. EVERY DAY.

Active Quarantine

Building	Student
Center Elementary	8
Lander Elementary	5
Mayfield High School (excl.	5
Mayfield Middle School	6
Millridge Elementary	2
Grand Total	28

Active Positive Cases

Building	Staff	Student
Center Elementary		1
Lander Elementary	1	2
Mayfield High School (...	1	29
Mayfield Middle School	1	1
Grand Total	3	33

Total Quarantine

Building	Staff	Student
Center Elementary		46
CEVEC		1
Gates Mills Elementary		2
Lander	1	
Lander Elementary	2	43
Mayfield High School (...	2	19
Mayfield Middle School		53
Millridge Elementary	1	26
Preschool		3
Grand Total	6	193

Total Positive Cases

Building	Staff	Student
Center Elementary	1	10
CEVEC		4
Gates Mills Elementary	1	1
Lander Elementary	2	13
Mayfield High School (...	4	54
Mayfield Middle School	5	23
Millridge Elementary		4
Preschool	1	1
Technology Departme...	1	
Transportation/Maint...	2	
Grand Total	17	115

36. On October 27, 2020, there was a public update on billions in Federal funding obtained from the CARES Act, ESSER fund, and COVID-19 relief to Ohioans. (Publicly available at https://ccip.ode.state.oh.us/documentlibrary/ViewDocument.aspx? DocumentKey=84192)

37. The CARES Act funding for Ohio school districts, totaled $657.7 million, as of September 18, 2020, and is publicly available at https://education.ohio.gov/Topics/Reset-and-Restart-CARES-Act-Funding#ESSER

38. Below is a screen shot of a downloaded Excel spreadsheet that shows the breakdown of school funding in a recent round. It shows $517,160 in funding to the MCSD.

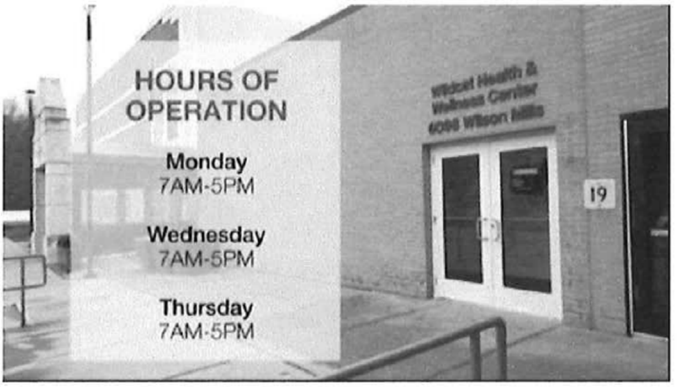
IRN:	044370
Local Education Agency Name:	Mayfield City
County:	Cuyahoga
Org Type:	Traditional District
Elem./Secondary School Relief Fund:	$285,185
Coronavirus Relief Funding	$231,975
Broadband Ohio Connectivity Grant:	$ 83,331
Governor's Emergency Education Fund:	$ 0

39. The MCSD received a total of $3,973,638.59 in ESSER Federal funding related to COVID-19—with the understanding such funds will be used to comply with Federal standards—including those from the CDS. *See* MCSD 2021-2022 Annual Appropriations at 13 (Publicly available at https://www.mayfieldschools.org/Downloads/2021-22%20Annual%20Appropriations 3.pdf).

40. The Mayfield Schools COVID quarantine flow chart, outline masking, social distancing, and quarantine procedures is publicly available at https://www.mayfieldschools.org/Downloads/K-12_School_Quarantine_Flow_Chart_9_14_2021_6_13_19_PM%20(1).pdf

41. The Mayfield City Schools operates its own onsite health and wellness clinic, with services administered by a certified Physician's Assistant. The clinic provides COVID-19 vaccination services, among other general healthcare services. (Publicly available at https://mywildcatbenefits.com/health-wellness-center/)

42. Below is a screen shot of an online video describing the services center—which is located at the High School:



43. This center is affiliated with the Cleveland Clinic, is again physically headquartered in the High School, and is the nerve center for all of Defendants' data collection activities. At no point in time did I ever consent to the use of my daughter's personal health care data for use in this system.

44. The MCSD mask mandate tries to stop a virus with a near zero chance of significantly harming children. In fact, for those under 55 years old—which would include all students and most employees of the MCSD, the survival rate for COVID-19 is 99.6%. *See Levin, A.T., et al.*, "Assessing the age specificity of infection fatality rates for COVID-19: systematic review, meta-analysis, and public policy implications", Eur Epidemiol (December 8, 2020) ("The estimated age-specific [infection fatality rate] is very low for children and younger adults (e.g., 0.002% at age 10 and 0.01% at age 25) but increases progressively to 0.4% at age 55, 1.4% at age 65, 4.6% at age 75, and 15% at age 85.") (Publicly available at https://link.springer.com/content/pdf/10.1007/s10654-020-00698-1.pdf).

45. As outlined above, there is a real risk of harm to children who are forced to wear masks. I can only hope that the Court allows my case to proceed so that I can demonstrate using evidence and testimony how my constitutional rights have been violated due to this unlawful mask mandate forced on students without parental consent.

46. Attached as Exhibit "B" are texts received by me from my daughter explaining the harassment from teachers who are trying to enforce the mask mandate. It is nothing less than despicable.

Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury that the foregoing statements are true and correct.

/s/ Terpsehore Maras

Dated: October 29, 2021