OBCE BOARD MEETING PUBLIC SESSION	**January 17-18, 2024 8:30 AM** **Meeting location:** Virtual **Teams conference will also be available:** https://teams.microsoft.com/l/meetup-join/19%3ameeting_ZmU4NjgyMDAtM2U5MC00NjM3LTlhZDYtOTU3ZGE2MTAzY2Rh%40thread.v2/0?context=%7b%22Tid%22%3a%22aa3f6932-fa7c-47b4-a0ce-a598cad161cf%22%2c%22Oid%22%3a%22178840ec-e075-4afe-a587-21f2e6a0f058%22%7d **Meeting ID:** 246 970 874 77 **Passcode:** 3HEEYm

Board President: Michelle Waggoner, DC Phone 503-378-5816 info@obce.oregon.gov

Amended 1/11/2024

January 17-18, 2024

8:30 AM Convene Public Session

1. PUBLIC COMMENTS
(Comments must be limited to 3-5 minutes. Notify the Board office in advance if you wish to address the Board.)

2. CONSENT AGENDA Action
a. Today's agenda
b. November 30, 2023, Public Board Minutes

3. EXECUTIVE DIRECTOR REPORT Inform/Action

4. OCA Update Inform

5. UWS Update Inform

6. 9:00 AM RULE HEARINGS
a. **OAR 811-015-0030 Chiropractic Obstetrics, Minor Surgery, and Proctology** – Updating language to clarify process.

7. ADMINISTRATIVE RULES REVIEW and DISCUSSION Action
a. **OAR 811-015-0025 Continuing Chiropractic Education**

8. PRC MEMBERSHIP – Dr. Michelle Chard Reappointment Action

9. DISCUSSION AND ACTION ITEMS
a. OHWI Reporting Updates Inform
b. Follow Up Questions: Flexion/Distraction – Young, J Inform/Action
c. 2024-25 OBCE Succession Plan Inform/Action
d. Introduction to the Board – April meeting Action
e. LC 98 – Proposed Temporary Authorization for Licensure Inform

f. ABCA National Convention Sponsorship Request — Inform/Action
g. NBCE - request for comments — Inform

10. CORRESPONDENCE

a. OCA Letters re: masking rule — Inform

11. WORK SESSION

a. None

12. EXECUTIVE DIRECTOR EVALUATION – in Executive Session

13. EXECUTIVE SESSION

The Board of Chiropractic Examiners will now go into Executive Session pursuant to ORS 192.660(2)(f), ORS 192.660(2)(l), ORS 192.660(2)(h), ORS 684.185, 676.175(1) and 684.100(10) concerning discipline, litigation, and exempt public records**.**

Representatives of the news media and designated staff will be allowed to attend the Executive Session. All other members of the audience are asked to leave the room. Representatives of the news media are specifically directed not to report on any of the deliberations during the Executive Session except to state the general subject of the session as previously announced.

No decision will be made in Executive Session. At the end of the Executive Session, we will return to open session and welcome the audience back into the room.

14. IN THE MATTERS OF (following Executive Session)

OBCE BOARD MEETING PUBLIC SESSION	**November 30, 2023 8:00 AM** **Meeting location:** Virtual Meeting **Teams conference will also be available:** https://teams.microsoft.com/l/meetup-join/19%3ameeting_Yzk0MWViNDItMml5MC00NDk3LTkzNWQtZDk0MWEwNTAzMzgz%40thread.v2/0?context=%7b%22Tid%22%3a%22aa3f6932-fa7c-47b4-a0ce-a598cad161cf%22%2c%22Oid%22%3a%22178840ec-e075-4afe-a587-21f2e6a0f058%22%7d Meeting ID: 274 145 224 224 Password: 3MuVom

Board President: Michelle Waggoner, DC Phone 503-378-5816 info@obce.oregon.gov

Board member Attendees:	**Staff Attendees:**
Michelle Waggoner DC, President	Cass McLeod-Skinner JD, Executive Director
Seth Alley DC, Vice President	Mackenzie Purnell, Operations Administrator
Karen Baranick DC, Secretary	Miriam Lara, Compliance Administrator
Scott Fuller DC	Lori Lindley, Assistant Attorney General
Corey O'Neill, DC	Craig Kawaoka, DC, MeD, Healthcare Investigator
Lori Schmidt JD, Public Member	Heather Gilker, Office Specialist
	Gina Sullivan, Investigator
Public Attendees: Hari Vellaipandian; Rebecca Tobias	

November 30, 2023

8:00 AM Convene Public Session

1. PUBLIC COMMENTS – No comments received.

2. CONSENT AGENDA

a. Today's agenda

Outcome: Adopted as amended.

b. September 27-28, 2023 Public Board Minutes

Outcome: Adopted.

c. November 17, 2023 Special Public Board Minutes

Outcome: Adopted.

3. EXECUTIVE DIRECTOR REPORT

Report was received by the Board.

4. OCA Update

No update was provided to the Board.

5. UWS Update

No update was provided to the Board.

6. P&P SUBCOMMITTEE UPDATE Action

a. **Allergy and Food Sensitivity Testing**

Outcome:
Waggoner moved to approve the policy as amended; Schmidt, second. Alley, aye; Baranick, aye; Fuller, aye; O'Neill, aye; Schmidt, aye; Waggoner, aye. Motion passed.

b. **Energy Medicine Devices**

Outcome:
Alley moved to approve the policy as amended; Fuller, second. Alley, aye; Baranick, aye; Fuller, aye; O'Neill, aye; Schmidt, aye; Waggoner, aye. Motion passed.

7. 9:00 AM RULE HEARINGS Action

a. **OAR 811-015-0025 Continuing Chiropractic Education** – Update renewal hour allowance

Outcome:
Schmidt moved to approve the rule as amended; Baranick, second. Alley, aye; Baranick, aye; Fuller, aye; O'Neill, aye; Schmidt, aye; Waggoner, aye. Motion passed.

Waggoner moved to update pg. 26 of the P&P; Fuller, aye. Alley, aye; Baranick, aye; Fuller, aye; O'Neill, aye; Schmidt, aye; Waggoner, aye. Motion passed.

8. ADMINSTRATIVE RULES REVIEW and DISCUSSION

a. **None**

Outcome:

9. DISCUSSION AND ACTION ITEMS

a. **2024 Executive Board Elections**

Fuller nominates the current slate to retain positions. No other nominations made.

Outcome:
President: nomination accepted by Waggoner
Vice President: nomination accepted by Alley
Secretary: nomination accepted by Baranick

Vote: Alley, aye; Baranick, aye; Fuller, aye; O'Neill, aye; Schmidt, aye; Waggoner, aye. Passes

b. **Rules Advisory Committee Liaison**

Outcome:
Waggoner volunteered.

c. **NBCE/FCLB Delgates**

Outcome:

NBCE
Voting Member: Baranick
Delegate: O'Neill

FCLB
Voting Member: Fuller
Alternate: Baranick

d. **2024 Mandatory CE Selections**

Outcome:
No additionally mandated CE for 2024.

e. **Review/Ratify Annual Performance Progress Report (APPR)**

Outcome:
Waggoner moved to ratify the report; Alley, second. Alley, aye; Baranick, aye; Fuller, aye; O'Neill, aye; Schmidt, aye; Waggoner, aye. Motion passed.

f. **Customer Satisfaction Survey Summary**

Outcome:
No data to review.

g. **Review/Ratify 2023-25 Legislatively Adopted Budget**

Outcome:
Schmidt moved to adopt the budget; Baranick, second. Alley, aye; Baranick, aye; Fuller, aye; O'Neill, aye; Schmidt, aye; Waggoner, aye. Motion passed.

h. **Flexion-Distraction Therapy & CAs – Gilker, H**

Outcome:
Board determined that it qualifies as an adjustment. Falls under mobilization which is outside of the scope of a CA and not appropriate for Physiotherapy training.

i. **Forfeit License status** – Lara, M

Outcome:
Board defined 'Forfeit' as when the DC chose not to renew their license, for example: moving out of state, retirement, etc. whereas "expired" status is a non-renewal/non-response and is done by staff.

Clarification will be provided on licensee lookup.

10. CORRESPONDENCE

a. **None**

Outcome:

11. WORK SESSION

a. **Affirmative Action/DEI**

Outcome:
In progress, to be reviewed in January's meeting.

b. **CA Study Guide**

Outcome:
OBCE staff and Board completed initial review and will finalize in January.

c. **Training Log**

Outcome:
Document to be addressed once the CA Study Guide is complete.

d. **CA Syllaus**

Outcome:
Document to be addressed once the CA Study Guide is complete.

12. EXECUTIVE SESSION

13. IN THE MATTERS OF (following Executive Session)

Case # 2022-5032
Proposal: Issue Notice of Proposed Discipline and a Final Order to include $12,000 total fine; majority tolled; $1,200 to be paid within 60 days.
Motion: Baranick moved to accept the proposal; Fuller, second.
Vote: Alley, aye; Baranick, aye; Fuller, aye; O'Neill, aye; Schmidt, aye; Waggoner, aye. Motion passed.

Case # 2023-5001
Proposal: Issue Notice of Proposed Discipline for unlicensed practice to include $15,000 total fine to be paid within 90 days.
Motion: Schmidt moved to accept the proposal; Baranick, second.
Vote: Alley, aye; Baranick, aye; Fuller, aye; O'Neill, aye; Schmidt, aye; Waggoner, aye. Motion passed.

Case # 2022-5002
Proposal: Insufficient Evidence
Motion: Waggoner moved to accept the proposal; Schmidt, second.
Vote: Alley, aye; Baranick, aye; Fuller, aye; O'Neill, aye; Schmidt, aye; Waggoner, aye. Motion passed.

Case # 2022-1000
Proposal: Contingent Case Closed, requirement to send a copy of newsletters to OBCE for the next year; 2 hours of continuing education on vitals training to be completed within 30 days and in addition to required annual renewal CE hours.
Motion: Schmidt moved to accept the proposal; Baranick, second.
Vote: Alley, aye; Baranick, aye; Fuller, aye; O'Neill, aye; Schmidt, aye; Waggoner, aye. Motion passed.

Case # 2023-5013
Proposal: No Statutory Violation
Motion: Alley moved to accept the proposal; Fuller, second.
Vote: Alley, aye; Baranick, aye; Fuller, aye; O'Neill, aye; Schmidt, aye; Waggoner, aye. Motion passed.

Case # 2023-5028
Proposal: Insufficient Evidence
Motion: Baranick moved to accept the proposal; Waggoner, second.
Vote: Alley, aye; Baranick, aye; Fuller, aye; O'Neill, aye; Schmidt, aye; Waggoner, aye. Motion passed.

Case # 2023-5015
Proposal: Ratify Final Order
Motion: Waggoner moved to accept the proposal; Alley, second.
Vote: Alley, aye; Baranick, aye; Fuller, aye; O'Neill, aye; Schmidt, aye; Waggoner, aye. Motion passed.

Case # 2022-1015
Proposal: Contingent Case Closed with 2 hours of continuing education on vitals, and 2 hours of stroke screening, all to be completed within 60 days and in addition to required continuing education for annual renewal.
Motion: Alley moved to accept the proposal; Schmidt, second.
Vote: Alley, aye; Baranick, aye; Fuller, aye; O'Neill, aye; Schmidt, aye; Waggoner, aye. Motion passed.

Case # 2023-5021
Proposal: Insufficient Evidence with a dismissal of the ICO.
Motion: Baranick moved to accept the proposal; O'Neill, second.
Vote: Alley, aye; Baranick, aye; Fuller, aye; O'Neill, aye; Schmidt, aye; Waggoner, aye. Motion passed.

Case # 2022-3021
Proposal: Issue Notice of Proposed Discipline with $1,000 fine for failure to disclose records and maintain records; to be paid within 90 days.
Motion: Alley moved to accept the proposal; Schmidt, second.
Vote: Alley, aye; Baranick, aye; Fuller, aye; O'Neill, aye; Schmidt, aye; Waggoner, aye. Motion passed.

Case # 2023-5022
Proposal: Insufficient Evidence
Motion: Waggoner moved to accept the proposal; Fuller, second.
Vote: Alley, aye; Baranick, aye; Fuller, aye; O'Neill, aye; Schmidt, aye; Waggoner, aye. Motion passed.

Case # 2023-1005
Proposal: Issue Notice of Proposed Discipline requiring successful completion of PROBE and EBAS; all to be completed within 90 days; $20,000 fine to be paid within 90 days.

Motion: Fuller moved to accept the proposal; Alley, second.
Vote: Alley, aye; Baranick, aye; Fuller, aye; O'Neill, aye; Schmidt, aye; Waggoner, aye. Motion passed.

Case # 2021-3020
Proposal: Issue Notice of Proposed Discipline with a $5,000 fine to be paid within 30 days and an agreement not to reapply as a licensee.
Motion: Alley moved to accept the proposal; Baranick, second.
Vote: Alley, aye; Baranick, aye; Fuller, aye; O'Neill, aye; Schmidt, aye; Waggoner, aye. Motion passed.

Case # 2023-1008
Proposal: No Statutory Violation
Motion: Baranick moved to accept the proposal; Waggoner, second.
Vote: Alley, aye; Baranick, aye; Fuller, aye; O'Neill, aye; Schmidt, aye; Waggoner, aye. Motion passed.

Case # 2021-3005
Proposal: Issue Notice of Proposed Discipline with a $10,000 fine to be paid within 90 days.
Motion: Baranick moved to accept the proposal; Waggoner, second.
Vote: Alley, aye; Baranick, aye; Fuller, aye; O'Neill, aye; Schmidt, aye; Waggoner, aye. Motion passed.

5:00 PM Adjourn for the Day

Prepared by Mackenzie Purnell, Operations Administrator; 12/7/2023

Board and Commission Meeting Minutes Series documents the official proceedings of the board or commission meetings. Records may include agendas; minutes; meeting notices; items for board action; contested case hearings schedules; committee reports; exhibits; and related correspondence and documentation. Records may also include audio recordings of meetings used to prepare summaries. Retention: (a) Minutes: Permanent, transfer to State Archives after 10 years; (b) Audio recordings: 1 year after transcribed, destroy; (c) Other records: 5 years, destroy.

Executive Staff Report
January 2024 Board meeting

To: Board of Chiropractic Examiners
From: Cass McLeod-Skinner, Executive Director

Board Meeting details: **January 17-18, 2024**
OBCE Office, Salem, OR

2023-25 Budget
As of the close of October, we have an estimated ending cash balance of $333,233.18 which translates to 3.46 months of ending cash balance and expenditure reserve.

2024 Short Legislative Session and Preparation for 2025 Regular Legislative Session
No agency legislative concepts or bills are considered during the short session in 2024. The Governor and Chief Financial Office has expedited the planning timelines for the 2025 Regular session, including when agencies need to have their legislative concepts and Policy Option Packages (POPs) in. We will be moving forward with the legislative concept for minor consent to treat that didn't get a hearing in 2023. The budget preparation process for our 2025-27 budget has also begun.

inLumon Updates
Mackenzie will provide an update on all of our IT projects.

2024 Board Meeting Dates and Locations

March 21 – Virtual
May 15-16 – Corvallis
July 25 – Virtual
September 25-26 – Coos Bay
November 21 – Virtual

Current Licensee Statistics

Licensee Types	**02/23**	**03/23**	**04/23**	**05/23**	**06/23**	**07/23**	**08/23**	**09/23**	**10/23**	**11/23**	**12/23**
DC - Active	1211	1209	1204	1194	1190	1192	1194	1191	1191	1191	1198
DC - Inactive	218	217	212	212	212	215	218	217	216	214	215
DC - Senior	435	434	416	415	411	408	400	401	397	393	393
DC - Initial	79	88	88	86	84	76	73	71	78	84	82
DC Total	**1943**	**1948**	**1920**	**1907**	**1897**	**1891**	**1885**	**1880**	**1882**	**1882**	**1888**
CA - Initial	432	436	420	411	423	410	416	425	446	483	485
CA - Renewing	848	837	855	856	853	856	857	864	886	910	912
CA Total	**1280**	**1273**	**1275**	**1267**	**1276**	**1266**	**1273**	**1289**	**1332**	**1393**	**1397**
TOTAL	**3223**	**3221**	**3195**	**3174**	**3173**	**3157**	**3158**	**3169**	**3214**	**3275**	**3285**

***** Includes Senior and Initial DCs.

AGENCY 811 - Board of Chiropractic Examiners

2023-25 Budget to Actuals Summary Report

OPERATING OTHER FUNDS $ 2,146,466.00	Legislatively Adopted Budget (LAB)	2023-25 Revenue & Expenditures Actuals as of Month End	 % Earned/Spent	Projections	Difference between LAB Budget and Projections
Beginning Balance:					
AY Beginning Balance	$ 798,574	$ 548,975	N/A		N/A
Revenue:					
Revenue less Transfers out	$ 2,146,440	$ 247,535	12%	$ 2,806,503	$ (660,063)
Expenditures:					
Personal Services	$ 1,496,115	$ 241,683	16%	$ 1,424,404	$ 71,711
Services and Supplies	$ 1,073,931	$ 164,023	15%	$ 884,931	$ 189,000
Special Payments	$ -	$ -	0%	$ -	$ -
Total Expenditures	**$ 2,570,046**	**$ 405,705**	**16%**	**$ 2,309,335**	**$ 260,711**
Adjust for Accrued Accounts Receivable		$ (163,935)		$ (163,935)	
Net Ending Cash	$ 374,968	$ 226,869		**Net Position** (Projected AY Ending Cash)	**$ 497,168** Within Budget

Outstanding AR owed to agy		(163,934.95)
Projected ending cash	$	333,233.18
Working Cap		3.46 Months

BOARD OF CHIROPRACTIC EXAMINERS

2023-25 CASH FLOW

Actuals = Highlighted

	2023 JUL Actuals	2023 AUG Actuals	2023 SEP Actuals	2023 OCT Actuals	2023 NOV Projections	2023 DEC Projections	2024 JAN Projections	2024 FEB Projections	2024 MAR Projections	2024 APR Projections	2024 MAY Projections	2024 JUN Projections	2024 Mo. 13 Projections	2024 JUL Projections	2024 AUG Projections	2024 SEP Projections	2024 OCT Projections	2024 NOV Projections	2024 DEC Projections	2025 JAN Projections	2025 FEB Projections	2025 MAR Projections	2025 APR Projections	2025 MAY Projections	2025 JUN Projections	2025 Mo. 13 Projections	ACTUALS BIENNIUM TO DATE	ACTUALS + PROJECTIONS	AY25 LAB	PROJECTION TO FIN PLAN (over)/under
Beginning Cash Balance	**548,974.58**	**554,284.03**	**509,619.48**	**460,837.77**	**390,804.33**	**374,570.44**	**349,539.35**	**704,994.99**	**683,647.18**	**689,103.50**	**684,555.51**	**685,889.92**	**691,365.29**	**691,365.29**	**527,430.34**	**675,528.46**	**676,609.92**	**679,093.92**	**596,772.89**	**601,668.34**	**579,644.91**	**578,373.97**	**552,582.40**	**527,702.78**	**525,512.93**	**500,738.77**	**499,631.68**	**499,631.68**	**548,974.58**	**548,974.58**	**798,574.00**	
REVENUE																														
0205 OTHER BUSINESS LICENSES	1,325.00	725.00	725.00	2,600.00	850.64	1,275.96	3,402.56	1,701.28	1,275.96	850.64	1,275.96	2,950.00		3,450.00	2,075.00	850.64	1,525.00	1,550.00	850.64	1,275.96	553.00	850.64	850.64	325.00	1,439.76		5,375.00	34,554.28	42,532.00	7,977.72
0210 OTHER NONBUSINESS LIC & FEES	64,947.50	49,283.75	26,625.00	98,730.25	67,931.28	67,931.28	90,575.04	67,931.28	90,575.04	90,575.04	90,575.04	90,575.04		67,931.28	90,575.04	90,575.04	90,575.04	90,575.04	67,931.28	90,575.04	67,931.28	67,931.28	90,575.04	67,931.28	90,575.04		239,586.50	1,869,937.22	1,886,980.00	17,042.78
0410 CHARGES FOR SERVICES	5.00	0.38	210.19	-	120.00	20.00	200.01	10.00		35.00	15.00	10.00		5.00			100.00			100.00	5.00	25.00		5.00	10.00	48.64		215.57	924.22	1,640.00	715.78
0505 FINES AND FORFEITS	660.00	100.00	-	110.00	217.50	217.50	350,000.00	217.50	217.50	217.50	217.50	217.50	(163,934.95)	163,934.95	217.50	217.50	217.50	217.50	217.50	217.50	217.50	217.50	217.50	217.50	217.50	217.50	870.00	354,785.00	226,888.00	(127,897.00)
0705 OTHER SALES INCOME	-	-	-	-	-	-	-	-	-	-	-	-		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0.00
0975 OTHER REVENUE	434.00	304.00	178.00	572.00	372.00	372.00	372.00	372.00	372.00	372.00	372.00	372.00		372.00	372.00	372.00	372.00	372.00	372.00	372.00	372.00	372.00	372.00	372.00	372.00	372.00	1,488.00	8,928.00	-	(8,928.00)
TOTAL REVENUE	**67,371.50**	**50,413.13**	**27,738.19**	**102,012.25**	**69,491.42**	**69,816.74**	**444,549.61**	**70,232.06**	**92,440.50**	**92,050.18**	**92,455.50**	**94,124.54**	**(163,934.95)**	**235,693.23**	**93,239.54**	**92,015.18**	**92,789.54**	**92,714.54**	**69,471.42**	**92,445.50**	**69,098.78**	**69,371.42**	**92,020.18**	**68,855.78**	**92,652.95**	**-**	**247,535.07**	**2,269,128.73**	**2,158,040.00**	**(111,088.73)**
REVENUE TRANSFER OUT																														
2443 TRANSFER OUT TO OHA										(5,800.00)															(5,800.00)	-	**-**	**(11,600.00)**	**(11,600.00)**	**0.00**
TOTAL TRANSFERS										**(5,800.00)**															**(5,800.00)**	**-**	**-**	**(11,600.00)**	**(11,600.00)**	**0.00**
AVAILABLE REVENUE	**67,371.50**	**50,413.13**	**27,738.19**	**102,012.25**	**69,491.42**	**69,816.74**	**444,549.61**	**70,232.06**	**92,440.50**	**97,850.18**	**92,455.50**	**94,124.54**	**(163,934.95)**	**235,693.23**	**93,239.54**	**92,015.18**	**92,789.54**	**92,714.54**	**69,471.42**	**92,445.50**	**69,098.78**	**69,371.42**	**92,020.18**	**68,855.78**	**98,452.95**	**-**	**247,535.07**	**2,806,503.31**	**2,945,014.00**	**138,510.69**
PERSONAL SERVICES																												*from PS Projections unless highlighted*		
3110 CLASS/UNCLASS SALARY	35,065.12	44,006.28	35,601.56	34,950.37	34,697.64	36,952.99	37,424.86	37,424.86	37,424.86	37,424.86	37,424.86	37,424.86		37,424.86	37,424.86	37,424.86	37,424.86	37,424.86	37,424.86	40,403.06	40,403.06	40,403.06	40,403.06	40,403.06	40,403.06		149,623.33	912,790.70	927,433.00	14,642.30
3115 BOARD MEMBER STIPENDS	-	2,400.00	-	3,400.00	-	-	2,000.00	-	2,000.00	-	-	2,000.00		2,000.00	-	2,000.00	-	2,000.00	-	2,000.00	-	2,000.00	-	2,000.00	-		5,800.00	23,800.00	40,000.00	16,200.00
3170 OVERTIME PAYMENTS	591.36	719.34	2,494.72	937.26	-	-	-	-	-	-	-	-		-	-	-	-	-	-	-	-	-	-	-	-		4,742.68	4,742.68		(4,742.68)
3180 SHIFT DIFFERENTIAL	-	2.00	3.00	-																							5.00	5.00	482.00	477.00
3190 ALL OTHER DIFFERENTIAL	811.76	743.64	1,119.23	696.74	701.67	747.28	762.07	762.07	762.07	762.07	762.07	762.07		762.07	762.07	762.07	762.07	762.07	762.07	828.50	828.50	828.50	828.50	828.50	828.50		3,371.37	18,936.16	23,271.00	4,334.84
3210 ERB ASSESSMENT	10.95	10.95	10.95	10.95	10.95	10.95	10.95	10.95	10.95	10.95	10.95	10.95		10.95	10.95	10.95	10.95	10.95	10.95	10.95	10.95	10.95	10.95	10.95	10.95		43.80	262.80	304.00	41.20
3220 PUBLIC EMPLOYES' RETIREMT	6,666.42	8,312.20	7,169.17	6,687.66	6,449.19	6,868.39	6,956.24	6,956.24	6,956.24	6,956.24	6,956.24	6,956.24		6,956.24	6,956.24	6,956.24	6,956.24	6,956.24	6,956.24	7,509.97	7,509.97	7,509.97	7,509.97	7,509.97	7,509.97		28,835.45	170,687.76	166,278.00	(4,409.76)
3221 PENSION BOND CONTRIBUTION	2,042.25	2,546.43	2,196.26	2,048.75	1,693.44	1,803.52	1,826.58	1,826.58	1,826.58	1,826.58	1,826.58	1,826.58		1,826.58	1,826.58	1,826.58	1,826.58	1,826.58	1,826.58	1,971.98	1,971.98	1,971.98	1,971.98	1,971.98	1,971.98		8,833.69	46,081.56	44,006.00	(2,075.56)
3230 SOCIAL SECURITY TAX	2,719.64	3,644.52	2,982.68	3,041.25	2,698.92	2,874.35	3,064.12	2,911.12	3,064.12	2,911.12	3,064.12	2,911.12		3,064.12	2,911.12	3,064.12	2,911.12	3,064.12	2,911.12	3,295.85	3,142.85	3,295.85	3,142.85	3,295.85	3,142.85		12,388.09	73,128.88	72,765.00	(363.88)
3242 PAID FAMILY MEDICAL LEAVE INS	142.20	190.56	155.95	159.02	138.31	147.30	157.17	149.17	157.17	149.17	157.17	149.17		157.17	149.17	157.17	149.17	157.17	149.17	169.02	161.02	169.02	161.02	169.02	161.02		647.73	3,761.46	3,711.00	(50.46)
3250 WORKERS' COMPENSATION	9.31	8.91	9.02	9.64	11.46	11.46	11.46	11.46	11.46	11.46	11.46	11.46		11.46	11.46	11.46	11.46	11.46	11.46	11.46	11.46	11.46	11.46	11.46	11.46		36.88	266.08	264.00	(2.08)
3260 MASS TRANSIT	214.66	272.81	235.27	219.50	212.40	226.20	229.12	229.12	229.12	229.12	229.12	229.12		229.12	229.12	229.12	229.12	229.12	229.12	247.39	247.39	247.39	247.39	247.39	247.39		942.24	5,614.63	5,127.00	(487.63)
3270 FLEXIBLE BENEFITS	6,450.91	6,755.29	6,603.10	6,603.10	6,603.10	6,827.61	6,827.61	6,827.61	6,827.61	6,827.61	6,827.61	6,827.61		6,827.61	6,827.61	6,827.61	6,827.61	6,827.61	6,827.61	7,054.28	7,054.28	7,054.28	7,054.28	7,054.28	7,054.28		26,412.40	164,326.70	227,700.00	63,373.30
3455 VACANCY SAVINGS																											-	-	(15,226.00)	(15,226.00)
3465 RECONCILIATION ADJUST																											-	-		0.00
9158 TEMPORARY EMPLOYEE TIME																														0.00
TOTAL PERSONAL SERVICES	**54,724.58**	**69,612.93**	**58,580.91**	**58,764.24**	**53,217.09**	**56,470.05**	**59,270.19**	**57,109.19**	**59,270.19**	**57,109.19**	**59,270.19**	**57,109.19**		**59,270.19**	**57,109.19**	**59,270.19**	**57,109.19**	**59,270.19**	**57,335.86**	**63,502.45**	**61,341.45**	**63,502.45**	**61,341.45**	**63,502.45**	**61,341.45**	**-**	**241,682.66**	**1,424,404.42**	**1,496,115.00**	**71,710.58**
SERVICES AND SUPPLIES																											-			
4100 INSTATE TRAVEL			-	2,463.55		2,500.00		2,500.00		2,500.00		2,500.00			2,500.00		2,500.00			2,500.00		2,500.00		2,500.00		-	-	2,463.55	27,427.10	25,898.00	(1,529.10)
4125 OUT-OF-STATE TRAVEL	2,192.77	-	1,966.56	-		2,500.00		2,500.00		2,500.00		2,500.00			2,500.00		2,500.00			2,500.00		2,500.00		2,500.00		-	-	4,159.33	26,659.33	9,602.00	(17,057.33)
4150 EMPLOYEE TRAINING	-	2,120.00	1,260.00	2,451.33			999.00	999.00	999.00	899.00	899.00			1,318.00		1,318.00	366.00			366.00	1,552.00		1,552.00		1,500.00		-	-	5,831.33	18,598.33	16,155.00	(2,443.33)
4175 OFFICE EXPENSES		72.32	147.22	362.10	405.00	405.00	405.00	405.00	405.00	405.00	405.00	405.00		405.00	405.00	405.00	405.00	405.00	405.00	405.00	405.00	405.00	405.00	405.00	405.00		581.64	8,681.64	24,000.00	15,318.36
4200 TELECOMM/TECH SVC & SUPP	151.15	904.40	542.06	888.37	716.05	716.05	956.05	956.05	716.05	716.05	956.05	716.05	-	716.05	956.05	716.05	716.05	956.05	716.05	716.05	716.05	956.05	716.05	956.05	716.05	-	2,485.98	18,486.98	17,432.00	(1,054.98)
4225 STATE GOVERNMT SRVC CHRGS	-	225.75	3,893.10	30,654.00	1,724.25	2,259.00		930.25			930.25				930.25		34,544.40	930.25			930.25			930.25	-	-	34,772.85	78,882.00	78,882.00	0.00
4250 DATA PROCESSING	339.00	163.94	1,590.05	4,701.05	3,266.05	3,266.05	3,266.05	3,266.05	3,266.05	3,266.05	3,266.05	3,266.05		3,266.05	3,266.05	3,266.05	3,266.05	3,266.05	3,266.05	3,266.05	3,266.05	3,266.05	3,266.05	3,266.05	3,266.05		6,794.04	72,115.04	54,694.00	(17,421.04)
4275 PUBLICITY & PUBLICATIONS	-	-	233.93	56.20	72.53	250.00			250.00			250.00		233.93		250.00				250.00		250.00			250.00		290.13	2,346.59	3,800.00	1,453.41
4300 PROFESSIONAL SERVICES	319.87	375.00	72.00	1,192.00	506.00	2,909.00	506.00	506.00	506.00	506.00	2,909.00	506.00		729.00	506.00	2,909.00	506.00	506.00	506.00	506.00	506.00	2,909.00	506.00	506.00	506.00		1,958.87	21,913.87	73,099.00	51,185.13
4315 IT PROFESSIONAL SERVICES	-	-	444.00	433.00	500.00	500.00	500.00	500.00	500.00	500.00	500.00	500.00		500.00	500.00	500.00	500.00	500.00	500.00	500.00	500.00	500.00	500.00	500.00	500.00		877.00	10,877.00	118,495.00	107,618.00
4325 ATTORNEY GENERAL LEGAL FEES	-	9,888.43	-	12,185.80	13,658.00	14,000.00	14,000.00	14,000.00	14,000.00	14,000.00	14,000.00	14,000.00		14,000.00	14,000.00	14,000.00	14,000.00	14,000.00	14,000.00	14,000.00	14,000.00	14,000.00	14,000.00	14,000.00	14,000.00		22,074.23	301,732.23	294,260.00	(7,472.23)
4375 EMPLOYEE RECRUITMENT AND DEVELOP							500.00													500.00							-	1,000.00	1,117.00	117.00
4400 DUES AND SUBSCRIPTIONS	-	-	265.00			753.00	1,872.00		175.00					260.00						753.00	1,872.00		175.00				265.00	6,125.00	5,730.00	(395.00)
4425 LEASE PMTS & TAXES	4,289.68	5,789.68	4,289.68	4,289.68	4,289.68	5,789.68	4,289.68	4,289.68	4,366.89	5,866.89	4,366.89	4,366.89		4,366.89	5,866.89	4,366.89	4,366.89	4,366.89	5,866.89	4,366.89	4,366.89	4,445.48	4,445.48	4,445.48	4,445.48		18,658.72	113,502.04	115,247.00	1,744.96
4575 AGY PROG RELATED SVCS & SUPP	-	1,955.75	1,810.25	-	5,418.00	2,500.00	2,500.00	2,500.00	2,500.00	2,500.00	2,500.00	2,500.00		2,500.00	2,500.00	2,500.00	2,500.00	2,500.00	2,500.00	2,500.00	2,500.00	2,500.00	2,500.00	2,500.00	2,500.00		3,766.00	56,684.00	21,885.00	(34,799.00)
4650 OTHER SERVICES AND SUPPLIES	45.00	3,900.00	1,425.14	53,604.37	1,118.66	30.00	30.00	1,118.66	30.00	30.00	1,118.66	30.00		30.00	1,118.66	30.00	51,831.00	1,118.66	30.00	30.00	30.00	1,118.66	30.00	30.00	1,118.66	30.00		58,974.51	118,996.13	202,898.00	83,901.87
4700 EXPENDABLE PROPERTY					834.00																						-	834.00	5,038.00	4,204.00
4715 IT EXPENDABLE PROPERTY	-	69.48																									69.48	69.48	5,699.00	5,629.52
TOTAL SERVICES & SUPPLIES	**7,337.47**	**25,464.75**	**17,938.99**	**113,281.45**	**32,508.22**	**38,377.78**	**29,823.78**	**34,470.69**	**27,713.99**	**33,688.99**	**31,850.90**	**31,539.99**	**-**	**28,324.92**	**35,048.90**	**30,260.99**	**118,001.39**	**28,548.90**	**34,158.99**	**30,213.99**	**33,548.90**	**30,748.58**	**32,868.58**	**30,127.49**	**26,618.58**	**-**	**164,022.66**	**884,930.76**	**1,073,931.00**	**189,000.24**
CAPITAL OUTLAY																														
5150 OTHER CAPITAL OUTLAY																											-	-		-
Total Capital Outlay	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**
SPECIAL PAYMENTS																														
6055 DIST TO CONTRACT SVC PROVIDER																										-	-	-		-
TOTAL SPECIAL PAYMENTS	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**
TOTAL EXPENDITURES	**62,062.05**	**95,077.68**	**76,519.90**	**172,045.69**	**85,725.31**	**94,847.83**	**89,093.97**	**91,579.88**	**86,984.18**	**90,798.18**	**91,121.09**	**88,649.18**	**-**	**87,595.11**	**92,158.09**	**89,531.18**	**175,110.58**	**87,819.09**	**91,494.85**	**93,716.44**	**94,890.35**	**94,251.03**	**94,210.03**	**93,629.94**	**87,960.03**	**-**	**405,705.32**	**2,309,335.18**	**2,570,046.00**	**260,710.82**
Ending Balance	**554,284.03**	**509,619.48**	**460,837.77**	**390,804.33**	**374,570.44**	**349,539.35**	**704,994.99**	**683,647.18**	**689,103.50**	**684,555.51**	**685,889.92**	**691,365.29**	**527,430.34**	**675,528.46**	**676,609.92**	**679,093.92**	**596,772.89**	**601,668.34**	**579,644.91**	**578,373.97**	**552,582.40**	**527,702.78**	**525,512.93**	**500,738.77**	**499,631.68**	**499,631.68**	**390,804.33**	**497,168.13**	**374,968.00**	
Unpaid Invoices Billed (89s Controller GL0501 F4150)																											(163,934.95)	(163,934.95)		
Cash Available for Expenditure	**554,284.03**	**509,619.48**	**460,837.77**	**390,804.33**	**374,570.44**	**349,539.35**	**704,994.99**	**683,647.18**	**689,103.50**	**684,555.51**	**685,889.92**	**691,365.29**	**527,430.34**	**675,528.46**	**676,609.92**	**679,093.92**	**596,772.89**	**601,668.34**	**579,644.91**	**578,373.97**	**552,582.40**	**527,702.78**	**525,512.93**	**500,738.77**	**499,631.68**	**499,631.68**		**333,233.18**	**374,968.00**	

62s																											94,547.03	Average Monthly Revenue		
APPN #: 30000																											96,222.30	Average Monthly Expenditures		
Beginning Cash Balance	548,974.58	548,974.58	548,974.58	548,974.58	548,974.58	548,974.58	548,974.58	548,974.58	548,974.58	548,974.58	548,974.58	548,974.58	548,974.58	548,974.58	548,974.58	548,974.58	548,974.58	548,974.58	548,974.58	548,974.58	548,974.58	548,974.58	548,974.58	548,974.58	548,974.58	548,974.58	288,666.90	Working Capital (3 months)		
Cash Revenue + Transfer in	67,371.50	117,784.63	145,522.82	247,535.07																							**3.46**	Ending Cash Balance -		
Accrued Revenue																												# of Months of Expenditures to cover for AY2		
Cash Expenditures (-) + Transfer Out	(59,252.13)	(157,139.73)	(232,330.63)	(400,094.43)																										
Accrued Expenditures (-)	(2,809.92)		(1,329.00)	(5,610.89)																										
Red of exp																														
	554,284.03	509,619.48	460,837.77	390,804.33	548,974.58	548,974.58	548,974.58	548,974.58	548,974.58	548,974.58	548,974.58	548,974.58	548,974.58	548,974.58	548,974.58	548,974.58	548,974.58	548,974.58	548,974.58	548,974.58	548,974.58	548,974.58	548,974.58	548,974.58	548,974.58	548,974.58				
Cash Flow Ending Cash Balance	554,284.03	509,619.48	460,837.77	390,804.33	374,570.44	349,539.35	704,994.99	683,647.18	689,103.50	684,555.51	685,889.92	691,365.29	527,430.34	675,528.46	676,609.92	679,093.92	596,772.89	601,668.34	579,644.91	578,373.97	552,582.40	527,702.78	525,512.93	500,738.77	499,631.68	499,631.68				
Difference	-	-	-	-	**174,404.14**	**199,435.23**	**(156,020.41)**	**(134,672.60)**	**(140,128.92)**	**(135,580.93)**	**(136,915.34)**	**(142,390.71)**	**21,544.24**	**(126,553.88)**	**(127,635.34)**	**(130,119.34)**	**(47,798.31)**	**(52,693.76)**	**(30,670.33)**	**(29,399.39)**	**(3,607.82)**	**21,271.80**	**23,461.65**	**48,235.81**	**49,342.90**	**49,342.90**				
	Q1			Q2			QTR 3			QTR 4				QTR 5			QTR 6			QTR 7			QTR 8							

PURNELL Mackenzie G * BCE

From: PURNELL Mackenzie G * BCE
Sent: Friday, January 12, 2024 9:38 AM
To: PURNELL Mackenzie G * BCE
Subject: OBCE Board Meeting/UWS update

From: Joseph Brimhall [redacted]
Sent: Wednesday, January 10, 2024 10:55:06 AM
To: MCLEOD-SKINNER Cass * BCE <Cass.MCLEOD-SKINNER@obce.oregon.gov>
Subject: Re: OBCE Board Meeting/UWS update

Good morning, Cass,
Here is a brief update regarding UWS. I'm happy to answer question if board members would like to contact me.

- In January 2024, we enrolled a new class of students in the Doctor of Chiropractic degree program.

- The DC program's recently updated curriculum revisions include increased opportunities for clinical experiences, and the applications of advanced technology.
- Commencement ceremonies will be held on Friday, June 21, 2024, at the Oregon Convention Center. The event is open to the public and is live-streamed.
- UWS will celebrate its 120th anniversary on September 27- 28, 2024 with on-campus events and a gala dinner on Saturday, September 28. Representative Earl Blumenauer will be the keynote speaker.

Thanks for staying in touch.

Joe

Joseph Brimhall, DC

President and CEO

University of Western States

8000 NE Tillamook Street | Portland, Oregon 97213

[redacted]

From: MCLEOD-SKINNER Cass * BCE <Cass.MCLEOD-SKINNER@obce.oregon.gov>
Sent: Thursday, January 4, 2024 10:06 AM
To: Joseph Brimhall [redacted]
Cc: MCLEOD-SKINNER Cass * BCE <Cass.MCLEOD-SKINNER@obce.oregon.gov>
Subject: [External] OBCE Board Meeting/UWS update

Hello, Drs. Brimhall and Moreau,

Our next Board meeting, Jan. 17-18, will be held at our Salem office. Please let me know if you'll have any updates to provide to the Board, either virtually or in person.

Thanks,
Cass

_____

Cassanda C. McLeod-Skinner, J.D.
Executive Director
Oregon Board of Chiropractic Examiners (OBCE)
530 Center St. NE, Suite 620
Salem, OR 97301
O: 503-373-1620
C: 503-779-9038
cass.mcleod-skinner@obce.oregon.gov

NOTICE OF PROPOSED RULEMAKING

CHAPTER 811
BOARD OF CHIROPRACTIC EXAMINERS

FILING CAPTION: Updating language to clarify process.

LAST DAY AND TIME TO OFFER COMMENT TO AGENCY: 1/17/2024 AT 8:35 AM

HEARING(S):

DATE: 1/17/2024
TIME: 8:30 AM - 3:30 PM
OFFICER: Mackenzie Purnell
ADDRESS: TBD
Teams and Telephone
Open to public
All, OR 97301
SPECIAL INSTRUCTIONS:
Teams and Telephone access will be
posted on public agenda on agency
website

NEED FOR THE RULE(S):
Updating language to clarify process.

DOCUMENTS RELIED UPON, AND WHERE THEY ARE AVAILABLE:
OAR Ch. 811, www.oregon.gov/obce

STATEMENT IDENTIFYING HOW ADOPTION OF RULE(S) WILL AFFECT RACIAL EQUITY IN THIS STATE?
No direct impact on racial equity

FISCAL AND ECONOMIC IMPACT:
No direct fiscal impact

COST OF COMPLIANCE:
(1) Identify any state agencies, units of local government, and members of the public likely to be economically affected by the rule(s). (2) Effect on Small Businesses: (a) Estimate the number and type of small businesses subject to the rule(s); (b) Describe the expected reporting, recordkeeping and administrative activities and cost required to comply with the rule(s); (c) Estimate the cost of professional services, equipment supplies, labor and increased administration required to comply with the rule(s).
No cost associated for compliance.

DESCRIBE HOW SMALL BUSINESSES WERE INVOLVED IN THE DEVELOPMENT OF

THESE RULE(S):
5 of our board members who will be reviewing and voting on this rule are licensed chiropractic physicians and some either own or work for small businesses.

WAS AN ADMINISTRATIVE RULE ADVISORY COMMITTEE CONSULTED? NO IF NOT, WHY NOT?
Updating language to clarify process, no need for consultation.

CONTACT:
Mackenzie Purnell
503-373-1573
mackenzie.g.purnell@obce.oregon.gov
530 Center St NE
Suite 620
Salem, OR 97301

AMEND: 811-015-0030
RULE TITLE: Chiropractic Obstetrics, Minor Surgery, and Proctology
RULE SUMMARY:
RULE TEXT:

(1) A Minor Surgery/ Proctology Review Committee may be appointed by the Board. Members will serve at the pleasure of the Board. The committee may review the applications and rotation plans. The committee will review the results of the rotation and make a recommendation to the Board regarding the certification. The committee may advise the Board on all issues related to minor surgery and proctology.

(2) A chiropractic physician licensed in Oregon who wishes to practice minor surgery and/or proctology must apply to, and receive from, the Board a certification of special competency in minor surgery and/or proctology. To receive and maintain certification, the applicant must fulfill the following requirements:

(a) Give written application to the Board to practice minor surgery and/or proctology, provide evidence of completion of 36 hours of undergraduate or postgraduate coursework in minor surgery/proctology, and propose a plan to complete a rotation for practical experience in not less than 25 minor surgery/proctology cases. The purpose of the rotation is to learn and demonstrate competencies, as determined by the Board, under the guidance of one or more supervising licensed physicians. The numbers of procedures required in each of these areas will be determined by the Board.

(A) The rotation must include no less than five cases where all aspects of the cases are performed solely by the chiropractic physician, and observed by the supervising licensed physician.

(B) The remainder of the rotation not covered in paragraph (A) shall consist of cases where the chiropractic physician observes and/or assists.

(C) Adequate documentation of the chiropractic physician's participation in all cases is required on forms provided by, and returned to, the Board, and signed by the supervising licensed physician. It is required the rotation be completed within one year.

(b) In lieu of eight (8) hours of the continuing education requirement, a chiropractic physician may document performance or observation of twelve (12) minor surgery/proctology procedures every three years. Reasonable documentation of the procedure or observation is a copy of the patient schedule and/or patient

billing or other patient record with the patient name redacted which indicates the type of procedure and date performed.

(3) A chiropractic physician who is also licensed in Oregon as a doctor of naturopathy may make written application to practice minor surgery and proctology. The application may be approved by the Board if the chiropractic physician can demonstrate their naturopathic training and experience is equivalent to that required under section (2).

(4) A chiropractic physician licensed in Oregon who wishes to practice obstetrics must apply to and receive from the Board a certification of special competency in obstetrics. To receive and maintain certification, the applicant must fulfill the following requirements:

(a) Successfully complete at least 200 hours of direct instruction (pre and/or post-graduation) at an approved chiropractic, naturopathic, medical, osteopathic college or hospital in obstetrics and furnish a signed log showing evidence that subsections (b) and (c) of this section have been completed under the direct supervision of a licensed practitioner with specialty training in obstetrics and/or natural childbirth;

(b) After being licensed as a chiropractic physician, the licensee applicant must also complete the following:

(A) Take part in the supervised care of 50 pregnant persons in both the prenatal (including obstetrics intakes) and postnatal periods;

(B) Observe and assist in the intrapartum care and delivery of 50 natural childbirths in a hospital or alternative birth setting. These births must be under the supervision of a licensed practitioner with specialty training in obstetrics and/or natural childbirth. A labor and delivery that starts under the care of someone licensed to assist in childbirth and includes hospitalization shall count as a birth.

(C) Within the last five years, pass the OBCE OB/GYN examination.

(c) Submit annually, at the time certificate holders submit their general continuing education hours, 15 hours of continuing education in obstetrics. All 15 hours in obstetrics may be used to satisfy OAR 811-015-0025(4).

(5) Licensing action by the Board under ORS 684 shall be deemed to have an equal effect upon a certificate of special competency issued the practitioner, unless specifically provided otherwise in the Board action.

(a) When the subject of a disciplinary proceeding relates specifically to the practice of minor surgery, proctology, or obstetrics by a licensee who possesses a certificate of special competency, the license action may, in lieu of affecting the entire scope of the licensee's practice, suspend, revoke, or curtail only the practitioner's authority under the certificate of special competency.

(b) To address emergency or other circumstances which indicate the use of substances or procedures not authorized for use by chiropractic physicians, a plan to access these must be developed in a timely fashion and entered in the patient’s chart.

(6) Notwithstanding section (4), a chiropractic physician may obtain a license as a direct entry midwife from the Board of Direct Entry Midwifery. Any chiropractic physician licensed as a naturopathic physician and certified in natural childbirth by the Oregon Board of Naturopathic Examiners, may also practice natural childbirth/obstetrics as a chiropractic physician to the extent allowed by ORS 684.

Statutory/Other Authority: ORS 684
Statutes/Other Implemented: ORS 684.155

811-015-0025
Continuing Chiropractic Education

(1) Continuing chiropractic education (CE) is to improve the competence and skills of Oregon chiropractic licensees, and to help assure the Oregon public of the continued competence of these licensees within the statutory scope of practice.

(2) In order to renew a license or certificate, each licensee shall complete an affidavit attesting to successful completion of education per their license or certificate status.

(a) Chiropractic physician first year initial status – 8 hours which must include the following:

(A) Over-the-counter, non-prescriptive substances – 4 hours;

(B) Evidence-based medicine – 2 hours;

(C) Cultural competency – 1 hour;

(D) Suicide intervention training – 1 hour;

(b) Chiropractic physician second year active status – 20 hours which must include the following:

(A) Pain Management Education – 7 hours (6 accredited hours in pain management, palliative care, and end of life care or a combination of both, and 1 hour of pain management module through the Pain Management Commission);

(B) Cultural competency – 2 hours;

(C) Suicide intervention training – 1 hour;

(D) Maintenance of Basic Life Support (BLS) for Healthcare Providers or its equivalent as determined by the Board – up to 6 hours accepted towards general continuing education requirement;

(E) General continuing education – 10 hours;

(c) Chiropractic physician active status - 20 hours which must include the following:

(A) Cultural competency – 2 hours;

(B) Suicide intervention training – 1 hour;

(C) Maintenance of Basic Life Support (BLS) for Healthcare Providers or its equivalent as determined by the Board – up to 6 hours accepted towards general continuing education requirement;

(D) General continuing education – 17 hours;

(d) Chiropractic physician senior active status – 6 hours which must include the following;

(A) Cultural competency – 1 hour;

(B) Suicide intervention training – 1 hour;

(C) Maintenance of Basic Life Support (BLS) for Healthcare Providers or its equivalent as determined by the Board – up to 6 hours accepted towards general continuing education requirement;

(D) General continuing education – 4 hours;

(e) Chiropractic assistant – 6 hours which must include the following:

(A) Cultural competency – 1 hour;

(B) Maintenance of Basic Life Support (BLS) for Healthcare Providers or its equivalent as determined by the Board – up to 6 hours accepted towards general continuing education requirement;

(C) General continuing education – 5 hours.

(f) The Board may require additional specific courses as part of a licensee's annual renewal hours for an upcoming license or certificate period.

(3) Continuing education course or activity hours must be completed during the preceding license or certification period. A licensee may not claim more than 20 hours of continuing education completed in one 24-hour period. Courses shall not be taken simultaneously. Each licensee shall maintain records to support the attestation of completed hours.

(4) Courses or activities determined by licensees to meet the criteria herein are presumed to be approved until or unless specifically disapproved by the Board. Licensees will be informed of any disapproved courses in a timely manner. The Board will maintain a list of disapproved courses available for review by licensees.

(5) Any chiropractic physician who is also actively licensed in a healthcare profession with prescriptive rights is exempt from the over-the-counter, non-prescriptive substances requirements.

(6) Any chiropractic physician changing license status from inactive to active or senior active shall take the required hours referenced in section (2). It shall be within the Board’s discretion to determine, on a case-by-case basis, the required continuing education based on the time away from active status.

(7) Approved continuing chiropractic education shall be obtained from courses or activities which meet the following criteria:

(a) They do not misrepresent or mislead;

(b) They are presented by a chiropractic physician, licensed here or in another state, other appropriate health care provider, or other qualified person;

(c) They exclude practice-building subjects and the primary purpose of the program may not be to sell or promote a commercial product. However, the mere mention of practice-building concepts shall not disqualify a program’s eligibility for CE credit.

(d) The material covered shall pertain to the practice of chiropractic in Oregon or be related to the licensee's specific practice;

(e) Continuing education hours for Board activities must assist in assuring the competence and skills of the licensee; and

(f) Shall be quality courses or activities adequately supported by evidence or rationale as determined by the Board.

(8) The Board may accept a maximum of 6 credit hours from each of the following categories:

(a) Being an original author of an article, published in a peer reviewed journal, given in the year of publication;

(b) Participation in a formal protocol writing process associated with an accredited health care institution or state or government health care agency;

(c) Participation as an OBCE board member or on an OBCE committee;

(d) Participation in a research project, approved by the Board, related to chiropractic health care directed by an educational institution or other qualified chiropractic organization;

(e) Teaching courses at an accredited health care institution;

(f) Teaching chiropractic continuing education courses;

(g) Professionally licensed staff of the OBCE; and

(h) Professionally licensed non-board member attending public OBCE board meetings. Each meeting, the attendee will be given a maximum of 2 hours.

(9) The Board may accept a maximum of 12 credit hours from each of the following categories:

(a) Participation on a National Board of Chiropractic Examiners' (NBCE) examination; or

(b) NBCE test writing committee.

(10) The Board may accept credit hours from courses, seminars, or other activities. Completion of other activities as chiropractic continuing education is defined as follows:

(a) Continuing medical education (CME);

(b) Video or pre-recorded continuing education courses or seminars, unless specifically required by the Board to be taken in person;

(c) Successful completion of online or in-person college courses related to chiropractic health care taught at an educational institution; and

(d) BLS/CPR/AED courses.

(10) All licensees are required to keep full, accurate, and complete records:

(a) A verification of attendance for all CE courses or activities showing hours claimed for renewal credit, and or proof of completion signed by the sponsor and licensee.

(b) Video or pre-recorded courses shall be supported through record-keeping with a letter, memo, or on a form provided by the Board, that includes the dates and times, vendor’s or presenter’s name/s, total hours claimed for each course, location, and includes the following statement: “I swear or affirm that I viewed or listened to these continuing education courses in their entirety on the dates and times specified in this report.”

(c) A copy of a published article including the date of publication;

(d) A written record of hours in clinical protocol development and research projects. The record shall include the names and addresses of the institutions involved, name of supervisors, and their signatures verifying hours.

(e) For licensees claiming CE hours under the provisions of (8)(d), for participation on a Board committee, or assisting with a National Board of Chiropractic Examiners' (NBCE) examination or NBCE test writing committee, certification from the Board or NBCE.

(f) For licensees claiming CE hours under the provisions of (8)(f), a record of employment by health care institutions, signed by their supervisor, a copy of the course syllabus if applicable, and verification of hours.

(g) For licensees claiming CE hours under the provisions of (8)(g), licensee shall obtain and keep verification of the course taught including, the dates of the course, a syllabus and the sponsoring organization.

(11) The Board will generate a random computer list of a minimum of 10% or up to 100% of renewing licensees, who will have their CE records audited and reviewed to ensure compliance with this rule. Licensees shall respond to this request within 30 days by supplying the Board with verification of their CE courses or activities.

(12) Any licensee who has submitted inadequate, insufficient, or deficient CE records or who otherwise appears to be in noncompliance with the requirements of this rule will be given written notice by the Board and will have 30 days from the date of notice to submit additional documentation, information or written explanation to the Board establishing the licensee’s compliance with this rule. The Board may issue civil citations for noncompliance of this rule.

(13) At its discretion, the Board may audit, by attendance, the content of any program in order to verify the content thereof. Denial of an audit is grounds for disapproval.

(14) Any licensee seeking a hardship waiver from their continuing education requirements shall apply to the Board, in writing, as soon as possible after the hardship is identified and prior to the close of licensure for that year. Specific details of the hardship must be included. In order to approve an application for a hardship waiver, the Board, within its discretion, must find that such hardship exists.

(15) The Board shall maintain and make available, through its web page and electronic communications to licensees, a list of disapproved courses, if any. The Board may disapprove a course or CE activity after giving the sponsor and/or licensees the opportunity to provide additional information of compliance with the criteria contained in this rule, and opportunity for contested case hearing under the provisions of ORS 183.341, if requested. Any CE sponsor or licensee may request the Board to review any previously disapproved course at any time.

Statutory/Other Authority: ORS 684.155
Statutes/Other Implemented: ORS 684.092

PURNELL Mackenzie G * BCE

From: PURNELL Mackenzie G * BCE
Sent: Wednesday, January 3, 2024 11:30 AM
To: PURNELL Mackenzie G * BCE
Subject: Oregon CE Credits?

From: Vern Saboe [redacted]
Sent: Saturday, October 21, 2023 8:00 AM
To: LARA Miriam * BCE <Miriam.LARA@obce.oregon.gov>
Cc: PURNELL Mackenzie G * BCE <Mackenzie.G.PURNELL@obce.oregon.gov>
Subject: RE: Oregon CE Credits?

Hi Miriam,

Thank you so very much for getting back to me, I know you folks are busy. I did review the rule prior to posting my question to you at the OBCE. I read conflicting information so I posed the question.

I believe the Board's information on CE may need to be updated note this:

"Outside the box" CE activities - OAR 811-015-0025(9)(L) states that a licensee may be allowed credit for "any other course or activity specifically authorized by the OBCE." **If the rule does not clearly refer to a course or activity in which the licensee Is Interested, the Board Interprets this language to mean licensee must submit a request for approval to the OBCE in writing, prior to completion or participation.** (Refer to the full text of the rule 811-015-0025 before submitting any request.)

However, this statement that is found under "additional CE Policies" was last updated on July 16, 2015, and probably should be removed or amended. The current CE rule language conflicts stating that if the activity isn't specifically excluded from receiving CE credit I would be good to go, hence my confusion and need for clarification.

Have a wonderful weekend

Vern Saboe Jr., DC, DACAN, FICC, DABFP, DACO, FACO.

Director of Governmental Affairs, Oregon Chiropractic Association
Member Legislative Advisory Committee and PAC Board, American Chiropractic Association
American Academy of Motor Vehicle Injuries Advisory Council
Past Member, State of Oregon Health Evidence Review Commission (HERC 2012-2015)
Past Member HERC Subcommittee for Evidence-based Guidelines and Coverage Guidance (2015-2018)
Past Member HERC Value-based Benefits Subcommittee (2018-2021)

915 SE 19th Ave SE
Albany, OR 97322
Phone: 541-926-3162
Fax: 541-928-2742
Cell: [redacted]

"Let nothing be done through selfish ambition or conceit, but in lowliness of mind let each esteem others better than himself. Let each of you look out not only for his own interests but also for the interests of others."

Philippians 2:3-4

From: LARA Miriam * BCE <Miriam.LARA@obce.oregon.gov>
Sent: Friday, October 20, 2023 10:26 AM
To: Vern Saboe [redacted]
Cc: PURNELL Mackenzie G * BCE <Mackenzie.G.PURNELL@obce.oregon.gov>
Subject: FW: Oregon CE Credits?

Hello Dr. Saboe,
The OBCE does not pre-approve CE. Please review the continued education rule to determine acceptable CE and how many hours you are allowed to count towards this type of CE.

Continued education rule link:
OAR 811-015-0025: https://secure.sos.state.or.us/oard/viewSingleRule.action?ruleVrsnRsn=284034

Thank you,

Miriam Lara (She/her)
Compliance Administrator
530 Center St. NE Suite 620, Salem, OR 97301
Phone : 503-373-1579
Email: miriam.lara@obce.oregon.gov
Work. hrs. M-Th 7:30am – 3:30pm
www.oregon.gov/obce

PLEASE NOTE: OBCE is in the process of implementing and rolling out a brand new licensing software which may delay our response times. We will respond as soon as we are able. Thank you for your patience.

From: Vern Saboe [redacted]
Sent: Tuesday, October 17, 2023 9:18 PM
To: PURNELL Mackenzie G * BCE <Mackenzie.G.PURNELL@obce.oregon.gov>
Cc: MCLEOD-SKINNER Cass * BCE <Cass.MCLEOD-SKINNER@obce.oregon.gov>; Vern Saboe [redacted]
Subject: Oregon CE Credits?

Hello! I apologize for not recalling but, can you tell me (likely again) if I need to gain a greenlight from the OBCE as per this work qualifying toward my mandatory CE credits for my Oregon relicensure as well as total number of CE hours I can apply toward that relicensure?

Thank you so very much for your time and consideration, I know full well you are likely quite busy, Vern Saboe, DC

“Dear Colleague,

We would like to invite you to participate in the Delphi panel for the Clinical Compass’s upcoming project, ***Chiropractic management of cervicogenic and tension-type headaches in adults: a clinical practice guideline***.

The attached consent form describes the role of the Delphi panelists.

If you are interested in participating in this important project, please complete and return the consent form along with your CV. Please be aware that we select panelists based on 1) their experience and expertise and 2) their geographic location, in order to achieve an authoritative and representative panel. If we have your curriculum vitae on file, you do not need to send it again. We plan to begin the Delphi process in January 2024.

If you have any questions or would like additional information, please feel free to contact either Project Coordinator Cathy Evans at [redacted] or Project Director Cheryl Hawk, DC, PhD, CHES, at [redacted]

Thank you!
Cheryl Hawk, DC, LMT, PhD
Chair, Scientific Commission of the Clinical Compass”

Vern Saboe Jr., DC, DACAN, FICC, DABFP, DACO, FACO.

Director of Governmental Affairs, Oregon Chiropractic Association
Member Legislative Advisory Committee and PAC Board, American Chiropractic Association
American Academy of Motor Vehicle Injuries Advisory Council
Past Member, State of Oregon Health Evidence Review Commission (HERC 2012-2015)
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Past Member HERC Value-based Benefits Subcommittee (2018-2021)

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“Let nothing be done through selfish ambition or conceit, but in lowliness of mind let each esteem others better than himself. Let each of you look out not only for his own interests but also for the interests of others.”

Philippians 2:3-4

PURNELL Mackenzie G * BCE

From: PURNELL Mackenzie G * BCE
Sent: Thursday, December 28, 2023 8:16 AM
To: PURNELL Mackenzie G * BCE
Subject: Updates from the Oregon Health Care Workforce Reporting Program

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From: Davis Andy <[redacted]
Sent: Tuesday, November 14, 2023 2:32 PM
To: Workforce Data Admin <[redacted]
Subject: Updates from the Oregon Health Care Workforce Reporting Program

> You don't often get email from [redacted]. Learn why this is important

Hello,

The Health Care Workforce Reporting Program (HWRP) has some updates we are excited to share with you, and we would like to meet with you soon to discuss upcoming changes for our workforce survey.

We have heard loud and clear that there is a need for information about burnout in the Oregon health care workforce, so starting in January we plan to begin collecting data on this critical topic. This will afford us the opportunity to investigate the topic in depth, and also to leverage our data on demographics, practice patterns and geography to see what other factors may be influencing the levels of burnout in our workforce. We see this as a fresh opportunity to use the workforce survey to help guide policy and directly help our health care workers thrive!

Upcoming Survey Updates:

We are currently reviewing two changes to our survey administration.

- For 2024: Starting in January, we plan to implement a short, 2-question burnout screening tool to the main body of the survey, immediately following the employment question section. We also plan to offer a longer, voluntary burnout survey for those who would like to participate and give us more in-depth feedback. This is in direct response to many questions and conversations we've had with community members and health care groups about challenges in the workforce and a need for more information about burnout in Oregon's health care workforce.
- For 2025: The Equity and Inclusion Division is in the process of finalizing their instrument for collecting Sexual Orientation and Gender Identity (SOGI) data. We anticipate a final version of this instrument to be available in 2024, and plan to integrate it into our survey for the 2025 cycle.

While we are thrilled to be adding these sections, we recognize that these are significant additions to our survey, and would like to discuss their implementation with you. We are especially interested in your input on how we can successfully collect voluntary survey input from your licensees. We also recognize that both will be collecting sensitive information from licensees and we want to address any concerns you may have over the collection of that data. Please respond to this email or call me directly and we will set up a time for our teams to meet.

Reporting Updates:

Earlier this year, we published the 2023 editions of our reports on the Oregon's Health Care Workforce Supply and on The Diversity of Oregon's Licensed Health Care Workforce . These products come directly from our work with your licensees, and we'd love to hear feedback on how we can use them and all of our data to better serve you.

- Oregon's Health Care Workforce Supply
- The Diversity of Oregon's Licensed Health Care Workforce

Request for annual licensee verification file

Beginning in 2018, we requested that you submit your verification file in January of each year. For 2024, **please pull the verification list on 1/8/24 (The second Monday in January). It should contain records for all active licensees as of the date of the pull (including new licensees and those who renewed their license). Please refer to your IAA to see the list of variables that should be included.**

We understand that the beginning of the year is a busy time. Please make arrangements now to ensure that you will be able to pull the data on that date.

General Reminders:

Please remember to notify us if you are planning to change renewal system vendors to ensure we have adequate time for a smooth survey integration transition.

Thank you for your ongoing support of the workforce reporting program. Please let us know if you have any questions or concerns about any of this information.

Best,
Andy

Andy Davis
Research Analyst
OREGON HEALTH AUTHORITY
Health Policy and Analytics Division
Research & Data
[redacted]
http://www.oregon.com/OHA

Stay up-to-date on Oregon's licensed health care workforce

Oregon
Tina Kotek, Governor

January 12, 2024

Mr. Marc Overbeck
Policy Lead
Oregon Health Authority

Re: Expansion of Oregon Workforce Survey Data Collection

Dear Mr. Overbeck:

Oregon has more than 16 state agencies (licensing boards) charged with regulating health care professionals, including physicians, physician assistants, nurses, pharmacists, dentists, physical therapists, chiropractic physicians, naturopathic physicians, mental health providers, optometrists, massage therapists, social workers, veterinarians, acupuncturists, residents, interns, and many other health care providers.

We recently learned that OHA planned to expand the workforce survey data collection to ask licensees about symptoms of burnout and mental health, as well as REALD and SOGI, with the burnout questions to be effective **this month**. As the directors of these health regulatory licensing boards, we are concerned about these proposed changes for several reasons.

First, while we appreciate OHA's commitment to diversity and addressing burnout of healthcare workers, the questions regarding burnout and mental health status should be separated from licensing applications and renewals. The majority of our boards have actively worked to remove mental, emotional, and physical health-related questions from our applications and renewal processes pursuant to recent changes in Title II of the Americans with Disabilities Act (ADA), 28 CFR Part 35[1], in the federal Dr. Lorna Breen Health Care Provider Protection Act[2], and in implementing Measure 110. We believe this expansion negates these achievements.

Additionally, by requiring licensees to take the expanded workforce survey as a condition of their license renewal without any support staff to address their responses (in crisis, suicide ideation, burnout, etc.), the survey requires them to not only divulge protected medical information to non-medical staff, it also doesn't reach the understood purpose of the survey – to assist those with

[1] eCFR :: 28 CFR Part 35 -- Nondiscrimination on the Basis of Disability in State and Local Government Services
[2] 117th Congress Public Law 105, signed by President Biden March 18, 2022, available at https://www.congress.gov/117/plaws/publ105/PLAW-117publ105.pdf.

burnout or with signs of needing mental health assistance. The responses are received by individuals who are not qualified to ascertain or address urgent mental health concerns.

Further, OHA's proposed expansion of the workforce data survey does not align with the governing statutes and rules. These questions are beyond the scope of the mandatory workforce data questions authorized by the Oregon Legislature in ORS 676.410. We are also concerned about the lack of timely reach out, collaboration, and notice from OHA, as required in OAR 409-026-0110(3).

The Oregon health professional licensing boards are collectively opposed to OHA's plan to implement the expanded workforce data collection on mental health/burnout status as a requirement for license renewal. If these questions are asked of our licensee base at all, they should be asked separately and within a HIPAA-protected environment with support staff to assist when need arises to ensure mental, emotional, and physical safety and support for Oregon's valued health care providers.

Sincerely,

Oregon's Health Professional Regulatory Boards

cc: Andy Davis, Research Analyst, OHA Health Policy & Analytics Division,
[redacted]
Piper Block, Program Manager, OHA Health Policy & Analytics Division,
[redacted]
Meredith Halling, Research Analyst, OHA Health Policy & Analytics Division,
[redacted]
Kristina Narayan, Health Policy Advisor to Governor Kotek,
[redacted]

Enclosures: Oregon Health Professional Regulatory Boards Information Sheet

23-02-23 U.S.Senate Letter to U.S. DOJ re State Medical Boards Violating ADA with Intrusive Mental Health Questions

Oregon Health Professional Regulatory Boards

Oregon Board	Licensees	Address	Contact Information
Chiropractic Examiners	chiropractic physician, chiropractic assistant	530 Center St NE, Suite 620, Salem, OR 97301	(503) 378-5816 info@obce.oregon.gov
Dentistry	dentist, dental hygienist, dental assistant, dental therapists	1500 SW 1st Ave, Suite 770 Portland, OR 97201	(971) 673-3200 information@obd.oregon.gov
EMS & Trauma Systems	EMS providers, ambulance services & vehicles	800 NE Oregon Street, Suite 465, Portland, OR 97232	(971) 673-0520 ems.trauma@odhsoha.oregon.gov
Massage Therapists	massage therapist	610 Hawthorne Ave SE, Suite 220 Salem, Oregon 97301	(503) 365-8657 obmt.info@obmt.oregon.gov
Medical	MD/DO physician, podiatric physician, physician assistant, acupuncturist	1500 SW 1st Ave, Suite 620 Portland, OR 97201	(971) 673-2700 info@omb.oregon.gov
Medical Imaging	medical imaging technologist	800 NE Oregon St., Suite 1160A Portland, OR 97232	(971) 673-0215 OBMI.Info@obmi.oregon.gov
Mortuary and Cemetery	funeral service practitioner, preneed salesperson, death care consultant, embalmer	800 NE Oregon St., Suite 430 Portland, OR 97232	(971) 673-1500 mortuary.board@omcb.oregon.gov
Naturopathic Medicine	naturopathic physician	800 NE Oregon St., Suite 407 Portland, OR 97232	(971) 673-0193 Naturopathic.Medicine@obnm.oregon.gov
Nursing	nurse, nurse anesthetist, nurse practitioner, nursing assistant, medication aide	17938 SW Upper Boones Ferry Rd Portland, OR 97224	(971) 673-0685 oregon.bn.info@osbn.oregon.gov
Occupational Therapy Licensing	occupational therapist, occupational therapy assistant	800 NE Oregon St., Suite 407 Portland, OR 97232	(971) 673-0198 Otlb.info@oregon.gov
Optometry	optometrist	1500 Liberty St. SE Suite 210 Salem, OR 97302	(971) 701-1194 Optometry.board@obo.oregon.gov
Pharmacy	pharmacist, pharmacy technician	800 NE Oregon St., Suite 150 Portland, OR 97232	(971) 673-0001 pharmacy.board@bop.oregon.gov
Physical Therapy	physical therapist, physical therapy assistant	800 NE Oregon St., Ste 407 Portland, OR 97232	(971) 673-0200 physical.therapy@oregon.gov
Psychology	psychologists	3218 Pringle Rd. SE, Suite 130 Salem, OR 97302-6309	(503) 378-4154 psychology.board@mhra.oregon.gov
Licensed Professional Counselors & Therapists	mental health counselor, marriage and family therapist	3218 Pringle Rd.SE, Suite 120 Salem, OR 97302	(503) 378-5499 lpct.board@mhra.oregon.gov

Licensed Social Workers	social worker	3218 Pringle Rd SE, Suite 240 Salem, OR 97302	(503) 378-5735 oregon.blsw@blsw.oregon.gov
Examiners for Speech-Language Pathology & Audiology	speech-language pathologist, speech-language pathology assistant, audiologist	800 NE Oregon St, Suite 407 Portland, OR 97232	(971) 673-0220 speechaud.board@bspa.oregon.gov
Veterinary Medicine Examining	veterinarian, veterinary technician	800 NE Oregon St, Suite 407 Portland, OR 97232	(971) 673-0224 ovmeb.info@oregon.gov
Health Licensing Office	athletic trainer, esthetician, midwife, respiratory therapist	1430 Tandem Ave NE, Suite 180 Salem, OR 97301	(503) 378-8667 hlo.info@dhsoha.state.or.us

United States Senate

WASHINGTON, DC 20510

February 23, 2023

Dear Attorney General Merrick Garland, Assistant Attorney General Kristen Clark, and Disability Rights Section Chief Rebecca Bond:

I write to encourage the Department of Justice (DOJ) to extend its investigations of offenses under the American Disabilities Act (ADA) to include the practices of state medical license boards. Many of these boards ask physicians about their mental health and substance use or addiction history, beyond what is necessary to fulfill the purpose of screening physicians for current, debilitating cases of mental illness and substance use or abuse. These questions both discourage many applicants and licensed physicians from receiving care that they need, and they violate Title II of the ADA, which forbids public entities from discriminating against qualified individuals on the basis of disabilities, including mental health conditions. I know that you share my goals of protecting health privacy, encouraging a robust medical workforce, promoting mental health care, and enforcing the ADA, and so I write to ask you to prioritize this concern by issuing DOJ guidance and holding state medical boards accountable.

States oversee the qualifications of their physicians as part of the power to protect the health, safety, and welfare of its citizenry, but some of the questions that many state medical boards ask of physicians on their initial licensure exams and renewals are, according to the American Psychiatric Association, the American Medical Association, and the Federation of State Medical Boards, irrelevant to assessing current ability to practice. In fact, several peer-reviewed journal articles estimate that two-thirds of state medical boards violate Title II of the ADA with personal, taxing, and unnecessarily broad questions about doctors' psychiatric history.[1, 2, 3] The repercussions are not just a matter of law, but they also inform the practices of hospitals, health plans, and malpractice insurance companies, and impact the medical well-being of physicians.

A 2019 study[4] looked at initial medical licensing processes in all states to determine if qualified applicants who report mental illness experience discrimination and to identify the most physician-friendly states for mental health.

The authors ranked Alaska as the worst of all states when it came to invasiveness of mental health questions on initial licensing applications with 25 yes-or-no questions including:

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1 Schroeder,et al., Do State Medical Board Applications Violate the Americans With Disabilities Act?. Academic Medicine 84(6):p 776-781, June 2009. | DOI: 10.1097/ACM.0b013e3181a43bb2.

2 Dyrbye et al., Medical Licensure Questions and Physician Reluctance to Seek Care for Mental Health Conditions. Mayo Clinic Proceedings 92(10):p 1486-1493, October 1, 2017. | DOI: 10.1016/j.mayocp.2017.06.020.

3 Jones et al., Medical Licensure Questions About Mental Illness and Compliance with the Americans With Disabilities Act. Journal of the American Academy of Psychiatry and the Law Online 46(4):p 458-471, December 2018. | DOI: 10.29158/JAAPL.003789-18.

4 Wible, Pamela, and Arianna Palermini, Physician-Friendly States for Mental Health: A Comparison of Medical Licensing Boards. Qualitative Research in Medicine and Healthcare 3(3):p 107-119, December 22, 2019. | DOI: 10.4081/qrmh.2019.8649.

> "Have you ever been diagnosed with, treated for, or do you currently have: followed by a list of 14 mental health conditions including depression, seasonal affective disorder, and "any condition requiring chronic medical or behavioral treatment."

The District of Columbia asks two questions, both unrestricted in time and the second "broad and subjective given that one anonymous and unsubstantiated complaint can lead to a physician [Physician Health Program] referral and undermine a doctor's career":

> "Have you ever entered into a monitoring program for purposes of monitoring your abuse of alcohol, drugs, or other controlled substances?"
>
> "Have you ever entered into a monitoring program for purposes of monitoring your professional behavior including recordkeeping, billing, boundaries, quality of care or any other matter related to the practice of your profession?"

Georgia's application does not directly ask impairment or mental health questions, but requires three separate peer references to answer whether the physician has or had in the past any mental or physical illnesses or personal problems that interfere with their medical practice. "Personal" problems are open to interpretation and there's no indication that any assertions contained in these references must be substantiated by evidence.

These kinds of questions go far beyond conditions that could impair qualified individuals and may require comprehensive disclosure of one's medical and professional history.

Even though physicians face an inordinate amount of stress—their burnout rate is 50%, twice the general working population's level[5]—many avoid seeking mental health support due in part to these questions. In one survey of women physicians experiencing mental health difficulties, 44% of respondents who did not seek treatment cited licensure questions as a reason why.[6] In another survey of surgeons who experienced suicidal thoughts over the previous year, 60% said the questions would make them more reluctant to seek help.[7] Physicians have had one of the highest suicide rates of any profession, and the pandemic has exacerbated suicide risk factors.[8] Troublingly, there have also been reports of unwanted mental health support or assessments as physicians have reported retaliatory inquiries into physical, mental, or emotional health and referrals to impaired practitioner programs.

---

5 Yates et al., Physician Stress and Burnout. The American Journal of Medicine 133(2):p 160-164, September 11, 2019. | DOI: 10.1016/j.amjmed.2019.08.034.

6 Gold et al., "I would never want to have a mental health diagnosis on my record": A survey of female physicians on mental health diagnosis, treatment, and reporting. General Hospital Psychiatry 43: p 51-57, November-December 2016. | DOI: 10.1016/j.genhosppsych.2016.09.004.

7 Shanafelt et al., Special Report: Suicidal Ideation Among American Surgeons. Archives of Surgery 146(1)p. 54–62, January 17, 2021. | DOI: 10.1001/archsurg.2010.292.

8 Kakarala, Sophie E. and Prigerson, Holly G., Covid-19 and Increased Risk of Physician Suicide: A Call to Detoxify the U.S. Medical System. Front Psychiatry 13: February 9, 2022. | DOI: 10.3389/fpsyt.2022.791752. PMID: 35222114; PMCID: PMC8864162.

The DOJ oversees professional licensing bodies and has previously intervened when those bodies violated Title II of the ADA. For example, in 2014, the DOJ advised the Vermont Human Rights Commission about the unlawful nature of questions by state law boards about mental health history. Later that year, the DOJ investigated the Louisiana state law board for questions that violated Title II of the ADA. The DOJ also staked out a similar position in the case of state medical boards, writing in a 1993 *amicus curiae* brief before the U.S. District Court for the District of New Jersey that the New Jersey Boards of Medical Examiners' "focus on past diagnoses and treatment of disabilities rather than conduct cannot be deemed justified." Nevertheless, to our knowledge, the DOJ has yet to open an investigation into a state medical board for violating Title II.

I urge the DOJ to investigate state medical boards' compliance with the ADA. The DOJ should also issue guidance on 28 C.F.R. § 35.130 to clearly state that state medical boards cannot ask inappropriate medical licensing and application questions, especially questions related to mental health history. In the interim, I ask that you provide me with complete answers to the following questions by March 16th, 2023:

- Does the DOJ have additional information, beyond the scholarship mentioned above, about the extent and different ways state medical boards may be violating Title II of the ADA? If so, please explain what it has learned.
- Has the DOJ's Civil Rights Division been engaged on this issue during the last several years? If so, please explain what work they are doing.
- Does the DOJ stand behind its 1993 *amicus curiae* brief in Medical Society of New Jersey v. Jacobs? If so, can it commit to publishing a version of it in the form of subregulatory guidance?
- How will the DOJ ensure that all state medical boards comply with the law and affected applicants or physicians have recourse?
- Has the DOJ examined similar issues when it comes to residency programs and hospital privileges?

I also ask that you brief my personal office staff members Jenni Katzman and Kevin Wu on these questions.

Thank you for your attention to this important matter.

Sincerely,

[redacted]
Ron Wyden
United States Senator

[redacted]
Jeffrey A. Merkley
United States Senator

[redacted]
Cory A. Booker
United States Senator

PURNELL Mackenzie G * BCE

From: PURNELL Mackenzie G * BCE
Sent: Wednesday, December 20, 2023 9:39 AM
To: PURNELL Mackenzie G * BCE
Subject: Chiropractic Assistant_Scope of Practice

From: Jason Young <[redacted]
Sent: Wednesday, December 6, 2023 4:10 PM
To: GILKER Heather * BCE <Heather.GILKER@obce.oregon.gov>
Subject: Re: Chiropractic Assistant_Scope of Practice

> You don't often get email from [redacted]. Learn why this is important

Thanks for the update Heather.

I have some questions about the board's determination on this. I hope you can forward this to the board, please. I think that I should clarify that when I listed Flexion/Distraction on the training log, I wasn't referring to any chiropractic technique system that includes osseous manipulation, which would clearly be outside of the CA scope. I was, instead, referring to an automated flexion/distraction table which a patient can lie on while it passively takes them through flexion movement if lying prone or extension if lying supine. We will commonly have a patient lie on the table in this manner for several minutes with heat. The goal is to reduce stiffness, muscle tension and provide some relief from discogenic pain. There is no adjusting procedure used with this method and it is actually used as a pre-adjustive therapy. If it were a form of manipulation, I would have no reason to then adjust the patients spine once they had been passively lying on the table.

I am wondering if in your decision you meant that a CA could not follow my instructions to have a patient lie on the automated flexion/distraction table and then turn on the table, preparatory to receiving spinal manipulation from the chiropractor. I would be thankful for any clarification you might offer.

Sincerely,

Jason Young, DC

On Wed, Dec 6, 2023 at 3:18 PM GILKER Heather * BCE <Heather.GILKER@obce.oregon.gov> wrote:

> Hello Dr. Young,
>
> At the November Board Meeting, the Board reviewed and discussed whether flexion/distraction was a form of manipulation and, therefore, outside of the scope of practice/duties for a certified chiropractic assistant. The Board determined that it was outside the scope of practice/duties of a certified CA and they should not be trained on such a modality.
>
> Please modify your teaching materials to reflect this scope determination.

Because other CAs of yours were certified prior to this determination, I will certify your final CA with flexion/distraction listed in her training log (Taylor Young) as soon as I receive a passing CA exam score.

If you have any questions, feel free to contact me.

Thank you,

Heather Gilker

Office Specialist

530 Center St. NE Suite 620, Salem, OR 97301

Phone : 503.983.4183

Email: Heather.Gilker@obce.oregon.gov

Work. hrs. M-Th 7:30am – 3:30pm

www.oregon.gov/obce

PLEASE NOTE: OBCE is in the process of implementing and rolling out a brand new licensing software which may delay our response times. We will respond as soon as we are able. Thank you for your patience.

--

How did we do?

Click to rate your experience with Body of Health Chiropractic & Wellness Center

LC 98
2024 Regular Session
1/4/24 (SCT/ps)

D R A F T

SUMMARY

Digest: Tells health care boards to give short-term permission to work. Starts January 1, 2025. (Flesch Readability Score: 60.7).

Requires health professional regulatory boards to issue a temporary authorization to practice a health profession to eligible applicants within 10 days of receiving an application for licensure. Defines "health profession" and "health professional regulatory board."

Takes effect on the 91st day following adjournment sine die.

A BILL FOR AN ACT

Relating to health care licensing; and prescribing an effective date.

Be It Enacted by the People of the State of Oregon:

SECTION 1. (1) As used in this section:

(a) "Health profession" means a health care service:

(A) For which an individual must possess a license to provide the health care service; and

(B) Over which a health professional regulatory board has oversight.

(b) "Health professional regulatory board" means a state agency that licenses individuals to provide a health care service to clients or patients that are humans.

(2) A health professional regulatory board shall, within 10 days of receiving an application for licensure, issue to the applicant a temporary authorization to practice the health profession regulated by the health professional regulatory board if the applicant:

(a) Holds a current authorization to practice the health profession issued by another state and the health professional regulatory board

NOTE: Matter in **boldfaced** type in an amended section is new; matter [*italic and bracketed*] is existing law to be omitted. New sections are in **boldfaced** type.

determines that the other state's authorization requirements are substantially similar to or exceed those of the health professional regulatory board;

(b) Provides to the health professional regulatory board, in a manner determined by the health professional regulatory board, sufficient proof that the applicant is in good standing with the issuing out-of-state entity;

(c) Has demonstrated competency, as determined by the health professional regulatory board by rule, over the health profession regulated by the health professional regulatory board;

(d) Agrees to complete within one year of the date the health professional regulatory board receives the application any applicable continuing education requirements; and

(e) Resides, or adequately demonstrates an intent to reside, in this state.

(3) A temporary authorization issued under subsection (2) of this section is valid until the earlier of the following dates:

(a) One year from the date of issuance; or

(b) The date on which the applicant receives the license for which the applicant applied to the health professional regulatory board.

SECTION 2. (1) Section 1 of this 2024 Act becomes operative on January 1, 2025.

(2) A health professional regulatory board may take any action before the operative date specified in subsection (1) of this section that is necessary to enable the health professional regulatory board to exercise, on or after the operative date specified in subsection (1) of this section, all of the duties, functions and powers conferred on the health professional regulatory board by section 1 of this 2024 Act.

SECTION 3. This 2024 Act takes effect on the 91st day after the date on which the 2024 regular session of the Eighty-second Legislative Assembly adjourns sine die.

1 _____

PURNELL Mackenzie G * BCE

From: PURNELL Mackenzie G * BCE
Sent: Friday, January 12, 2024 9:52 AM
To: PURNELL Mackenzie G * BCE
Subject: Oregon Licensing Board information
Attachments: Sponsorship Prospectus.pdf

From: ABCA National Convention <[redacted]
Sent: Monday, January 8, 2024 3:23 PM
To: Dr Brandi Childress [redacted]
Cc: info@abcachiro.com; MCLEOD-SKINNER Cass * BCE <cass.mcleod-skinner@obce.oregon.gov>
Subject: Re: Oregon Licensing Board information

> You don't often get email from [redacted]. Learn why this is important

Good Afternoon Cass,

I wanted to thank you again for reaching out to us about our upcoming convention. We are very excited to make an impact within the Portland area in June. I appreciate the Oregon Licensing Board for welcoming us and wanted to give some options to help support our mission:

- Below I have attached the Sponsorship prospectus. This is by far the best way to support our convention. Different levels of sponsorship throughout the weekend allow the ABCA to function at its full capacity and make sure all attendees are able to enjoy all that Oregon has to offer.
- Providing Resources or Handouts for our registration Bags with information about the benefits of practicing in Oregon.
- If you have any partnerships with educational programs or schools in the Portland area, we would greatly appreciate those contacts. The ABCA hosts a community service project during each convention to spread awareness to the surrounding community.

These are just some ideas, but if you have any other suggestions, we would be open to discussing as well. We look forward to showing you all that ABCA has to offer and you joining us this summer.

Dr. Kevin Kersee
ABCC Chairman
American Black Chiropractic Association
http://www.abcachiro.com

> On Jun 16, 2023, at 6:46 PM, Brandi Childress [redacted] wrote:
>
> Hi Cass,
>
> Thank you so much for reaching out to the ABCA! I'm sorry we missed each other at the FCLB/NBCE conference but I'm glad that you decided to connect. Yes! We're open to discuss recruitment and retention of Black and African American chiropractic students within Oregon. Our organization is working on a white paper on "Best Practices to Increase Racial Diversity in Doctor of Chiropractic Programs". We would love to share some of our thoughts on the subject.
>
> The ABCA recently elected to host our 43rd Annual National Convention at the University of Western States in Portland, OR next year. We anticipate being there June 27 - 29, 2024. Each year, we host a community outreach project/initiative at our National Convention site which aims to introduce minority

students to chiropractic in an effort to educate them on the possibilities of a career in the field. There may be possibilities for us to work together on this effort in Oregon. We look forward to further discussing this with you. Have a great weekend!

Sincerely,

Dr. Brandi N. Childress
President
American Black Chiropractic Association
325 Hammond Drive, Suite 201
Sandy Springs, GA 30328
https://www.facebook.com/DrBChildress
http://www.chiropilates.health
American Black Chiropractic Association
Need to Meet? Book me: here

On Tuesday, June 6, 2023, 06:05:21 PM EDT, MCLEOD-SKINNER Cass * BCE <cass.mcleod-skinner@obce.oregon.gov> wrote:

Hello ABCA,

I recently attended the annual meeting of the FCLB and NBCE and heard Dr. Childress speak and wanted to follow up with her in person but had to leave shortly after her talk.

I'm the Executive Director of Oregon's chiropractic licensing board and would love to be in contact with her and anyone else at ABCA in regards to recruitment and retention of Black and African American chiropractic students within Oregon. I've been in contact with UWS on this matter, and understand some of their efforts but would love – LOVE – to hear from you on this and how I can be of assistance.

Oregon has such a white supremacist history (sunset laws, mortgage and homeownership restrictions, you name it) that I'm doing what I can to help change that for the chiropractic profession. By helping support students and raise up doctors who reflect our public and who understand all of our communities will only help protect our public and the profession as a whole.

Thank you for doing this work.
Cass

_____

Cassandra C. McLeod-Skinner, J.D.
Executive Director
Oregon Board of Chiropractic Examiners

O: 503-373-1620
C: 503-779-9038
E: cass.mcleod-skinner@obce.oregon.gov

PLEASE NOTE: OBCE is in the process of implementing and rolling out a brand new licensing software which may delay our response times. We will respond as soon as we are able. Thank you for your patience.

<image001.jpg>

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This e-mail may contain information that is privileged, confidential, or otherwise exempt from disclosure under applicable law and/or ORS 676.175. If you are not the addressee or it appears from the context or otherwise that you have received this e-mail in error, please advise me immediately by reply e-mail, keep the contents confidential, and immediately delete the message and any attachments from your system.

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<image001.jpg>

Sponsorship Prospectus

ABCA National Convention

AMERICAN BLACK CHIROPRACTIC ASSOCIATION

1981

JUNE 27-29, 2024 CONFERENCE & EXPO | PORTLAND, OR | UNIVERSITY OF WESTERN STATES

TABLE OF CONTENTS

What is the ABCA Convention?

Held every year, the ABCA Convention is the largest chiropractic conference dedicated to representing and supporting BIPOC and minority students, doctors, speakers, and businesses.

SPEAKERS
30+

HOURS OF CONTENT
40+

300+
ATTENDEES

9+
CEU CREDITS

25+
EXHIBITORS

EXHIBIT OR SPONSOR

Exhibit or Sponsor at the ABCA Convention and position your team to:

- Connect with 100's of doctors and students
- Generate new leads
- Showcase your products and services
- Engage with chiropractic industry leaders
- Meet decision-makers with buying power

For two exciting and intensive days, this minority chiropractic community comes together to share the best-in-class from veterans and emerging players across the chiropractic field.

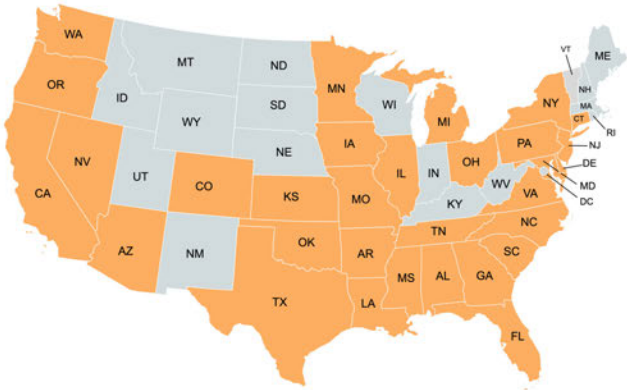
ABCA CONVENTION ATTENDEES

5% Doctors (<5 Yrs in Practice)

30% Doctors (>5 Yrs in Practice)

65% Students

ATTENDEE REPRESENTED STATES



How to Promote Your Booth to Our Attendees Prior to the Convention

- Utilize the ABCAChiro.com Partnership Program. Your logo, website, and marketing materials will be placed on our Official Website, visited by ABCA members

2000+ Visits/Month

- ABCA will be using GlueUp during our convention and all sponsors will have the opportunity to virtually meet and network with convention attendees.

140K+ 2023 Sponsor Impressions

PAST EXHIBITORS

NBCE
NATIONAL BOARD OF CHIROPRACTIC EXAMINERS

LOGAN UNIVERSITY
LEADERS Made

LIFE University

PALMER
College of Chiropractic

Standard Process

ChiroFutures

ChiroHealthUSA®
The Network That Works for Chiropractic!

TEXAS
Chiropractic College

EVOKE
CHIROPRACTIC COACHING

ChiroPreferred

GPSA

ROCKTAPE
Go stronger, longer

INTEGRITY
Doctors

STRATEGIC TAX
PLANNING

"We proudly support the ABCA, because we are passionate about seeing chiropractors succeed. Together we can make a difference for so many."

NCMIC
We Take Care of Our Own

Northwestern Mutual

Cleveland University
KANSAS CITY

"We always enjoy connecting with students and doctors, as well as collaborating with past and current leadership throughout the weekend."

EVENT SPONSORSHIP OPPORTUNITIES

*Speaking Time During Event

Harvey Lillard Scholarship Banquet $15,000	Exclusive sponsorship opportunity for the final event of the convention. A night filled with dinner, dancing, and celebration. During this event all student and doctor awards are presented. *15 Minutes
Dr Bobby Westbrooks Luncheon $10, 000	In 1981, the ABCA was founded by Dr. Bobby Westbrooks. This exclusive sponsorship allows you to show your support of the ABCA and all that has been accomplished since its inception. *15 Minutes
Welcome Reception $6000	First impressions last! Exclusively sponsor the first networking event of the convention and help set the tone for the rest of convention. *10 Minutes
Doctor's Roundtable $5000	As our Roundtable sponsor, take part in our New Graduate Celebration and help lead conversations discussing diversity in chiropractic. *10 Minutes
Friday Night Social $5000	Make an impression as our exclusive Friday Night Sponsor. At this heavily attended event you will be placed in front of the majority of convention attendees. *10 Minutes
Mobile App $5000	Exclusive sponsor of the official ABCA GlueUp App with logo placement within the app used by all registered convention attendees.
Attendee Registration $4000	This is a high-impact & exclusive branding opportunity to display your logo around the neck of all attendees as well as at the entrance of the convention
Education Sessions $3000	Be an exclusive sponsor for select sessions throughout the convention including Continuing Education, student breakout, business, and diversity
Food And Beverage $3000	Food, beverage, and coffee stations are located in high traffic areas on the convention floor, your brand is sure to get great exposure.

EXHIBITOR SPONSORSHIP PACKAGES

EXHIBITOR BOOTH ONLY BENIFITS

- 6ft Draped Table in Designated Area with 2 Chairs
- Oportunity to Provide "Why We Give Video"
- Access to Convention App (GlueUp)
- 2 Full Convention Passes

Investment: $500

SPONSORSHIP BENEFITS

BENEFITS	PLATINUM	GOLD	SILVER	BRONZE
Speaking Time During Convention (5 Min)	X			
ABCA Partnership Program Access	X	X		
Free Exhibitor Booth	X	X		
Pre and Post-Convention ABCA Newsletter Spotlight	X	X	X	
Pre and Post-Convention Social Media Spotlight	X	X	X	
Opportunity to Place Marketing Material in Registration Bag	X	X	X	X
Recognition During Convention	X	X	X	X
"Why We Give" Video	X	X	X	X
Access to Convention App (GlueUp)	X	X	X	X
Full Convention Passes	5	4	2	2
Investment	**$4500**	**$4000**	**$2,500**	**$1,200**

MEET THE TEAM

Dr. Kevin Kersee

National Convention Chairman

ABCAConvention@gmail.com

VISIT FOR ALL DETAILS

ABCAChiro.com

Dr. Kirsten Shepard

Sponsorship Chairman

SAVE THE DATE

JUNE 27-29 2024

PORTLAND, OREGON

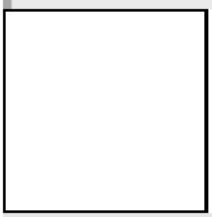
UNIVERSITY OF WESTERN STATES

AMERICAN BLACK
CHIROPRACTIC ASSOCIATION

PURNELL Mackenzie G * BCE

From: PURNELL Mackenzie G * BCE
Sent: Friday, January 12, 2024 9:56 AM
To: PURNELL Mackenzie G * BCE
Subject: Invitation to Open Comments

From: The National Board of Chiropractic Examiners (NBCE) <[redacted]
Sent: Monday, January 8, 2024 3:09 PM
To: OBCE Oregon * BCE <info@obce.oregon.gov>
Subject: Invitation to Open Comments



January 8, 2024

Greetings,

As you may have read, this fall the NBCE announced the launch of our **Advancement & Development Project** to increase testing opportunities for students across the nation.

The announcement came after three years of research on how to better meet students' needs while upholding the caliber of our exams. We believe this project will lead us towards the most fair, reliable, and valid tests of the future, while improving chiropractic exams across the nation today. Over the past two months, the NBCE convened meetings

with leadership and faculty from each Doctor of Chiropractic Program across the nation. During these sessions we discussed the project, answered questions, and invited our academic partners' feedback on the proposed changes.

Now, we are reaching out to request feedback from one of our most important stakeholders, members of our State Boards. The NBCE is hosting an **Open Comments Period** through January 31, 2024, and we invite you to engage and share your questions, comments, and concerns.

To stay informed about the proposed changes to NBCE Computer-Based Testing and the Part IV exam, we encourage you to visit the **Advancement & Development Project** web page for status updates and new information as it becomes available.

We thank you for your time and look forward to connecting with you soon.

The NBCE Communications Team

PURNELL Mackenzie G * BCE

From: Jan Ferrante [redacted]
Sent: Wednesday, November 15, 2023 11:36 AM
To: MCLEOD-SKINNER Cass * BCE; Michelle Waggoner
Subject: Fwd: Letter to OBCE with attached docu on masks
Attachments: Scanned_from_a_Lexmark_Multifunction_Product11-14-2023-223909.pdf

Hello Ms. McLeod-Skinner & Dr. M. Waggoner:

Please see the attached cover letter from the OCA and with an additional document as well, signed by Dr. Todd Turnbull, OCA President.

Regards,

JAN

--

Jan Ferrante, Executive Director
Oregon Chiropractic Association
10580 SE Washington St
Portland, OR 97216
ph: 503-256-1601
fax: 503-256-1602
http://ocanow.com/
https://www.facebook.com/Oregon-Chiropractic-Association-112072872138328/

OREGON
CHIROPRACTIC
ASSOCIATION

10580 SE Washington St.
Portland, OR 97216

T (503) 256-1601
F (503) 256-1602
E info@ocanow.com

November 14, 2023

Cassandra C. McLeod-Skinner, JD

Executive Director

Oregon Board of Chiropractic Examiners

530 Center Street NE, Suite 620

Salem, Oregon 97301

RE: Rules Review

This letter **follows** the request made by the Oregon Chiropractic Association during the OBCE meeting on September 27, 2023. The OBCE voted to adopt the following rules based on insufficient as well as **inaccurate** data made during the pandemic years of 2019-2022. We respectfully request the OBCE Board of Directors review the **following** rules:

Facial Covering Requirements

OAR 811-035-0007

This has proven to be **unscientific,** ineffective **(please see attached)** and **must** be repealed.

Unprofessional Conduct in the Chiropractic Profession

OAR 811-035-0015

(27) During a declared emergency, unprofessional conduct includes failing to comply with any applicable provision of a Governor's Executive Order or any provision of this rule.

This rule **must be evidence-based as well as based on the most recent** scientific evidence.

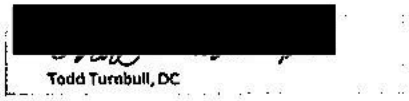
COVID-19 Vaccination Requirement for Healthcare Providers and Healthcare Staff in Healthcare Settings

OAR 333-019-1010 [PH 31-2023, repeal filed 06/30/2023, effective 06/30/2023]

This requirement has been repealed effective 06/30/2023.

The OBCE must cease to enforce these repealed requirements against licensed Oregon Chiropractic Doctors immediately.

Sincerely,



Todd A. Turnbull, DC., CCSP

President

Oregon Chiropractic Association

MASK INEFFECTIVENESS

INDEPENDENT STUDIES IN THIS REGARD

BEING SUBMITTED BY THE

OREGON CHIROPRACTIC ASSOCIATION

TO THE

OREGON BOARD OF CHIROPRACTIC EXAMINERS

44) Facemasks in the COVID-19 era: A health hypothesis, Vainshelboim, 2021	"The existing scientific evidences challenge the safety and efficacy of wearing facemask as preventive intervention for COVID-19. The data suggest that both medical and non-medical facemasks are ineffective to block human-to-human transmission of viral and infectious disease such SARS-CoV-2 and COVID-19, supporting against the usage of facemasks. Wearing facemasks has been demonstrated to have substantial adverse physiological and psychological effects. These include hypoxia, hypercapnia, shortness of breath, increased acidity and toxicity, activation of fear and stress response, rise in stress hormones, immunosuppression, fatigue, headaches, decline in cognitive performance, predisposition for viral and infectious illnesses, chronic stress, anxiety and depression."
45) The use of masks and respirators to prevent transmission of influenza: a systematic review of the scientific evidence, Bin-Reza, 2011	"None of the studies established a conclusive relationship between mask/respirator use and protection against influenza infection. Some evidence suggests that mask use is best undertaken as part of a package of personal protection especially hand hygiene."
46) Are Face Masks Effective? The Evidence., Swiss Policy Research, 2021	"Most studies found little to no evidence for the effectiveness of face masks in the general population, neither as personal protective equipment nor as a source control."
47) Postoperative wound infections and surgical face masks: A controlled study, Tunevall, 1991	"These results indicate that the use of face masks might be reconsidered. Masks may be used to protect the operating team from drops of infected blood and from airborne infections, but have not been proven to protect the patient operated by a healthy operating team."
48) Mask mandate and use efficacy in state-level COVID-19 containment, Guerra, 2021	"Mask mandates and use are not associated with slower state-level COVID-19 spread during COVID-19 growth surges."
49) Twenty Reasons Mandatory Face Masks are Unsafe, Ineffective and Immoral, Manley, 2021	"A CDC-funded review on masking in May 2020 came to the conclusion: "Although mechanistic studies support the potential effect of hand hygiene or face masks, evidence from 14 randomized controlled trials of these measures did not support a

	substantial effect on transmission of laboratory-confirmed influenza… None of the household studies reported a significant reduction in secondary laboratory-confirmed influenza virus infections in the face mask group." If masks can't stop the regular flu, how can they stop SAR-CoV-2?"
50) A cluster randomised trial of cloth masks compared with medical masks in healthcare workers, MacIntyre, 2015	"First RCT of cloth masks, and the results caution against the use of cloth masks. This is an important finding to inform occupational health and safety. Moisture retention, reuse of cloth masks and poor filtration may result in increased risk of infection…the rates of all infection outcomes were highest in the cloth mask arm, with the rate of ILI statistically significantly higher in the cloth mask arm (relative risk (RR)=13.00, 95% CI 1.69 to 100.07) compared with the medical mask arm. Cloth masks also had significantly higher rates of ILI compared with the control arm. An analysis by mask use showed ILI (RR=6.64, 95% CI 1.45 to 28.65) and laboratory-confirmed virus (RR=1.72, 95% CI 1.01 to 2.94) were significantly higher in the cloth masks group compared with the medical masks group. Penetration of cloth masks by particles was almost 97% and medical masks 44%."
51) Horowitz: Data from India continues to blow up the 'Delta' fear narrative, Blazemedia, 2021	"Rather than proving the need to sow more panic, fear, and control over people, the story from India — the source of the "Delta" variant — continues to refute every current premise of COVID fascism…Masks failed to stop the spread there."
52) An outbreak caused by the SARS-CoV-2 Delta variant (B.1.617.2) in a secondary care hospital in Finland, May 2021, Hetemäki, 2021	Reporting on a nosocomial hospital outbreak in Finland, Hetemäli et al. observed that "both symptomatic and asymptomatic infections were found among vaccinated health care workers, and secondary transmission occurred from those with symptomatic infections despite use of personal protective equipment."
53) Nosocomial outbreak caused by the SARS-CoV-2 Delta variant in a highly vaccinated population, Israel, July 2021, Shitrit, 2021	In a hospital outbreak investigation in Israel, Shitrit et al. observed "high transmissibility of the SARS-CoV-2 Delta variant among twice vaccinated and masked individuals." They added that "this suggests some waning of immunity, albeit still

	providing protection for individuals without comorbidities." Again, despite use of personal protective equipment.
54) 47 studies confirm ineffectiveness of masks for COVID and 32 more confirm their negative health effects, Lifesite news staff, 2021	"No studies were needed to justify this practice since most understood viruses were far too small to be stopped by the wearing of most masks, other than sophisticated ones designed for that task and which were too costly and complicated for the general public to properly wear and keep changing or cleaning. It was also understood that long mask wearing was unhealthy for wearers for common sense and basic science reasons."
55) Are EUA Face Masks Effective in Slowing the Spread of a Viral Infection?, Dopp, 2021	The vast evidence shows that masks are ineffective.
56) CDC Study finds overwhelming majority of people getting coronavirus wore masks, Boyd/Federalist, 2021	"A Centers for Disease Control report released in September shows that masks and face coverings are not effective in preventing the spread of COVID-19, even for those people who consistently wear them."
57) Most Mask Studies Are Garbage, Eugyppius, 2021	"The other kind of study, the proper kind, would be a randomised controlled trial. You compare the rates of infection in a masked cohort against rates of infection in an unmasked cohort. Here things have gone much, much worse for mask brigade. They spent months trying to prevent the publication of the Danish randomised controlled trial, which found that masks do zero. When that paper finally squeaked into print, they spent more months trying desperately to poke holes in it. You could feel their boundless relief when the Bangladesh study finally appeared to save them in early September. Every last Twitter blue-check could now proclaim that Science Shows Masks Work. Such was their hunger for any scrap of evidence to prop up their prior convictions, that none of them noticed the sad nature of the Science in question. The study found a mere 10% reduction in seroprevalence among the masked cohort, an effect so small that it fell within the confidence interval. Even the study authors couldn't exclude the possibility that masks in fact do zero."

58) Using face masks in the community: first update, ECDC, 2021	"No high-quality evidence in favor of face masks and recommended their use only based on the 'precautionary principle."
59) Do physical measures such as hand-washing or wearing masks stop or slow down the spread of respiratory viruses?, Cochrane, 2020	"Seven studies took place in the community, and two studies in healthcare workers. Compared with wearing no mask, wearing a mask may make little to no difference in how many people caught a flu-like illness (9 studies; 3507 people); and probably makes no difference in how many people have flu confirmed by a laboratory test (6 studies; 3005 people). Unwanted effects were rarely reported, but included discomfort."
60) Mouth-nose protection in public: No evidence of effectiveness, Thieme/ Kappstein, 2020	"The use of masks in public spaces is questionable simply because of the lack of scientific data. If one also considers the necessary precautions, masks must even be considered a risk of infection in public spaces according to the rules known from hospitals... If masks are worn by the population, the risk of infection is potentially increased, regardless of whether they are medical masks or whether they are so-called community masks designed in any way. If one considers the precautionary measures that the RKI as well as the international health authorities have pronounced, all authorities would even have to inform the population that masks should not be worn in public spaces at all. Because no matter whether it is a duty for all citizens or voluntarily borne by the citizens who want it for whatever reason, it remains a fact that masks can do more harm than good in public."
61) US mask guidance for kids is the strictest across the world, Skelding, 2021	"Kids need to see faces," Jay Bhattacharya, a professor of medicine at Stanford University, told The Post. Youngsters watch people's mouths to learn to speak, read and understand emotions, he said."We have this idea that this disease is so bad that we must adopt any means necessary to stop it from spreading," he said. "It's not that masks in schools have no costs. They actually do have substantial costs."
62) Masking young children in school harms language acquisition, Walsh, 2021	"This is important because children and/or students do not have the speech or language ability that adults have — they are not equally able and the ability to see the face and especially the mouth is critical to language acquisition which children and/or

	students are engaged in at all times. Furthermore, the ability to see the mouth is not only essential to communication but also essential to brain development."
63) The Case Against Masks for Children, Makary, 2021	"It's abusive to force kids who struggle with them to sacrifice for the sake of unvaccinated adults... Do masks reduce Covid transmission in children? Believe it or not, we could find only a single retrospective study on the question, and its results were inconclusive. Yet two weeks ago the Centers for Disease Control and Prevention sternly decreed that 56 million U.S. children and adolescents, vaccinated or not, should cover their faces regardless of the prevalence of infection in their community. Authorities in many places took the cue to impose mandates in schools and elsewhere, on the theory that masks can't do any harm. That isn't true. Some children are fine wearing a mask, but others struggle. Those who have myopia can have difficulty seeing because the mask fogs their glasses. (This has long been a problem for medical students in the operating room.) Masks can cause severe acne and other skin problems. The discomfort of a mask distracts some children from learning. By increasing airway resistance during exhalation, masks can lead to increased levels of carbon dioxide in the blood. And masks can be vectors for pathogens if they become moist or are used for too long."
64) Face Covering Mandates, Peavey, 2021	"Face Covering Mandates And Why They AREN'T Effective."
65) Do masks work? A Review of the evidence, Anderson, 2021	"In truth, the CDC's, U.K.'s, and WHO's earlier guidance was much more consistent with the best medical research on masks' effectiveness in preventing the spread of viruses. That research suggests that Americans' many months of mask-wearing has likely provided little to no health benefit and might even have been counterproductive in preventing the spread of the novel coronavirus."
66) Most face masks won't stop COVID-19 indoors, study warns, Anderer, 2021	"New research reveals that cloth masks filter just 10% of exhaled aerosols, with many people not wearing coverings that fit their face properly."

67) How face masks and lockdowns failed/the face mask folly in retrospect, Swiss Policy Research, 2021	"Mask mandates and lockdowns have had no discernible impact."
68) CDC Releases School COVID Transmission Study But Buries One of the Most Damning Parts, Davis, 2021	"The 21% lower incidence in schools that required mask use among students was not statistically significant compared with schools where mask use was optional… With tens of millions of American kids headed back to school in the fall, their parents and political leaders owe it to them to have a clear-sighted, scientifically rigorous discussion about which anti-COVID measures actually work and which might put an extra burden on vulnerable young people without meaningfully or demonstrably slowing the spread of the virus…that a masking requirement of students failed to show independent benefit is a finding of consequence and great interest."
69) World Health Organization internal meeting, COVID-19 – virtual press conference – 30 March 2020, 2020	"This is a question on Austria. The Austrian Government has a desire to make everyone wear a mask who's going into the shops. I understood from our previous briefings with you that the general public should not wear masks because they are in short supply. What do you say about the new Austrian measures?… I'm not specifically aware of that measure in Austria. I would assume that it's aimed at people who potentially have the disease not passing it to others. In general WHO recommends that the wearing of a mask by a member of the public is to prevent that individual giving the disease to somebody else. We don't generally recommend the wearing to masks in public by otherwise well individuals because it has not been up to now associated with any particular benefit."
70) Face masks to prevent transmission of influenza virus: a systematic review, Cowling, 2010	"Review highlights the limited evidence base supporting the efficacy or effectiveness of face masks to reduce influenza virus transmission.""None of the studies reviewed showed a benefit from wearing a mask, in either HCW or community members in households (H)."
71) Effectiveness of N95 respirators versus surgical masks in protecting health care workers from acute	"Although N95 respirators appeared to have a protective advantage over surgical masks in laboratory settings, our meta-analysis showed that there were insufficient

respiratory infection: a systematic review and meta-analysis, Smith, 2016	data to determine definitively whether N95 respirators are superior to surgical masks in protecting health care workers against transmissible acute respiratory infections in clinical settings."
72) Effectiveness of Masks and Respirators Against Respiratory Infections in Healthcare Workers: A Systematic Review and Meta-Analysis, Offeddu, 2017	"We found evidence to support universal medical mask use in hospital settings as part of infection control measures to reduce the risk of CRI and ILI among HCWs. Overall, N95 respirators may convey greater protection, but universal use throughout a work shift is likely to be less acceptable due to greater discomfort...Our analysis confirms the effectiveness of medical masks and respirators against SARS. Disposable, cotton, or paper masks are not recommended. The confirmed effectiveness of medical masks is crucially important for lower-resource and emergency settings lacking access to N95 respirators. In such cases, single-use medical masks are preferable to cloth masks, for which there is no evidence of protection and which might facilitate transmission of pathogens when used repeatedly without adequate sterilization...We found no clear benefit of either medical masks or N95 respirators against pH1N1...Overall, the evidence to inform policies on mask use in HCWs is poor, with a small number of studies that is prone to reporting biases and lack of statistical power."
73) N95 Respirators vs Medical Masks for Preventing Influenza Among Health Care Personnel, Radonovich, 2019	"Use of N95 respirators, compared with medical masks, in the outpatient setting resulted in no significant difference in the rates of laboratory-confirmed influenza."
Effectiveness of N95 respirators versus surgical masks againstinfluenza: A systematic review and meta-analysis74) Masks Don't Work: A Review of Science Relevant to COVID-19 Social Policy, Rancourt, 2020	The use of N95 respirators compared with surgical masks is not associated with alower risk of laboratory-confirmed influenza. It suggests that N95 respirators should not be rec-ommended for general public and nonhigh-risk medical staff those are not in close contact withinfluenza patients or suspected patients. "No RCT study with verified outcome shows a benefit for HCW or community members in households to wearing a mask or respirator. There is no such study. There are no exceptions. Likewise, no study exists that shows a benefit from a broad policy to wear masks in public (more on this below). Furthermore, if there were any benefit to wearing a mask, because of the

	blocking power against droplets and aerosol particles, then there should be more benefit from wearing a respirator (N95) compared to a surgical mask, yet several large meta-analyses, and all the RCT, prove that there is no such relative benefit."
75) More Than a Dozen Credible Medical Studies Prove Face Masks Do Not Work Even In Hospitals!, Firstenberg, 2020	"Mandating masks has not kept death rates down anywhere. The 20 U.S. states that have never ordered people to wear face masks indoors and out have dramatically lower COVID-19 death rates than the 30 states that have mandated masks. Most of the no-mask states have COVID-19 death rates below 20 per 100,000 population, and none have a death rate higher than 55. All 13 states that have death rates higher 55 are states that have required the wearing of masks in all public places. It has not protected them."
76) Does evidence based medicine support the effectiveness of surgical facemasks in preventing postoperative wound infections in elective surgery?, Bahli, 2009	"From the limited randomized trials it is still not clear that whether wearing surgical face masks harms or benefit the patients undergoing elective surgery."
77) Peritonitis prevention in CAPD: to mask or not?, Figueiredo, 2000	"The current study suggests that routine use of face masks during CAPD bag exchanges may be unnecessary and could be discontinued."
78) The operating room environment as affected by people and the surgical face mask, Ritter, 1975	"The wearing of a surgical face mask had no effect upon the overall operating room environmental contamination and probably work only to redirect the projectile effect of talking and breathing. People are the major source of environmental contamination in the operating room."
79) The efficacy of standard surgical face masks: an investigation using "tracer particles, Ha'eri, 1980	"Particle contamination of the wound was demonstrated in all experiments. Since the microspheres were not identified on the exterior of these face masks, they must have escaped around the mask edges and found their way into the wound."
80) Wearing of caps and masks not necessary during cardiac catheterization, Laslett, 1989	"Prospectively evaluated the experience of 504 patients undergoing percutaneous left heart catheterization, seeking evidence of a relationship between whether caps and/or

	masks were worn by the operators and the incidence of infection. No infections were found in any patient, regardless of whether a cap or mask was used. Thus, we found no evidence that caps or masks need to be worn during percutaneous cardiac catheterization."
81) Do anaesthetists need to wear surgical masks in the operating theatre? A literature review with evidence-based recommendations, Skinner, 2001	"A questionnaire-based survey, undertaken by Leyland' in 1993 to assess attitudes to the use of masks, showed that 20% of surgeons discarded surgical masks for endoscopic work. Less than 50% did not wear the mask as recommended by the Medical Research Council. Equal numbers of surgeons wore the mask in the belief they were protecting themselves and the patient, with 20% of these admitting that tradition was the only reason for wearing them."
82) Mask mandates for children are not backed by data, Faria, 2021	"Even if you want to use the 2018-19 flu season to avoid overlap with the start of the COVID-19 pandemic, the CDC paints a similar picture: It estimated 480 flu deaths among children during that period, with 46,000 hospitalizations. COVID-19, mercifully, is simply not as deadly for children. According to the American Academy of Pediatrics, preliminary data from 45 states show that between 0.00%-0.03% of child COVID-19 cases resulted in death. When you combine these numbers with the CDC study that found mask mandates for students — along with hybrid models, social distancing, and classroom barriers — did not have a statistically significant benefit in preventing the spread of COVID-19 in schools, the insistence that we force students to jump through these hoops for their own protection makes no sense."
83) The Downsides of Masking Young Students Are Real, Prasad, 2021	"The benefits of mask requirements in schools might seem self-evident—they have to help contain the coronavirus, right?—but that may not be so. In Spain, masks are used in kids ages 6 and older. The authors of one study there examined the risk of viral spread at all ages. If masks provided a large benefit, then the transmission rate among 5-year-olds would be far higher than the rate among 6-year-olds. The results don't show that. Instead, they show that transmission rates, which were low among the youngest kids, steadily increased with age—rather than dropping sharply for older

	children subject to the face-covering requirement. This suggests that masking kids in school does not provide a major benefit and might provide none at all. And yet many officials prefer to double down on masking mandates, as if the fundamental policy were sound and only the people have failed."
84) Masks In Schools: Scientific American Fumbles Report On Childhood COVID Transmission, English/ACSH, 2021	"Masking is a low-risk, inexpensive intervention. If we want to recommend it as a precautionary measure, especially in situations where vaccination isn't an option, great. But that's not what the public has been told. "Florida governor Ron DeSantis and politicians in Texas say research does not support mask mandates," SciAm's sub-headline bellowed. "Many studies show they are wrong."If that's the case, demonstrate that the intervention works before you mandate its use in schools. If you can't, acknowledged what UC San Francisco hematologist-oncologist and Associate Professor of Epidemiology Vinay Prasad wrote over at the Atlantic:"No scientific consensus exists about the wisdom of mandatory-masking rules for schoolchildren … In mid-March 2020, few could argue against erring on the side of caution. But nearly 18 months later, we owe it to children and their parents to answer the question properly: Do the benefits of masking kids in school outweigh the downsides? The honest answer in 2021 remains that we don't know for sure."
85) Masks 'don't work,' are damaging health and are being used to control population: Doctors panel, Haynes, 2021	"The only randomized control studies that have ever been done on masks show that they don't work," began Dr. Nepute. He referred to Dr. Anthony Fauci's "noble lie," in which Fauci "changed his tune," from his March 2020 comments, where he downplayed the need and efficacy of mask wearing, before urging Americans to use masks later in the year. "Well, he lied to us. So if he lied about that, what else has he lied to you about?" questioned Nepute.Masks have become commonplace in almost every setting, whether indoors or outdoors, but Dr. Popper mentioned how there have been "no studies" which actually examine the "effect of wearing a mask during all your waking hours.""There's no science to back any of this and particularly no science to back the fact that wearing a mask twenty four-seven or every waking minute, is health promoting," added Popper."

86) Aerosol penetration through surgical masks, Chen, 1992	"The mask that has the highest collection efficiency is not necessarily the best mask from the perspective of the filter-quality factor, which considers not only the capture efficiency but also the air resistance. 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-sized aerosols containing pathogens to which these health care workers are potentially exposed."
87) CDC: Schools With Mask Mandates Didn't See Statistically Significant Different Rates of COVID Transmission From Schools With Optional Policies, Miltimore, 2021	"The CDC did not include its finding that "required mask use among students was not statistically significant compared with schools where mask use was optional" in the summary of its report."
88) Horowitz: Data from India continues to blow up the 'Delta' fear narrative, Howorwitz, 2021	"Rather than proving the need to sow more panic, fear, and control over people, the story from India — the source of the "Delta" variant — continues to refute every current premise of COVID fascism…Unless we do that, we must return to the very effective lockdowns and masks. In reality, India's experience proves the opposite true; namely:1) Delta is largely an attenuated version, with a much lower fatality rate, that for most people is akin to a cold.2) Masks failed to stop the spread there.3) The country has come close to the herd immunity threshold with just 3% vaccinated.
89) Transmission of SARS-CoV-2 Delta Variant Among Vaccinated Healthcare Workers, Vietnam, Chau, 2021	While not definitive in the LANCET publication, it can be inferred that the nurses were all masked up and had PPE etc. as was the case in Finland and Israel nosocomial outbreaks, indicating the failure of PPE and masks to constrain Delta spread.
90) Aerosol penetration through surgical masks, Willeke, 1992	"The mask that has the highest collection efficiency is not necessarily the best mask from the perspective of the filter-quality factor, which considers not only the capture efficiency but also the air resistance. 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 submicrometer-size aerosols containing pathogens to which these health care workers are potentially exposed."

91) The efficacy of standard surgical face masks: an investigation using "tracer particles", Wiley, 1980	"Particle contamination of the wound was demonstrated in all aexperiments. Since the microspheres were not identified on the exterior of these face masks, they must have escped around the mask edges and found their way into the wound. The wearing of the mask beneath the headgear curtails this route of contamination."
92) An Evidence Based Scientific Analysis of Why Masks are Ineffective, Unnecessary, and Harmful, Meehan, 2020	"Decades of the highest-level scientific evidence (meta-analyses of multiple randomized controlled trials) overwhelmingly conclude that medical masks are ineffective at preventing the transmission of respiratory viruses, including SAR-CoV-2...those arguing for masks are relying on low-level evidence (observational retrospective trials and mechanistic theories), none of which are powered to counter the evidence, arguments, and risks of mask mandates."
93) Open Letter from Medical Doctors and Health Professionals to All Belgian Authorities and All Belgian Media, AIER, 2020	"Oral masks in healthy individuals are ineffective against the spread of viral infections."
94) Effectiveness of N95 respirators versus surgical masks against influenza: A systematic review and meta-analysis, Long, 2020	"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 general public and nonhigh-risk medical staff those are not in close contact with influenza patients or suspected patients."
95) Advice on the use of masks in the context of COVID-19, WHO, 2020	"However, the use of a mask alone is insufficient to provide an adequate level of protection or source control, and other personal and community level measures should also be adopted to suppress transmission of respiratory viruses."
96) Farce mask: it's safe for only 20 minutes, The Sydney Morning Herald, 2003	"Health authorities have warned that surgical masks may not be an effective protection against the virus."Those masks are only effective so long as they are dry," said Professor Yvonne Cossart of the Department of Infectious Diseases at the University of Sydney."As soon as they become saturated with the moisture in your breath they stop doing their job and pass on the droplets."Professor Cossart said that

	could take as little as 15 or 20 minutes, after which the mask would need to be changed. But those warnings haven't stopped people snapping up the masks, with retailers reporting they are having trouble keeping up with demand."
97) Study: Wearing A Used Mask Is Potentially Riskier Than No Mask At All, Boyd, 2020 Effects of mask-wearing on the inhalability and deposition of airborne SARS-CoV-2 aerosols in human upper airway	"According to researchers from the University of Massachusetts Lowell and California Baptist University, a three-layer surgical mask is 65 percent efficient in filtering particles in the air. That effectiveness, however, falls to 25 percent once it is used."It is natural to think that wearing a mask, no matter new or old, should always be better than nothing," said author Jinxiang Xi."Our results show that this belief is only true for particles larger than 5 micrometers, but not for fine particles smaller than 2.5 micrometers," he continued."
98) Unravelling the Role of the Mandatory Use of Face Covering Masks for the Control of SARS-CoV-2 in Schools: A Quasi-Experimental Study Nested in a Population-Based Cohort in Catalonia (Spain), Coma, 2022	"A recent study (Catalonia, Spain) done on face masks and their effectiveness was a retrospective population-based study among near 600,000 children aged 3 to 11 years attending preschool (3-5 years, without facial covering mandate) and primary education (6-11 years, with facial covering mandate); to assess the incidence of SARS-CoV-2, secondary attack rates (SAR) and the effective reproductive number (R*) for each grade during the first trimester of the 2021-2022 academic year, including an analysis of the differences between 5-year-old, without facial covering mandate, and 6 year-old children, with mandate. Researchers found that "the SARS-CoV-2 incidence was significantly lower in preschool than in primary education, and an age-dependent trend was observed. Children aged 3 and 4 showed lower outcomes for all the analyzed epidemiological variables, while children aged 11 had the higher values. Six-year-old children showed higher incidence than 5 year-olds (3·54% vs 3·1%; OR: 1·15 [95%CI: 1·08-1·22]) and slightly lower but not statistically significant SAR and R*: SAR were 4·36% in 6 year-old children, and 4·59% in 5 year-old (IRR: 0·96 [95%CI: 0·82-1·11]); and R* was 0·9 and 0·93 (OR: 0·96 [95%CI: 0·87-1·09]), respectively." Overall, facial covering mandates (face masks) in examined schools were not linked to lower SARS-CoV-2 incidence or spread, implying that these masks were not effective."

99) Correlation Between Mask Compliance and COVID-19 Outcomes in Europe, Spira, 2022	"The aim of this short study was to analyse the correlation between mask usage against morbidity and mortality rates in the 2020-2021 winter in Europe. Data from 35 European countries on morbidity, mortality, and mask usage during a six-month period were analysed and crossed. Mask usage was more homogeneous in Eastern Europe than in Western European countries. Spearman's correlation coefficients between mask usage and COVID-19 outcomes were either null or positive, depending on the subgroup of countries and type of outcome (cases or deaths). Positive correlations were stronger in Western than in Eastern European countries. These findings indicate that countries with high levels of mask compliance did not perform better than those with low mask usage."
100)The Foegen effect A mechanism by which facemasks contribute to the COVID-19 case fatality rate, Fögen, 2022	"The most important finding from this study is that contrary to the accepted thought that fewer people are dying because infection rates are reduced by masks, this was not the case. Results from this study strongly suggest that mask mandates actually caused about 1.5 times the number of deaths or ~50% more deaths compared to no mask mandates. This means that the risk for the individual wearing the mask should even be higher, because there is an unknown number of people in MMC who either do not obey mask mandates, are exempted for medical reasons or do not go to public places where mask mandates are in effect. These people do not have an increased risk and thus the risk on the other people under a mask mandate is actually higher."
MASK MANDATES	
1) Mask mandate and use efficacy for COVID-19 containment in US States, Guerra, 2021	"Calculated total COVID-19 case growth and mask use for the continental United States with data from the Centers for Disease Control and Prevention and Institute for Health Metrics and Evaluation. We estimated post-mask mandate case growth in non-mandate states using median issuance dates of neighboring states with mandates…did not observe association between mask mandates or use and reduced COVID-19 spread in US states."

2) These 12 Graphs Show Mask Mandates Do Nothing To Stop COVID, Weiss, 2020	"Masks can work well when they're fully sealed, properly fitted, changed often, and have a filter designed for virus-sized particles. This represents none of the common masks available on the consumer market, making universal masking much more of a confidence trick than a medical solution…Our universal use of unscientific face coverings is therefore closer to medieval superstition than it is to science, but many powerful institutions have too much political capital invested in the mask narrative at this point, so the dogma is perpetuated. The narrative says that if cases go down it's because masks succeeded. It says that if cases go up it's because masks succeeded in preventing more cases. The narrative simply assumes rather than proves that masks work, despite overwhelming scientific evidence to the contrary."
3) Mask Mandates Seem to Make CCP Virus Infection Rates Climb, Study Says, Vadum, 2020	"Protective-mask mandates aimed at combating the spread of the CCP virus that causes the disease COVID-19 appear to promote its spread, according to a report from RationalGround.com, a clearinghouse of COVID-19 data trends that's run by a grassroots group of data analysts, computer scientists, and actuaries."
4) Horowitz: Comprehensive analysis of 50 states shows greater spread with mask mandates, Howorwitz, 2020 Justin Hart	"How long do our politicians get to ignore the results?… The results: When comparing states with mandates vs. those without, or periods of times within a state with a mandate vs. without, there is absolutely no evidence the mask mandate worked to slow the spread one iota. In total, in the states that had a mandate in effect, there were 9,605,256 confirmed COVID cases over 5,907 total days, an average of 27 cases per 100,000 per day. When states did not have a statewide order (which includes the states that never had them and the period of time masking states did not have the mandate in place) there were 5,781,716 cases over 5,772 total days, averaging 17 cases per 100,000 people per day."
5) The CDC's Mask Mandate Study: Debunked, Alexander, 2021	"Thus, it is not surprising that the CDC's own recent conclusion on the use of nonpharmaceutical measures such as face masks in pandemic influenza, warned that scientific "evidence from 14 randomized controlled trials of these measures did not support a substantial effect on transmission…" Moreover, in the WHO's 2019

	guidance document on nonpharmaceutical public health measures in a pandemic, they reported as to face masks that "there is no evidence that this is effective in reducing transmission..." Similarly, in the fine print to a recent double-blind, double-masking simulation the CDC stated that "The findings of these simulations [supporting mask usage] should neither be generalized to the effectiveness ...nor interpreted as being representative of the effectiveness of these masks when worn in real-world settings."
6) Phil Kerpin, tweet, 2021 The Spectator	"The first ecological study of state mask mandates and use to include winter data: "Case growth was independent of mandates at low and high rates of community spread, and mask use did not predict case growth during the Summer or Fall-Winter waves."
7) How face masks and lockdowns failed, SPR, 2021	"Infections have been driven primarily by seasonal and endemic factors, whereas mask mandates and lockdowns have had no discernible impact"
8) Analysis of the Effects of COVID-19 Mask Mandates on Hospital Resource Consumption and Mortality at the County Level, Schauer, 2021	"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."
9) Do we need mask mandates, Harris, 2021	"But masks proved far less useful in the subsequent 1918 Spanish flu, a viral disease spread by pathogens smaller than bacteria. California's Department of Health, for instance, reported that the cities of Stockton, which required masks, and Boston, which did not, had scarcely different death rates, and so advised against mask mandates except for a few high-risk professions such as barbers....Randomized controlled trials (RCTs) on mask use, generally more reliable than observational studies, though not infallible, typically show that cloth and surgical masks offer little protection. A few RCTs suggest that perfect adherence to an exacting mask protocol may guard against influenza, but meta-analyses find little on the whole to suggest that masks offer meaningful protection. WHO guidelines from 2019 on influenza say that

	despite "mechanistic plausibility for the potential effectiveness" of masks, studies showed a benefit too small to be established with any certainty. Another literature review by researchers from the University of Hong Kong agrees. Its best estimate for the protective effect of surgical masks against influenza, based on ten RCTs published through 2018, was just 22 percent, and it could not rule out zero effect."
MASK HARMS	
1) Corona children studies: Co-Ki: First results of a German-wide registry on mouth and nose covering (mask) in children, Schwarz, 2021	"The average wearing time of the mask was 270 minutes per day. 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/kindergarten (44%), malaise (42%) impaired learning (38%) and drowsiness or fatigue (37%)."
2) Dangerous pathogens found on children's face masks, Cabrera, 2021	"Masks were contaminated with bacteria, parasites, and fungi, including three with dangerous pathogenic and pneumonia-causing bacteria."
3) Masks, false safety and real dangers, Part 2: Microbial challenges from masks, Borovoy, 2020/2021	"Laboratory testing of used masks from 20 train commuters revealed that 11 of the 20 masks tested contained over 100,000 bacterial colonies. Molds and yeasts were also found. Three of the masks contained more than one million bacterial colonies... The outside surfaces of surgical masks were found to have high levels of the following microbes, even in hospitals, more concentrated on the outside of masks than in the environment. Staphylococcus species (57%) and Pseudomonas spp (38%) were predominant among bacteria, and Penicillium spp (39%) and Aspergillus spp. (31%) were the predominant fungi."
4) Preliminary report on surgical mask induced deoxygenation during major surgery, Beder, 2008	"Considering our findings, pulse rates of the surgeon's increase and SpO2 decrease after the first hour. This early change in SpO2 may be either due to the facial mask or the operational stress. Since a very small decrease in saturation at this level, reflects a

	large decrease in PaO2, our findings may have a clinical value for the health workers and the surgeons."
5) Mask mandates may affect a child's emotional, intellectual development, Gillis, 2020	"The thing is we really don't know for sure what the effect may or may not be. But what we do know is that children, especially in early childhood, they use the mouth as part of the entire face to get a sense of what's going on around them in terms of adults and other people in their environment as far as their emotions. It also has a role in language development as well… If you think about an infant, when you interact with them you use part of your mouth. They are interested in your facial expressions. And if you think about that part of the face being covered up, there is that possibility that it could have an effect. But we don't know because this is really an unprecedented time. What we wonder about is if this could play a role and how can we stop it if it would affect child development."
6) Headaches and the N95 face-mask amongst healthcare providers, Lim, 2006	"Healthcare providers may develop headaches following the use of the N95 face-mask."
7) Maximizing Fit for Cloth and Medical Procedure Masks to Improve Performance and Reduce SARS-CoV-2 Transmission and Exposure, 2021, Brooks, 2021	"Although use of double masking or knotting and tucking are two of many options that can optimize fit and enhance mask performance for source control and for wearer protection, double masking might impede breathing or obstruct peripheral vision for some wearers, and knotting and tucking can change the shape of the mask such that it no longer covers fully both the nose and the mouth of persons with larger faces."
8) Facemasks in the COVID-19 era: A health hypothesis, Vainshelboim, 2021	"Wearing facemasks has been demonstrated to have substantial adverse physiological and psychological effects. These include hypoxia, hypercapnia, shortness of breath, increased acidity and toxicity, activation of fear and stress response, rise in stress hormones, immunosuppression, fatigue, headaches, decline in cognitive performance, predisposition for viral and infectious illnesses, chronic stress, anxiety and depression."

9) Wearing a mask can expose children to dangerous levels of carbon dioxide in just THREE MINUTES, study finds, Shaheen/Daily Mail, 2021	"European study found that children wearing masks for only minutes could be exposed to dangerous carbon dioxide levels…Forty-five children were exposed to carbon dioxide levels between three to twelve times healthy levels."
10) How many children must die? Shilhavy, 2020	"How long are parents going to continue masking their children causing great harm to them, even to the point of risking their lives? Dr. Eric Nepute in St. Louis took time to record a video rant that he wants everyone to share, after the 4-year-old child of one of his patients almost died from a bacterial lung infection caused by prolonged mask use."
11) Medical Doctor Warns that "Bacterial Pneumonias Are on the Rise" from Mask Wearing, Meehan, 2021	"I'm seeing patients that have facial rashes, fungal infections, bacterial infections. Reports coming from my colleagues, all over the world, are suggesting that the bacterial pneumonias are on the rise…Why might that be? Because untrained members of the public are wearing medical masks, repeatedly… in a non-sterile fashion… They're becoming contaminated. They're pulling them off of their car seat, off the rear-view mirror, out of their pocket, from their countertop, and they're reapplying a mask that should be worn fresh and sterile every single time."
12) Open Letter from Medical Doctors and Health Professionals to All Belgian Authorities and All Belgian Media, AIER, 2020	"Wearing a mask is not without side effects. Oxygen deficiency (headache, nausea, fatigue, loss of concentration) occurs fairly quickly, an effect similar to altitude sickness. Every day we now see patients complaining of headaches, sinus problems, respiratory problems and hyperventilation due to wearing masks. In addition, the accumulated CO2 leads to a toxic acidification of the organism which affects our immunity. Some experts even warn of an increased transmission of the virus in case of inappropriate use of the mask."
13) Face coverings for covid-19: from medical intervention to social practice, Peters, 2020	"At present, there is no direct evidence (from studies on Covid19 and in healthy people in the community) on the effectiveness of universal masking of healthy people in the community to prevent infection with respiratory viruses, including Covid19. Contamination of the upper respiratory tract by viruses and bacteria on the outside of

	medical face masks has been detected in several hospitals. Another research shows that a moist mask is a breeding ground for (antibiotic resistant) bacteria and fungi, which can undermine mucosal viral immunity. This research advocates the use of medical / surgical masks (instead of homemade cotton masks) that are used once and replaced after a few hours."
14) Face masks for the public during the covid-19 crisis, Lazzarino, 2020	"The two potential side effects that have already been acknowledged are: (1) Wearing a face mask may give a false sense of security and make people adopt a reduction in compliance with other infection control measures, including social distancing and hands washing. (2) Inappropriate use of face mask: people must not touch their masks, must change their single-use masks frequently or wash them regularly, dispose them correctly and adopt other management measures, otherwise their risks and those of others may increase. Other potential side effects that we must consider are: (3) The quality and the volume of speech between two people wearing masks is considerably compromised and they may unconsciously come closer. While one may be trained to counteract side effect n.1, this side effect may be more difficult to tackle. (4) Wearing a face mask makes the exhaled air go into the eyes. This generates an uncomfortable feeling and an impulse to touch your eyes. If your hands are contaminated, you are infecting yourself."
15) Contamination by respiratory viruses on outer surface of medical masks used by hospital healthcare workers, Chughtai, 2019	"Respiratory pathogens on the outer surface of the used medical masks may result in self-contamination. The risk is higher with longer duration of mask use (> 6 h) and with higher rates of clinical contact. Protocols on duration of mask use should specify a maximum time of continuous use, and should consider guidance in high contact settings."
16) Reusability of Facemasks During an Influenza Pandemic, Bailar, 2006	"After considering all the testimony and other information we received, the committee concluded that there is currently no simple, reliable way to decontaminate these devices and enable people to use them safely more than once. There is relatively little data available about how effective these devices are against flu even the first time they

	are used. To the extent they can help at all, they must be used correctly, and the best respirator or mask will do little to protect a person who uses it incorrectly. Substantial research must be done to increase our understanding of how flu spreads, to develop better masks and respirators, and to make it easier to decontaminate them. Finally, the use of face coverings is only one of many strategies that will be needed to slow or halt a pandemic, and people should not engage in activities that would increase their risk of exposure to flu just because they have a mask or respirator."
17) Exhalation of respiratory viruses by breathing, coughing, and talking, Stelzer-Braid, 2009	"The exhaled aerosols generated by coughing, talking, and breathing were sampled in 50 subjects using a novel mask, and analyzed using PCR for nine respiratory viruses. The exhaled samples from a subset of 10 subjects who were PCR positive for rhinovirus were also examined by cell culture for this virus. Of the 50 subjects, among the 33 with symptoms of upper respiratory tract infections, 21 had at least one virus detected by PCR, while amongst the 17 asymptomatic subjects, 4 had a virus detected by PCR. Overall, rhinovirus was detected in 19 subjects, influenza in 4 subjects, parainfluenza in 2 subjects, and human metapneumovirus in 1 subject. Two subjects were co-infected. Of the 25 subjects who had virus-positive nasal mucus, the same virus type was detected in 12 breathing samples, 8 talking samples, and in 2 coughing samples. In the subset of exhaled samples from 10 subjects examined by culture, infective rhinovirus was detected in 2."
18) [Effect of a surgical mask on six minute walking distance], Person, 2018	"Wearing a surgical mask modifies significantly and clinically dyspnea without influencing walked distance."
19) Protective masks reduce resilience, Science ORF, 2020	"The German researchers used two types of face masks for their study – surgical masks and so-called FFP2 masks, which are mainly used by medical personnel. The measurements were carried out with the help of spiroergometry, in which patients or in this case the test persons exert themselves physically on a stationary bicycle – a so-called ergometer – or a treadmill. The subjects were examined without a mask, with surgical masks and with FFP2 masks. The masks therefore impair breathing, especially

	the volume and the highest possible speed of the air when exhaling. The maximum possible force on the ergometer was significantly reduced."
20) Wearing masks even more unhealthy than expected, Coronoa transition, 2020	"They contain microplastics – and they exacerbate the waste problem..."Many of them are made of polyester and so you have a microplastic problem." Many of the face masks would contain polyester with chlorine compounds: "If I have the mask in front of my face, then of course I breathe in the microplastic directly and these substances are much more toxic than if you swallow them, as they get directly into the nervous system," Braungart continues."
21) Masking Children: Tragic, Unscientific, and Damaging, Alexander, 2021	"Children do not readily acquire SARS-CoV-2 (very low risk), spread it to other children or teachers, or endanger parents or others at home. This is the settled science. In the rare cases where a child contracts Covid virus it is very unusual for the child to get severely ill or die. Masking can do positive harm to children – as it can to some adults. But the cost benefit analysis is entirely different for adults and children – particularly younger children. Whatever arguments there may be for consenting adults – children should not be required to wear masks to prevent the spread of Covid-19. Of course, zero risk is not attainable – with or without masks, vaccines, therapeutics, distancing or anything else medicine may develop or government agencies may impose."
22) The Dangers of Masks, Alexander, 2021	"With that clarion call, we pivot and refer here to another looming concern and this is the potential danger of the chlorine, polyester, and microplastic components of the face masks (surgical principally but any of the mass-produced masks) that have become part of our daily lives due to the Covid-19 pandemic. We hope those with persuasive power in the government will listen to this plea. We hope that the necessary decisions will be made to reduce the risk to our populations."
23) 13-year-old mask wearer dies for inexplicable reasons, Corona Transition, 2020	"The case is not only causing speculation in Germany about possible poisoning with carbon dioxide. Because the student "was wearing a corona protective mask when she suddenly collapsed and died a little later in the hospital," writes Wochenblick.Editor's

	Review: The fact that no cause of death was communicated nearly three weeks after the girl's death is indeed unusual. The carbon dioxide content of the air is usually about 0.04 percent. From a proportion of four percent, the first symptoms of hypercapnia, i.e. carbon dioxide poisoning, appear. If the proportion of the gas rises to more than 20 percent, there is a risk of deadly carbon dioxide poisoning. However, this does not come without alarm signals from the body. According to the medical portal netdoktor, these include "sweating, accelerated breathing, accelerated heartbeat, headaches, confusion, loss of consciousness". The unconsciousness of the girl could therefore be an indication of such poisoning."
24) Student Deaths Lead Chinese Schools to Change Mask Rules, that's, 2020	"During the month of April, three cases of students suffering sudden cardiac death (SCD) while running during gym class have been reported in Zhejiang, Henan and Hunan provinces. Beijing Evening News noted that all three students were wearing masks at the time of their deaths, igniting a critical discussion over school rules on when students should wear masks."
25) Blaylock: Face Masks Pose Serious Risks To The Healthy, 2020	"As for the scientific support for the use of face mask, a recent careful examination of the literature, in which 17 of the best studies were analyzed, concluded that, " None of the studies established a conclusive relationship between mask/respirator use and protection against influenza infection."[1] Keep in mind, no studies have been done to demonstrate that either a cloth mask or the N95 mask has any effect on transmission of the COVID-19 virus. Any recommendations, therefore, have to be based on studies of influenza virus transmission. And, as you have seen, there is no conclusive evidence of their efficiency in controlling flu virus transmission."
26) The mask requirement is responsible for severe psychological damage and the weakening of the immune system, Coronoa Transition, 2020	"In fact, the mask has the potential to "trigger strong psychovegetative stress reactions via emerging aggression, which correlate significantly with the degree of stressful after-effects". Prousa is not alone in her opinion. Several psychologists dealt with the mask problem

	— and most came to devastating results. Ignoring them would be fatal, according to Prousa."
27) The physiological impact of wearing an N95 mask during hemodialysis as a precaution against SARS in patients with end-stage renal disease, Kao, 2004	"Wearing an N95 mask for 4 hours during HD significantly reduced PaO2 and increased respiratory adverse effects in ESRD patients."
28) Is a Mask That Covers the Mouth and Nose Free from Undesirable Side Effects in Everyday Use and Free of Potential Hazards?, Kisielinski, 2021	"We objectified evaluation evidenced changes in respiratory physiology of mask wearers with significant correlation of O_2 drop and fatigue ($p < 0.05$), a clustered co-occurrence of respiratory impairment and O_2 drop (67%), N95 mask and CO_2 rise (82%), N95 mask and O_2 drop (72%), N95 mask and headache (60%), respiratory impairment and temperature rise (88%), but also temperature rise and moisture (100%) under the masks. Extended mask-wearing by the general population could lead to relevant effects and consequences in many medical fields.""Here are the pathophysiological changes and subjective complaints: 1) Increase in blood carbon dioxide 2) Increase in breathing resistance 3) Decrease in blood oxygen saturation 4) Increase in heart rate 5) Decrease in cardiopulmonary capacity 6) Feeling of exhaustion 7) Increase in respiratory rate 8) Difficulty breathing and shortness of breath 9) Headache 10) Dizziness 11) Feeling of dampness and heat 12) Drowsiness (qualitative neurological deficits) 13) Decrease in empathy perception 14) Impaired skin barrier function with acne, itching and skin lesions"
29) Is N95 face mask linked to dizziness and headache?, Ipek, 2021	"Respiratory alkalosis and hypocarbia were detected after the use of N95. Acute respiratory alkalosis can cause headache, anxiety, tremor, muscle cramps. In this study, it was quantitatively shown that the participants' symptoms were due to respiratory alkalosis and hypocarbia."
30) COVID-19 prompts a team of engineers to rethink the humble face mask, Myers, 2020	"But in filtering those particles, the mask also makes it harder to breathe. N95 masks are estimated to reduce oxygen intake by anywhere from 5 to 20 percent. That's significant, even for a healthy person. It can cause dizziness and lightheadedness. If

	you wear a mask long enough, it can damage the lungs. For a patient in respiratory distress, it can even be life threatening."
31) 70 doctors in open letter to Ben Weyts: 'Abolish mandatory mouth mask at school' – Belgium, World Today News, 2020	"In an open letter to the Flemish Minister of Education Ben Weyts (N-VA), 70 doctors ask to abolish the mandatory mouth mask at school, both for the teachers and for the students. Weyts does not intend to change course. The doctors ask that Minister Ben Weyts immediately reverses his working method: no mouth mask obligation at school, only protect the risk group and only the advice that people with a possible risk profile should consult their doctor."
32) Face masks pose dangers for babies, toddlers during COVID-19 pandemic, UC Davis Health, 2020	"Masks may present a choking hazard for young children. Also, depending on the mask and the fit, the child may have trouble breathing. If this happens, they need to be able to take it off," said UC Davis pediatrician Lena van der List. "Children less than 2 years of age will not reliably be able to remove a face mask and could suffocate. Therefore, masks should not routinely be used for young children..."The younger the child, the more likely they will be to not wear the mask properly, reach under the mask and touch potentially contaminated masks," said Dean Blumberg, chief of pediatric infectious diseases at UC Davis Children's Hospital. "Of course, this depends on the developmental level of the individual child. But I think masks are not likely to provide much potential benefit over risk until the teen years."
33) Covid-19: Important potential side effects of wearing face masks that we should bear in mind, Lazzarino, 2020	"Other potential side effects that we must consider, however, are 1) The quality and volume of speech between people wearing masks is considerably compromised and they may unconsciously come closer2) Wearing a mask makes the exhaled air go into the eyes. This generates an impulse to touch the eyes. 3) If your hands are contaminated, you are infecting yourself, 4) Face masks make breathing more difficult. Moreover, a fraction of carbon dioxide previously exhaled is inhaled at each respiratory cycle. Those phenomena increase breathing frequency and deepness, and they may worsen the burden of covid-19 if infected people wearing masks spread more contaminated air. This may also worsen the clinical condition of infected people if the

	enhanced breathing pushes the viral load down into their lungs, 5) The innate immunity's efficacy is highly dependent on the viral load. If masks determine a humid habitat where SARS-CoV-2 can remain active because of the water vapour continuously provided by breathing and captured by the mask fabric, they determine an increase in viral load (by re-inhaling exhaled viruses) and therefore they can cause a defeat of the innate immunity and an increase in infections."
34) Risks of N95 Face Mask Use in Subjects With COPD, Kyung, 2020	"Of the 97 subjects, 7 with COPD did not wear the N95 for the entire test duration. This mask-failure group showed higher British modified Medical Research Council dyspnea scale scores and lower FEV_1 percent of predicted values than did the successful mask use group. A modified Medical Research Council dyspnea scale score ≥ 3 (odds ratio 167, 95% CI 8.4 to >999.9; P = .008) or a FEV_1 < 30% predicted (odds ratio 163, 95% CI 7.4 to >999.9; P = .001) was associated with a risk of failure to wear the N95. Breathing frequency, blood oxygen saturation, and exhaled carbon dioxide levels also showed significant differences before and after N95 use."
35) Masks too dangerous for children under 2, medical group warns, The Japan Times, 2020	"Children under the age of 2 shouldn't wear masks because they can make breathing difficult and increase the risk of choking, a medical group has said, launching an urgent appeal to parents as the nation reopens from the coronavirus crisis…Masks can make breathing difficult because infants have narrow air passages," which increases the burden on their hearts, the association said, adding that masks also raise the risk of heat stroke for them."
36) Face masks can be problematic, dangerous to health of some Canadians: advocates, Spenser, 2020	"Face masks are dangerous to the health of some Canadians and problematic for some others…Asthma Canada president and CEO Vanessa Foran said simply wearing a mask could create risk of an asthma attack."
37) COVID-19 Masks Are a Crime Against Humanity and Child Abuse, Griesz-Brisson, 2020	"The rebreathing of our exhaled air will without a doubt create oxygen deficiency and a flooding of carbon dioxide. We know that the human brain is very sensitive to oxygen depravation. There are nerve cells for example in the hippocampus, that can't be

	longer than 3 minutes without oxygen – they cannot survive. The acute warning symptoms are headaches, drowsiness, dizziness, issues in concentration, slowing down of the reaction time – reactions of the cognitive system. However, when you have chronic oxygen depravation, all of those symptoms disappear, because you get used to it. But your efficiency will remain impaired and the undersupply of oxygen in your brain continues to progress. We know that neurodegenerative diseases take years to decades to develop. If today you forget your phone number, the breakdown in your brain would have already started 20 or 30 years ago…The child needs the brain to learn, and the brain needs oxygen to function. We don't need a clinical study for that. This is simple, indisputable physiology. Conscious and purposely induced oxygen deficiency is an absolutely deliberate health hazard, and an absolute medical contraindication."
38) Study shows how masks are harming children, Mercola, 2021	"Data from the first registry to record children's experiences with masks show physical, psychological and behavioral issues including irritability, difficulty concentrating and impaired learning.Since school shutdowns in spring 2020, an increasing number of parents are seeking drug treatment for attention deficit hyperactivity disorder (ADHD) for their children.Evidence from the U.K. shows schools are not the super spreaders health officials said they were; measured rates of infection in schools were the same as the community, not higher.A large randomized controlled trial showed wearing masks does not reduce the spread of SARS-CoV-2."
39) New Study Finds Masks Hurt Schoolchildren Physically, Psychologically, and Behaviorally, Hall, 2021 https://www.researchsquare.com/article/rs-124394/v2	"A new study, involving over 25,000 school-aged children, shows that masks are harming schoolchildren physically, psychologically, and behaviorally, revealing 24 distinct health issues associated with wearing masks…Though these results are concerning, the study also found that 29.7% of children experienced shortness of breath, 26.4% experienced dizziness, and hundreds of the participants experiencing accelerated respiration, tightness in chest, weakness, and short-term impairment of consciousness."

40) Protective Face Masks: Effect on the Oxygenation and Heart Rate Status of Oral Surgeons during Surgery, Scarano, 2021	"In all 20 surgeons wearing FFP2 covered by surgical masks, a reduction in arterial O_2 saturation from around 97.5% before surgery to 94% after surgery was recorded with increase of heart rates. A shortness of breath and light-headedness/headaches were also noted."
41) Effects of surgical and FFP2/N95 face masks on cardiopulmonary exercise capacity, Fikenzer, 2020	"Ventilation, cardiopulmonary exercise capacity and comfort are reduced by surgical masks and highly impaired by FFP2/N95 face masks in healthy individuals. These data are important for recommendations on wearing face masks at work or during physical exercise."
42) Headaches Associated With Personal Protective Equipment – A Cross-Sectional Study Among Frontline Healthcare Workers During COVID-19, Ong, 2020	"Most healthcare workers develop de novo PPE-associated headaches or exacerbation of their pre-existing headache disorders."
43) Open letter from medical doctors and health professionals to all Belgian authorities and all Belgian media, The American Institute of Stress, 2020	"Wearing a mask is not without side effects. Oxygen deficiency (headache, nausea, fatigue, loss of concentration) occurs fairly quickly, an effect similar to altitude sickness. Every day we now see patients complaining of headaches, sinus problems, respiratory problems, and hyperventilation due to wearing masks. In addition, the accumulated CO2 leads to a toxic acidification of the organism which affects our immunity. Some experts even warn of increased transmission of the virus in case of inappropriate use of the mask."
44) Reusing masks may increase your risk of coronavirus infection, expert says, Laguipo, 2020	"For the public, they should not wear facemasks unless they are sick, and if a healthcare worker advised them."For the average member of the public walking down a street, it is not a good idea," Dr. Harries said."What tends to happen is people will have one mask. They won't wear it all the time, they will take it off when they get home, they will put it down on a surface they haven't cleaned," she added.Further, she added that behavioral issues could adversely put themselves at more risk of getting the infection. For instance, people go out and don't wash their hands, they touch parts of the mask or their face, and they get infected."

45) What's Going On Under the Masks?, Wright, 2021	"Americans today have pretty good chompers on average, at least relative to most other people, past and present. Nevertheless, we do not think enough about oral health as evidenced by the almost complete lack of discussion regarding the effect of lockdowns and mandatory masking on our mouths."
46) Experimental Assessment of Carbon Dioxide Content in Inhaled Air With or Without Face Masks in Healthy ChildrenA Randomized Clinical Trial, Walach, 2021	"A large-scale survey in Germany of adverse effects in parents and children using data of 25 930 children has shown that 68% of the participating children had problems when wearing nose and mouth coverings."
47) NM Kids forced to wear masks while running in 100-degree heat; Parents are striking back, Smith, 2021	"Nationally, children have a 99.997% survival rate from COVID-19. In New Mexico, only 0.7% of child COVID-19 cases have resulted in hospitalization. It is clear that children have an extremely low risk of severe illness or death from COVID-19, and mask mandates are placing a burden upon kids which is detrimental to their own health and well-being."
48) Health Canada issues advisory for disposable masks with graphene, CBC, 2021	"Health Canada is advising Canadians not to use disposable face masks that contain graphene. Health Canada issued the notice on Friday and said wearers could inhale graphene, a single layer of carbon atoms. Masks containing the toxic particles may have been distributed in some health-care facilities."
49) COVID-19: Performance study of microplastic inhalation risk posed by wearing masks, Li, 2021 Is graphene safe?	"Wearing masks considerably reduces the inhalation risk of particles (e.g., granular microplastics and unknown particles) even when they are worn continuously for 720 h. Surgical, cotton, fashion, and activated carbon masks wearing pose higher fiber-like microplastic inhalation risk, while all masks generally reduced exposure when used under their supposed time (<4 h). N95 poses less fiber-like microplastic inhalation risk. Reusing masks after they underwent different disinfection pre-treatment processes can increase the risk of particle (e.g., granular microplastics) and fiber-like microplastic inhalation. Ultraviolet disinfection exerts a relatively weak effect on fiber-like microplastic inhalation, and thus, it can be recommended as a treatment process for

	reusing masks if proven effective from microbiological standpoint. Wearing an N95 mask reduces the inhalation risk of spherical-type microplastics by 25.5 times compared with not wearing a mask."
50) Manufacturers have been using nanotechnology-derived graphene in face masks — now there are safety concerns, Maynard, 2021	"Early concerns around graphene were sparked by previous research on another form of carbon — carbon nanotubes. It turns out that some forms of these fiber-like materials can cause serious harm if inhaled. And following on from research here, a natural next-question to ask is whether carbon nanotubes' close cousin graphene comes with similar concerns.Because graphene lacks many of the physical and chemical aspects of carbon nanotubes that make them harmful (such as being long, thin, and hard for the body to get rid of), the indications are that the material is safer than its nanotube cousins. But safer doesn't mean safe. And current research indicates that this is not a material that should be used where it could potentially be inhaled, without a good amount of safety testing first...As a general rule of thumb, engineered nanomaterials should not be used in products where they might inadvertently be inhaled and reach the sensitive lower regions of the lungs."
51) Masking young children in school harms language acquisition, Walsh, 2021	"This is important because children and/or students do not have the speech or language ability that adults have — they are not equally able and the ability to see the face and especially the mouth is critical to language acquisition which children and/or students are engaged in at all times. Furthermore, the ability to see the mouth is not only essential to communication but also essential to brain development."Studies show that by age four, kids from low-income households will hear 30 million less words than their more affluent counterparts, who get more quality face-time with caretakers." (https://news.stanford.edu/news/2014/november/language-toddlers-fernald-110514.html)."
52) Dangerous pathogens found on children's face masks, Rational Ground, 2021	"A group of parents in Gainesville, FL, sent 6 face masks to a lab at the University of Florida, requesting an analysis of contaminants found on the masks after they had been worn. The resulting report found that five masks were contaminated with

	bacteria, parasites, and fungi, including three with dangerous pathogenic and pneumonia-causing bacteria. Although the test is capable of detecting viruses, including SARS-CoV-2, only one virus was found on one mask (alcelaphine herpesvirus 1)…Half of the masks were contaminated with one or more strains of pneumonia-causing bacteria. One-third were contaminated with one or more strains of meningitis-causing bacteria. One-third were contaminated with dangerous, antibiotic-resistant bacterial pathogens. In addition, less dangerous pathogens were identified, including pathogens that can cause fever, ulcers, acne, yeast infections, strep throat, periodontal disease, Rocky Mountain Spotted Fever, and more."
53) Face mask dermatitis" due to compulsory facial masks during the SARS-CoV-2 pandemic: data from 550 health care and non-health care workers in Germany, Niesert, 2021	"The duration of wearing masks showed a significant impact on the prevalence of symptoms ($p < 0.001$). Type IV hypersensitivity was significantly more likely in participants with symptoms compared to those without symptoms ($p = 0.001$), whereas no increase in symptoms was observed in participants with atopic diathesis. HCWs used facial skin care products significantly more often than non-HCWs ($p = 0.001$)."
54) Effect of Wearing Face Masks on the Carbon Dioxide Concentration in the Breathing Zone, AAQR/Geiss, 2020	"Detected carbon dioxide concentrations ranged from 2150 ± 192 to 2875 ± 323 ppm. The concentrations of carbon dioxide while not wearing a face mask varied from 500–900 ppm. Doing office work and standing still on the treadmill each resulted in carbon dioxide concentrations of around 2200 ppm. A small increase could be observed when walking at a speed of 3 km h–1 (leisurely walking pace)…concentrations in the detected range can cause undesirable symptoms, such as fatigue, headache, and loss of concentration."
55) Surgical masks as source of bacterial contamination during operative procedures, Zhiqing, 2018	"The source of bacterial contamination in SMs was the body surface of the surgeons rather than the OR environment. Moreover, we recommend that surgeons should change the mask after each operation, especially those beyond 2 hours."

56) The Damage of Masking Children Could be Irreparable, Hussey, 2021	"When we surround children with mask-wearers for a year at a time, are we impairing their face barcode recognition during a period of hot neural development, thus putting full development of the FFA at risk? Does the demand for separation from others, reducing social interaction, add to the potential consequences as it might in autism? When can we be sure that we won't interfere with visual input to the face recognition visual neurology so we don't interfere with brain development? How much time with stimulus interference can we allow without consequences? Those are all questions currently without answers; we don't know. Unfortunately, the science implies that if we mess up brain development for faces, we may not currently have therapies to undo everything we've done."
57) Masks can be Murder, Grossman, 2021	"Wearing masks can create a sense of anonymity for an aggressor, while also dehumanizing the victim. This prevents empathy, empowering violence, and murder." Masking helps remove empathy and compassion, allowing others to commit unspeakable acts on the masked person."
58) London high school teacher calls face masks an 'egregious and unforgivable form of child abuse, Butler, 2020	"In his email, Farquharson called the campaign to legislate mask wearing a "shameful farce, a charade, an act of political theatre" that's more about enforcing "obedience and compliance" than it is about public health. He also likened children wearing masks to "involuntary self-torture," calling it "an egregious and unforgivable form of child abuse and physical assault."
59) UK Government Advisor Admits Masks Are Just "Comfort Blankets" That Do Virtually Nothing, ZeroHedge, 2021	"As the UK Government heralds "freedom day" today, which is anything but, a prominent government scientific advisor has admitted that face masks do very little to protect from coronavirus and are basically just "comfort blankets…the professor noted that "those aerosols escape masks and will render the mask ineffective," adding "The public were demanding something must be done, they got masks, it is just a comfort blanket. But now it is entrenched, and we are entrenching bad behaviour…all around the world you can look at mask mandates and superimpose on infection rates, you cannot see that mask mandates made any effect whatsoever," Axon further noted,

	adding that "The best thing you can say about any mask is that any positive effect they do have is too small to be measured."
60) Masks, false safety and real dangers, Part 1: Friable mask particulate and lung vulnerability, Borovoy, 2020	"Surgical personnel are trained to never touch any part of a mask, except the loops and the nose bridge. Otherwise, the mask is considered useless and is to be replaced. Surgical personnel are strictly trained not to touch their masks otherwise. However, the general public may be seen touching various parts of their masks. Even the masks just removed from manufacturer packaging have been shown in the above photos to contain particulate and fiber that would not be optimal to inhale... Further concerns of macrophage response and other immune and inflammatory and fibroblast response to such inhaled particles specifically from facemasks should be the subject of more research. If widespread masking continues, then the potential for inhaling mask fibers and environmental and biological debris continues on a daily basis for hundreds of millions of people. This should be alarming for physicians and epidemiologists knowledgeable in occupational hazards."
61) Medical Masks, Desai, 2020	"Face masks should be used only by individuals who have symptoms of respiratory infection such as coughing, sneezing, or, in some cases, fever. Face masks should also be worn by health care workers, by individuals who are taking care of or are in close contact with people who have respiratory infections, or otherwise as directed by a doctor. Face masks should not be worn by healthy individuals to protect themselves from acquiring respiratory infection because there is no evidence to suggest that face masks worn by healthy individuals are effective in preventing people from becoming ill."

MASK-INEFFECTIVENESS	
1) Effectiveness of Adding a Mask Recommendation to Other Public Health Measures to Prevent SARS-CoV-2 Infection in Danish Mask Wearers, Bundgaard, 2021	"Infection with SARS-CoV-2 occurred in 42 participants recommended masks (1.8%) and 53 control participants (2.1%). The between-group difference was −0.3 percentage point (95% CI, −1.2 to 0.4 percentage point; P = 0.38) (odds ratio, 0.82 [CI, 0.54 to 1.23]; P = 0.33). Multiple imputation accounting for loss to follow-up yielded similar results...the recommendation to wear surgical masks to supplement other public health measures did not reduce the SARS-CoV-2 infection rate among wearers by more than 50% in a community with modest infection rates, some degree of social distancing, and uncommon general mask use."
2) SARS-CoV-2 Transmission among Marine Recruits during Quarantine, Letizia, 2020	"Our study showed that in a group of predominantly young male military recruits, approximately 2% became positive for SARS-CoV-2, as determined by qPCR assay, during a 2-week, strictly enforced quarantine. Multiple, independent virus strain transmission clusters were identified...all recruits wore double-layered cloth masks at all times indoors and outdoors."
3) Physical interventions to interrupt or reduce the spread of respiratory viruses, Jefferson, 2020	"There is low certainty evidence from nine trials (3507 participants) that wearing a mask may make little or no difference to the outcome of influenza-like illness (ILI) compared to not wearing a mask (risk ratio (RR) 0.99, 95% confidence interval (CI) 0.82 to 1.18. There is moderate certainty evidence that wearing a mask probably makes little or no difference to the outcome of laboratory-confirmed influenza compared to not wearing a mask (RR 0.91, 95% CI 0.66 to 1.26; 6 trials; 3005 participants)...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."
4) The Impact of Community Masking on COVID-19: A Cluster-Randomized Trial in Bangladesh, Abaluck, 2021 Heneghan et al.	A cluster-randomized trial of community-level mask promotion in rural Bangladesh from November 2020 to April 2021 (N=600 villages, N=342,126 adults. Heneghan writes: "In a Bangladesh study, surgical masks reduced symptomatic COVID infections by between 0 and 22 percent, while the efficacy of cloth masks led to somewhere between

	an 11 percent increase to a 21 percent decrease. Hence, based on these randomized studies, adult masks appear to have either no or limited efficacy."
5) Evidence for Community Cloth Face Masking to Limit the Spread of SARS-CoV-2: A Critical Review, Liu/CATO, 2021	"The available clinical evidence of facemask efficacy is of low quality and the best available clinical evidence has mostly failed to show efficacy, with fourteen of sixteen identified randomized controlled trials comparing face masks to no mask controls failing to find statistically significant benefit in the intent-to-treat populations. Of sixteen quantitative meta-analyses, eight were equivocal or critical as to whether evidence supports a public recommendation of masks, and the remaining eight supported a public mask intervention on limited evidence primarily on the basis of the precautionary principle."
6) Nonpharmaceutical Measures for Pandemic Influenza in Nonhealthcare Settings—Personal Protective and Environmental Measures, CDC/Xiao, 2020	"Evidence from 14 randomized controlled trials of these measures did not support a substantial effect on transmission of laboratory-confirmed influenza…none of the household studies reported a significant reduction in secondary laboratory-confirmed influenza virus infections in the face mask group…the overall reduction in ILI or laboratory-confirmed influenza cases in the face mask group was not significant in either studies."
7) CIDRAP: Masks-for-all for COVID-19 not based on sound data, Brosseau, 2020	"We agree that the data supporting the effectiveness of a cloth mask or face covering are very limited. We do, however, have data from laboratory studies that indicate cloth masks or face coverings offer very low filter collection efficiency for the smaller inhalable particles we believe are largely responsible for transmission, particularly from pre- or asymptomatic individuals who are not coughing or sneezing…though we support mask wearing by the general public, we continue to conclude that cloth masks and face coverings are likely to have limited impact on lowering COVID-19 transmission, because they have minimal ability to prevent the emission of small particles, offer limited personal protection with respect to small particle inhalation, and should not be recommended as a replacement for physical distancing or reducing time in enclosed spaces with many potentially infectious people."

8) Universal Masking in Hospitals in the Covid-19 Era, Klompas/NEJM, 2020	"We know that wearing a mask outside health care facilities offers little, if any, protection from infection. Public health authorities define a significant exposure to Covid-19 as face-to-face contact within 6 feet with a patient with symptomatic Covid-19 that is sustained for at least a few minutes (and some say more than 10 minutes or even 30 minutes). The chance of catching Covid-19 from a passing interaction in a public space is therefore minimal. In many cases, the desire for widespread masking is a reflexive reaction to anxiety over the pandemic…The calculus may be different, however, in health care settings. First and foremost, a mask is a core component of the personal protective equipment (PPE) clinicians need when caring for symptomatic patients with respiratory viral infections, in conjunction with gown, gloves, and eye protection…universal masking alone is not a panacea. A mask will not protect providers caring for a patient with active Covid-19 if it's not accompanied by meticulous hand hygiene, eye protection, gloves, and a gown. A mask alone will not prevent health care workers with early Covid-19 from contaminating their hands and spreading the virus to patients and colleagues. Focusing on universal masking alone may, paradoxically, lead to more transmission of Covid-19 if it diverts attention from implementing more fundamental infection-control measures."
9) Masks for prevention of viral respiratory infections among health care workers and the public: PEER umbrella systematic review, Dugré, 2020	"This systematic review found limited evidence that the use of masks might reduce the risk of viral respiratory infections. In the community setting, a possible reduced risk of influenza-like illness was found among mask users. In health care workers, the results show no difference between N95 masks and surgical masks on the risk of confirmed influenza or other confirmed viral respiratory infections, although possible benefits from N95 masks were found for preventing influenza-like illness or other clinical respiratory infections. Surgical masks might be superior to cloth masks but data are limited to 1 trial."
10) Effectiveness of personal protective measures in reducing pandemic influenza transmission: A	"Facemask use provided a non-significant protective effect (OR = 0.53; 95% CI 0.16–1.71; I^2 = 48%) against 2009 pandemic influenza infection."

systematic review and meta-analysis, Saunders-Hastings, 2017	
11) Experimental investigation of indoor aerosol dispersion and accumulation in the context of COVID-19: Effects of masks and ventilation, Shah, 2021	"Nevertheless, high-efficiency masks, such as the KN95, still offer substantially higher apparent filtration efficiencies (60% and 46% for R95 and KN95 masks, respectively) than the more commonly used cloth (10%) and surgical masks (12%), and therefore are still the recommended choice in mitigating airborne disease transmission indoors."
12) Exercise with facemask; Are we handling a devil's sword?- A physiological hypothesis, Chandrasekaran, 2020	"Exercising with facemasks 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. Further contrary to the earlier thought, no evidence exists to claim the facemasks during exercise offer additional protection from the droplet transfer of the virus."
13) Surgical face masks in modern operating rooms–a costly and unnecessary ritual?, Mitchell, 1991	"Following the commissioning of a new suite of operating rooms air movement studies showed a flow of air away from the operating table towards the periphery of the room. Oral microbial flora dispersed by unmasked male and female volunteers standing one metre from the table failed to contaminate exposed settle plates placed on the table. The wearing of face masks by non-scrubbed staff working in an operating room with forced ventilation seems to be unnecessary."
14) Facemask against viral respiratory infections among Hajj pilgrims: A challenging cluster-randomized trial, Alfelali, 2020	"By intention-to-treat analysis, facemask use did not seem to be effective against laboratory-confirmed viral respiratory infections (odds ratio [OR], 1.4; 95% confidence interval [CI], 0.9 to 2.1, p = 0.18) nor against clinical respiratory infection (OR, 1.1; 95% CI, 0.9 to 1.4, p = 0.40)."

15) Simple respiratory protection–evaluation of the filtration performance of cloth masks and common fabric materials against 20-1000 nm size particles, Rengasamy, 2010	"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."
16) Respiratory performance offered by N95 respirators and surgical masks: human subject evaluation with NaCl aerosol representing bacterial and viral particle size range, Lee, 2008	"The study indicates that N95 filtering facepiece respirators may not achieve the expected protection level against bacteria and viruses. An exhalation valve on the N95 respirator does not affect the respiratory protection; it appears to be an appropriate alternative to reduce the breathing resistance."
17) Aerosol penetration and leakage characteristics of masks used in the health care industry, Weber, 1993	"We conclude that the protection provided by surgical masks may be insufficient in environments containing potentially hazardous sub-micrometer-sized aerosols."
18) Disposable surgical face masks for preventing surgical wound infection in clean surgery, Vincent, 2016	"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…from the limited results it is unclear whether the wearing of surgical face masks by members of the surgical team has any impact on surgical wound infection rates for patients undergoing clean surgery."
19) Disposable surgical face masks: a systematic review, Lipp, 2005	"From the limited results it is unclear whether wearing surgical face masks results in any harm or benefit to the patient undergoing clean surgery."
20) Comparison of the Filter Efficiency of Medical Nonwoven Fabrics against Three Different Microbe Aerosols, Shimasaki, 2018	"We conclude that the filter efficiency test using the phi-X174 phage aerosol may overestimate the protective performance of nonwoven fabrics with filter structure compared to that against real pathogens such as the influenza virus."
21) The use of masks and respirators to preventtransmission of influenza: a systematic review of thescientific evidence21) The use of masks and respirators to prevent transmission of influenza: a	The use of masks and respirators to preventtransmission of influenza: a systematic review of thescientific evidence"None of the studies established a conclusive relationship between mask/respirator use and protection against influenza infection. Some evidence suggests that mask use is best undertaken as part of a package of personal protection especially hand hygiene."

systematic review of the scientific evidence, Bin-Reza, 2012	
22) Facial protection for healthcare workers during pandemics: a scoping review, Godoy, 2020	"Compared with surgical masks, N95 respirators perform better in laboratory testing, may provide superior protection in inpatient settings and perform equivalently in outpatient settings. Surgical mask and N95 respirator conservation strategies include extended use, reuse or decontamination, but these strategies may result in inferior protection. Limited evidence suggests that reused and improvised masks should be used when medical-grade protection is unavailable."
23) Assessment of Proficiency of N95 Mask Donning Among the General Public in Singapore, Yeung, 2020	"These findings support ongoing recommendations against the use of N95 masks by the general public during the COVID-19 pandemic.[5] N95 mask use by the general public may not translate into effective protection but instead provide false reassurance. Beyond N95 masks, proficiency among the general public in donning surgical masks needs to be assessed."
24) Evaluating the efficacy of cloth facemasks in reducing particulate matter exposure, Shakya, 2017	"Standard N95 mask performance was used as a control to compare the results with cloth masks, and our results suggest that cloth masks are only marginally beneficial in protecting individuals from particles<2.5 μm."
25) Use of surgical face masks to reduce the incidence of the common cold among health care workers in Japan: a randomized controlled trial, Jacobs, 2009	"Face mask use in health care workers has not been demonstrated to provide benefit in terms of cold symptoms or getting colds."
26) N95 Respirators vs Medical Masks for Preventing Influenza Among Health Care Personnel, Radonovich, 2019	"Among outpatient health care personnel, N95 respirators vs medical masks as worn by participants in this trial resulted in no significant difference in the incidence of laboratory-confirmed influenza."
27) Does Universal Mask Wearing Decrease or Increase the Spread of COVID-19?, Watts up with that? 2020	"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."

28) Masking: A Careful Review of the Evidence, Alexander, 2021	"In fact, it is not unreasonable at this time to conclude that surgical and cloth masks, used as they currently are, have absolutely no impact on controlling the transmission of Covid-19 virus, and current evidence implies that face masks can be actually harmful."
29) Community and Close Contact Exposures Associated with COVID-19 Among Symptomatic Adults ≥18 Years in 11 Outpatient Health Care Facilities — United States, July 2020, Fisher, 2020	Reported characteristics of symptomatic adults ≥18 years who were outpatients in 11 US academic health care facilities and who received positive and negative SARS-CoV-2 test results (N = 314)* — United States, July 1–29, 2020, revealed that 80% of infected persons wore face masks almost all or most of the time.
30) Impact of non-pharmaceutical interventions against COVID-19 in Europe: a quasi-experimental study, Hunter, 2020	Face masks in public was not associated with reduced incidence.
31) Masking lack of evidence with politics, CEBM, Heneghan, 2020	"It would appear that despite two decades of pandemic preparedness, there is considerable uncertainty as to the value of wearing masks. For instance, high rates of infection with cloth masks could be due to harms caused by cloth masks, or benefits of medical masks. The numerous systematic reviews that have been recently published all include the same evidence base so unsurprisingly broadly reach the same conclusions."
32) Transmission of COVID-19 in 282 clusters in Catalonia, Spain: a cohort study, Marks, 2021	"We observed no association of risk of transmission with reported mask usage by contacts, with the age or sex of the index case, or with the presence of respiratory symptoms in the index case at the initial study visit."
33) Non-pharmaceutical public health measures for mitigating the risk and impact of epidemic and pandemic influenza, WHO, 2020	"Ten RCTs were included in the meta-analysis, and there was no evidence that face masks are effective in reducing transmission of laboratory-confirmed influenza."
34) The Strangely Unscientific Masking of America, Younes, 2020	"One report reached its conclusion based on observations of a "dummy head attached to a breathing simulator." Another analyzed use of surgical masks on people

	experiencing at least two symptoms of acute respiratory illness. Incidentally, not one of these studies involved cloth masks or accounted for real-world mask usage (or misusage) among lay people, and none established efficacy of widespread mask-wearing by people not exhibiting symptoms. There was simply no evidence whatsoever that healthy people ought to wear masks when going about their lives, especially outdoors."
35) Facemasks and similar barriers to prevent respiratory illness such as COVID-19: A rapid systematic review, Brainard, 2020	"31 eligible studies (including 12 RCTs). Narrative synthesis and random-effects meta-analysis of attack rates for primary and secondary prevention in 28 studies were performed. Based on the RCTs we would conclude that wearing facemasks can be very slightly protective against primary infection from casual community contact, and modestly protective against household infections when both infected and uninfected members wear facemasks. However, the RCTs often suffered from poor compliance and controls using facemasks."
36) The Year of Disguises, Koops, 2020	"The healthy people in our society should not be punished for being healthy, which is exactly what lockdowns, distancing, mask mandates, etc. do…Children should not be wearing face coverings. We all need constant interaction with our environments and that is especially true for children. This is how their immune system develops. They are the lowest of the low-risk groups. Let them be kids and let them develop their immune systems… The "Mask Mandate" idea is a truly ridiculous, knee-jerk reaction and needs to be withdrawn and thrown in the waste bin of disastrous policy, along with lockdowns and school closures. You can vote for a person without blindly supporting all of their proposals!"
37) Open Schools, Covid-19, and Child and Teacher Morbidity in Sweden, Ludvigsson, 2020	"1,951,905 children in Sweden (as of December 31, 2019) who were 1 to 16 years of age, were examined…social distancing was encouraged in Sweden, but wearing face masks was not…No child with Covid-19 died."

38) Double-Masking Benefits Are Limited, Japan Supercomputer Finds, Reidy, 2021	"Wearing two masks offers limited benefits in preventing the spread of droplets that could carry the coronavirus compared to one well-fitted disposable mask, according to a Japanese study that modeled the dispersal of droplets on a supercomputer."
39) Physical interventions to interrupt or reduce the spread of respiratory viruses. Part 1 – Face masks, eye protection and person distancing: systematic review and meta-analysis, Jefferson, 2020	"There was insufficient evidence to provide a recommendation on the use of facial barriers without other measures. We found insufficient evidence for a difference between surgical masks and N95 respirators and limited evidence to support effectiveness of quarantine."
40) Should individuals in the community without respiratory symptoms wear facemasks to reduce the spread of COVID-19?, NIPH, 2020	"Non-medical facemasks include a variety of products. There is no reliable evidence of the effectiveness of non-medical facemasks in community settings. There is likely to be substantial variation in effectiveness between products. However, there is only limited evidence from laboratory studies of potential differences in effectiveness when different products are used in the community."
41) Is a mask necessary in the operating theatre?, Orr, 1981	"It would appear that minimum contamination can best be achieved by not wearing a mask at all but operating in silence. Whatever its relation to contamination, bacterial counts, or the dissemination of squames, there is no direct evidence that the wearing of masks reduces wound infection."
42) The surgical mask is a bad fit for risk reduction, Neilson, 2016	"As recently as 2010, the US National Academy of Sciences declared that, in the community setting, "face masks are not designed or certified to protect the wearer from exposure to respiratory hazards." A number of studies have shown the inefficacy of the surgical mask in household settings to prevent transmission of the influenza virus."
43) Facemask versus No Facemask in Preventing Viral Respiratory Infections During Hajj: A Cluster Randomised Open Label Trial, Alfelali, 2019	"Facemask use does not prevent clinical or laboratory-confirmed viral respiratory infections among Hajj pilgrims."

PURNELL Mackenzie G * BCE

From: Jan Ferrante [redacted]
Sent: Wednesday, November 15, 2023 12:54 PM
To: MCLEOD-SKINNER Cass * BCE
Subject: Re: Letter to OBCE with attached docu on masks

Thank you. I will forward this to my Board.

JAN

On Wed, Nov 15, 2023 at 11:50 AM MCLEOD-SKINNER Cass * BCE <Cass.MCLEOD-SKINNER@obce.oregon.gov> wrote:

> Hi Jan,
>
> Here are a few points that might help clarify these issues:
>
> 1. As previously stated in correspondence and in person with OCA representatives, the OBCE is an executive branch agency and cannot act or lobby against decisions made by the Governor and her office.
> 2. Re: OAR 811-035-0007 – this rule is no longer in effect.
> 3. RE: OAR 811-035-0015(27) Unprofessional Conduct – this rule is no longer in effect.
> 4. OAR 333-019-1010 is OHA's rule. We have no authority to request or make changes to it.
> 5. The Board is under statutory requirement to investigate all complaints that are received. It considers disciplinary action based on the rules **in effect at the time of the alleged infractions**, per the Administrative Procedures Act. This will continue to be the case.
>
> Sincerely,
>
> Cass

From: Jan Ferrante [redacted]
Sent: Wednesday, November 15, 2023 10:36 AM
To: MCLEOD-SKINNER Cass * BCE <Cass.MCLEOD-SKINNER@obce.oregon.gov>; Michelle Waggoner [redacted]
Subject: Fwd: Letter to OBCE with attached docu on masks

Hello Ms. McLeod-Skinner & Dr. M. Waggoner:

Please see the attached cover letter from the OCA and with an additional document as well, signed

by Dr. Todd Turnbull, OCA President.

Regards,

JAN

--

Jan Ferrante, Executive Director
Oregon Chiropractic Association
10580 SE Washington St
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PURNELL Mackenzie G * BCE

From: PURNELL Mackenzie G * BCE
Sent: Wednesday, December 20, 2023 9:13 AM
To: PURNELL Mackenzie G * BCE
Subject: Follow the Science -- Masking
Attachments: OBCE letter from OCA Pres -- re follow the Science on Masking.docx

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From: Jan Ferrante [redacted]
Sent: Wednesday, December 13, 2023 10:34 AM
To: MCLEOD-SKINNER Cass * BCE <Cass.MCLEOD-SKINNER@obce.oregon.gov>; Michelle Waggoner [redacted]
Subject: re: Follow the Science -- Masking

Attached please find a letter from the OCA President on behalf of our membership, regarding masking and the current rules..

Regards,

JAN

--

Jan Ferrante, Executive Director
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December 13, 2023

Cassandra McLeod-Skinner, JD
Executive Director
Oregon Board of Chiropractic Examiners
530 Center Street NE Suite 620
Salem, OR 97301

Re: Follow the Science

Dear Ms. Skinner:

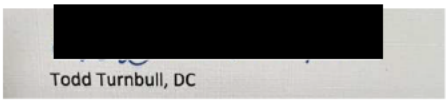
"You must follow the CDC/OHA/Governor's administrative rules/orders" has been the quote resounded during the "pandemic" years of 2019 to 2022. We request the OBCE now start following follow the science in repealing this rule.

We request the OBCE finally follow the science and repeal the mask rule due to overwhelming evidence revealing masks do not prevent viral transmission and are harmful to the wearerand have provided numerous high-quality peer-reviewed scientific studies.

We respectfully ask the OBCE follow the example set by the Oregon Health Authority in performing a managerial task to repeal rules that are not based on sound science. The OHA repealed the COVID-19 Vaccination Requirement for Healthcare Providers and Healthcare Staff in Healthcare Settings OAR 333-019-1010 on 06/30/2023.

We look forward to this rule being repealed as it makes the State of Oregon look unscientific.

Sincerely,



Todd Turnbull, DC, CCSP
Oregon Chiropractic Association President