

**INDIAN HILL EXEMPTED VILLAGE SCHOOL DISTRICT
MINUTES
Special Meeting of August 31, 2021**

A special meeting of the Indian Hill Exempted Village School District was held on Tuesday, August 31, 2021, at 5:30 p.m., in the Indian Hill High School Auditorium, 6865 Drake Road, Cincinnati, OH 45243 in accordance with notices sent to each member. Dr. Hooker, President, called the meeting to order at 5:31 p.m. and roll call showed the following members as present:

Mrs. Aichholz
Mrs. Singh

Dr. Hooker

Mrs. Johnston

Also present were Kirk Koennecke, Melissa Stewart, Mick Davis, Jim Nichols, Heather Higdon, Andy Cox, Eric Cimini, Joan Garrett, Katie Foster, Jennifer Creedon-Harris, Amanda Holbrook, Megan Seaman-Kossmeyer, Jeffrey Heinichen, Mike Wentz and others.

ADOPTION OF SPECIAL BUSINESS MEETING AGENDA (082132) – Mrs. Johnston moved, seconded by Mrs. Aichholz, to adopt the agenda of the special business meeting of the Indian Hill Board of Education. All members present voted aye. Motion carried.

EXECUTIVE SESSION (082133) – Mrs. Aichholz moved, seconded by Mrs. Singh, to move into Executive Session at 5:31 p.m. In accordance with O.R.C. 121.22(G) (3) - Conference with an attorney concerning disputes involving the public body that are the subject of pending or imminent court action; O.R.C. 121.22(G)(5) - Matters required to be kept confidential by federal law, rules, or state statutes

Roll call vote was as follows:

Mrs. Aichholz, aye
Mrs. Singh, aye

Dr. Hooker, aye

Mrs. Johnston, aye

Also present in Executive Session were Mr. Koennecke, Mr. Davis, Dr. Stewart, and Mr. Nichols. Bill Deters, District Counsel, and Kim Martin-Lewis joined Executive Session via telephone.

Executive Session concluded at 6:07 p.m. and the Board reconvened its special meeting at 6:11 p.m. with all members present.

PLEDGE OF ALLEGIANCE – Mr. Koennecke led the recitation of the Pledge of Allegiance.

WORK SESSION

The Board of Education held a 2021-2022 School Re-Open Plan Dialogue which began with a presentation by Superintendent Kirk Koennecke. The Board thanked Mr. Koennecke for his presentation and continued their 2021-2022 School Re-Open plan dialogue.

MOTION TO MODIFY AGENDA TO ALLOW FOR PUBLIC COMMENTARY (082134) – Mrs. Aichholz moved, seconded by Mrs. Johnston, to modify the agenda to allow for public commentary.

Roll call vote was as follows:

Mrs. Aichholz, aye
Mrs. Singh, aye

Dr. Hooker, aye

Mrs. Johnston, aye

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PUBLIC COMMENTARY –

Joan Garrett discussed the mask policy. Dr. Garrett submitted the following for inclusion in the minutes as part of public commentary;

Dear Indian Hill Board of Education Members,

My name is Joan Garrett. By way of introduction, I am a PhD scientist focused on identifying and overcoming mechanisms of resistance to targeted cancer therapies. I also teach to Pharmacy students. I contact you now as a mother to three children enrolled at Indian Hill schools: ages 11, 8 and 6. As none of my children are eligible to receive the COVID-19 vaccine, **I ask you to revise the mask mandate to include ALL indoor activities including gym and music class and EXTEND the mask mandate indoors until all school age children can be fully vaccinated against COVID-19.**

My 6-year-old son Henry started Kindergarten at IHPS this month. Henry has a rare disease, a congenital myopathy (meaning born with muscle weakness) for which the genetic cause(s) remain undetermined (see Henry's undiagnosed diseases network page here: <https://undiagnosed.hms.harvard.edu/participants/participant-078/>). Henry has a history of recurrent pneumonia and respiratory failure. As an 8-month-old, a rhinovirus (common cold) infection caused Henry to be intubated on a ventilator for 6 days, 8 days in the ICU, 13 days total hospitalized. Henry has hospitalized more than a dozen times for pneumonia throughout his life. His medical bills have been over a million dollars.

Our million-dollar baby is a joy who loves to be a ninja, wrestle with his siblings and always has a sassy and funny comeback for his parents. Henry has had an Individual Education Plan (IEP) since he turned 3, when he became eligible. Henry has made steady progress and it is essential that Henry be integrated with typically developing peers for his growth and per the Individuals with Disabilities Education Act (IDEA). The IDEA stipulates that children with disabilities should be educated in the least restrictive environment (LRE), which for Henry means he is integrated with peers and not excluded from indoor music and gym because students are not wearing masks. As it currently stands, Henry cannot attend this curriculum because students are not wearing masks. The risk is too great for Henry to be in a room full of children without masks. No one knows how Henry would handle a COVID-19 infection. Given Henry's medical history it is essential to limit his exposure by wearing masks until Henry can be fully vaccinated against COVID-19.

Given the increasing numbers of COVID-19 cases and hospitalizations in children, I implore you to revise the mask mandate to include ALL indoor activities including gym and music class and EXTEND the mask mandate until all school age children can be fully vaccinated against COVID-19.

Thank for your time and service to our children.

Joan

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Katie Foster discussed the mask policy. Ms. Foster submitted the following for inclusion in the minutes as part of public commentary;

Hi, thank you for the opportunity to speak tonight. My name is Katie Foster and I'm the mother of a medically complex kindergarten student at the primary school. Unfortunately, the district's current mask policy is in violation of my son's civil rights and the civil rights of other students in the district that fall under the protections of a 504 and IEP. To eliminate the policy altogether would be a further violation of his and his peers rights. I'd like to read part of a statement Authored by: Tracy Waller, ~~Esq., MPH~~; With contribution by: Tiffany Banks, ~~MSW, LCSW~~ outlining these violations and why they are problematic.

Schools that do not require masking fail to meet the needs of children with disabilities

Based on the rise of the delta variant of COVID-19, and the increasing number of breakthrough infections, the Centers for Disease Control and Prevention (CDC) revised its masking guidance on July 27, 2021. The CDC continues to recommend that people ages 2 and older and those who are not fully vaccinated should wear a mask in indoor public places. In addition, the CDC guidance recommends that fully vaccinated people should wear a mask indoors in public in areas of substantial or high transmission.

In the U.S., the Pfizer-BioNTech vaccine is the only COVID-19 vaccine available to people ages 12 and older. On August 23, 2021, the Pfizer-BioNTech vaccine received full U.S. Food and Drug Administration (FDA) approval for protection against COVID-19 in people ages 16 and older.

But as the summer winds down and children return to school, those under 12 are still not eligible for any of the COVID-19 vaccines.

On July 18, 2021, the American Academy of Pediatrics (AAP) issued its "COVID-19 Guidance for Safe Schools" urging in-person learning because "[r]emote-learning highlighted inequities in education, was detrimental to the educational attainment of students of all ages, and exacerbated the mental health crisis among children and adolescents." In its guidance, the AAP recommends universal masking in school for several reasons,

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including that “a significant portion of the student population is not eligible for vaccination” and to protect “unvaccinated students from COVID-19 and to reduce transmission.”

On August 5, 2021, the CDC issued guidance recommending[1] “universal indoor masking by all students [ages 2 and older], staff, teachers, and visitors to K-12 schools, regardless of vaccination status.”[2] The protective efficiency of masks is higher when worn by a virus spreader, highlighting the importance of universal masking.

Schools and Masking

Studies have indicated a reduction in SARS-CoV-2 (the virus that causes COVID-19) transmission with universal masking in schools.[3] Despite mounting evidence and the CDC and AAP recommendations for universal masking in schools, the topic of masking in schools continues to be a polarizing one for parents and policymakers.

According to EducationWeek, “[a]s of [August] 19, eight states had prohibited school districts from setting mask requirements. Fourteen states and the District of Columbia require masks be worn in schools.”

Across the country, some school districts have chosen to move forward with mask mandates while others have not. That leaves many students at higher risk for contracting the COVID-19 virus. Children under 12 and children who are immunocompromised are especially vulnerable.

Americans with Disabilities Act

Under the ADA, “[a] public entity shall make reasonable modifications in policies, practices, or procedures when the modifications are necessary to avoid discrimination on the basis of disability, unless the public entity can demonstrate that making the modifications would fundamentally alter the nature of the service, program, or activity.”[4]

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A mask mandate is a reasonable accommodation that does not “fundamentally alter” any school district’s ability to provide services, facilities, privileges, advantages, programs or activities to educate children in school. Because many children under age 12 are in school, and the delta variant has created breakthrough infections increasing pediatric hospitalizations, universal masking not only accommodates children with disabilities and their family members but also protects all children in school. There are no studies to support that masking traumatizes children.

The Individuals with Disabilities Education Act and Section 504 of the Rehabilitation Act

School districts across the country educate children eligible for Individuals with Disabilities Education Act (IDEA) and Section 504 services and children with underlying medical conditions.

In the 2019–2020 school year, 14% of students, or about 7.3 million children between the ages of 3 and 21, received special education and related services under IDEA in public schools.

Under IDEA, children with disabilities are guaranteed a “free appropriate public education” in the “least restrictive environment.” Over 60% of students receiving IDEA services spend 80% or more of their time within their school in general education classrooms.

Under Section 504, “[n]o otherwise qualified individual with a disability in the United States ... shall, solely by reason of her or his disability, be excluded from the participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance.”

If school districts fail to mandate masking, immunocompromised students with disabilities will be excluded from participation in public education because of COVID-19 infection concerns. Under both the IDEA and Section 504, schools have a responsibility to provide a free appropriate

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public education and to integrate students to the maximum extent possible. By not requiring masking, schools will have failed to meet the needs of qualified children with disabilities.

If complete integration is not possible, then under IDEA, schools must provide a substantially equal educational opportunity. Over the last 18 months, many schools have provided students with online or at-home learning. On Friday, August 20, 2021, the Florida Board of Education approved the use of private school vouchers for children who choose not to wear a mask. However, online education and forcing children out of public school is neither “appropriate” nor “equal.” Additionally, many school districts may not have virtual programs available to students on a modified curriculum.

The AAP expressed concerns for the mental health of children isolated during the COVID-19 pandemic. By not requiring universal masking, some parents will be forced to choose between a free public education and their child’s safety.

Children from underrepresented groups are disproportionately affected by the failure to mandate masking. More children from underrepresented racial and ethnic backgrounds are identified as having a disability than are children who are white, highlighting the racial and ethnic inequities of the current policy concern. Children living in poverty are also more likely to have a disability than their peers are, highlighting the socioeconomic inequity of the current policy concerns as well.

Some immunocompromised children may not receive special education and related services. In the 2019–2020 school year, about 1.09 million children ages 3 through 21 were identified as having an “other health impairment,” a federal eligibility category that includes chronic illnesses such as asthma, leukemia and other immunosuppressed conditions that put children at higher risk for developing COVID-19 complications. In 2020, 1,774 children under the age of 17 were organ transplant recipients. Studies have shown that transplant recipients do not develop

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the same level of antibodies from COVID-19 vaccination as do people who are not transplant recipients. These immunocompromised children may not fall under protections from the IDEA and Section 504, but schools are still required to reasonably accommodate them under the ADA.

Failing to mandate masking is a violation of the ADA, the IDEA and Section 504 of the Rehabilitation Act.

Additional Considerations

Many children reside in homes with immunocompromised parents, grandparents or siblings. In 2012, 7 million grandparents reported living with at least one grandchild, and 2.7 million reported raising their grandchildren. Four percent of these grandparents were over the age of 80.

Additionally, many children have siblings who are immunocompromised. If the only option for in-person learning for these healthy children is to attend school with unmasked children, families may be forced to choose between sending their healthy children to school and risking their immunocompromised children's health, and keeping their healthy children at home to protect the health of their immunocompromised children. Universal masking in K-12 public school buildings has the potential to create an equitable, accessible learning environment for all children and their families.

Summary

School mask mandates are essential to decrease the spread of COVID-19 in schools. Mask mandates help to protect children under 12 who are currently not able to receive the COVID-19 vaccine. Masking helps to protect immunocompromised children and their families.

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Jennifer Creedon-Harris discussed the mask policy.

Amanda Holbrook discussed the mask policy. Dr. Holbrook submitted the following for inclusion in the minutes as part of public commentary;

Resources to support in favor of continuing to wear masks at Indian Hill Schools
Board meeting August 31, 2021
Submitted by Dr. Amanda Holbrook, MD and school parent

I am hopeful as a parent and a physician that the Indian Hill school board continues to support keeping the mask requirement in place for all students. There are many solid reasons to back this decision right now such as the upward trend and increase in positive cases of COVID in our state and county, the overall prevalence of the delta variant which is more easily spread, the fact that children under 12 are not yet eligible for the vaccine and are vulnerable, and that vaccinated students and faculty can still spread COVID even with mild symptoms. The most proactive, responsible and in line with public health recommendation decision this board can make is that Indian Hill continue to require masks while in school. We all acknowledge that this has been a challenging and unprecedented time for parents, teachers, and children. But we must remain focused and strong as a community. Wearing masks as part of a layered preventative approach is the most effective plan that we have right now until the vaccine is available to all ages and overall the COVID new cases trend downward. Wearing masks as part of a layered preventative plan can help reduce cases of COVID, reduce community spread, reduce quarantine cases, reduce absenteeism, and help our students stay in school. There are so many educational, emotional, social, developmental and mental health benefits to remaining in person for our students. The decision to support masking is not political, it is a public health decision and should be guided by the healthcare community. Masking in school for all including those vaccinated is recommended right now by many major medical organizations that are the respected and trusted resource for children's health and wellness. Listed below are a few of these organizations with their updated recommendations. This is not usual times, this is a pandemic. The healthcare community is learning more about this virus each day and the best proactive steps to reduce community spread and stay ahead of the curve. We should do our part at Indian Hill Schools to contribute to community health and student health by trying to keep our COVID cases as low as possible, wearing our masks during this time, following preventative measures, and with the goal of staying healthier and staying in school in person this year.

Thank you,
Sincerely Amanda Holbrook, MD Internal Medicine, mom of 2 children- 7th and 2nd grade

1. Ohio Department of Health Updated recommendations to wear masks- updated 7/26/21
<https://coronavirus.ohio.gov/static/responsible/schools/K-12-Schools-Guidance.pdf>
 - "Because children 11 and younger cannot be vaccinated and less than a third of children 12 to 17 are fully vaccinated, it is strongly recommended that schools implement masking for students layered with other prevention strategies to protect people who are not fully vaccinated."

2. Cincinnati Children's updated 7/27/21
<https://www.cincinnatichildrens.org/patients/coronavirus-information/returning-to-school>
 - "Cincinnati Children's recommends that all children returning to in-person school wear masks, regardless of vaccination status. Many children are not yet eligible to be vaccinated against COVID-19, and others should mask because no vaccine is 100% effective at preventing infection. In addition, teachers and staff should continue to wear masks, regardless of vaccination status."

3. Ohio Department of Health update 8/31/21 <https://odh.ohio.gov/wps/portal/gov/odh/media-center/odh-news-releases/odh-news-release-08-05-21>
 - "Young children who aren't yet eligible for vaccines, and those who haven't yet chosen to be vaccinated, should wear masks indoors, including in schools. For those ages 12 and up, vaccines remain our best protection against COVID-19."

4. Mayo Clinic updated 8/11/21
<https://newsnetwork.mayoclinic.org/discussion/benefits-of-kids-wearing-masks-in-school/>

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- “Wearing a mask will help decrease the number of symptomatic respiratory illnesses that kids have, as well. Hopefully, this will help keep more kids in school and avoid having to quarantine if there are positive cases, and reduce the number of days that parents need to take their kid in for testing if they were to get sick because these other respiratory viruses are also circulating now.”

5. American Academy of Pediatrics- released 7/19/21

<https://www.aap.org/en/news-room/news-releases/aap/2021/american-academy-of-pediatrics-updates-recommendations-for-opening-schools-in-fall-2021/>

- “In addition to vaccinations, the AAP recommends a layered approach to make school safe for all students, teachers and staff in the guidance here. That includes a recommendation that everyone older than age 2 wear masks, regardless of vaccination status. The AAP also amplifies the Centers for Disease Control and Prevention’s recommendations for building ventilation, testing, quarantining, cleaning and disinfection in the updated guidance.”

6. CDC updated 8/5/21

<https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/k-12-guidance.html>

- “Students benefit from in-person learning, and safely returning to in-person instruction in the fall 2021 is a priority. Vaccination is the leading public health prevention strategy to end the COVID-19 pandemic. Promoting vaccination can help schools safely return to in-person learning as well as extracurricular activities and sports.”
- “Due to the circulating and highly contagious Delta variant, CDC recommends universal indoor masking by all students (age 2 and older), staff, teachers, and visitors to K-12 schools, regardless of vaccination status.”

August 20, 2021

Dear Members of the School Board and Educational Leaders,

The undersigned are all physicians who live and work in the southwest Ohio and Northern Kentucky region. **We are writing to support universal masking in all of our local schools.** The plan to make masks optional goes against the guidance of both the Centers for Disease Control and the American Academy of Pediatrics, ignores the science on COVID transmission in kids and on the effectiveness of masks, and fails to give our youngest kids—who are not yet vaccine eligible but will be soon—a chance to evade infection after over a year of sacrifice. **All available evidence indicates that SARS-CoV-2 will spread wildly in schools without mitigation efforts—including universal masking—firmly in place. The CDC and the American Academy of Pediatrics agree;** both agencies have released guidance indicating that schools should mandate masks for students, staff, and visitors. **As a local leader, you should listen to them.**

Though infections in our state declined in the late spring and early summer as vaccination rates increased, new variants like Delta are on the rise again and pose a serious threat. The Delta variant is much more transmissible than previous variants, and data from our local area reflect that troubling reality. **Infections are rising rapidly in all age groups and hospitalizations in our region have tripled in the past two weeks alone.** In addition, nationally the age distribution of new infections and hospitalizations has also shifted downward, **with young kids representing a greater proportion of infections and hospitalizations than in previous months. This will only get worse if kids return to school without required masking and other mitigation strategies in place.**

The science on COVID and kids is clear: **children can be infected with SARSCoV-2, can get sick with and die of COVID-19, and can spread the virus to others** (1-3). As of the first week of July 2021, more than 200,000

kids in the U.S. had been hospitalized and nearly 400 kids had died from COVID. A tragically disproportionate number of these kids who experienced severe illness or death were young people of color (4), whose social and economic vulnerabilities put them at especially high risk. While kids are less likely than adults to experience severe illness or death, the long term consequences of COVID infection on neurological, lung, metabolic, and cardiovascular function are still unknown. Recent studies estimate that anywhere from 10-45% of kids under 12 who are infected with SARS-CoV-2 experience “long haul” symptoms that last more than five weeks after diagnosis (5-6), even if they experience mild acute infection. This is all to say, kids have not been and will not be spared in this pandemic. Importantly, **kids can also transmit COVID to their unvaccinated, immunocompromised, and otherwise vulnerable family members and friends,** which further contributes to community spread and the emergence of new variants of the virus and puts the “end” of this pandemic further out of reach.

Thankfully, over the past year and a half, we have learned a lot about how to reduce transmission and infections, and **masks have emerged as a particularly important, scientifically proven mitigation strategy.** Evidence from the CDC shows that the relatively low levels of infections in kids seen during the 2020-2021 school year were, in large part, the result of school closures and widespread mitigation efforts in schools, including mask mandates. Though kids transmit COVID as efficiently as adults and are infected at similar rates to adults (5), **mask mandates in schools prevented high levels of in-school transmission during the 2020-2021 school year** (7). The proven effectiveness of masks is a key reason behind the CDC’s and American Academy of Pediatrics’ current recommendation that students and staff continue to wear masks in schools during the 2021-2022 school year. Again, the science here is clear: **reopening schools without mask mandates and other mitigation efforts in place while the Delta variant surges will result in high levels of transmission and infection in kids, which can further contribute to household and community spread, even among the vaccinated.** We shouldn’t wait for Delta to spread in schools before putting

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mask mandates in place; we can and should act in order to prevent any unnecessary disease, death, and suffering.

Families are depending on you to follow the science and protect the health and safety of our kids and community. Our kids deserve to go to school without worrying about getting sick and spreading the virus to their immunocompromised, unvaccinated, or otherwise vulnerable family members, friends, and neighbors. **We shouldn't ask our young kids and their parents to choose between going to school and staying healthy and safe.** Young kids will be eligible for vaccines within the next few months. We should give them the opportunity to be vaccinated before asking them to enter our schools and classrooms unprotected. **The science supports masks in schools.** Wearing masks is a small sacrifice to make in order to ensure that our kids can remain safe while going to school, which we know is important for their intellectual, social, and emotional development.

We urge you to listen to the experts, reconsider, and implement a universal masking policy, especially for our most vulnerable unvaccinated students. Members of our group are happy to be in touch with any comments, questions, or concerns.

Sincerely,

1. Nathan Timm, MD (Pediatric Emergency Medicine)
2. Kimberly Daly, MD (Pediatrics)
3. Amanda Hemmer, MD (Hospitalist)
4. Kara Shay, MD (Internal Medicine)
5. Lauren Hruszkewycz, MD (Family Medicine)
6. Holly Graziani – Danneman, MD (Family Medicine)
7. Amanda Dropic, MD (Pediatrics)
8. Chandan Gupta, MD (Family Medicine)
9. Emily Dozier, DO (Emergency Medicine)
10. Abby Loftus – Smith, MD (Obstetrics and Gynecology)
11. Vickie Chan, MD (Family Medicine)
12. Brandie Chan, MD (Pediatrics)
13. Rebecca Popham, DO (Sports Medicine)
14. Patricia Freidel, DO (Internal Medicine)
15. Allana Oak, DO (Family Medicine and Laborist)
16. Hillary Flint, DO (Pediatric Palliative Medicine)
17. Sonja Heuker, MD (Family Medicine)
18. Caroline Freiermuth, MD (Emergency Medicine)
19. Susan Oakley, MD (Urogynecology)
20. Ty Brown, MD (Neurology)
21. Chris Zowtiak, MD (Family Medicine)
22. Paul Spellman, MD (Emergency Medicine)
23. Brian Shay, MD (Urology)
24. Steven Bailey, MD (Neurosurgery)
25. Jennifer Bailey, MD (Pediatric Thoracic Surgery)
26. Julie Bruns, MD (Family Medicine)
27. Doug Bruns, MD (Radiology)
28. Bridget France, MD (Pediatrics)
29. Jordan Hsu, MD (Pediatrics)
30. Emily Woeste, MD (Obstetrics and Gynecology)
31. Pat Muck, MD (Vascular Surgery)
32. Mary Russell McKoewn, MD (Radiology)
33. Chanti Flanagan, MD (Family Medicine)
34. Lee Geraci, MD (General Surgery)
35. Chadwick Hatfield, MD (Gastroenterology)
36. Alan Lam, MD (Gastroenterology)
37. Sean DeGrande, MD (Anesthesiology)
38. Greg Salzman, MD (Gastroenterology)
39. Jessica Baumann, MD (Pediatrics)
40. Anthony France, MD (Emergency Medicine)
41. Jill Schaffeld, DO (Pediatrics)
42. Virginia Bell, MD (Emergency Medicine)
43. Kelli Williams, MD, MPH (Infectious Disease)
44. Rachel Lehmkuhl, MD (Emergency Medicine)
45. Laurie Johnson, MD, MS, FAAP (Pediatric Emergency Medicine)
46. Amy Ruschulte, MD (Family Medicine)
47. Megan Schneider, MD (Obstetrics and Gynecology)
48. Meredith Donnelly, MD (Obstetrics and Gynecology)
49. Kruti Patel, MD (Hematology/Oncology)
50. Hilary Flint, DO, Med (Pediatric Hospice and Palliative Medicine)
51. Kara Ciani, MD (Family Medicine)
52. Suzanne Partridge, MD (Hematology/Oncology)
53. Heather Dlugosz, MD, FAPA, CEDS (Adult, Child, and Adolescent Psychiatry)
54. Angeli Chopra, MD (Gastroenterology)
55. Ashley Mitchell, MD (Obstetrics and Gynecology)
56. Sara Lyons, MD (Obstetrics and Gynecology)
57. Stephanie Manolis, DO (Obstetrics and Gynecology)
58. Melissa House, MD (Neonatology)
59. Sharon Wynn, MD (Pediatrics and Child Psychiatry)
60. Lisa Haglund, MD (Infectious Disease)
61. Smitha Bearely, MD (Hospitalist)
62. Mina Chamberlin, MD (Nephrology)
63. Walter Donnelly, MD (Family Medicine)
64. Timothy McCarren, MD (Family Medicine)
65. Margaret Braun, MD (Family Medicine)
66. Alexa Summe, DO (Family Medicine)
67. Ryan Freibert, DO (Family Medicine)
68. Emily Wolff, MD (Emergency Medicine)
69. Danielle Herbert, MD (Family Medicine)
70. Bryan Berman, MD (Family Medicine)
71. Heidi Sharp, MD (Family Medicine)
72. Hilja Ruegg, MD (Family Medicine and Psychiatry)
73. Kirsten Koch, MD (Family Medicine)
74. Lou Edge, MD, MHPE, FAAFP (Family and Community Medicine)
75. Alyssa Piljan-Gentle, MD (Pediatrics)
76. Jennifer Ernst-Pierson, MD (Internal Medicine and Pediatrics)
77. Lakshmi Sammarco, MD (Hamilton County Coroner)
78. Katherine Johnson, MD (Family Medicine)
79. Dianna Perazzo, MD (Emergency Medicine)
80. Chris Peltier, MD (Pediatrics, President-Elect Ohio Academy of Pediatrics)
81. Rima Rusnak, MD (Pediatrics)
82. Yasmin Hassoun, MD (Allergy/Immunology)
83. Bharvi Oza-Gajera, MD (Nephrology)
84. Elizabeth Beiter, MD (Family Medicine)
85. Patrick Beiter, MD (Family Medicine)
86. Kerri Sobolewski, MD (Pediatrics)
87. Brad Sobolewski, MD (Pediatric Emergency Medicine)
88. Lizbeth Dammert, MD (Pediatrics)
89. Marissa Ramirez Cochran, DO (Hospitalist- Family Medicine)
90. Sara Maples, MD (Family Medicine)
91. Laurie Johnson, MD (Pediatric Emergency Medicine)
92. Christine Wolski, MD (Pediatric Hospitalist)
93. Amanda Jackson, MD (Gynecologic Oncology)
94. Roxana Rivera, MD (Ophthalmology)
95. Katherine Brady, MD (Pediatrics)
96. Becky McGilligan, MD (Internal Medicine)
97. Yamini Kuchipudi, MD (Pediatric Hospitalist)
98. Theresa Yost Sewell, MD (Pediatrics)
99. Karen Jerardi, MD, MEd (Pediatric Hospitalist)
100. Julia C. Slater, MD (Plastic and Burn Surgery)
101. Kavitha R. Sivaraman, MD (Ophthalmology)
102. Darcey Thornton, MD (Internal Medicine and Pediatrics)
103. Mary McCarty, MD (Internal Medicine and Pediatrics)
104. Laura Howell, MD (Pediatrics)
105. Kenna Sheak, MD (Pediatric Hospitalist)
106. Lauren Ashbrook, MD (Internal Medicine/Primary Care)
107. Jennifer McAllister, MD (Pediatrics)
108. Betsy A. Drake, MD (Family Medicine)
109. Brittany Almaraz, MD (Family Medicine)
110. Smruti Patel, MD, FACOG (Obstetrics and Gynecology)
111. Amy Rule, MD, MPH (Pediatric Hospital Medicine)

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112. Sarah Lichtenstein, MD (General Pediatrics)
113. J. Jarred Molitoris, MD (Obstetrics and Gynecology)
114. Cara Jacob, MD (Neurology)
115. Patrícia Colapietro, MD (Neurology)
116. Susan Fong, MD, PhD (Pediatric Neurology)
117. Vanessa Olbrecht, MD, MBA, FASA (Pediatric Anesthesiology)
118. Cristina Cole, MD (Pathology)
119. Shwetha Manoharan, DO (Obstetrics and Gynecology)
120. Stacey Bishop-Yeatman, MD (Family Medicine)
121. Kim Nguyen, MD (Internal Medicine)
122. Jessica Parker, MD (Neurology)
123. Heidi Krebs, MD (Family Medicine)
124. Mark Johnson, MD (Child Psychiatry)
125. Veronica Russo, MD, MPH, FAAD (Dermatology)
126. Chris Butler, DO (Pulmonary and Critical Care Medicine)
127. Leslie Farrell, MD (Pediatric Hospitalist)
128. Anita Weisberger, MD (Obstetrics and Gynecology)
129. Martine Lamy, MD, PhD (Pediatrics and Child Psychiatry)
130. Fred B. Chu, MD (Ophthalmology)
131. Erin Black, DO, MPH (Hospitalist- Internal Medicine)
132. Alice Tang, MD (Otolaryngology)
133. Kathleen Broderick-Forsgren, MD (Internal Medicine)
134. Leslie Deckter, MD (Child Psychiatry)
135. Tina Madan Rajput, MD (Pediatrics)
136. Amit Rajput, MD, MBA (Nephrology)
137. Allegra Tenkman, MD (Family Medicine)
138. Amy Van Milligan, MD (Internal Medicine and Pediatrics)
139. Melissa Klein, MD, MEd (Pediatrics)
140. Scott Woods, MD, MPH (Family Medicine)
141. Tonya L. Dixon, MD, MPH (Orthopaedic Surgery)
142. Lauren Hruszkewycz, MD (Family Medicine)
143. Katherine Edmunds, MD, MEd (Pediatric Emergency Medicine)
144. Sunny Wang, MD (Emergency Medicine)
145. Denise Rankin, MD (Pediatrics)
179. Fiza Warsi, MD (Family Medicine/Palliative Care)
180. Lauren Wang, MD (Family Medicine)
181. Sarah Pickle, MD (Family Medicine)
182. Carol Choi, MD (Obstetrics and Gynecology)
183. Kasiani Myers, MD (Pediatric Hematology/Oncology/BMT)
184. Sara Rinala, MD (Obstetrics and Gynecology)
185. Karen Burns, MD, MS (Pediatric Oncology)
186. Carmen Meier, MD (Gastroenterology)
187. Roohi Kharofa, MD, MPH (Pediatrics)
188. Tiffany Diers, MD (Internal Medicine and Pediatrics)
189. Jaime D Lewis, MD (Surgery)
190. Meredith Schuh, MD (Pediatric Nephrology)
191. Alicia Caldwell, MD (Med Peds Hospital Medicine)
192. Megan Schneider, MD (Obstetrics and Gynecology)
193. Francisco Lopez, MD (Cardiology)
194. Linda Hermiller, MD (Endocrinology)
195. Mina Patel-Chamberlin, MD (Nephrology)
196. Natalie Jacobs, MD (Internal Medicine- Pediatrics)
197. Steve Zitelli, MD (Family Medicine)
198. Annie Amin, MD (Anesthesiology)
199. Alisa Kanfi, MD (Radiology)
200. Stephanie Striet, MD (Internal Medicine)
201. Leila Saxena, MD (Family Medicine)
202. Montiel Rosenthal, MD (Family Medicine)
203. Ashley Mitchell, MD (Obstetrics and Gynecology)
204. Suzanne Partridge, MD (Hematology/Oncology)
205. Barbara B. Tobias, MD (Family Medicine)
206. Christine O'Dea, MD, MPH (Family Medicine)
207. Vidhya Kunnathur, MD (Gastroenterology)
208. Jaclyn Anderson, MD (Pediatrics)
209. Sarah Orkin, MD (Pediatric Gastroenterology)
210. Aurora Rivendale, MD (Family Medicine and Psychiatry)
211. Robert Ellis, MD (Family Medicine)
212. Smitha Chandra, MD (Hospitalist- Internal Medicine)
146. Megan Cox, MD (Internal Medicine)
147. Andrew Cox, MD, PhD (Pediatric Infectious Disease)
148. Emily Neaville, MD (Internal Medicine and Pediatrics)
149. Lily Ning, MD (Emergency Medicine)
150. Jennifer Chung, MD (Physical Medicine and Rehabilitation)
151. Lauren Ostling, MD, FAANS (Neurosurgery)
152. Lynn Babcock, MD, MS (Pediatric Emergency Medicine)
153. Nicole Baldwin, MD (Pediatrics)
154. Julie Workman, MD (Family Medicine)
155. Shannon Powell, MD (Radiology)
156. Christine M Burrows, MD (Internal Medicine & Pediatrics)
157. Tiffani Jepsen, MD (Family Medicine)
158. Peter Farrell, MD, MS (Pediatric Gastroenterology)
159. Katrina Hilder, MD (Internal Medicine)
160. Danielle Johnson, MD (Psychiatry)
161. Mona Mislanker, MD (Dermatology)
162. Heather Dlugosz, MD, FAPA, CEDS (Adult, Child and Adolescent Psychiatry)
163. Stefanie W. Benoit, MD, MPH (Pediatric Nephrology)
164. Katie Kermode, MD (Internal Medicine and Pediatrics)
165. Melissa Erickson, MD (Family Medicine)
166. Craig Erickson, MD (Child and Adolescent Psychiatry)
167. Monica Hartman, MD (Family Medicine)
168. Anjali Pearce, MD (Internal Medicine and Pediatrics)
169. Irene Hamrick, MD (Family Medicine)
170. Corey Keeton, MD (Family Medicine and Psychiatry)
171. Lisa Johnson, MD (Family Medicine/Adolescent Medicine)
172. Chris Bernheisel, MD (Family Medicine)
173. Shanna Stryker, MD, MPH (Family Medicine and Psychiatry)
174. Anna Goroncy, MD, MEd (Geriatrics and Family Medicine)
175. Kara Ciani, MD (Geriatrics and Family Medicine)
176. Hillary Mount, MD (Family Medicine)
177. Michelle Bowman, MD (Neurology)
178. Giselle Weller, MD (Adolescent Medicine/Pediatrics)
213. Yvette Neirouz, MD (Internal Medicine)
214. Silvi Shah, MD, MS (Transplant Nephrology)
215. Rashmi Tadiparthi, MD (Gastroenterology)
216. Susan Kushman, MD (Emergency Medicine)
217. Allison Ferree-Chavez, MD (Pediatrics)
218. Jennifer Kastan, MD, MSc(Oxon), MSc(London) (Pediatric Pathology)
219. Jyothi Joseph-Hayes, MD (Endocrinology)
220. Aisha Sethi, MD (Pathology)
221. Taranpreet Kaur, MD (Nephrology)
222. Tracy S. Cummings, MD (Child and Adolescent Psychiatry)
223. Laura Mucenski, MD (Obstetrics and Gynecology)
224. Ashley Endres MD (Pediatrics)
225. Deborah Rouse-Raines, MD (Obstetrics and Gynecology)
226. Robert Raines MD, (Orthopedics)
227. Samantha Young, MD (Obstetrics and Gynecology)
228. Kerry Gorman, MD (Pediatrics)
229. Cathleen Mucenski, MD (Anesthesiology)
230. Prasoon Verma, MD (Neonatology)
231. Kristin Kaltenstadler, MD (Pediatrics)
232. Krista Grande, MD (Pediatric Neurology)
233. Lisbeth M. Lazon, MD, FAAFP (Family Medicine)
234. Emily Levinson, MD (Family Medicine)
235. Lily Yu, MD (Pediatric Emergency Medicine)
236. Swetha Narayana, MD (Family Medicine)
237. Denise Warrick, MD (Pediatrics)
238. Aubrey Hunt, MD, PhD (Pediatrics)
239. Erin Hurlburt, MD (Family Medicine)
240. Carace MacKay MD (Pediatrics)
241. Hyndhavi Chowdary MD (Anesthesiology)
242. Wenjing Zeng, MD (Hand Surgery)
243. Meghan Markovich, MD (Internal Medicine and Pediatrics)
244. Alissa Gilbert, MD (Pediatrics)
245. Manoj Singh, MD, FAAFP (Family Medicine)

**INDIAN HILL EXEMPTED VILLAGE SCHOOL DISTRICT
MINUTES – August 31, 2021**

246. Victoria Hartwell, MD (Pediatric Emergency Medicine)
247. Jaime Denning, MD (Pediatric Orthopaedic Surgery)
248. Melissa Summers, MD (Orthopaedic Surgery)
249. Kelli Dominick, MD, PhD (Pediatrics and Child Psychiatry)
250. Nervane Domloj, MD (Anesthesiology)
251. Jyoti Sachdeva MD, (Psychiatry)
252. Harsh Sachdeva, MD (Pain Management)
253. Rebecca Miller Crane, MD, MHSA
254. Jenny Debruer, MD (Pediatrics)
255. Kathryn Gieselmann, MD, MPH (Pediatrics)
256. Shital Patel, MD (Anesthesiology)
257. Aimee Reeder MD (Pediatrics)
258. Madhavi Delsignore, MD (Pediatrics)
259. Kirsten Ahrens, MD (Pediatrics)
260. Kirti Agarwal, MD (Radiology)
261. Reid Hartmann, MD (Family Medicine/Palliative Care)
262. Emily Daugherty, MD (Radiation Oncology)
263. Jacquelyn Palmer, MD, FACS (Surgical Breast Oncology)
264. Jennifer O'Toole, MD, MEd (Internal Medicine-Pediatrics)
265. Heather Ravvin McKee, MD (Neurology)
266. Jennifer Lykens Schnacke, MD (Obstetrics and Gynecology)
267. Amy Long, MD, FACOG (Obstetrics and Gynecology)
268. Julie Gomez, MD (Internal Medicine and Pediatrics)
269. Kelly Kamimura-Nishimura, MD, MS (Developmental and Behavioral Pediatrics)
270. Erica Walters, MD (Pediatrics)
271. Elizabeth Ruchhoft, MD (Gynecology)
272. Beth Ann Johnson MD (Pediatrics/Neonatology)
273. Eunice Blackmon, MD (Pediatrics)
274. Teresa Meier, MD (Radiation Oncology)
275. Stephanie Merhar, MD MS (Pediatrics/Neonatology)
276. Laura Piper, MD (Pediatric Hospitalist)
277. Katie Meier, MD (Pediatric Hospitalist)
278. Emily Willey, MD (Pediatrics)
312. Joseph Kiesler, MD (Family Medicine)
313. Victoria Wells Wulsin, MD, DrPH (General Preventive Medicine and Public Health/Occupational Medicine)
314. Susan Schrimpf Davis, DO (Family Medicine)
315. Carolina Cuba Bustinza, MD (Developmental and Behavioral Pediatrics)
316. Lisa E. Herrmann, MD MEd (Pediatric Hospitalist)
317. Jordan Kharofa, MD (Radiation Oncology)
318. Amanda Denney Queen, MD (Endocrinology)
319. Sonali Raman, MD (Female Pelvic Medicine and Reconstructive Surgery)
320. Kamali Bouvay, MD (Pediatrics)
321. Ian Chaves, MD (Radiology)
322. Roxana Aguirre-Pedroza, MD (Hematology-Oncology and Palliative Care Hospice)
323. Robert Pulliam, MD (Family Medicine and Psychiatry)
324. Douglas Smucker, MD, MPH (Family Medicine)
325. Rick Ricer, MD (Family Medicine)
326. Jennifer Walker, MD (Mohs Surgery)
327. Pete Dowiat, DO (Emergency Medicine)
328. Brave Nguyen, MD (Internal Medicine)
329. Lori Herbst, MD (Internal Medicine and Pediatrics)
330. Anita Shah, DO, MPH (Pediatric Hospitalist)
331. Wei Gibler, MD/MPH (Obstetrics and Gynecology)
332. Maryam Ahmed-Naqvi, MD (Pediatric Ophthalmology)
333. Aishwarya Shyamraj, MD (Adult GI)
334. Rushyal Shyamraj, MD (Internal Medicine)
335. Elena Duma MD (Pediatric Emergency Medicine)
336. Moises Huaman, MD (Infectious Diseases)
337. Shivani Patel, DO (Pediatric Hospital Medicine)
338. Charles Margolis, MD, (Family Medicine)
339. Jennifer Margolis, MD (Pediatrics)
340. James O'Dea, MD (Family Medicine)
341. Tim Freeman, MD (Family Medicine)
279. Julianna Bort, DO (Family Medicine)
280. Anantha Brahmamdam, MD (Internal Medicine)
281. Sara Kleinschmidt, MD (Family Medicine/Palliative Care)
282. Whitney Whitis, MD (Internal Medicine)
283. Eileen Murtagh Kurowski, MD, MS (Pediatric Emergency Medicine)
284. Amita Singh MD (Pulmonary and Critical Care)
285. Krista Varnell, MD, FACEP (Emergency Medicine)
286. Charla Jones, MD (Psychiatry)
287. Jennifer Forrester, MD (Infectious Disease)
288. Anna Stecher, MD (Obstetrics and Gynecology)
289. Terri Zisko, MD (Family Medicine)
290. John Zisko, MD (Sports Medicine)
291. Maria Barnes-Davis, MD/PhD (Pediatrics/Neonatology)
292. Shuchi Gulati, MD (Hematology/ Oncology)
293. Gaurav Gulati, MD (Rheumatology)
294. Ruchi Bhabhra, MD, PhD (Endocrinology)
295. Erin Tischner, DO (Internal Medicine)
296. Angelique DeVold Waller, MD (Pediatrics)
297. Thaddeus Bort, MD (Family Medicine)
298. Katherine Powell, MD (Pediatrics)
299. Adam Powell, MD (Pediatric Cardiology)
300. Jake Forrester, MD (Psychiatry)
301. S. Katie Ihnen, MD, PhD (Child Neurology)
302. Matthew Monteleone, MD (Pediatric Anesthesiology)
303. Michael Daugherty, MD (Pediatric Urology)
304. Robert C Cupelo, MD (Internal Medicine)
305. Mladen Golubic, MD, PhD, FACLM (Family Medicine)
306. Sarah Love, MD (Family Medicine)
307. Sarah Pritts, MD (Family Medicine)
308. Sean Boyle, DO (Hospitalist- Family Medicine)
309. Megan Rich, MD, MEd (Family Medicine)
310. Lauri Erway Nandyal, MD (Family Medicine/Functional Medicine/Integrative Medicine)
311. Medicine/Integrative Medicine)
342. Ji Yeon Jemma Kang, MD (Pediatric Anesthesia)
343. Emily Furnish, MD (Family Medicine)
344. Sean Lawson, MD (Family Medicine)
345. Andrea Rosado, MD (Family Medicine)
346. Beth-Erin Smith, MD, MPH (Family Medicine)
347. Cassie Stanzler, MD (Family Medicine)
348. Christina Durchholz, MD (Family Medicine)
349. Maya V. Prabhu, MD (Family Medicine)
350. Melissa Saab Vance, MD (Family Medicine)
351. Alexander Robbin Vance, MS, MD (Family Medicine)
352. Anna Schweikert MD (Family Medicine)
353. Alyssa Brogden, DO (Family Medicine)
354. Stephanie Abraham, MD (Emergency Medicine)
355. Samuel Wittekind, MD (Pediatric Cardiology)
356. Ron Reynolds, MD (Family Medicine)
357. Eunsong Park, MD MPH (Family Medicine)
358. Matt Wenker, MD (Internal Medicine)
359. Laura Ledvora, MD (Family Medicine and Psychiatry)
360. Joseph Broderick, MD (Neurology)
361. Blair Simpson, MD (Pediatric Hospitalist)
362. Danielle Weber, MD (Internal Medicine and Pediatrics)
363. Lindsey Barrick, DO, MPH (Pediatric Emergency Medicine)
364. Soma Sangupta, MD, Ph.D., FRCP (Neuro-oncology)
365. David Karol, MD, MA (Internal Medicine and Psychiatry)
366. Brooke Barnes, MD (Pediatrics)
367. Betsy Templin, MD (Pediatrics)
368. Kate Broering, MD (Pediatrics)
369. Katherine Sheridan MD (Family Medicine)
370. Pratima Shanbhag MD, MPH (Child Abuse Pediatrics)
371. Stephanie O'Rourke, MD (Pediatrics)
372. Lauren Peck, MD (Pediatrics)
373. Elizabeth A. Bacon, D.O. (Pediatric Pulmonology)
374. Nicole Gibler, MD (Child, Adolescent, & Adult Psychiatry)
375. Caitlyn Zinn, DO (Obstetrics and Gynecology)

**INDIAN HILL EXEMPTED VILLAGE SCHOOL DISTRICT
MINUTES – August 31, 2021**

376. Sheila Angeles-Han, MD, MSc (Pediatrics)
377. Kaitlin Whaley, MD (Pediatrics)
378. Anita Goel, MD (Emergency Medicine)
379. Emily Moosbrugger, MD (Dermatology)
380. Matt Meier, MD (Dermatology)
381. Samantha Mast, MD (Maternal-Fetal Medicine)
382. Sarah D. Corathers, MD (Adult and Pediatric Endocrinology)
383. Renee Nierman Kreeger, MD (Pediatric Cardiac Anesthesiology)
384. Enrique Ceppi, MD (Family Medicine/Psychiatry)
385. LaToya Smith, MD (Family Medicine)
386. Tasha Faruqui, DO (Pediatrics)
387. Safi Faruqui, DO (Orthopedic Hand Surgeon)
388. Pamela Stemen-Godshalk MD (Emergency Medicine)
389. Patricia Young, MD (Infectious Disease)
390. Eleanor Glass, MD (Family Medicine)
391. Michelle Hosta, MD (Emergency Medicine)
392. Toral Desai, MD (Internal Medicine and Geriatrics)
393. Harshel Desai, MD (Emergency Medicine)
394. Lauren Riney, DO (Pediatric Emergency Medicine)
395. Jennifer Daniels, MD (General Surgery)
396. Varsha Thomas, MD (Pediatric Endocrinology)
397. Yasmin Hassoun, MD (Allergy/Immunology)
398. Jadwiga Stanek, MD (Internal Medicine)
399. Alzira Leques M.D. (Obstetrics and Gynecology)
400. Jane Morris, MD (Obstetrics and Gynecology)
401. Katherine Clark, MD (Internal Medicine)
402. Charles Varnell, MD (Pediatric Nephrology)
403. Matthew Broderick, MD (Internal Medicine)
404. Madhulika Mamidi, MD (Family Medicine)
405. Jhenya Nahreini, MD (Family Medicine)
406. Mihir Atreya, MD, MPH (Pediatric Critical Care Medicine)
407. Jennifer Haskell, MD (Pediatrics)
408. Lindsay Huber, MD (Internal Medicine)
409. Amberly Davidson, MD (Obstetrics and Gynecology)
444. Kathryn Beaulieu, MD (Internal Medicine and Pediatrics)
445. Catherine Hughes MD (Pediatrics)
446. Alison Neff MD (Internal Medicine)
447. Maria Torregroza Sanchez, MD, MBA (Internal Medicine)
448. Whitney Whitis MD (Internal Medicine)
449. Yasmin Sabet, MD (Rheumatology)
450. Alaba Robinson, MD (Internal Medicine/Pediatrics)
451. Sonia Chopra, MD (Urology)
452. Ivan Bedoya, MD (Internal Medicine/Hematology Oncology)
453. Colleen Swayze MD (Obstetrics and Gynecology)
454. Tiffany Hall MD (Obstetrics and Gynecology)
455. Sarah Tarai, MD (Pediatrics)
456. Breann Butts, MD (Pediatrics)
457. Sharmeela Saha, MD (Nephrology)
458. Julia Lee, MD (Obstetrics and Gynecology)
459. Heather Hilkowitz, MD (Obstetrics and Gynecology)
460. Lori Packard MD (Obstetrics and Gynecology)
461. Lekshmi Misra, MD (Hospitalist, Internal Medicine)
462. Jenni Farrow, MD (Child and Adolescent Psychiatry)
463. Niralee Patel, MD (Nephrology)
464. Manoj Nair, MD (Developmental and Behavioral Pediatrics)
465. Lisa Kiser, MD (Emergency Medicine)
466. Ian Foley MD (Obstetrics and Gynecology)
467. Faisal Adhami, MD (Hematology/Oncology)
468. Saulius Girnius, MD (Hematology/Oncology)
469. Vishal Jivan, MD, MPH (Pulmonary Critical Care)
470. Thuhuong Vu MD (Child, Adolescent and Adult Psychiatry)
471. Rynita Bohler, MD (Family Medicine)
472. Shyla Moore, MD (Family Medicine)
473. Elizabeth Peters, MD (Family Medicine)
474. Andrea Jaramillo, DO (Family Medicine)
475. Joshua Smith, MD (Family Medicine/Psychiatry)
476. Nicholas Pechin, DO (Psychiatry)
477. Sara Continenza, MD (Emergency Medicine)
410. Amie Jackson, MD (Hematology/Oncology)
411. Erin Espinoza, DO (Hematology/Oncology)
412. Caitlin McCarthy, MD (OB/GYN)
413. Alexa Sabedra, MD, (Emergency Medicine)
414. Jonathan Janiczek, MD, (Med-Peds)
415. Jen Lager, DO (Family Medicine)
416. Jeffrey Ushupun, MD (Family Medicine)
417. Alicia Bachus, MD (Family Medicine)
418. Betsy Peerless, MD (Family Medicine)
419. Melissa Wallace, DO (Pediatrics)
420. Kristin Stackpole, MD (Pediatrics)
421. Janee Bey MD (Med/Peds)
422. Aaron Bey MD (Urology)
423. Jasleen Goel MD (Pediatrics)
424. Rajan Prakash MD MPH (Adult Hospitalist and ER)
425. Roja Chimakurthi, MD (Nephrology)
426. Rajkumar Agarwal, MD (Child Neurology)
427. Roshani Agarwal, MD (Pediatric Hospital Medicine)
428. Neha Gupta MD (Psychiatry)
429. Abhishek Singla MD (Pulmonary and Critical Care)
430. Maryam Ahmed-Naqvi, MD (Ophthalmology)
431. Sara Lyons MD (Obstetrics and Gynecology)
432. Hiba Younis, MD (ICU Hospitalist, Internal Medicine)
433. Vinita Takiar, MD (Radiation Oncology)
434. Heather Scholl, MD (Anesthesiology)
435. Jamelle Bowers. M.D (Hospitalist / Internal Medicine)
436. Trisha Wise-Draper, MD, PhD (Medical Oncology)
437. Lisa Haglund, MD
438. Clara Chlon, MD (Pediatrics)
439. Monica A Flynn MD (Family Medicine)
440. Andrea Hamel, MD (Obstetrics and Gynecology)
441. Sarah Luthy, MD MSCS (Pediatric Hospitalist)
442. Caitlyn Kenny, MD (Internal Medicine and Pediatrics)
443. Jene Bramel, MD (Pediatrics)
478. Gretchen Suárez, MD (Internal Medicine, ICU hospitalist)
479. Michelle Yee Louis, MD, FACP (Internal Medicine)
480. Neha Gandhi, MD (Internal Medicine)
481. Alynna Schulert, MD (Pediatrics)
482. Grant Schulert, MD, PhD (Rheumatology)
483. Christopher Zammit MD FACEP FNCS (Emergency Medicine and Critical Care)
484. Anil Verma, MD, MPH (Cardiology)
485. Chandrasekar Vaidyanathan MD (Internal Medicine)
486. Shachi Singh, MD (Geriatric Medicine)
487. Chaitanya Mandapakala, MD (Internal Medicine/ Pulmonary and Critical Care Medicine)
488. Luis Watanabe Tejada, MD (IM/Pulmonary and Critical Care)
489. Melissa Skupin, MD (IM/Allergy and Immunology)
490. Maureen Gallagher, MD (Pediatrics)
491. Natalie Hone Romero, MD (Dermatology)
492. Lauren Castellini, MD (Radiation Oncology)
493. Parinda Mehta, MD (Pediatric Hematology/Oncology/BMT)
494. Apurva Mehta, MD (Hematology/Oncology)
495. Caitlin Delong, MD, MPH (Family Medicine and Psychiatry)
496. Frank Fernandez, MD (Emergency Medicine)
497. Edward Crane MD (Hematology/Oncology)
498. Rebecca Crane MD, MHA (Health Care Administration)
499. Seerin Viviane Shatavi, MD (Hematology/Oncology)
500. Kristopher Durbin, MD (Anesthesiology)
501. Vivek Narendran, MD (Neonatology)
502. Mamata Narendran, MD (OB/GYN)
503. Justin Tretter, MD (Pediatric Cardiology)
504. Laura Bertrand, MD (Urology)
505. Eric Shreve, MD (Urology)
506. Wendy Ramalingam, MD (Pediatric Orthopaedic Surgery)
507. Amy Rouse, MD MPH (Neonatology)
508. Nathan Weir, MD PhD (Dermatology)
509. Kimberly Bonar MD (Obstetrics and Gynecology)

**INDIAN HILL EXEMPTED VILLAGE SCHOOL DISTRICT
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- 510. Ravneet Kaur Gill, MD (Hospice and Palliative Medicine)
- 511. Geeta Nath, MD
- 512. Amaresh Nath, MD
- 513. Michael K Farrell, MD (Pediatric Gastroenterology)
- 514. Deepthi Jalgama, MD (Internal Medicine)
- 515. Radhika Rajsheker, MD (Hematology and Oncology)
- 516. Srinivas Rajsheker, MD (Cardiac Electrophysiology)
- 517. Shyam Allamaneni (Surgical Oncology)
- 518. Amit Govil, MD (Nephrology)
- 519. Anil Kakumanu, MD (Internal Medicine)
- 520. Neha Wadhwa, MD (Gastroenterology)
- 521. Davendra Sohal, MD (Oncology)
- 522. Dilip Bearely, MD (Gastroenterology)
- 523. Ravi Ravinuthala, MD (Gastroenterology)
- 524. Ryan Colapietro, DO (Anesthesiology)
- 525. Amanda Holbrook, MD (Internal Medicine)

1. Lewis NM, Chu VT, Ye D, et al. Household Transmission of SARS-CoV-2 in the United States. *Clin Infect Dis* 2020. doi:10.1093/cid/ciaa1166
 2. Szablewski CM, Chang KT, Brown MM, et al. SARS-CoV-2 Transmission and Infection Among Attendees of an Overnight Camp – Georgia, June 2020. *MMWR Morb Mortal Wkly Rep* 2020;69(31):1023-1025. doi:10.15585/mmwr.mm6931e1
 3. Chu VT, Yousaf AR, Chang K, et al. Transmission of SARS-CoV-2 from Children and Adolescents. *medRxiv* 2020. doi:10.1101/2020.10.10.20210492
 4. Centers for Disease Control and Prevention. Estimated Disease Burden of COVID-19. Accessed June 30, 2021. <https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/burden.html>
 5. Buonsenso, Danilo, et al. "Preliminary evidence on long COVID in children." *medRxiv* (2021). <https://doi.org/10.1111/apa.15870>
 6. Office for National Statistics. Prevalence of ongoing symptoms following coronavirus (COVID-19) infection in the UK. Accessed July 18, 2021. <https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/conditionsanddiseases/datasets/alldatarelatingtoprevalenceofongoingsymptomsfollowingcoronaviruscovid19infectionintheuk>
 7. Honein MA, Barrios LC, Brooks JT. Data and Policy to Guide Opening Schools Safely to Limit the Spread of SARS-CoV-2 Infection. *JAMA* 2021;325(9):823-824. doi:10.1001/jama.2021.0374
- Documentation and sources adapted from Dr. Katelyn Jetelina, MPH, PhD.

Megan Seaman-Kossmeyer discussed the mask policy.

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Jeffrey Heinichen discussed the mask policy. Mr. Heinichen submitted the following for inclusion in the minutes as part of public commentary;

Macks Psychology Group

August 19, 2021

Dear Governor DeWine,

I'm going to read into the record a letter dated 8/19/21 to Gov DeWine

My name is ^{from} Dr. Ryan Macks and I am a licensed clinical psychologist and founder of the Macks Psychology Group in West Chester, Ohio where we have 15 mental health providers (mostly psychologists) who specialize in child and adolescent services. Prior to private practice, I worked at Cincinnati Children's Hospital for nine years, the last five of which I served as the Clinical Director of Psychology for the Division of Developmental & Behavioral Pediatrics, which was the largest division in the hospital at that time.

Over the last several months, I have listened to press conferences from you and your medical director, and read published letters by groups of physicians asking for mask requirements to be levied on children due to concerns regarding Covid. What I have not heard throughout this entire public discussion has been data or general concern regarding the mental health of children. As such, I would like to share with you some powerful mental health data from the CDC as well as data from my own practice where we see an average of 5,000 patient visits per year.

Why Mental Health - let me read a Campaign promise from one of us.

According to the CDC's website, during the 2020 Covid pandemic, for all children under the age of 18, the United States averaged 1,673 hospital visits for severe mental health problems per every 100,000 youth. For 2019, the average was 1,161 per 100,000. The take-away is that the pandemic and its mitigation requirements resulted in a drastic increase in severe mental health problems for our children.

Now compare those numbers to the most current Covid-19 hospitalization rates for youth in the United States. According to the CDC's Covid tracker, as of today, the current hospitalization rate for anyone under the age of 18 years is 0.41 out of 100,000. Think about that. For mental health, it is 1,673 per 100,000. For Covid (with three months of the Delta variant under our belt) it is 0.41 per 100,000. This data shows that a child is over 4,000 times more likely to have to go the hospital for problems such as self-harm, crippling anxiety, and suicide attempts than for Covid-19. 4,000 times more likely.

I would also like to share data from the Macks Psychology Group. Prior to Covid, we averaged approximately 30 phone calls a day from parents seeking our services for their children. Since Covid and its mitigation practices began, we have averaged approximately 175 phone calls per day from parents seeking our services. That is an increase of more than 400%.

Of the children whom we are seeing at the Macks Psychology Group, a small percentage of them talk about their fear of Covid. A huge percentage of them talk about their problems related to masks and social distancing. In particular, children hate the masks. Now children are resilient to a point. But we are no longer talking about masking/mitigation for a few weeks or a few months. If these children are masked again, this would be bleeding into a third consecutive school year during which they do not breathe as comfortably, cannot focus as well in class, and when they don't focus as well they don't learn as well. It is bleeding into school year number three of having more difficulty hearing their peers and being heard by peers. Children do not speak particularly clearly to begin with and masking only exacerbates the problem. This would be school year number three of children not being able to convey or read emotions from facial expressions. A recent study published in Psychology Today entitled, Do Masks

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Impair Children's Social and Emotional Development? at the University of Wisconsin found that without masks, children were able to identify facial emotions with about 66% accuracy. With masks, their accuracy dropped to approximately 28%. Pre-school and elementary school years in particular are when children are at the most critical stages of development for learning affect recognition or the ability to read facial expressions.

At this point, children are losing their childhoods and with it the quality of their education, social relationships, and mental health. And for what? To reinstate mitigation efforts to stop Covid hospitalization rates of 0.4 from increasing to 0.8 or even 1.0 per every 100,000? How about we instead focus on trying to stop mental health hospitalizations of children from jumping from 1,673 to 3,000 or 5,000?

Here is more pertinent data from the CDC. Completed suicides for ages 10 – 14 killed more children in one year than Covid has killed in the last year and a half for all children ages 0 – 17. If you add high school suicide data into the mix, you will find that we lose massively more youth to suicide than to Covid. In Ohio, according to Coronavirus.ohio.gov we have lost a total of two school-aged children (ages 5 – 17) to Covid and none in the last year.

Children, more than anyone, need stability and consistency. To have them go from a relatively care-free childhood, to the Covid pandemic and mitigation measures, to removing those mitigation measures this summer, only to reimplement them again now will be absolutely catastrophic to their mental health.

I am not here to argue that mitigation policies as recommended by medical experts can help reduce Covid spread, but the medical risk to children from Covid is miniscule in comparison to the medical risk to children from mental health. And unlike a year ago, we now have mountains of data to see it.

Governor DeWine, I have followed your press conferences since day one, and by in large, I think you have lead Ohio beautifully throughout this pandemic. I have agreed with almost every measure that you have enacted or suggested based upon the available data.....until now. I don't know how else to say it. The masks are damaging our children in so many ways that result in more immediate and long-term consequences. Our school districts are listening to you. Their decisions are based in large part of your recommendations. I hope you will consider the data that I have presented, re-think your position on masking, and correct some very damaging advice.

I am very happy to speak to you, any of your staff, or anyone from the Ohio Department of Health should you have any questions.

With regards,

Ryan J. Macks, Ph.D.
Licensed Clinical Psychologist
Macks Psychology Group
7799 Joan Drive
West Chester, OH 45069
513-204-5746
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Draw your own conclusions on who is accountable!

Since this is a letter to Gov. DeWine I thought I would attach Mike DeWine's recent pictures for Gov. visit to So. Ohio Pref. NO MASK

INDIAN HILL EXEMPTED VILLAGE SCHOOL DISTRICT
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Mike Wentz discussed the mask policy. Mr. Wentz submitted the following for inclusion in the minutes as part of public commentary;

Macks Psychology Group

August 19, 2021

Dear Governor DeWine,

My name is Dr. Ryan Macks and I am a licensed clinical psychologist and founder of the Macks Psychology Group in West Chester, Ohio where we have 15 mental health providers (mostly psychologists) who specialize in child and adolescent services. Prior to private practice, I worked at Cincinnati Children's Hospital for nine years, the last five of which I served as the Clinical Director of Psychology for the Division of Developmental & Behavioral Pediatrics, which was the largest division in the hospital at that time.

Over the last several months, I have listened to press conferences from you and your medical director, and read published letters by groups of physicians asking for mask requirements to be levied on children due to concerns regarding Covid. What I have not heard throughout this entire public discussion has been data or general concern regarding the mental health of children. As such, I would like to share with you some powerful mental health data from the CDC as well as data from my own practice where we see an average of 5,000 patient visits per year.

According to the CDC's website, during the 2020 Covid pandemic, for all children under the age of 18, the United States averaged 1,673 hospital visits for severe mental health problems per every 100,000 youth. For 2019, the average was 1,161 per 100,000. The take-away is that the pandemic and its mitigation requirements resulted in a drastic increase in severe mental health problems for our children.

Now compare those numbers to the most current Covid-19 hospitalization rates for youth in the United States. According to the CDC's Covid tracker, as of today, the current hospitalization rate for anyone under the age of 18 years is 0.41 out of 100,000. Think about that. For mental health, it is 1,673 per 100,000. For Covid (with three months of the Delta variant under our belt) it is 0.41 per 100,000. This data shows that a child is over 4,000 times more likely to have to go the hospital for problems such as self-harm, crippling anxiety, and suicide attempts than for Covid-19. 4,000 times more likely.

I would also like to share data from the Macks Psychology Group. Prior to Covid, we averaged approximately 30 phone calls a day from parents seeking our services for their children. Since Covid and its mitigation practices began, we have averaged approximately 175 phone calls per day from parents seeking our services. That is an increase of more than 400%.

Of the children whom we are seeing at the Macks Psychology Group, a small percentage of them talk about their fear of Covid. A huge percentage of them talk about their problems related to masks and social distancing. In particular, children hate the masks. Now children are resilient to a point. But we are no longer talking about masking/mitigation for a few weeks or a few months. If these children are masked again, this would be bleeding into a third consecutive school year during which they do not breathe as comfortably, cannot focus as well in class, and when they don't focus as well they don't learn as well. It is bleeding into school year number three of having more difficulty hearing their peers and being heard by peers. Children do not speak particularly clearly to begin with and masking only exacerbates the problem. This would be school year number three of children not being able to convey or read emotions from facial expressions. A recent study published in Psychology Today entitled, Do Masks

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Impair Children's Social and Emotional Development? at the University of Wisconsin found that without masks, children were able to identify facial emotions with about 66% accuracy. With masks, their accuracy dropped to approximately 28%. Pre-school and elementary school years in particular are when children are at the most critical stages of development for learning affect recognition or the ability to read facial expressions.

At this point, children are losing their childhoods and with it the quality of their education, social relationships, and mental health. ~~And for what? To reinstate mitigation efforts to stop Covid hospitalization rates of 0.4 from increasing to 0.8 or even 1.0 per every 100,000?~~ How about we instead focus on trying to stop mental health hospitalizations of children from jumping from 1,673 to 3,000 or 5,000?

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ADJOURNMENT (082135) – Mrs. Singh moved, seconded by Mrs. Johnston, to adjourn the Special Meeting of the Indian Hill Board of Education at 7:48 p.m. Roll call vote was as follows:

Mrs. Aichholz, aye
Mrs. Singh, aye

Dr. Hooker, aye

Mrs. Johnston, aye



Board President



Treasurer