

January 26, 2021

To the Honorable Members of the Committee:

There are many reasons why we urge you to support HB 17, to remove unconstitutional and unlawful prohibitions on citizens in times of "emergency."

In the case of "covid-19", while information was sparse, in the beginning of 2020, many countries including the U.S. made what appeared to be spontaneous decisions, unprecedented in world history, to "lock down" their citizens, preventing movement, commerce, and nearly all in-person activity. While it may have seemed necessary at the time to address an unknown quantity in the early stages of information, the response quickly removed the individual from making his or her own decisions with regard to mitigating what is ultimately an individual threat to health or well-being, if any exists. In the case of contagious disease, throughout history individuals have exercised their decision-making power, since the mid-20th century employing the doctrine of informed consent, where the government and scientific experts provide the data, and individuals take appropriate actions, tailored to their specific needs, individual health concerns, and desires, balancing the threat of illness against the often more onerous threats to the individual's liberty and livelihood. This is in accordance with natural law and common law, where the individual exercises sovereign authority over his own person, accomplishing the delicate balance between liberty and public health or safety by allowing each person the opportunity to make his choices and accept his consequences. This principle of individual sovereignty and freedom has served humankind well and maintained an orderly system which supports the individual, and by extension, the greater good of civilization. Where "public safety" has been employed to tip the scales against other issues of well-being, such as freedom of movement, speech, and association, as well as the right to due process with regard to the ownership of one's ability to make a living, there have been devastating consequences. In the case of "covid-19", the consequences are demonstrably unacceptable in a free society.

There are many aspects of the response of the government, and in particular, the State of Maryland and its counties, to the "covid-19" issue that violate these principles of sovereignty of the individual, the U.S. Constitution, and natural law. Here are some examples of facts that do not appear to have been a part of the decision making process.

1. The U.S. Centers for Disease Control (CDC) has not isolated a "SARS-Cov-2" virus. The FDA has documented as late as December 2020 that there are no known samples of the virus that is assumed to cause "covid-19." (<https://www.fda.gov/media/134922/download> p.42, beg. 2nd sentence of 2nd paragraph under "Performance Characteristics"). With the alleged spread of this alleged virus, one would expect that samples would be readily available. Instead, a computer program was developed using a very small sample of viral material assumed to be "novel," and the genetic code was created based on a set of assumptions. Again, there is no sample of "SARS-Cov-2" to date.
2. Even if SARS-Cov-2 exists, it has not been proven to be the cause of "covid-19," a set of symptoms that seem at once unrelated to one another, and yet generic enough that the symptoms alone could be used to diagnose a wide variety of known illnesses.

3. The "diagnosis" of "covid-19" is based almost entirely on an RT-PCR "test," which its inventor Dr. Kary Mullis, had stated in numerous videotaped interviews is NOT a diagnostic tool. RT-PCR enhances material so that it can be studied further, it does not indicate the presence of illness or response to illness in a person. Dr. Mullis passed away in August 2019, but his videos are widely available on the internet. The number of "false positives" generated by the "PCR test", which is widely used to determine "infection" despite Dr. Mullis' strong condemnation of this use of his test, could be as high as 90% (<https://www.nytimes.com/2020/08/29/health/coronavirus-testing.html>)

4. The World Health Organization (WHO) revised its definition of "pandemic" in early 2020, so that any illness that is common among people can be labeled such. This has had devastating economic and social impacts throughout the world as governments rushed to apply this new definition and act in a manner unprecedented in human history based on faulty data and generic definitions.

5. In light of the scant information linking a "novel" coronavirus (which is from a family of viruses causing the common cold), there is little evidence for a connection between a "widespread" illness and the response of the State of Maryland to "contain" it. Hospitalizations in the State are at normal levels and have remained so throughout the "pandemic." In early 2020, the Federal Government provided Naval floating hospitals at both coasts of the United States, and many locations set up "Nightingale" tent hospitals to house the expected overflow of patients. These resources were not used, and later quietly removed.

6. The use of masks to prevent viral spread has been disproven by studies dating back decades. Not only do masks not prevent viral spread, but their use has been discouraged, even among health care workers, for generations. This was common knowledge among health care providers (HCPs), and one's own experience in a busy doctor's office, where HCPs see dozens of patients over day in day out, over many years, patients who have a variety of contagious illnesses, and no masks were worn or encouraged by HCPs or patients. Not only are masks ineffective against viral spread, but their long-term use can also cause illness, including hypoxia (low oxygen), hypocapnia (high CO₂), heart palpitations, elevated blood pressure, brain fog, and a depressed immune system, as well as strep, staph, fungal, mold infections of the lungs, Legionnaires disease, and the ill effects of breathing in chemicals, dyes, and fibers from the masks. Over 600 American physicians petitioned President Donald Trump with this information, and it is also supported by the American Academy of Physicians and Surgeons, the New England Journal of Medicine, and medical universities. In accordance with these facts, which have been demonstrated through many studies worldwide over decades of research, HCPs never wore masks in the office, recognizing the futility and harm of the practice. In addition, viral particles are very small. The use of a mask to prevent viral spread has been compared to installing a chain link fence to keep out mosquitoes. Despite these facts, the State of Maryland dictated that all HCPs and their patients begin wearing masks in the office, and within all indoor spaces. This violates not only the ADA and HIPAA, but also OSHA requirements for proper fitting of masks and physical testing of employees who are being required to wear masks at any place of employment.

A Canadian physician, Dr. Denis Rancourt, has compiled a list of studies that disprove the effectiveness of masks in containing illness:

<https://www.rcreader.com/commentary/masks-dont-work-covid-a-review-of-science-relevant-to-covide-19-social-policy>

A recent CDC report supports this conclusion, showing that 70% of "new covid cases" were reporting that they had been wearing masks.

https://twitter.com/justin_hart/status/1315424421935411201/photo/1

7. In Summer 2020, Governor Hogan admitted the devastating effects of "lockdowns" on our economy. Yet, he continued to issue edicts that reduce the ability of already-struggling businesses and organizations to serve the community and provide for their families by arbitrarily limiting capacity and requiring customers and servers to wear masks, again in violation of the individual's right to sovereignty, and scientific evidence that advises AGAINST the practice. Governor Hogan cannot demonstrate a positive affect of lockdowns because there is none, and he openly admits that his actions have caused untold devastation of the economy.

8. Another aspect of the justification propping up these unconstitutional mandates is the notion of "asymptomatic" transmission of illness. An "asymptomatic" person is, in medical terms, is what we once referred to as a "healthy" person. The symptoms of illness are indicative of the body's response to pathogens. Our bodies are constantly engaging with external pathogens, from the time of our birth. The fact that we don't die immediately upon birth is an indication that our immune systems are functioning as they were intended. No symptoms = no illness. In fact, a recent study from none other than Wuhan, China in November 2020 disproved the notion of "asymptomatic" carriers of "covid-19."

<https://www.nature.com/articles/s41467-020-19802-w>

9. A group of hundreds of physicians representing a wide variety of specialties including immunology, internal medicine, ophthalmology, and general practice, called America's Frontline Doctors (<https://www.americasfrontlinedoctors.com/mission-statement/>), has testified publicly on the various aspects of the "covid-19" response, including the inefficacy of masks, the cheap and effective treatments that they and their peers worldwide have used with great success (including ivermectin (<https://covid19criticalcare.com/wp-content/uploads/2021/01/FLCCC-PressRelease-NIH-Ivermectin-in-C19-Recommendation-Change-Jan15.2021-final.pdf>) and hydroxychloroquine), the harmful physical and psychological effects of keeping people physically separate from one another and in homes instead of among the population at large (this affects Vitamin D absorption, the ability to create herd immunity, and receiving fresh air into the lungs which enhances the immune system, not to mention the psychological effects on health, where suicides and depression are becoming rampant and are preventable effects of this response).

Among the many doctors worldwide who have published studies on the response to "covid-19" include Dr. Russell Blaylock:

https://www.globalresearch.ca/face-masks-pose-serious-risks-healthy/5712649?fbclid=IwAR0h_IACAeyIbdDo6fqpxUNqU2I5PYJs_nZX2vC724NZFYRnEq9bdcll0cY

and Dr. Judy Mikovits (a former colleague of Dr. Fauci) who has written and spoken extensively on the dangers of prolonged mask wearing.

<https://drjudyamikovits.com/>

Our nation's founding document, the Declaration of Independence, acknowledges that "we are endowed by our Creator with certain unalienable rights, among them, life, liberty, and the pursuit of happiness." Based on the scientific facts, including research both current and ongoing, we strongly believe that requiring healthy people to wear masks, to avoid public interactions, and to limit business in stores and restaurants, is not only unscientific, but unlawful and immoral. We believe that man is made in the image of God in accordance with Genesis 1:26-27, and that one's face is the most unique and recognizable evidence of His design. We are not commanded to cover our faces, in fact our countenance should reflect Christ. Our bodies are equipped with immune systems that enable us to fight off pathogens, and the overall mortality rate for "covid-19" cases in the State of Maryland is approximately 0.2%, consistent with a typical flu season. The mortality rate for those younger than 70 is almost nil. Mortality rates in the United States are not appreciably higher in 2020 than in previous years, and in fact are lower than 2018 and 2019. (See Johns Hopkins newsletter 11/26/20, attached.) Medical services in the State of Maryland have not been overwhelmed by response to "covid-19." Thus, medical decisions and practice should be left in the hands of the individual, in keeping with the doctrines of informed consent and individual sovereignty.

Thank you for your consideration of our testimony.

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