

# Objections to Current Firelands' Covid-19 Masking Policies

## Table of Contents

Summary of Points:.....	1
I. Stopping, or Slowing, Infections As Primary Guidance on Masking.....	2
A. Coronaviruses in Animal Populations.....	2
B. Vaccines Aren't for Stopping Infection.....	3
C. Surgical & Cloth Masks Don't Stop Aerosols.....	4
II. Medical Treatment Irrationalities.....	10
A. Covering Mouths for Speech Therapy.....	10
C. Visual Impairment for the Already Visually Impaired.....	11
D. Breathing Discomfort & Inhibited During Cardio.....	12
III. Practical Reasoning Appeal.....	14
IV. Moral Appeal.....	15
A. Doctrine of Lesser Magistrates.....	15
B. Corrupted Charter to Defend the Right to Liberty.....	17
C. A Perverted Definition of "Right to Life".....	18
Resources Cited.....	20

## Summary of Points:

- I. Objection to Stopping, or Slowing, Infections as Primary Medical & Government Guidance
  - A. Coronaviruses, like the command cold, never go away; continuing to monitor infection rates is therefore futile
  - B. Vaccines, which are ubiquitously available, do not stop infection; now that they are available, watching infection rates is meaningless
  - C. Surgical & cloth masks are worthless for protecting against Covid-19 particles
    1. Covid-19 particles are half the size of wildfire smoke; they are primarily transmitted via aerosols
    2. Large gaps exist around the edges of masks when worn; Covid-19 aerosols flow freely through them
    3. Anthony Fauci has admitted surgical masks don't help against aerosols, and definitely not cloth masks
  - D. Conclusion: There is no sound, scientific basis for guiding policy decisions by a goal of stopping or slowing infections with masks
- II. Objection to Medical Treatment Irrationalities
  - A. Covering mouths for speech therapy is a gross medical treatment irrationality

- B. Masks add visual impairment for the already visually impaired
  - C. Masks add breathing discomfort during cardio
  - D. Conclusion: Masking policies during medical treatments impede the treatments, are medically irrational, and are a hinderance and disservice to patients
- III. Appeal of Practical Rationality
- A. As an example, my grandfather, who has multiple comorbidities, and I visit nearly two restaurants a day, several days a week, where literally no masking or social distancing policies remain, and yet he still remains in good health.
    - 1. Points of Emphasis
      - a) Per Firelands own guidance and admission, infection rates are still high during our visits, and yet he remains in good health
      - b) The vaccines are doing their job, which is not to stop infection, rather protect against serious side effects from infection
      - c) Nearly no one is wearing masks anymore anywhere we go; transmission is freely allowed, as it should be, and we have been without issue
- IV. Moral Appeal
- A. The “doctrine of lesser magistrates” as a moral appeal to resistance
  - B. Current moral grounds for resistance
    - 1. Corruption of the government’s charter to defend individual’s right to liberty
    - 2. Perversion of the meaning of a “right to life” as a guise for current policies

## I. Stopping, or Slowing, Infections As Primary Guidance on Masking

During my initial discussions with Firelands’ administrative staff regarding their current masking policies, it was routinely stated to me that they are monitoring current Covid-19 infection rates in the Erie county area, and following government guidance on how to determine the masking policies based on the rates of infection. Watching infection rates in the county area as a rationale for masking policies is immediately nullified when we consider the following scientific realities:

### A. Coronaviruses in Animal Populations

Coronaviruses are primarily circulated amongst animal populations <sup>[1]</sup>, and for this reason they virtually never go away; even if humans were able to use authoritarian controls, like the Chinese government is still currently attempting to do by enacting a “zero Covid-19” policy <sup>[2]</sup>, the threat of infection to humans would always remain because the coronaviruses are continued in the animal populations. What more could a communist government ask for than an excuse to permanently enact authoritarian policies in response to a virus that will continue indefinitely? But I digress. The common cold is a type of coronavirus, and it resurges every year to high rates of infection. The World Health

Organization (WHO), though an institution with already seriously damaged credibility, has already stated that Covid-19 “may never go away” [3]:

*“It is important to put this on the table: this virus may become just another endemic virus in our communities, **and this virus may never go away,**” Dr Ryan told the virtual press conference from Geneva.*

In short, guiding current mask policies by watching our own local communities for continued rates of infection from Covid-19, a coronavirus that is going to circulate and cause surges of infection rates long into our future, is exactly synonymous with communist China’s authoritarian rule, and more than that, is scientifically irrational. If this rationale is allowed to continue, there will never be an end to Covid-19 mask mandates, albeit briefly perhaps during low infection seasons, because seasons of high rates of infection will continue to reappear, just like with the common cold.

Imagine in the world prior to Covid-19, that every time the common cold & flu season came around, everyone had been mandated to wear masks and social distance while the infection rate ran high; that is a glimpse of the world ahead if we and our leaders are not saved from our current irrationality of watching infection rates. Though this is only the first point in the long list of objections to Firelands' current masking policies, it alone is enough to encourage administrative leaders to courageously take a stand against federal or state guidance for masking policies in the name of sound science and rationality, which is the basis for their medical profession.

## B. Vaccines Aren’t for Stopping Infection

It has now been very directly stated, and has always been the case, that creating vaccines for the Covid-19 virus has never been about stopping persons from getting infected with Covid-19 [4] [5] [6]. The vaccines have always been about reducing severity of symptoms, reducing hospitalization, and reducing the mortality of the virus, for which they have indeed proved to be extremely effective at.

*“Vaccines are designed to prevent serious illness, not to prevent infection or prevent any symptoms,” Dr. Anna Durbin, director of the Center for Immunization Research at Johns Hopkins Bloomberg School of Public Health, said during a briefing Wednesday.*

Now that vaccines are ubiquitously available as a tool to prevent the worst case scenarios from Covid-19 infection, it is absolutely nonsensical to continue monitoring infection rates for guidance on implementation of masking policies for a virus that will be around indefinitely to infect people. As previously discussed, Covid-19 will continue to be around years into our future, and it will routinely

cause high rates of infection in local populations; we now have the tools to protect against the worst effects of infection, for those who desire to use such tools.

In light of the existence of vaccines alone, there is therefore absolutely no rational purpose in continuing to monitor rates of infection and implement masking policies on any people group; especially not those who are hindered in their medical treatment by such policies, as will be discussed in subsequent sections. Those who wish to be protected from the worst of possible harms from Covid-19 infection can now easily, oftentimes for free, get vaccinated and be protected from a future infection, which is inevitable. With those who desire vaccines being protected against the worst of future infection, there is absolutely no grounds or sense in continuing to implement authoritarian policies on the basis of infection rates.

It should be stated now with emphasis that, on these first two points of objection alone, there is absolutely no sound scientific, rational, or as we will see, moral basis, for continuing with any masking policies what-so-ever. The Covid-19 virus will be with us indefinitely, it has a very low mortality rate of ~1.1% <sup>[23]</sup>, and those who wish to be protected from the worst of side-effects from infection can now take one of many readily available vaccines. Between those three statements of fact we should all find ourselves cornered into taking a step in the direction of simple logic and reasoning to end mask and social distancing policies; this especially given that quite literally every other institution that all of Firelands' patients regularly frequent has ended them, including many doctor's offices.

### C. Surgical & Cloth Masks Don't Stop Aerosols

If the prior two points are not yet enough to highlight the absurdity of continued masking policies in attempts to stop infection, let us consider the protective mask medium which is provided at the entrance to Firelands Health facilities: surgical masks <sup>[7]</sup>:

*“Visitors entering any Firelands Health facility will be required to mask. Surgical masks will be provided.”*

In comparison to N-95 masks, there is something obviously distinct about how surgical masks are worn on a persons' face; they do not form a seal. All it takes is one look around a room full of people wearing surgical masks to see the large, gaping holes around the nose, cheeks, and chin of every person wearing a surgical mask; not to mention the number of times someone has to pull one down to wipe their nose, clean their glasses, or to unmuffle themselves so that someone can hear what they're saying. A simple Google search for surgical masks results in ample pictures displaying the same fact <sup>[8]</sup>:



The openings around the nose and the cheeks in the above image of the surgical mask are easily large enough to fit multiple fingers through, and it indeed illustrates the average form a surgical mask takes on any person's face. Now, let us consider for a moment some sizing data of the Covid-19 virus particles and some comparable items; if the data information in the image on the following page is difficult to read, I have provided a chart breakdown of the information just below the image <sup>[9]</sup>. Specifically, note the size of hair, wildfire smoke, and coronaviruses:

# THE RELATIVE SIZE OF PARTICLES

From the COVID-19 pandemic to the U.S. West Coast wildfires, some of the biggest threats now are also the most microscopic.

A particle needs to be 10 microns ( $\mu\text{m}$ ) or less before it can be inhaled into your respiratory tract. But just how small are these specks?

Here's a look at the relative sizes of some familiar particles >

HUMAN HAIR 50-180 $\mu\text{m}$  >  
FOR SCALE

FINE BEACH SAND 90 $\mu\text{m}$  >

GRAIN OF SALT 60 $\mu\text{m}$  >

WHITE BLOOD CELL 25 $\mu\text{m}$  >

GRAIN OF POLLEN 15 $\mu\text{m}$  >

DUST PARTICLE (PM<sub>10</sub>) <10 $\mu\text{m}$  >

RED BLOOD CELL 7-8 $\mu\text{m}$  >

RESPIRATORY DROPLETS 5-10 $\mu\text{m}$  >

DUST PARTICLE (PM<sub>2.5</sub>) 2.5 $\mu\text{m}$  >

BACTERIUM 1-3 $\mu\text{m}$  >

WILDFIRE SMOKE 0.4-0.7 $\mu\text{m}$  >

CORONAVIRUS 0.1-0.5 $\mu\text{m}$  >

BACTERIOPHAGE 0.225 $\mu\text{m}$  >

ZIKA VIRUS 0.045 $\mu\text{m}$  >

Pollen can trigger allergic reactions and hay fever—which 1 in 5 Americans experience every year.  
Source: Harvard Health

The visibility limits for what the naked eye can see hovers around 10-40 $\mu\text{m}$ .

Respiratory droplets have the potential to carry smaller particles within them, such as dust or coronavirus.

Wildfire smoke can persist in the air for several days, and even months.

\*\*\* "Wildfire smoke can persist in the air for several days, and even months" \*\*\*

Item	Size ( $\mu\text{m}$ - micrometers)
*** Human Hair ***	50 - 180
Fine Beach Sand	90
Grain of Salt	60
White Blood Cell	25
Grain of Pollen	15
Dust Particle (PM 10)	< 10
Red Blood Cell	7-8
Respiratory Droplets	5-10

Dust Particles (PM 2.5)	2.5
Bacterium	1 - 3
**** Wildfire Smoke ****	0.4 - 0.7
**** Coronavirus ****	0.1 - 0.5
T4 Bacteriophage	0.225
Zika Virus	.045

All we really need to learn from the image and table is this: Covid-19 particles are at a minimum 100 - 1800 times smaller than a human hair, and are nearly half the size of wildfire smoke particles! One only needs to imagine themselves in the ludicrous scenario of being in a room filling with wildfire smoke, and being handed a surgical mask for protection, to understand how absurd the idea is that a surgical mask would do anything to prevent someone from inhaling the smoke, let alone Covid-19 aerosols. It takes only a juvenile rationality to understand that if a surgical mask would provide absolutely 0% protection against a room filled with wildfire smoke, and Covid-19 particles are approximately half the size of wildfire smoke particles, then it stands to reason that surgical masks, as well as cloth masks, provide absolutely no protection against inhaling Covid-19 particles.

More than this, we previously noted that multiple human fingers could fit in the openings present around a surgical mask liner when secured on someone's face; if that is the case, think about how many human hairs could fit through the openings of a surgical mask, and Covid-19 particles are up to 1800 times smaller than ONE piece of hair! If even one hair can fit through any opening around a surgical mask on a person's face, then Covid-19 particles have ample room to fit through as well.

Consider also, that when a mask is around a persons' face, it redirects the force of the vacuum created by our lungs when breathing to pull air in through these gaps; so, all that is being done by wearing a surgical mask as protection against aerosol particles, which can remain suspended in the air for significant periods of time <sup>[10]</sup>, is redirecting them in through the gaping openings of the surgical mask. Hence why wearing a surgical mask as protection against wildfire smoke is absurd and ludicrous; the smoke simply finds its way around the mask and right into the patient, just like Covid-19 aerosols.

Of course, we cannot deny that surgical masks have some intended purpose, which is primarily protection against transmission of diseases from droplets. A

quick glance at the following image shows us just how much this might indeed matter in a surgical context (Image citation: <sup>[12]</sup>):



All it would take is one small droplet of snot dripping from the surgeon's nose, or a small drop of blood flinging up into his nose from his tool, to very quickly transmit germs via large droplets ( $> 5 \mu\text{m}$ ). However, just like in the prior example, if we imagine wildfire smoke pouring out of any of the nostrils of the surgeons in the above photo, we can equally see how there is no protection against pathogens in aerosol form ( $< 5 \mu\text{m}$ ) for anyone wearing a surgical mask, nor the poor patient on that table.

We only need to read the following citation to see that, regarding Covid-19, **transmission even through ventilation systems has been shown in experimentation**; droplets, which are  $> 5 \mu\text{m}$ , do not spread through ventilation systems because gravity brings them to the ground very quickly <sup>[10]</sup>. Aerosols, however, can stay in the air indefinitely, waiting to be breathed in around the edges of a surgical mask. See the prior quotation from the chart about how



wildfire smoke can remain in the air for months; Covid-10 aerosols are smaller! If Covid-19 can indeed spread through ventilation systems, then wearing a surgical mask is useless for preventing infection from Covid-19 aerosols.

*Initial emphasis by influential health organisations on the role of fomite and near-range droplet transmission of SARS-CoV-2 has triggered a robust counter-response from the aerosol scientist community. **This response has increasingly insisted that many COVID-19 infections are caused by the inhalation of airborne virus-bearing particles rather than via fomite or gravity-driven droplet contact,***

...

*The arguments in favour of aerosol transmission of COVID-19 are primarily based on case studies of **outbreak clusters in indoor microenvironments such as restaurants** (Kwon et al., 2020, Lu et al., 2020, Li et al., 2021), **cruise ships** (Almilaji and Thomas, 2020), **buses** (Luo et al., 2020, Shen et al., 2020), **choir practices** (Charlotte, 2020, Hamner et al., 2020, Miller et al., 2020), **fitness centres** (Jang et al., 2020), **meat processing plants** (Guenther et al., 2020), **call centres** (Park et al., 2020), **department stores** (Jiang et al., 2021) and **apartment blocks** (Huang et al., 2021, Hwang et al., 2021; Fig. 1). In addition, there are supportive data from sampling campaigns, especially **in hospitals** (e.g. Guo et al., 2020, Lednický et al., 2020, Liu et al., 2020, ), **epidemiological studies, modelling and data reviews** (e.g. Nissen et al., 2020, Endo, 2020, Jayaweera et al., 2020, Morgenstern, 2020, Zhang et al., 2020, Bazant and Bush, 2021, Cao et al., 2021, Dillon and Dillon, 2021, Eichler et al., 2021). **There are also publications on aerobiological experiments** (e.g. Fears et al., 2020, Nielsen and Liu, 2020, Stadnytskyi, 2020, van Doremalen et al., 2020, Shao et al., 2021) **that include successfully spreading the disease to uninfected animals via ventilation systems** (Kutter et al., 2021, Sia et al., 2020, Richard et al., 2020).*

[11]

If anyone still finds themselves lacking sufficient evidence that surgical and cloth masks do not protect people against Covid-19, perhaps the words of Anthony Fauci, the man who is “science” himself <sup>[17]</sup>, will be more convincing:

*"Masks are really for infected people to prevent them from spreading infection to people who are not infected rather than protecting uninfected people from acquiring infection. ... **The typical mask you buy in the drug store is not really effective in keeping out virus, which is small enough to pass through material.**" <sup>[18]</sup>*

In conclusion, regarding the use of stopping or slowing the infection rate as guidance for masking policies, it has now been clearly shown that, on multiple grounds, the concept is

nonsensical, scientifically irrational, and therefore medically unprofessional and misguided: coronaviruses live in the environment nearly indefinitely, so unless medical and political leadership sensibilities are regained, the current masking policies will also remain indefinitely; vaccines are now ubiquitously available, so anyone who is concerned about contracting an infection from the low-mortality rate virus, Covid-19, can protect themselves as desired; and, the currently enforced medium of mask protections, surgical masks, provide absolutely no defense against infection since they cannot block transmission by aerosols, which Covid-19 is known to transmit through. In light of all of these truths, the only reasonable conclusion is to determine that any current masking policy should be ended, and that Firelands' administrative leaders should be encouraged, with the support their patients, to stand tall in their medical professions and assert policies that are coherent with the sound science and rationality that has been presented.

## II. Medical Treatment Irrationalities

The entire realm of practices in the medical treatment field all revolve around exactly one core entity: patients. It is for the betterment of the patients that any medical treatment field exists; whether it be surgery, optometry, or physical therapy, the hopeful outcome of every field of practice is a patient who has been well served according to the principles of sound science and medical practices. It is therefore bewildering to consider the following treatment irrationalities being used on Rock Steady boxing class patients with Parkinson's who are observably hindered by them; the hindered individuals being the ones whom the treatment is intended to serve, the very person who the entire existence of the medical discipline centers around.

### A. Covering Mouths for Speech Therapy

It is a scientifically known fact that persons of normal hearing use visual observation of a moving mouth to process some speech information <sup>[13]</sup><sup>[14]</sup>; for the deaf and persons hard of hearing, sight of the moving mouth is all the more essential to understanding speech. These truths are readily observational around any elderly or hearing impaired person, especially now in contexts where both they and the speaker are masked, for it is often the case that the speaker must remove their mask in order to make their lips visible for the elderly or hearing impaired person to understand them. I, myself, routinely have to do this in order for my grandfather to understand me when we are in circumstances where we must wear a mask, for which Firelands' facilities are the only ones left in our lives currently. This is all of course not to mention the fact that patients with Parkinsons, the very patients of the Rock Steady boxing class, all suffer from a disease which disrupts their comprehension skills, compounding their ability to understand someone; hence why speech therapy is a part of the class to begin with.

Considering these facts, and in light of the scientific ineffectiveness of masking against Covid-19 presented in section I, “asinine” is about the only word fitting for the fact that the staff and patients with Parkinson’s in the Rock Steady boxing class are being forced to cover their mouths during both speech therapy and the physical therapy exercises, where new therapy instructions are verbally stated in an already noisy environment. With instructors’ mouths covered, it has been routinely, observably difficult for my grandfather and others to understand the speech therapy exercises and instructions; as previously stated, there is readily a scientific explanation to this added difficulty, given that the mouths of those speaking to them, which they would rely on for visual cues regarding what is being said, are covered by a mask.

It is simply a disservice and grievous irony that Parkinson’s patients are being asked to participate in speech & physical therapy sessions where everyone who speaks to them is wearing a mask; this is especially true for an 87 year old Parkinson’s patient with already impaired hearing and vision. I doubt much more needs to be said about this matter for the sorrowful and regretful reality of the circumstances to have their impact on the overall consideration being requested regarding an end to Firelands’ mask policies.

### c. Visual Impairment for the Already Visually Impaired

Anyone who wears glasses likely immediately understands the difficulty that masking policies brought to seeing clearly. Once a mask is placed over the face, all air exhaled by an individual is redirected back towards the face instead of out and away; this air is of course warm air because it is exiting the warm body, and as it passes over the lenses of persons wearing glasses, the lenses become fogged. This occurs in normal cardio routines, such as daily walking between tasks, etc., let alone during periods of heightened cardio activity such as physical therapy routines and boxing. Whether wearing N-95 masks, which more tightly seal around the face, or just surgical masks, both result in issues with fogging for those who wear glasses (I am speaking from ample personal experience, both as an individual who wears glasses, and as a care provider for my grandfather who wears them as well).

In short, masks routinely result in increased visual impairment even under normal circumstances of cardio activity, and finding a mask position and configuration which stops lens fogging is a difficult task; the possibility of doing so is made nearly impossible during times of elevated cardio activity where motion and mask movement is very common. As a result, in order to attempt to facilitate both adherence to mask policies and mitigation of lens fogging, one common practice has ensued, because it is the only practice which effectively mitigates lens fogging: pulling the mask down just below the nostrils.

In doing so, a person can breathe through their nose and let the air which is exhaled pass freely away from them, removing the issue of lens fogging. However, while this works for light to moderate cardio activity when the breathing can occur primarily through the nostrils, it ceases to work well when breathing has to resume through the mouth during periods of high cardio. For my grandfather, periods of high cardio involve the simple walking routines we do during therapy class in which he routinely breathes heavily through his mouth after just a pass or two.

Needless to say, from a medical treatment standpoint and what is in the patient's best interest, wearing a mask and the resulting compounded visual impairments for those with glasses, like my grandfather, are in no way in their best interest and hinder their ability to participate; or, it results in actions of pulling down the mask in order to see, which completely nullifies the masking policies in the first place. Hopefully Firelands' administrative staff can see that this reality of visual impairment from masking is indeed another sound reason to commit to integrity and professionalism in their medical practice, and to therefore end masking policies.

#### D. Breathing Discomfort & Inhibited During Cardio

An additional issue with patients, especially the elderly, wearing masks during cardio exercises is the impact it has on their breathing. The first words out of my grandfather's mouth when I asked him what he thought about wearing masks at therapy were: "it makes it hard to breath". The cardio exercises at the Rock Steady boxing class, especially the boxing, are intense enough that they routinely make patients out of breath and sweaty, resulting in many having to sit and take breaks during them. Any able bodied person only needs to imagine themselves trying to do a workout intense enough to make them sweat and get out of breath, all with a mask on, to immediately understand how uncomfortable and challenging it would be to complete such a workout while masked; let alone doing so with Parkinson's or other medical complications, such as type I diabetes for my grandfather specifically.

I do not suppose that it's restricted air flow from the surgical masks that makes it hard to breath, given that there is generally ample gaps around them for air (and aerosols) to flow around them, but rather it is likely the warm, moist environment created within them during intense cardio that causes enough discomfort to disrupt a person's breathing. It's not that the breathing is physically inhibited explicitly, but rather the person's autonomic nervous system responds to the discomforting circumstances, causing changed breathing patterns, such as gasping, in response.

Most people know that when it is humid and/ or hot outside it gets harder to

breathe; just think about getting into a super hot car on a summer day and trying to breathe the hot air in and you have a sense of the discomfort and your body's response. Though certainly the circumstances during Rock Steady boxing classes are not nearly that extreme, to a Parkinson's patient, especially the elderly, breathing in rapid succession to the point of sweating, all while wearing a mask, absolutely creates a humid, moist environment right in front of their face for every breath they take.

Though I personally suspect this is the true cause of the breathing difficulty experienced from wearing surgical masks, it is besides the point. Whether it be from actually restricted air flow from the surgical masks, or the environment created on and around the face as a result of the mask, the resultant discomfort of mask wearing during cardio exercises for the Rock Steady therapy class are, again, clearly not in the patient's best interest for treatment; hopefully Firelands' administrative leadership can sympathize with these hindrances their policies are creating, and allow their patients to breathe freely by ending masking policies.

And, as an aside on the discomfort of mask wearing, especially for individuals already sensitive to external stimuli like the elderly, I think we only need to examine statements made from surgical medical professionals of old to see what even they felt about wearing masks <sup>[15]</sup> <sup>[16]</sup>:

*In 1914, the surgeon Fritz König (1866–1952) noted in a handbook on surgery for general practitioners:*

*“...Due to our experience of many years we consider their (mouth masks) - **by the way quite irritating** – use altogether unnecessary. ...”*

*... for the United States. In that country, following the First World War, more and more research addressed facemasks with varying thickness. **Still, masks were not generally accepted ... , as they were considered “irritating”.***

Overall, from an objective position on medical treatment for patients, mask wearing policies result in all of the aforementioned hindrances that reduce the quality and effectiveness of the patient's treatment. Hospital systems routinely pride themselves on the quality of care they provide for the patients who their business revolves around, and it is an utmost hypocrisy to be continuing to assert that mask wearing is in the best interest of the patients.

Not only is there no scientific backing left to justify the policies, but sanity is in question when patients who are already visually, mentally, and hearing impaired are made to wear masks during their treatments, in which they are asked to participate in verbal

instructions and speech therapy with medical professionals whose mouths are also covered with masks. It is truthfully degrading and humiliating to patients and the medical staff that they are required to still wear masks under the current circumstances; hopefully Firelands' administrative leaders will weightily consider such appeals to the nature of the humanity of current masking policies, and feel emboldened to bring a swift end to them. In doing so, they would make themselves a bastion for science, reason, and morality, as will be discussed further.

### III. Practical Reasoning Appeal

Serious emphasis is placed upon all of the argumentation so far presented when we consider the ongoing daily life of my grandfather; though he is only one example, I know from daily observations that he is not alone in his current daily practices as an elderly person with multiple medical complications, including: Parkinson's, type 1 diabetes, and congestive heart failure. What I am referring to is the fact that at a minimum once a day, and often twice a day, and for the majority of days out of a 7 day week, my grandfather is out frequenting his favorite restaurants, bars, and ice cream shops without a mask, and without any regard to social distancing. In fact, he has been going out in this manner weekly for the better part of 1.5 years now, ever since he received his first vaccination.

None of the restaurants or bars we now go to have masking policies; none of them have social distancing practices, and the majority of them only appear to be practicing the same sanitation practices of pre-Covid, which is simply wiping down tables in between customers. The persons who serve us see 100s of customers a week, and given that Covid-19 passes through aerosol form, the likelihood that any number of them have already passed Covid-19 between both he and I is a certainty.

Per Firelands own guidance, we have been going out into an ecosystem which currently has high rates of infection, so it is not as though we have been going out to restaurants in a sparsely populated town in the middle of nowhere; rather we regularly visit establishments in Sandusky, Norwalk, and Catawba; all with high population densities. And, as previously alluded to, he is in no way the only elderly person we see when eating out; just take once visit to the Berardi's Family Restaurant in west Sandusky to see just how many elderly are currently coming out without any mask, regard for social distancing, or concern over enhanced sanitation.

The overall point is this: my grandfather's daily living practices, as well as those of the many persons of comprised health and old age that we see out in public, are definitive observational evidence that Firelands current masking policies are completely ineffective, unnecessary, and irrational, as has been argued herein. Every piece of argumentation discussed this far in this material is affirmed by observational evidence of persons who are in the highest categories of risk to Covid-19, with comorbidities such as congestive heart failure and type 1 diabetes, my grandfather having both, being out and about in public with no regard to social distancing or mask wearing, and all-the-while

remaining in good health. And again, it is not just my grandfather who is engaged in such practices; there exists ample other readily observable examples in most public spaces.

The bulk of the rest of the population has moved on from Covid-19, including the Biden Administration who declared the pandemic over<sup>[19]</sup>, and it is long overdue for Firelands facilities to join the rest of the population in moving on. As amply detailed in this paper, it is no longer a matter of medical integrity to be continuing masking policies; rather, it is an outright abandonment and desertion of all soundness in science and medical rationality to be continuing masking policies in the name of anything “health”. With such practical considerations in mind and combined with the scientific argumentation presented in prior sections, Firelands’ administrative leaders should have all that they need to commit to the practicality of the Covid-19 situation that we are all now confronted with, and bring an end to the meaningless masking policies still in effect.

***“The pandemic is over,” ... If you notice, no one’s wearing masks. Everybody seems to be in pretty good shape. And so, I think it’s changing.” - President Biden <sup>[19]</sup>***

## IV. Moral Appeal

### A. Doctrine of Lesser Magistrates

As was made mention in the introductory letter attached to this material, it is often the case that, though individuals who are leaders may agree with some or all of the argumentation presented in this material, they will yet withhold changing policies because they themselves face authorities higher than them in doing so. It can indeed be an uncomfortable and fearful decision to stand out against superiors or government authorities on policies that are wrong; especially when people’s well-meaning nature is hijacked with rhetoric that makes it sound like the policies are the best thing to do, though they are not. However, though such resistance to authorities is a thing requiring good courage and faith, there is a long history of theological development which exposit human being’s moral duty and obligations to resist such tyrannies.

Culminating in a major liturgical confession known as the “1550 Magdeburg Confession”, a Christian doctrine of resistance to civil authorities known as the “doctrine of lesser magistrates” has been comprehensively explicated from the Bible, and expounded upon over centuries, with major contributions going all the way back to Church fathers from the 4th and 5th centuries, such as Augustine and his development of “just war theory”. It is this biblical doctrine, the “doctrine of lesser magistrates”, which not only encourages, but morally obligates the lesser authorities to resist superiors in matters of injustice, especially after a long train of abuses of power; because, it is a moral duty to stand with the highest of authorities, God, instead of those lesser than He, human leaders. This doctrine was in fact at the root of the founding of America in resistance to the tyranny of

the British.

In 1706, Church of England Bishop Benjamin Hoadly published a defense of such resistance doctrine in a piece entitled “The Measures of Submission to the Civil Magistrate Considered” <sup>[21]</sup>. An examination of his words, as cited from the source, are aptly illuminating of the truths of these doctrines:

*“... Hoadly argued, like Mayhew, that **Romans 13 asserts a general duty for Christians [and all others] to submit to their political authorities, but not an absolute one.** “Although [Paul] does at first press upon them in unlimited words ... he manifestly afterwards limits this obedience to such rulers as truly answer the end of their institution.” It is therefore “the indispensable duty of subjects to submit themselves to such governors as answer the good end of their institution, to such rulers as he here describes.” **In cases where “governors act contrary to the end of the institution, invade the rights of their subjects, and attempt the ruin of that society over which they are placed, it is lawful and glorious for these subjects to consult the happiness of the public and of their posterity after them by opposing and resisting such governors. Since God’s design in appointing civil authorities is for the well-being of society, it is against God’s will to offer “passive non-resistance” to those who seek the “ruin and misery of mankind.”**”*

Not only are “lesser magistrates”, that is, political and law enforcement leaders of a lower rank, called to resistance, but so too are citizens when their leaders fail to resist their superiors in injustice; the words of a prior Bishop, John Ponet, and Christopher Goodman, a friend of the presbyterian John Knox <sup>[22]</sup>, as cited from the source, expound on these truths:

*“... they were the first in the Protestant tradition to explicitly argue for the lawfulness of individual citizens (as opposed to only other magistrates) to engage in ... acts of political resistance. **When magistrates cease to do their duty, according to Goodman, the people “are, as it were without officers,” and God “gives the sword [back] into the people’s hand.” ... this argument ... became very important in Knox’s argument for popular resistance.**”*

Though there are far more sources than these which exposit these theological teachings, it is beyond the scope of this material to cite them all. It is simply for the means of encouraging the leaders of Firelands to make the right decisions in standing against the political and medical tyrannies which they now face, as the Lord’s providentially chosen representatives of these institutions, that these citations are provided.

There is not only a long history of orthodox theological defense for doctrines of just resistance to authorities, but also a historical record of those who justly resist tyranny



winning out and being vindicated in their faithful efforts to do so. In standing against the current injustices of political tyranny, the Firelands' leaders have standing behind them 1000s of years of religious and civil development of support for just actions of resisting such government encroachments; as well as those patients of the Rock Steady boxing class who have signed letters of affirmation in support of ending current masking policies. Therein, Fireland's leaders have ample historical, theological, and civil support and encouragement to draw from in order to do the duty which now lies before them, and stand against the political tyrannies and intellectual irrationalities which are now debasing and tarnishing their medical profession.

Regarding the moral grounds for resistance to current government policies, there are two core principles that we can briefly consider as substantive grounds for resistance under the current circumstances of injustice from the federal government in continued masking policies; though, there are ample and thorough other reasons for doing so at the present time, but such are beyond the scope of this material.

## B. Corrupted Charter to Defend the Right to Liberty

Of the two core principles, the first is the fact that, simply stated, the federal government's primary purpose, as detailed in the U.S.A's founding documents, is to defend the inalienable rights of the people from God, which include life and liberty. Examining liberty first, the federal government was established to protect "we the people" in our ability to self reason and self govern in local municipalities, states, and voluntary institutions. In other words, wherein the actions of the people in self government don't violate the basic laws of human nature and the moral laws of God in the Bible, and wherein our actions are voluntary, the federal government has absolutely no business interfering and enforcing policies on said institutions of the self governed; especially wherein the policies being enforced violate the basics of sound reasoning and science, as already discussed thoroughly herein.

Stated more plainly, the federal government has no constitutional authority, nor moral basis, in interfering with the lives of the self-governed as it pertains to medical matters which are not of high moral concern, such as murder of the unborn; especially considering that the "enumerated powers" section of The Constitution lists no such authority for medical treatment regulation. Therefore, regarding masking policies in local medical institutions, the federal government has absolutely no duty or authority to enforce any such policies, not even in the midst of the onset of the pandemic.

The federal government's directive to defend liberty means defending the citizens right to voluntary choice, and especially their access to information and data, especially in the midst of a pandemic; and, seeing as the Firelands Health system is an institution of voluntary medical choice where individual voluntarily attend for treatment, and the medical staff has chosen voluntary employment in the institution, it is absolutely an institution that it is outside of the jurisdictional authority of the federal government to enforce any policies regarding medical treatment, such as masking policies; again,

especially wherein they violate the most basic sound reasoning and science like in the current circumstances. And, this is the case regardless of what any current Supreme Court Justice or other politician would say, as many are far adrift from proper Christian understanding of the founding of our country and the religious political theory behind the Declaration of Independence and The Constitution.

### C. A Perverted Definition of “Right to Life”

The other core principle to be examined briefly is the meaning of the right to “life”; truly, under the guise of this right, a great many political and medical tyrannies have taken place in the last few years. It is through a corrupted and perverted understanding of the meaning of a “right to life” that government officials and professional leaders have stolen and trampled upon the right to individual liberty of others; fallaciously, many have argued that the threat of Covid-19 to the lives of citizens has been grounds for the use of government authority to enforce and enact “life saving” policies.

It is in the name of an erroneous “right” of every person to be kept alive at any cost by their government (this being the corrupted and perverted understanding of a “right to life”), that the liberty of the masses has been jettisoned to enforce and enact policies in violation of citizen’s right to liberty. Though thankfully most of these policies have subsided for now, the misunderstanding of this right continues to be obviously perpetuated in various institutions’ policies and practices; in the name of keeping everyone who steps outside their house alive at all costs, the masking policies are continued, despite vaccines being widely available now, and the fact that surgical masks provide essentially no protection against Covid-19.

Understanding the “right to life” properly involves viewing one’s life as one’s own property; your life is your property, and you alone have the right to it (behind God, your Creator, of course). The original meaning behind this right is that no one can claim any right over your life without your consent, or unless you abdicate yourself of this right by breaking laws, meriting civil punishment, and possibly the forfeiture of your literal life in cases of capital punishment. It is not a right that gives anyone the power to demand others sacrifice liberty so that said person can have their life protected; it is the right to act in one’s own interests of self defense without being inhibited in doing so, while allowing everyone else to do the same. To see this spelled out, we need only turn to the primary work that inspired the Declaration of Independence in which such rights are enumerated; namely, William Blackstone’s Commentaries on English Law <sup>[20]</sup>. On page XXV of Volume 1, under the title “Of The Rights Of Persons”, we read:

**8. The absolute rights, or civil liberties, of Englishmen, as frequently declared in Parliament, -are 'principally three: the right of personal security, of personal liberty, and' of private property:**

**9. The right of personal security consists in the legal enjoyment of life, limb, body, health, and reputation ..,**

And from page 130:

**2. A man's limbs which for the present we only understand those members which may be useful to him in fight, and the loss of which alone amounts to mayhem by the common law) are also the gift of the wise Creator, to enable him to protect himself from external injuries in a state of nature. To these therefore he has a natural inherent right; and they cannot be wantonly destroyed or disabled without a manifest breach of civil liberty."**

And from page 132:

**"This natural life, being, as was before observed, the immediate donation of the great Creator, cannot legally be disposed of or destroyed by any individual, neither by the person himself, nor by any other of his fellow-creatures, merely upon their own authority. Yet nevertheless it may, by the divine permission, be frequently forfeited for the breach of those laws of society, which are enforced by the sanction of capital punishments"**

In summary, a "right to life" does not give any individual or institution, including the government, license to remove anyone else's right to liberty in the process of providing for everyone's legal right to their own life. If one individual wishes to wear a mask in hopes to protect themselves against infection, then they are welcome to do so; what they are not welcome to do is demand and mandate that everyone else also wear a mask in order that their own life might possibly be more protected; such is a gross and flagrant violation of the right to liberty of such a person's countrymen. The rights to life and liberty are cohesive with one another; guarantee of the one does not require the sacrifice of the other, contrary to popular belief. Both can be properly preserved side-by-side without degrading one another.

It is therefore completely without moral basis or constitutional authority for the federal government to enforce medical policies and mandates on the broader population in the name of defending any one person's life; to do so is for the federal government to abdicate itself of the duties of its charge for protecting the liberty of all persons it governs, and is also to egregiously corrupt the meaning and intent of citizen's "right to life". Given these flagrant corruptions of the federal government's original charters, compounded by a very long train of additional abuses not detailed herein, Firelands' leadership has the moral basis necessary to stand in defiance of federal requirements for masking, doing so in the name of science, reason, and moral obligation.

Therefore, in the name of truth and love, it is with the strongest stance of encouragement and pleading that I, Richard Ortman, therefore ask the Fireland's leaders to make the right choice, and end current Covid-19 mask policies on the basis of all of the sound argumentation presented herein; and not only I, but also all who have signed a letter petition as well; it declaring their own convictions that align to this request.

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