February 25, 2022

To the Honorable Members of the Committee:

There are many reasons why we urge you to **support** HB 575, "Consent of the Governed Act" (with our suggested amendments), to remove unconstitutional and unlawful prohibitions on citizens in times of "emergency." It is imperative that government reflexively limit its own power, i.e., those people who temporarily hold the reins of power must recognize the benefit of willingly limiting their reach into the lives of each citizen, regardless of circumstances or purported justifications. Otherwise, society ends up with disastrous effects.

In the case of "covid-19", while information was sparse, in the beginning of 2020, many countries, including the United States, 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. In the U.S., these restrictions clearly violated the U.S. Constitution's protections of its citizens' First Amendment rights, among others. 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 existed. Interestingly, nearly every nation in the world enacted these draconian responses, with data even then beginning to suggest that any threat was highly exaggerated. Whether or not there was a grave threat to one's health, the response by governments at all levels in the U.S. and around the world, was NOT JUSTIFIED and VIOLATED NATIONAL AND INTERNATIONAL LAW, AS WELL AS NATURAL LAW. It should also be noted that we are now 2 YEARS into "2 weeks to flatten the curve."

In the case of contagious disease, throughout history individuals have exercised their decision-making power, and since the mid-20th century employed 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 each 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 throughout history, and maintained an orderly system which supports the individual, and by extension, the greater good of civilization. Contagious disease has existed since time immemorial. However, where "public safety" concerns have 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. Unfortunately, some of these flawed

and harmful decisions persist even to this day, including the outrageous, illogical, and abusive practice of forcing young children and teenagers to wear "masks" in school. The psychological damage and its fallout in our society will haunt us for years, if not decades, to come.

In addition, there is ample evidence to rebut any and all "covid mitigation measures." Such evidence has existed since the beginning, in fact even BEFORE the "covid" issue arose on the world stage.

Here are some examples of facts that do not appear to have been a part of the governments' decision making process. Such egregious error and "one-size-fits-all" approach highlights again that individuals, not governments, should have been making their own decisions.

1. Neither the U.S. Centers for Disease Control (CDC) nor any other world scientific agency or organization has isolated a "SARS-CoV-2" virus. In fact, the CDC has documented as recently as July 2021, in its 7th revision of its testing protocols document, that there were/are no known samples of the virus that is assumed to cause "covid-19." The document states in its Introduction that Chinese scientists identified a "novel SARS-CoV-2" virus in Dec. 2019 – yet somehow NO SAMPLES WERE AVAILABLE and still are not available (https://www.fda.gov/media/134922/download p.40, 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, especially 2 years in; however, they remain elusive. Instead, a computer program was developed in early 2020 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 tool for such purposes, could be as high as 90% (https://www.nytimes.com/2020/08/29/health/coronavirus-testing.html) It should also be noted that as of December 2021 the CDC's Emergency Use Authorization for use of the RT-PCR tool (referred to widely as a "PCR test") was allowed to expire.

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, instead of the classic definition involving widespread death. This change in definition has had devastating economic and social impacts throughout the world, as governments rushed to apply this new, broader criterion, and then act in a manner unprecedented in human history based on faulty data and generic standards.

5. In light of and in addition to the scant information used to identify 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 and practice among health care providers (HCPs) (and part of their professional training), which can be verified by one's own experience in a busy doctor's office (pre-2020), where HCPs saw dozens of patients day in, day out, over many years, patients with a variety of contagious illnesses. Until early 2020, 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), hypercapnia (high CO2), heart palpitations, elevated blood pressure, brain fog, and a depressed immune system, as well as strep, staph, fungal, and mold infections of the lungs, Legionnaire's 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 this data 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 that all people in the State, including all private citizens, with few exceptions, wear masks 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. In addition, individuals' right to bodily integrity and personal sovereignty is clearly violated, as well.

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

TABLE. (*Continued*) Characteristics of symptomatic adults ≥18 years who were outpatients in 11 academic health care facilities and who received positive and negative SARS-CoV-2 test results (N = 314)* — United States, July 1–29, 2020

Characteristic	No. (%) Case-patients (n = 154)	Control participants (n = 160)	P-value
Previous close contact with a person with known COVID-19 (missing = 1)			
No	89 (57.8)	136 (85.5)	<0.01
Yes	65 (42.2)	23 (14.5)	
Relationship to close contact with known COVID-19 (n = 88)			
Family	33 (50.8)	5 (21.7)	<0.01
Friend	9 (13.8)	4 (17.4)	
Work colleague	11 (16.9)	6 (26.1)	
Other**	6 (9.2)	8 (34.8)	
Multiple	6 (9.2)	0 (0.0)	
Reported use of cloth face covering or mask 14 days before illness onset (missing = 2)			
Never	6 (3.9)	5 (3.1)	0.86
Rarely	6 (3.9)	6 (3.8)	
Sometimes	11 (7.2)	7 (4.4)	
Often	22 (14.4)	23 (14.5)	
Always	108 (70.6)	118 (74.2)	

* Respondents who completed the interview 14–23 days after their test date. Five participants had significant missingness for exposure questions and were removed from the analysis. Patients were randomly sampled from 11 academic health care systems that are part of the Influenza Vaccine Effectiveness in the Critically Ill Network sites (Baystate Medical Center, Springfield, Massachusetts; Beth Israel Deaconess Medical Center, Boston, Massachusetts; University of Colorado School of Medicine, Aurora, Colorado; Hennepin County Medical Center, Minneapolis, Minnesota; Intermountain Healthcare, Salt Lake City, Utah; Ohio State University Wexner Medical Center, Columbus, Ohio; Wake Forest University Baptist Medical Center, Winston-Salem, North Carolina; Vanderbilt University Medical Center, Nashville, Tennessee; John Hopkins Hospital, Baltimore, Maryland; Stanford University Medical Center, Palo Alto, California; University of Washington Medical Center, Seattle, Washington). Participating states include California, Colorado, Maryland, Massachusetts, Minnesota, North Carolina, Ohio, Tennessee, Utah, and Washington.

† Other race includes responses of Native American/Alaska Native, Asian, Native Hawaiian/Other Pacific Islander, and other; these were combined because of small sample sizes.

§ Reported at least one of the following underlying chronic medical conditions: cardiac condition, hypertension, asthma, chronic obstructive pulmonary disease, immunodeficiency, psychiatric condition, diabetes, or obesity.

¶ Community exposure questions asked were "In the 14 days before feeling ill about how often did you:" with options of "shop for items (groceries, prescriptions, home goods, clothing, etc.)" (missing = 1); "have people visit you inside your home or go inside someone else's home where there were more than 10 people"; "have people visit you inside your home or go inside someone else's home where there were 10 people or less"; "go to church or a religious gathering/place of worship" (missing = 1); "go to a restaurant (dine-in, any area designated by the restaurant including patio seating)" (missing = 1); "go to a bar or coffee shop (indoors)" (missing = 2); "use public transportation (bus, subway, streetcar, train, etc.)" (missing = 1); "go to an office setting (other than for healthcare purposes)" (missing = 1); "go to a gym or fitness center" (missing = 1); and "go to a salon or barber (e.g., hair salon, nail salon, etc.)" (missing = 1). Response options were coded as never versus at least once in the 14 days prior to illness onset. Some participants had missing data for exposure questions:

** Other includes patients of health care workers (9), patron of a restaurant (1), spouse of employee (1), day care teacher (1), member of a religious congregation (1), and unspecified (1).

7. In Summer 2020, Governor Hogan admitted the devastating effects of "lockdowns" on Maryland's economy. Yet, he continued to issue edicts that reduced 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. Besides the egregious violation of Marylanders' Constitutional rights, Governor Hogan cannot demonstrate a positive effect 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
https://www.cnbc.com/2020/06/08/asymptomatic-coronavirus-patients-arent-spreading-new-infections-who-says.html?__source=twitter%7Cmain

9. A group of hundreds of physicians representing a wide variety of specialties including immunology, internal medicine, epidemiology, 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). Even the National Institutes of Health (NIH) published a study in May/June 2021 demonstrating the effectiveness of ivermectin in treating "covid-19": https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8088823/

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_IACAeylbdDo6fqpXUNqU2I5PYJs_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 practices, including the wearing of masks, vaccinations, and social isolation, should be left in the hands of the individual, in keeping with the doctrines of informed consent and individual sovereignty. Neither the State of Maryland, nor its elected or unelected officials, has any cause nor justification to EVER strip

Marylanders of their rights to speech, assembly, religion, petitioning the government, nor in particular their life, liberty, nor pursuit of happiness. Such actions violate not only the U.S. and Maryland founding documents, but the very tenets of natural law and human dignity.

These are just a sample of the many areas in which those who hold the levers of power in government have encroached on the rights reserved to the individual, and in this case with faulty and flawed information, but the real issue is that individuals should be deciding these things for themselves.

Be assured that if you do not support HB 575, you are continuing to support ceding the rights of each of us (yourselves and your families included) to nameless, faceless, largely unaccountable individuals. This power may one day be used against you, as well. It is the nature of power as it changes hands.

We urge you to support HB 575, to restore the decision-making power for individuals where it belongs – with the individual. We suggest a few simple revisions in order to make the bill consistent in protecting the Constitutional rights of Marylanders. They are as follows:

Amendment #1: Section 14-303(b)(8) should be deleted. The Second Amendment to the U.S. Constitution enshrines the rights of individuals to keep and bear arms. This right is rarely more needed than in a time of emergency, when systems break down and law enforcement may not be able to respond to each erupting situation in a timely way. The Los Angeles and Baltimore riots, the events of Kenosha and many larger cities around the country over the past couple of years, underscore the need for individuals' right to keep and bear arms to protect themselves and their property to be unhindered.

Amendment #2: Section 14-3B-04(C) should be deleted. Again, individuals' right to keep and maintain their property should not be threatened in times of "emergency." Revoking an individuals' right to their own property under such circumstances is a violation of the Fourth and Fourteenth Amendments to the U.S. Constitution.

Amendment #3: 14-3B-05(B) should be revised to "...receive a [vaccine] **medical intervention or experimental treatment or injection**..."

World events are continuing to show the chilling effects of jeopardizing individual liberties. The recent truckers' convoy in Canada and the resulting heavy-handed response of Prime Minister Trudeau should alarm you all. Individuals, not only in the convoy but around the world, are fighting against those in power who wish to inject unproven, experimental, and largely unknown substances into our very bodies in order to allow us continue to function in society. This will never end unless it is stopped right now! You have the opportunity to be on the right side of history. Please choose wisely!

Thank you for your consideration of our testimony.

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