

# LET MY PEOPLE BREATHE!

UNMASKING THE MASK CONTROVERSY  
WITH SCIENCE AND SCRIPTURE

*Surgical and Cloth Masks Don't Work to "Reduce the Spread"*  
— a review of the science and a return to FREEDOM!



Dr. Jerry Scheidbach & Sarah Green, PA-C

*Let My People Breathe! examines science and Scripture to answer two questions regarding mask mandates: Do masks work (what does the science say), and Are mask mandates moral, do they violate personal liberties (what do the Scriptures say)?*

## **Let My People Breathe! Unmasking the Mask Controversy With Science and Scripture**

By Dr. Jerry Scheidbach & Sarah Green, PA-C

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Let My People Breathe! Unmasking the Mask Controversy With  
Science and Scripture

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Dr. Scheidbach is an invited guest to many pulpits in the US, and is often asked to conduct prophecy conferences (US, RU, FJ, MX, CA). He has authored several books: *God's War*, *The New Cart Church*, *Kingdom Power by Prayer and Fasting*, *My Notes On the Visions of Daniel*, among others. He served as president of Eurasia Baptist Bible College, headquartered in Moscow, RU, and as professor of theology for Pacific Coast Baptist Bible College (now Heartland Baptist College, OK), and as guest lecturer at Lancaster Baptist College and Pacific Baptist College, both in CA.

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Contributing author Sarah Green is a certified Physician Assistant (PA-C). Born and reared in Santa Barbara, CA., she remembers wanting to work in the medical field from childhood. Sarah completed her undergraduate work at Cal State Channel Islands in Camarillo, CA. In her anatomy class, she met a

fellow student studying to be a Physician Assistant. She made further inquiries and felt strongly that Physician Assistant was the field of medicine that fit her goals.

After graduating from the Western University of Health Sciences in Pomona, CA, Sarah joined the staff of Santa Barbara Cottage Hospital, serving in their trauma/surgery department. While employed there, Sarah explored gynecology (GYN), weight control, and esthetics. After nine years at Cottage Hospital, Sarah moved to Nipomo and accepted a position at Dignity Health, working in their Urgent Care center in Orcutt, CA. She was employed with Dignity Health for two years.

During her time at Dignity Health, Orcutt Urgent Care, COVID broke out. Sarah noticed that although she was hearing and reading about how destructive it was and that hospitals were overrun, her urgent care center was like a ghost town. Whereas before COVID, Orcutt Urgent Care attended to over 100 patients a day, after COVID, it dropped to about 10 per day. Furthermore, she noticed the hospitals were empty, although news outlets kept reporting they were overflowing. Things didn't add up. And it didn't take long before Sarah realized the media was pushing a false narrative about this pandemic, and she was not buying it. After intensive deep-dive research, she confirmed that the narrative pushed by the media and the medical establishment was not true. Sarah knew something was very wrong!

Then came the vaccines! Sarah's medical training told her a vaccine usually requires five years of trials. Having a vaccine-injured son heightened her concerns about rushing a vaccine into public use. Additionally, she was concerned because the technology used for this vaccine was something new and unproven. Sarah refused to take "the jab."

After the vaccine rollout, Sarah started seeing a spike in COVID cases and patients experiencing vaccine injury symptoms. She treated her patients with medications she used when she got COVID that helped her recover quickly. Patients thanked her, saying how much better they felt after their treatment. Dignity Health objected that Sarah was not following "protocol." She was scolded! Convinced the COVID treatment protocol insisted upon by her employer was wrong for her patients and determined to provide them the best and most effective care she could, Sarah left Dignity Health and never returned. She was relieved, supposing she would be free from seeing COVID patients.

But GOD had another plan for Sarah. A flood of opportunities came her way to help those suffering from COVID and vaccine-related injuries. The treatments she prescribed were helping her patients, but soon she began to notice the medication best suited to their needs was becoming increasingly difficult to come by. Sarah discovered that even the pharmacies had been politicized. For the first time in her career, pharmacies refused to fill her prescriptions. It took some research and several hours of phone calls, but Sarah found a way to help her patients.

Over the past year and a half, Sarah has treated over 2,000 COVID patients. She considers it to have been the biggest blessing in her life. Because of her faithfulness to her oath as a medical professional and commitment to her patients, GOD used her knowledge to help so many who were desperate and in need of care. Today, Sarah enjoys professional and personal satisfaction in her work and deep gratitude to her Lord Jesus for His continued guidance in her medical practice.

©Sarah Green

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# Table of Contents

Preface/Foreword .....	1
Part One: Follow the Science .....	5
Chapter One: What Science are We Supposed to Follow?.....	7
Chapter Two: The research documentation used in this study, the thesis, and why I concentrated on studies that argue in support of mask use to control viral spread .....	19
Chapter Three: The ability of a mask to protect the wearer from viral infection .....	23
Chapter Four: The shift from masks as protection for the wearer to masks as protection for the community:.....	33
Chapter Five: Natural Filtration versus Masks .....	43
Chapter Six: Reasons we cannot trust the current government medical establishment .....	49
Chapter Seven: The Documentation.....	63
Chapter Eight: Where is the outrage?.....	73
Part Two: Return to Scripture .....	79
Chapter Nine: Return to Truth / Return to Freedom: Jesus said the truth shall make you free. — John 8:32 .....	81
Chapter Ten: The Biblical Perspective .....	85
Chapter Eleven: On the Question of Personal Responsibility for Others .....	89
Chapter Twelve: On the Question of a Believer's Responsibility to Obey the Ordinances of Man and Submit to The Divinely Appointed Powers.....	93
Chapter Thirteen: What About Peter's Warning Against Those Who "Despise Governments," And His Command To "Submit Yourselves to Every Ordinance of Man"? .....	103
Chapter Fourteen: You Need to Choose Sides! .....	115



Contact Information..... 119

~Index~ ..... 121

## ***Chapter One: What Science Are We Supposed to Follow?***

We are told to follow the science. *Some* medical doctors say we must wear masks to stop the spread! Others disagree! Here is a link to one article that cites 49 studies supporting masks as a way to control the spread of any virus.<sup>1</sup>

(<https://www.kxan.com/news/coronavirus/do-face-masks-work-here-are-49-scientific-studies-that-explain-why-they-do/>)

But here is another link to research that cites fifty scientific studies showing proof masks "do nothing to prevent the spread of illness."<sup>2</sup>

(<https://www.dailyveracity.com/2021/07/26/over-50-scientific-studies-conclude-masks-do-nothing-to-prevent-the-spread-of-illness-so-why-do-people-keep-claiming-they-work/>)

How can we follow the science if scientists disagree about what the science says?

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<sup>1</sup> Falcon, Russell, KXAN—Austin, TX, *Do face masks work? Here are 49 scientific studies that explain why they do*, August 7, 2021, updated September 17, 2021, published by KXAN, an NBC news affiliate. [ONLINE: <https://www.kxan.com/news/coronavirus/do-face-masks-work-here-are-49-scientific-studies-that-explain-why-they-do/> — 11/17/22] For PDF, see Doc. Folder OR - FN01.00.00.00.00. I have carefully examined every one of these research papers and not one of them proves masks protect the wearer or the community from virions in the size range of SARS-CoV-2, which are 40-170 nanometers (nm) in diameter, or against droplets that are <300 nanometers. Nor do these research articles provide proof masks provide adequate protection against infection from droplets that are ≥300 nanometers to ≤5 μm (5000 nm).

<sup>2</sup> Daily Veracity, Staff, July 26, 2021, *Over 50 Scientific Studies Conclude Masks Do Nothing to Prevent the Spread of Illness, So Why Do People Keep Claiming They Work?* [ONLINE: <https://www.dailyveracity.com/2021/07/26/over-50-scientific-studies-conclude-masks-do-nothing-to-prevent-the-spread-of-illness-so-why-do-people-keep-claiming-they-work/> — 9/22/22]. For PDF, see Doc. Folder OR - FN02. "The vast majority of gold-standard scientific research compiled over multiple decades, conclude masks are completely ineffective at preventing the spread of respiratory illness." See also Doc. Folder SE - SE035 for 150+ studies showing masks are ineffective to protect from a virus.

### ***Why is there so much confusion about this?***

For almost 100 years, western medical science has agreed that masks do not provide adequate protection against viral infection. Suddenly, all of that changed! But no one told us why!

As late as February 2020, Fauci sent an email to Obama-appointed Health and Human Services Secretary, Sylvia Burwell, responding to a question she asked about wearing masks for protection against viral infection. He recommended against it because, as he explained, "The typical mask you buy in the drug store is not really effective in keeping out virus, which is small enough to pass through the material."<sup>3</sup> But by June 2020, Fauci changed his mind and began recommending everyone wear the very kind of mask he told Burwell is "not really effective in keeping out virus." Indeed, Fauci became a mask zealot, insisting everyone must wear them.<sup>4</sup> What happened?

Dr. Fauci was asked why he did not recommend public use of masks at the beginning of the pandemic. He explained that he feared it would trigger panic buying creating a shortage that would make them unavailable to health care workers.<sup>5</sup> Whatever his motivations, Fauci admitted he lied. Even his lie was a lie! Concern about shortages was not on his mind when he told Sylvia Burwell to not bother wearing one because they do not provide protection against a virus. He explained why he lied to us when he said we

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<sup>3</sup> Fauci, email to HHS Secretary Burwell, Feb. 2020 [ONLINE: <https://nationalfile.com/fauci-told-former-obama-admin-official-in-a-private-email-dont-wear-a-mask/>] For PDF, see Doc. Folder OAI193. Here is the full text of Dr. Fauci's email referenced in this article: "Sylvia: 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 the material. It might, however, provide some slight benefit in keep [sic] out gross droplets if someone coughs or sneezes on you. I do not recommend that you wear a mask, particularly since you are going to a very low risk location. Your instincts are correct, [sic—;] money is best spent on medical countermeasures such as diagnostics and vaccines. Safe travels."

<sup>4</sup> Kelley, Alexandra, *Fauci: why the public wasn't told to wear masks when the coronavirus pandemic began*, The Hill, Changing America, June 16, 2020 [ONLINE: <https://thehill.com/changing-america/well-being/prevention-cures/502890-fauci-why-the-public-wasnt-told-to-wear-masks/> — 9/22/22]. For PDF, see Doc. Folder: OAI36. See also OAI35.

<sup>5</sup> *IBID.* Kelley, Alexandra.

should not bother wearing them, but why did he lie to Burwell when he told her they don't protect against a virus?

Did some new science emerge that overturned almost 100 years of science-based western medical consensus regarding masks? No! Fauci has never directed us to any study that proved western scientists had been wrong about masks for about 100 years, or that he was wrong when he advised Burwell not to wear one.

The rationale for the mysterious Fauci flip-flop on masks will be discussed later. For now, it's not at all hard to see why there is so much confusion about this, and about a great many other things that went on, and still go on with this pandemic.

"God is not the author of confusion."<sup>6</sup> James said out of confusion arises "every evil work."<sup>7</sup>

### ***What science should we follow?***

Mr. Anderson, writing for *City Journal*, examined the evidence on both sides and explained: "Medical studies on masking ... fall into one of two categories: observational studies or randomized controlled trials, dubbed RCTs."<sup>8</sup> Indeed, each of the more than 700 research studies and articles on masks that I examined may be characterized as either an RCT or some species of an observational study.

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<sup>6</sup> 1Corinthians 14:33

<sup>7</sup> James 3:16

<sup>8</sup> Anderson, Jeffrey H., *Do Masks Work? A review of the evidence*, City Journal, August 11, 2021. [Online: <https://www.city-journal.org/do-masks-work-a-review-of-the-evidence#.YRSMsaJRXk.twitter>]. For PDF, see Doc. Folder SE037. Mr. Anderson opened his article by quoting a Tweet from then surgeon general Jerome Adams on February 29, 2020: "Seriously people—STOP BUYING MASKS! They are NOT effective in preventing general public from catching #Coronavirus." This is an excellent article, thoroughly documented, and well written. He observed what I did in my own research: "It is striking how much the CDC, in marshalling [sic] evidence to justify its revised mask guidance, studiously avoids mentioning randomized controlled trials." For an update to this article, see *Masks Still Don't Work: More than two year on, the best scientific evidence says that masks don't stop Covid—and public health officials continue to ignore it*, August 8, 2022 [ONLINE: <https://www.city-journal.org/masks-still-dont-work>] For PDF, see Doc. Folder OAI37.

Dr. Fauci testified before the House about use of hydroxychloroquine (HCQ) as early treatment for COVID-19. He explained that randomized controlled trials (RCTs) are the gold standard of medical research,<sup>9</sup> and that there were no randomized placebo-controlled trials supporting the use of HCQ for COVID-19. Yet there are many qualified RCTs that show masks are not effective to protect against a virus.<sup>10</sup> In the case of masks, Fauci ignores the science. We might ask Dr. Fauci for clarity on when, exactly, we should follow the science?

The highest paid bureaucrat in the U.S. (more than \$400k per year), and reputed virology expert, Dr. Anthony Fauci, said,

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<sup>9</sup> House Coronavirus Hearing, July 31, 2020, Transcript: [ONLINE: <https://www.rev.com/blog/transcripts/dr-fauci-hydroxychloroquine-statement-transcript-house-coronavirus-hearing-july-31-9/22/22>]. For PDF, see Doc. Folder OAI39. Fauci asserted no "randomized placebo-controlled trials, which is the gold standard of determining if something is effective," had shown any efficacy by hydroxychloroquine. Curious, this same thing may be said of mask efficacy against virus and yet Fauci ignores that fact in his recommendations regarding them. The reverse might be charged against me, that I support use of HCQ for COVID-19 treatment even though it had no support from RCTs for use against COVID-19, but reject masks on the basis there are no RCTs that support them. First, there were no RCTs testing the efficacy of HCQ as a treatment for COVID-19, but there were many other studies that showed its effectiveness in treating similar issues. Second, there are many RCTs that show positively that masks are not effective to protect against virus infection. There are no RCTs that show HCQ is ineffective for treatment against COVID-19. Finally, as early as October 5, 2020, a study published in pubmed.gov website by the National Center for Biotechnology Information (NCBI), National Library of Medicine (NLM), within the auspices of the National Institutes of Health (NIH), NIH being the organization within which Fauci's NIAID operates, says "HCQ was found to be consistently effective against COVID-19 when provided early in the outpatient setting. It was also found to be overall effective in inpatient studies." The article is titled: *Hydroxychloroquine is effective, and consistently so when provided early, for COVID-19: a systematic review*, by authors C. Prodromos (Illinois Sports Medicine and Orthopedic Center, Glenview, IL, USA, and T. Rumschlag, Foundation for Orthopaedics and Regenerative Medicine, Glenview, IL, USA. There are no declared conflicts of interest, and no disclaimers. As for Ivermectin, the same pubmed.gov published a study that found Ivermectin effective in the treatment of COVID-19 patients: [ONLINE: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7709596/> — 11/17/22]. For PDF, see Doc. Folder OAI94.

<sup>10</sup> IBID. *Daily Veracity* ... [ONLINE: <https://www.dailyveracity.com/2021/07/26/over-50-scientific-studies-conclude-masks-do-nothing-to-prevent-the-spread-of-illness-so-why-do-people-keep-claiming-they-work/> — 9/22/22]. See the statement regarding RCTs, and Bin-Reza et al. (2012) in which 17 RCTs were examined and none supported masks as efficacious to protect against a virus. My own research involves examination of highly technical data derived from bona-fide scientific experiments that prove conclusively that masks do not provide adequate protection from virus transmission or contagion. See *Let My People Breathe: Research Notes* available as a free download at <https://www.brainmassage.net> —> Resources —> Let My People Breathe.

"Attacks on me, quite frankly, are attacks on science."<sup>11</sup> Maybe, in his mind, since he *is* science, following him is following science?

Another thing you must keep in mind when researching the science on masks is this — the statements of scientists are not science. Science is the hard work of research and experimentation that support scientists' statements.

At the outset of our examination of the question *which science should we follow*, I think we can begin by saying—*not Fauci*.

There is a rule found in the Bible that we are to "try the spirits" because there are many liars in the world.<sup>12</sup> When someone intentionally lies we know what spirit they are of: "Ye are of your father the devil ... When he speaketh a lie, he speaketh of his own: for he is a liar, and the father of it."<sup>13</sup>

### ***What are Observational Studies and RCTs?***

Observational Studies include anecdotal evidence—stories about someone's personal experience—or observations based on more or less loosely conducted experiments. They can be useful to consider whether a claim warrants closer examination, but these studies have not been well respected among serious scientists when used to make claims asserted to be supported by *science*. Among the reasons such studies are not respected as providing scientific proof is how easy it is to massage the results into conformity with prevailing bias. Also they are susceptible to what are called *confounders*, which are alternate explanations for the results obtained. Finally, it's practically impossible to replicate

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<sup>11</sup>Porterfield, Carlie, Forbes Staff, Forbes, *Dr. Fauci On GOP Criticism: 'Attacks On Me, Quite Frankly, Are Attacks On Science'* see Crucial Quote [ONLINE: <https://www.forbes.com/sites/carlieporterfield/2021/06/09/fauci-on-gop-criticism-attacks-on-me-quite-frankly-are-attacks-on-science/?sh=6cd3ca4b4542—9/22/22>] For PDF see Doc. Folder: OAI.40

<sup>12</sup> 1John 4:1, "Beloved, believe not every spirit, but try the spirits whether they are of God: because many false prophets are gone out into the world." See also the warning of Paul in 1Timothy 4:1, "Now the Spirit speaketh expressly, that in the latter times some shall depart from the faith, giving heed to seducing spirits, and doctrines of devils."

<sup>13</sup> John 8:44

these studies and provide consistent outcomes. Observational studies depend too heavily upon correlation. Every trained scientist knows mere correlation does not prove causation. I'll illustrate!

The *Canadian Medical Association Journal* published an article purporting to present evidence that masks protect against the spread of COVID-19.<sup>14</sup> The conclusion was derived from the story of a COVID-19 positive airline passenger who wore a mask on a flight and none of the other 200+ passengers subsequently tested positive. However, the observed effect (*no other passenger tested positive for COVID*) was not necessarily caused by the correlated event (*one COVID positive passenger wore a mask on that flight*). Let me explain.

First, we don't know what would have happened if that passenger had not worn a mask. Second, this story might have as easily been offered to prove the efficacy of the filtration system of the airplane. Perhaps whatever virions (infectious virus particles) escaped the mask were captured by the plane's highly efficient filters. Third, this was not a scientific experiment, with controls in place to protect the study from such confounders, and it does not provide for replication in order to prove the validity of any conclusions derived from it. The above by no means exhausts all the reasons this story cannot be taken seriously as scientific proof regarding anything about masks, but I think what is presented here is sufficient to show why observational studies are not depended upon to establish scientific conclusions.

Nevertheless, the above story was offered as a serious medical study by a respected medical journal, and it has been repeatedly used to support recommendations for the use of masks to protect against viral spread. It's alarming that the prestigious *Canadian*

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<sup>14</sup> Schwartz, K., et. al. *Lack of COVID-19 transmission on an international flight*, cmajGROUP (Canadian Medical Association Journal), April 14, 2020 [ONLINE: <https://www.cmaj.ca/content/192/15/E410> — 9/21/22] For PDF, see Doc. Folder OR - FN01.05.00.00.00.

*Medical Association Journal* would publish such an account as if it was serious science. Later, I will show how western science has shifted from insistence upon empirical observations based on experiments designed specifically to eliminate confounders to what amounts to the stuff silly superstitions are made of.

Let's talk about the RCT. The gold standard for scientific medical research is the Randomized Controlled Trial (RCT). A proper RCT is carefully constructed and conducted with a high degree of professional integrity. A good RCT scrupulously follows the *scientific method*.<sup>15</sup> The RCT is respected because properly conducted research of this kind will minimize confounders, and produce results that can be replicated by anyone else following the methods used. Western medical science has insisted on RCTs as the basis for supporting science based medical claims regarding causation since Austin Bradford Hill (1897-1991) conceived it in 1948.<sup>16</sup> Only recently have western scientists begun to pull away from Bradford's model and his insistence upon rigorous experimentation as they move toward the more loosely constructed observational science models favored by eastern medical traditions.

### ***Follow True Science!***

Here is the first thing you need to know when following the science. Fact: no properly constructed and conducted RCTs

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<sup>15</sup> Wright, Gavin, author, Lavery, Tresa, ed. assistant, DEFINITION *scientific method*. WhatIs.com, [ONLINE <https://www.techtarget.com/whatis/definition/scientific-method> — 9/21/22] For PDF, see Doc. Folder TECH93. Curiously, the authors include Darwin as a contributor to the scientific method as one who was "known for using multiple communication channels to share his conclusions"? What has that to do with the *scientific method* for ascertaining proof for a hypothesis? Almost no recent publication can be trusted to not in one way or another promote the establishment narrative. Hundreds of reputable scientists have walked away from Darwin ([ONLINE: <https://news Punch.com/hundreds-scientists-question-darwins-theory-evolution/> — 9/21/22] For PDF, see Doc. Folder OAI95.

<sup>16</sup> British Medical Journal, London, *Streptomycin Treatment of Pulmonary Tuberculosis: A Medical Research Council Investigation*, The James Lind Library, October 30, 1948 [ONLINE: <https://www.jameslindlibrary.org/medical-research-council-1948b/> — 9/20/22]. For PDF see Documentation Supplement: Doc. Folder OAI32.



support the masks Fauci and friends recommend to protect anyone from transmitting or contracting a viral infection.<sup>17</sup>

### **A quick look at the Cochrane controversy:**

Cochrane is a trusted source for medical professionals providing analysis and summaries of the best evidence from biomedical research, "without interference from commercial and financial interests, and is the leading global advocate for evidence-based health care."<sup>18</sup> This reputable and highly respected source for clinical and biomedical guidance recently published the results of their own review of the science on the question of mask efficacy against COVID-19. Under *Key messages*: the Cochrane review stated: "We are uncertain whether wearing masks or N95/P2 respirators helps to slow the spread of respiratory viruses based on the studies we assessed."<sup>19</sup> In other words, Cochrane could not

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<sup>17</sup> Rancourt, Denis, PhD., *Masks don't work — a review of the science relevant to Covid-19 social policy*, The Wall Will Fall, June 23, 2020 [ONLINE: <https://thewallwillfall.org/2020/06/23/masks-dont-work-a-review-of-science-relevant-to-covid-19-social-policy/>] For PDF, see Doc. Folder SE012.00.00.00. "No RCT study with verified outcome shows a benefit for HCW [Health Care Workers] or community members in households to wearing a mask or respirator. There is no such study. There are no exceptions." Even those in favour of masks know there are no RCTs that support them. In *Let My People Breathe (Research Notes)* I repeatedly documented corroborating statements in articles/studies that supported mask use. Here are only three of many examples that could be cited: 1. Leung, et. al. in an article titled *Mask wearing to complement social distancing and save lives during COVID-19*, said "there have not been randomised controlled trials to show the efficacy of mask wearing" [ONLINE: <https://theunion.org/sites/default/files/2020-09/IJTLTD%20June%200244%20Leung%20FINAL.pdf>]. For PDF, see Doc. Folder OR - FN01.22.00.00.00. 2. Trish Greenhalgh, et. al. in *Masks for all: The science says yes*, after telling us no RCTs have been conducted to test efficacy against SARS-CoV-2 virus, writes: "RCTs of mask-wearing to prevent other diseases (such as influenza or tuberculosis) have tended to show a small effect which in many studies was not statistically significant." [ONLINE: <https://www.fast.ai/2020/04/13/masks-summary/>]. For PDF, see Doc. Folder OR - FN01.38.00.03.25L. 3. Huang, et. al., in *An evidence review of face masks against COVID-19* said, "WE SHOULD NOT BE SURPRISED TO FIND THAT THERE IS NO RCT FOR THE IMPACT OF MASKS ON COMMUNITY TRANSMISSION OF ANY RESPIRATORY INFECTION IN A PANDEMIC." [ONLINE: <https://www.pnas.org/doi/10.1073/pnas.2014564118>]. For PDF, see Doc. Folder OR - FN01.38.00.03.00.

<sup>18</sup> Spira, Beny, *Cochrane Ends the Masking Rage*, Brownstone, Brownstone Institute Articles, March 9, 2023 [ONLINE: <https://brownstone.org/articles/cochrane-ends-the-masking-rage/> — 3/14/23] For PDF, see Doc Folder SE038.

<sup>19</sup> Jefferson T, Dooley L, et al., *Do physical measures such as hand-washing or wearing masks stop or slow down the spread of respiratory viruses?* Cochrane, January 30, 2023 [ONLINE: <https://www.cochrane.org/doi/10.1002/14697528.cd015341>].

find support for the assertion that masks provide protection to the public from the spread of COVID-19 although they evaluated all the literature up through 2022.

What Cochrane found in this latest review (see above) reconfirmed an earlier December 2020 review: "There is low certainty evidence from nine trials (3507 participants) that wearing a mask may make little or no difference to the outcome of influenza-like illness (ILI) compared to not wearing a mask. ... There is moderate certainty evidence that wearing a mask probably makes little or no difference to the outcome of laboratory-confirmed influenza compared to not wearing a mask."<sup>20</sup> The language is purported to serve the interests of precision, but I've read enough of these to know that the language used here is more likely intended to blunt the hard fact that their research could not find substantive evidence supporting masks for use to control the spread of COVID-19.

The current political milieu restricts free expression of scientific opinion on matters related to COVID-19, more so in 2020 than it is at present. Perhaps that explains the contrast between the more recent, clear statement: "We are uncertain whether wearing masks or N95/P2 respirators helps to slow the spread of respiratory viruses based on the studies we assessed," and the earlier convoluted manner of expression: "*there is low certainty evidence ... that wearing a mask may make little or no difference.*" In the latter, it's difficult to sort out what, exactly, the reviewer is saying. Is he saying evidence suggesting masks make little or no difference in the outcomes of influenza like sickness is of low certainty? So, there is evidence that masks make no difference, but it's of *low certainty*? Where is the evidence that they do provide at

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//www.cochrane.org/CD006207/ARI\_do-physical-measures-such-hand-washing-or-wearing-masks-stop-or-slow-down-spread-respiratory-viruses — 3/14/23] For PDF, see Doc Folder SE039  
<sup>20</sup> Jefferson, Tom, Del Mar, Christ B., et al., *Physical interventions to interrupt or reduce the spread of respiratory viruses*, Cochrane Library, November 20, 2020 [ONLINE: <https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD006207.pub5/full> — 3/14/23] For PDF, see Doc. Folder SE039.02.

least some protection? Nothing is said about that. Clearly, the reviewers are admitting the evidence is on the side of *masks don't work* more than it is on the side of *masks work*.

The statement about *low certainty* regarding using masks to protect against influenza-like-illness (ILI) is followed by another convoluted statement, but less so, and we can gain insight from it to help us understand the first: "*there is moderate certainty evidence that wearing a mask probably makes little or no difference to the outcome of laboratory-confirmed influenza compared to not wearing a mask.*" So, the evidence supporting the conclusion that masks make little or no difference in *laboratory-confirmed* cases is stronger than the evidence that masks provide *little or no* difference in the outcomes of influenza like sickness that is not confirmed by lab work.

I know! Getting a clear statement from these guys is sort of like trying to pick up mercury! And adding to the confusion, the Editor-in-Chief at Cochrane Library felt compelled to publish an explanation that their review was not intended to be taken as saying masks don't work.<sup>21</sup> But every intelligent person reading the review knows what it means. The Cochrane review is not talking about the certainty of evidence supporting masks, but rather making a comment on the evidence against masks. That's important! And it tells you that masks don't work "as advertised" by the medical establishment. Rather, they *work* as advertised on the boxes they come in: "Masks are not designed or intended to prevent, mitigate, treat, diagnose or cure any disease or health condition, including COVID-19/Coronavirus."<sup>22</sup>

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<sup>21</sup> Soares-Weiser, Karla, Editor-in-Chief of the Cochrane Library, *Statement on 'Physical interventions to interrupt or reduce the spread of respiratory viruses' review*, Cochrane, March 10, 2023 [ONLINE: <https://www.cochrane.org/news/statement-physical-interventions-interrupt-or-reduce-spread-respiratory-viruses-review.pdf> — 3/14/23] For PDF, see Doc. Folder SE040.

<sup>22</sup> TEEPUBLIC, *Masks—Legal Disclaimer for Customers*, nd [ONLINE: <https://teepublic.zendesk.com/hc/en-us/articles/360047284753-Masks-Legal-Disclaimer-for-Customers> — 11/2/22] For PDF, see Doc. Folder OAI68.

*Let My People Breathe*

The Bible warns us against *science falsely so called*.<sup>23</sup> This warning is an axiomatic affirmation of science *rightly so called*. So, by all means, let's follow true science.

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<sup>23</sup> 1Timothy 6:20, "O Timothy, keep that which is committed to thy trust, avoiding profane and vain babblings, and oppositions of science falsely so called..." Fake science is no better than "vain babblings."

## ***Chapter Ten: The Biblical Perspective***

The American perspective on human rights that has shaped our culture and guided our civil institutions arose from biblical principles and precepts.<sup>162</sup> Our most cherished values come from the Bible; for example, innocent until proven guilty comes from the Law of Moses. And the foundation of our liberties in America, "All men are created equal and endowed by their creator with certain inalienable rights," is based on a biblical view of man. Other notions, like bodily autonomy, freedom of thought, and speech, also are rooted in our Christian heritage. But unfortunately, as our nation moves out from "under God," we are losing these values and the protections they have provided against tyranny. So let's take a moment to consider a biblical perspective on the issue of mask mandates.

### ***God gave us breath!***

First, God gave us breath! God breathed into Adam's nostrils and man "became a living soul" (Genesis 2:7). Because man's life originates from GOD, every man has a natural, inalienable "right to life." Upon the same principle, because man's breath originates with GOD, every man has a natural, inalienable right to breathe. For any other man or entity to by force take control of that right, and attempt to exercise authority over it and regulate and restrict it, is a violation of our natural and inalienable rights under GOD. Every man has a right to breathe. Forcing a mask mandate that restricts our natural right to breathe is an infringement of that right, a violation of human rights.

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<sup>162</sup> Dr. Benjamin F. Morris collected in one major resource over 1000 pages of documentation attesting to this fact: *The Christian Life and Character of the Civil Institutions of the United States*, American Vision, Powder Springs, GA, [www.AmericanVision.org](http://www.AmericanVision.org). See also, *The Bible and the Bill of Rights*, Dr. Jerry Scheidbach, [www.booksatdbp.com](http://www.booksatdbp.com)

Second, our health, ultimately, comes from GOD. The Bible instructs us what to do if any are sick among us. We are to turn to God in prayer and call the church's elders for anointing (James 5:14). The Bible also affirms the use of physicians (for example, Luke—Colossians 4:14) and natural remedies (I Timothy 5:23). But we must never shift our ultimate dependency from the LORD to physicians (II Chronicles 16:12 — where we read of God's rebuke against King Asa because "in his disease he sought not to the LORD, but to the physicians.")

A balanced approach to addressing our sicknesses includes spiritual and physical measures: we pray, seek the LORD for healing, and discreetly use doctors and medicine. We "trust the LORD" with all our heart. We trust man only in so far as we may be confident he is trustworthy. Therefore, we cannot give away our responsibility to exercise autonomy and discernment in managing our health. We cannot yield to government coercion in this matter. To do so would forfeit personal responsibility for our health, sacrifice our freedom, and remove our body from under the Sovereign rule of our Creator. Jesus taught us to yield to Caesar what is his, but reserve to GOD what is HIS. Our body and health belong to GOD.

Third, our body belongs to God and not to men. He created us (Genesis 1-2)! Hundreds of scripture references show that GOD holds each individual responsible for what they do in their body and with it. Add the many references indicating each person is personally responsible for its care. Furthermore, God appointed us the steward of our body and has not given this power to any other. Therefore, it is the right of each person to decide what measures they will take to answer their physical needs, trusting GOD for the outcome. This is especially true of Christians, whose body God has purchased and made His temple. When we consider the price, Christ's blood, shed on Calvary, our jealousy regarding God's Sovereignty over our body is enhanced! So the believer's body belongs peculiarly to the LORD (I Corinthians 6:19-20; 7:23;

Romans 12:1-2). For this reason, the believer cannot be forced (compelled, coerced) to surrender control over his or her body to any other person without violating his or her conscience and betraying a sacred trust God has given to mankind generally and to His own children particularly.

Please understand what is truly at issue here. Freedom! Personal bodily autonomy and our rights of conscience are at risk. Consider what is at stake: the right to think for ourselves and decide what is in our best interests in our pursuit of happiness. When it comes to mask mandates, it's ultimately about freedom — freedom from intrusion against one of our most personal rights — the right to breathe freely.

# LET MY PEOPLE BREATHE!

UNMASKING THE MASK CONTROVERSY  
WITH SCIENCE AND SCRIPTURE

*Surgical and Cloth Masks Don't Work to "Reduce the Spread"*  
— a review of the science and a return to FREEDOM!



Dr. Jerry Scheidbach & Sarah Green, PA-C

*Let My People Breathe! examines science and Scripture to answer two questions regarding mask mandates: Do masks work (what does the science say), and Are mask mandates moral, do they violate personal liberties (what do the Scriptures say)?*

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