A Christian perspective on navigating moral tensions as we emerge from the pandemic

RYAN ATWOOD

Special Thanks:

Thank you, Lindsey, my amazing wife, for giving me the extra time to write this. You are my treasure.

Thank you, Mom and Dad. You gave me a strong heart and a strong mind. Trying to use them as best I can.

“One of the most immature responses we can have to conflict is to insist that the other person sees the world the way we do.”

Tyler Loomis

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Prologue – Where I am Coming From

Before I begin, I should like to make one thing clear. I am a follower of Jesus – a Christian. This means I believe the Bible is the inspired Word of God and it is a moral compass for us when thinking through issues like these. However, I want you to know that this book is for anyone, whether you are a believer or not. Please rest assured this is not some "Bible book," although I will be mentioning how believers may want to consider what the Bible has to say regarding how we treat each other. While I believe in a specific absolute truth myself, I sincerely respect *your* views in general and therefore I certainly appreciate your perspective when it comes to COVID.

The second thing that I'd like to call out right away is that this is not a position paper attempting to convince everyone to wear a mask or not, etc. This work is rather about helping us better understand each other, which I hope will lead to more true peace among us during an imminent, contentious time. Furthermore, when I use terms like "vaccine" instead of "the COVID shot," which is the preferred term for those who are not comfortable with the vaccine, I am not making a statement on the validity or safety/danger of the vaccine. I simply desire to present information to help you gain a broader perspective in this book.

Finally, I am neither a healthcare professional nor a pastor (I am an engineer), but that's actually a big reason *why* I am writing this book. A cynical way to view public health during an epidemic is "a group of qualified people manipulating others in order to save as many lives as possible during an epidemic." I am not a cynic by any means, (just ask my close friends) and I appreciate how our public health officials are often willing to do what is right at the expense of their own career. I admire Dr. Deborah Birx for playing the challenging role she did under the Trump administration to help save lives even though her reputation was effectively swallowed up by political vitriol. However, since I am not in healthcare, I have the advantage of not having any professional reason to "manipulate" anyone in any way. I'm not implying all doctors and nurses are manipulative (and certainly not for the wrong reasons). However, I nonetheless am free of any pull in that direction while still understanding COVID data. Since I am not a pastor who has experienced much stress over the last year trying to keep the peace in their congregation, there is less pressure on me to simply keep the peace and not write anything controversial.

I fully realize that even mentioning that there are multiple, valid (albeit nuanced) opinions out there on various issues is controversial in itself. Reading this may not be easy to accept for some. But at the same time, if there is information counter to our current narrative, we cannot "live by lies" when misinformation is spread from one side or another. We must always think for ourselves and shouldn't be afraid to consider new information.

Whatever your worldview or political persuasion may be, this book is for each of you. I had *you* in mind when writing this and I hope that this book helps you think through and process a lot of the tension that has and will continue to transpire as we come out of the pandemic.

Ryan Atwood

July 2021

“You've got nowhere to go

Got no way out of this hole

Got no one to say: it's all just the way things are

Wouldn't it be good?

To look into a brighter day

It's just the way things are

In your own time

There's no map to guide our way

So I say nothing, you say nothing

In your own way

Thought I could help you find your place

But I'm as lost as you are lost these days

Oh, wouldn't it be fine?

To close your eyes and see something

Something more than this

In your own time

There's no map to guide our way

So I say nothing, you say nothing

In your own way

Thought I could help you find your place

But I'm as lost as you are lost...

It's not the way

Things are going to change, you know

The battles you have fought won't go to waste, you know

The things are gonna change

It just takes time”

- Keane, “In your own time”

Chapter 1 – What This Book is About: Why Write This?

20 "My prayer is not for them alone. I pray also for those who will believe in me through their message, 21 that all of them may be one, Father, just as you are in me and I am in you. May they also be in us so that the world may believe that you have sent me."

John 17:20-21 NIV

Shalom

"On the night that Jesus was betrayed, He __________" most of us in the Christian tradition would immediately think of the words "took bread," thinking of communion. However, there are actually many things Jesus did that night He was betrayed. In fact, in the gospel of John it is recorded that one of the very last things He did was pray to the Father for believers in the future **that they might be one.**

Perhaps the biggest reason I wanted to write on the topic of COVID conflict is that we might be brought back to "Shalom" with each other. "Shalom" is a Hebrew word meaning "peace" or "complete, whole," but it is indeed much more than that. To "bring Shalom" can mean "bringing reconciliation to a relationship" or "bringing wholeness or restoration to a situation."

When COVID first struck and we all began to stay home to stop the spread back in March of 2020, we were all united in purpose to save lives. We were (and still are) "all in this together." In our neighborhood, we sent out flyers to all 111 homes telling people they could call or email a set group of neighbors who would be there to help deliver groceries, medical supplies, or anything else people needed to get through the uncertain time. But as we all know, it didn't take more than about six weeks for the inevitable conflict to set in as to what was appropriate to do, not do, when to wear a mask, and on and on.

Here we are 14 months later. We are something less than 100% "all in this together" and certainly less than "in perfect Shalom." Politics has set in and affected our daily lives and relationships like never before. The stakes seem to be as high as ever. People constantly struggle to find the balance between taking precautions or not. It's difficult for many to know when to endure isolation or insist elderly relatives are isolated versus when to go out. It's also hard for many of us to know when to just go along with the decisions of family members and when to put our foot down with relatives who want different kinds of precautions taken at family gatherings. I have it on good authority that there have been a great many stable families across the country, the western world, and beyond that have experienced conflict that our past selves of two years ago would find appalling. There has been so much processing to do, overwhelming fear, pressure, frustration, and even poor decisions that have led to damaged relationships where forgiveness and reconciliation are still needed. What's more, while the pandemic has taken a turn for the better in the United States and elsewhere, the conflict over how we should live is by no means over.

Psalm 133 says,

1 How good and pleasant it is
when God's people live together in unity!

2 It is like precious oil poured on the head,
running down on the beard,
running down on Aaron's beard,
down on the collar of his robe.
3 It is as if the dew of Hermon
were falling on Mount Zion.
For there the Lord bestows his blessing,
even life forevermore.

Psalm 133 NIV – A song of ascents. Of David.

My sincere hope in writing this book is that it would help us "bring Shalom" back into our society, our workplaces, our churches and social organizations, our extended families, and even our own homes.

Jesus said in His Sermon on the Mount,

Blessed are the peacemakers,
for they will be called children of God.

Matthew 5:9 NIV

It is my sincere belief that if we set out to understand our current situation in a more profound way and take the time to reflect, that we *all* might become the "bringers of Shalom" I believe God desires. Even if you aren't sure if there is a God, we can all agree that "making the world a better place" is a little confusing right now.

Conflict in the world of COVID-19

Part of the struggle we face in 2021 is that other people want to either limit us in ways we don't see as necessary or put us and our loved ones in dangerous situations due to their lack of ~~intelligence~~ concern about the virus.

Most of us have all seen Facebook posts like the one I saw a few weeks ago when Wisconsin lifted the mask mandate, leaving the decisions up to individual businesses. While some left-leaning friends were decrying the decision on Facebook the day it happened, someone encouraged the group that businesses would likely still keep the mask mandates in place. Then someone said,

"Well, that's good. Anyone with half a brain would keep the mask mandate in place for their business."

Even President Biden referred to Texas lifting the ban on masks as "Neanderthal thinking." We are certainly used to inflammatory quotes in politics since Trump came on the scene in 2015, but it still stings whenever those in authority belittle those who disagree with them instead of simply considering and then disagreeing with their concerns. I mention this here not to disrespect the office of the president, but rather to demonstrate that conflict appears to be at every level of our society from our families all the way up to our national leaders.

I'm sure most of you have heard of confrontations in grocery stores across the country last year as the pro-mask wearers crossed swords with the anti-maskers. I'm sure many of us have even had fights within our own families and probably some tears have been shed.

I have heard stories of families whose conflict became so sharp that some very drastic measures were taken where trust was broken in the name of safety. These situations have had a cost. If we multiply that by all of the extended families in the world who must be arguing about what some consider life-and-death decisions at holidays, etc., it doesn't take long to realize we're in quite a mess. Yes, the availability of the vaccine is helping to significantly reduce that mess, but we're not out of the woods yet.

Conflicting values and priorities

Part of what is discussed in this book is why different groups of people disagree about what should be done or not done when it comes to COVID restrictions, the vaccine, etc. We could all use a little help processing the different, conflicting priorities at play in order to make sense of them. It can be incredibly stressful or overwhelming to try to sift through all of the different opinions out there. Furthermore, our biases might provide us with a blind spot or two regarding why "the other side" might prioritize a decision differently than we would.

My hope is that this book helps us better understand the various viewpoints out there so that the greatest number of people can be put in the best situation possible.

The tension between being gracious and setting boundaries

Shouldn't we always choose the most gracious option available to us? After all, being good to others is always good, right? Except, what about when people take advantage of us? What about when people "cross the line"? Am I selfish to advocate my child should be in-person even if cases rise in my district? Am I heartless if I don't want us to have to wear a mask even if those around me want me to? Am I thoughtless if I insist my parents wear a mask around my children since they didn't get the vaccine?"

Thinking through "what is right" versus standing up for ourselves is an emotionally confusing topic for many of us. It's hard for us to say "no" to little things like our boss going back on his word and asking for work he promised not to request from us. "It's just one little task. I can just suck it up…"

I hope this book can help us explore the balance between our duty to be gracious and the need to stand up for ourselves when these two are actually in conflict with each other.

That we might not insist that others see the world the way we do

I recently met with a very respected counselor in the Milwaukee area, Tyler Loomis. He was helping me make sense of some conflict in my own life. We discussed the topic of COVID and how many people have had conflict during this time. He offered me a gem that I will not soon forget, which has become the focal point of this book:

"One of the most immature responses we can have to conflict is to insist that the other person sees the world the way we do."

I pondered this on and off for days after our meeting. This quote has so many deeper implications. For the COVID-related conflict we experience in the world today, I feel this is such an imperative maxim. Is it ever ok for us to insist others see the world the way we do? What does that mean in real life when it comes to COVID-related conflict?

So that we get Jesus points?

Given the diversity of the audience I hope this book reaches, it's probably important to explain why Christians feel the need to do what is right in the first place and what I mean by "called." Is it out of guilt serving an angry God who will cast you into hell if you don't walk the line? Quite the opposite!

> *8 For it is by grace you have been saved, through faith—and this is not from yourselves, it is the gift of God— 9 not by works, so that no one can boast. 10 For we are God's handiwork, created in Christ Jesus to do good works, which God prepared in advance for us to do."*
>
> *Ephesians 2:8-10, NIV*

For the Christian, the gift offered to all by Jesus' payment for our sin and making us right with God means simply that we are grateful and want to respond to God's overflowing kindness with kindness of our own towards the world. We aren't obligated to do what is right out of guilt and we aren't motivated out of fear of punishment. When I mention the word "called" or "feel called" or "what God calls us to" in this book, what I am referring to is this:

> *14 For Christ's love **compels** us, because we are convinced that one died for all, and therefore all died. 15 And he died for all, that those who live should no longer live for themselves but for him who died for them and was raised again.*
>
> *2 Cor 5:14-15, NIV*

Not living for ourselves doesn't mean we lose our personality or desires or are manipulated by the man upstairs. Instead, because we walk with God in relationship with Him through Jesus, we end up simply wanting to respond in a way that He desires, especially after we realize His character. We are no longer just living for ourselves, but are willing to even "consider others better than ourselves" (Phil 2:3) for God's sake.

Even if you are not a Christian, chances are you are someone who desires to do the right thing for others. Therefore, I'm sure that no matter our backgrounds, we share this same desire to do what's right just because it's the moral thing to do.

That we might feel liberated to make tactful suggestions with proper intentions

Finally, I think many of us would like to change things about how COVID restrictions go into effect, both in society and even within our own extended family or friend gatherings. Many of us might feel frustrated, but "just not feel it's right" to ask that an additional precaution be taken or a needless precaution be eliminated. "I don't want to ruffle any feathers. I'll just hope for the best."

It is my hope that this book can provide guidance for when that "crucial conversation" needs to happen and that we would have the courage to speak up. But *even more importantly,* I hope we will be known for being approachable when it comes to sincerely hearing others' concerns or frustrations when it is in our jurisdiction - i.e., when we throw a party, host a meeting at church or scout group, etc.

Let's get started then!

Chapter 2 – Disagreeing Camps

"I have made a ceaseless effort not to ridicule, not be bewail, not to scorn human actions, but to understand them."

Dutch philosopher Baruch Spinoza, 1667

Disagreement as we transition out of danger

One fine day (hopefully sooner than later), the virus shall be but a memory. We just don't know when.

Some of us were never very concerned in the first place, many of us are still very cautious about not opening things up too quickly, and of course, most of us are somewhere in between. As we transition out of this phase of life (which could take months or years in various aspects), friction shall continue to plague the masses. If only "those people" would understand the world like I do, everything would be great and there would be no conflict, but some people are dumb and that's the real problem…right? Right?

Sometimes it's just not that simple. At the most basic level, there are different reasons why people disagree with each other:

- Some disagree for the wrong reasons, like when they just don't care. Examples would be:
    - Anna thinks that masks should never be mandated in any case **strictly because** it limits Anna's freedoms and she doesn't care who gets harmed. If this is all Anna is considering, this is wrong (biblically speaking anyway) because it is not looking to the interests of others who naturally will be concerned about their safety.
    - Ben is a single, 40-year-old man with no kids. He thinks that schools across the country should be virtual-only in the fall of 2021 **strictly because** they pose a threat to his safety. "It doesn't matter how much anyone else is inconvenienced. They can't jeopardize my safety," he says. This would be wrong because he would rather be in school if he were a 3rd-grader at the local, inner-city public school with no other option for a quality education and posing little to no calculated risk to the general public.
- Some disagree based on incomplete, biased, or anecdotal data. Examples would be:
    - Cameron reads "The Epoch Times," which has reported that the vaccine has killed an OB/GYN doctor in Florida. When he hears Dr. Fauci tout the safety of the vaccine the next day on the news, he begins to distrust the media and decides to convince his elderly mother not to take the vaccine. While it wouldn't be wrong to begin to distrust the media after this event, there is a lot more to consider regarding the vaccine, and it may not be the right decision.
    - Dani suffers from high blood pressure. She heard from the Huffington Post that "Trump's vaccine" was dangerous and might have been pushed on the public too soon. It's one year later, but even after 150 million doses in the US, Dani still would never take the vaccine because the bad orange man developed it. Her father wants her to take the vaccine so that she's not as high-risk for COVID-19. While her concern isn't necessarily invalid, her bias might be preventing her from taking steps that would lead to a better situation for her and those who love her.

- Some disagree based on all the right data. Examples would be:
    - Edwin is hosting a barbeque with a bunch of family and friends. Most of his friends follow the CDC guidelines and always wear a mask even outdoors if there are more than 2-3 people together. They do this because of a study they saw that showed that wearing masks slows the spread of COVID-19, and they want to protect the vulnerable in their community. Edwin's father, Geraldo, is also coming and is convinced that masks do little to no good. He thinks this because he saw that in their home country of Peru, the military-style lockdowns imposed on the population resulted in the same kind of trendlines for the virus as Sweden in 2020 by season. This was despite Sweden having very little social distancing and very few masks in public places. They have shared their thoughts with each other, but neither father nor son is quite convinced. They continue to disagree even when a lot of helpful information is shared and discussed.
    - Frances wants the family to get together for Independence Day in 2021 without masks. She thinks it is high time grandpa and grandma come, too, who are in their 80's and now fully vaccinated, though not everyone at the party chose to get the vaccine. Frances is convinced that the overall risk for grandma and grandpa, even indoors, is much less than other risks taken on a daily basis before this event. This is especially since the numbers for her state are less than 3% of what they were during their peak around Thanksgiving. Some family members are concerned about grandma and grandpa attending without a mask because of those in attendance who won't be vaccinated. "They could still get sick from the delta variant. It could be really bad. Let's not doing anything foolish when they've waited this long." Frances talks with her relatives about their concerns but ultimately disagrees that the risk is significant and decides that masks will remain optional for all in attendance at the celebration.

Please don't think that I point out there are different explanations (both bad and good) for why folks disagree so that you can justify your position by saying the other side is uninformed and wrong. Quite the contrary!

The reason is so that we are **not** quick to judge the decisions others make or the positions they take. Too often, we take the prideful stance of assuming we know more than others on a particular topic. We "know" that Dr. Fauci is an expert, or we "know" that Dr. Fauci is an idiot. The truth may be deeper than that, and we should not assume that others take the position(s) they do because they are dumb. These are our fellow human beings, our brothers and sisters (sometimes literally!) **It would be a mistake for us to assume that people disagree with us because they do not care.**

I lean conservative in many aspects politically, but I can point you to at least a dozen people off the top of my head who have an excellent character who lean liberal and whom I respect, even in my own church. While I would disagree with them about many things, wisdom dictates that I should give them the benefit of the doubt that we disagree for reasons other than pure selfishness or that they don't care about me at all. The rest of their lives demonstrate their kindness and respect and they have built respect with me in terms of their character and our relationship. I would *hope* they would say the same of me: that when I disagree with them on a particular topic or issue, it is because "Ryan thoughtfully disagrees with me and his motives are not purely selfish. He is open to new ideas and discussion, but even more so, he has come to a different conclusion than I have. Furthermore, he doesn't just consider how things will affect himself, but even more, he considers the effects on others."

Just because you disagree with someone about a decision or priorities doesn't mean they have bad character. It just means they are a different person with a different viewpoint than you and that's ok.

"But what if they think they are right and my grandma dies because of their foolishness?" That could happen and I'm not minimizing that the stakes are high when it comes to COVID. On the other hand, who is to say who is right without an ultimate source of truth for this particular situation? If your answer is "science" when the person you disagree with is also pointing to their own "science," you are **not** automatically correct. I will stand by that statement.

"Science" is "the pursuit and application of knowledge and understanding of the natural and social world following a systematic methodology based on evidence." If you say that "science" is why your viewpoint is correct and those with a proven character who disagree with you are wrong, you may need to have a deep look in the mirror. Rather, we should humbly admit that we are all taking our best guess given the evidence at hand and yet understand we will come to different conclusions based on our biases, etc.

However, disagreements can, of course, get even a little more complex than that. With this in mind, let us consider the various "camps" in the mix.

The 4 camps + 1

There are at least 4-5 "camps" when it comes to thinking about how to understand our current coronavirus situation. I present these camps to you here as best I can in order to help us better understand and categorize the various positions on the pandemic. I am not trying to sell one viewpoint over another and I am not saying that any one individual is entirely in one camp or another (in particular, camps 1 & 2 or 3 & 4 might be quite blended). Each camp has a diverse group of adherents and while the "freedom camp" might be primarily conservative and the "very concerned" camp might be mostly liberal, they are by no means restricted to such labels.

Each camp simply **prioritizes** something differently than the others **and each group prioritizes that thing for all people.** People in the freedom camp do not automatically reject everything the CDC has to say and vice-versa. Those in the "scientific dissent" camp do not automatically dismiss the concerns of the freedom camp or any other camp. The skeptics might not all agree on lockdown policy, etc.

It's important for any Christian reading this to understand that none of these camps are any more "moral" than another. They are what they are. There is no Bible verse that says, "Thou shalt believe the CDC above all else." Neither is there a clear biblical mandate to prioritize individual freedoms over people's safety when it's too hard to distinguish if something is safe or not. This is what makes this topic so complex for Christians. Usually, debates involve the clash of societal norms or political decisions that contradict (or appear to contradict) some clear biblical mandate. Clearly, Christians are called to take care of widows and orphans, protect the foreigners among us, do unto others as we would have them do unto us, and forgive one another as Christ forgave us. But COVID is an interesting topic. It's kind of… well… "relative." We aren't always used to debating issues where different priorities are at odds with one another, the Bible isn't clear on which priority is more important, and scripture doesn't even imply what we should do.

Finally, I'm sure that many people who read the rest of this chapter will feel mischaracterized (or at least misunderstood) by the way I have described your camp. I apologize in advance. I did my best to listen to those in each camp with my limited time and attempted to represent views that seemed to fit a pattern.

Ultimately, I'm sure I won't get everything perfect. I do not want to speak **for you** though, my dear reader. Only you can do that. The goal is simply to help people make sense of the various opinions out there.

Camp #1 - The Freedom Camp

By May 2020, many people were beginning to become concerned that the temporary "14 days to slow the spread" had turned into stay-at-home orders given by governors all across the country. These folks comprise the "freedom" camp. Their priority is on preserving our rights as citizens of a free country for *all of us*. They do not take kindly to people telling them how they can and cannot live their lives, but it's not out of pure selfishness. They don't want that kind of tyranny for any of us and they understand all too well how the rest of human history has worked. Most of them would probably die for you if it came to defending our liberty from a force of tyranny. They have a deep respect for the brave men and women who have died to give them that right all the way back to Lexington and Concord and they are not about to give ground any time soon. They are concerned that if the government has the power to keep people in their homes when it might not even be necessary, the government has too much power and other freedoms and rights we all hold sacred in this land are in jeopardy.

From that standpoint, we can all be grateful for these brave folks who are willing to speak up when others are not in the name of freedom for all. You may or may not agree with the pace of this camp when they were comfortable amassing in places like Brookfield, Wisconsin, to protest the lockdowns. Still, we can all hopefully agree that the general priority of this camp is a noble one and the long-term aspect of its prioritization is compelling. Furthermore, their collective actions in the first few months of the pandemic were arguably more in balance with the real dangers of the virus than the general perception at the time. Whether it was dumb luck or them wisely seeing more clearly earlier on than everyone else, the initial estimates of how dangerous the virus was proved vastly overinflated.

Today, these people might be the first ones to call for lifting restrictions, including mask-wearing, for various reasons. But don't confuse their priority on our collective, cherished freedoms for a lack of compassion or intelligence just because you might see things differently.

There is a well-known quote that originated in the late 19th century that goes something like this:

> *"Your right to swing your arm leaves off where my right not to have my nose struck begins. Here civil government comes in to prevent bloodshed, adjust rights, and settle disputes.*

Clearly, government is necessary because it should be responsible for protecting citizens from one another. There must be real consequences when injury or harm is done to prevent other, future harm to more people. But beyond that, people begin to disagree very quickly about the role of government and it plays out in full force when it comes to COVID restrictions and their consequences.

The family-owned diner I frequent in my area was forced to close down for a couple of months during 2020 and very nearly had to shut down permanently despite it having a thriving customer base during "normal times." The owners of that business who have given their all for decades to invest in something so valuable to our community almost had it taken away forever. Undoubtedly, they had a large portion of their life savings suddenly vanish. For the **millions** of families with a small business like this one, should the government have the right to shut them down? The answer is, of course, "only when necessary," but what "necessary" is for one person is something else for another. When should the government even be allowed

to cause harm to some individuals in order to reduce an *estimated* amount of death and disease in the community?

Dr. Scott Atlas summed up the concerns of this camp in March 2021 in the Stanford Review:

> *"First, I have been shocked at the enormous power of the government, to unilaterally decree, to simply close businesses and schools by edict, restrict personal movement, mandate behavior, and eliminate our most basic freedoms, without any end and little accountability.*
>
> *Second, I remain surprised at the acceptance by the American people of draconian rules, restrictions, and unprecedented mandates, even those that are arbitrary, destructive, and wholly unscientific."*

For better or worse, countries and states in the U.S. considered the extenuating circumstances to have more weight than national or state laws that forbid certain measures to be put into place without further input from the people. Sweden was one of the only countries in the western world that prioritized the limitations in their constitution over restrictions that the rest of the world was enacting. Many people may not have necessarily disagreed with the approach at first, but as time went on, the amount of power in the hands of our governments alarmed a greater and greater number of people worldwide.

Members of this camp tend to be rightfully skeptical of career bureaucrats who, when push comes to shove, may not follow the science wherever it leads but may actually do whatever they have to do to uphold their institutional prerogatives and power. While most of us may not think Dr. Fauci should go to prison for his leaked emails, we could probably all agree that it is within human nature to gravitate towards holding onto power. Those in this camp think it's perfectly reasonable to request strong evidence that any particular burdensome safety measure will help save lives before enforcing it on the populace.

When it comes to COVID-19, those in this camp are a whole lot closer to "only when absolutely necessary" and a lot further away from "better safe than sorry." I hope you can see why those in this camp consider COVID restrictions a reasonable subject of debate and that we shouldn't assume those in favor of freedom are simply selfish and care nothing for others. Much of it depends on the currently known data at the time of a particular decision, but as we will see in the next camp's section, there is plenty of scientific dissent regarding COVID.

On masks

Those in this camp value government intervention when elected government officials are transparent and serve the will of the people. Many in this camp are frustrated with some of Dr. Fauci's statements since the outset of the pandemic:

February 22, 2020 – Dr. Fauci clarifies that "*the vast majority of people outside of China do not need to wear a mask.* ***A mask is more appropriate for someone who is infected than for people trying to protect against infection.***" This is actually a fair comment to make in that at the time as COVID-19 had not yet achieved community spread in the United States. Still, it concerned many in this camp that Dr. Fauci later advised that those who were already vaccinated should continue wearing a mask in public, even if they had already contracted COVID.

March 1, 2020 - CBS's Chief Medical Correspondent emails Dr. Fauci a link to his segment in which he appears to repeat what Dr. Fauci has told him. This included that face masks "*may give some partial protection by catching droplets containing the virus,* ***but the virus is so tiny the virus can go right through it***

or around it." Fauci responds with "Outstanding!!" He may have been referring to some aspect of the segment other than masks in his strong approval of the message, but it nonetheless demonstrates how the thinking on masks has evolved over time.

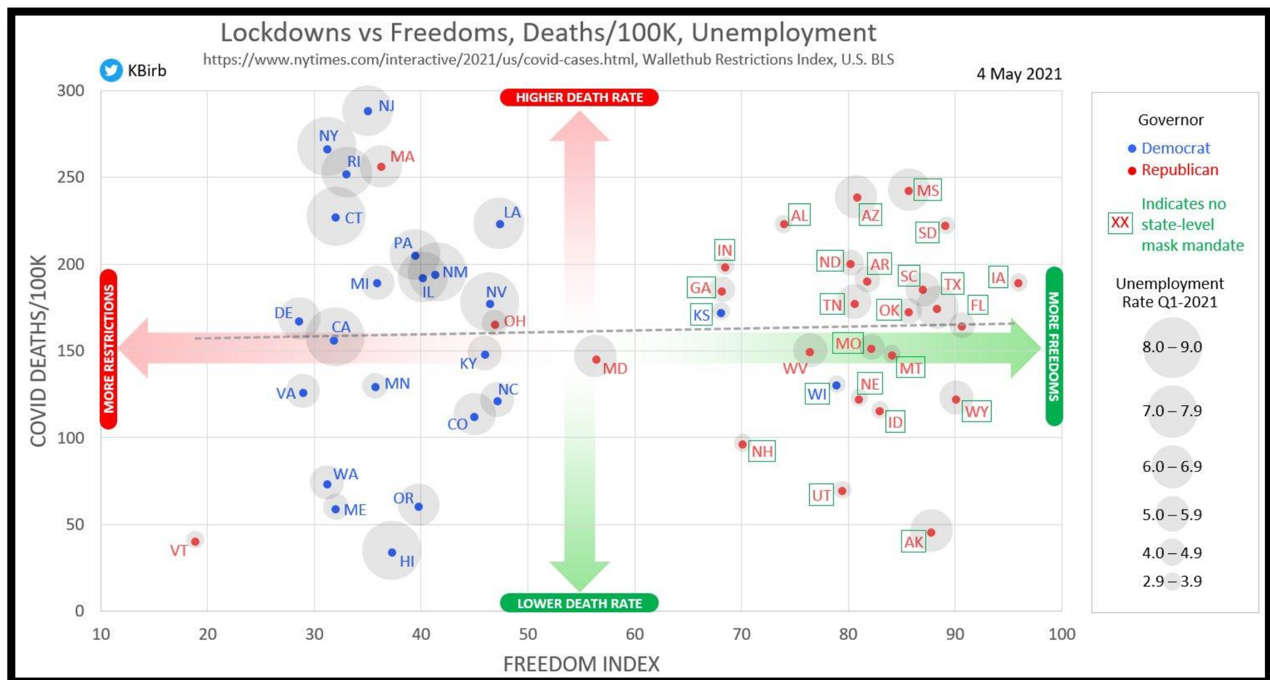
March 31, 2020 – Dr. Fauci receives a summary from his agency of the studies regarding how effective masks are in preventing the virus and the conclusion is as follows: "Bottom line: generally there were no differences in ILI, URI, or flu rates when masks were used."

April 16, 2020 – Dr. Fauci advises that the mask policy should remain "voluntary even in the health care setting." Clearly, the thinking has changed on the effectiveness of masks since this statement.

I hope you can at least understand that people in this camp might be frustrated or concerned they are being forced into something that doesn't necessarily have a scientific motivation when combined with some of the data shared in the next camp's section. This doesn't mean Dr. Fauci cannot change his mind, but if a government official recommends a restriction for the American people, this camp believes it had better be for a really good reason.

On lockdowns

As of May 4th, 2021, an analysis of the effects of lockdowns by state in the United States shows essentially no correlation between COVID restrictions (with an emphasis on lockdowns), while it *does* show 44% higher unemployment in states with more COVID restrictions:



On vaccine safety

"Trust me, I'm a Politician"

There are reportedly quite a few people in our society (30-40% of conservatives and up to 10% of liberals, according to one study) who said they would *not* be open to taking the vaccine.

Those concerned about the vaccine continually hear the narrative that the vaccine is safe and effective. However, many concerning reports about the vaccine have gone underreported. This camp generally attributes this underreporting to the mainstream media being very cautious not to damage the reputation of the vaccines. They assume reporting vaccine adverse effects will reduce vaccine confidence, and therefore more lives will be lost. Then, when the small-scale news outlets online *do* report concerns about the vaccine, many people get rightly cautious about wanting to take it, especially the younger that are less vulnerable to COVID.

Just to give you an idea if you are unfamiliar, here is a sampling of articles:

Pfizer vaccine may cause heart inflammation in people under 30, leaked study suggests

30-year-old man hospitalized with blood clots after J&J vaccine

Death, disability among side effects of Chinese COVID-19 vaccines, leaked documents reveal

18-year-old undergoes 3 brain surgeries from blood clots after J&J vaccine

New York Times: A Few Covid Vaccine Recipients Developed a Rare Blood Disorder

Many of us are concerned about the vaccine's safety due to what often appears to be the absence of government and media transparency on the VAERS system data (Vaccine Adverse Event Reporting System). The VAERS system folks no doubt do a thorough job reporting their data, but they do provide a caution on their site indicating that the events reported in their system still require follow-up. When politicians have incentives to get **overall** COVID numbers down seemingly at all costs and "big pharma" having an economic incentive for more people to take the vaccine, transparency is paramount to vaccine adoption. Yet sadly, this doesn't always seem to be the case. The media was silent when a teenager in Wisconsin went into cardiac arrest, assumedly due to heart inflammation (Myocarditis or Pericarditis) right after taking the vaccine. When social media threads amongst those growing skeptical begin revealing many women who have been having terrible, often painful hormonal complications, those in this group begin to grow suspicious. If you are an average person like me who knows two people who had a mini-stroke shortly after taking the vaccine (one friend in his thirties), you might begin to grow skeptical. When you know someone firsthand who died of blood clots in the lungs weeks after taking the second vaccine, it just makes you wonder. When you know there is some amount of potential Myocarditis (heart inflammation) potentially due to ingredients in the vaccine you do not fully understand and no one seems to be talking much about it,

I could understand your skepticism. When the CDC is still recommending taking the vaccine after recent studies have shown that getting the vaccine should not be necessary if you have already had COVID… When data in the largely vaccinated U.K. is so far showing no discernible spike in deaths despite the delta variant (a.k.a. the "India variant") having become the only dominant strain on the market… you get the idea.

Hopefully, you can understand the hesitancy around taking the vaccine for those in this camp.

Camp #2 - The GBD and Other Scientific Dissenters Camp

This camp encompasses those who take the dissenting viewpoint contrary to much of what the United States CDC and its European counterparts adhere to regarding preventing viral spread. In short, they question the efficacy of lockdowns, social distancing, mask-wearing in some cases, and the overall philosophy of virus containment once it has achieved community spread. Instead, most dissenters in the scientific community advocate for something called "Focused Protection," which I will elaborate on shortly.

This viewpoint began to take shape almost immediately after COVID officially had reached full community spread throughout western countries. Many scientists and epidemiologists couldn't believe the seemingly fearful, almost irrational response to COVID once it had achieved spread based on existing knowledge of how diseases work. It wasn't until October 2020 that a "declaration" was formalized in Great Barrington, Massachusetts, by a group of leading US and UK scientists calling for the end of draconian lockdowns, whose three top leaders include leading professors in medicine and epidemiology at Harvard, Oxford, and Stanford. They are a group of medical professionals that span the political spectrum of right and left. The list of medical and public health scientists and medical practitioners from all over the western world who have signed the declaration has now exceeded 50,000.

> *"As infectious disease epidemiologists and public health scientists, we have grave concerns about the damaging physical and mental health impacts of the prevailing COVID-19 policies, and recommend an approach we call Focused Protection."*

Here is the declaration, which you can find at gbdeclaration.org:

The Great Barrington Declaration

The Great Barrington Declaration – As infectious disease epidemiologists and public health scientists we have grave concerns about the damaging physical and mental health impacts of the prevailing COVID-19 policies, and recommend an approach we call Focused Protection.

Coming from both the left and right, and around the world, we have devoted our careers to protecting people. Current lockdown policies are producing devastating effects on short and long-term public health. The results (to name a few) include lower childhood vaccination rates, worsening cardiovascular disease outcomes, fewer cancer screenings and deteriorating mental health – leading to greater excess mortality in years to come, with the working class and younger members of society carrying the heaviest burden. Keeping students out of school is a grave injustice.

Keeping these measures in place until a vaccine is available will cause irreparable damage, with the underprivileged disproportionately harmed.

Fortunately, our understanding of the virus is growing. We know that vulnerability to death from COVID-19 is more than a thousand-fold higher in the old and infirm than the young. Indeed, for children, COVID-19 is less dangerous than many other harms, including influenza.

As immunity builds in the population, the risk of infection to all – including the vulnerable – falls. We know that all populations will eventually reach herd immunity – i.e. the point at which the rate of new infections is stable – and that this can be assisted by (but is not dependent upon) a vaccine. Our goal should therefore be to minimize mortality and social harm until we reach herd immunity.

The most compassionate approach that balances the risks and benefits of reaching herd immunity, is to allow those who are at minimal risk of death to live their lives normally to build up immunity to the virus through natural infection, while better protecting those who are at highest risk. We call this Focused Protection. Adopting measures to protect the vulnerable should be the central aim of public health responses to COVID-19. By way of example, nursing homes should use staff with acquired immunity and perform frequent testing of other staff and all visitors. Staff rotation should be minimized. Retired people living at home should have groceries and other essentials delivered to their home. When possible, they should meet family members outside rather than inside. A comprehensive and detailed list of measures, including approaches to multi-generational households, can be implemented, and is well within the scope and capability of public health professionals.

Those who are not vulnerable should immediately be allowed to resume life as normal. Simple hygiene measures, such as hand washing and staying home when sick should be practiced by everyone to reduce the herd immunity threshold. Schools and universities should be open for in-person teaching. Extracurricular activities, such as sports, should be resumed. Young low-risk adults should work normally, rather than from home. Restaurants and other businesses should open. Arts, music, sport and other cultural activities should resume. People who are more at risk may participate if they wish, while society as a whole enjoys the protection conferred upon the vulnerable by those who have built up herd immunity.

As you can see right away, this camp does not dismiss the dangers of the virus for the vulnerable, but rather it questions the strategy being taken in our fight against the virus. The priority is on an alternative strategy for protecting the vulnerable in all pockets of the population rather than attempting to contain the virus entirely. The alternate strategy is a suggested middle ground between lockdowns with school, business, and office closures, curfews, and isolation vs. a laissez-faire “let-it-rip” approach.

For further information on the Great Barrington Declaration, see their FAQ page.

Now, let’s explore some specific dissenting views and their reasoning by topic. I’ll try to stick with simply summarizing each position rather than try to thoroughly convince you of its merits.

On lockdowns

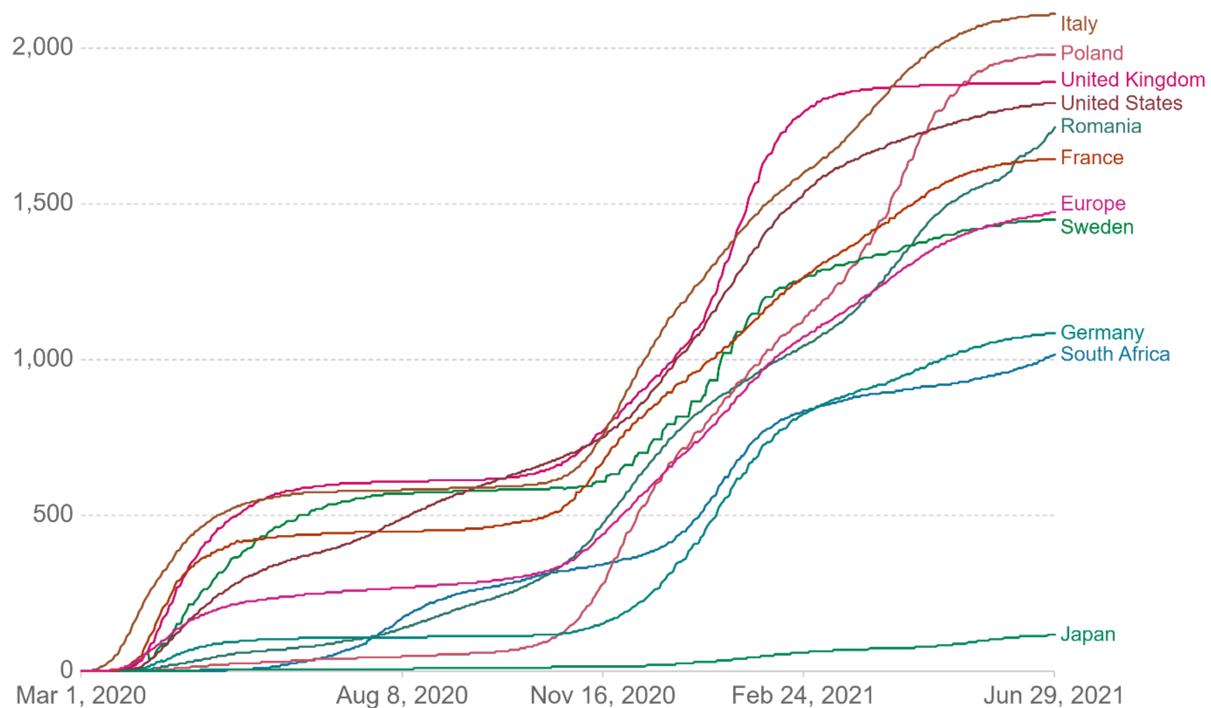
The justification for lockdowns in early 2020 (and that still take place around the world even in 2021 in western countries, believe it or not) was or is based on modeling that predicted millions of deaths in the United States alone. However, when those models proved to be nowhere near reality and the hidden costs of lockdowns began to emerge, many data scientists began to grow skeptical. Lockdowns were said to slow the spread, but if so, by how much? What was the actual effect lockdowns had on reducing COVID deaths? Those in this camp probably have the most agreement about this particular topic. The consensus in this camp is that lockdowns are not effective, cause more health harm and death than they prevent, and that lockdowns largely favor the wealthy segments of the population over the poor and economically vulnerable.

One of the most influential studies on the effectiveness of lockdowns was performed by a highly respected team at the Imperial College of London. Their modeling earlier on the pandemic suggested that around 3 million European lives were saved by the lockdowns done in 2020. However, researchers in the United States at Stanford, Harvard, and other universities took a different scientific modeling method published by the same team at the Imperial College and applied it to European data. This time, lockdown effectiveness was shown to have essentially no effect. Being the good scientists they were, the US team compared the two models and ultimately concluded that the model that demonstrated no effectiveness was the more robust model. Yet, the first Imperial College team model for Europe remains the one touted despite numerous other studies around the world suggesting the second model is more in line with reality.

Countries like Sweden had no lockdowns and very few masks during the entire first wave of the pandemic. They had gathering size limits of 50 people, but essentially nothing beyond this. At first, they had a higher death rate than the European average, but then began beating the other countries and remain lower than average for European deaths even today:

Cumulative confirmed COVID-19 deaths per million people

Limited testing and challenges in the attribution of the cause of death means that the number of confirmed deaths may not be an accurate count of the true number of deaths from COVID-19.



Source: Johns Hopkins University CSSE COVID-19 Data

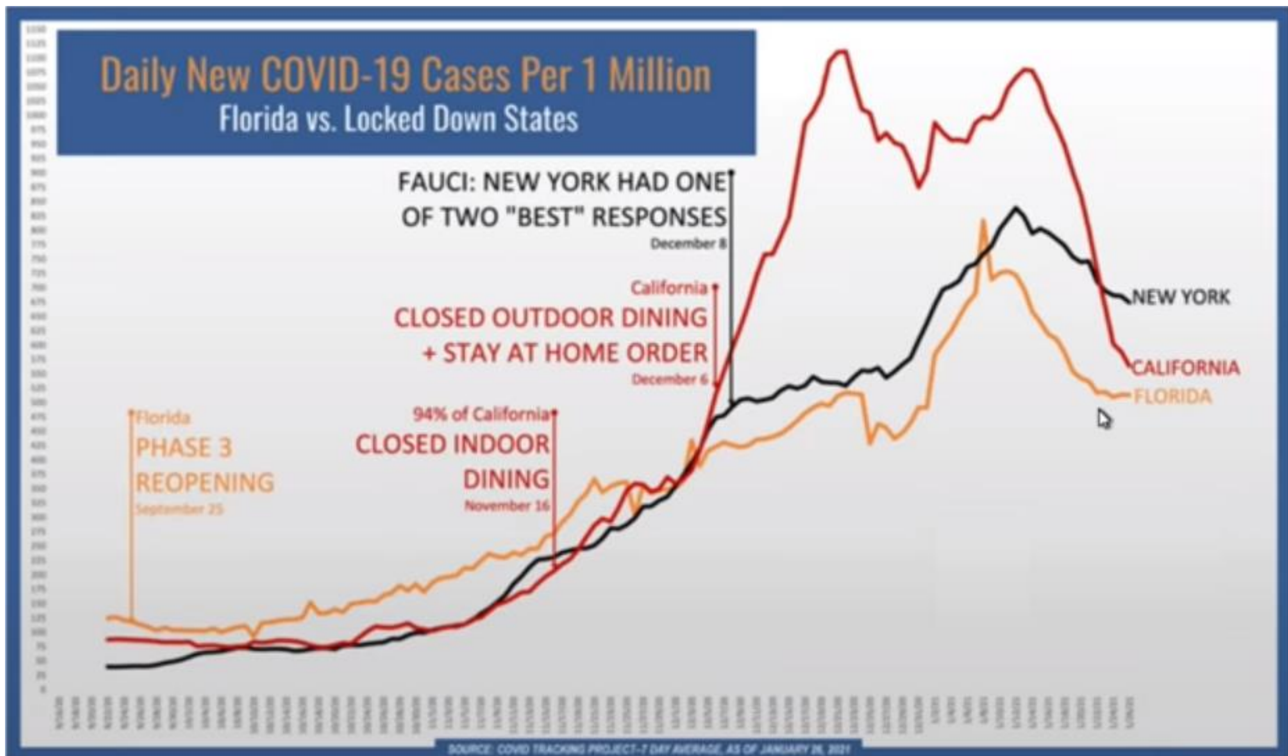
CC BY

All this is despite other countries enacting draconian lockdowns for much of the pandemic, including many US states. Why do some countries that enact draconian lockdowns actually end up doing even *worse* than countries that do not lock down? No one knows for sure of course, but once the virus has achieved community spread and not every single person is 100% quarantined, it’s a different ball game than a situation like Ebola or trying to contain some other disease with a lower rate of transmission. Perhaps those who have some need to go out of their home go out, catch it, and produce an even higher “viral load”

for those who are vulnerable back in their own homes. It is difficult to say, but we may have some clue in that many regions show healthcare and essential workers in a population end up with an overall lower fatality rate than the rest of society.

When Florida got wind of this over the summer of 2020, they also fully re-opened their state in September of 2020. Many feared the worst, but Florida has and continues to outperform other states that enact more stringent lockdowns.

Here is a chart showing how New York, California, and Florida fared during the 2nd COVID wave in the US:



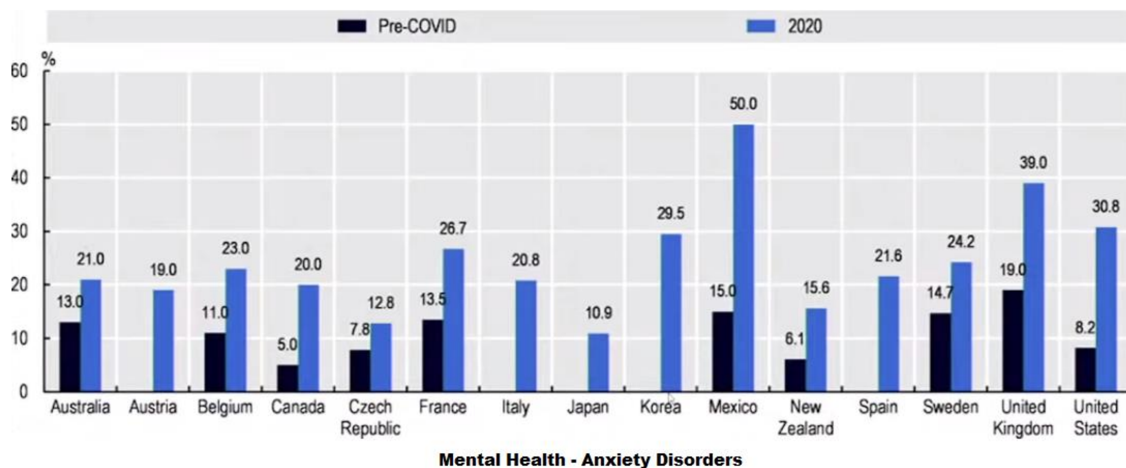
There are now over 40 papers put out by major universities and medical research institutions around the world detailing the lack of efficacy and/or the huge, hidden harm that lockdowns produce on society in terms of actual death, etc. These come from suicides, missed early screenings for cancer, large numbers of additional cardiovascular deaths from people wanting to avoid the hospital, etc. I'll let you read them for yourself if you are so inclined, but the main point here is that there is a large swath of the scientific community that believes lockdowns not only produce effectively no stopping the spread of the virus but that they do more harm than good. To quote just the first paper mentioned published by Stanford University, "these impacts were highly exaggerated, with little or no benefit from lockdown in most of the same countries."

Some of the sobering statistics to consider when it comes to weighing the pros and cons of lockdowns are as follows:

- Every year, 9 million people die of starvation around the world. This includes 3.1 million young children. According to Oxfam (a confederation of charities fighting global poverty), the pandemic

lockdown measures taken in 2020 may have placed over 100 million **additional** people (i.e., doubled) into the category of "severe stage of hunger."

- According to the World Labor Organization, an additional 500 million people were pushed below the poverty level due to jobs lost from pandemic restrictions.
- Even before the pandemic, it has been estimated that 20-30% of premature deaths in developed countries in people under age 75 can be attributed to dysfunctional health systems. Sadly, when people have cancer screenings that go undiagnosed, surgeries that are delayed, mental health crises that go ignored, or people being too afraid to go to the hospital for fear of catching COVID-19, this number sadly rises.
- In countries with low or middle income, inadequate health care or the non-use of existing health services leads to approximately 8.6 million deaths worldwide. One has to believe this number would have increased significantly during the lockdowns of 2020. This includes the concerns over Tuberculosis prevention. TB causes over 1 million deaths per year globally already and has gone undiagnosed in places like India to the tune of 80% in 2020.
- Multiple studies from around the world show a doubling or tripling of mental health problems, including depression and anxiety, in 2020. Perhaps this category does not lead to as much death (suicides are not as high as some had feared), but it is a massive crisis and certainly contributes to a certain amount of excess death in itself:



- Worldwide, an estimated 24 million students (including 8 million university students) will not be able to return to their studies after the pandemic due to the ripple effect of lockdowns.

We have suffered 4 million deaths from COVID globally, a great deal of consistent data shows that lockdowns produce little to no benefit in terms of saved lives, and we have an understanding of the concerns mentioned above. Does it still make sense to restrict the freedoms of populations and suffer them to go through a lockdown? If poorer students regressed 60% more than wealthy students during this pandemic even in developed countries and most students learn much less than being in-person, do we have our priorities in order?

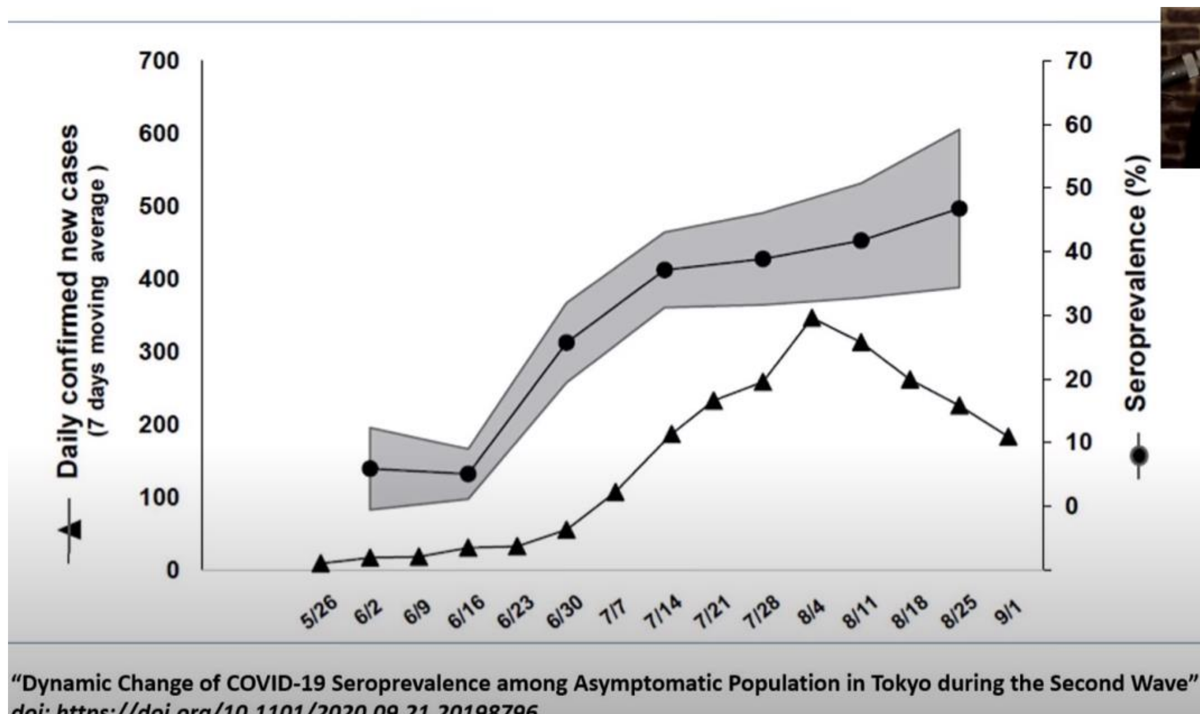
Have we learned our lessons for the future? This camp would really like to know.

On the role of prior exposure to coronaviruses

What is more, there appear to be other factors at play, such as prior exposure to other coronaviruses. An extremely helpful study was done in Tokyo, Japan, in the summer/fall of 2020, which measured the

percentage of the city's population with COVID-19 antibodies (from catching the virus) and the number of people who developed T-cell immunity to the virus. T-cells are our bodies' way of storing information in "long-term memory" on how to produce antibodies on-demand when they are needed down the road after an initial set of antibodies fade away. Though mainstream media doesn't talk about T-cells much for whatever reason, it is common knowledge in the epidemiology world. To suggest that once our antibodies go away we are at the mercy of the virus again would be an incomplete picture at best.

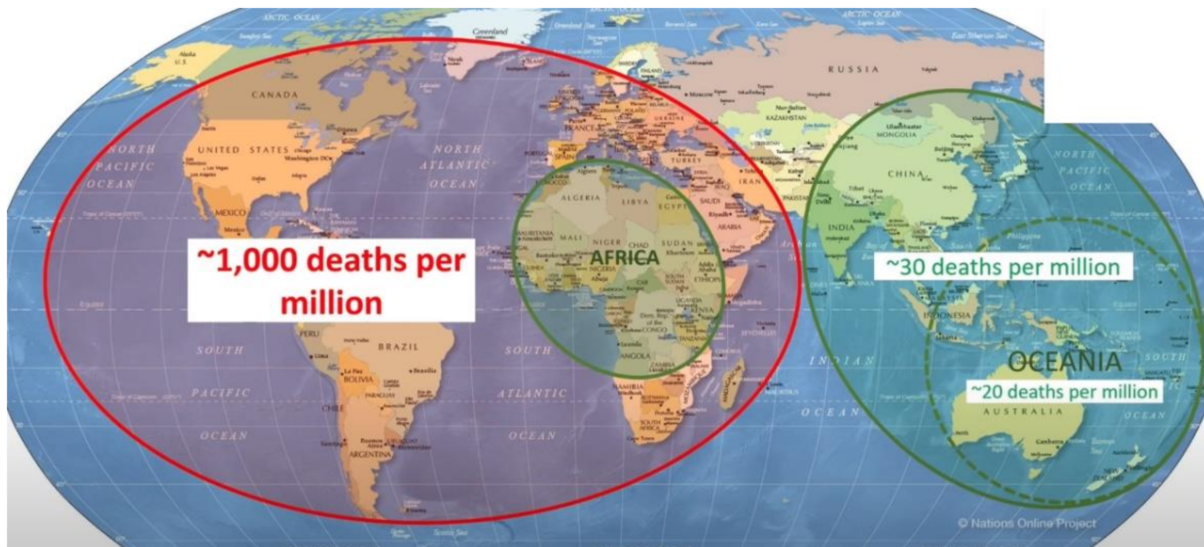
This graph shows two trendlines. The bottom trendline measures antibodies found in the Tokyo population, while the top measures T-cells in the same population. As you can see, people eventually begin to lose the antibodies they have built up to combat the virus, but the number of people with long-term immunity to the virus was approaching 50% by early September 2020:



"Dynamic Change of COVID-19 Seroprevalence among Asymptomatic Population in Tokyo during the Second Wave"
doi: https://doi.org/10.1101/2020.09.21.20198796

What is so fascinating about this study though is that Japan had experienced only 1,601 COVID deaths out of a population of 126 million by October 2020. With such low numbers, Japan had essentially no excess mortality in 2020 due to COVID-19 despite not enacting severe lockdowns (albeit they appear to be very faithful mask-wearers due to masks already being a normal part of their culture).

Here is a map of the world showing that western countries and the Middle East have experienced a much higher rate of death as compared to countries in the Far East, Australia, and New Zealand:



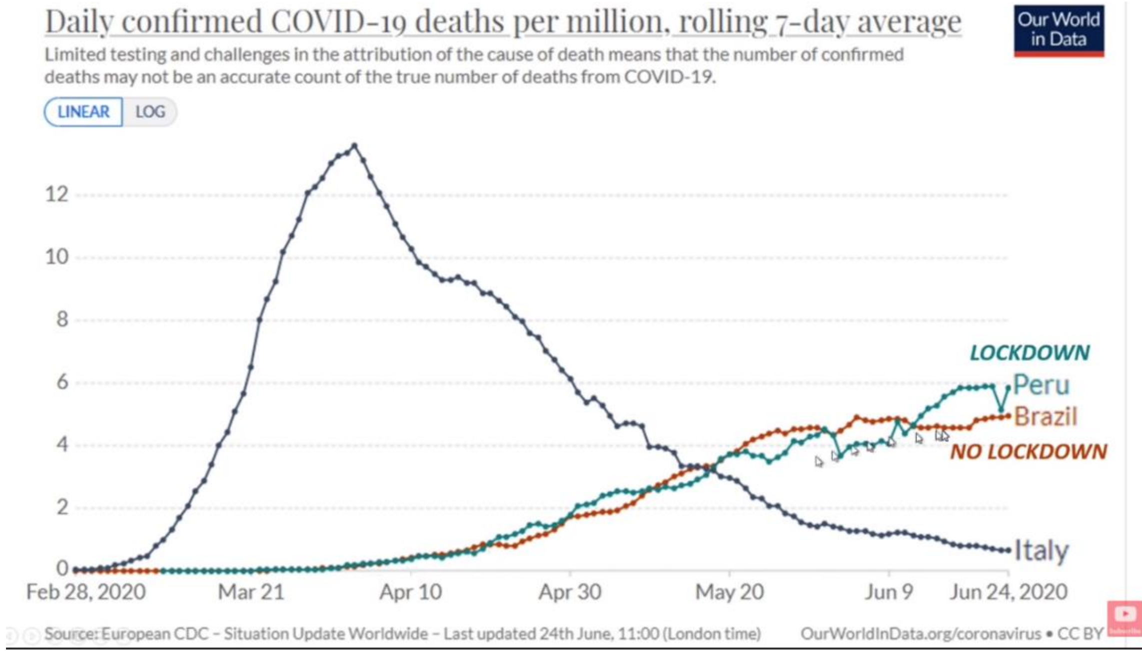
At first glance, one would think that perhaps somehow the virus has only spread in places outside of Asia and Oceania. Or maybe everyone in these eastern countries has worn their masks diligently, kept foreigners out unless they quarantine for two weeks, etc. However, the virus originated in China and we have strong evidence that over half of the populations of at least Japan and Singapore have already had the virus. Populations around the world throughout 2020 have since reported antibody counts in randomized studies of populations. They have found many other cities in Europe and the Americas with over 60% of the population having antibodies, including Stockholm, Sweden. Furthermore, we know the R-value (rate of spread) of the virus is relatively high. For these reasons, it seems to many people in this camp that prior exposure to coronaviruses may play a critical role in how much death occurs in a population affected by COVID-19.

Footnote for this section: *India has sadly increased their cases in the first half of 2021. As of this writing, they are up to 290 deaths per million, with a significant percentage of deaths going unreported.*

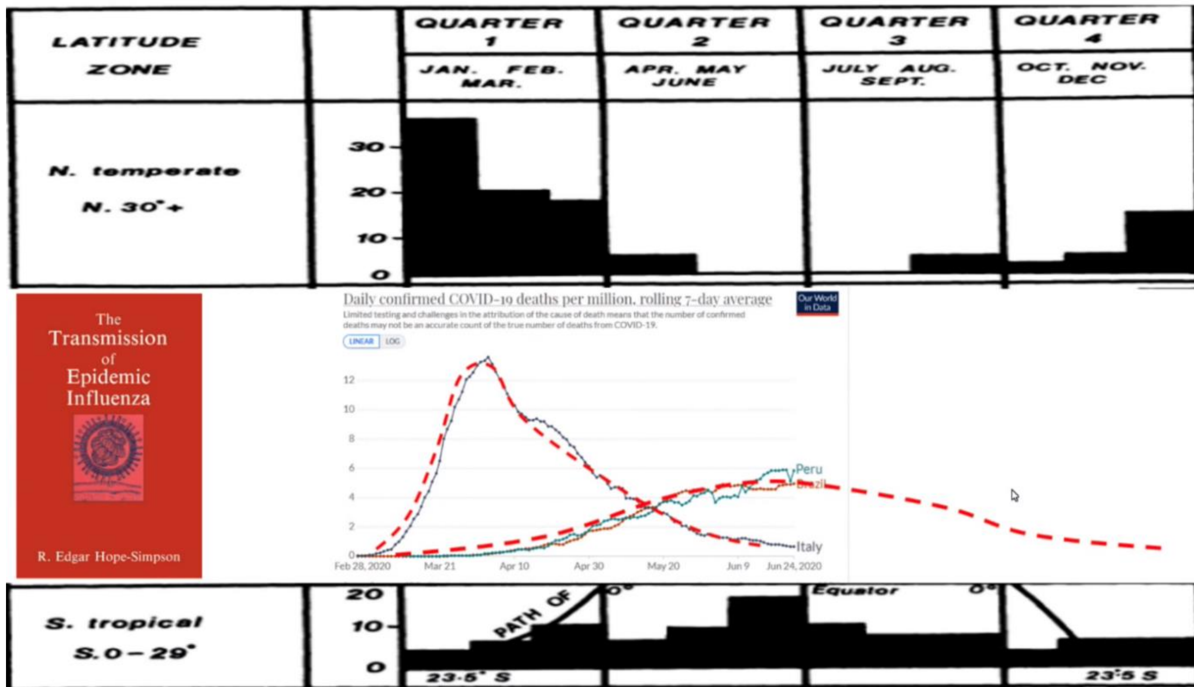
The point remains though that in the Western world, where coronavirus exposure was minimal to non-existent before 2020, the death rate is much, much higher.

On virus seasonality

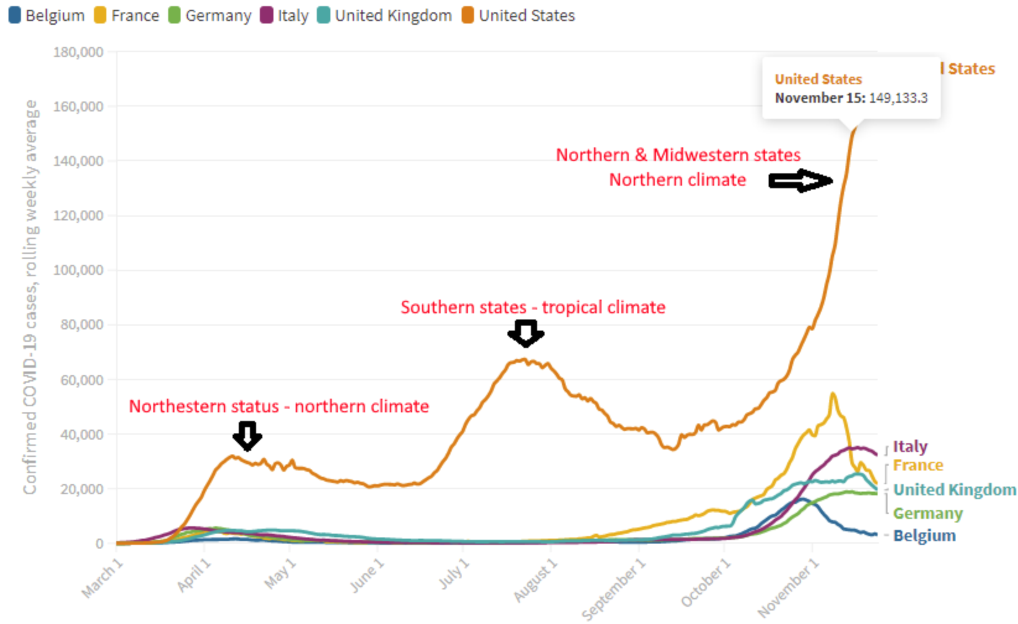
There is a book by R. Edgar Hope-Simpson of the UK in 1992 that comprises a life's worth of study entitled, "The Transmission of Epidemic Influenza." One of the biggest takeaways from Hope-Simpson's book is that influenza in its epidemic stage almost always takes on specific trendlines based on what region of the earth the virus is spreading. Here are three COVID deaths trendlines for early 2020:



Applying Hope-Simpson's seasonality trends that we see year after year with the flu, you can begin to see why people in this camp might question whether or not lockdowns and mask-wearing affect cases or COVID follows these regional-seasonal patterns regardless of human intervention:

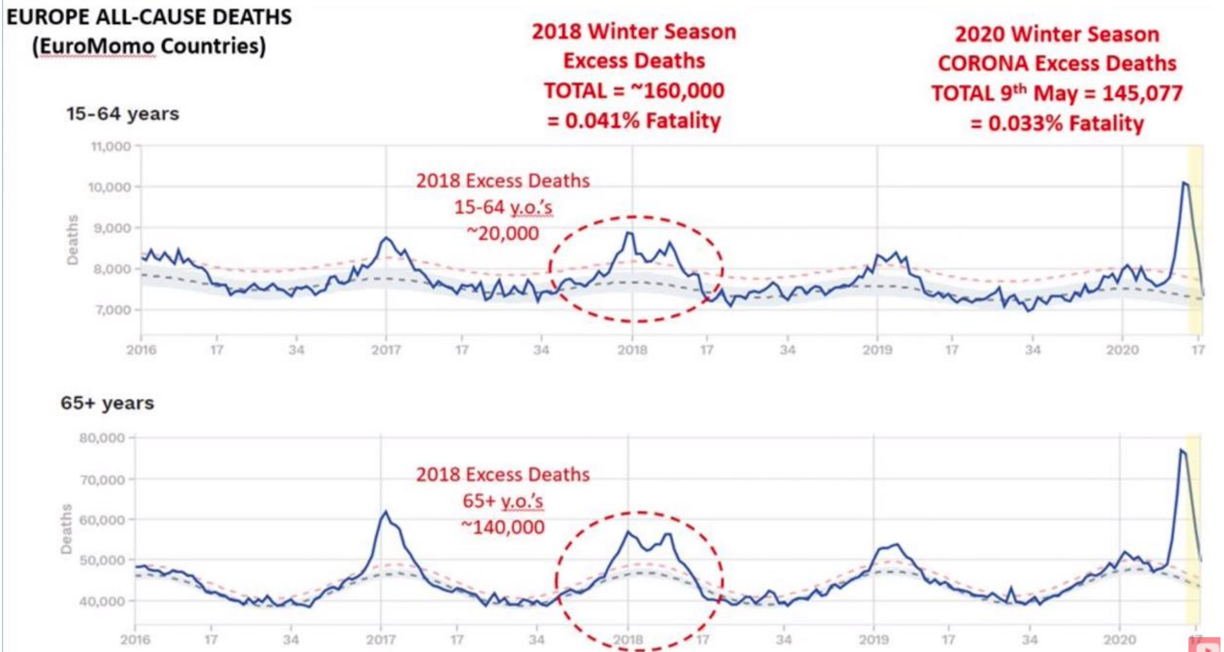


Below is a chart cited in late 2020 about how poorly the United States was doing compared to other European countries. At first glance, it would not suggest seasonality for COVID in the US:



However, when you look more closely, there are three different "climate regions" in the United States. When you begin to analyze the data **per capita and by region,** you begin to see the classic Gompertz curves trends emerge that Hope-Simpson shows in his book.

Finally, here is a sample of data showing the seasonality trends of flu-like viruses in recent years in Europe:



These trends (which I have admittedly not even come close to explaining exhaustively) combined with other factors such as deaths-per-million correlating to population density make it seem almost obvious to people in this camp that seasonality of the virus and not lockdowns is what drives the rise of fall of cases.

Here is an excellent discussion between two medical data professionals discussing these trends.

On social distancing

Early on in the pandemic, some claimed that if you were further than six feet apart from the nearest person, it would give time for those droplets to essentially "fall to earth," that you wouldn't breathe them in, and therefore you wouldn't catch the virus. However, many in this camp see things this way: We breathe out droplets when we breathe or speak or sing, but those droplets are tiny and evaporate very quickly and what you get left with is much smaller than a droplet size. For example, when you have the common cold, you breathe out about 10 million virus parts per breath. That's an awful lot of awfully small virus particles. They are a fraction of 1 millimeter in diameter (20-500 nanometers). For this reason, scientists in this camp are skeptical that when you are walking 10 feet behind someone in a supermarket, you will not be breathing in vast numbers of the same air molecules and the same air particles that those people are breathing in.

Then in April 2021, MIT published a study that was reported by the mainstream media that showed that social distancing (i.e., the 6-foot rule) isn't enough to stop the spread of COVID-19. To many scientists and medical professionals, these sorts of studies make them question if our focus is in the right place for how we best combat this virus.

On masks

Even among all scientists who dissent on various aspects of COVID, masks remain the most controversial and the most disputed aspect in the debate. This is the most controversial part of this entire, but I'll do my best to describe the various viewpoints out there as best I can.

First, it's important to distinguish between hearsay on masks and actual data. In December 2020, there was an article in Medscape (a leading online global destination for physicians and healthcare professionals) called "Lie of the Year: The Downplay and Denial of the Coronavirus." It was a scathing review of the Trump administration's downplaying of the Coronavirus in order to increase his chances for re-election. For most public health workers, even on both sides of the aisle, there were many instances where the president appeared to prioritize not getting people to panic about the virus instead of taking the virus seriously. He occasionally even compared it to the flu or did not attempt to lead the US towards adopting what was perceived as helpful measures.

As we will all remember, the CDC initially did not recommend masks at the outset of the pandemic due to existing recommendations on mask-wearing in public and a severe shortage of PPE where even healthcare workers struggled to get proper N95 masks. Then on April 3rd, 2020, the CDC and the White House recommended that every American should wear a non-medical cloth mask in public. The president said of the measure, "So it's voluntary. You don't have to do it. They suggested for a period of time, but this is voluntary. I don't think I'm going to be doing it." Many people even today do not understand the reason for the change in the CDC's policy. I would again suggest it has to do with initial supply and demand and some additional findings suggesting masks *could* be effective at reducing community spread. But when the president says the equivalent of a physical trainer saying, "you should work out, I don't," it frustrated many healthcare professionals. This, combined with not seeing the president wear a mask until July, caused

masks to devolve quickly into a political battle instead of focusing on the fundamental question of whether or not masks help save lives and offer us a chance to be kind to our fellow man. The debate was further exacerbated when Tucker Carlson of Fox News pointed out on October 13, 2020, that a study showed 85% of those who contracted COVID in July 2020 were faithfully wearing a mask. "So clearly, [wearing a mask] doesn't work the way they tell us it works," he said. A few days later, Trump cited the statistic and said that "85% of the people that wear masks catch it." This, of course, is not even what Mr. Carlson said, but whether or not people understood what he meant or took it at face value, this should give you an idea of how the debate over masks became very politicized last year. With so much at stake in the 2020 election and masks wrapped up in it, I'm sure most Americans have some level of bias regarding masks. That group absolutely includes me. I've learned a lot writing this book and have actually changed my thinking on masks a bit in the last couple of months.

For those of us trying to see past the politics, what kind of data does the scientific dissent camp have to offer? Are masks the answer to everything or do they not work at all? I submit to you that not even people within this camp agree on the science of masks. Some in this camp believe masks save lives, some believe it only slows the spread, and some believe they don't do much at all.

I'll try to break things down starting with the following questions:

- How much viral spread happens by straight-up air?
- How much viral spread happens via virus particles of surfaces?
- How much viral spread happens by tiny water droplets?
- How much viral spread happens by aerosolized droplets?

Air

In short, viruses known to man cannot live in the air by themselves. The approximately 100-nanometer virus particles our bodies produce would die very quickly in the air without some kind of water in which to live. From what I understand, this is not very controversial.

Virus particles on surfaces

Initially, many of us were wiping down our groceries with disinfectant for fear that these virus particles on surfaces or objects (a.k.a. "fomites") were helping to spread the virus. By now, it's pretty well understood on all sides this is not the case, so I won't bother going into detail on this one. If you are still wiping down your groceries, you can stop now!

Tiny water droplets

Masks have been claimed to protect others because they catch the lion's share of the tiny droplets that would otherwise be sent forth out of our mouths and noses into the air. There actually isn't very much scientific debate on this subject either. The virus can spread through these droplets, especially when someone is showing symptoms. However, that's not the reason for the debate on masks.

Aerosolized droplets

Picture a can of Febreze or a bottle of perfume. The real question with masks is whether or not the virus can spread in this fashion or not. There is a growing consensus of scientists *within this camp* that the virus can spread in this fashion and it seems this is what people mean when they refer to the virus being "airborne."

On March 12, 2021, Medscape published an article titled, "CDC's 'Huge Mistake': Did Misguided Mask Advice Drive Up COVID Death Toll for Health Workers?" It cites a new study from Israel documenting the spread from one pre-symptomatic person at a hospital who spread the virus to 6 hospital staff members despite everyone wearing surgical masks and carefully social distancing. The abstract reads,

> *Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) is transmitted mainly via respiratory droplets. A key question in the coronavirus disease 2019 pandemic is whether SARS-CoV-2 could be transmitted via the airborne route as well. We report for the first time SARS-CoV-2 nosocomial infections despite using surgical masks and physical distancing. This report may provide possible evidence for airborne transmission of SARS-CoV-2.*

The evidence then expands from there some assumptions made in healthcare facilities worldwide are suddenly put into question. The article suggests that giving healthcare workers mere surgical masks was never really as safe as was suspected because the evidence is mounting that the virus is airborne.

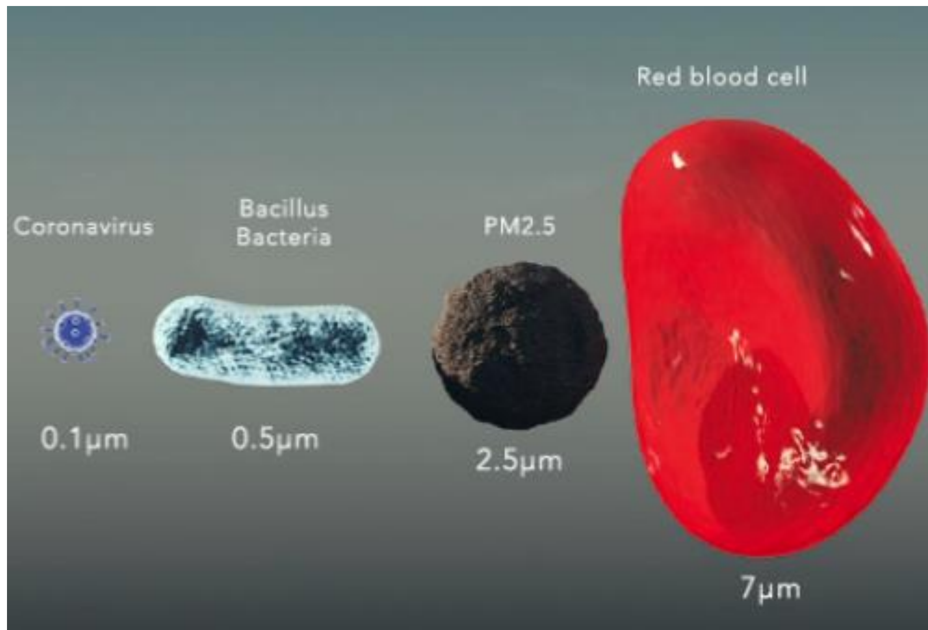
The following month, other evidence came out, such as an article in The Lancet titled, "Ten scientific reasons in support of airborne transmission of SARS-CoV-2". The short version of this article is, "We definitely cannot rule out the virus being airborne and there are a bunch of reasons indicating the virus is airborne." Some of the key points the article mentions are:

- It's tough to account for the spread of the virus without factoring in airborne spread.
- There are many documented cases of the virus spreading via the air in quarantine situations.
- Viral spread by droplets should be roughly similar outdoors vs. indoors, yet we see a lot more spread indoors.
- Lab experiments have detected viable samples of the virus in aerosolized air.
- No study has refuted the hypothesis that the virus is airborne.

For these reasons, those in this camp would suggest that the virus spreads both by a mix of tiny droplets and via aerosolized droplets. Does this mean that masks are entirely useless by definition?

Which masks block which particles?

If all of this wasn't already ~~putting you to sleep~~ interesting enough, it's about to go up another notch!



Depending on which scientists you talk to, the aerosolized particles that carry the virus from person to person are 0.06 - 0.14 micrometers (Zhu et al.). Some researchers will give a broader range of 0.02 – 0.50 micrometers, but the large majority are within the prior range of 0.06 – 0.14 micrometers. The question is, "which types of masks block the aerosolized particles that carry SARS-CoV-2?"

Here is where the debate begins to get tricky. Depending on which scientists you are following or which science blogs you are reading, scientists claim the virus to either be larger or smaller than some masks can filter:

Type of Mask	Filtration Percentage – Pro-mask scientists	Particles blocked – Anti-mask scientists
N95 mask	Up to 99.8%	95% of particles > 0.3 micrometers
Surgical mask	45-55%	3.0 micrometers or larger
Cloth mask	25-38%	200 micrometers or larger
Bandana	3%	3% of particles

In short, some in this camp reason that masks have highly varying levels of efficacy depending on which type of mask you are using. Others would claim that while N95 masks appear to block *most* virus particles, surgical masks and especially cloth masks may not truly be effective in slowing the spread of COVID-19. This is because a typical sick person is known to expel approximately 10 million virus particles into the air with every breath they take. It's helpful to understand then that in the best-case scenario, someone wearing a surgical mask properly simply needs to take twice as many breaths near an uninfected person in order to get them sick. Therefore, some in this camp would argue that unvaccinated people who want to protect themselves this fall should wear N-95 masks in places like grocery stores or perhaps walking down a crowded street in a place like New York, Chicago, Berlin, or London.

However, many would argue that if you sit down with a friend or family member in a home that does not have hospital-grade ventilation, all parties probably need to wear an N95 properly the whole time to protect themselves. If someone goes to a restaurant, a classroom, a church service, or any other place where most people would wear surgical masks and the people in that room are going to stay together in an enclosed space for an hour or more, many in this camp would argue that wearing a mask in such

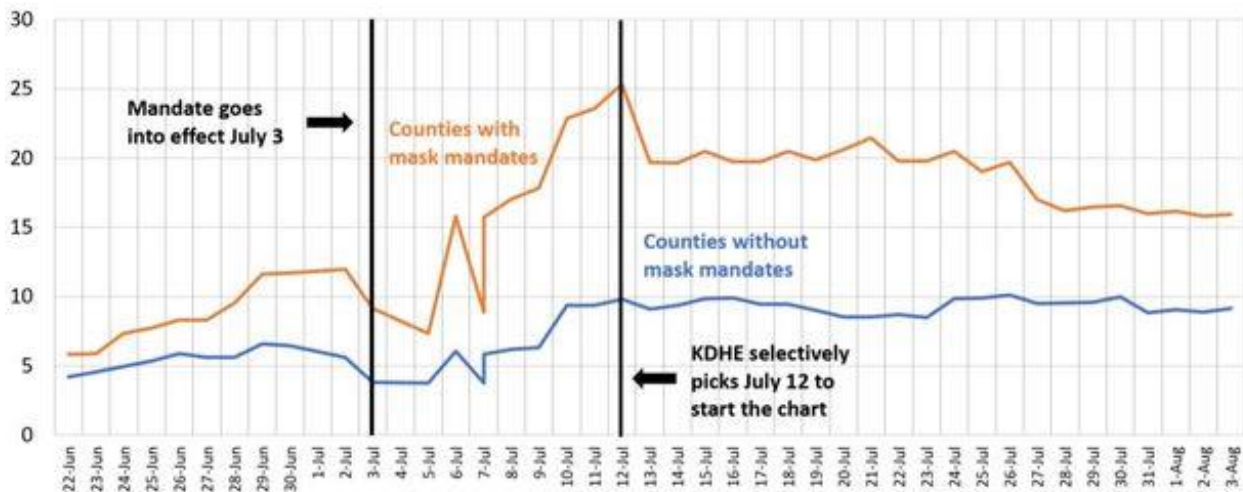
circumstances is entirely fruitless. When combined with the results of the MIT study demonstrating that one is no safer at 6 feet apart vs. 60 feet apart… well, you get the idea.

This is ultimately because in every indoor situation when more than one person is present, there is a certain rate of viral load put into the shared air. It's only a matter of time before one inhales whatever virus particles exist in the air around you. The only question is whether or not you will be around in that shared space long enough to inhale them. In fact, most of us breathe in millions of viruses each day, almost all of which are completely harmless. To put things into perspective, suppose you are in a classroom for one hour with four other students wearing surgical masks sitting 15 feet apart. If one of them is contagious for COVID-19, that is arguably the same situation as sitting with two students sitting 5 feet apart with no masks. The reason is that every minute, between **216-352 million** COVID-19 particles are *still* escaping into the shared air **every minute** in either situation**. The minimum number of virus particles that need to be inhaled to catch COVID is 1-3, depending on their size.** Sure, a little less of it will be shared at 15 feet vs. 5 feet since fewer particles will have headed your way in the room, but since those students are all together for the entire hour, you can see how COVID-19 has spread across the globe. This visual demonstration helps illustrate how fruitless mask-wearing feels to some in this camp.

Still, there are situations where people are not sitting together for long periods. N95 masks are also a lot more available to the general public than they used to be due to a drop in demand. Maybe the guy in the video is totally off and vaping aerosolized particles are somehow nothing like the air that transmits COVID-19. What do scientific dissenters think about the studies showing how masks work?

Which studies show that masks reduce the rate of infection?

A number of studies show some evidence that masks make a difference, but none boast the status of being a randomized control trial. One of the most popular ones is a recent study from JAMA in June 2021 showing that counties in Kansas that enforced mask mandates during March - December 2020 had significantly lower COVID rates than counties that did not have mandates. The study suggests that the mask mandate saved as many as 500 lives. There was some controversy though over when the Kansas Secretary of Health chose to start measuring the effectiveness of the mask mandate:



However, there are plenty of other anecdotes out there that would suggest that masks are indeed effective. There have indeed been [studies that show a correlation between mask-wearing and slightly lower death rates](#) (up to a 3% decrease in death after three months). This is why big names even in this camp are still proponents of masks even to this day, including Dr. John Ioannides and some major proponents of the Great Barrington Declaration.

Still, the only randomized control trial [study](#) we have on the efficacy of masks was published by Danish researchers in November 2020. Many anti-maskers have misinterpreted their results as being the final word on why masks don't work because they concluded that the benefit from wearing a mask was statistically insignificant. What their results *actually* concluded was,

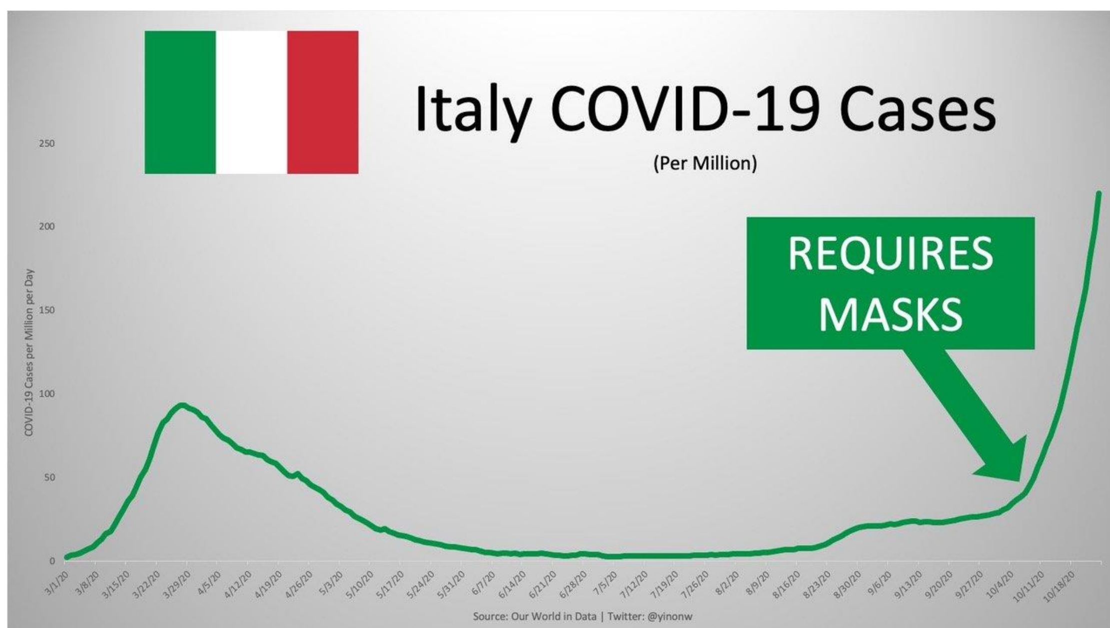
> "The recommendation to wear surgical masks to supplement other public health measures did not reduce the SARS-CoV-2 infection rate among wearers by more than 50% in a community with modest infection rates, some degree of social distancing, and uncommon general mask use."

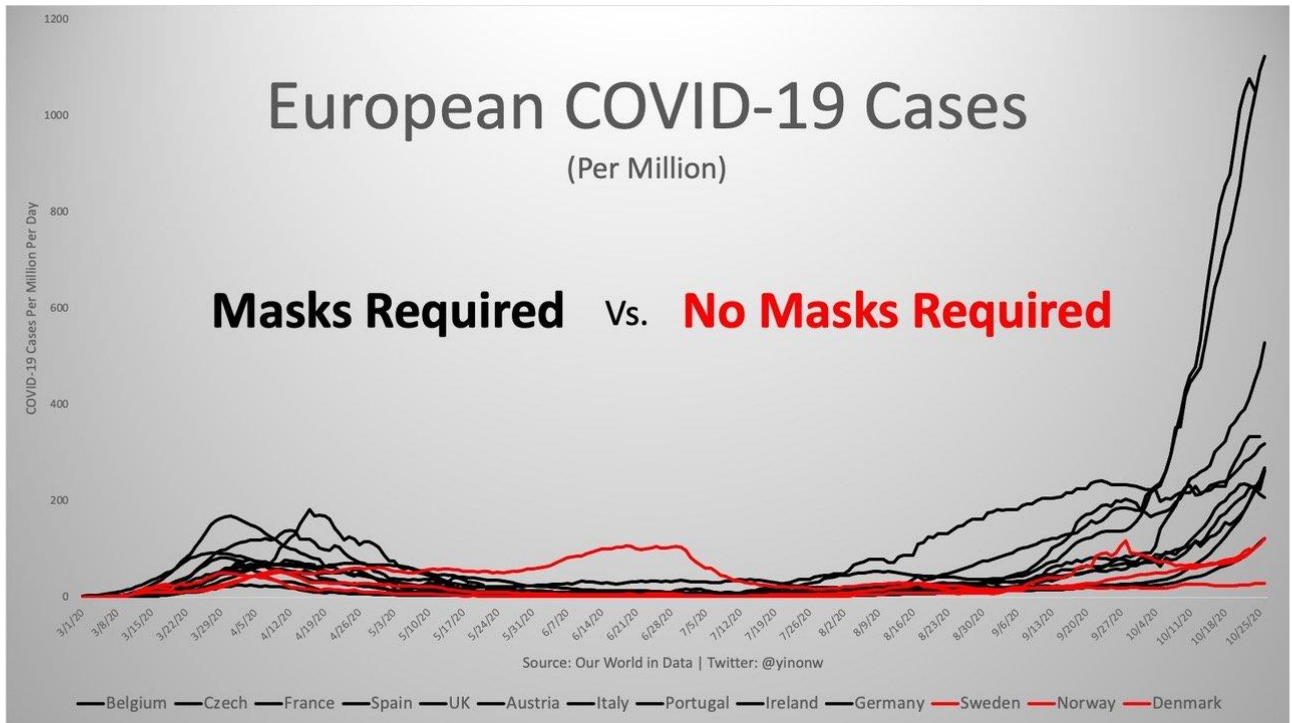
Out of 3030 total Danish participants, 42 participants got COVID while wearing a mask, whereas 53 participants got COVID who did not wear a mask. This is an increase of 18%, but the 95% confidence interval was anywhere between a 46% reduction in cases to a 23% increase in cases. In other words, if we had to guess, the difference is small enough that it might just be a fluke, but it's slightly more likely is that there is a modest benefit to wearing a mask. These findings align with prior studies done for influenza that show an approximately 20% reduction in flu cases when masks are worn. Hopefully, publishing their results was worth the death threats they received.

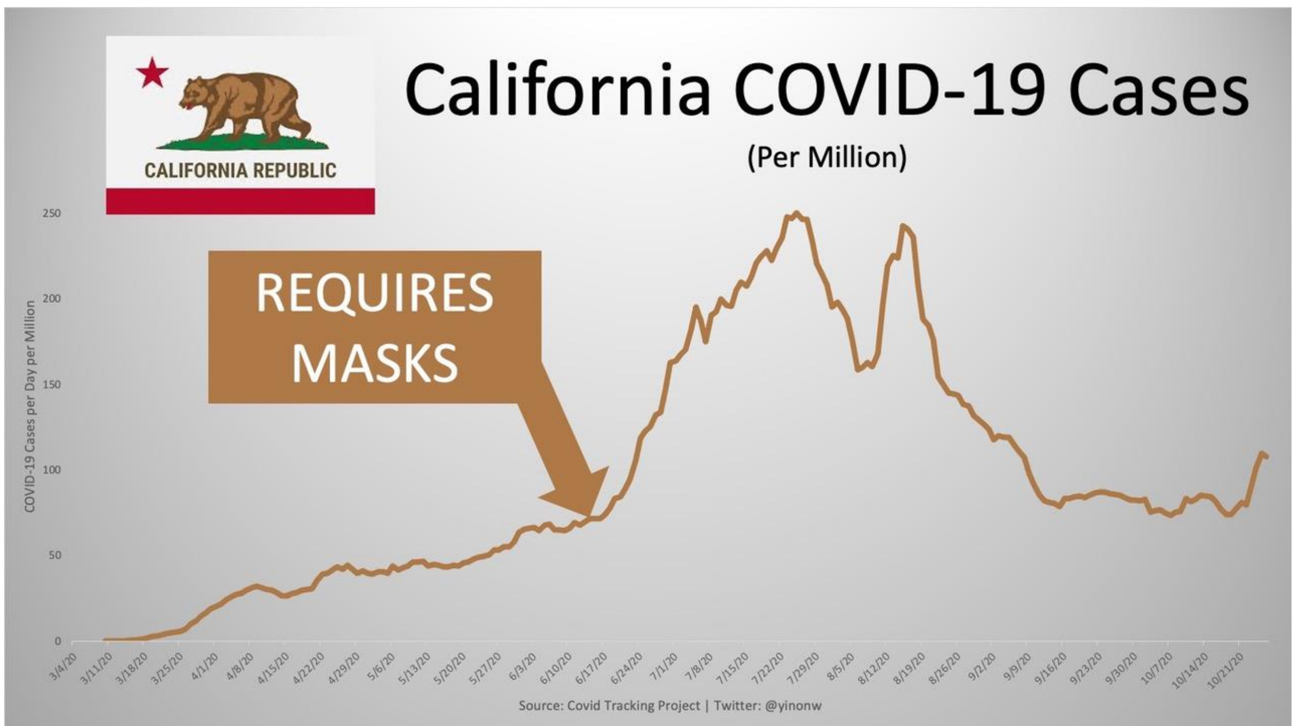
Does that data show that faithful mask-wearing eliminates COVID-19 from populations?

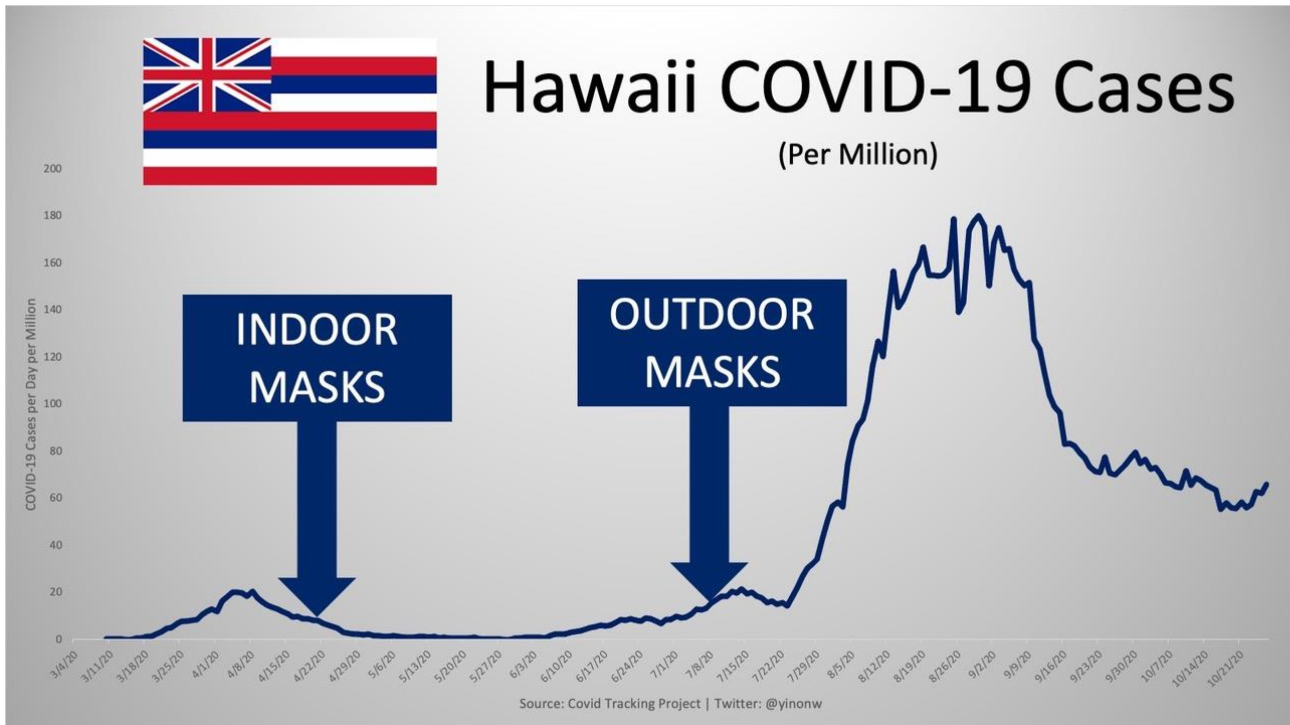
If there is some evidence that a modest decrease in COVID cases may occur by introducing a mask mandate, what do the trendlines show for states and countries that have implemented them for COVID-19?

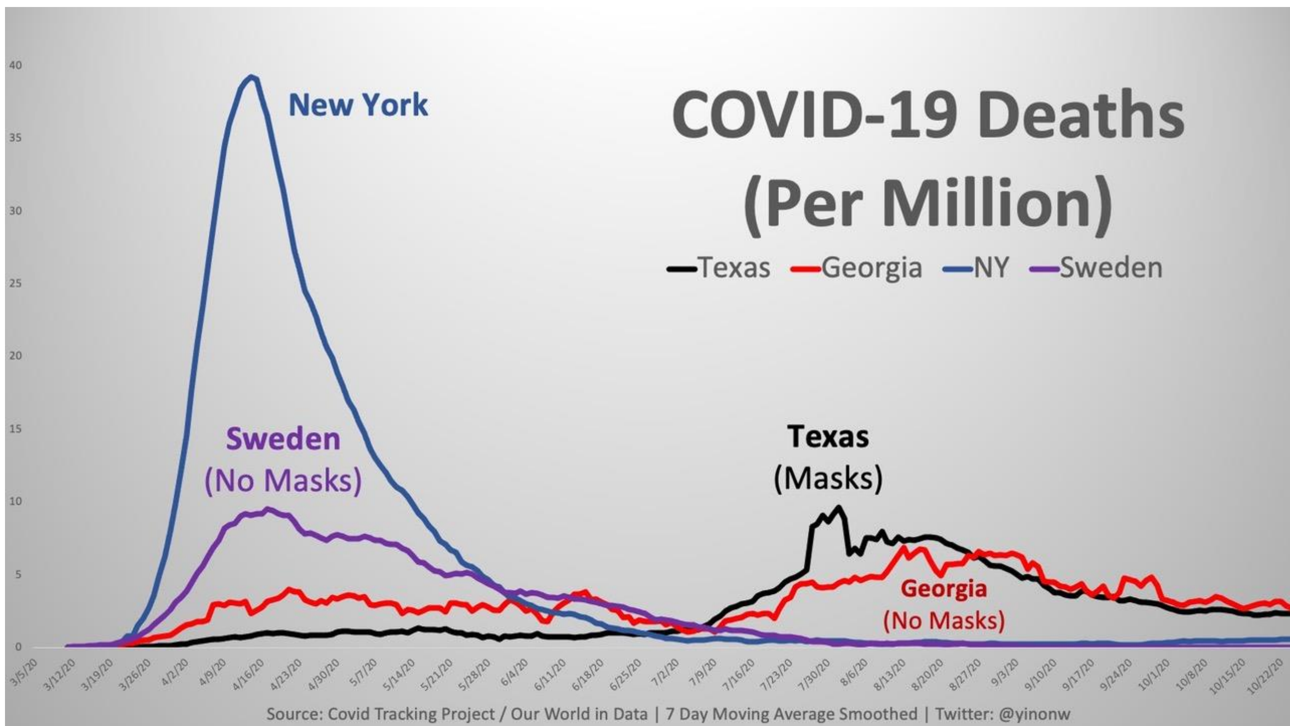
This [post](#) on thefederalist.com is a little bit over-the-top anti-Dr. Fauci, but it provides an excellent visualization of how seasonality rather than mask mandates appear to drive the virus. Here are a few excerpts:




European COVID-19 Cases
(Per Million)
Masks Required
Vs.
No Masks Required
COVID-19 Cases Per Million Per Day
Source: Our World in Data | Twitter: @yinonw
Belgium
Czech
France
Spain
UK
Austria
Italy
Portugal
Ireland
Germany
Sweden
Norway
Denmark


California COVID-19 Cases
(Per Million)
CALIFORNIA REPUBLIC
REQUIRES MASKS
COVID-19 Cases per Day per Million
Source: Covid Tracking Project | Twitter: @yinonw





These sample charts are by no means absolute proof that masks do nothing to slow the spread of COVID-19. Still, I hope you are beginning to see why many in this camp believe that masks do very little to move the needle relative to other factors like the seasonality of the virus. It's always possible that there have been instances where the increase of cases was not quite as sharp when mask mandates were put in place. Still, the data at least *seems* to almost always favor that the trajectory of the virus is not won or lost based on mask mandates.

Even so, are masks still a good idea? It's just a mask, right?

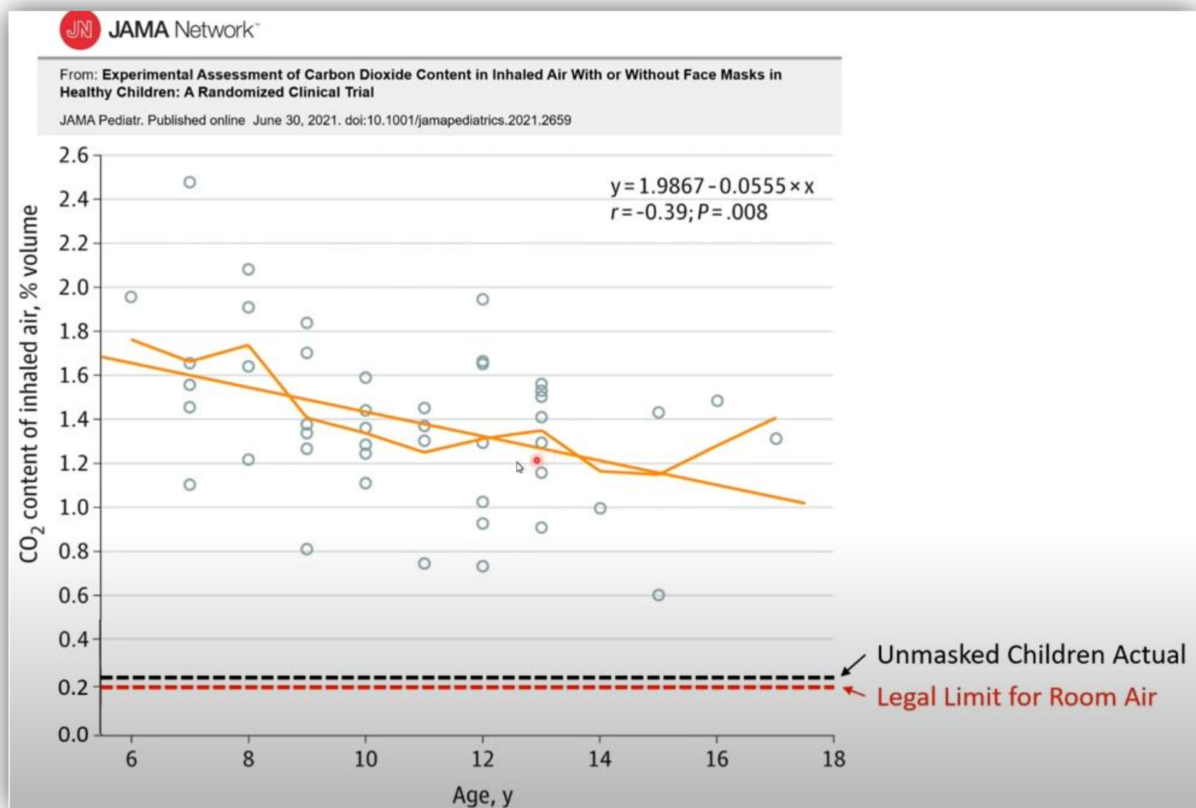
If cases begin to rise again this July/August in the southern states or October in the northern states, should the unvaccinated continue to wear masks? Those in this camp are *relatively* less concerned about the freedoms at stake than they are about the lives at stake, provided the mask mandates would be effective and temporary. Given that most who wish to be vaccinated have already had the chance to do so, should we insist that kids in school or the unvaccinated in companies wear a mask to protect others?

The answer of course depends on whether or not mandatory masks for all would decrease long-term excess mortality any *differently* than optional masks would. Approximately 90% of people who are especially concerned about the virus **and** who are proponents of masks have been able to get vaccinated. Roughly 10% of Americans more concerned about COVID still don't trust the vaccine and around 1% may not have been able to develop antibodies. For many of us, it is reasonable to conclude that slowing the spread of COVID-19 as much as possible until a vaccine became available was the kind thing to do for those in vulnerable positions. *Beyond* vaccine distribution is where things begin to get tricky.

For those who are convinced that masks do not reduce long-term excess mortality and chose not to get the vaccine or couldn't because of their age, the ask is suddenly much weightier. Previously, it was, "Wear this mask when you can't social distance to protect the vulnerable." Now, the ask is, "Wear this mask for the next 5-10 years whenever you are around others so that you get COVID at a later date. If you're lucky, we will reach herd immunity before you even catch it." Those who are in favor of masks would of course find this logic appalling because wearing a mask does not just protect the wearer. It also protects those around us. The question though is whether or not the evidence supports that the overall spread of the virus would be reduced by mask-wearing over a period of a few seasons to the point that fewer people would catch it overall.

Ultimately, there are at least three reasons why many in this camp and in this position would find this request difficult.

First, masks are not just a pain to wear. They actually result in much higher levels of carbon dioxide taken in by the wearer. A randomized clinical trial published on June 30, 2021, in JAMA finally provides some vindication to those who claim that masks give them headaches. The study measured how much carbon dioxide kids between the ages of 6-17 inhaled while wearing a mask compared to not wearing a mask. The results showed that in every case studied, the child inhaled anywhere from 3-6 times the usual amount of carbon dioxide while wearing a mask than they would normally.



"Hypercapnia" is the condition of having too much carbon dioxide in your bloodstream. Symptoms are often mild but include flushed skin, drowsiness, inability to focus, mild headaches, dizziness, or even shortness of breath. Children (or anyone) who wear masks aren't *necessarily* going to experience these symptoms, but those in this camp would argue it's fair to say that mandatory masks for kids forces *some* into unhealthy situations. Ultimately, the study's findings led these doctors to conclude the following:

> *This leads in turn to impairments attributable to hypercapnia. A recent review concluded that there was ample evidence for adverse effects of wearing such masks. We suggest that decision-makers weigh the hard evidence produced by these experimental measurements accordingly, which suggest that* ***children should not be forced to wear face masks****.*

Studies such as this one from March 2021 in Germany report "a statistically significant correlation in the quantitative analysis between the negative side effects of blood-oxygen depletion and fatigue in mask wearers with p = 0.0454." In laymen's terms, they were able to gather data to show that blood-oxygen levels *can* be lower, fatigue or headaches *can* increase, etc. with the use of a surgical mask. Many of us saw viral videos on social media in 2020 of nurses demonstrating that wearing a surgical mask did not reduce their oxygen levels. These are not to be discounted. Wearing a mask does not guarantee you will have a headache or even any adverse side effects at all. At the same time, we have personally witnessed our own 8-year-old daughter's doctor measure her blood-oxygen level drop a few points while wearing a mask vs. not wearing a mask. It would seem that different people have different experiences with how masks affect them.

The German doctors in this study have some helpful words for us that ought to factor into our considerations about wearing a mask:

> *Physicians are in a conflict of interest concerning this matter. On the one hand, doctors have a leading role in supporting the authorities in the fight against a pandemic. On the other hand, doctors must, in accordance with the medical ethos, protect the interests, welfare and rights of their patient's third parties with the necessary care and in accordance with the recognized state of medical knowledge.*
>
> *A careful risk–benefit analysis is becoming increasingly relevant for patients and their practitioners regarding the potential long-term effects of masks.*

It is also inevitable that some people will end up reusing cloth masks in ways that lead to additional risk. This, combined with moisture retention and poor cloth mask filtration levels, may actually result in an *increased* risk of infection according to this study. Overall, it's important not to mistake the potential negative side-effects of masks as more dangerous than COVID-19 itself for a population. Still, it's nonetheless important to acknowledge the physical, social, and psychological disadvantages of masks.

Second, every year COVID is *roughly* 10% more likely to end your life than it was the year before until either you or the whole population develops immunity. This trend lasts all the way into one's 80s. This is because the danger of COVID is highly age-based. Many in this camp would argue that masks made sense in order to "buy time" for those waiting for a vaccine to reduce the death rate. Now that those in America and many other places around the world have had ample time to receive a vaccine if they wished to or have already had COVID, the question is whether or not COVID can be eradicated from the earth or not by NPIs (non-pharmaceutical interventions). In other words, for the minority of the remaining population who are still not immune to COVID-19 and its variants, will wearing a mask be enough to eliminate COVID forever or not. There is of course disagreement about this question, too. To keep things simple though, essentially everyone in this camp would agree that such an outcome would be impossible based on how little masks seem to affect the overall trajectory of virus spread.

Therefore, what *should* the strategy be for those who are no longer waiting for a vaccine and are still not convinced down the road by upcoming vaccine confidence efforts by public health officials? On this question, this camp is also almost entirely in agreement. No one should purposely go out and *try* to contract COVID, but the sooner the younger, healthy, unvaccinated members of the population *do* contract COVID, the lesser their risk will be. Now, one could be trying to be part of the last 10-20% of the population who are spared COVID via herd immunity. That is an understandable and reasonable goal at this point. It's just important to consider that if someone wears a mask for the next three years until they finally catch COVID *before* herd immunity is reached around the world, that person will have an approximately 33% higher chance of dying from COVID as he would have had three years earlier.

Third, many epidemiologists argue that at this point in the pandemic, having the younger, healthy, unvaccinated members of the population continue to wear masks when they are not around vulnerable, unvaccinated people **actually leads to *more* death.** Wait… What?... Did I read that right?... Let me explain.

If one assumes that masks do slow the spread of COVID for the wearer **and** that COVID cannot be eradicated from the globe by NPIs, optional masks for the unvaccinated allows for the vulnerable to potentially have up to a 20% advantage of being more likely to remain safe until herd immunity is reached.

Suppose that a particular area is 50% vaccinated. Let us also suppose that of the 50% remaining unvaccinated people, 40% of them have already had COVID (by many antibody studies, this would be a reasonably conservative estimate). That would mean that 70% of the population is already immune to COVID and 30% are not immune. If one assumes that 85% immunity is enough to achieve herd immunity (as good a guess as any according to some epidemiologists), how will half of the remaining 30% of the population gain immunity if they ultimately continue to refuse the vaccine?

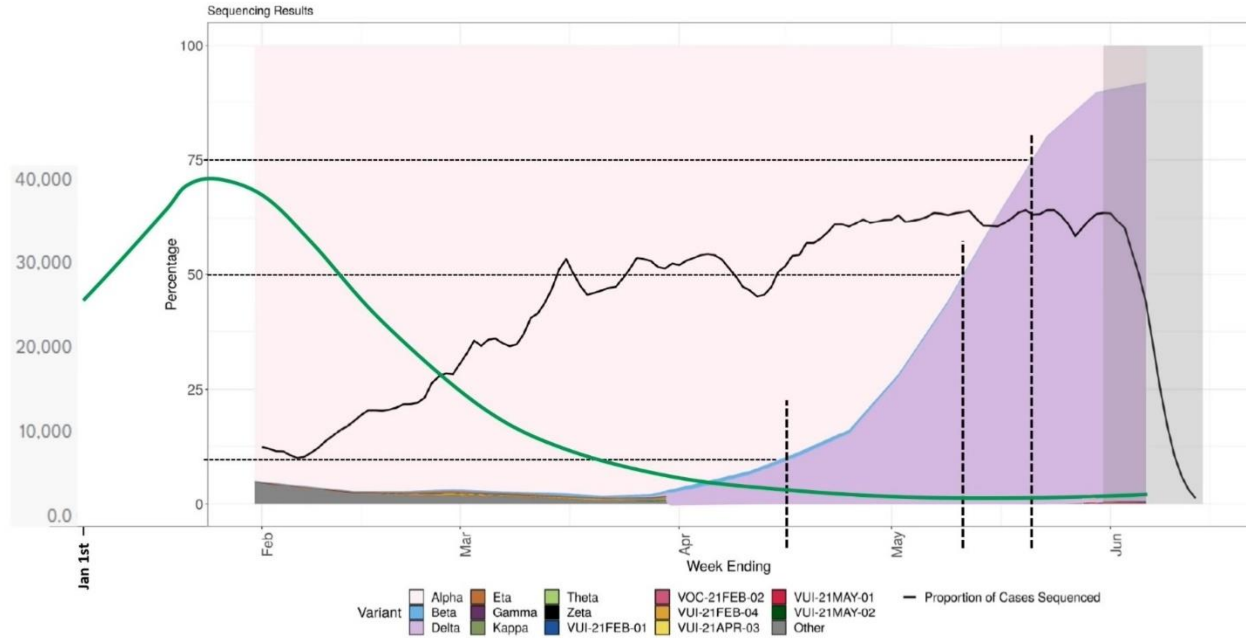
Of course, the answer is that half of the remaining 30% will contract COVID and half will not. It's simply a matter of when and how severe their cases will be. When it comes to masks, the key question is, "Do we as a society want to force *everyone* who is unvaccinated to wear a mask, thus preventing the vulnerable from having the **advantage** of being the in the group who continues to wear a mask?" For an overly simplistic example, suppose that in a population that already had a vaccine distribution, there are only four people left who are still not immune to COVID because they refuse the vaccine. Let's say there is a 12-year-old, a 30-year-old, a 75-year-old, and a 60-year-old with kidney disease. If two of them need to become immune to COVID to achieve herd immunity, which two should ideally contract the virus? The 12-year-old is certainly welcome to wear a mask if they prefer not to catch COVID, and I hope no one would call it selfish to wear a mask. But if the 12-year-old and the 30-year-old have refused the vaccine and want to forego the mask at this point, should we continue to force them to wear it at the expense of the vulnerable?

"But my child can't get vaccinated because they are only 10. I don't want them to catch COVID and end up in the hospital!" No one wants your child to be in the hospital (believe me, I've had all four of mine stay overnight at Children's Hospital for serious concerns). But considering that the flu is actually more severe and deadly than COVID-19 for anyone under age 15 (at least for the alpha variant), I'm not sure this is an air-tight argument for masks.

What about variants? Should we be wearing masks to stop their spread?

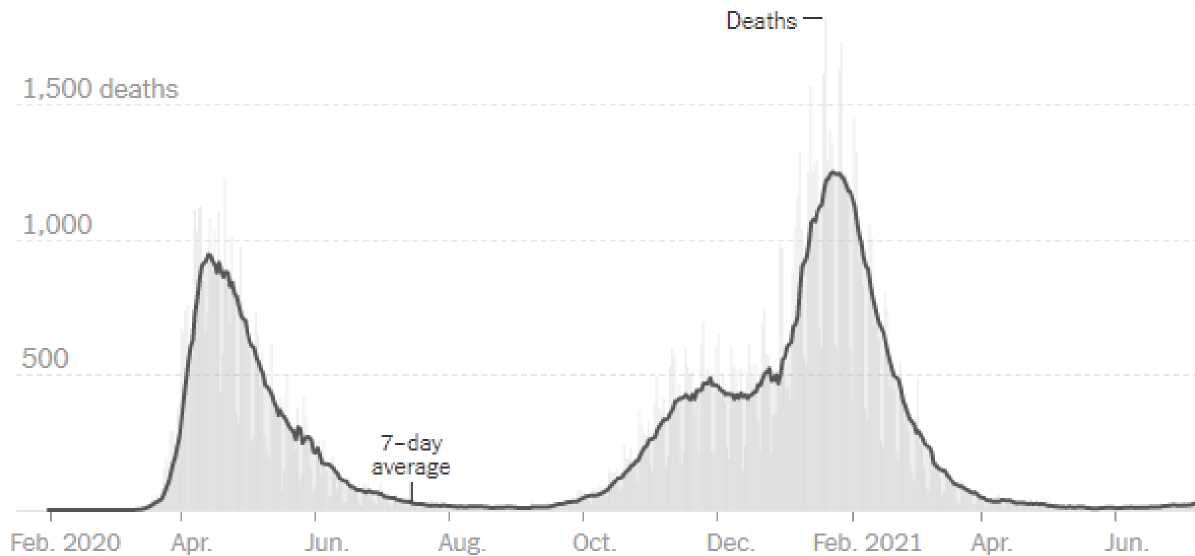
Variants are certainly a concern. But so far, many in this camp are generally comforted by the data in places like the UK, where the delta variant has completely taken over but has hardly moved the needle on COVID deaths or even hospitalizations in most places to date. Consider the following UK data:

Figure 3. Variant prevalence for all England available sequenced cases from 1 February 2021 as of 14 June 2021 (excluding 48 cases where the specimen date was unknown). (Find accessible data used in this graph in underlying data).

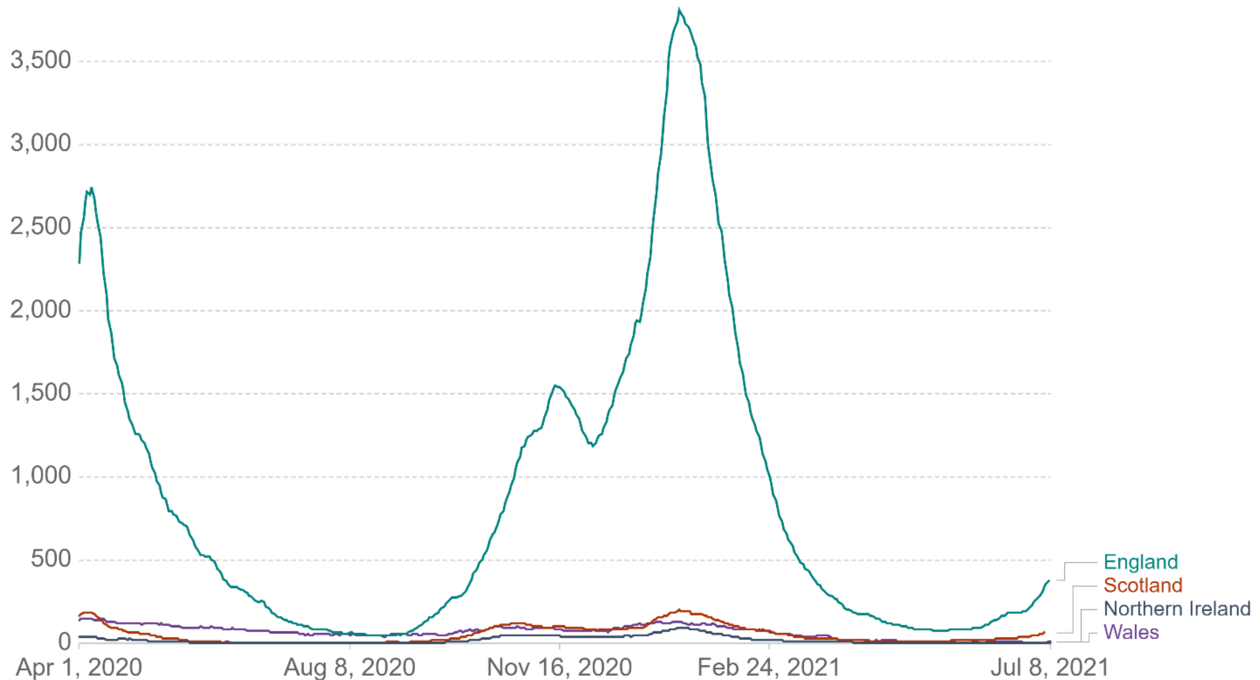


The dark purple shows that in May 2021, the delta variant took over the viral landscape in the UK. It comprised only a tiny percentage on April 1st but reached around 90% of all COVID cases by June 1st. Thankfully, this has not been accompanied by a spike in deaths:

New reported deaths by day



and only a relatively small spike in hospitalizations:



To date, the United States has comparable data. All of this is not to say that variants should simply be ignored, but until the data shows that variants are much more of a "game-changer," the conclusions of many in this camp regarding masks will likely remain the same.

I hope you can see why many people in this camp are not too keen on mandating masks in *every* situation for reasons other than simply being tired of wearing them or because of what Fox News told them to believe. Clearly, it's a complex issue. Many in this camp are understandably convinced that wearing a mask is either not the right strategy or that it is a meaningless gesture with some disadvantages that should not be ignored, especially for our children.

On the overall danger of the virus

Recently, I was part of a short discussion on the dangers of the virus with a couple of healthcare professionals. There was some silence, and the subject quickly changed when someone mentioned, "the virus has a 3% chance of death for those who are hospitalized." But what does that really mean? Just *how* dangerous is the virus? Is that statistic helpful? Misleading?

Many people in this camp began to grow skeptical of the "1% death rate" when it became understood that many people were spreading the virus asymptomatically. For example, in April and May 2020, a study in New York city was done (where the virus was raging) that correlates to the Tokyo study mentioned above. People entering a grocery store were tested at random as they came in if they had no symptoms. The initial

results showed that 20% of those tested at random in the store tested positive for the virus. A similar study in Santa Clara, California, showed a level of antibodies much higher than predicted. However, the numbers were later questioned as to just *how high* the prevalence of antibodies was. Data like these began to alert people that the virus *could* be *much* less dangerous than feared.

More recent studies show that as many as 81% of those that get the virus are entirely asymptomatic though more recent studies dispute this number. As of April 2021, most scientists in this camp would put the overall worldwide death rate from COVID-19 at about 0.15% without factoring in age-based worldwide antibody data analysis. Rates in Europe and North America appear to be a bit higher than the rest of the world, resting in the 0.3-0.4% range. For those healthy and under age 65-70, antibody studies would suggest a mortality rate of *under* 0.05%. These figures were perhaps most notably purported by Dr. John Ioannidis of Stanford University – one of the most published and influential scientists in the world – in the European Journal of Clinical Investigation in the spring of 2021.

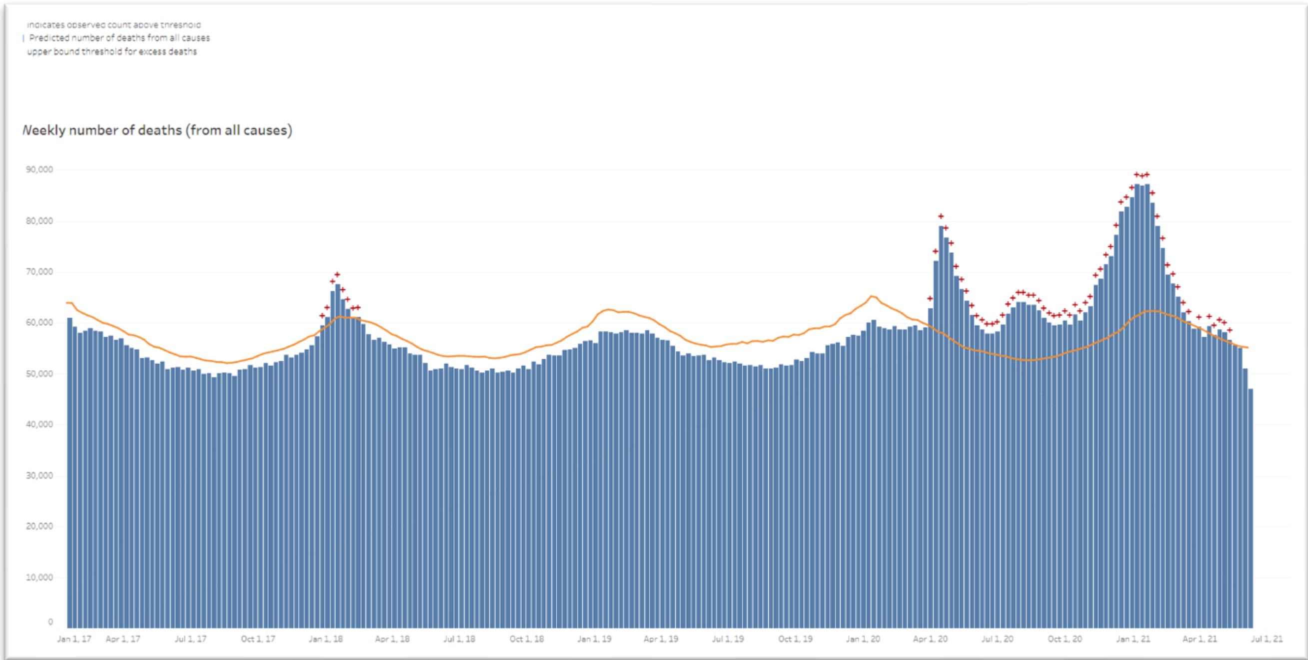
Now here is where things begin to get interesting and political. You can understand almost the entire COVID conflict we experience in our world today if you understand the pushback against the data put out by the scientists at Stanford. Prior to the COVID-19 pandemic, Dr. Ioannidis enjoyed one of the most reputable statuses in the world. Even the BMJ (British Medical Journal) dubbed him "the scourge of sloppy science" in 2015. But when he and many of his colleagues posted their findings, they were attacked by the scientific opposition claiming his methods were unreliable. Dr. Ioannidis responded to some of the criticism in a less-than-stellar manner and drove his findings into doubt by those in favor of lockdowns. All this caused confusion as to what exactly Dr. Ioannidis and his Stanford colleagues were claiming. They claim that the **excess mortality** from COVID-19 suggests a **worldwide** mortality rate of 0.15% from COVID.

Understanding Excess Mortality

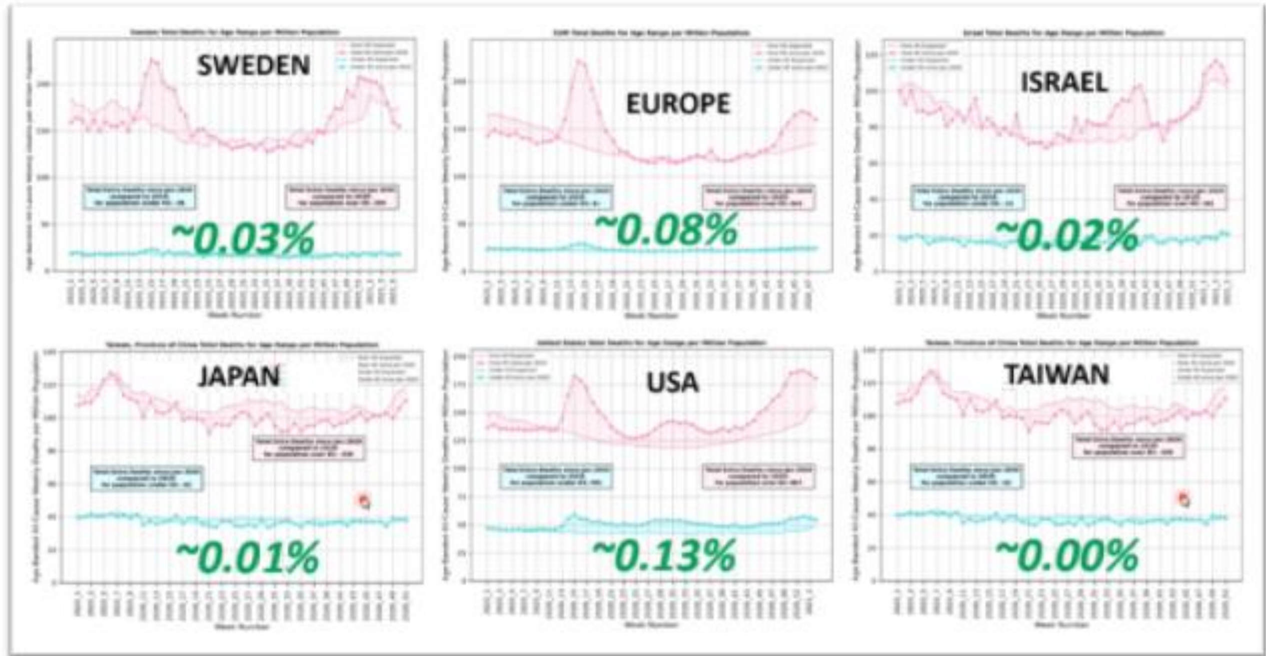
If I say the "case fatality rate" from COVID-19 is 1%, that means that for every 100 people that test positive for COVID-19, one of them will die. However, this is only one way to understand how dangerous a particular disease is. Another way to measure the danger of a disease is to measure the deaths that occur in a population over a given period. If COVID-19 spreads as fast as it does and 600,000 souls have passed away from COVID-19 in the United States, this means that COVID kills at least 0.17% of a population like the United States where prior coronavirus exposure is minimal. However, the third preferred way of measuring the deadliness of a disease is "excess mortality."

"Excess mortality" means the "extra" deaths that occur due to a disease like COVID-19 over a given period. For example, suppose a particular major US city typically sees 1,000 people die in a 365-day period and COVID comes along and causes 1,100 deaths for the city over a 365-day period. In that case, COVID caused 100 excess deaths. This is an effective way to get past the petty and sometimes insensitive debates about which COVID deaths were really due to COVID or which were heart attacks where the person also tested positive for COVID at the time of death etc. It is **crucial** to understand that when Dr. Ioannidis and the team at Stanford are speaking of COVID mortality, they mean "excess deaths due to COVID-19".

It's not really controversial that COVID-19 has caused excess mortality in most countries around the globe. Here we see excess deaths in the United States occurred far more than the many years. In fact, excess death in the United States hasn't been this bad since years like 1968, which hosted the "Hong Kong flu" (H3N2) or even 1917-18, albeit the Spanish Flu was much, much worse than COVID-19:



Here is a look at five different countries/regions around the world comparing their excess mortality percentages to each other over the course of the pandemic **to date**. It's no surprise that the US has the highest rate given our sub-average metabolic health and our lack of exposure to prior coronaviruses, etc.



The implications of a 0.15% global mortality rate

To put all of this into perspective, here is a chart for ages one and up of one's chances of dying from COVID on average in the world based on worldwide antibody data *(data by sex generalized based on overall death rates by sex)*:

Age Group	COVID Deaths	Population (millions)	Population %	1 in X chance of death	Male	Female
All Ages	590,091	328.23	100.00%	667	600	733
1-4 years	37	19.58	5.97%	634250	570825	697675
5-14 years	112	40.99	12.49%	438641	394777	482505
15-24 years	962	42.69	13.01%	53186	47868	58505
25-34 years	4,210	45.93	13.99%	13076	11768	14383
35-44 years	10,710	41.65	12.69%	4661	4195	5127
45-54 years	29,774	40.88	12.45%	1646	1481	1810
55-64 years	74,635	42.44	12.93%	682	613	750
65-74 years	131,404	31.49	9.59%	287	258	316
75-84 years	162,054	15.97	4.87%	118	106	130
85+ years	176,112	6.61	2.01%	45	40	49

It also does not factor in existing health condition nuances, Type A blood (slightly higher risk and slightly lower for all other blood types), or most importantly: comorbidities, which are higher in the US than in other western countries per capita. Comorbidities are diseases such as diabetes, heart disease, chronic renal (kidney) failure, high blood pressure (hypertension), atrial fibrillation, psychiatric disorders, substance abuse, moderate or severe asthma, COPD, pulmonary fibrosis, or being morbidly obese and are present in a large majority of COVID deaths. Incredibly, the CDC reports that approximately 95% of those who die from complications involving COVID-19 had at least one other comorbid disease, and the **average** number of comorbidities for those dying of COVID-19 had a stunning 4.0 diseases. The Italian Istituto Superiore di Sanità (Institute of Health) backs up this number, reporting that out of 8.8% of deaths where medical charts were available, 96.1% of people had at least one comorbidity with the average person having 3.4 diseases. Hypertension was present for 2 out of 3 patients who died as a result of complications from COVID-19.

Dr. Sam L. Savage of Yale University wrote a book in 2009 called "The Flaw of Averages: Why We Underestimate Risk in the Face of Uncertainty." It's not the most exciting read on earth, but his book effectively communicates what is essential for our personal lives, our businesses, and of course, our health agencies. Dr. Savage explains why so many of our plans are mistakenly based on mathematical averages, which often leads to consequential mistakes in the areas of healthcare, accounting, the military, and climate change. Properly factoring in comorbidities into COVID-19 mortality risk for a given individual is what Dr. Savage would call absolutely essential. In other words, there are levels of understanding about the true risk of COVID-19. Let's take a 40-year-old male American with no known comorbidities as an example. If this man contracts COVID-19:

- **Level 0** – The chance of me dying of COVID is 1 in **100** because 1% of all cases result in death.
- **Level 1** – The chance of me dying of COVID is 1 in **667** because that's how many people die of COVID overall in the US based on a 0.15% worldwide mortality rate.
- **Level 2** – The chance of me dying of COVID is 1 in **250** because that's how many people die of COVID overall in the US based on a 0.4% *United States* mortality rate.
- **Level 3** – The chance of me dying of COVID is 1 in **1,573** because that's how many males between the ages of 35-44 die of COVID in the US based on a 0.4% mortality rate.
- **Level 4** – The chance of me dying of COVID is 1 in **31,462** because that's how many males between the ages of 35-44 die of COVID in the US with no comorbidities based on a 0.4% mortality rate.

This is, of course, a double-edged sword. On the one hand, if you know you have no comorbidities, you are actually quite a bit safer than what the numbers show above in the green chart. The danger with this approach is to downplay the virus for others, yet you can't ignore the fact that you are probably a lot safer

than what the chart above shows. The other side of the sword though is that if you or someone you love *does* possess one or more of these comorbidities, their risk of dying from COVID-19 complications becomes significantly higher. The temptation is very real to downplay comorbidities such individuals possess or to assume you don't have high blood pressure when you do in order to reassure oneself. Yet, the alternative of facing real risk *higher* than what the chart above shows can be rather alarming. For those with comorbidities, assessing the risk or lack thereof is a lot more complex than what the green chart above would imply and makes calculating COVID-19 risk a very individual-specific task. On the other hand, the strategy taken to mitigate the risks of COVID-19 in our communities remains just as essential. Perhaps there should be another level for our 40-year-old male:

- **Level 5** – The chance of me dying of COVID is 1 in **80** because I am a 40-year-old male who admitted to myself that my moderate asthma, the additional 105 pounds I've put on in the last few years, and the really high blood pressure I've recorded lately due to all the overtime and expectations at work puts me at more risk than other males in my peer group. I'm not used to being anything but "in pretty good health" and admitting I'm in this condition wasn't easy.

These considerations by no means prove that most people "do just fine" when they get the virus. Still, for someone who is healthy and in their 20's or 30's, it becomes a lot harder to undergo any coronavirus restrictions when most people in their lives are not as high-risk for COVID (not saying it's right, just harder). This is especially true now that those who are vulnerable via their age or comorbidities have already been vaccinated if they chose to be. It also makes it hard for parents to see their kids pulled out of school when their understanding of COVID is based on these antibody studies and they know there is no substitute for an in-person education for their children. Even though it's harder for parents to undergo restrictions, does that make resistance to the restrictions morally acceptable? That's for a later chapter.

All of this leads many of us in this camp to conclude a couple of things:

1) We may not see the virus as quite as dangerous as those in other camps due to antibody testing done by worldwide health organizations. The lack of mainstream media focus on this topic doesn't help.
2) Many of us are concerned about members of our community, but not so much ourselves. We wish strategies would be taken that would make the most sense to protect the vulnerable while not restricting those who are not as susceptible unless it reduces excess deaths from the virus.

I hope you can understand why many people are not as concerned about the virus except for the vulnerable segments of the population and how many are frustrated that the actions taken to combat the virus don't appear to take advantage of the virus's weaknesses.

On metabolic health's relationship with mortality

Scientists are learning more and more about this relationship at a more specific level, even in the last six months. Pulmonologist Dr. Mike Hanson (who, by the way, is *not* all-in for this camp) is a doctor who makes highly professional healthcare-related YouTube videos and boasts around 650,000 subscribers. He produced a very intriguing video in November of 2020 regarding a study done by Temple University in Philadelphia involving over 500 hospitalized COVID patients. In the video, Dr. Hanson explains how Temple came up with a statistical model that can predict with near 100% accuracy those who are more likely to die from COVID when hospitalized. Those patients whose scans showed inflammation in the chest and whose blood work met five other metabolic health / white blood cell makeup criteria were shown to be four times

more likely to die from COVID (28.8% vs. 6.6%). This increased risk was found to be the case even in "healthy" people. Ever wondered why your 72-year-old neighbor who is active, healthy, and had no comorbidities ended up in the hospital with COVID-19 when others did not? This study could lend us a clue. These findings are some of the robust evidence for the effect metabolic health has on mortality for COVID-19.

Other indicators of the effect metabolic health plays on COVID-19 mortality include looking at how the United States has higher mortality than countries in Europe with similar climate and seasonality. Something else really interesting to consider is how Japan and Taiwan have close to 0 *excess* mortality and how Japan boasts some of the best metabolic health in the world and has the highest per-capita centenarians (people who live past 100) in the world.

Finally, America saw a significantly higher death rate from COVID-19 for black Americans than other ethnicities. Many hypothesize this may be due in part to higher metabolic health risks in some of our majority-black communities in inner cities. This might be due to a combination of factors that include varying levels of immediate access to high-quality foods (i.e., "food deserts").

These considerations and other such data lead many in this camp to believe that we can have an even more precise view of COVID-19 mortality risk.

On vaccine safety

Most of the people in this camp do not appear overly concerned about the vaccine *overall*, although there is definitely a lot of overlap with the "freedom camp" on this topic. The difference is that those in this camp probably see this question as a struggle to understand the data despite some "noise," whereas the "Freedom Camp" might not trust the vaccine due to lack of trust in the CDC. Therefore, you might see a more nuanced view in this camp citing which ages might be appropriate to get the vaccine vs. a more all-or-nothing approach taken by the first camp.

The question for people in this camp is: "Are the negative data surrounding the vaccine simply negative anecdotes? Or, do they point to hidden, underreported trends about the overall safety of the vaccine?"

A buddy of mine from engineering school posted an analysis of COVID vaccine safety at the end of April 2021:

U.S. Data on COVID-19 as of 4/29/2021	Total Reported	Total "Associated" Deaths Reported
COVID-19 Disease	33.0 million	588,412
COVID-19 Vaccines	142.7 million	2,437

Since that time (it is now exactly two months later as I write this), these *potentially* associated deaths reported by the VAERS system have increased to 4,812 and the total number of Americans who have had at least one dose of the vaccine is approximately 175.4 million. Data from Denmark has shown similar results.

Therefore, most in this camp would say that there is **less** than a 1 in 36,454 chance of death based on the VAERS system data. It's probably less because these include events that have not been confirmed or dismissed yet. Still, if you factor in other adverse effects like adverse reactions to ladies' hormonal patterns, you could certainly argue it to be potentially a bit riskier. Still, if getting COVID is more dangerous

than that for you, why not take the vaccine? Well, here's the thing: Now that almost all of the vulnerable population of the West who wanted to reduce their risk by taking the vaccine has done so, why should the younger, healthier people introduce new risks into their bodies in order to… what? Protect the vulnerable? To protect themselves from some unknown adverse reaction to the virus even though the virus spread to over half the population before the vaccine even came about? To protect against the delta variant even though the delta variant hasn't caused a spike in U.K. deaths (only cases) since it took over there throughout April and May 2021? The big difference, of course, is that the adverse effects of the vaccine do not vary by age in the same way that COVID-19 is more dangerous the older you get.

For these reasons, some people under age 30 (or even the healthy under 40) in this camp are especially hesitant to get the COVID vaccine. Considering how deadly COVID is for those with comorbidities vs. those without or the uncertainty of how much more deadly the delta variant is, the decision to get vaccinated or not becomes a little more complex. However, if one's risk for COVID appears relatively low, the overall short-term benefits are unclear since the vulnerable are now already protected, the long-term effects of the vaccine are unknown, and there's *roughly* a 1-in-50,000ish chance they might develop shingles, inflammation of the heart muscle, blood clots, or even die, the vaccine might not always seem like the best choice.

Recently, a friend of mine posted a quintessential question related to COVID-related dangers, which I think applies to the vaccine,

"Isn't a little personal discomfort worth saving/helping people around you?"

My sincere hope is that whatever you think about the vaccine, you can understand why some people (especially younger people) would be hesitant to take the vaccine.

An excellent summary – 44-minute video

Finally, if you would like a video summary of the views of this camp, look no further than this excellent 44-minute explanation by Dr. John Lee. Dr. Lee is a retired British professor of Pathology in the UK.

Camp #3 - The CDC Camp

If I had to guess, this is probably the largest of the five camps. Those in this camp prioritize saving the most lives possible and are more than willing to do their part to help stop the spread of COVID-19 for the sake of family and friends whom they love.

To do this, people in this camp naturally turn to "the experts" and don't want to get in the way of those experts doing their essential job of protecting us as best they know how. After all, why should they assume they know more than an epidemiologist when it comes to diseases? This group's approach is therefore humble and kind in nature as a starting point. "Whatever the CDC recommends, it is probably better than what I can come up with myself, so I'm going to trust the science experts to get us through." Furthermore, not everyone is a rocket scientist and we can all agree that deferring to experts as a general rule is wiser than just winging a decision.

On the overall danger of the virus

The CDC published four potential scenarios for how COVID might play out so that those making decisions could have some more concrete situations to think about. In those scenarios, the rate of asymptomatic cases was listed as anywhere from 15% to 70%, with the "best guess" listed at around 30%. The 15% asymptomatic rate is based on research such as this article published back in September 2020.

This means that for those of us trying to be cautious about the virus, one might take the fatality rate based on all of the reported cases in the United States and consider it "15% safer" than any number they come up with

For example, let's say you are a 72-year-old resident of California wanting to find out how dangerous the virus would be for you if you contracted COVID.

Cases and Deaths Associated with COVID-19 by Age Group in California

Age	No Cases	Cases %	Deaths	Deaths %	Population %	Death Rate
<5	88,765	2.4	4	0	5.8	0.0045%
"5-17"	393,898	10.6	19	0	16.7	0.0048%
18-34	1,240,558	33.5	865	1.4	24.3	0.0697%
35-49	880,474	23.8	3,342	5.3	19.3	0.3796%
50-59	510,465	13.8	6,655	10.6	12.5	1.3037%
60-64	191,964	5.2	5,764	9.2	5.9	3.0026%
65-69	131,906	3.6	6,668	10.7	5	5.0551%
70-74	91,452	2.5	7,288	11.6	4.1	7.9692%
75-79	60,866	1.6	7,476	11.9	2.7	12.2827%
80+	106,821	2.9	24,477	39.1	3.9	22.9140%
missing	2,286	0.1	7	0	0	
Total	3,699,455	100	62,565	100	100	1.6912%

From the straight data, you might look at the "age 70-74" row, conclude the death rate is 8%. However, what about the asymptomatic cases that didn't report their case to the hospital? To be cautious, you might use the more conservative estimate of 15% of cases being asymptomatic. A little math would then lead you to believe your chance of dying from catching the virus as high as 6.7% or a "1-in-15" chance. That is very

scary and makes you want to take all of the precautions you can. If you are younger than 72 but have a family member who is 72 (or just care about 72-year-olds), you will also likely want to take all of the precautions you can and hope that the rest of society does as well.

Furthermore, some have health conditions that may not necessarily cause concern about dying, but may have their overall health severely impacted in the long term by contracting the virus.

I hope we can all appreciate how many people are rightfully concerned about this virus. Therefore, even debate of whether or not to reduce restrictions seems at best secondary and at worst calloused.

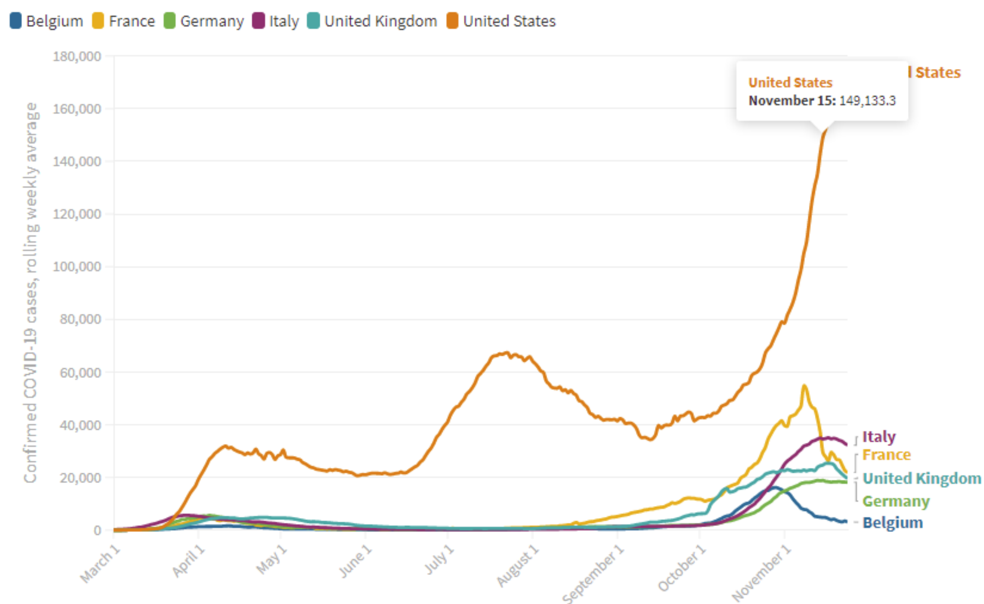
On lockdowns

For those in this camp, lockdowns are one tool in the toolbox (albeit an expensive one) for reducing the spread of COVID-19. Many experts put forth the idea that the fewer people come into contact with one another, the less the virus spreads and the less death there will be. Studies show that population density points to faster spread of the virus. It stands to reason that if fewer people come into contact with one another, more lives will be saved. We wouldn't want people fighting for ventilators, respirators, or space in the hospital, so why wouldn't we do whatever it takes not to overwhelm the hospitals with a hopelessly accelerating death rate?

Flattening the curve

The changing weekly average of daily new confirmed cases in select countries since March shows that restrictions that some European countries enacted in October and November were followed by a decline in new cases, while cases continue to spike in the United States. You can explore and compare other countries here.

Daily new confirmed COVID-19 cases, by country



Source: European CDC—Situation Update Worldwide, Our World in Data

As you can see from the chart above, many in this camp are frustrated with how many parts of the United States did not take preventive measures very well. Many believe that is why there were spikes in cases in April – May, around August, and then again in October – January.

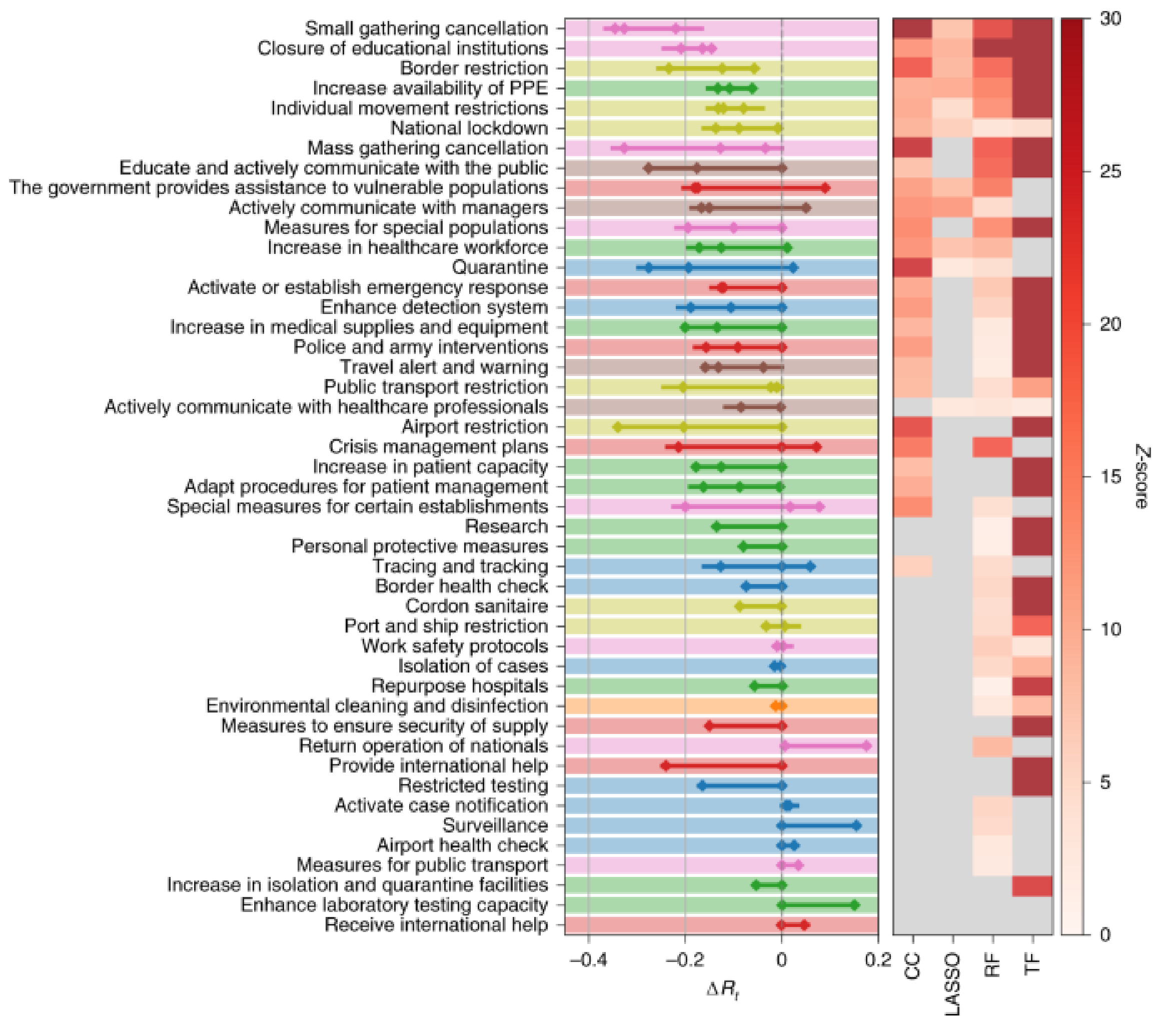
To those of us in this camp, it's common sense:

Large-scale physical distancing measures and movement restrictions, often referred to as 'lockdowns', can slow COVID-19 transmission by limiting contact between people.

The World Health Organization – Dec 31st, 2020

But does slowing the transmission of COVID-19 actually save lives or does it only delay the inevitable? What about costs in suicides, heart failure, cancer going undetected, etc.? Is a national lockdown worth the price?

One of the most cited and helpful published scientific articles came out back in November of 2020. It was a data analysis of the effectiveness of "NPI"s (non-pharmaceutical interventions) in 79 territories around the world on the impact of 6,068 individual NPIs – including the effectiveness of lockdowns, travel restrictions, etc. The study used four methods of assessment and ranked them from most effective to least effective using four different forms of statistical analysis (CC, LASSO, RF, TF):



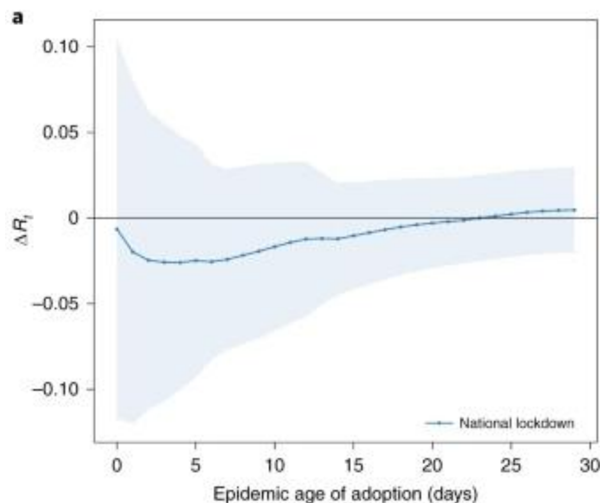
These methods each analyze the ΔR_t (or "potential to change the infection rate") of a particular measure. The idea is that if there are a whole bunch of NPIs (measures we try to take to slow the spread) that are used in common together, we could theoretically reduce the R_t value of COVID to under 1.0 and the virus

would cease to spread in our communities. In other words, "**if you do enough of these things together, maybe the virus will die out** even without the use of a vaccine."

While not all of these measures are simply additive (i.e., adding the scores of all of the measures you take doesn't sum to a simple total – it's more complex than that), we *do* have an idea of which measures we should prioritize given the costs of each one. A subsequent detailed analysis of the effectiveness of the various NPIs found a few to be somewhat effective with 3 out of 4 of the statistical methods shown above:

L2 category	Score (%)	Consensus	ΔR_t^{CC}	ΔR_t^{LASSO}	Importance (RF)	ΔR_t^{TF}
Small gathering cancellation	83	4	−0.35 (2)	−0.22 (5)	0.020 (2)	−0.327 (3)
Closure of educational institutions	73	4	−0.16 (2)	−0.21 (4)	0.028 (2)	−0.146 (2)
Border restriction	56	4	−0.23 (2)	−0.12 (2)	0.017 (2)	−0.057 (2)
Increased availability of PPE	51	4	−0.11 (2)	−0.13 (2)	0.012 (1)	−0.062 (2)
Individual movement restrictions	42	4	−0.13 (2)	−0.08 (3)	0.017 (2)	−0.121 (2)
National lockdown	25	4	−0.14 (3)	−0.09 (2)	0.0020 (9)	−0.008 (3)
Mass gathering cancellation	53	3	−0.33 (2)	0	0.012 (1)	−0.127 (2)
Educate and actively communicate with the public	48	3	−0.18 (4)	0	0.018 (2)	−0.276 (2)
The government provides assistance to vulnerable populations	41	3	−0.17 (3)	−0.18 (4)	0.009 (1)	0.090 (3)
Actively communicate with managers	40	3	−0.15 (2)	−0.20 (4)	0.004 (2)	−0.050 (2)
Measures for special populations	37	3	−0.19 (2)	0	0.008 (1)	−0.100 (2)
Increase healthcare workforce	35	3	−0.17 (20)	−0.13 (3)	0.030 (8)	0.011 (2)
Quarantine	30	3	−0.28 (2)	−0.2 (1)	0.0023 (9)	0.023 (2)
Activate or establish emergency response	29	3	−0.13 (2)	0	0.0037 (9)	−0.121 (2)
Enhance detection system	25	3	−0.19 (3)	0	0.0032 (9)	−0.106 (2)
Increase in medical supplies and equipment	25	3	−0.13 (3)	−0.004 (3)	0.003 (2)	−0.200 (3)
Police and army interventions	23	3	−0.16 (2)	0	0.003 (2)	−0.091 (2)
Travel alert and warning	20	3	−0.13 (3)	0.0 (1)	0.002 (1)	−0.159 (3)
Public transport restriction	13	3	00.20 (4)	−0.01 (7)	0.004 (1)	−0.023 (3)
Actively communicate with healthcare professionals	11	3	0	−0.08 (4)	0.003 (1)	−0.003 (2)

Notice that lockdowns are 6th on the list because all four statistical methods found some benefit to enacting them, but their score is actually one of the lowest. This means that although we are the *most* confident that national lockdowns do *something* (along with five other measures like small gathering cancellations and school closings), the effectiveness of a nationwide lockdown is **not** one of the more effective measures with a score of only 25%. Since it has such an immense cost, both in dollars, hunger, mental health, untreated disease, and additional deaths, I hope there will be open debate even in this camp in the future as to whether or not lockdowns are worth the heavy price.



Furthermore, there will likely be debate within this camp in the future on the **timing** and **length** of lockdowns. Here on the left is another interesting chart showing the small impact lockdowns do have in the right direction, but only for the first three weeks of the pandemic reaching a territory. As you can see, you get some bang for your buck in the first two weeks (though notably not even close to the benefit obtained by other measures), but by about day 23

and beyond, you may actually paradoxically make the virus worse by keeping a lockdown or stay-at-home order in place.

The publication then goes on to say,

> *The emerging picture reveals that **no one-size-fits-all solution exists**, and no single NPI can decrease Rt below one. Instead, in the absence of a vaccine or efficient antiviral medication, a resurgence of COVID-19 cases can be stopped only by a **suitable combination of NPIs**, each tailored to the specific country and its epidemic age. These measures must be enacted in the **optimal combination and sequence** to be maximally effective against the spread of SARS-CoV-2 and thereby enable more rapid reopening.*

I believe this camp generally accepts that when considering lockdowns (a.k.a., stay-at-home orders) for the future, all options should be on the table because there are a lot of moving parts. The danger of the virus, the infection rate of the virus, and the negative effects of lockdowns should all be weighed and considered. Sometimes they might make sense and shouldn't be automatically ruled out. After all, staying at home means less community spread. Less community spread means our hospital systems do not get overwhelmed and fewer people die. Some might argue that people will get COVID eventually anyway once a virus has achieved community spread. Regardless, the slower the spread of the virus, the more time people have to get vaccinated. Lockdowns could be a tool in achieving that. It's just a matter of appropriately weighing the immense cost.

On seasonality

I don't want to make any generalizations, but if I had to guess, I would say one of the differences between this camp and the scientific dissent camp, *in general*, is the way they look at how much control we as a people have over the virus. The thinking on seasonality helps to illustrate this.

Scientific dissenters might look at COVID data by region, see seasonal patterns, and simply conclude that "seasonality is a major factor in the spread of COVID-19". On the other hand, this camp may or may not place as much emphasis on seasonality in part because the trajectory of the virus should be able to be mitigated regardless of any seasonal or weather trends. Just because COVID tends to follow a seasonal pattern without human intervention doesn't mean it can't happen during the summer in Canada or in December in Panama. Seasonality is part of a bigger picture of how we ought to consider how to handle COVID. In higher seasonal peaks, for example, more restrictions may be appropriate than in other months.

On November 3rd, 2020, a publication titled "Seasonality and uncertainty in global COVID-19 growth rates" used a highly sophisticated model and concluded seasonality would continue to occur **until an appropriate response is mounted**.

> *We demonstrated and validated that **COVID-19 growth rate increases with reduced UV light, higher temperatures, and lower relative humidity.** We predict that COVID-19 will oscillate between the Northern and Southern Hemispheres, based largely on seasonal variation in UV radiation and temperature **without continuing interventions like social distancing.** Despite a possible, but uncertain, temporary summer reprieve in the north, **COVID-19 will likely return by autumn and threaten further outbreaks**. The north should take this time to build resilience against future outbreaks, while assisting countries in the tropics and Southern Hemisphere. Uncertainty*

*remains high, however, so **we urge caution when making decisions such as removing societal interventions** before more permanent pharmaceutical solutions can be implemented.*

For this camp, understanding seasonality does not have to mean being fatalistic about safety measures.

On social distancing

A recent study published by MIT in April 2021 suggests that the 6-foot rule "offers little protection from pathogen-bearing aerosol droplets sufficiently small to be continuously mixed through an indoor space." It is unclear if this will eventually change the CDC guidelines for the 6-foot rule especially considering how far we are into the vaccine rollout. But in general, this camp advocates for all of the virus precautions advised by the CDC up until June 2021. Furthermore, plenty of people will point out precisely what the study says and what it does not say.

In general, people in this camp would see social distancing as yet another tool in the toolbox.

On masks

While it is true that there are no clinical randomized control trials that have found statistically significant evidence that masks are effective, there appears to be a lot of compelling anecdotal evidence for the efficacy of masks slowing the spread of COVID-19 for those in this camp.

Here is a sampling from one article:

Table. Studies of the Effect of Mask Wearing on SARS-CoV-2 Infection Risk[a]

Source	Location	Population studied	Intervention	Outcome
Hendrix et al	Hair salon in Springfield, Missouri	139 Patrons at a salon with 2 infected and symptomatic stylists	Universal mask wearing in salon (by local ordinance and company policy)	No COVID-19 infections among 67 patrons who were available for follow-up
Payne et al	USS Theodore Roosevelt, Guam	382 US Navy service members	Self-reported mask wearing	Mask wearing reduced risk of infection by 70% (unadjusted odds ratio, 0.30 [95% CI, 0.17-0.52])
Wang Y et al	Households in Beijing, China	124 Households of diagnosed cases comprising 335 people	Self-reported mask wearing by index cases or ≥1 household member prior to index case's diagnosis	Mask wearing reduced risk of secondary infection by 79% (adjusted odds ratio, 0.21 [95% CI, 0.06-0.79])
Doung-ngern et al	Bangkok, Thailand	839 Close contacts of 211 index cases	Self-reported mask wearing by contact at time of high-risk exposure to case	Always having used a mask reduced infection risk by 77% (adjusted odds ratio, 0.23 [95% CI, 0.09-0.60])
Gallaway et al	Arizona	State population	Mandatory mask wearing in public	Temporal association between institution of mask wearing policy and subsequent decline in new diagnoses
Rader et al	US	374 021 Persons who completed web-based surveys	Self-reported mask wearing in grocery stores and in the homes of family or friends	A 10% increase in mask wearing tripled the likelihood of stopping community transmission (adjusted odds ratio, 3.53 [95% CI, 2.03-6.43])
Wang X et al	Boston, Massachusetts	9850 Health care workers (HCWs)	Universal masking of HCWs and patients in the Mass General Brigham health care system	Estimated weekly decline in new diagnoses among HCWs of 3.4% after full implementation of the mask wearing policy
Mitze et al	Jena (Thuringia), Germany	City population aged ≥15 y	Mandatory mask wearing in public spaces (eg, public transport, shops)	Estimated daily decline in new diagnoses of 1.32% after implementation of the mask mandate
Van Dyke et al	Kansas	State population	Mandatory mask wearing in public spaces	Estimated case rate per 100 000 persons decreased by 0.08 in counties with mask mandates but increased by 0.11 in those without
Lyu and Wehby	15 US states and Washington, DC	State populations	Mandatory mask wearing in public	Estimated overall initial daily decline in new diagnoses of 0.9% grew to 2.0% at 21 days following mandates
Karaivanov et al	Canada	Country population	Mandatory mask wearing indoors	Estimated weekly 25%-40% decline in new diagnoses following mask mandates

[a] See the Supplement for the complete table.

To many people in this camp, it just makes sense that people wearing a mask would prevent or at least slow the spread of COVID-19. Many would point out that medical professionals have been wearing masks for a very long time in many situations and seem to be doing just fine. In other words, it might take some getting used to, but it is 1000% worth it if it saves even one life.

When one of us is highly contagious with something like the common cold, each of our breaths expels around 10,000,000 0.1 micrometer-sized virus particles into the air. This happens along with some amount of tiny respiratory water droplets that also transport some of these particles. Each type of mask or face-covering will "trap" some percentage of the droplets based on its capabilities. N-95 masks trap the most while other coverings like bandanas trap the least. A mask that fits well and doesn't require you to touch it frequently is often recommended. This is so that you don't touch your face and get the virus on your hands (even YouTuber Mark Rober made a video about this).

When it comes to masks blocking, trapping, or slowing down virus particles expelled by a contagious individual, people in this camp will say that "the science is clear: masks work."

This article published in PNAS in January 2021 points out that the impact of masks on COVID-19 has not been measured. However, there have been other similar studies that would suggest that masks would be likely to slow the spread of the virus if COVID-19 behaved more like other coronaviruses and less like a rhinovirus or the flu:

> *There are currently no studies that measure the impact of any kind of mask on the amount of infectious SARS-CoV-2 particles from human actions. Other infections, however, have been studied. One of the most relevant papers is one that compares the efficacy of surgical masks for source control for seasonal coronaviruses (NL63, OC43, 229E, and HKU1), influenza, and rhinovirus.*
>
> ***With 10 participants, the masks were effective at blocking coronavirus particles of all sizes for every subject**. However, masks were far less effective at blocking rhinovirus particles of any size, or of blocking small influenza particles. The results suggest that masks may have a significant role in source control for the current coronavirus outbreak. **The study did not use COVID-19 patients, and it is not yet known whether SARS-CoV-2 behaves the same** as these seasonal coronaviruses, which are of the same family.*

In terms of how many virus particles masks are effective at blocking, the same article had this to say:

> *Anfinrud et al. (59) used laser light scattering to sensitively detect the emission of particles of various sizes (including aerosols) while speaking. Their analysis showed that visible particles "expelled" in a forward direction with a homemade mask consisting of a washcloth attached with two rubber bands around the head remained very close to background levels in a laser scattering chamber, while **significant levels were expelled when speaking without a mask.***
>
> *There are no studies that have directly measured the filtration of smaller or lateral particles in this setting, although, using Schlieren imaging, it has been shown that **all kinds of masks greatly limit the spread of the emission cloud** (79), **consistent with a fluid dynamic simulation that estimated this filtration level at 90%** (80). Another study used a manikin and visible smoke to simulate coughing, and found that a stitched cloth mask was the most effective of the tested designs at source control, **reducing the jet distance in all directions from 8 feet (with no mask) to 2.5 inches.***

This article references many other published papers that imply mask-wearing in populations should have the effect of slowing the spread of COVID-19. When considering that early adoption of mask-wearing in public during a coronavirus pandemic is a key part of slowing the spread of the virus, it isn't too much of a stretch to infer that the longer we wear masks, the longer the virus will spread at a slower rate. With the availability of vaccines adopted by most Americans, wearing masks to buy time to receive vaccination for those who haven't been infected seems clearly to be the right thing to do for those of us in this camp.

The same article referenced above notes an important finding by one of the referenced papers:

> *Leffler et al. (29) used a multiple regression approach, including a range of policy interventions and country and population characteristics, to infer the relationship between mask use and SARS-CoV-2 transmission. They found that* ***transmission was 7.5 times higher in countries that did not have a mask mandate or universal mask use****, a result similar to that found in an analogous study of fewer countries (30). Another study looked at the* ***difference between US states with mask mandates and those without, and found that the daily growth rate was 2.0 percentage points lower in states with mask mandates****, estimating that the mandates had prevented 230,000 to 450,000 COVID-19 cases by May 22, 2020.*

Furthermore, according to a June 2021 Axios poll, just 11% of people who reported always wearing masks outside the home tested positive for COVID compared to 23% of those who said they never wore masks. Additionally, 12% of people who said they sometimes kept a six-foot distance tested positive, as did 20% of those who said they social distanced occasionally but not often. This would point to the effectiveness of masks and social distancing for preventing COVID-19 or reducing its severity for those who contract it.

I hope you can all see why many in this largest camp would conclude that masks help more people stay healthy. They would say that it's better to be safe than sorry and trust the CDC that wearing a mask is an integral part of our fight against the virus.

"But do we have to wear the mask forever?"

In April 2021, the mood amongst the mask-dissenters was that we would have to wear masks "forever" even if we got the vaccine. When an unspoken tipping point in cases or perhaps more confidence in the vaccine preventing people from spreading the virus was reached, the US CDC gave the green light to many places that those who are vaccinated no longer needed to take precautions they were previously taking indoors. This frustrated the dissenters as it seemed like an arbitrary decision. However, consider the alternative the CDC had. Allowing anyone who was vaccinated or had already contracted COVID-19 to stop wearing a mask two weeks after their last shot would have resulted in many unvaccinated people simply avoiding wearing a mask because of their right to privacy (HIPAA, 14th amendment, etc.). Theoretically, this would have resulted in additional deaths from COVID.

Furthermore, I can only guess that they did not give the American people a "target" to wait for with vaccinations before vaccinated people could take off their masks. This was because that would also lead people to say, "we are close enough. I don't want to risk taking the vaccine." In the CDC's eyes, this would mean more death. Such a strange ethical dilemma, is it not?

I'm sure for those who do not even trust that the vaccine is safe, this seems like the ultimate betrayal. But for those in this camp, I'm sure people are mostly sympathetic to this kind of thinking. Ultimately, there are

both pros and cons. I hope understanding this can at least prevent us from demonizing each other depending on how you see the decisions of the CDC in this regard.

On vaccine safety

The CDC and the FDA currently recommend the use of the Pfizer, Moderna, and Johnson & Johnson vaccines. However, last I checked (in early May 2021), they discourage women under age 50 from taking the J&J vaccine at this time due to risk of blood clotting. These vaccines have achieved "the gold standard" of clinical trials and while they are not technically FDA approved, they are well on their way to getting there. This is due to the positive response both in efficacy and safety for those who have taken the vaccine. While there have been many reports of these vaccines causing severe side effects, disease, or even death, most people in this camp would argue that the benefits to both the vaccinated as well as the rest of society ultimately outweigh the risks. Even taking more conservative numbers giving the reported deaths the benefit of the doubt, people like my friend from engineering school can come up with numbers like this:

U.S. Data on COVID-19 as of 4/29/2021	Total Reported	Total "Associated" Deaths Reported
COVID-19 Disease	33.0 million	588,412
COVID-19 Vaccines	142.7 million	2,437

These percentages have gotten 25% worse in the last two months as more data continues to come in. Still, it's essential to keep in mind that these are simply reported and by no means absolute proof that someone died because of the vaccine or that they wouldn't have died without taking the vaccine. One of my doctor friends told me about a kid who recently went to get a vaccine for something other than COVID. While in the waiting room just minutes before the shot was going to be administered to the child, the child had their first epileptic seizure right there on the floor. This is such a scary and sad thing that happened to that family, but it does illustrate an important point. Sometimes it is difficult to know for sure when a vaccine is the cause of an adverse reaction or not. I'm not dismissing real, adverse effects from vaccines, but just cautioning that we shouldn't ever jump to conclusions.

Here is just one helpful article arguing that there is no proven link between vaccines and deaths.

In this link here, pulmonologist Dr. Mike Hanson (a member of this camp) breaks down the medical science behind a specific, suspicious death of a 39-year-old woman who died of liver failure four days after taking her 2nd dose of the Moderna vaccine. He makes a clear and compelling case for why this woman may have passed away from taking too much Tylenol attempting to combat the effects of the 2nd vaccine dose. This is just another example to help reassure folks why even the 2,437 "associated" deaths (as of 4/29/21) may or may not be directly associated with taking the vaccine.

Furthermore, European studies of vaccine safety concluded that the chance of dying or being injured by the vaccine was about 1 in 8,000,000 for the Johnson and Johnson vaccine, a little better than that for the Pfizer and Moderna vaccines, and a little worse than that for the AstraZeneca vaccine. Interestingly, I once calculated that the odds of dying every time someone jumps out of an airplane to try skydiving is just about in 8,000,000. Would you push your grandma or your child out of an airplane if they were strapped to a qualified skydiving instructor and it meant they could no longer contract COVID? I hope you can see why people in this camp see the vaccine as safe enough to administer to anyone the CDC recommends.

Camp #4 - The "Very Concerned" Camp

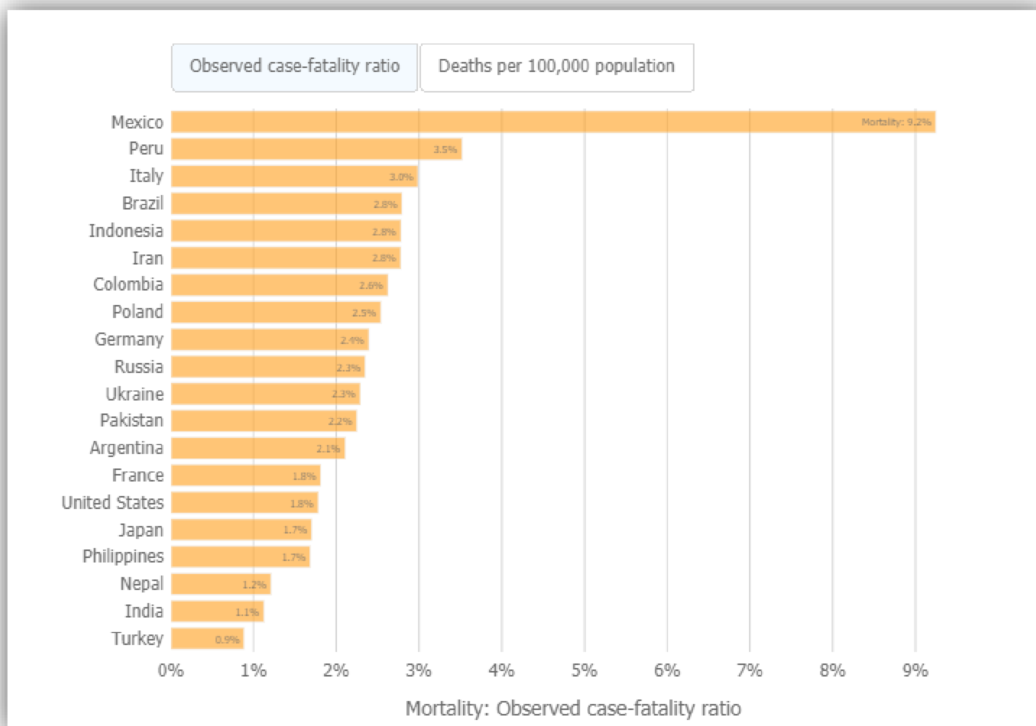
Similar to many in the previous camp, this group takes the virus very seriously. What separates them into this category would be that they would emphasize caution and "being sure" about decisions before lifting mandates, etc. Therefore, these folks are frequently more cautious than whatever the CDC may recommend. They tend to properly adhere to the advice of many experts in the scientific community, but this group is unique in that even when CDC restrictions guidance is relaxed, they may or may not be comfortable. The virus is so dangerous to many of us in this group that until all scientists are in consensus, it just doesn't feel right to "take our foot off the gas."

It is important to clarify that this group is **not** comprised only of unreasonable people living in fear over the virus or who are only afraid because they cannot understand data. As with each camp, this group comprises people in every stratum of society. It includes scientists, soccer moms, university professors, dentists, and even midwives.

Please understand that much of the information I would include for this camp is already covered in the CDC-following camp. If the info seems sparse here, assume it is consistent with the previous camp.

On the overall danger of the virus

I opted to include the information in this section with this camp even though many in the CDC-following camp would share a similar viewpoint. Many people in this camp look at the data presented by the CDC and WHO for COVID-19 and conclude that the numbers are downright frightening. Here are some of the latest data from Johns Hopkins University on "observed case fatality ratios" by country:



Most people who are taking the time to read this data understand that these are the **observed** case-to-fatality ratios and that the virus is not *actually* this dangerous. I want to be clear that I do not mean to

imply that people in this group are only “very concerned” because they don’t understand how to interpret graphs and charts. Rather, I submit to you that the scariest thing about this data for many in this camp is that the number of unreported cases can never be precisely known. Therefore, the only *certainty* that can be obtained regarding the question of whether or not someone would die from COVID is that “we know the fatality rate is as high as 1.8% in the United States,” etc. They understand that many people who contract the virus are asymptomatic or simply do not feel the need to report their case and that therefore the *actual* mortality rate is some unknown amount lower than 1.8% in the U.S. One Canadian publication in December of 2020 argues that the previously understood asymptomatic rate of around 81% is actually between 14-20% in most cases. If this is the case, it would lead one to infer that there are fewer actual cases than one might suspect and, therefore, *more deaths per case* than we would have previously imagined.

They also understand that a graph like the one above includes those of every age group and that the virus is much more likely to take the life of someone over age 75 than someone much younger. Nonetheless, the overall danger is clear. People may have other scientific insights as to why asymptomatic spread of the virus is more prevalent than one might think (e.g., the Tokyo study), but ultimately many in this camp conclude that this foe is real, deadly, and should be taken extremely seriously at every level.

The World Health Organization (WHO) recently published an article entitled, “The true death toll of COVID-19: Estimating global excess mortality” The article says,

> *A recent assessment of health information systems capacity in 133 countries found that the percentage of registered deaths ranged from 98% in the European region to only 10% in the African region.*

Even in Europe, for example, the reported COVID deaths are around 600,000. However, the WHO claims that actual excess mortality appears to reflect that a more accurate number might be closer to 1.1-1.2M when you factor in every country across all of Europe. Many in the “dissenting” camp might point out that this excess mortality conflates unreported deaths in nearby countries and additional deaths *caused* by the lockdown measurements. Still, it is yet another reason to be cautious when considering just how dangerous the virus really is.

On lockdowns

There is not much additional to say here except that the more concerned one is about COVID, the more appealing any measure to prevent the spread of COVID may be. Lockdowns certainly have immense costs, but many in this camp find it shameful to compare the monetary cost of lockdowns with the lives lost due to COVID. For many in this camp, the thinking goes that if *any* lives can be saved, no amount of worldly possessions can compare to that. In this regard, this camp has a healthy perspective that I’m sure we can all appreciate.

On masks

Many in this camp are naturally going to advocate for the mandated use of masks as much as possible in society. They rightly see that the government’s role is to act to protect citizens from harming each other. Wearing a mask and advocating for mask mandates is going to make sense to those in this camp until herd immunity is reached and **cases** go down to extremely low levels. In other words, let’s take all the precautions we can until we are quite sure this thing is behind us. After all, we wouldn’t want it to

reappear and re-spread into the community after we have gone through so much trouble to reduce the virus.

Some in the other three camps would argue that once the more vulnerable portions of the population who want to get vaccinated have had the chance to do so, wearing a mask should become an optional, personal choice. But we will continue to see pushback from those of us in this camp until the virus is essentially gone. This is because there will always be some unknown percentage of the population that is both asymptomatic *and* has been re-infected with a mutation/variant of COVID-19. Because we can never be *entirely sure* what this percentage is, people in this camp would argue that we might be relaxing our restrictions too soon.

"Bonus" Camp - The Long-Term Vulnerable

Let's begin by stating that those in this camp are not here by choice, and they would hardly feel like they are in any "bonus" camp. This group comprises many situations, but they all remain in an especially vulnerable position when it comes to COVID. I am not necessarily talking about your 88-year-old grandma or grandpa here. Rather, I am referring to those of any age who have a high risk of death or debilitating health if they were to contract COVID-19. This could be related to cancer, certain high-risk comorbidities, or immune system issues.

Some haven't been able to develop antibodies to COVID either due to the need to take immunosuppressant medications for reasons such as being an organ donation recipient. Others have autoimmune disorders such as Lupus, Rheumatoid Arthritis, and Crohn's disease. John Hopkins University estimates that around 10 million Americans statistically have a much lower probability of developing a normal antibody response via the vaccine or assumedly from contracting COVID itself. It stands to reason that long-term T-cell and B-cell immunity would also be less likely to develop in those of us in this group, leaving many of us vulnerable for the long term. A spring 2021 study published in the Journal of the American Medical Association (JAMA) reported that only 46% of organ transplant patients studied produced an antibody response to COVID-19. Thankfully, those 46% are not doomed forever. Subsequent doses of the vaccine have resulted in similar results. In other words, if someone with Lupus takes an antibody test after receiving the second vaccine and realizes they have no antibodies, they could conceivably get another dose of the same vaccine. Alternatively, a different vaccine sometime later would *again* have *another* 46% chance of developing antibodies for that person. Therefore, it would be a mistake to assume 4,600,000 Americans are out there wishing they could develop antibodies and cannot, but it would equally be a mistake to assume this number is less than 1 million. Think of it this way: Let's suppose you've always wanted two kids, one boy and one girl, but you have four boys from trying three more times for that little princess. Do you try for child number 5? Maybe, but maybe you say enough is enough. The same goes for taking the vaccine(s) repeatedly. Would you be comfortable taking the COVID vaccine a 4th time if you haven't developed antibodies the first three times? Possibly, but maybe administering four doses of the vaccine seems like too high of a health risk given the risk profile of the vaccine. Perhaps your existing health complications leave you vulnerable to whatever is the currently dominant COVID variant.

There are also those of us who may not have issues developing antibodies from the vaccine, but are so health-compromised that the efficacy of ***only*** 94-95% for the Pfizer and Moderna vaccines sounds very, very concerning. This could be those of us who have or recently had cancer, those who spend years of their life recovering from chronic fatigue syndrome(s) and don't want to regress ten years of their lives, those with COPD, and more. Thankfully, those in this group can be somewhat reassured by taking antibody blood

tests after taking the vaccine to ensure an effective response and N95 masks are more affordable than they used to be for more uncertain situations. However, since there are plenty of documented cases of breakthroughs, even for those who have already had COVID or who have had the vaccine, are we prepared to honestly tell every person in these situations, "just don't worry about it"? Even though most of the vulnerable population is now immune to COVID, it would be naïve to think we can't still spread it. This is especially true since cases could spike again this fall in the northern climate regions and portions of the population such as 12 and under often comprise 15-20% of cases in any given area.

Furthermore, many people who are concerned about COVID also do not trust the safety of the vaccine and fall into this group as well. They really wish they could justify taking the vaccine, but might be part of the roughly 3-5% of the population who are both very concerned about the virus *and* do not trust the vaccine. Since everyone is free to think for themselves, those of us in this category should by no means be discounted.

When we fall into this group, our own "opinions about COVID" obviously take on a very different perspective. Those with the exact same thinking process might otherwise conclude *one way* when it is safe for their family to go out in public without a mask, etc., but those conclusions might look *different* if that *same* person is immunocompromised or has a spouse with cancer. For those of us in these situations, we appreciate it so much when people are willing to take precautions for us or our family members, even when they are so tired of wearing a mask, limiting gathering sizes, etc. Sometimes it's going to seem like there will never be an end to COVID, but we truly appreciate every action done out of your understanding of what will make a difference. For those of you who make the choice to take precautions because you value your relationship with me: thank you.

On masks

For many in this group, seeing people who grow too tired of wearing a mask or following other recommended precautions for the sake of the long-term vulnerable can be really discouraging. Maybe you've hoped and prayed for your husband, wife, sister, or child and their health has been doing better lately. Then you see a group of friends having a party at their place when cases are rising in your area without masks and many in the group are not yet immune to COVID. This can be incredibly confusing from the perspective of the long-term vulnerable because they feel they would take those precautions for you, given their understanding of how much it means to those in compromised situations. "Am I just supposed to stay in my home forever because others in my community won't let me be in a safe situation?" Do they not see me because I'm part of such a small percentage of the population? I know I matter, but now I guess I'm wondering… how much *exactly*?"

In Acts 20:35, Paul (or *Saint* Paul for my Catholic readers) gives his last words to his friends in Ephesus in Greece as he insists he will never see them again. In his final exhortation to them, one thing stands out:

*"I have shown you in every way, by laboring like this, that **you must support the weak**."*

Acts 20:35a, NKVJ

Of all of the things Paul could have told them in those final moments with his dear friends, he chose to emphasize this along with only a couple of other points. To be clear, I am not implying that those with Lupus are weaklings. Rather, scripture here compels us where our priorities should lie. Yes, there are

considerations for when restrictions go too far and are unnecessary. But there will equally be situations where precautions are not taken for the sake of the long-term vulnerable among us for the wrong reasons.

I hope we can all appreciate that there could be as many as 1 million Americans who fall into this camp. These million voices can feel silenced, like they are not part of the conversation, and overlooked. Let us open our eyes.

How can intelligent people end up in each camp?

In the preceding sections, I have attempted to show how people in each of the camps or groups described might reasonably come to the conclusions mentioned. We all need to make sense of the world for ourselves. When those we admire, trust, or simply agree with on other topics share evidence or an opinion, we naturally tend to view the proposition favorably. The converse is also true. "If that no-good person, *so-and-so*, says it's true, then it's probably not true." The media making money over fear and conflict doesn't help any of us either, whether we are in the freedom camp or the very concerned camp. Some of us share information with too much heart and not enough head. Some brilliant people appear to have no compassion. Finding the balance can be difficult if people even want to strive for the balance at all. So how do we know if we are right and everyone else is blind or vice-versa?

The truth is that every camp has something to offer each of us and no one can tell you what that is except you. If you are on the journey to find as much truth as you can, you have to do the hard work of opening up to the stressful possibility that you are wrong. If you are someone who simply trusts that those in charge are making the best decisions they can, that's fine too. But beyond this, there is something deeper we need to understand about why smart people can come to very different conclusions, whether it is a ketchup vs. mustard debate or a COVID policy debate.

This "novel coronavirus" caused the death and suffering of millions all over the globe, but that wasn't its only difficult aspect. Viruses like COVID-19 cause a "crisis of medical uncertainty." This is especially true in a world where we have solved so many other medical problems in the last 100 years. We have figured out how to re-wire the renal system *in the womb* using cameras and electrical nodules that sometimes don't even require an incision. Yet, there appears to still be some uncertainty about just how much of a role asymptomatic spread plays in population immunity. We have performed surgeries to separate the brains of Siamese twins. Yet because COVID-19 is still so new, we are still learning about how dangerous (or not) new variants can be, to what extent reinfection is possible for those variants, what reinfection looks like after prior immunity, etc. Science takes time, effort, mistakes along the way, and correction by other labs to get things right in the end. In the meantime, the uncertainty naturally leads directly to various camps becoming more and more entrenched and narratives become stronger and stronger when the stakes are so high. In short, when you have a situation where the stakes are high, emotions are hot, opinions differ, *and* the science is still being worked out, you have *quite* a situation.

The black swan analogy

"My proposal is based upon an asymmetry between verifiability and falsifiability; an asymmetry which results from the logical form of universal statements. For these are never derivable from singular statements, but can be contradicted by singular statements."

- Karl Popper, Professor of Logic and the Scientific Method (1902-1994)

Professor Karl Popper famously said, “there is an asymmetry in proof.” If you and some friends are sitting by a large pond full of white swans and you only see white swans for one hour, you may logically infer that all swans are white. Your friends, who have been to other ponds and have seen only white swans, may agree with you that all swans are white. It isn’t until another person comes along and shows us a picture of a black swan that he claims was on the other side of the pond that things become interesting. When this happens, you immediately break into two camps. One camp will say, “That can’t be. All I see are white swans.” Another might say, “See, I knew all swans couldn’t be white. I told you!” A third might say, “Let’s wait until we have more evidence. For now, all swans are white.” A fourth might say, “More evidence?! How much more evidence do you need? There is a black swan right in front of you!” “He’s not right in front of me, he’s in a picture!”

The point is that “a lot of evidence” while something is still being researched does not automatically mean that something is true. All you need is one item of evidence in order to *disprove* a hypothesis. One of the best examples of this is that we now know that Hydroxychloroquine statistically does not benefit the recipient for COVID-19 outcomes despite initial optimism. This was the drug President Trump was optimistic about and touted as “a cure” after he took it for COVID-19 and subsequently recovered quickly.

The scientific uncertainty about many aspects of COVID-19 also means that complex data modeling can be drastically inaccurate. Much of the modeling in the UK and Ireland, for example, has not just overestimated the deaths that the virus would cause at the beginning of 2020. They also have gotten much of their modeling consistently wrong *since* that time. Policy decisions have subsequently been made regarding that modeling. The group that would prefer caution then sees a clear need for restrictions while those who are not as concerned grow all the more tired of them.

This has led to many public health officials in US state governments and countries across the world not wanting to make any quick conclusions, which in turn leads to more conflict over restrictions many see as needless, costly, onerous, or even counter-productive.

Assuming others’ motives

At the end of the day, different groups are going to have different levels of comfortability at different times with inferring conclusions when the stakes are high. Someone whose paradigm is that the virus is very dangerous for a particular family member will be much more cautious than others about inferring that masks do little to slow the spread of COVID-19. Someone who values kids learning in-person as a key part of their paradigm is going to want more proof than others when claiming that shutting down in-person schooling will save lives.

Because of the many examples of some degree of incompetence or fear we experience in many levels of everyday lives, we are always going to have the temptation to assume the worst about someone who thinks differently than we do. Those in the freedom camp will always be tempted to believe Dr. Fauci just wants to ruin their lives and has no evidence for what he believes. Those in the scientific dissent camp will be ever-tempted to demonize those who enact the “draconian” lockdown policies put in place by politicians trying to show just how safe they are so they can be re-elected. Those in the CDC-following camp will be tempted to assume people who do not wear a mask don’t have time to care about the long-term vulnerable in our midst. Those in the very concerned camp will be tempted to assume utter incompetence of the school board that doesn’t mandate virtual learning if cases spike again this fall. The truth is that

sometimes those things will be true and sometimes they won't (except I'm pretty sure Tony Fauci has no desire to ruin your life).

I think we should be really, really careful about assuming others' motives or levels of intelligence. Truly, this is the best we can do until everyone else catches up with how right we are about everything 😉. In the meantime, let's consider how conflict may continue in the coming months, given the variety of reasonable opinions out there.

Chapter 3 – Our Impending Conflict

In this chapter, we will go through some of the remaining impending conflict that will naturally arise in our society, our communities, and our families based on our understanding of the different camps described in the previous chapter. There are several possible outcomes for how things will play out for the virus in the coming months (or years). It is essential to understand the upcoming conflict before trying to think ahead and prepare our hearts and minds for dealing with the conflict in the best way possible.

How each camp might react to various circumstances

A few different possible scenarios could play out with the virus in the future at a high level. Many people have various levels of confidence that a particular one of these outcomes will occur, but no one knows for sure. Therefore, let us consider the various possibilities for how things will play out in America (other countries will have these same potential outcomes, but it may or may not be on the same timeline).

Outcome #1 – The virus is reduced to statistically insignificant levels in the United States before Oct/Nov 2021

Many doctors and scientists have predicted this outcome, including pulmonologist Dr. Mike Hanson who generally aligns with the CDC camp. America may reach herd immunity before the predictable "October resurgence" seen across northern climates like the Midwest and New England. No one knows the exact herd immunity percentage but let's take the "middle-ground educated guess" of 80% immunity being required for COVID-19 herd immunity in a population. Let us suppose that 70% of the population will have gotten vaccinated and that approximately half of the remaining 30% of the population will have developed long-term immunity by catching the virus naturally. In many people's minds, half of the population already having virus immunity would not be a stretch considering the study done in Tokyo and other cities, the prevalence of asymptomatic cases, etc.

This outcome could occur whether or not the southern United States experiences a "summer resurgence" as populations in the south often experience. Still, one key metric to watch for as a predictor of this outcome may be how places like Atlanta, Georgia fare in August. This is because of August 2020 data for Georgia, the additional skepticism Republicans have for the vaccine, and even the additional skepticism African-Americans have with taking the vaccine compared to those of European descent. An initial study showed that 12% of African-American Democrats are skeptical of the vaccine compared to 8% of White Democrats. This higher percentage is somewhat understandable due to the unfortunate truth that vaccines like the polio vaccine were tested on populations in Africa many decades ago where thousands died before a safe vaccine was finalized. If Atlanta, Georgia does well in August, it could be a predictor of how other cities like Milwaukee, Detroit, Philadelphia, Washington D.C., Chicago, etc., do by October.

Key Assumptions

- The long-term immunity stored in our bodies' T-cells continues to function as it does with other viruses both for the vaccinated as well as those who developed immunity naturally.
- A majority of the remaining global variants prove ineffective against those with immunity to the form of the virus targeted by the vaccine.
- The virus continues to follow seasonal patterns by region seen in the past for flu-like illnesses (a la Hope-Simpson's book).
- Vaccine skepticism does not drastically increase throughout 2021.
- Herd immunity can be achieved with a lower-end value such as 70-80% of the population.

How each camp may react

If this takes place, there will naturally be much rejoicing! However, those in the "concerned camp" may not be satisfied. Some may look at how the virus continues to spread elsewhere around the world, the potential for future variants, and the exception cases to traditional virus seasonality like the U.K. and South Africa and conclude that reducing COVID restrictions would still be foolish. There will always be a percentage of the population that will feel this way until COVID is eradicated from the earth and fades out of the news and discussion in the public sphere. Many people will insist that restrictions remain in place until COVID **cases** reach zero in the United States. There will be an even smaller percentage of people who will insist that until COVID is eradicated from the earth entirely because of how connected cities are globally in the highly connected global world we live in today. Furthermore, some may feel that COVID was a lesson for the world in terms of when it is appropriate to wear a mask on an ongoing basis for other diseases like the flu.

On top of all of this, many of us will *feel* that the virus existing at all is just too dangerous to ignore despite what data or science might say. While wisdom would suggest to all of us that using **both** our heart and our head in making decisions is best, some people are just plain wired differently than others. The news makes money by talking about COVID deaths. Politicians make decisions that are "better safe than sorry," and that demonstrate to their constituents how they are alert and decisive. This has led many people to overestimate the dangers of COVID. I should make it crystal clear that those I am describing in this paragraph are NOT the same as those concerned about the virus for scientific reasons. They are simply another group we need to factor in when making decisions for the future.

It is worth repeating that **each** of those in the "concerned camp" with this outcome would **not be morally wrong** for thinking and feeling this concern or even for feeling fear about the potential for spread or shame/guilt for participating in relaxed restrictions. Feelings are feelings. Thoughts are thoughts. It is only what one does with those thoughts and feelings that make them right or wrong.

Outcome #2 – Significantly less hospitalization and death

This outcome is easily visualized by most of us and probably what a large portion of the population "hopes for" as we head into the winter of 2021/22. Suppose vaccination efforts in various locations around the country stop at numbers much lower than what is required for herd immunity (say, 25% or less of a particular county or set of counties). In that case, the amount of natural immunity developed by the unvaccinated in that population may not achieve herd immunity. The math might go something like this:

V = Percentage vaccinated * 0.95 effective

C = Percentage of community spread among those not immune to COVID

T = Percentage of T-cell immunity among the unvaccinated

R = Overall death rate for reported cases

$$\text{COVID Deaths} = \text{Population} \times R \times \left(V + (100\% - V) \times T \times C \right)$$

This is just some “off-the-top-of-my-head” crude math that doesn’t factor in the more complex science of herd immunity. Still, it’s probably generally appropriate for this potential outcome where herd immunity is not reached.

We may continue to see a “newly vulnerable” portion of the population get culled by the virus over the winter (much like how the flu has culled a percentage of the vulnerable population for millennia). This would be tragic just as all death is tragic, but what I am describing for this outcome would be something similar to “normal” in the sense that COVID deaths may replace flu deaths over the seasonal periods in the United States. We may also see this outcome for a single season, or we may see a similar outcome for years to come (many throw out the number “5-10 years”), especially in the seasonal months by region.

Some epidemiologists pose that when the virus suddenly hits a pocket of non-immune people, we may see “mini-outbreaks” or “bumps” in the graph of deaths. We could see this in locations where vaccine adoption is low, a community who do not take vaccines for religious reasons (e.g., Jehovah’s Witnesses), or an inner-city population with mistrust of government vaccination efforts.

Key assumptions

- Global variants do not affect the potency or R-value (rate of spread) of the virus in the United States in 2021.
- Pockets of society have been isolated from the virus to date, which could be reached later.

How each camp may react

If this outcome becomes a reality, the “freedom camp” naturally will begin to insist that “enough is enough” and that *required* COVID restrictions (i.e., mask-wearing, limited gatherings, etc.) are not put back in place by any level of government. Some in this camp may feel that no restrictions should be allowed to be put in place. In contrast, others may advocate for individual businesses to make their own decisions instead of the government having any say in the matter.

Some in the “scientific dissent” camp will advocate that any sort of mandated COVID restrictions by government or business doesn’t have a statistically significant effect and should not be reintroduced. If restrictions are re-introduced in the fall of 2021, some in either of these first two camps may feel that a “red line” must be drawn and that civil disobedience on mask-wearing or gatherings size may be in order. “After all, if it doesn’t stop by the fall of 2021, when will it end?” they might say. Those in this camp may have to make different choices about where they shop, what businesses they support, or even which church they attend. “After all, what began as two weeks to slow the spread and not overwhelm the hospital system turned into over one year of COVID restrictions that didn’t have any effect on mortality and even caused a lot of hidden damage. Now that things are being re-introduced over a year and a half later, there is officially no end in sight and we have to draw the line somewhere.” It could get messy.

Those in the “CDC-following” camp will probably eventually come to terms with society’s fate and again deem that “whatever it takes to save more lives” is necessary and will accept reintroduction of mask-wearing, limited gathering sizes, etc. “It’s just the reality of the times we live in,” many will say. It may baffle many why those in the first two camps would not want to continue to do something so simple as to wear a mask in public. “It’s just common decency and not a huge deal,” they may think. They also may have more patience and not be as concerned about the re-introduction of mandatory masks or limited gatherings in restaurants. “Even Sweden canceled large-scale events in 2020…”

Those in the "concerned" camp may have a considerable challenge understanding why those in the first two camps would ever be ok with not wearing a mask in public when it is "clearly spreading the virus and death." How could anyone be so selfish and heartless? How could my church decide not to wear masks right now? Why would my conservative friends be so upset about the local diner reintroducing mask-wearing just for the remainder of the winter? This camp may also be severely disappointed with government leadership for "letting their guard down" when "clearly the virus can strike at any time, even if it has appeared dormant for months."

Outcome #3 – Worse than the flu, but improving

It is certainly possible that in October / November of 2021, COVID returns yet again with a large caseload that genuinely begins to worry many people all over again. It may not be as bad as the prior winter season, but the consensus may be that COVID is far from gone in the United States. Several factors could cause this, but the most probable would be underestimating global variants that have morphed enough to produce a significant caseload of "re-infected people" in ways we have not yet seen.

This may cause government officials in liberal "blue" states to reinstitute lockdowns in their major cities for reasons specified in the previous chapter. It would almost certainly cause mask mandates to be reintroduced at many levels of government across the country. It would also be likely that many universities or public schools would again revert to 100% virtual learning until area cases per 100,000 went below 200 or some similar standard.

Key Assumptions

- Global variants could significantly morph the virus to achieve a re-infection rate not yet seen on a global scale.

How each camp may react

In this scenario, those in the "freedom camp" may question their assumptions on how the virus works. Ultimately, it is likely that there would be a great deal of pushback against what is perceived as the government having too much power over people's lives. Many in this camp would react similarly to the previous scenario in which they feel that no restrictions should be allowed to be put in place while others may advocate for individual businesses to make their own decisions. They may feel that trust in the government to make the right decisions about health-related societal restrictions has already been more than broken and that individuals need to make their own decisions.

Most of us in the "scientific dissent" camp would likely also be a bit surprised in this scenario as it may seem "worst-case" to them. Therefore, some in this camp may begin to question their assumptions at this juncture. However, it is likely that if this scenario unfolded, those in this camp would argue that just because a variant took form and re-infected the population does not mean that the COVID restrictions that get put in place have any effect on society. In fact, they would likely argue that the slower the spread of the virus, the longer the virus has time to mutate. Thus, ironically the most dangerous strategy to take if this scenario unfolded would be to continue to enact lockdowns and social distancing. The Great Barrington Declaration would likely gain even more significant attention and be pushed even further to the forefront of public debate.

Those in the "CDC-following camp" and "concerned camp" will likely react similarly to the prior scenario. Most of us in this camp will eventually come to terms with society's fate and again deem that "whatever it takes to save more lives" should be the priority. Given what this camp feels is scientifically accurate, they

would likely continue to advocate for mandatory masks in society, accept lockdowns that occur in some "blue" states, and may bewail the lack of restrictions in some "red" states.

Outcome #4 – As bad as or worse than the prior year

By all accounts, this is by far the least likely scenario. Still, it is worth considering because it helps illustrate that the impending conflict is inevitable no matter what happens with COVID. The only real way this would be possible is if there was a global variant that both mutated to accelerate its danger **and** if everything we know about long-term T-cell immunity suddenly proves not to apply to COVID. The latter outcome is highly improbable based on current scientific understanding, but let's consider this scenario nonetheless.

Key Assumptions

- Global variants not only achieve a re-infection rate not yet seen on a global scale, but they also **accelerate** the amount of danger the virus poses.
- Long-term immunity of our T-cells suddenly does not work in the same way as it has with most other like viruses.

How each camp may react

One might have hope that such a heavy scenario would lead to all camps "coming together" to unite to conquer the virus together, but if history has taught us anything, this is very unlikely. In fact, this scenario would actually lead to the most conflict of all.

The "freedom camp" would still likely push back on restrictions citing the success of Sweden and Florida. The "scientific dissent" camp would likely continue to show data that while COVID is a great tragedy that has befallen mankind, they would perhaps all the more advocate for the strategy proposed in the Great Barrington Declaration in order to attempt to reduce the emergence of new variants. The GBD involves essentially no COVID restrictions at all for anyone in the non-vulnerable. This would result in extreme clashes with the pro-restriction groups.

The "CDC-followers" and "concerned" would be all the more justified in their feeling that given their scientists' science, COVID restrictions make absolute sense and more lives would be lost unless more extreme measures are taken.

Families with members in both camps will be torn when deciding how long to shelter the vulnerable from the rest of the society and the family. Long-term care decisions will get even more complex. It would be a complete mess. Thank God it is the least likely outcome at this point.

Conclusion – There will be more fireworks

We can see that there will continue to be conflict related to which restrictions ought to be in place from a societal level all the way down to the family level **no matter what the outcome will be.** In fact, even if the virus were to stay at a relatively similar level of danger for a time, conflict is actually getting *closer* every day. This is because there is only a certain amount of time people will tolerate restrictions that they passionately believe should not be in place. For example, many people in the "scientific dissent" camp accept that wearing masks is a loving, *temporary* concession, but how many people would accept wearing masks for another five years when they don't believe masks make any difference in excess mortality? Patience remains a virtue, but time is *not* on our side in terms of having to decide to eventually lift restrictions. If there is no end in sight, the restrictions themselves will backfire and people will ultimately have to set appropriate boundaries to protect themselves from tyranny – even within their own families.

Chapter 4 – Our Approach to the Conflict

With conflict on the horizon for all of us, we would be wise to prepare ourselves to go through whatever conflict we face in the best way possible. Is it right for us to succumb to the fears of others around us and continue restrictions with no end in sight? What is a morally acceptable risk to take when visiting Grandma if cases begin to rise again in the fall? When is it kind to advocate for measures to remain in place even when others no longer have the patience for them because everyone has a different opinion about the virus?

First, prepare your heart

There is no better way for us to begin preparing for conflict than to get our hearts in the right place. Scripture tells us that having a heart in the right place produces good things in our lives and the lives of those around us, but the opposite is also true:

"The good person out of the good treasure of his heart produces good, and the evil person out of his evil treasure produces evil, for out of the abundance of the heart his mouth speaks."

Luke 6:45 ESV

"Out of the abundance of the heart the mouth speaks."

Matthew 12:34b ESV

"If anyone thinks he is religious and does not bridle his tongue but deceives his heart, this person's religion is worthless."

James 1:26 ESV

Whenever we approach a situation where the stakes are high, viewpoints differ, and emotions are hot, we should first take a step back to regain our focus. This will get us going in the right direction and away from a deceitful heart producing evil where our attempts to follow in God's ways become worthless.

For the followers of Jesus reading this, let's bear in mind how He summed up God's desire for our lives:

*36 "Teacher, which is the greatest commandment in the Law?" 37 Jesus replied: "'Love the Lord your God with all your heart and with all your soul and with all your mind.' 38 This is the first and greatest commandment. 39 And the second is like it: '**Love your neighbor as yourself.' 40 All the Law and the Prophets hang on these two commandments.**"*

Matthew 22:36-40 NIV

Oh Lord, help me get my heart in the right place so that good can come out of my life! I can't do it alone!

"Let the words of my mouth and the meditation of my heart be acceptable in your sight, O LORD, my rock and my redeemer."

Psalm 19:14 ESV

23 Search me, God, and know my heart;
test me and know my anxious thoughts.
24 See if there is any offensive way in me,
and lead me in the way everlasting.

Psalm 139:23-24 NIV

Be humble, gracious, and understanding

When we need to work out a high-stakes situation with someone, it's a good idea to find all of the reasons why the other person is wrong, think about what your comeback is before the other person has finished speaking, and withhold good things from others because they don't deserve it, right? When was that last time you appreciated someone acting that way towards you?

When you were concerned about your brother going to visit your elderly parent in the nursing home and he told you that "you had no idea what you were talking about," that made you feel respected, right? Remember when your sister asked you to leave her house at Thanksgiving if you weren't going to wear a mask between bites of food at the dinner table? You got what you deserved, didn't you? Remember when the guy running on the path just ahead of you coughed and you jumped back instinctively? When he laughed at you mockingly, did you feel like he understood your concerns and treated you with dignity? Swell guy. Or what about that one jaw-dropping Facebook thread? You don't usually get upset by stuff like that, but yikes…

We know there is a better way to live, but that we can only change ourselves. We may have some influence over others' choices, but we have no control over them. When it comes to conflict, maybe we could consider this verse in Ephesians:

2 "Be completely humble and gentle; be patient, bearing with one another in love. 3 Make every effort to keep the unity of the Spirit through the bond of peace."

Ephesians 4:2-3 NIV

To contrast the examples above, did you feel honored when your family who usually wouldn't wear masks wore masks in their own house in order to include you for the get-together? Remember the relief you felt when yet another person asked you why you didn't want to get the COVID vaccine and they sincerely respected your decision not to get vaccinated? Or what about when you were talking in a group after church and someone chimed in with, "I can't understand why any '*real* Christian' would get the vaccine?" and the doctor in the group graciously kept quiet and assumed the best about their sister in Christ? Did you find your doctor friend's restraint admirable?

I believe we are called to something deeper than where our hearts go naturally when left untended. We can start with an attitude of "rising above." This way, we're on the path to the best way to approach conflict related to COVID.

Proper perspective: Us vs. Them

It's worth taking a big step back before we approach a conflict situation and consider with *whom* we are having our conflict. Sometimes our conflict will be with people who we feel don't deserve to be treated with gentleness and deference because "those people" are "not one of us" and they are just out to "impose

meaningless restrictions on our lives" or just out to "put my life and the lives of my loved ones in danger." Are we sure about this though? First of all, are you talking about an individual whose character you are pretty familiar with, or are you making assumptions about people you don't know? (We all love it when people do this to us, don't we?) And even if we are talking about a specific person with whom we have no particular loyalty, aren't they still fellow human beings? A fellow countryman? Someone who is made in the image of God and who deserves us approaching conflict with them in humility? Would we want that same person to put *us* in a box and assume the worst about us?

An additional consideration for Christians

If you're a Christian, there is a high standard when it comes to conflict:

7 "Very rarely will anyone die for a righteous person, though for a good person someone might possibly dare to die. 8 But God demonstrates his own love for us in this: While we were still sinners, Christ died for us."

Romans 5:7-8 NIV

20 "I have been crucified with Christ and I no longer live, but Christ lives in me. The life I now live in the body, I live by faith in the Son of God, who loved me and gave himself for me."

Galatians 2:20 NIV

3 "Do nothing from selfish ambition or conceit, but in humility count others more significant than yourselves. 4 Let each of you look not only to his own interests, but also to the interests of others."

Philippians 2:3-4 ESV

16 "We know what real love is because Jesus gave up his life for us. So we also ought to give up our lives for our brothers and sisters. 17 If someone has enough money to live well and sees a brother or sister in need but shows no compassion—how can God's love be in that person?"

1 John 3:16-17 NIV

Because Jesus gave His life for ours when we didn't even deserve it, we are called to "no longer live for ourselves" looking not only to our own interests but also to look out for the interests of others. If we harden our hearts and ignore a brother or sister's need to do what we can to protect them, how can God's love be in us? How can the love of God be in us if we do not place value on the plight of our marginalized brothers and sisters whose bodies no longer have the ability to develop antibodies? But at the same time, if we insist others stay in their homes, shutter their family businesses, do not put their kids in in-person schooling, or wear a mask when it really won't help, how can the love of God be in us?

The point is: None of us should approach conflict from selfish motives, no matter what our beliefs are or to which camp we belong. Some of my atheist friends would argue that this is simply not possible, but my Christian friends see firsthand how God can take messed-up people like me and begin to transform our hearts if we let Him. Wherever we're coming from, our motive in everything we say and do ought to be to

bless. It's not always clear what that means, but we are off to a good start if that is our compass and foundation.

Why do I even need a stance in the first place?

At this point, maybe you are saying, "Wait a minute. Time out. Can't I just avoid any and all COVID-related conflict with others? Who says *I* am part of the problem and will be participating in this conflict anyway? I wear a mask when I need to and am quite content to do so. I don't want to divide into teams or camps. I just want to love other people and be good to them." Actually, you are quite right! I believe most potential situations for conflict related to COVID restrictions could just be avoided if we would all just be content no matter the circumstances, and there is wisdom in finding contentment in life.

If you are ever asked, "What is your stance on mask-wearing?" I would applaud you if you say that actions that demonstrate love are greater than convincing others you are right. I have a friend named Tom who grew up in an environment where arguing one's position was commonplace. He even wanted to go to school in a particular field of science just so that he could argue his positions effectively. But one day, Tom realized that being right is not worth anything if we don't use that knowledge to love others with our actions. Tom made a major pivot in his life. Instead of pursuing his initial life goals, he eventually found himself working to create jobs closer to vulnerable members of his community that didn't have transportation. I give him much credit for in so doing he has reinforced that age-old lesson by his actions:

"People don't care how much you know until they know how much you care."

Do we need a stance on lockdowns, mask-wearing, and vaccines? Sometimes we do, but I feel it is best to start by framing that question around Tom's example.

The influence of our stance

What about our influence in the community? Is it important to take a stance for important COVID-related issues in the same way people put out yard signs showing how they feel a particular candidate should be elected or a policy enacted? Won't some people in my life be looking to me to see what I think?

One effect social media has had on our social discourse is that everyone who cares to know has a pretty good guess where most of their friends stand when it comes to politics or at least their stance on certain issues. This means that by now in the year 2021, I can pretty much guarantee which side of the aisle a majority of my Facebook friends associate with and I can then infer what they probably think about a particular issue. For this reason, I am very careful about what I post personally and try to only post political things when I feel it is important for our communities to consider a point of view that may not otherwise be communicated by anyone else.

By now, most of us are fairly entrenched in our views on COVID. Suppose we post something online or respond to someone's comment on a COVID-related post. In that case, it probably won't involve any earth-shattering, helpful revelations for our friends to imbibe (unless you are sharing a link to this amazing book of course! 😊). "People, we need to keep wearing masks. People are still dying out there!" Gee, thanks. I completely forgot! Therefore, I would argue that in most cases it's better to follow the advice of Samuel Clemens in these situations:

"It is better to remain silent and be thought a fool than to open one's mouth and remove all doubt."
Mark Twain

In other words, we do not always need to respond because it's better to quietly demonstrate love by our actions and in most situations, it is not going to help much anyway. If you still believe your stance is important to make clear to others, I think it's helpful to consider the effects of our actions visible to the public sphere vs. the impact of our opinions.

Prioritizing kindness over making our stance clear

There is an unforgettable story told by Christian author Preston Sprinkle involving one of the author's friends named Lesli. Lesli grew up in the church. Since she was little, she had always loved Jesus and was very involved. At the end of her freshman year of high school, Lesli's pastor began preaching on the "evils of homosexuality," condemned all homosexuals to hell, and said God had no forgiveness for such "unsavable deviants." Around the time Lesli turned 18, she came to the pastor to confide in him that she struggled to understand her same-sex attraction. Tragically, the pastor immediately had Lesli escorted out to her car without any further discussion. Lesli never returned.

Many years later, Lesli married a woman. This woman was a smoker and also suffered from something like Parkinson's disease where her fingers often shook. One day, Lesli's wife was grilling outside and her shaky hand caused her to drop her cigarette in a manner that set her whole body on fire. Lesli ran outside to attempt a rescue, but by the time she could help, the flames had already inflicted terrible damage. She died in the hospital a few days later.

Lesli was devastated. She had no idea what to do but knew that she needed to think about a funeral. She looked up churches in the area and cold-called the first one on the list with understandable trepidation. When the pastor answered the phone, Lesli told him what had happened. At that moment, the pastor simply said, "Lesli, we would be ***honored*** to do the funeral for your wife. Please let us cover all of the funeral and burial costs for you. This is the last thing you need to worry about at a time like this."

He didn't respond with a 3-point sermonette clarifying that particular church's stance on homosexuality before agreeing to help. That church showed God's love to Lesli in a powerful way and it eventually helped restore her trust with the church at large again. I would like to encourage all of us that when decisions about COVID come up or we feel the need to advocate for or against a particular policy, let us be like the second pastor in the story who prioritized God's unconditional love over making our stance clear as a precondition to kindness.

Wearing a mask and not pushing back might be the influence God wants from you

Continuing on the subject of our influence on others, let us pose a question to those who are skeptical about wearing masks and do not want to get the vaccine either: Suppose your adult child lives in another state and decides to fly to see you for a week. Suppose that an adult child sees the MIT study suggesting that the virus spreads just as easily at 6 feet as it does at 60 feet and decides the risk is too great to visit with you indoors or stay in your home for the duration of the trip even if it is at a distance.

At this point, the parent being visited will be torn between "wearing a mask is living a lie since it doesn't do anything" and being gracious to accommodate the concerns of their concerned adult child. In this situation, I should like to offer a couple of considerations.

If the reason is a matter of dignity (I might as well wear a clown suit when my son comes to visit!), might I suggest another hidden factor at play here? Your humility would be a show of your strength (or God's strength in your heart for the Christian) and communicate your values to those who hear about the terms

of your agreeing to meet together. Your flexibility might be what God is calling you to in this situation. This is **different** than you "wearing a mask out of fear forever" vs. standing up for what is right. This is saying, "I have a different opinion than you do, but I won't insist you see the world the way I do and I'm willing to make sacrifices for you."

"But that makes no sense!" you might argue. "That parent is only going to go out to the grocery store the next day with a bunch of other unvaccinated people indoors with no masks and have a lot more potential exposure to the virus than 100 visits with that son could ever expose them to!" That may be, but **that's not my point.** My point is that demonstrating your ability to be flexible and gracious is a *separate* consideration from the rationality of a particular situation. We will all have to weigh these situations as they come depending on how the virus unfolds, but the consideration is not "how do I find the balance between kindness and stupidity." Instead, it is "the positive influence of my decision vs. its rationality." Weighing these two is subjective. Therefore, the appropriate decision will depend on one's motives.

By contrast, if the reason for not wearing a mask is actually that the parent feels anxious wearing a mask or is concerned that wearing a mask itself has adverse health effects, then the adult child in the scenario may want to be more understanding. The right decision will again depend on one's true motives. Are they holding onto fear or control of some kind that is causing the visit to be unnecessarily awkward and burdensome? Are they being understanding about the parent's genuine anxiety caused by wearing the mask?

Finding a way to temporarily make virtual learning work again in the fall could be the influence God wants from you

"No way am I going to put up with that again," you might say, but as I've already explained in the previous chapter, this will depend on how things are going come October / November in the northern United States.

Suppose the virus hospitalizations and deaths are much worse than we hope for this coming fall (we all *hope* for no death, so I say "*much* worse") and there is some minimal data showing that even those who were vaccinated in early 2021 are more vulnerable to variants than anticipated (see Chapter 3, Outcome #3). Let's also suppose that a majority of teachers at your child's school are not comfortable teaching in person for fear that spreading the virus around the school will ultimately cause more death.

Obviously, this scenario gets very political very fast. Positions come into play on the role of public vs. private education, school funding, when teachers should be accommodated and when they should be let go. I won't dive into those political aspects and I'll cover similar conflict in the coming chapters. For now, let me provide another consideration as we approach this conflict surrounding the maxim,

"We should not insist others see the world the way we do."

If someone else is not comfortable teaching in person given the circumstances, that teacher should be not be forced to teach in person and they shouldn't have their job threatened *simply* because they won't acquiesce to the desires of the community. Now, here is where it begins to get tricky for us. On the one hand, we could pull our kids out of that school, call for those teachers who were not comfortable to change careers to a work-from-home job or even advocate for a portion of our property taxes to be allocated towards private education in our state. However, there are a couple of things to consider on the other side of the coin. Most teachers have spent years of their lives taking less pay than they could make elsewhere to prepare for and then make a difference in your child's life. It may be that COVID's extenuating

circumstances mean it is appropriate that they move on given the needs and views of the parents in the community who have a right to a say in how their money is being spent. Still, we need to once again approach this situation with humility, grace, and patience. With one full schoolyear of mostly virtual learning under our belts for some, we have a better perspective on what it means for a particular child to undergo virtual learning. I know parents who were initially greatly opposed to going virtual who changed their minds after seeing how it played out in real life and how their children's teachers could creatively make it work. Other parents might have initially been in favor of virtual learning for one schoolyear to play it safe but want to get back to in-person learning in the fall, considering how it has marginalized some of the underprivileged kids in our communities.

In an ideal world, all teachers hired by a district would have the exact same viewpoints as all of the parents and those viewpoints would change over time at the exact same rate as all the parents. However, if cases begin to rise this fall and tensions heat up at school board meetings again, you can bet this won't be the case. It's no secret that a majority of teachers in the United States lean liberal. Especially in districts where the parents lean conservative, there will be conflict about masks, social distancing, school-wide mandated virtual learning, and even funding for optional virtual learning. Might I suggest that in a conflict situation like this, both sides commit to finding a "3rd alternative" solution that is a win-win for both teachers and parents alike rather than pressuring teachers to comply or forcing certain individual kids into a less-than-ideal learning situation? It could mean strategically placing kids and teachers together in classrooms based on their level of concern about the virus. Some classrooms could plan to go virtual if the community reaches 200 COVID cases per 100,000 residents, some could plan to mandate masks for the whole class but stay in-person if cases reach some level, and some could plan to keep masks optional for the entire year. Those not as concerned about the virus could be in classrooms where masks are optional and would wear masks in the hallways or during assembly. The situations are further complicated though because teachers have a significant, additional burden on themselves in hybrid learning situations – just ask any teacher who has gone through it last year.

> *But the fruit of the Spirit is love, joy, peace, forbearance, kindness, goodness, faithfulness, gentleness and self-control. Against such things there is no law.*
>
> *Galatians 5:22-23 NIV*

Your ultimate decision will be coming from a much better place when we get back to patience, kindness, gentleness, self-control, and listening carefully to all stakeholders on both sides of the tension. It could also be that when we humble our hearts and listen to others' concerns, we will realize that the measure in question can be taken temporarily to alleviate some of the teachers' concerns. It just might be that learning to make virtual schooling work once again is what God calls you to do, and we should not rule that out. We need to be open to His prompting, no matter what that might be.

When a stance is needed

All this being said, do we have a responsibility to speak up when the stakes are high and someone takes a particular action or inaction we feel is wrong? I believe "the right stance" *is* needed as a last resort when decisions cannot help but be made or if that action or inaction infringes on the rights or safety of others.

Loving our neighbor

Jesus said God's second greatest command was to love our neighbor as ourselves. This means that any decision that we have to make which adds risk for our neighbor must be made with great trepidation. If we

are knowingly prioritizing our own freedoms over the well-being of those in our community and ignoring the warnings of healthcare professionals to which we don't have a substantiative retort, this is wrong. Notice I am not saying that one person's priorities are wrong and another person's priorities are right. Instead, I am suggesting that those priorities *must* be thoughtful of the community at large. If the group is instead under the impression that those same health professionals are not correct due to information they have obtained from *different* health professionals, that is a different story. Overall, we really must check our motives and be very thoughtful lest we become guilty of putting our neighbor at risk out of pride.

By contrast, part of loving our neighbor may be taking action to restrict the liberty of others when your action or leadership demands it. Suppose you lead a church small group or host extended family get-togethers and everyone in the group is comfortable with people making their own choice about wearing a mask or not because they believe that is what the data points to. Is it right to insist everyone wear a mask? I would argue this is actually oppressive and insisting that others see the world the way you do. If you have at least some members that wished everyone would wear a mask while indoors, you have some additional discussion and deliberation ahead of you, but if everyone in the group is comfortable, this would simply be oppressive.

Finally, consider a situation where a stance is needed in order to protect the community at large. If you lead (or have influence with or jurisdiction over) a group of some kind that meets in person and those people ignore what you feel is unsafe for the community at large, you… are presented with a tricky situation! On the one hand, you do have the responsibility to insist on what you feel is right for the community's safety at large (i.e., whether or not to meet in person, meet indoors, wear a mask, etc.). On the other hand, you don't want to insist the people in your group see the world the way you do. I believe this situation calls for a "crucial conversation" with those in the group about your concerns. Ultimately, you may have to decide that you are simply not comfortable participating in activities that you feel are unsafe for the community at large and hopefully those in the group can accept that. Hopefully, your group can find a win-win, 3rd alternative. I *can* say though that both saying nothing and handing out mandatory masks at your next meeting sound like very poor options.

Choosing an option that is most easily reversible is often wise

When a stance is necessary due to a complex and challenging decision that needs to be made, choosing the most easily reversible option is often the wisest. I heard an example from late 2020 that helps illustrate this point. A pastor of a church was all set to preach for a Sunday night service when he got a call from someone he had met in person with earlier that day indoors. The man informed him he had just found out he had been exposed to COVID-19 two days ago, was awaiting the results of a PCR COVID test, and that he wouldn't know until Monday whether or not he had caught the virus, too. Furthermore, the population that usually attended the Sunday evening service faithfully was generally elderly. Should the church scramble to call all 100 people to tell them service was canceled, or would that be overkill? Should they continue with the service since canceling every event at the slightest risk of viral spread might be overkill?

What helped the pastor ultimately decide to cancel Sunday evening service until the test results came back was that the decision to cancel one Sunday evening church service was more reversible than the decision to continue as planned. In other words, it would be easier to reverse the decision to cancel the service than it would have been to call 100 people back on Monday telling them they had been exposed to COVID-19 even if they felt the risk was low.

Offer people "an out" so that they feel comfortable

When a situation occurs where others may or may not feel comfortable, it's important to consider offering others "an out." This could apply to large-scale decisions such as whether or not to devote additional school budget dollars to accommodate optional, virtual learning, or it could apply to smaller events like family gatherings.

July 4th, 2021 will be here before we know it and I'm sure there will be a great many first-time family and friend gatherings without masks for some groups due to the vaccine having been given time to be distributed to almost every adult who wanted it. If you are hosting one of these and there are people in your family or group who you wish to invite that are in the "concerned" camp described in chapter two (or even the CDC-following camp depending on their guidance at the time), one of the things you can do to honor that person and reassure them without compromising your own standards is to reassure them you completely understand if they do not want to attend. You can also reassure them you are 100% comfortable with them wearing a mask and that you would never judge them for doing so. It can be an uncomfortable topic to bring up, but it is better to at least try to show that person honor than for them to show up to an unexpected, uncomfortable situation or for them to be wondering what you think or feel about them suddenly "having a headache" at the last minute.

The "biblical" COVID stance?

We have discussed *how* to approach difficult questions and decisions when it comes to COVID. Now, let's get into the "why." When it comes to conflict in the COVID era, how do we know when we have the correct viewpoint? Can we even claim to have the correct viewpoint, or is it prideful to think we are right and others are wrong?

For the Christian, truth begins with our most basic, foundational belief: That the Bible is the true, inspired Word of the living God – that it can be trusted to lead us in the best way. Christians are accustomed to having the "solutions manual" at the ready to help us with complex decision-making.

Wondering if you should co-sign a loan for one of your friends, but that person is not family and you have only known them one year? The book of Proverbs teaches us that this is not wise. However, it is called "righteous" if you simply gift that person what they are asking to borrow instead of expecting they will repay you. You aren't obligated to do it, but maybe God is calling you to help if you have the means. Is it ok to confide in your coworkers about your struggles with your husband, wife, boyfriend, or girlfriend? That depends on what you mean by "confiding." If what you are really doing is *complaining* and trying to get sympathy points for being right when your partner is so wrong, then no, it is definitely *not* ok. But if you are confiding in someone you trust not to judge your partner so that you can get help making sense of the stress and conflict in your life to be a better support and encouragement to your partner, then the Bible clarifies this as healthy.

Scripture helps us set priorities, too. Christians may disagree on the role of the government vs. the church in terms of who is responsible to take care of the poor, refugees, foreigners in your country, widows, and orphans, but the Bible is very clear that these vulnerable people in our midst need our help and that we must not forget their needs.

What does the Bible have to say about the conflict around COVID? With the exception of some of the Jewish law in the Torah, the Bible has little to say in terms of which scientific viewpoint is correct or how dangerous the virus is except:

"Where there is no guidance, a people falls, but in an abundance of counselors there is safety."

Proverbs 11:14 ESV

But even this verse does not tell us which viewpoint is correct because there are so many qualified people in each camp. Perhaps all this verse can tell us is that many people are going to have valuable information for us to consider and we should be open to everyone's opinion and ideas in order to help us make our decisions wisely. There are no verses about "wearing thy mask" or "whether or not thy lockdowns are counterproductive." It only clarifies what we should *do* about those problems and how to treat each other as we navigate them.

For this reason, COVID is a strange problem to have for the Christian because the issue is so contentious, affecting everyday life in powerful ways and yet there is no "standard of truth" in terms of virus strategy. In a way, COVID is a (hopefully temporary) test for all humanity in how we treat each other when we have to fend for ourselves in what is right. Therefore, we should *expect* great tension and conflict even in a room full of godly saints, let alone a world full of imperfect folks like us!

Which stance is the right one?

When a stance *is* required for a situation of ours, how do we know which stance is the right one if even the Bible can't tell us? Do we count the number of scientists by camp and go with the largest one? Perhaps if it is by far the largest and makes the other ones look like conspiracy theorists, but it doesn't take a rocket scientist (like the ones in the camp I subscribe to, of course) to see that the majority opinion is not always the correct one. Perhaps we should come up with some complex mathematical formula where we multiply the credentials of each professional in each camp by the number of people in that camp multiplied by their credentialed, published papers… you get the point. That's not going to go anywhere either.

Ultimately, I believe we each have to defer to the experts whose message and whose data resonate with us the most. We should go in with both eyes, our whole mind, and our whole heart wide open, but we really can't do any better than that at the end of the day. Everyone has to do what is right for them and we should, in turn, not insist that others see the world the way we do. If we are truly convinced of a certain opinion on a life-and-death issue like COVID, we can only hope first to demonstrate how much we care and then share our perspective with others in the best way we know how in the hopes that we can make a positive difference on the earth in the precious time God has given us to live here together.

"Can we even know which stance is right? There is so much we don't know about COVID."

I have heard many friends tell me this over the past year almost as if none of the newer, helpful information coming out of studies around the world could inform our decision-making. I can understand why people would think this way, but speaking on behalf of everyone who is increasingly confident in their opinions on COVID I humbly submit that we know more and more every day. As of the writing of this book, we know quite a lot. We might interpret that data differently, but we have a lot more data nonetheless. As a reminder of one example, there have been over 40 published scientific papers in the past year alone on either the ineffectiveness and/or hidden dangers of lockdowns. The amount of evidence both for and against mask-wearing, vaccine safety, antibody lifetimes, and social distancing only continues to grow across the globe. It's vital to recognize anecdotal evidence for what it is and focus mainly on solid data, but we are truly growing in our knowledge of the effectiveness or ineffectiveness of various measures depending on one's context.

I think what people often really mean when they say this is, "there is an overwhelming amount of conflicting scientific opinions out there on such a heavy subject and it's tough for me to process it all." I don't want to assume this is what everyone who utters that phrase means, but if that is you, I totally get it. We need to think for ourselves based on our time and ability to process this stressful information and almost all of us will have to look to those we trust for guidance. It's good to stay skeptical, consider viewpoints other than your own, and even try to get to the point where you could clearly articulate the concerns of opposing sides of these issues. That's the best we can do and that's ok.

Justifying your position

When I was a toddler, I was infamous for occasionally wanting to run into the bathroom and throw whatever toy I was playing with into the toilet. When my parents told me no, I found a way to make it ok to still go into the bathroom to throw my toy in the toilet: All I had to do was to crawl into the bathroom backward! Problem solved! I would carefully look around to see if I was being watched (even though it was totally ok), turn around, and then carefully creep backward into the bathroom on all fours. As soon as I was close enough, I quickly turned around, threw the toy into the toilet, and raced out of the room.

Over the course of my life, I have tried to analyze myself to improve. One of the things I have realized about myself is that I often attempt to justify the things I want to do even if they aren't quite right. It started with the way I would back into the bathroom over 30 years ago. I've therefore always been wary of myself trying to justify something, especially when others around me are making different decisions. Yet, it is generally a good idea to think for oneself instead of simply regurgitating others' ideas or being a mindless lemming. This is why the "How do you like them apples?" scene in "Good Will Hunting" resonates with us so much. As I have wrestled with trying to formulate a fair-minded understanding of COVID given all of the disagreement, I have mostly settled on a position I feel justified after taking a few things into consideration.

Respecting others who see things differently

One of the most important things I have settled on for myself is to not look down on those who see things differently than I do. This is actually easier said than done as we will all admit if we are honest with ourselves. After I began to do some research into some of the points of conflict, I started to consider others' opinions as less-informed than my own. However, once I started to realize my pride in this and catch myself, I began realizing that part of justifying my own position actually needed to involve having a respectful heart attitude towards those who see differently than I do. This is partly because the more I became prideful in my own understanding, the less I was actually willing to challenge my position and, as we all know, challenging one's position in a vulnerable, honest, and open manner is what leads to understanding. Sure, sometimes people cite data or have concerns that are more "basic" that I wouldn't agree with, but I've come to believe that when I don't hold onto my position of being right so tightly where my motive is to do what is kindest to others, I end up learning more in the process. This has undoubtedly sharpened my understanding of certain things and only reinforced other beliefs of my own. Overall, being open has made me more confident that I am closer to the truth than before.

Part of respecting others is to follow the maxim stated at the beginning of this book: "Do not insist others see the world the way you do." Once I begin rolling my eyes at a Facebook post that goes against my viewpoint, I begin to develop contempt for that viewpoint and maybe even for that person who shared it. Yikes! I don't believe that is what God desires for me and I've had to repent a few times. Lord, let me quietly gain understanding in these matters, but in a way that doesn't insist my friends and family are the enemy so that I am not blinded to the truth by my own pride.

The stress of new information

Another best practice for coming closer to the truth in matters such as these is not to be afraid of data. This is also much easier said than done. When new information is presented to us that goes along with what we want to hear, this builds our confidence and we like it. There's nothing inherently wrong with this and this kind of reassurance is actually what we all need in order to make sense of the world with all of its problems and confusion. Furthermore, when "uninformed" information that goes *against* our narrative is shared with us, this also tends to reinforce our beliefs. "See, the other side is trying so hard, but they just don't get it." Much of the time, this is absolutely true no matter which side you are on and we are actually pretty good at recognizing this.

The other side of the coin though is that when information that goes against our narrative is presented to us that we cannot explain, it is quite stressful. Even as I write this book and seek understanding from informed sources, this has been true for me regarding masks – my understanding is much more nuanced after writing this book and the process of arriving there hasn't been easy. Psychology professor Jordan Peterson of the University of Toronto explains in his book "12 rules for life: An antidote to chaos" why such new information is so stressful. He uses the following example: Suppose a man whose wife has been loving and faithful to him for decades is suddenly caught in an affair that has been going on for months or years. This is extremely stressful for a person not only because it changes their present and their future, but it also changes the past, which is "unalterable." This man understood the reality of his past to be one thing, but now he has come to understand it is completely different and part of his very foundation has been pulled out from underneath him.

When we are presented with data that goes against our narrative for something as ubiquitous and high-stakes as COVID, it can be extremely stressful. What is more, there is honestly a wealth of information out there on mask efficacy, mortality data, variant strength, vaccine safety, etc., for *both* sides from qualified individuals who are all trying their best to figure out something nobody knew much about just over one year ago. Data that we agree with can be stressful enough if it is bad news, let alone data that conflicts with how we have made sense of the world. Yet, to increase our understanding of high-stakes issues like COVID, we *need* this new, stressful data to come in if we are going to grow in our understanding. Good science, after all, is people disagreeing with each other's hypotheses, testing them out, and then trying to admit when you are wrong.

In case nobody told you, my life looks different than yours. I have my set of stresses, both good and bad, and you have yours. Everyone has a certain tolerance for stress based on body, wisdom, experience, current responsibilities, and much more and no two people are exactly alike in what they can handle. One of us might have the propensity to occasionally have a short conversation about COVID, while others like me are total masochists who can't get enough of stressful, conflicting information. Those with healthy life boundaries understand when thinking about the virus and researching is too much and can set limits. Others are thrust into the world of COVID concern in an overwhelming way due to their own health limitations or risks.

We all have to find that balance as best we can between staying informed in order to make good decisions and protecting ourselves from too much stress that comes from learning about COVID. As long as we are doing our best to learn when we feel it's appropriate, this is the best we can do in terms of justifying our position and that's ok.

The strangest of conundrums

Therefore, we have the strangest of conundrums: Wherever two or more are gathered, there will **always, rightfully** be varying positions on vaccines, mask-wearing, and gathering size limits. This is especially true in the realm of COVID where anecdotal evidence or studies with conflicting results have to fill in given the absence of some "gold-standard" studies. Is the virus airborne? Do lockdowns cause more death than they prevent? How dangerous are the variants?

Setting the backdrop for our conflict hopefully helps us understand why it occurs. It helps explain why some people, even with the best intentions, will undoubtedly place others at unnecessary risk to some degree at certain points in the pandemic (and beyond). It helps explain why some people will undoubtedly insist on useless precautions that limit the liberties of others to some degree while the virus is with us. These truths are as unavoidable as the spread of the virus itself once it became a pandemic.

In the next chapter, we'll consider some real-life circumstances under which our positions clash.

Chapter 5 – Living in the Tension with Others

"In necessary things unity; in uncertain things liberty; in all things charity."

- A theological maxim at the time of the reformation -

It has been said time and time again throughout history that life would be a whole lot easier without having to work with other people. Getting our hearts right, showing deference, and only taking a thoughtful stance on COVID issues when necessary is one thing. Once you have to show deference to and be thoughtful for other real people, it gets harder real fast.

In this chapter, I would like to offer some considerations for how we deal with actual COVID conflict with other, real human beings made in God's image.

Real tension

Recently, some friends told me about a young man from Bangladesh who was getting his Ph.D. at Marquette University here in Milwaukee, Wisconsin, where I live. This young man had been under a tremendous amount of pressure from his professor. Earlier in 2021, this young man took his own life. It is a little-known fact that as many as 10% of all Ph.D. students in the United States think about suicide at least once during their Ph.D. Especially the ones that are from overseas often undergo long periods of 14-hour workdays 6 days per week. This can last for months or even years during the 4-6 year process. This dear young man in my city was already at-risk just given the massive undertaking. While it is not COVID's fault, the isolation created by COVID likely played a significant factor in this young man's life.

Grad students, veterans with PTSD, those who experience gender dysphoria, drug addicts, and many more such groups of us are at-risk for suicide. Suicides have significantly increased over the last year globally due to the isolation and lack of soft benefits relationships create. Countless others experience the isolation COVID brought while living alone. While it didn't kill us, it was very difficult for so many of us. Anxiety and depression are up as well. This has caused many in society to question the wisdom of lockdowns are we are torn in that direction.

But then we all know stories like one our dear friend Karin shared with us. As a nurse, Karin made calls over the past year for the local health department's contact tracing efforts. She would inform people of their test results and ask about those with whom they had been in contact. Earlier this year, Karin encountered a situation where someone tested positive for COVID, but before they knew about it, they had had a conversation with their next-door neighbor without all of the safety protocol one might advise. This next-door neighbor, around 70 and very fit, thought nothing of it, but then an ambulance came and took him away to the ICU a few days later. The neighbor had infected him when she let her guard down just a little and she felt absolutely devastated.

Most of us have heard of situations over the last year like these (especially the latter). So, what do we do? How do we find the balance for when to stay home? When to wear masks? When to get vaccinated or not?

Be considerate where you have control

I would argue that in a healthy marriage, spouses should understand that forcing the other into something they are not comfortable with is not right. Of course, some decisions have to be made where one will not

be comfortable with the decision no matter which of the two options is chosen, but this is rare. For example, there may be a disagreement about where to send your kids to school, but one thing that would not be appropriate would be to force your spouse to homeschool your kids if they did not feel comfortable doing so. This would be insisting your spouse sees the world the way you do.

We ought to apply the same considerations in the world of COVID conflict. Outside of governmental mandates, which are to be respected and followed while in place unless they are immoral, it's important when making decisions that will generate friction to draw the line at forcing others into something they aren't comfortable with whenever possible. This can actually go both ways. The most significant way we can wrongly insist others see the world the way we do is to take actions that make others feel unsafe, but we can also do this in reverse by such things as advocating others stay "safer at home" simply driven out of fear instead of data. It all comes down to one's motives and what we feel is best for our neighbor. I contend we are walking in the right direction when we are looking to find the balance between not making others feel unsafe vs. not restricting others when they do not feel unsafe.

Consider this real-life situation that illustrates this point. Suppose you believe the vaccine to be relatively safe, your parents in their late 60s do not, and you are concerned about their safety. Now let's also suppose you (or your wife) are pregnant and you know your parents will want to spend a lot of time with the baby in a few months when cases will be on the rise. You wish your parents would get vaccinated to protect both them and the new baby and it's really hard to have a conversation with them about it. Perhaps in this situation, a creative 3rd alternative can be drummed up where the grandparents feel comfortable wearing an N-95 mask (now much more affordable in the US) that you offer to purchase for them while visiting with the baby rather than not allowing them to see their grandchild at all. Perhaps you commit to researching the COVID mortality rate for infants if you don't already know it to make sure you understand if it really is dangerous or not for your infant to be around the grandparents. If you cannot agree on a creative way for *you* to feel safe about your child though, you need to set a healthy boundary and you have every right to do so. This is *your* baby and no one else's. As long as you discuss options openly with a listening ear and do not simply "lay down your terms," you are doing what needs to be done.

What about a church whose congregation is split to some degree between those who are quite concerned about the virus and those who are not? What happens when cases begin to rise in the fall and pressure mounts to re-introduce mask mandates all over again in a state where mask mandates are not present? What is the most considerate way to approach the situation where things remain safe for the concerned folks while not oppressing the not concerned? This situation again calls for some creativity, especially when almost all those who wanted to take the vaccine already had a chance to do so. If the church is in a warmer climate, perhaps the church could meet outside **temporarily until a specific time or metric is reached,** even if their funding has gone into a beautiful sanctuary over the years. After all, being the united body of Christ is more important than anything, and a non-theological issue like this should not get in the way of relationships. If the climate or logistics of such an option are not conducive, maybe the church concedes certain points and mandates masks for Sunday school kids and teachers except for those who aren't comfortable with masks due to anxiety or health reasons **until a specific measurement is reached.** This would be because kids are not vaccinated and most adults have the option to be. The church could also agree to mandate masks in the services until some limit is reached where they would become optional again. If limits such as, "We will mandate masks in Sunday school until hospitalizations in our county are below X for 7 days in a row," this gives people assurance that you are not needlessly restricting them for an arbitrary amount of time, especially if people on both sides of the issue have buy-in into what that number

is. It also helps them gauge precisely what kind of restrictions the church has put in place in order to assess if the burden is crossing the "line in the sand" or not where they would have to find another church. Almost all situations will *not* require leaving a church, and having this clarification in place can help assure people to realize that.

Finally, it is worth mentioning here that withholding something good from someone in your life who won't get the vaccine for the sake of *their* health is not right. At the end of 2020, before Pfizer, Moderna, and VAERS became household names, I admit that I seriously considered forcing my mother to take the vaccine for her own protection where I would withhold my children from her until she did what she needed to do. Ultimately though, I concluded that this would have been very inappropriate of me, "insisting my mother see the world the way I do," and honestly no different than me disagreeing on the subject of masks with someone. Unless you are someone's caretaker where they cannot make decisions for themselves anymore in their twilight years, adults need to make their own decisions about getting vaccinated or not, no matter how effective their decision-making has proven to be in the past. This principle should remain in place for the sake of something we don't focus on a lot in western culture: honor. In order to thrive, we all need to be valued and respected in our lives. This actually correlates strongly to longevity and heart health (read the beginning of Malcolm Gladwell's book "Outliers" to find some fascinating specifics!) If we say to someone we will withhold something good from them *strictly* to protect *that* person, we are communicating to them that they are shamefully unable to take care of themselves and that we value them being kept safe (by our definition of "safe") more than we value our relationship with that person. I can hear it now, "You don't know my dad. There are mental health issues there!" That may be, but unless that person's health decisions need to be taken over entirely for the remainder of their life by a power-of-attorney, you just may want to re*consider*.

In each of these situations, the phrase "perception is reality" is important to keep in mind. For those who are not familiar, "perception is reality" is the concept that whatever the other person *perceives* to be the case in a situation *is* reality for that person. Decisions that we make that are perceived to be either dangerous *or* needlessly oppressive *are truly dangerous* for that person. "Yeah, but what if they can't see the reality I see?" you might ask. If someone is wrong, they are wrong, and there may be dangerous consequences for them, but my point here is that it actually doesn't matter what the truth is when it comes to being kind or considerate. It only matters how you are treating that person. This is true whether or not they are right and you are blind to a dangerous reality or whether they are suffering from extreme paranoia about something irrational. It's still important to be considerate to your fellow man because their perception is their reality and we need to respect that. Now, although it is always wise to consider what others have to say, we are *not* obligated to adopt other people's understanding of the world as our own. We simply need to show kindness to others where appropriate (healthy boundaries) while disagreeing graciously.

> *3 Do nothing out of selfish ambition or vain conceit. Rather, in humility value others above yourselves, 4 not looking to your own interests but each of you to the interests of the others. 5 In your relationships with one another, have the same mindset as Christ Jesus: 6 Who, being in very nature God, did not consider equality with God something to be used to his own advantage; 7 rather, he made himself nothing by taking the very nature of a servant…*
>
> *Philippians 2:3-7a, NIV*

Love and Kindness win

I recently had the privilege of spending a couple of hours with Marc and Nancy Erickson. Marc is our church's Pastor Emeritus after 30 years of being our pastor. Marc is also a medical doctor and spent time in eastern Africa fighting cholera in the 70s. I asked them, "You spent decades shepherding our church that is made up of Democrats and Republicans from both the city and the suburbs. How do we handle conflict on such a high-stakes issue such as COVID restrictions?" The answer they gave me was not an if-this-then-do-that flow chart, but rather an answer that suggests perspective and where our hearts are is everything. Nancy said,

> "Love and kindness win. If we listen to each other and love each other, God will give us freedom."

Not just "God will show us the right way to go," not just "God will help us find a way out of difficulty," but "God will give us **freedom**." Yes, there will be certain situations where boundaries are ok to set, but if we want freedom in our lives from restriction, let the love of Christ first change your perspective to set you free.

"Great, Ryan. I'll get the guitar out and we can sing Kumbaya and hold hands while wearing masks outside in the breeze in July." Not so fast, buckeroo. I'm not suggesting we change our minds at all on any virus or even let go of our healthy boundaries so that we can "feel free" when we really aren't. I am suggesting that the best decisions for everyone will be made from a heart and mind that are "free" first to love their neighbor and then stand up for what they think is right, which is also loving their neighbor.

Sometimes, I like to think about different "levels" or "tiers" of thinking regarding certain issues. Let us now think ahead to the fall when cases may or may not begin to rise again in our areas. Here are some examples of thoughts that hopefully help illustrate my point:

Level 0

- "I have no more patience for mask-wearing. I am done no matter what your cautions are. I'm done wearing masks and you should be, too."
- "Only a fool (or a neanderthal) wouldn't wear a mask since cases are on the rise. The experts said so! Everyone must wear a mask when cases rise or you are a granny-murderer!"

Level 1

- "Mask-wearing is a total farce and anyone who participates in it is not sane. I saw a chart showing that masks don't make any difference."
- "Most experts who I agree with think masks make some kind of difference so I think mask mandates are a good idea."

Level 2

- "I've wrestled with the conflicting opinions on masks and concluded that masks appear not to negatively affect excess mortality, so I'm going to advocate for no longer wearing masks unless we are around vulnerable people who request I do so. Anything less really would be oppressive."
- "I've wrestled with the conflicting opinions on masks and concluded that masks have a minimal effect on excess mortality, but considering the availability of the vaccine, I've decided I'm going to

no longer wear a mask unless it would exclude the long-term vulnerable from my gatherings or communities."

- "I've wrestled with the conflicting opinions on masks and concluded that masks have a minimal effect on excess mortality, so I'm going to wear a mask in public while cases are high to protect vulnerable around me."
- "I've wrestled with the conflicting opinions on masks and concluded that masks do save some lives. I'm going to advocate for public places to mandate masks, even though I understand it's a burden on those who don't think masks do anything. It's just that I want to protect others as much as possible. I will also respect others' decision not to wear them, but think we really ought at least while cases are high. Anything less feels unsafe to me."

If we take the positions we do in our impending conflict with an attitude of love and kindness, then we will be influencing the narrative in a healthy direction. Instead, if we will only be free when everything goes our way, well… it's going to be a lot longer until we are free.

Low-hanging fruit: Relationships are more important

Once I saw this guy on a bridge about to jump. I said, "Don't do it!"

He said, "Nobody loves me." I said, "God loves you. Do you believe in God?" He said, "Yes."

I said, "Are you a Christian or a Jew?" He said, "A Christian." I said, "Me, too! Protestant or Catholic?" He said, "Protestant." I said, "Me, too! What franchise?" He said, "Baptist." I said, "Me, too! Northern Baptist or Southern Baptist?" He said, "Northern Baptist." I said, "Me, too! Northern Conservative Baptist or Northern Liberal Baptist?" He said, "Northern Conservative Baptist." I said, "Me, too! Northern Conservative Baptist Great Lakes Region, or Northern Conservative Baptist Eastern Region?" He said, "Northern Conservative Baptist Great Lakes Region." I said, "Me, too! Northern Conservative Baptist Great Lakes Region Council of 1879, or Northern Conservative Baptist Great Lakes Region Council of 1912?" He said, "Northern Conservative Baptist Great Lakes Region Council of 1912."

I said, "Die, heretic!" And I pushed him over.

There is certain "low-hanging fruit" when it comes to COVID conflict where we can prioritize our relationships over our disagreements without compromising our healthy boundaries.

Relationships over mask policy

You will recall from chapter two that while there are many in the "scientific dissent" camp who still advocate for the use of masks, there are also quite a few scientists who believe masks have no effect on the trajectory of the virus in a population and do not see a point to wearing one, especially around a group of vaccinated folks or those who do not consider themselves at-risk for COVID.

At the most basic level, I really want to encourage all of us in this category to try our very best not to let mask-wearing get in the way of our relationships *even a little*. Whether you agree with it or not (and for whatever reason), the decision to wear a mask that you believe to be a needless (and stinky) inconvenience can nonetheless be an act of kindness that we can do to show honor and deference to those who prefer it

in certain circumstances. The most obvious way we can do this is to oblige our parents or anyone else a little older who is either immunocompromised and cannot develop immunity through the vaccine or is too concerned about the health risk associated with the vaccine to take it. If they prefer to have a relationship with you and they prefer you to wear a mask in your presence, dare I say, even outside, I believe it would be kind to do so.

Now, you may suffer anxiety, headaches, or other adverse side effects when wearing a mask. It stands to reason that given the recent study demonstrating that children take in approximately 6 times the amount of carbon dioxide as usually when properly wearing a mask that adults would be affected similarly. In the same way that we want to give victims of abuse the benefit of the doubt and not judge that "it's all in their head," I think it's important not to dismiss such concerns that our friends or family may have. In these situations, having an open discussion about coming up with a creative alternative to wearing a mask that still makes that person feel at ease is in order. Anxiety is the harder one, but if it is headaches, etc., maybe there is a different kind of mask out there that might work for you. One of our friends tried many different masks in mid-2020 and recommended Texas Masks to me. Our family has settled on these and I can say that at least the fresh ones have no odor to them for at least a while (even with my stanky bref!).

Remember, we are all only using our best guesses as to which professionals we feel most comfortable deferring to for COVID guidance. This is not a moral issue. Above all, have that awkward conversation with your sister, your mom, your friend and let them know you are willing to honor them when you come over.

Respecting others decisions about the vaccine

I have noticed some people getting upset about other people's decision to abstain from the vaccine. I can understand why some might be upset about such a decision if they are convinced the vaccine is "perfectly safe" and that reaching herd immunity faster will save lives. Still, I have also seen people get upset about other's decisions to *take* the vaccine. I didn't really expect this since taking the vaccine ought to be a personal choice, but I do have a theory on why this is upsetting for some of us. When stressful, high-stakes conflicts like COVID arise, part of how we make sense of the world is by finding other like-minded individuals to navigate these challenging questions together. I do this with my closest friends all the time and I hope you possess the companionship to do this as well. COVID is such an interesting topic though because the stakes are still high, and yet the moral basis for our decision-making is absent in that the Bible and other ethical frameworks have no crystal-clear command about lockdowns, masks, and vaccines (except perhaps for certain groups in Orthodox Judaism). Due to such decisions being somewhat divorced from morality and even political lines to some extent, we find people all over the map in terms of whether or not they are comfortable or uncomfortable about taking the vaccine.

This means when those who are close to us and whose relationships we value come to different conclusions we do regarding the vaccine, that relational foundation in our lives suddenly becomes a little shaky. "What do you mean you don't trust the vaccine? How could you not trust a 1 in 10,000,000 chance of dangerous side effects? I thought we were close and saw eye to eye on things!" This person now has to process this stressful relational dissonance. "What do you mean you would get the COVID shot? Are you crazy? Did you hear about the 17-year-old in Wisconsin who went into cardiac arrest last week from the shot?" This person now has to process this stressful relational dissonance and may even convince their friend not to get the shot.

I hope that we can all take a step back and realize that this is one of those issues where even like-minded people will come to different conclusions about the vaccine. For example, my best friend and I, who think very much alike and have for the last 25 years came to different conclusions about the vaccine. One of us got it and one of us didn't, but we are still best friends. While tactfully sharing information is helpful and thoughtful and we should do so, we can hopefully all agree to disagree and not worry too much that suddenly everyone we thought was our friend is now going crazy.

Don't exclude people based on assumptions about their beliefs

If your child came to you and said, "The girl down the street always seems to have a mask on when playing with the other kids. That's weird. Maybe I'll play with my other friends instead," what would you say? You would probably tell them to make sure you don't exclude that girl or shy away from her just because she is doing something different from you, right?

I think another "low-hanging fruit" item is to think carefully about how we can consciously include or not exclude people in our communities based on assumptions about their "COVID beliefs." Maybe there's that couple in your small group who is very concerned about the virus and the rest of you are not very concerned. When you began meeting in person again and they weren't comfortable meeting in person, did you find a creative way to prioritize the relationship over "COVID stuff"? Maybe you used to go to restaurants with some of your friends and you were a lot more comfortable going out a lot sooner than they were. Does that mean you should assume your friends don't value your relationship now or that you wouldn't want to accommodate them in order to prioritize your relationship? Of course not. But have our interactions with that person been the same coming out of the pandemic? Something to think about.

Just like in marriage, communication is key. It's easy for someone to perceive why they might appear to have a different kind of relationship with you now in the COVID world and sometimes we need to step it up and have a heart to heart. Otherwise, you leave people to their own imagination as to why you were excluded. None of us want to see that happen.

I think these sorts of things are low-hanging fruit because they often don't even conflict with the healthy boundaries we need to set up in our lives. Hopefully, we can all take a step back and start thinking about how we can still prioritize our relationships even if things are different now in the COVID world.

The benefit of the doubt for others' choices and motives

Innocent until proven guilty

In America, we aspire to the principle, "Innocent until proven guilty." Yes, we have problems, but this is an area where we are loads ahead of parts of the world when it comes to justice and it's something we should protect, stand up for, and treasure. It doesn't take a creative genius to understand why this is so vital to our society. We wouldn't want to be arrested if a spiteful neighbor accuses us of some crime and then be on the hook for hiring a lawyer to prove our innocence somehow, lest we rot in jail for years. I submit to you once again that this same principle warrants consideration in the world of COVID conflict.

What comes to mind when you see someone driving in their car all by themselves wearing an N-95 mask on a hot day in summer when cases are down in the area? A thoughtful, cautious person? A lunatic? An absent-minded person who simply forgot they are still wearing their mask?

What comes to mind when you hear about a friend who isn't vaccinated? Someone who actually has some sense? Someone who doesn't care about others' safety? Someone who probably has a gun, voted for Trump from the beginning, and hates libs? A procrastinator? Someone who thinks for themselves?

We all assess the world around us to make sense of it and that is entirely natural. It's okay to tactfully ask those you have developed relationships with why or why not they got vaccinated, etc., if your goal is to understand and not judge. I just think that we all appreciate it when others give *us* the benefit of the doubt when it comes to making the choices we do. But with the virus, this actually becomes even *more* important because the virus is a moving target. We are all on an evolving journey in our understanding of the virus. Some will be surer of some things than others at any given point in time. We can't blame someone else for not seeing the virus the way we do if we aren't sure what their perspective is at the moment.

If someone wouldn't hug you two months ago will hug you today, it could be for a number of different reasons, and we should not assume they are either fearful or careless in their choices. Furthermore, hugging or not hugging someone else is not a biblical mandate. We should give others the benefit of the doubt that their motives are pure in any decision-making related to COVID precautions.

Not everyone has the capacity to challenge the CDC

Another reason to give others the benefit of the doubt is that not everyone has both the capacity and the desire to challenge the CDC. A caution I would give to those in the freedom and scientific dissent camps would be that everyone makes sense of the world differently. Just because you feel comfortable looking at data that shows a particular aspect of COVID doesn't mean that even intelligent, qualified people in other camps need to see things the way you do and ditch the CDC's recommendations. As a general principle and notwithstanding some of the CDC decisions that have been made, we ought to find it acceptable to look to experts for guidance during high-stakes times such as these. For example, are you going to blame the single mom working three jobs to make ends meet for not taking her free time to listen to podcasts challenging CDC decisions? Are you going to blame your mechanic whose wife has cancer for not standing up and questioning limited gathering restrictions in the community? Here's another way to look at it: If you got in a room with a bunch of people who work for the CDC, you might feel you could have a robust debate about virus issues with them and hold your own, but would you have the expectation that all of your neighbors should focus their energies so that they could do the same?

These reasons reinforce why we ought to speak up when we have information that conflicts with an existing narrative (that's how scientific progress is made after all), but at the same time, we shouldn't expect everyone to have that same kind of focus. We are all individuals, and that's ok.

To be crystal clear, I am **not** suggesting that people who "don't have an excuse" and do not challenge the CDC lack intelligence. As I laid out in chapter 2, the CDC-following camp is perhaps the largest and comprises many wise, qualified, and caring people. I am merely pointing out that there are complex reasons why people don't see eye to eye on COVID issues, and we shouldn't assume others' motives based on their stance on various issues.

Fear is bad and different from healthy concern, but not everyone can choose to simply overcome their fears on a whim

What about those who "live in fear" and oppress me due to their insane restrictions that make no sense? Again, we should not assume people's motives for the decisions they make. But furthermore, we should not assume those who have genuine fear about COVID can simply wake up one morning and choose to no

longer be afraid. Emotions are emotions and you can't blame someone for their emotions. You can only judge people's words or actions that may or may not be driven by those emotions.

I personally think that a lot of people in the freedom and scientific dissent camps justify their positions by saying, "we can't live in fear." I would hope we would all agree with this, and I think most everyone actually does. There is a difference between fear and appropriate, strong concern, but even if someone *is* motivated by fear, we ought not to demonize them and tell them to pull themselves up by their bootstraps and stop being afraid.

When I was a kid, I was deathly afraid of dogs – I mean, it was really, really strong ever since I was 2 or 3. It didn't help that when I was 11 my cousin's husky dog bit open my wrist, and I had to wear a sling for 6 weeks and miss most of my softball season that summer. I'll show you the scar sometime if you ask me. As I got into my teen years, people would tell me not to be afraid of dogs. "He's really friendly," they would say as they held back their sweet Doberman-Pinscher, foaming at the mouth ready to tear my face off. "Don't be nervous. Come on in!" Thankfully, 95% of my fear of dogs has dissipated in my adult years. I will always be able to appreciate though that fear is something that can maybe be worked on to some degree, but not something one can simply choose to turn on or off like a light switch.

For this reason, we ought to be compassionate, understanding, and do our best not to exclude those in our circles who are genuinely more afraid of the virus. This doesn't mean we reorient our lives around other's irrational fears, but it may mean some temporary sacrificing on our part for the sake of some of our relationships where we don't see eye to eye.

Understand people will prioritize things differently

Finally, whether we agree with others or not on a particular COVID issue, we may not come to the same conclusions on what actions are appropriate or inappropriate simply based on individual priorities. Obviously, some of us are very pro-mask and others are very anti-mask – each for a variety of aforementioned reasons. This doesn't mean we each need to have the same passionate defiance of mask-wearing or the same level of abhorrence for taking the vaccine. It also means that we might come to different conclusions than people we disagree with based on these same priorities. The best example of this is that some people on the fence about the vaccine will take it and some will not, but we shouldn't assume the motives or reasons why that person made the choice they did. Some may put more emphasis on the friction it might cause in their circles than others. Some may put more weight than others on the European data for vaccine safety than the VAERS system reports while taking both seriously. This doesn't mean that person is evil or even wrong. I don't believe we should perceive others placing different priorities on different aspects of these decisions as threats to our own credibility or the stability of our relationships.

Disagree effectively

All of this being said, conflict is still going to arise, the balance between safety and oppression will be disagreed upon, and we see more fireworks in October in the northern climate regions in proportion to the severity of the virus in our area. Is it right for me to stand up to my family's measures I feel are pointless? Is it right for me to advocate for safety measures others at my church feel are oppressive?

Pick your battles

It's worth the reminder that we all have to pick our battles. Depending on your situation, it's going to make sense to pick which battles you fight and which you don't. The road back to normal doesn't have to be

perfect all along the way. Focusing on the most important battles will help bring more meaningful influence to the table for your part.

Don't be ashamed to respectfully communicate your concerns in the proper medium

If your motives are pure, don't be ashamed to communicate your concerns to others respectfully. Facebook is often not the best medium for sharing your concerns unless your information is helpful and not well-known. Still, we need each other to sharpen each other and respectfully challenge each other's assumptions. We can always ask challenging questions when the moment is right and genuinely listen to what others have to say. People will listen when they understand you care and aren't pushing them. While it can be stressful, I can say that I haven't been offended this last year by anyone who genuinely wanted to know what I thought about COVID and didn't judge me.

The leadership of our schools, states, churches, etc., need to hear from us and they also need our encouragement. If we can establish the mutual purpose of creating a reasonably safe environment through restrictions only when they make sense, we are headed for a healthier public discourse.

Sometimes crucial conversations are necessary

Crucial Conversations is a best-selling book in its 2nd edition. It can be tricky to communicate with others when opinions differ, emotions are hot, the stakes are high, and confrontation is in order. This book is an excellent manual for having these kinds of conversations. If we create a safe environment to discuss the topic, don't get distracted by emotion, agree on the mutual purpose we have with others in the conflict, focus on known facts, etc., we can have more successful conversations. I would recommend this to anyone as an additional resource.

Find a win-win 3rd alternative

When a decision has to be made that is bound to be either a "win for group A and loss for group B" or a "win for group B and loss for group A," we may be tempted to resign ourselves to what author Steven Covey refers to as "the fool's choice." This is the notion that there will never be any other way around picking one of these two choices, both of which will upset half of the people involved. Covey also is fond of pointing out that coming up with a "compromise" often leads to a "not-really-win, not-really-lose" situation for both groups in which nobody wins. What we often *mean* by compromise is something much better that takes creativity, determination, and good dialogue: the win-win 3rd alternative. Sometimes there really is no 3rd alternative to certain decisions, but there are very often very real, attainable creative solutions to problems and the world of COVID is no exception. The example cited in the previous chapter where classrooms with different levels of restrictions based on teacher and parent comfortability would be an example of this.

Respect each other's boundaries with the vulnerable in mind

In a world where the vaccine has now been distributed to the vulnerable population who wanted to get it (outside of the long-term vulnerable among us), many of us would probably agree there is no future end goal we are waiting for any more before "going back to normal" long-term. A small number of us both consider COVID to be a great danger *and* would prefer to wait for some newer vaccine that does not list so many concerns in the VAERS system. These may be legitimate concerns for some, but I would argue that society would be mostly in consensus that waiting for such an outcome to lift restrictions is not a shared goal.

Therefore, it stands to reason that for many of us, our next goal should be to do what each of us feels is best, respect each other's boundaries, decide what we will and will not participate in, and consider the plight of the long-term vulnerable so long as untimely deaths from the virus continue.

Restrictions forever?

Unless the unlikely, worst-case scenario (outcome #4) in chapter three occurs where the current vaccines suddenly become ineffective against new and deadly variants of COVID-19, we really all have to decide what measures we are comfortable with continuing and which we ought to push back upon. For those in the CDC-following and very concerned camps, this probably means that all measures are acceptable depending on different levels of the virus. There is nothing immoral about that, and we should all respect such conclusions as aforementioned. But for some of us who are in the freedom and dissent camps (not all in these camps), this means we will have to make the following kinds of decisions **where there is no clear end-goal to the restrictions** other than the virus vanishing, which could take 1-10 years:

- Do we want to continue going to restaurants that require masks? (where the state or local laws do not already require them)
- Do we want to continue living in a state that enforces lockdowns during case spikes and requires mask mandates in public all winter?
- Do we want to send our kids to a school that requires masks all winter since kids under 12 cannot be vaccinated?
- Do we want to continue to work at a job that requires masks indoors if we can find employment elsewhere?
- Do we want to continue to attend a church that requires us to wear masks?

On COVID restrictions at church

I submit to you that all of these are legitimate questions, but the very last one is actually of a very different nature. When it comes to church, we aren't shopping for a community that best meets our needs (or at least we shouldn't be). Church is a place where we do life with real people, serve together, encourage each other, and come around the good news in unity out of obedience to Christ. It is a place where we should be convicted of our sin, be forgiven by one another, pray for one another, and sacrifice for one another. We shouldn't be asking, "how did you like the sermon?" We should instead ask, "How did the sermon fare with you?" In my opinion, attending a church that enforces mask-wearing for the unvaccinated on an honor system or mandates masks for kids under 12 since they are unvaccinated is not the same question as "should you want steak or chicken in your burrito?"

Paul writes in Ephesians 4,

> *1 As a **prisoner** for the Lord, then, I urge you **to live a life worthy of the calling you have received.** 2 Be completely humble and gentle; be patient, bearing with one another in love. 3 Make every effort to keep the unity of the Spirit through the bond of peace. 4 There is one body and one Spirit, just as you were called to one hope when you were called; 5 one Lord, one faith, one baptism; 6 one God and Father of all, who is over all and through all and in all.*

Ephesians 4:1-6, NIV

In the New Living Translation, verse 2 says, "…making allowance for each other's faults because of your love." To quote my pastor, "It's all about Jesus. No viewpoint of ours is as important as our view of Jesus… we are "prisoners" of Jesus." *(non-believers reading this may be confused by this term… ask me about it sometime, and I'll be happy to explain it!)*

For those of us who are of the opinion that masks do not affect excess mortality and find yourself in this situation with your church, I believe it's helpful to advocate for your position respectfully, but then submit to your brothers and sisters in leadership out of deference and not speak poorly of leadership in private. The reason I believe this is a viable option is that when it comes to spiritual things is Nancy Erickson's earlier statement, "If we listen to each other and love each other, God will set us free." There is wisdom in giving your church leadership some time and some grace to define their end goal with the restrictions they have in place. Once those end goals are defined, then make your judgments respectfully and decide if that is a deal-breaker for you or not. Just keep in mind that other variables will come into play in this process:

- Eventually, kids of all ages will either be declared eligible for vaccination, or the vaccine will be declared unsafe for kids. Either event will happen sooner than later and your church may then update its position on mask requirements for children.
- Some in church leadership may have expected the virus to be in its death throes in the United States. If it comes back in the fall, an entirely new conversation may start with different outcomes regarding mask restrictions being optional vs. required.
- Research about the virus does in fact change over time and as stated at the end of chapter 2, different people have different levels of comfortability with risk. It may be that be new research comes out in favor of ditching the mask unless you have symptoms. This may change the narrative in the coming months as well and provide some additional assurance to the more cautious among us. After all, many of the restrictions put in place were done because of what was not yet known. The more we know, the more thinking could change.
- No two churches are alike, but at my church, the leadership is constantly re-evaluating what kinds of restrictions are best and nothing is set in stone. In other words, if your child has a mask on while indoors this week, it doesn't mean policy won't change in the weeks and months to come. We may want to hold off a little while yet before hitting the panic button and assume the next five years will see our kids in needless masks every Sunday.

Then there's that passage where Paul says he is more than willing to do what he doesn't think is required for the rest of his life for the sake of not causing his brother to stumble in the faith:

> 9 *Be careful, however, that the exercise of your rights does not become a stumbling block to the weak.* 10 *For if someone with a weak conscience sees you, with all your knowledge, eating in an idol's temple, won't that person be emboldened to eat what is sacrificed to idols?* 11 *So this weak brother or sister, for whom Christ died, is destroyed by your knowledge.* 12 *When you sin against them in this way and wound their weak conscience, you sin against Christ.* 13 *Therefore, **if what I eat causes my brother or sister to fall into sin, I will never eat meat again, so that I will not cause them to fall.***
>
> *I Cor 8:9-13, NIV*

If you are a believer, part of wrestling with this issue will involve wrestling with this last verse and comparing it to your current situation. I think there are different ways to interpret this, but I believe it may lead some of us to don a mask or put up with limited gathering sizes in certain contexts this coming fall.

On a personal note, I really do hope for the sake of our communities and relationships that we can find ways to assure folks of the temporary nature of restrictions that are put in place, especially in our churches. But above all, I echo something else my pastor admonished us this month,

> *"Let's be a church that cannot be explained any other way except by the power of the Spirit in our midst."*

Don't forget the long-term vulnerable

In all of these considerations, let us not forget that around half of about 3% of our population that takes immunosuppressant drugs are at-risk for not developing antibodies to this virus. For example, suppose you attend a church of around 1,000 people. In that case, you could guesstimate that 14 people have had a tough time developing antibodies from the vaccine or through contracting the virus, plus a few others who might be under similar extenuating circumstances. In all of our considerations, especially in the church, we ought to consider how mask policy affects those of us in society with these complications. We need not all be *forced* to wear masks just because 1 out of 100 people among us are immunocompromised and can continue to wear N-95 masks to protect themselves, but at the same time, didn't Jesus leave the 99 to go after the 1 missing lamb? Perhaps a loving, thoughtful, third alternative in our communities to mandating masks for everyone indefinitely would be to creatively help meet the social needs of the long-term vulnerable in our communities. If that person needs company or regular fellowship in the church, maybe certain people who have developed antibodies to the virus could form a small group that includes that person or persons. The point is that there are multiple ways to meet everyone's needs if we "love each other and listen to each other." Ask yourself how you would want those in your family, friends group, or community to act if you were in that position.

Debriefing the CDC followers and the very concerned

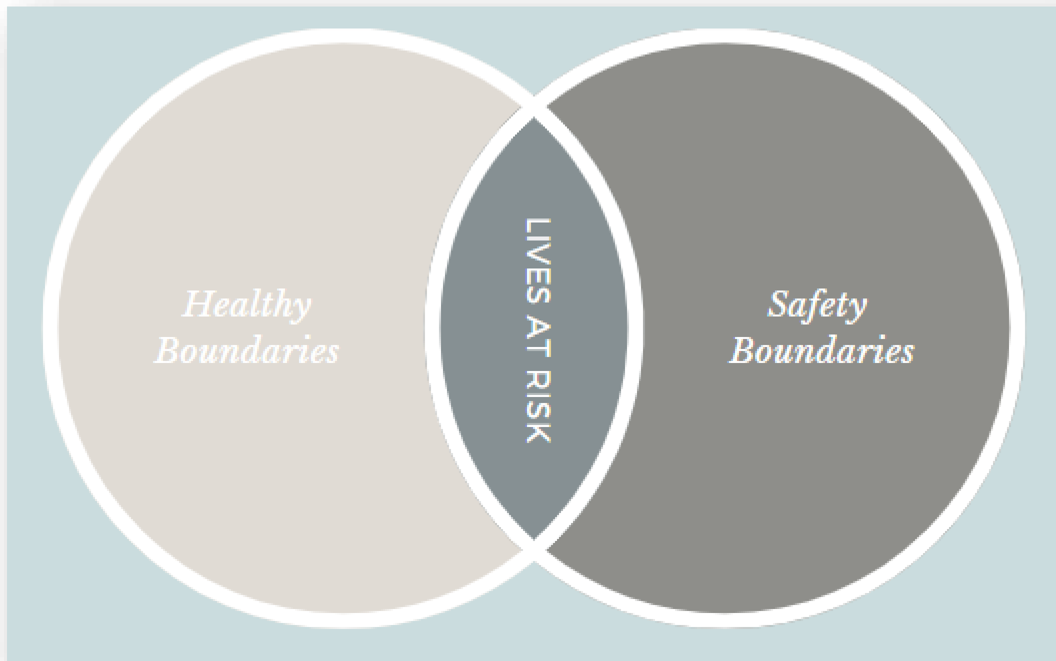
If you are of the opinion that masks and other restrictions we enact save lives, you may be a little shocked that I wrote what I did in the previous sections. "How could anyone suggest pressuring others to be *less* safe isn't wrong?" Let me be clear: **I don't disagree with you**. You may feel that the science is settled and that only selfish, ignorant Republicans would be willing to trade other people's lives for their precious freedoms. But, you see, even if this is the case, this is why we need to sharpen each other, openly debate with one another, and truly listen to one another while not insisting others see the world the way we do.

I've kind of already gone over this, but unless you are sure someone's motives for taking off their mask are purely selfish, what is the difference between you demonizing them and them calling you an idiot for not seeing the truth when there is a good amount of evidence for both arguments? Neither route helps us stay safer as a people. Instead, humility and building relationships where we can lovingly challenge our friends and family's thinking is sometimes the best we can do – even when you feel lives are at stake.

"Dude, but what about when one person's so-called "healthy boundaries" means that other people's lives get put at risk?" I'm glad you asked!

Chapter 6 – Healthy Boundaries vs. Safety and Other Complex Situations

In a way, the true complexity of conflict in the COVID era lies strictly with the question, "What happens when one person's healthy boundaries overlap with another person's safety and there is no mediating moral standard?"



For example, if and when cases begin to increase this fall, if one person thinks it is safe not to wear masks in a given situation, but another person sees that person's action as spreading the virus and causing more death, who is to say who is right? As I've stated already, "the science" is in dispute and there is no Bible verse saying, "Thou shalt cover they nose when thou maskest thyself" (yes, that is a new word – you're welcome). If we consider the phrase "a man convinced against his will is of the same opinion still," do we just drift towards civil war and demonizing each other as granny-murderers or mindless oppressors?

Healthy boundaries in the COVID world

Boundaries are basic guidelines that people create to establish how others are able to behave around them. For example, they may involve what behavior is okay and what is not and how to respond if someone passes those limits. Setting boundaries can ensure that relationships can be mutually respectful, appropriate, and caring.

Dr. Tracy Hutchinson, Ph.D.

"When one person is in control of another, love cannot grow deeply and fully, as there is no freedom."

Cloud & Townsend, 2002

Why are boundaries important

It's outside of the scope of this book to explain why healthy boundaries are important but suffice it to say that boundaries protect any kind of relationship from becoming unsafe. They should be flexible. They are often needed due to some type of disagreement. They help us say "no" when we need to in order to protect ourselves.

Who sets healthy boundaries?

Entity	**Boundary example(s)**
Nations	It is not ok for you to come and take things from, destroy, or rule over our nation
States	It is not ok for the federal government to have powers over the states that are not delegated to it by the US constitution (see 10th amendment)
Businesses	It is not ok to come into this restaurant without shoes on
Churches	Those in leadership should agree with the denominational beliefs of that church
Properties	It is not ok to trespass on my property or enter my home without permission
Families	Not just anyone is welcome during "family time." It's not that they don't like you. Their priority is properly on building the family first to be a blessing to others next.
Marriages	Not every thought needs to be shared. Privacy is essential even in marriage.
Individuals	It's not ok for you to borrow my clothes without asking.

Examples of healthy boundaries in the COVID conflict

1) Sweden was one of the only European countries that placed more weight on their constitution more seriously than the dangers of the pandemic and did not put a nationwide lockdown into effect in the earlier part of 2020 other than limiting gathering sizes to under 50. This is because their constitution had a healthy boundary in place forbidding such restrictions at the national level.
2) When Florida and Texas began to see worldwide data showing that lockdowns and mask mandates did not change the trajectory of COVID death in their states, they opted to end their lockdowns and drop their state-level mask mandates. They felt leaving it up to individuals and businesses was more appropriate. This was a boundary they felt was appropriate that pushed back against CDC guidelines at the national level.
3) When teachers and professors (especially those closer to retirement) all over the world were not comfortable teaching in-person in the classroom for the fall of 2020, they spoke up. They demanded classrooms go virtual until the virus was under control or a safe vaccine was available.
4) When the CDC recommended that unvaccinated people wear masks at gatherings, some people who did not choose to get vaccinated decided to host parties where masks were optional because they disagreed with the CDC's recommendation for events in their own homes.
5) When the CDC recommended that only vaccinated people wear masks indoors, some restaurants did not check for any proof of vaccination since people eat with their masks off anyway. They felt that in their establishments the precaution was no longer warranted for anyone based on the science.
6) Some churches chose to continue to mandate masks for everyone even into the summer of 2021 in northern climates because survey results showed a significant portion of the church body was not comfortable with large gatherings without masks.

How some believe these same healthy boundaries put others' lives at risk

Were it not for the potential to unknowingly spread the virus to others in the community, all of our COVID conflict would be a lot simpler. But for those who believe the virus to be much more dangerous, not

airborne, and unpredictable, suddenly what *remains* a healthy boundary for one person seems clearly a dangerous and harmful act.

Since the government's responsibility is to protect me from other dangerous citizens, shouldn't they enforce lockdowns and mask mandates to keep us safe? If lockdowns and masks save lives, shouldn't others be restricted from putting my life or the lives of my family in jeopardy? On the other side of the coin, how long will people put up with what they feel is "insanity"?

What to do about it

There is no perfect answer

This is a challenging question and there just is no perfect answer for these sorts of things. Yet, it's something that we simply cannot ignore. However, I submit to you once again that attitude and priorities are everything when it comes to making such decisions.

The vaccine dramatically simplifies the issue but does not entirely solve it

I would often tell people during the second half of 2020, "It's going to be really interesting to see which side of the aisle adopts the use of the vaccine." This is because (politically) the initial concern from the liberal side was that the vaccine would be rushed by the Trump administration and "Big Pharma" to save his presidency and make billions for the already-rich (not an outlandish concern from that perspective). As of the Vice-Presidential debate on October 8th, 2020, around half of America said they would not take the vaccine even after phase 3 clinical trials completed in the coming months. Kamala Harris was asked if she would take the vaccine. She responded that if Dr. Fauci and the medical professionals told her it was ok to take, she would be the first in line to take it, but if Trump told her she should take it, she would not. If Trump had secured a second term, the skepticism from the left and the media would have likely significantly increased. We may have seen a very different picture than today, where roughly 30-40% of conservatives and 8-12% of liberals are not comfortable with the vaccine.

The ethical questions in this chapter are therefore *greatly* simplified with the election of Joe Biden as president. This is because the party that primarily represents those more concerned about COVID also happens to be the party that trusts the vaccine's safety. If it were the other way around, we would see even more conflict than we do now and there would be different questions to handle. As it stands though, we can distill the conflict down to the following two considerations:

- The long-term vulnerable, vulnerable vaccine skeptics who are still concerned about COVID, and that unknown number of people of all ages susceptible to variants means there are still those who we cannot ignore when considering safety questions.
- While we aren't responsible for protecting the vulnerable among us who chose not to get the vaccine and are also not as concerned about the virus, we still ought to consider what can reasonably be done for these folks as well.

Love and kindness win

As we approach these considerations, attitude and motive is everything as I've already expounded upon earlier. Since I've gone over this material already, I'll reduce this section to a few, simple bullet point reminders:

- "Love and kindness win every time. If we listen to each other and love each other, God will give us freedom" – Nancy Erickson
- Our "default" should not be to do what we have the right to do. Our default ought to be to do the loving and kind thing to do, which inconveniences us.
- Remember that each of us believes we are right, but none of us can know with certainty in these situations, so hold onto your position with an open hand.
- Remember that healthy boundaries can keep their purpose intact while being flexible.
- Better to show patience and deference or find a 3rd-alternative solution to our conflict. We need to be sure there is not a way other than "picking sides."

Enacting restrictions that violate some people's health boundaries is sometimes appropriate

There are two sides to every coin. Sometimes it **is** appropriate to enforce or protect restrictions for you or the government, a business, etc. because you do not want to **force** anyone into a situation in which they are not comfortable. A good example of this might be enforcing masks on public transportation for as many months or years as it takes for COVID-19 to no longer threaten **everyone** who depends on public transit. One might argue that such a safety measure would violate some people's healthy boundaries of no longer putting up with wearing a mask when they are vaccinated or accept the risk of being unvaccinated. Still, the fact remains that there will be other people on that bus who feel it is unsafe to ride without everyone wearing a mask. If they think they can't take the bus because the city government won't listen to their concerns, how will they get to work, the store, and return home again if they rely on public transport being safe? Just as I asked in the earlier chapter for the other camps, who is to say that not requiring masks on the bus is safe? "The science" is in dispute. It gets even more complicated if you subscribe to the scientific dissent camp's theory mentioned in chapter two, where we are all "competing" to see who can ward off the virus the longest because then we *really* want to enforce mask-wearing on public transport where people cannot choose with whom they travel.

Would you force your spouse to homeschool your kids if they weren't comfortable with it?

Another way to look at this issue is to compare it to the question of whether or not you would force your spouse to do something they weren't comfortable with. Let's suppose you see it as crystal clear that your wife is totally qualified to homeschool your kids, that they would benefit by far the most from a home education given your available options, and that your salary is more than enough to provide for the family. But let's also suppose that she has a budding career of her own or simply does not feel comfortable teaching. Would you try to somehow force or inappropriately pressure her into homeschooling your kids? I should hope not. It would be one thing if she thought it was the lesser of two good choices, you disagreed, and ultimately decided to lead your family in that direction. But **forcing** her to homeschool outside of the boundaries she must set within the marriage would be wrong. The difference is that one crosses a healthy boundary in our marriage and one does not.

In the same way, we shouldn't be forcing others in our communities into situations that they feel are unsafe *based on science without consensus.* It is sometimes appropriate for safety boundaries to override healthy boundaries.

Siding with the “healthy boundaries” side is still, sometimes justified

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Our goal ought not to be about acting out of others’ concerns with whom we disagree. Our goal should be to act out of kindness and compassion for all our neighbors based on what we believe is needed. We must do this with an open mind.

Setting healthy boundaries within our jurisdiction or advocating for decisions in jurisdictions that affect us based on proper motives can still be appropriate.

For those of you who are unfamiliar, the term “jurisdiction” simply means “where one has the power, right, or authority to do something.” Public health in America looks different than public health in much of the rest of the world because of the strong individual rights afforded to us as citizens. This is both a great blessing and a great danger when it comes to handling a pandemic.

It is a great blessing because states like Florida or Texas can do things like lead the way with dropping mask mandates and make further decisions as individual states based on the subsequent outcomes. It remains to be seen how these southern states will fare during the summer months of 2021 when tropical climate regions tend to experience more cases of respiratory viruses. For now, they can help other states see that it might be ok to drop mask mandates earlier without consequence, whereas Ireland and the UK are still discussing much more stringent restriction measures. The same holds true for trying out the use of marijuana, but that topic is out of scope.

It is a great danger (yes, a danger, not a curse) in that the more public health officials have their hands tied, the more it is up to individual people to “get the science right” and then cautiously follow recommended guidelines to keep each other safe. The great Martin Luther wrote the following when the bubonic plague reached his area in 1527:

> *“I shall avoid places and persons where my presence is not needed in order not to become contaminated and thus perchance infect and pollute others… If people in a city were to show themselves bold in faith when a neighbor’s need so demands, and cautious when no emergency exists, and if everyone would help ward off contagion as best he can, then the death toll would indeed be moderate.*
>
> *But if some are too panicky and desert their neighbors in their plight, and if some are so foolish as to not take precautions but aggravate the contagion, then the devil has a heyday and many will die.”*
>
> *- Martin Luther, Whether One May Free from a Deadly Plague (1527)*

If we end up being proven foolish in the end and avoiding certain precautions increase death in our area, then our liberty is dangerous indeed. The point is simply that we should cherish our liberty, but just be sure when we set healthy boundaries that overlap with others’ safety concerns. Nonetheless, our goal should not be about acting out of others’ concerns with whom we disagree. Our goal should be to act out of kindness and compassion for all our neighbors based on what we believe is needed. We must do this with an open mind.

Just like no one should be forced into unsafe situations in our communities, no one should be forced to "live by lies" within their jurisdiction. Submit one to another and submit to governing authorities, but where liberty exists, use it with the right motives.

For example, if you host a graduation party (even indoors), setting a healthy boundary of having masks as optional can be appropriate. Just remember to value relationships first and invite and encourage those who wear masks to come (if this seems patronizing, just consider for other readers and trust me that this is a more common need than you might think). If you host Thanksgiving 2021 with your family, cases are rising in your area at the time, and you don't feel comfortable unless everyone wears a mask indoors, do not be ashamed to respectfully ask everyone to wear a mask if they wish to attend. Be creative in making it work for all, but being firm about your boundaries is appropriate. The bottom line is that you are at liberty to make your own thoughtful decisions about restrictions within your jurisdiction and you can still feel at peace about that even when some may see your decision as unsafe.

Responding to unsafe boundaries

What about when someone we have developed a relationship with is engaging in something we think is unsafe? What if they have set up boundaries that you feel violate your safety or the safety concerns of others around them or in the community?

When this happens, do what you would in any other similar situation. Go to that person with a humble attitude seeking first to understand before seeking to be understood. If you follow Jesus, take time to pray or even fast beforehand to help get your heart right. I once heard a (true) story of a pastor who discovered that the lead worship leader at his church was having an affair. The pastor was furious at first and was about to go directly to his house and confront him of his sin. On the way, God spoke to his heart and told him that it wasn't time yet and that he needed to first fast and pray for 40 days (on and off, not like a starvation diet) before going to confront the worship leader. The pastor obeyed. For the first few weeks, his heart was hard and angry at the man, and his prayers went something like, "Bring him to justice, Lord! Frustrate his wicked actions that are destroying these families. Convict his heart and make him feel miserable about what he is doing!" But in the final weeks of the 40 days, the pastor's heart began to change. "Lord, have mercy on this friend of mine. I cry out to you that you restore his heart to you like it used to be! Do not take revenge on his life, Lord!" Finally, it was time to go to the man and confront him. With a somewhat haggard appearance from all the fasting and tears in his eyes from fresh prayers, the pastor knocked on the door. The man answered. The pastor explained the reason for his visit. The man fell to his knees, admitted his sin, stopped the affair immediately, and began the process of trying to repair his damaged family and relationships.

Let's suppose we go to this friend or family member, ask respectful questions instead of making demands or casting blame, and listen to why they insist on something on doing something you feel is unsafe. If they still do not listen to you and don't even have a legitimate "agree-to-disagree" reason for why they are continuing, it might be helpful to pick your battles. Perhaps you let things go or bring another person or two along in private to share your concerns with that friend or family member. Above all, you want to maintain the dignity of the person you are confronting and give them the benefit of the doubt that they simply see things differently than you do. It's a two-way street after all. You wouldn't want that person to judge you for what they consider overly cautious behavior, but give you the benefit of the doubt that we are all trying our best.

Some specific, complex situations

Before we wrap, let's take a deep dive into a few specific, complex situations. The following are just a set of thoughts I have on the subjects listed. This isn't meant to convince anyone of my position. It's much more about helping us process these tough questions before this conflict comes into play. There are several things to consider with each question. I haven't covered every consideration, but maybe you'll gain some perspective you hadn't had before.

Is it safe to do 4th of July gatherings indoors without masks for the unvaccinated?

This question gets more interesting the further south you go. In Arizona, Florida, Georgia, Louisiana, Nevada, South Carolina, Texas, and southern California, the summer spike seen in tropical regions for respiratory viruses each began in 2020 around sometime during July. This doesn't mean that last year's fourth of July celebrations were the most insane and maskless in the southeast, Las Vegas, and LA. It does mean that those states need to understand that starting around the 4th of July we will begin to get a taste of what the future of COVID will look like given the existing spread, availability of the vaccine, and vaccine hesitancy in the US by area.

What this question is driving at, of course, is actually, "Is it significantly safer for the unvaccinated people who have not had COVID to wear masks indoors at their Independence Day celebrations this year?" I wanted to bring up this question in this section because safety for one person is pitted against the healthy boundaries of another. However, this question really isn't as complex given that things have started very much going back to normal for the time being. Masks are now optional in almost every business and church. In the northern climate, states' numbers are very low. In my state (Wisconsin), deaths are on track to be approximately 1 in 1,000,000 people per day by July 4th. In my county, cases are already 2 per 100,000 and dropping (for perspective, schools would often give a metric of 200 cases per 100,000 before reopening for in-person learning).

But have we reached herd immunity? Many epidemiologists would guess the R-value of COVID to necessitate around 90-95% immunity in the population (though many also think it to be 70-80%) before COVID would vacate an area. I believe all of this leaves us with a few considerations for the July 4th holiday and others yet to come:

- Those in the southern states listed above should be aware that COVID cases will likely rise to an unknown amount (hopefully very small, but we'll see) in the coming weeks after July 4th. I would just personally advise those in those areas to be a little more cautious than you have been for the last few months. This would especially important in crowded, indoor spaces with many people if you know the crowd you are with is not comfortable getting the vaccine. Just understand that the potential for COVID is different than the past few months. If we don't see a rise in cases in those states by mid-to-late August, that is an excellent sign for the rest of the country!
- As I mentioned earlier in the book, if you invite people over for the 4th, it is good to consider inviting people you would typically invite in years past but were not going to because you might not see eye to eye on masks. I hope that we can begin the work right away of not letting this divide us. If you prefer your unvaccinated guests to wear a mask indoors, still invite them, but know your boundaries. If you prefer masks to be optional for all, still invite everyone you usually would, even if they are more concerned about masks and COVID. Let them know that if they want to wear a mask, that is absolutely fine and they should feel comfortable doing so. Let's not let this divide us on this very special day or *any* celebration to come!

- If you are inviting over those who are not vaccinated or long-term vulnerable and are concerned about COVID, consider the outdoor temperature ahead of time. If it's going to be less pleasant outside than in the AC due to the heat, try to create ample indoor space for your guests to have distanced conversations in a comfortable space. This honors them in a way that shows you care while not burdening your other guests with the need to wear a mask indoors. Try to make the focus of the gathering outside rather than inside when possible so that everyone is comfortable.
- If you are unvaccinated and attending a party not at your home where masks are optional, watch for people who are wearing a mask indoors. If you don't know if they are vaccinated or not, might it be good to consider wearing a mask if you are going to sit close to them or have a conversation a few feet from them?

To be clear, I am not suggesting you have to do any of these things in order to be loving to others. These are just considerations – food for thought brought to you by a conglomerate of conversations I have had over the past few months. On that note…

"It is not loving or kind to tell someone to get the vaccine in order to be loving or kind to others."

One of my friends posted this a while ago on Facebook and it caught my eye. Is this an accurate statement?

At first, it might seem false or at least unclear because the efficacy of the vaccine is not really in question for most people. Yes, it is yet to be seen how effective the vaccine proves to be against current and future variants of COVID-19, but initial data makes a lot of people hopeful. "If the vaccine proves effective in the fight against COVID-19, how could one claim to be loving and kind to others and not get the vaccine based on conspiracy theories?" As I mentioned in chapter 2, the vaccine's short-term risks appear to be less than the risks of contracting COVID, especially the older you get. I think it's hard to argue that on a *collective* level.

However, just because this looks to be the case to me doesn't mean I should judge someone's choice as unloving and unkind if their personal choice is not to get the vaccine. Yes, any person who has not already had COVID and takes the vaccine makes the world a little less deadly for some of us. I think few people would dispute that. But it is another thing entirely to say that "no matter what your concerns are or your reasoning is, you are unloving and unkind if you don't get the vaccine that I think is safe for you."

As I've already alluded to in chapter two, there are different reasons why someone might not feel it best to take the vaccine:

- They simply may not trust that it is safe to take yet because we don't know the long-term effects. Politically speaking, this would have been a plausible "liberal" argument just as much as a "conservative" or "libertarian" one not too many months ago.
- They may not feel the risk profile changes by age. Since the risk of COVID clearly does, they may not feel the vaccine would be appropriate for their age or the age of their child(ren) given the documented potential major adverse effects that appear to correspond to taking the vaccine.
- They may not trust the way the data is presented in the same way you do due to the media, the government, and big companies all having incentives for the people to trust the vaccine's safety.

The big question is for everyone who believes the vaccine to be very safe is, "Can I insist that others see the vaccine as safe the way I do because it is a safety issue for the community?" After all, when safety and healthy boundaries / individual rights clash, who is to say who is correct, right?

I would disagree: We should not insist others see the vaccine the way we do even if we feel it is safe (and vice-versa!) The vaccine **must** be a personal choice for everyone and no one should be forced to take it for themselves or their children. The reason is that there are just too many people who are hesitant to take the vaccine, and there is just too much negative safety data out there to label it a conspiracy theory. It's not a politically one-sided issue, either. Of the many millions who refuse the vaccine, around 20-25% lean liberal.

I'm not taking a *position* on the safety of the vaccine. I am saying that I feel this needs to be a personal choice for everyone based on many different factors. One of those factors is that everyone has their own personal belief system. Even how one weighs personal safety vs. the safety of the collective is relative. I do want us all to live in relative safety with one another. Still, I don't want to insist that the increase in my safety or my vulnerable family member's safety outweighs every other person's safety concerns when considering the vaccine's safety. That would be subscribing to a system of utilitarian ethics. Utilitarian ethics has its advantages but ultimately values the good of the majority over the justice and concerns of the minority. Here is an excerpt from the center for ethics at Santa Clara University regarding Utilitarian ethics:

> *Perhaps the greatest difficulty with utilitarianism is that it fails to take into account considerations of justice. We can imagine instances where a certain course of action would produce great benefits for society, but they would be clearly unjust. During the apartheid regime in South Africa in the last century, South African whites, for example, sometimes claimed that all South Africans—including blacks—were better off under white rule. These whites claimed that in those African nations that have traded a whites-only government for a black or mixed one, social conditions have rapidly deteriorated. Civil wars, economic decline, famine, and unrest, they predicted, will be the result of allowing the black majority of South Africa to run the government. If such a prediction were true—and the end of apartheid has shown that the prediction was false—then the white government of South Africa would have been morally justified by utilitarianism, in spite of its injustice.*

Another critical factor is that mandating the vaccine is unconstitutional based on rulings on the right to privacy granted by the 14th amendment.

Here is a question: What is the difference between saying, "if you don't get the vaccine, you are unkind" and "if you wear a mask when you have already had COVID, you are unkind by pressuring others to wear a mask"? Would we want to restrict others from wearing a mask when they believe it keeps them and others safe?

Furthermore, I would be worried that forcing people to take the vaccine when they are not comfortable taking it would ultimately be done out of subconscious fear to some degree. I'm certainly not saying that those who are pro-vaccine or even pro-vaccine mandate have their motivations rooted in unreasonable fear. I even think it's more than appropriate to devote some modest amount of public funding to vaccine confidence, provided the safety concerns remain transparent. I am concerned though that judging that the safety concerns of the majority over the safety concerns of the minority might be rooted in self-centered fear. To say that one is unloving or unkind if they do not take the vaccine feels more like unloving manipulation by the majority to me.

If the virus returns in the fall, should kids wear masks in school?

This question is complex because it will set the mask debate up in a different context than last fall, where the vaccine was not yet available. It also depends on how much the virus returns in the fall to our areas (see chapter 3).

The 2020-21 schoolyear saw kids across the country in most of our schools that were in-person and required masks. When the spring vaccine rollout began, some schools had voted on whether or not to end the mandate before the end of the school year. This was mainly in districts where much of the community felt masks were no longer (or never were) appropriate**.** Several private schools and school districts appear to have punted on making the switch before the end of the school year since there was just a short time remaining (in some cases it would have been 2-3 weeks before the end of the year).

Before we know it, the 2021-22 schoolyear will begin and the mask debate will fire up again. This will happen if and when cases start to rise. Many will conclude that the delta variant is ultimately the cause of the rise of cases. By contrast, many others will conclude the reason to be the seasonal triggering of the virus where low vaccination rates and less prior spread exist. Those who are convinced by global data that masks are no silver bullet for *stopping* the spread of COVID-19 will begin to get very concerned. This will likely be due to no scientific reason for mask mandates they feel they can get behind. It is a commonly held belief at this time that COVID-19 will continue for 5-10 more years and perhaps mutate into something like our current flu, die down in intensity over time, etc. With "no end in sight," many parents may choose to pull their kids out of their current schools. Some private schools may sadly split over this issue if there are already stresses that divide the same people from each other (e.g., critical race theory, etc.).

Furthermore, many who previously supported masks due to their belief that masks slow the spread of COVID-19 may no longer believe masks are appropriate for children. This would be because the vaccine has been distributed to everyone who wants it over age 12 and COVID is less dangerous than the flu for kids under age 15 or 16 (based on mortality data). With these data in mind, many parents will wonder, "why is my second-grader being forced to wear a mask all winter against our wishes when there is hardly anyone left who needs to be protected? Am I responsible for those who are still susceptible to contracting COVID now that the vaccine is available?"

However, those in favor of reinstituting masks starting in September or who will change their minds if cases or deaths begin to rise in October will naturally have some noteworthy safety considerations. There are 3.7 million teachers in the United States. If my math is correct and I am not making a classic "flaw of averages" mistake, there could be 1-2 teachers who may not have been able to develop antibodies to COVID-19 and feel vulnerable to the virus. Certain kids may be in special situations with their family members at home who are long-term vulnerable to COVID or have not been able to develop antibodies (granted, this will likely be less than 5% of a student body). Finally, what about the concern that the community may have about spreading a variant of the virus more than it needs to be?

There are also 3rd alternatives to consider that may or may not be conducive to individual schools or communities. If a confidential survey of the staff at the school shows that all but one teacher would be comfortable if masks were not mandated, perhaps special circumstances could be arranged for that teacher. They might **both** teach virtually **and** have a paid assistant to help with the additional workload that comes with the responsibilities of a virtual classroom. In more conservative-leaning schools or districts, this could be viable. However, we ought to be cautious in suggesting that such an alternative

would fit every situation well. If the students, teachers, health situations at play, funding, and other logistics don't align well, other alternatives may be considered, but perhaps no viable option may be found. Understanding this should be our first step, but not assuming it is the answer to all problems also seems appropriate.

In this impending conflict, our temptation will first and foremost be to succumb to an imbalance of the heart and the mind. Perhaps we should take a step back and listen a little more closely if we find our thoughts to be, "Those insane liberals want us to wear masks forever. I'm done and I don't care if Mrs. Anderson has to find a new job. Cry me a river. That's how the economy works!" Perhaps we should take a step back and listen if we find our thoughts to be, "How could those murderous conservatives not care about every life?! More people will die because they don't want to wear a piece of clothing? Give me a break! If people had worn masks, we wouldn't have this spike in the first place!" The problem with the first statement is that there are still at least the immunosuppressed and others out there that we cannot simply ignore. The problem with the second statement is that it ignores the genuine concerns parents have that *eventually* arguing *for* masks for kids in school will not be a tolerable position by a large portion of the population and that "eventually" may have already come and gone.

Not everyone will love the decisions that are ultimately made this fall and beyond. Even the most relationally skilled and engaged school board members who make them will be demonized by some no matter what they choose. Ultimately, any decision made will have consequences on different planes that cannot be compared. It will probably be a mess. However, I submit to you that if the decision to mandate masks for kids in school for a specific, limited-time reason that a majority of the school community supports and that reason and its timing are well-communicated, *then* it may be the right decision to mandate masks for kids in school. Personally, I don't know what that reason would be at this point as I think there are viable 3rd alternatives for people in exceptional circumstances that can be accommodated. Still, I would be absolutely open to discussing it and listening to see if others could provide such a reason. After all, if we claim to need each other's perspectives and want our own perspectives to be respected, this is the natural posture to take.

Once again, for those who believe in the effectiveness of masks, this question will correspond with how cases and deaths look in the fall. If we listen to each other with an open heart, but still humbly support the decision we think is best and respectfully voice that opinion, we are on the right track.

Conclusion

In this book, we discussed the various viewpoints on COVID and why those viewpoints produce the conflict we have seen and will likely continue to see. On a great many subjects, there is decent scientific evidence on both sides of the issue. Intelligent people on both sides of these issues come to different conclusions for both the right reasons and the wrong reasons. It would behoove us to assume the best about others' motives until we know otherwise.

More conflict is on the way. It could come in July and August for those in the southern US. It could come in August over mask policy in schools or in October if cases begin to rise again in the northern climate states. The vaccine rollout greatly simplifies our conflict, but it does not solve it entirely because there are still those who are naturally hesitant to get the vaccine and those who feel it is unsafe who also take COVID very seriously and are still very concerned about it. We also can by no means forget the plight of the long-term vulnerable and the unknown percentage of the immunocompromised among us (up to 46% of 10,000,000 Americans) who have had difficulty developing antibodies to COVID-19.

If we do not insist others see the world the way we do, listen to each other, forgive each other, and are willing to sacrifice for each other patiently, we will be heading in the right direction. Taking a stance on particular issues is not always needed, but when it is, we should look at the conflict through the lens of love, kindness, and patience. Against such things there is no law. Relationships are more important than masks. Not everyone will prioritize everything the same way we do, and that's ok. It's ok to set healthy boundaries with these things in mind. It's not always going to be easy to know what to do in a given situation. Often, the safety boundaries of one person overlap with the healthy boundaries of another. In these situations, keep up the good communication and respond to what we consider the unsafe boundaries of others with humility. You can still do that without losing your convictions.

For we Christians are prisoners of Christ. We have died and no longer live for ourselves. We do not want to feed the flesh but instead: the spirit. We all fall short of what we know is right even when we know the good we ought to do. Let us be reminded that the same power that raised Jesus from the dead is available to us for doing God's will if we allow Him to empower us. Lord knows we need it during this time.

For all of us, if we listen to each other and love each other, God will give us freedom.

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