**2023 SENATE HUMAN SERVICES**

**SB 2384**

# 2023 SENATE STANDING COMMITTEE MINUTES

**Human Services Committee**
Fort Lincoln Room, State Capitol

SB 2384
2/7/2023

| |
|---|
| Relating to prohibiting the use of vaccines developed using messenger ribonucleic acid technology in the state; and to provide a penalty. |

9:20 AM **Madam Chair Lee** called the hearing to order. **Senators Lee, Cleary, Clemens, K. Roers, Weston, Hogan** were present.

**Discussion Topics:**

- Side effects
- Blood clots
- MRNA vaccines
- Miscarriages

9:28 AM **Senator Jeff Magrum District 8,** introduced SB 2384, testified in favor, and proposed an amendment. #19541, #19542

9:39 AM **Dr. Steven Nagel**, **Chiropractor,** testified in favor. #19519

9:49 AM **Dr. Edward Fogarty, Medical Doctor**, online testified in favor and provided testimony on behalf of Vera Sharav's testimony. #19518, 19481, #19482

10:01 AM **Lindsey Jenson** testified in favor. #19463

10:05 AM **Carrie Roller** testified in favor. #19557

10:07 AM **Lisa Pulkrabek** testified in favor and provided testimony on behalf of Alexis Wangler. #19203, #19491

10:11 AM **Tim Blasl, President, North Dakota Hospital Association** verbally introduced Chis Meeker in opposition.

10:12 AM **Chris Meeker, Sanford Health Bismarck Chief Medical Officer,** testified in opposition. #19458, 19459

10:29 AM **Courtney Koebele, Executive Director, North Dakota Medical Association** verbally introduced Dr. Joan Connell in opposition.

10:30 AM **Dr. Joan Connell, President, North Dakota Medical Association 6th District Medical Society**, testified in opposition. #19502

10:33 AM **Richard Glynn, Executive Director, Bioscience Association North Dakota,** testified in opposition. 19448

10:38 AM **Adam Miller**, **rancher**, testified in opposition. #19559

10:41 AM **Dr. Ethan Andress, State Veterinarian,** testified in opposition. #19561

10:43 AM **Julie Ellingson, North Dakota Stockmen's Association,** testified in opposition. #19562

10:44 AM **Samantha Vangsness,** on behalf of **Pat Anderson, North Dakota Veterinarian Association,** testified in opposition. #19347

10:46 AM **Pete Hanebutt, Director of Public Policy North Dakota Farm Bureau,** verbally testified in opposition.

10:47 AM **Molly Howell, Immunization Director, North Dakota Department of Health and Human Services,** testified in opposition. #19367

10:54 AM **Brenda Stallman, Executive Director, Traill District Health Unit,** testified in opposition. #19428

10:58 AM **Ellen Shafer, Senior Director of Communications, Aldevron,** testified in opposition. #19442

11:03 AM **Kali Bauer**, Minot, testified online in opposition. #19466

11:06 AM **Kylie Hall**, testified online in opposition #19496

**Additional written testimony:**
**Tiffany Ormonde** in favor #19228
**David Ormonde** in favor #19229
**Tara Dukart** in favor #19450
**Christine Aberle** in favor #19454
**Vera Sharav, President, Alliance for Human Research Protection**, in favor #19475
**Vinu Arumugham** in favor #19477
**Robin Johnson** in favor #19479
**Richard Jensen** in favor #19517
**Stephen McDonough** in opposition #19148
**Adam Z**. in opposition #19267
**Mary Korsmo, Executive Director, ND State Association of City and County Health Officials** in opposition #19311
**Sandra Tibke, Executive Director, Foundation for a Healthy ND** in opposition #19484
**Mary Lizakowski** in opposition #19499
**Samantha Vangsness** in opposition #20360, 20361

11:11 AM **Madam Chair Lee** closed the hearing.

*Patricia Lahr, Committee Clerk*

# 2023 SENATE STANDING COMMITTEE MINUTES

**Human Services Committee**
Fort Lincoln Room, State Capitol

SB 2384
2/8/2023

| |
|---|
| Relating to prohibiting the use of vaccines developed using messenger ribonucleic acid technology in the state; and to provide a penalty. |

3:44 PM **Madam Chair Lee** called the meeting to order. **Senators Lee, Cleary, Clemens, K. Roers, Weston, Hogan** were present.

**Discussion Topics:**

- Committee action

3:46 PM **Senator Cleary** moves **DO NOT PASS.**

3:46 PM **Senator K. Roers** seconded.

3:52 PM Roll call vote.

| Senators | Vote |
|---|---|
| Senator Judy Lee | Y |
| Senator Sean Cleary | Y |
| Senator David A. Clemens | Y |
| Senator Kathy Hogan | Y |
| Senator Kristin Roers | Y |
| Senator Kent Weston | Y |

Motion passed 6-0-0.

**Senator K. Roers** will carry SB 2384.

3:53:PM **Madam Chair Lee** closed the meeting.

*Patricia Lahr, Committee Clerk*

**REPORT OF STANDING COMMITTEE**

**SB 2384: Human Services Committee (Sen. Lee, Chairman)** recommends **DO NOT PASS** (6 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING). SB 2384 was placed on the Eleventh order on the calendar. This bill does not affect workforce development.

**2023 HOUSE HUMAN SERVICES**

**SB 2384**

# 2023 HOUSE STANDING COMMITTEE MINUTES

**Human Services Committee**
Pioneer Room, State Capitol

SB 2384
3/15/2023

Relating to vaccines for respiratory syncytial virus and vaccines developed using messenger ribonucleic acid technology.

Chairman Weisz called the meeting to order at 2:53 PM.

Chairman Robin Weisz, Vice Chairman Matthew Ruby, Reps. Karen A. Anderson, Mike Beltz, Clayton Fegley, Kathy Frelich, Dawson Holle, Dwight Kiefert, Carrie McLeod, Todd Porter, Brandon Prichard, Karen M. Rohr, Jayme Davis, and Gretchen Dobervich. All present.

**Discussion Topics:**

- Effects of rMNA vaccines.
- RSV vaccine technology
- Study of long-term health effects
- Vaccine mandates
- Gene therapy

Sen. Magrum introduced SB 2384 and proposed amendment (#23.1082.02002) (#27267).

Joe Arminio, Founder of the Coalition for America's Resurgence and political scientist, supportive testimony (#25322).

Molly Howl, Immunization Director for the North Dakota Department of Health and Human Services, spoke in opposition.

**Additional written testimony:**

Lisa Pulkrabek, North Dakota citizen, supportive testimony (#24024).

Tiffany Ormonde, North Dakota citizen, supportive testimony (#24101).

David Ormonde, North Dakota citizen, supportive testimony (#24102).

Mona Tedford Rindy, North Dakota citizen, opposition testimony (#24225).

Rocky Babel, North Dakota citizen, supportive testimony (#24591).

Lyndsey Jensen, North Dakota citizen, supportive testimony (#24974).

Allison Grabow, North Dakota citizen, supportive testimony (#25136).

Edward Fogarty, North Dakota citizen, neutral testimony (#25300).

Chairman Weisz adjourned the meeting at 3:44 PM.

*Phillip Jacobs, Committee Clerk*

# 2023 HOUSE STANDING COMMITTEE MINUTES

**Human Services Committee**
Pioneer Room, State Capitol

SB 2384
4/3/2023

| |
|---|
| Relating to vaccines for respiratory syncytial virus and vaccines developed using messenger ribonucleic acid technology. |

Chairman Weisz called the meeting to order at 3:30 PM.

Chairman Robin Weisz, Vice Chairman Matthew Ruby, Reps. Karen A. Anderson, Mike Beltz, Clayton Fegley, Kathy Frelich, Dawson Holle, Dwight Kiefert, Todd Porter, Brandon Prichard, Karen M. Rohr, Jayme Davis, and Gretchen Dobervich present. Rep. Carrie McLeod not present.

**Discussion Topics:**

- Committee work
- Amendment

Chairman Weisz called for a discussion on SB 2384.

Rep. Porter moved a do not pass on SB 2384.

Seconded by Rep. Dobervich.

Roll Call Vote:

| Representatives | Vote |
|---|---|
| Representative Robin Weisz | Y |
| Representative Matthew Ruby | N |
| Representative Karen A. Anderson | N |
| Representative Mike Beltz | Y |
| Representative Jayme Davis | Y |
| Representative Gretchen Dobervich | Y |
| Representative Clayton Fegley | Y |
| Representative Kathy Frelich | N |
| Representative Dawson Holle | N |
| Representative Dwight Kiefert | Y |
| Representative Carrie McLeod | AB |
| Representative Todd Porter | Y |
| Representative Brandon Prichard | N |
| Representative Karen M. Rohr | N |

Motion carries 7-6-1.

Carried by Rep. Dobervich.

Chairman Weisz adjourned the meeting at 3:42 PM.

*Phillip Jacobs, Committee Clerk*

**REPORT OF STANDING COMMITTEE**

**SB 2384, as engrossed: Human Services Committee (Rep. Weisz, Chairman)** recommends **DO NOT PASS** (7 YEAS, 6 NAYS, 1 ABSENT AND NOT VOTING). Engrossed SB 2384 was placed on the Fourteenth order on the calendar.

**TESTIMONY**

**SB 2384**

**Testimony in opposition of SB 2384**

**Relating to prohibiting the use of vaccines developed using messenger ribonucleic acid technology in the state; and to provide a penalty.**

**Senate Human Services Fort Lincoln Room**

Senator Lee and committee members. My name is Stephen McDonough. I have been asked by a resident of Emmons County, who shall remain anonymous, to provided testimony on this terrible bill.

I am a board certified pediatrician who worked in North Dakota for forty years, from 1980 to 2020. I worked at the NDDoH from 1985 to 2000 and served at times as the State Epidemiologist, AIDS/Project Director, Director of Maternal and Child Health and Chief Medical Officer. During the 1980s and 1990s, North Dakota had one of the best immunization programs in the country and was one of a handful of states to escape measles cases during the national measles outbreak of 1989 to 1990[1] and was the first state to eradicate Haemophilus influenzae type b infection known as Hib, the most common cause of childhood meningitis at the time.[2]

For those of you who are interested in facts, science and truth, I would like to provide some information.

- North Dakota experienced the highest COVID death rate in the United States for nearly two months, 57 consecutive days from September 21 to November 16, 2020.
- North Dakota had the highest death rate in the world from September 29 to November 16, 2020 with the exception of October 20-26 (Andorra) and October 28 to November 2 (Czechia) or 37 of 49 days.
- At the end of the 2-year COVID pandemic in March 2022, 16 (30.2%) of North Dakota's 53 counties had a cumulative COVID death rate greater than that of New York City and 33 (62.3%) had cumulative death rates greater than the national rate of 289 per 100,000.
- A resident of one of North Dakota's 39 rural counties was 60 percent more like to have been admitted to a hospital for COVID and twice as likely to have died of COVID during the 2-year pandemic as a resident of Cass County, the most urban county in the state. **COVID WAS TERRIBLE IN RURAL NORTH DAKOTA!**
- Seventy-nine percent of North Dakota's 215 long-term care facilities experienced a COVID outbreak. This resulted in the highest long-term care resident case rates, death rates, staff infection rates and rates of staff shortages in the United States (US) for many weeks in the fall of 2020.
- By the end of 2020, North Dakota's long-term care resident death rate was more than twice the national rate.
- North Dakota recorded the highest number of deaths in the state's history in 2020 with 7938 or 1649 (20.8%) more than expected.

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[1] Centers for Disease Control. Measles- United States, 1989 and First 20 weeks 1990. *Morbidity and Mortality Weekly Report*. 39:353-393 June 1, 1990

[2] Bisgard KM, Kao A, Leake J, Strebel PM, Perkins BA and Wharton M. Haemophilus influenzae Invasive Disease in the United States, 199401995: Near Disappearance of a Vaccine-preventable Childhood Disease. *Emerging Infectious Diseases* 4:229- 237, 1998 April-June

Why did this happen? Because our state had among the worst masking and social distancing in the US during the summer and fall of 2020 and because of unique features that made rural North Dakota open season for the COVID virus.

The carnage in North Dakota peaked in November 2020 when 500 residents died, an average of 16.7 per day and 1191 North Dakota residents were admitted to a hospital for treatment of COVID infection, an average of 39.7 a day. North Dakota received national and international attention for the highest death rate in the world and was ridiculed as "North DaCOVID." Tragically, a total of 320 North Dakota residents in long-term care died from COVID in November, an average of ten a day for the entire month.

Now how about Emmons County? I provided a monthly pediatric clinic in Linton in Emmons County from 2017 to the end of 2020. I was there in September 2020 when I heard that there were three 500-person weddings going on that month in the area and people weren't wearing masks. By the end of September, Emmons County had the greatest COVID outbreak in the US.[3] The Washington Post interviewed the Emmons County Health Officer "We have people we are not able to get to a higher level of care, and honestly, it's a horrible feeling," Newton said. "We have failed to do the things that prevented us from being here."[4] The Strasburg Nursing Home experienced an outbreak that resulted in the deaths of 6 residents in the month of October 2020.

Here are some Emmons County facts:

- As of March 10, 2022 Emmons County had 728 cases, 78 hospitalizations with a cumulative hospitalization rate of 2406.7 compared to a state rate of 1029.2 and 18 deaths with a cumulative death rate of 555.4 compared to a state rate of 291.2 and a national rate of 289 per 100.000.
- A resident of Emmons County was 92.2 percent more likely to die of COVID than the national average during the 2020-22 pandemic.
- The county's complete primary COVID immunization rate was 33.8% compared to the North Dakota average of 54.5% and US rate of 65.1%.
- Emmons County was one of 16 North Dakota counties with a cumulative COVID death rate greater than New York City during the 2-year pandemic.
- Residents of Emmons County were nearly twice as likely to die of COVID as the national average and nearly 2 ½ times to be hospitalized as the state average.

On August 11, 2022 which is the last day that I have county data for deaths and hospitalizations from the NDDoH COVID Dashboard:

- Emmons County cumulative hospitalization rate of 2406.7 per 100,000 was **HIGHEST** in ND and nearly 3 (2.9) times higher than Cass County's rate of 824.0 as of August 11, 2022

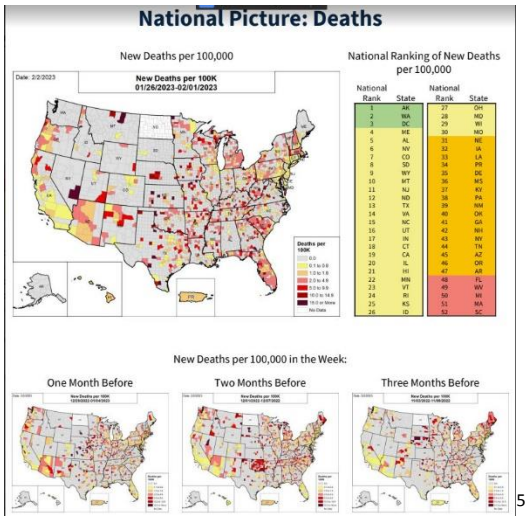
[3] Stinchcomb K (September 30, 2020) Health officials in Emmons County are urging North Dakotans to take precautions as cases spike. *KXMB*. https://www.kxnet.com/news/local-news/health-officials-in-emmons-county-are-urging-north-dakotans-to-take-precautions-as-cases-spike/

[4] Gowen A and Bailey H. (2020, November 12). 'Catastrophic' lack of hospital beds in Upper Midwest as coronavirus cases surge. *Washington Post*. https://www.washingtonpost.com/national/coronavirus-midwest/2020/11/12/90508b72-250f-11eb-952e-0c475972cfc0_story.html

- Emmons County cumulative death rate of 555.4 per 100,000 was **10th highest** in ND and nearly 3 (2.8) times higher than Cass County's rate of 196.8 as of August 11, 2022

| | Emmons County | 2020 | 2021 | 2022 | Total |
|---|---|---|---|---|---|
| • | **Cases** | **376** | **237** | **153** | **766** |
| • | **Hospitalizations** | **37** | **36** | **5** | **78** |
| • | **Deaths** | **10** | **6** | **2** | **18** |

It should be noted that many of the COVID cases, hospitalizations and deaths in Emmons County were vaccine preventable in 2021 and 2022. The data for 2022 is incomplete and goes up to August 11, 2022. North Dakota is the **ONLY** state where county death data is not available from the White House COVID-19 Team, Joint Coordination Cell, Data Strategy and Execution Workgroup.



[5]

So what are the lessons learned for Emmons County and North Dakota from the COVID pandemic? Prior to immunizations, if you weren't wearing your mask and social distancing, many in your community got sick, got hospitalized and many died. Once immunizations became available, if you didn't get your shots- you could get sick and spread COVID to others and you and your friends could get sick, get hospitalized or die.

So how many North Dakotans died of COVID because they didn't get the vaccine? An analysis by the Brown University School of Public Health estimated that **650 North Dakotans died a vaccine-preventable COVID death by April of 2022**.[6] Considering that 21 North Dakotans died of influenza in 2019-20,[7] the number of vaccine preventable COVID deaths was staggering.

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[5] White House COVID-19 Team, Joint Coordination Cell, Data Strategy and Execution Workgroup. North Dakota State Synopsis. February 2, 2023 page 14 https://healthdata.gov/Community/COVID-19-State-Profile-Report-North-Dakota/8hnt-tgfp

[6] Simmons-Duffin S and Nakajima K (2022, May 13). This is how many lives could have been saved with COVID vaccinations in each state. *NPR*. https://www.npr.org/sections/health-shots/2022/05/13/1098071284/this-is-how-many-lives-could-have-been-saved-with-covid-vaccinations-in-each-sta

[7] North Dakota Department of Health. Influenza Seasonal Comparison. *NDDoH*. https://www.hhs.nd.gov/health/influenza/data

This happened in North Dakota during the delta phase of COVID in the fall of 2021

- Nine of the top ten ND counties (Sheridan, Adams, McLean, Sioux, Mercer, Mountrail, Kidder, Hettinger, and Billings) with highest death rates from August 1- end of December, 2021 had immunization rates lower than ND's average of 52.5% primary COVID immunization complete. North Dakota was 43rd worst in immunizations and 49th worst in mask use in the US.
- Similarly, nine of the top ten ND counties (Sheridan, Grant, Emmons, McLean, Wells, Golden Valley, Morton, Adams, and Mercer) with highest hospitalization rates from August 1 to December 2021 had immunization rates lower than ND's overall rate.

So what did we learn about COVID in 2021? People living in North Dakota counties with low vaccination rates were more likely to be hospitalized and die of COVID.

The mRNA COVID vaccines are very safe and very effective in preventing hospitalizations and deaths from COVID. The mRNA vaccines COVID (Pfizer-BioNTech or Moderna) vaccines are the most widely used COVID immunizations. COVID immunizations in the US by December 2022 had total more than 655 million doses — 80 percent of the population had received at least one dose — with the cumulative effect of preventing more than 18 million additional hospitalizations and more than 3 million additional deaths.[8]

Now to this horrific and terrible piece of legislation authored by a representative from a county with the greatest cumulative COVID hospitalization rate in the state and with a death rate nearly **THREE TIMES** that of our most urban county. This bill would prevent North Dakotans from protecting themselves from COVID now and in the future and would prevent our residents from protecting themselves from future pandemics from other viruses where mRNA vaccines would be protective.

There are too many legislators that have learned nothing from the pandemic. The anti-science crowd spews misinformation on the effectiveness of masks and vaccines which just results in more illness, hospitalizations and death. No lie is too outrageous for them. They have abandoned truth and reason and wish to inflict upon all of us their anti-science ideology.

SB 2374 needs to vigorously opposed and soundly defeated!

Stephen McDonough MD

Pediatrician North Dakota 1980-2020

NDDoH 1985-2000

Author of "The Golden Ounce: A Century of Public Health in North Dakota" 1989

[8] Meagan C. Fitzpatrick et al., "Two Years of U.S. COVID-19 Vaccines Have Prevented Millions of Hospitalizations and Deaths," To the Point (blog), *Commonwealth Fund*, Dec. 13, 2022.

My name is  Lisa Pulkrabek of Mandan, ND - District 31. I am submitting this testimony in support of SB 2384.

(A BILL for an Act to create and enact a new section to chapter 12.1-31 of the North Dakota Century Code, relating to prohibiting the use of vaccines developed using messenger ribonucleic acid technology in the state; and to provide a penalty.)

A paper published by Dr. Stephanie Seneff and Dr. Greg Nigh in *The International Journal of Vaccine Theory, Practice, and Research called* "Worse Than the Disease? Reviewing Some Possible Unintended Consequences of the mRNA Vaccines Against COVID-19" points out how the warp speeded covid vaccines using mRNA technology raise multiple safety concerns.  You can read all about 'prion' diseases such as MADCOW and now thought to be other prion neurodegenerative diseases such as Alzheimer's, Parkinson's and ALS in the link to an article below. mRNA vaccines use an altered sequence that replaces two amino acids which is a dangerous step towards misfolding and possible morphing into prion disease. This vaccine technology is so new and has not been tested in a double blind placebo controlled test. So we don't know the long term effects of it on humans.

https://www.godreports.com/2022/01/mit-researcher-warns-of-long-term-consequences-of-mrna-vaccines/

Recently Princess Bajrakitiyabha of Thailand went into a coma after receiving a booster (a total of three) Pfizer Covid - mNRA injection. She is still in a coma. She is 44 years old and previously was healthy. Thailand is seeking to nullify it's contract with Pfizer and sue for billions. Is this what we cant for North Dakotans?  You can read and watch more about this here.

https://vaccineimpact.com/2023/44-year-old-thai-princess-bajrakitiyabha-in-coma-after-pfizer-covid-shots-thailand-to-nullify-contract-with-pfizer/

Dr. Naomi Wolf discusses the dangers mRNA vaccines pose to women's reproductive health. As a women, this is very dear to my heart. I would not wish these painful, horrible adverse effects on my worst enemy. You can watch about this here.
https://rumble.com/v28g8i2-dr.-naomi-wolf-dangers-mrna-vaccines-pose-to-womens-reproductive-health.html

They lied to us about myocarditis too.
https://dailyclout.io/they-lied-to-us-about-myocarditis-too/

Another article discussing women and reproduction - what did the pharmaceutical companies know? YES. Did they tell us? Did they warn us? NO! The government, schools, employers, the doctors, almost everyone pushed these untested vaccines on the world.
https://www.thedesertreview.com/news/director-admits-covid-mrna-shots-are-altering-menstrual-function/article_a0fab538-a3ed-11ed-967e-2f6bc11980e6.html

Praise God I did not and will not every put this poison into my body, nor will I let anyone inject this poison into body of any one of my family members. But not everyone is as educated as I am. Not every child has a parent willing to do their homework. So many people have been injured and many have died.
Again, I kindly urge you to protect North Dakotans from these dangerous, untested vaccines.
Thanks much!  Lisa Pulkrabek

Hello Members of the House Human Services Committee,

My name is Tiffany Ormonde and I reside in District 31. I am asking you to please render a Do Pass on house bill 2384..

I am against the use of mRNA vaccines. These are experimental and we do not have enough evidence that they are safe, yet they are trying to force these on children. We have yet to see the long term effects, but already in the short term we have seen a rise in both menstrual issues and heart conditions.

Thank you for your consideration on this important issue and for your service to the state of North Dakota.

Tiffany Ormonde

Hello Members of the House Human Services Committee,

My name is David Ormonde and I reside in District 31. I am asking you to please render a Do Pass on house bill 2384..

There have been many red flags already with the mRNA vaccines. This has not been studied long enough to know the long term effects, this is still in an experimental phase. Please do not add these vaccines to the list of recommended vaccines.

Thank you for your consideration on this important issue and for your service to the state of North Dakota.

David Ormonde

MRNA tech is the future

Prohibition of MRNA tech is catostrophically ignorant and embarrassing for North Dakota

Testimony Prepared for the
**Senate Human Services Committee**
February 7, 2023
By: Mary Korsmo
ND State Association of City & County Health Officials

**RE: Opposition to SB 2384**

Chair Lee and members of the Senate Human Services Committee, the North Dakota State Association of City and County Health Officials (NDSACCHO) opposes any reduction of vaccination requirements in North Dakota that reduce the spread of vaccine preventable disease.

SACCHO is comprised of all 28 local public health units. We appreciate the opportunity to communicate our opposition to this bill and urge a Do Not Pass.

North Dakota Veterinary Medical Association
P.O. Box 1231
Bismarck, ND 58502-1231
Phone: 701.221.7740 Fax: 701.751.4451
Email: execdir@ndvma.com Website: www.ndvma.com

**In Opposition of SB 2384**
February 7, 2023

Chair Lee and Members of the Human Services Committee,

The North Dakota Veterinary Medical Association (NDVMA) opposes SB 2384. The NDVMA is a professional organization for veterinarians and has spent more than a century representing the interests of veterinarians, their clients, and patients. Today, the organization has more than 300 members representing small, large animal, exotic, bovine and equine practitioners, as well as those veterinarians working in research, academic and government capacities.

SB 2384 would prohibit the use or administration of mRNA vaccines in ND. While NDVMA can appreciate the concern of the rapid rollout of mRNA COVID-19 vaccines for emergency use for humans, this bill is problematic and short sighted by imposing limitations on the use of mRNA vaccines in both humans and animals.

Several mRNA vaccines in past years have entered clinical trials and have shown promise for offering solutions to combat emerging and re-emerging infectious diseases such as rabies, Zika, and influenza.

Animal infectious diseases remain a considerable challenge that impact animal health and food security. Notably, nearly two-thirds of the pathogens affecting humans originated from animals, such as the avian influenza virus, rabies virus, hepatitis e virus (HEV), and the recently emerged coronavirus called, SARS-CoV-2. Prevention by vaccination is considered the most successful intervention strategy against animal infectious diseases, particularly zoonoses.[1]

Although only a few mRNA vaccines have been specifically studied in protecting against animal infectious diseases, the success of mRNA vaccines in humans has paved the way for advancement in veterinary medicine. Virus infections remain the major perceived threats to the global health and industrial livestock production. The major viruses from poultry and livestock lacking effective strategies to control include African swine fever virus (ASFV), porcine reproductive and respiratory syndrome virus (PRRSV), porcine epidemic diarrhea virus (PEDV), foot and mouth disease virus (FMDV), bovine viral diarrhea virus (BVDV), bovine leukemia virus (BLV), and so on. The availability of an mRNA-based vaccines platform might strategically advance safe and effective vaccines to market for preventing these diseases.[1]

NDVMA urges a DO NOT PASS on SB 2384.

1. Le T, Sun C, Chang J, Zhang G, Yin X. mRNA Vaccine Development for Emerging Animal and Zoonotic Diseases. Viruses. 2022 Feb 15;14(2):401. doi: 10.3390/v14020401. PMID: 35215994; PMCID: PMC8877136.

NORTH Dakota | Health & Human Services
Be Legendary.

**SB2384**
**Senate Human Services**
**February 7th at 9:30 a.m.**

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Good morning, Chairwoman Lee and members of the Senate Human Services Committee. My name is Molly Howell and I am the Immunization Director for the North Dakota Department of Health and Human Services (Department). I am here to provide testimony in opposition to Senate Bill 2384.

If SB2384 passes, North Dakota healthcare providers would not be able to administer any mRNA (messenger RNA) vaccines for fear of penalty, which would prevent North Dakotans from having the choice to be vaccinated against diseases prevented by mRNA vaccine technology. There are several mRNA vaccines in development, including vaccines to prevent influenza, respiratory syncytial virus (RSV), Epstein-Barr virus and certain cancers.[i]

Currently, there are two mRNA vaccines available in the United States, both are for the virus that causes COVID-19, one manufactured by Pfizer and the other by Moderna. Over one million doses of COVID-19 mRNA vaccine have already been administered in North Dakota. After February of 2023, mRNA COVID-19 vaccines will be the only ones available through the federal government. Supplies of other COVID-19 vaccines (Novavax, Janssen) are expiring and the federal government is not purchasing additional doses. If SB2384 passes, North Dakota healthcare providers will be unable to provide any COVID-19 vaccine to those who would like to have it, because mRNA vaccines will be the only option.

Once COVID-19 vaccines are commercialized (moved to the private market), pediatric COVID-19 mRNA vaccines will be included in the Vaccines For Children (VFC) Program. The VFC Program is a federal entitlement program that provides vaccines to children 18 years or younger and those who are Medicaid-eligible, uninsured, underinsured, or American Indian/Alaskan Native. Children eligible for VFC vaccines are entitled to receive vaccines recommended by the Advisory Committee on Immunization Practices (ACIP), including mRNA COVID-19 vaccines.[ii]

Healthcare providers enrolled in the VFC Program are required to carry all ACIP-recommended vaccines. In North Dakota, 52% of children are eligible for the VFC Program.

An mRNA vaccine for RSV is expected to be submitted to the U.S. Food and Drug Administration for regulatory approval in 2023. Up to 120,000 older adults are hospitalized annually due to RSV and up to 10,000 die.[iii] An mRNA melanoma vaccine recently completed phase II clinical trials and along with other treatments, reduced the risk of recurrence and death by 44% compared to just treatment alone.[iv]

In summary and conclusion, if SB2384 passes, healthcare providers would no longer be able to administer current or future mRNA vaccines for fear of penalty. Future use of mRNA vaccines may include vaccines for cancers, RSV, and other diseases. Passing this bill would limit the ability of North Dakotans now and in the future, to choose if they would like to protect themselves from infectious diseases and cancers by using mRNA vaccines.

Thank you for the opportunity to appear before you today. I would be happy to respond to any questions you may have.

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[i] What's in the pipeline for mRNA technology and vaccines? (contemporarypediatrics.com)
[ii] VFC: Vaccines for Children Program | CDC
[iii] Moderna Granted FDA Breakthrough Therapy Designation for mRNA-1345, An Investigational Respiratory Syncytial Virus (RSV) Vaccine Candidate (modernatx.com)
[iv] Moderna and Merck Announce mRNA-4157/V940, an Investigational Personalized mRNA Cancer Vaccine, in Combination with KEYTRUDA(R) (pembrolizumab), Met Primary Efficacy Endpoint in Phase 2b KEYNOTE-942 Trial (modernatx.com)

02/06/2023 Senate Human Services Committee
Opposition SB 2384

Brenda Stallman
Hillsboro

**Hello, Chair Judy Lee and Members of the Senate Human Services Committee,**

My name is Brenda Stallman. I am the Executive Officer of Traill District Health Unit in Hillsboro. I am here to offer opposition to SB 2384.

In the hearings I have sat in on, listening to testimony either for or against required vaccinations, prohibiting use of mRNA vaccines, and now, for imposing a penalty when such mRNA vaccines are given, one important word is often left out of the conversation. That is the word "pandemic." Well over 1 million lives were lost to Covid. It wasn't until a vaccine became available that we saw a downward trend in rates of mortality. The technology wasn't brand new, but rather in development for over two decades, but recently became mature enough for use against the virus that causes Covid. This from the Yale School of Public Health. (*The Application and Future Potential of mRNA Vaccines*; Gupta, Swati; May 7, 2021) Many other science-based sources offer the same explanation. And to this I offer simply "THANK GOODNESS!"

But I am not here to rehash everyone's view on how Covid was or wasn't handled. But more to ask you to consider our future health and promising developments that are being looked at for future vaccines using mRNA technology that will prevent diseases such as rabies, influenza, Zika, HIV and cancer. Scientists continue to work on making technology better. Additionally, targeting a broad range of different diseases all in one shot are also in development. This will greatly simplify our current vaccination schedules.

I have lost too many family members and friends to cancer. In spite of the current availability of flu vaccine, CDC estimates anywhere from 12,000 – 52,00 deaths each

year occur due to influenza, depending on how well the vaccine matches the circulating strains, while 140,000-710,000 people are hospitalized due to the flu each year.

How can we possibly deny improved protection and prevention from these deadly diseases by creating a law banning administration of mRNA vaccines; and at the same time tie the hands of health care professionals whose extensive education, training and experience are halted, leaving them unable to offer their patients the very thing that will save their lives?

I urge you to vote in opposition to SB 2384.

Thank you.

Brenda Stallman

**TESTIMONY:** Aldevron
**DATE:** February 7, 2023
SB 2384

Right now, members of the North Dakota legislature are attempting to progress Senate Bill No. 2384, which would ban any person from being able to "provide or administer a vaccine developed using messenger ribonucleic acid technology (mRNA) for use in an individual or any other mammal in this state". In doing so, they are going against the overwhelming evidence gathered, evaluated, and scrutinized by regulatory and independent agencies that have concluded mRNA technology is safe and effective.

Scientists around the world have long seen the therapeutic value of mRNA since its discovery in 1961 (5). Every cell of your body produces and uses thousands of mRNA transcripts every second as instructions for the proteins your body needs to function properly (1). By leveraging these existing natural processes, an mRNA vaccine can provide instructions to make a protein (such as the COVID-19 spike protein) foreign to your body, resulting in a lasting immune response that helps your body fight subsequent infection by that virus. This technology is not new; it has been in development for 15 years, and after countless hours, experiments, breakthroughs and the combined efforts of thousands of people, the mRNA COVID-19 vaccines from Pfizer-BioNTech and Moderna helped the entire world overcome one of the deadliest pandemics in history (3).

The data shows that the mRNA vaccines were remarkably effective at doing this. According to the CDC, over 600 million vaccines have been administered in the United States alone, saving lives, preventing even more hospitalizations, and ultimately saving the United States healthcare system upwards of a trillion dollars in medical costs from COVID-19 infections (2). During this time, the CDC has received preliminary reports and are actively investigating the less than 20,000 deaths that may be associated with COVID-19 vaccination, representing only 0.0028% of the total vaccine-receiving population in the United States (6). Any and every therapeutic drug has a risk-benefit profile that is carefully weighed by the Food and Drug Administration (FDA) prior to its approval, and both mRNA vaccines currently available have

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been fully approved by that agency, owing to the robust and thorough clinical trial data that has been produced showing that the COVID-19 mRNA vaccines are both safe and effective.

These trials are also paving the way for future medical innovations, as several upcoming mRNA vaccines are in development, both building upon the success of the COVID-19 vaccines, as well as to mitigate some of the most widespread diseases, such as seasonal influenza, HIV, and even cancer (4). mRNA vaccines are also in development to help advance veterinary medicine. By preventing the administration and use of any mRNA vaccine, the North Dakota legislature risks the public safety of its own citizens and animals alike and undermines the belief and trust in the scientific process that has paved the way for hundreds of lifesaving therapies.


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3. https://www.visualcapitalist.com/history-of-pandemics-deadliest/
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February 4, 2023

**Greetings Chairman Senator Lee and Esteemed Members of the Human Services Committee:**

The Bioscience Association of North Dakota opposes SENATE BILL NO. 2384, A Bill relating to prohibiting the use of vaccines developed using messenger ribonucleic acid technology in the state; and to provide a penalty. The Association urges the Committee to enter a "DO NOT PASS" RECOMMENDATION TO THE FULL House.

The Association opposes SB 2384 on the following grounds:

1). It is overly broad;
2). It will deny lifesaving treatments to the citizens of North Dakota;
3). It will dampen development of the Biotech Industry in North Dakota.

The Statute prohibits "a person "from" providing or administering a vaccine developed using messenger ribonucleic acid technology for use in an individual or any other mammal in this state". It not only prohibits the use of an FDA approved current vaccines but is prospective in that prohibits use of other vaccines being developed utilizing mRNA. For more than 30 years, scientists have been studying mRNA vaccines to prevent diseases such as: Cytomegalovirus (CMV); Influenza (flu);Rabies; and Zika virus. Scientists are also studying mRNA vaccines to treat diseases like multiple sclerosis (MS) and cancer. These treatments use the same mRNA technology to trigger the immune system to create antibodies. Though they aren't approved yet, these treatments are currently in clinical trials. This Statute is overly broad in that not only prohibits current **FDA approved vaccines,** but future FDA approved vaccines.

"There's a lot of enthusiasm around mRNA right now," said Patrick Ott, M.D., Ph.D., who directs the Center for Personal Cancer Vaccines at the Dana-Farber Cancer Institute. "The funding and resources that are flowing into mRNA vaccine research will help the cancer vaccine field."

"Dozens of clinical trials are testing mRNA treatment vaccines in people with various types of cancer, including pancreatic cancer, colorectal cancer, and melanoma. Some vaccines are being evaluated in combination with drugs that enhance the body's immune response to tumors."

"mRNA vaccine technology is extremely promising for infectious diseases and may lead to new kinds of vaccines," said Elad Sharon, M.D., M.P.H., of NCI's Division of Cancer Treatment and Diagnosis. "For other applications, such as the treatment of cancer, research on mRNA vaccines also appears promising, but these approaches have not yet proven themselves." (National Cancer Institute, "Can mRNA Vaccines Help Treat Cancer? January 20, 2022, by Edward Winstead).

This Statute prohibits research at our two research Universities and in local companies who are engaged in these endeavors because it states," may not provide or administer a vaccine developed using messenger ribonucleic acid technology for use in an individual **or any other mammal in this state.**" A Researcher cannot even inject this in animals, such as mice or rats, to find out the effects. They have cut out a vital part of medical

research in the critical “proof of concept” phase of drug development.

And if these mRNA vaccines prove successful and become FDA approved, this Statute denies the citizens of North Dakota potential lifesaving Federally approved vaccines. What that means is that these new treatments will be available to citizens of other States but not in North Dakota.

This, in my opinion, will certainly have a “dampening effect on” research, development and manufacture” in North Dakota. Many companies who engaged in this type of research, development and manufacture will not consider relocating here. In my opinion, we are going to fall behind.

In conclusion, I would like to say, North Dakota is home to a unique ecosystem of bioscience early stage and manufacturing companies conducting research and commercialization efforts in the fight to create new and different treatments for some of the deadliest diseases. To shut down vaccine technology that is extremely promising for cancer and infectious diseases which may lead to new kinds of vaccines is very short sighted and will hamper the growth of the Biotech industry in this State. In my opinion it will reduce investment in this State which will lead to the diminishment of an industry which creates high-skilled, high-wave jobs that diversify the state’s economy, moderates facility operations, and supports the creation of improved standard of living and supports state and local taxes for education, public safety and other budget priorities.

This is why I urge you to pass a “DO NOT PASS” recommendation on SB 2384.

Thank you for your time and attention to this important piece of Legislation.

Respectfully Submitted
Richard Glynn
Executive Director
Bioscience Association of North Dakota
richard@ndbio.com
701-317-2483

Dear Members of the Senate Human Services Committee,

My name is Tara Dukart. I reside in District 33.

I urge you to render a DO PASS on SB 2384: Relating to prohibiting the use of vaccines developed using messenger ribonucleic acid technology in the state; and to provide a penalty.

We do not know enough about the long term effects of mRNA vaccines. Many health professionals are already speaking out about their strong concerns within the short term.

It is unethical, in my opinion, to recommend experimental technology, especially by adding mRNA vaccines to the "recommended schedule."

In a recent appearance on The Highwire, Dr. Ryan Cole explained why mRNA injections can be so dangerous. Simply put, human cells are meant to make human proteins, not the foreign spike protein mRNA jabs program our cells to make. According to Dr. Cole, the mRNA platform has proven to be so dangerous that not only do COVID vaccines need to be halted immediately, but the entire experimental platform—and the agencies that have taken it upon themselves carte blanche to keep pushing it forward (like Moderna and DARPA)—need to be stopped.

I urge you to support SB 2384.

Thank you for your time and for serving and protecting the people of this state.

Sincerely,

Tara Dukart
Hazen, ND

Please do pass SB 2384  The use of vaccines developed using messenger ribonucleic acid technology in the state should be prohibited. There are many who have received the covid mRNA vaccine and have had severe side effects. It has not been tested and out for long enough to know if it is safe to use.

**2023 Senate Bill no. 2384**

**Senate Human Services Committee**

**Senator Judy Lee, Chairman**

**February 7, 2023**

Chairman Lee and members of the Senate Human Services, I am Chris Meeker, a board-certified emergency physician and I serve as chief medical officer at Sanford Health Bismarck.

I respectfully ask for a **Do Not Pass** recommendation on SB 2384, a bill that would prohibit the use of vaccines developed using messenger ribonucleic acid (mRNA) technology. Messenger RNA is used to instruct the body to produce specific proteins called spike proteins. These proteins look similar to those of the virus, and this antigen triggers the body's immune system to create specific antibodies that can fight off the real virus. MRNA medicines fight diseases in a different way than traditional medicine by prompting your immune system to create the tools to treat or prevent disease.

The idea of prohibiting mRNA vaccines is troubling in many ways.

As we emerge from the COVID-19 pandemic, it is important to note that the only FDA-approved vaccines against Sars-CoV-2 use mRNA technology. It cannot be overstated the profound impact mRNA technology has had on curbing hospitalizations and death while mitigating socioeconomic repercussions of the pandemic. The Moderna and Pfizer COVID-19 vaccines have collectively saved three million lives and prevented 18 million hospitalizations in the United States.

Further, the vaccines are safe. While COVID-19 vaccines were developed rapidly, all steps have been taken to ensure their safety and effectiveness (see attached "How Did the COVID-19 Vaccine Get Developed So Quickly?").

In the two years since these COVID-19 vaccines became available, the U.S. has administered more than 655 million doses with few adverse events. The risk of adverse events is extremely low and the benefits of the vaccines far outweigh risk of COVID-19 infection complications including long COVID, myocarditis and pulmonary embolism.

From a practical standpoint, the Centers for Medicare and Medicaid Services (CMS) mandates all healthcare providers require all staff members to be vaccinated. Failure to comply places the provider at risk of losing Medicare and Medicaid payments, a tremendous financial penalty.

Finally, by targeting mRNA vaccines, SB 2384 not only prohibits COVID-19 prevention, it threatens future administration of promising protection against new infectious diseases and variants of existing ones including influenza, respiratory syncytial virus (RSV), hepatitis C and norovirus (a.k.a. stomach flu). What's more, clinical trials are testing mRNA treatment vaccines in people with various types of cancer, including pancreatic cancer, colorectal cancer, and melanoma.

For these reasons, we ask that you give the bill a **Do Not Pass** recommendation. Thank you for your time and consideration. I would be happy to respond to any questions you may have.

Chris Meeker, M.D.
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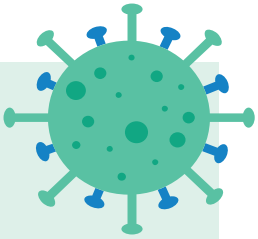
# How Did the COVID-19 Vaccine Get Developed So Quickly?

ct.gov/covidvaccine

Keeping Connecticut Healthy
DPH
Connecticut Department of Public Health



## These mRNA vaccines are a result of decades of work.

- **Lessons learned from earlier vaccine research** informed strategies for developing COVID-19 vaccines.
- Severe acute respiratory syndrome (SARS) and Middle East respiratory syndrome (MERS) are two diseases caused by coronaviruses closely related to the virus that causes COVID-19. Researchers began working on developing vaccines for these diseases after they were discovered in **2003 and 2012,** respectively.
- None of the SARS vaccines ever made it past the first stages of development and testing, in large part because the virus disappeared. **One MERS vaccine (MVA-MERS-S) successfully completed a phase 1 clinical trial in 2019.**
- **mRNA vaccines have been studied before** for flu, Zika, rabies, and cytomegalovirus (CMV).
- As soon as the genetic code became available for SARS-CoV-2 (the virus that causes COVID-19), scientists began designing the mRNA for the vaccine, which **provides instructions for cells to build the unique spike protein for SARS-CoV-2.**

## The typical FDA process for vaccine development was followed:

**Research and Discovery Stage** Scientists conduct laboratory research to test their idea for a vaccine candidate. Started before COVID-19.

> **Pre-Clinical** Laboratory research and testing in animals to obtain information about how the vaccine works and whether it's likely to be safe and work well in humans. Started before COVID-19.

> **Phase 1 Trial** Emphasis on safety. Generally includes 20–100 volunteers who haven't been exposed to the disease.

> **Phase 2 Trial** Randomized controlled studies with more people. Various dosages are tested on 100s of people, typically with varying health statuses and from different demographic groups.

> **Phase 3 Trial** Vaccine is administered to thousands of people, generating critical information on effectiveness and additional safety data.

> **License Application to the FDA** After its evaluation, FDA decides whether to approve/authorize the vaccine for use in the United States.

**Learn more, read the COVID-19 vaccine's path to authorization:** www.fda.gov/media/143890/download

## Getting vaccinated is one of many steps you can take to protect yourself and others from COVID-19.

For some people, COVID-19 can cause severe illness or death. Getting vaccinated not only protects you from COVID-19, it also protects those around you by preventing its spread. Stopping a pandemic requires using all the prevention tools available. Vaccines work with your immune system so your body will be ready to fight the virus. Other steps, like masks and social distancing, help reduce your chance of being exposed to the virus and spreading it to others. **Together, COVID-19 vaccination and following CDC's recommendations to protect yourself and others will offer the best protection from COVID-19.**

GET THE FACTS ON THE VAX


**SOURCES**

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Madam Chairman, members of the committee—good morning!

My name is Lyndsey Jensen. I am a resident of Bismarck, North Dakota.

I would like to share with you my testimony in favor of Senate Bill 2384.

The US has entrusted the CDC and FDA with the authority to guide and uphold the standard for safe medical practices and food production. For many North Dakotans their faith has been lost on these intellectual authorities to do just that when concerning mRNA vaccinations. The numerous house bills addressing vaccine related topics are evidence to the people resorting to their state government to defend their medical freedom.

Due to the state of emergency that the Covid pandemic lead us into, the FDA set the precedent for a fast track toward approval for mRNA bio-tech medicines misrepresented as "vaccines", while disregarding the need for data on long term effects of mRNA on human subjects before widely administrating it on the populus. Since the FDA authorized the emergency use of the Pfizer-BioNTech COVID-19 Vaccine (1), pharmaceutical companies have made billions (2) on this mRNA "vaccine" without liability for health damages caused by their product, as laid out in the PREP Act for Covid-19 Vaccinators. This immunity from liability is applied to distributors, states, localities, licensed healthcare professionals, and others identified by the HHS Secretary who administer COVID-19 countermeasures (3). Once the FDA extended its emergency use authorization of the Moderna and Pfizer Covid-19 vaccines to children as young as 6 months old (4), pharmaceutical companies increased in their profits while Americans were left with the risks. The CDC changed their definition for "vaccine" to incorporate the effect of mRNA gene therapy to "protect" against severe symptoms instead of leaving the historical language of imparting immunity (5). Regardless of the growing VAERS reports (6), public outcry, and FDA advisory committee points for concern (7), the CDC continues to label the Covid-19 mRNA vaccine as "safe and effective" (8). The federal government imposed Covid-19 mRNA vaccination mandates on its federal employees (9) and military personal (10) while disregarding natural immunity. Hospitals across America imposed Covid-19 mRNA vaccination mandates on their employees, and hospitals in North Dakota were no exception (11, 12). The US Supreme Court upheld these vaccine mandates for medical personal,

stripping the right to informed consent and voluntary compliance in experimental medicine from the people who selflessly served America throughout the Covid pandemic (13).

Now, Moderna and Pfizer have more mRNA vaccines on the way. Moderna CEO leaked last month that the company was able to complete all three phases of the RSV mRNA vaccine clinical trials in just *one year* and will file for expedited approval with the FDA so that it's on the market for this coming fall (14). Pfizer's CEO also announced their plans in the works to complete all phases in their clinical trials and bring to market a mRNA flu shot in June or July. A mRNA coronavirus/flu shot can also be expected sometime later in the year (15). These pharmaceutical companies can be confident because of the precedent that the FDA established when fast tracking the Covid-19 mRNA vaccine.

Concerning another precedent, genetically modified organisms already run rampant in American food supply. Recently, a novel mRNA vaccine study on cattle at Iowa State University is exploring the effective use for mRNA vaccines to treat bovine diseases (16). Also, the Gates foundation donated over 2.1 million dollars to GALVmed toward vaccine production for livestock which could include mRNA development (17). Dr. Malone in an interview states that for the past 6 years Bayer and BioNTech have had plans in the works toward developing mRNA vaccines for livestock and companion animals (18). As established with GMO products, the FDA could approve mRNA treatments for livestock and wildlife with the same shortsighted discernment. Furthermore, the FDA has limited requirements for GMO products in which they *must* be labeled as such, and it is concerning to think that they may require little more than such requirements for identification for meat and animal products treated with mRNA vaccines(19).

Historically mRNA bio-technology has a reputation for being instable in its capability to produce consistent results. While there have been promising instances for mRNA use in cancer treatments and other incurable diseases, the side effects that it can cause are often unique to the individual (20). Concerning the risks to the Covid-19 mRNA vaccine, there is no way to ensure that the mRNA doesn't go throughout the body replicating spike proteins for an unlimited period of time and in unknown quantities, causing unknown long term effects. Some relevant studies have indicated

that there is cause for concern for the risk of the mRNA reverse transcribing into DNA(21,22,23,24,25,26) . It would be in the best interest for the public to rule out this concern before putting more mRNA vaccines through the fast track toward FDA approval for emergency use.

Therefore, as it stands today it is appropriate for the individual to reserve the right to informed consent and to choose for oneself based on their medical history and need for mRNA gene therapy. Concerning medical practitioners, this widespread use of mRNA as a vaccine puts them at a disadvantage, both legally and medically. In this situation, I believe that it is appropriate for state legislators to prohibit the means in which a mRNA vaccine would be expected of a person. Concerning the veterinarian use of mRNA vaccines, for the lack of data on transmitted effects to the consumer, I believe, it is appropriate for state legislators to prohibit the means in which livestock may be treated with mRNA vaccines, at least for now. Until more studies have been put into long term effects of mRNA gene therapy on the consumer, the consumer must be protected.

In conclusion, I support Senate Bill 2384 because I believe it would prevent the misuse of mRNA gene therapy as a vaccine; it would reserve mRNA use for properly developed medical treatments; and it would preserve the integrity of livestock and animal products in North Dakota. Thank you for this opportunity to share my testimony.

If you have any questions, I can answer those now.

Thank you.

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Senate Human Services Committee
SB 2384
January 25th, 2023

This testimony is submitted by North Dakota citizen, Kali Bauer, in opposition to SB 2384.

My name is Kali Bauer. I am a born and raised North Dakotan, graduated from the University of North Dakota, and have lived here for almost my entire life. I moved back to North Dakota after living in Minnesota for a couple of years, because North Dakota will always be home. I believe we can all agree that the pandemic in 2020 has greatly impacted us all. It has changed the way we work, learn, and live our lives, still to this day.

SB 2384 focuses on not only prohibiting, but criminalizing, any healthcare professional from providing or administering a vaccine developed using messenger ribonucleic acid, or mRNA, technology. This is clearly targeted towards the COVID-19 vaccine, which is currently the only FDA approved vaccine that uses this technology. However, this bill blatantly ignores ongoing research that could lead to breakthrough treatments for many other medical conditions in the future.

According to the National Library of Medicine and the National Center for Biotechnology Information, mRNA technology could potentially provide global long-term solutions for a vast array of diseases and conditions, ranging from Influenza, RSV, HIV/AIDS, insect-borne viruses such as Zika and Dengue fever, Rabies, Ebola, and pathogens such as E-coli, Salmonella, and Shigella. (See Citation #1). More recently, according to the National Cancer Institute, research has already begun on utilizing mRNA technology for treatments for multiple sclerosis, and immunotherapy for prostate cancer, gastrointestinal cancers, and skin cancers such as melanoma. (See Citation #2)

This bill focuses on criminalizing healthcare professionals for simply doing their job and what they were educated and trained to do, while simultaneously undermining medical research professionals and scientists working for the greater good of humankind – future treatments for already existing diseases.

This bill should not be about our personal beliefs surrounding the current vaccine for COVID-19. No one is forcing anyone to get a vaccine that they do not wish to receive. If a parent does not wish for their child to receive a vaccine of any kind, there is a vaccination waiver that allows them an exemption for doing so, and there are currently no other vaccine mandates in the state of North Dakota. Simply put, no adult is required to receive a vaccine they do not wish to receive, and parents are allowed the option to waive any vaccines if they do not wish for their children to receive them. There is no justification for the overreach in trying to criminalize healthcare professionals for doing an integral part of their job. Regardless of whether or not you agree with any vaccine in question, the choice of receiving it should be left up to an individual and their healthcare provider. It is each and every one of our own responsibilities to ask questions, do the research, assess the risks and benefits, and make our own informed decision on whether or not a vaccine is the right choice for us. I ask this committee, who else is being harmed when someone like myself asks their provider if they can receive a vaccine? It is

up to us as individuals, who are fully capable of making the best decisions for ourselves and our children, to determine if the perceived risks outweigh the benefits. Who else is harmed if I choose to receive a vaccine? There is currently no other state in the country that has gone as far as trying to impose a penalty on healthcare professionals for an immunization or treatment that is something the individual must opt-in to receive in the first place.

What peer-reviewed scholarly articles are being cited that determine this technology is detrimental in any way and should be criminalized? If it is fear that is motivating this course of action, I implore you to consult experts in the field that can provide statistics and research-backed conclusions, not scare tactics and opinion articles found in today's vast landscape of social media and entertainment news.

One of the biggest sources of misinformation surrounding the COVID-19 vaccination comes from a survey administered by BioMed Central Infectious Diseases, which asked less than 3,000 individuals if they knew someone who had died from the COVID-19 vaccination, without producing any reliable methodology of establishing cause of death. Simply put, these anecdotal testimonies were treated as fact when they were not verified, and this study went viral on social media and is the source of fearmongering phrases such as "the death jab". Since the release of this study, nonpartisan healthcare research experts have condemned this survey as unreliable, and the survey has since been rescinded on their website due to these criticisms of unsubstantiated claims and lack of peer review. (Citation #3 & 4).

According to the Food and Drug Administration and the Center for Disease Control, there is a requirement for healthcare providers to report any death after a vaccination, even if it is unclear if the vaccination was the cause. Of over 668 million doses of the COVID-19 vaccine that were administered from December 14, 2020 to January 26, 2023, only nine deaths were found to have been caused by the Johnson & Johnson/Janssen COVID-19 vaccination. Nine out of 668 million. That's 0.00000001342 percent. (Citation #5). With that being said, my question is this: does this flawed source of fear truly justify the willingness to criminalize scientific and medical progress toward future potential vaccinations?

If you don't want a vaccine, don't get it. It's as simple as that. Exemptions exist. The greater issue with this bill is the problematic criminalization of healthcare professionals, and the blatant disregard for the potential development of future treatments. This bill is not only unnecessary but leads us into dangerous territory by criminalizing healthcare providers trained to help their patients, with zero risk of imposed harm on anyone else should we choose to receive a vaccine, now or in the future.

I urge you to vote in opposition of SB 2384 and continue to allow healthcare professionals to do their jobs, and the citizens of North Dakota to make our own informed decisions about what is right for us as individuals.

Senate Human Services Committee
SB 2384
January 25th, 2023


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Alliance for Human Research Protection

Senate Human Services Committee
Public Hearing on SB2384
February 7, 2023 9;30 AM

Written Testimony of Vera Sharav, President and founder of the Alliance for Human Research Protection

Dear Senator Magrum, committee members, and SB2384 sponsors,

Thank you for boldly bringing forth this bill, it is important to the entire nation at this critical time in what many Americans are understanding at the ground level regarding the hasty unethical release of mRNA products - “vaccines” if you will - upon the world and America in defiance of all international human rights codes. I received word of this bill from one of our physicians involved in the Alliance for Human Research Protection in just the last few days.

The AHRP is a national network of lay people and professionals who are committed to upholding the humanitarian values and ethical standards of medicine enshrined in the Hippocratic Oath. Our mission is to hold physicians and the medical industry accountable to the common understanding of “First, do no harm”. Our mission statement includes the tenets of the Nuremberg Code (1947): “The Voluntary informed consent of the human subject is absolutely essential”; and the UNESCO Universal Declaration on Bioethics and Human Rights (2005): “Any preventive, diagnostic and therapeutic medical intervention is only to be carried out with the prior, free and informed consent of the person concerned, based on adequate information.”

I hope that the committee members can gain some further insight on really where we are in American society from the perspective of Holocaust survivors who are still alive today by

reading about the 5 part documentary that AHRQ.org just released last week internationally and domestically titled *Never Again Is Now Global.* The film review by the Brownstone Institute can be accessed below and there is a link to the 5 part documentary series within the review: *https://brownstone.org/articles/never-again-is-now/*

I realize you are all extremely busy in your legislative duties but I cannot stress enough that based on my experience as a child who survived the Holocaust, I see now that America and all of our children and families are in peril of repeating history. We are where Germany was in many ways just before the start of World War II. However, with these vaccines and the lockdowns and the mask mandates we are deeper into the hold of global medical terrorism than I think anyone here would have ever believed just 3 years prior to now.

Lastly, our nation has seen a bright light in North Dakota from the legislature in pushing back against this modern fascism in how your Senate overturned Governor Burgum's veto of the "ANTI-MASK" bill, so kudos to those forthright ND Senators who overturned the veto. I can tell you as someone who witnessed the dehamanization projects of the Nazis as a child, you may not yet understand how important that action was for our future and the future of the children of North Dakota.

Respectfully,

Vera Sharav

Sharav, Vera, director. Never Again Is Now Global. AHRQ.ORG Five 1 hr. Miniseries.

https://neveragainisnowglobal.com

https://ahrp.org/about/

**The Pfizer/BioNTech vaccine is unnecessary, unsafe and should not be authorized**

**A vaccine is unnecessary**

COVID-19 severity is itself a vaccine-induced disease (Arumugham 2020a). We have understood the immunological mechanism of COVID-19 severity and have proven treatments. COVID-19 severity is due to an allergic reaction to the SARS-CoV-2 proteins. We have safe, cheap, proven treatments such as histamine H1/H2 antagonists (famotidine/cetirizine). Hydroxychloroquine (HCQ) when appropriately dosed and timed has also been shown to work. HCQ has anti-IgE effect (Arumugham 2020a).

**Vaccines in general are unsafe, new, unproven mRNA Pfizer/BioNTech vaccine, more so**

Vaccinologists admit they have no understanding of the immunological mechanisms involved in vaccines (Pulendran and Ahmed 2011; Cohen 2019), 200 years after Jenner. The hypodermic needle defeated millions of years of evolutionary protection, introduced alien proteins into humans and created an epidemic of brand new diseases (Arumugham 2020b). mRNA vaccines are new and even less understood. They defeat another protective barrier evolved over millions of years. The cell wall keeps out alien RNA. mRNA vaccines destroy that barrier and inject alien mRNA into the cell. The consequences are unknown. But the second law of thermodynamics allows us to predict that the outcome will be highly undesirable.

Products must be designed for safety (Arumugham 2019a). Vaccines are not designed at all. So they are all unsafe by definition. It is utterly ridiculous to rely on testing alone to determine safety as is being done now for all vaccines. A vaccine may cause type 1 diabetes 10 years later. Are you going to test for 10 years? You regulators have learned nothing from the Pandemrix vaccine-induced narcolepsy disaster (Ahmed et al. 2015; Arumugham 2018b, c).

Pfizer/BioNTech failed to design for safety, failed to perform a Failure Modes and Effects Analysis (FMEA) for this safety critical product. An FMEA would have allowed them to determine safety problems, design modifications needed for safety and would have informed proper trial design for safety evaluation (Arumugham 2019b). Lipid nanoparticle (LNP) safety is poorly understood. Lipids for LNP are derived from plant/animal sources and are contaminated with plant/animal proteins. This will result in numerous diseases such as allergies and autoimmune diseases (Arumugham 2020b). Bioinformatics analysis and autoimmune serology in vaccine trials has been proposed to check for this problem (Verdier 2003; Wraith et al. 2003). Pfizer/BioNTech failed to perform such checks. Similarly, de novo IgE synthesis directed against contaminating proteins and the spike protein encoded by the mRNA, needs to be checked which they failed to do. Allergic reactions in recipients of higher doses in the Moderna trial following the second dose, provides clear evidence of a textbook case of sensitization followed by elicitation (Jackson et al. 2020).

The latest fiasco is the AstraZeneca/Oxford vaccine trials where a “half-dose” was unintentionally administered and was serendipitously determined to be more effective than the standard dose. This illustrates the complete lack of understanding of the immunological mechanisms involved. This is like Boeing claiming their aircraft performed better after one of the engines fell off during tests. Will you certify that plane for airworthiness? This complete lack of understanding of mechanisms and a lack of a design for safety process, is common to all vaccine makers. The AstraZeneca fiasco is the latest reminder that these vaccines are unsafe by definition.

**Effectiveness against severe disease, duration of protection and transmission blocking**

The trial does not demonstrate protection against severe disease (Doshi 2020). The ability of the vaccine to prevent transmission has not been studied at all. Duration of protection has not been studied at all. So just like the influenza vaccines and the Dengvaxia vaccine, the vaccinated could be infected by wild virus, transmit disease (more so when protection wanes), turning into super spreaders and/or suffer severe COVID-19 disease (Arumugham 2018a, d). The first in line to get the vaccines are healthcare workers. What happens when they turn into super spreaders?

**Corruption of science**

The general corruption of medical science (Gyles 2015; Moynihan et al. 2019; Abbasi 2020) by the pharmaceutical industry and the lack of product liability has made it impossible to trust safety claims. The Pfizer/BioNTech EUA application must be rejected for all the above reasons.

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Dear Chairman Lee and Committee

I am Robin Johnson from Hebron ND. I graduated MSU-Billings in my mid 30's with a Biology degree. Near the end of my Junior year, the faculty Geneticist, Dr Tasneem Khalil, asked me to help her on a study of tree hormones, and then asked me to present our work at the American Academy of Science my Senior year. It's been awhile since I did such activity as that but I am not a stranger to setting up experiments and controls, doing a literature search, doing the lab work and presenting the results. One of my better talents is finding information to answer the question at hand and I hope to share a lot of very good information with you for your consideration.

I am in support of SB2384. I would, however, ask you for an amendment to include birds (poultry) and strike "notwithstanding any other provision of law." What provision of law could be contrary to making an informed decision to protect our own health and that of our children and our livestock? We all know that our agencies write rules which become law and they are hard to keep track of until the damage is done. Case in point: about 10 years ago our state Health Dept wrote a rule instituting 24/7 call schedules for all ambulance services including rural ambulance services that utilize volunteers. In the 7 years I have been an EMT I have witnessed the closure of rural ambulance services and the downsizing of most of the rest, including ours, all because of the tyranny of the call schedule. We didn't have a volunteer problem until that rollout.

The rollout of the mRNA vaccines has been disastrous for many people. In early 2020 I learned that Dr Yan Li-Meng, a research scientist in Hong Kong had discovered HIV segments in the Covid19 coronavirus and she told the world it was manmade. She had to flee Hong Kong, her family denounced her and she has been in hiding in the US ever since. ( https://www.pop.org/wp-content/uploads/2021/01/PRI-Review-2020-Nov-Dec_web-1.pdf )see page 2.

Soon after, a lab in France verified that Dr Shi Zheng-Li, the creator of Covid19 in Wuhan, China, had indeed worked in their lab learning to manipulate HIV sequences. ( https://www.science.org/doi/10.1126/science.369.6503.487 )

In the meantime, a group of researchers in Japan discovered snake DNA in a Covid sample. This was all very early in 2020, just a few months after an Event 201 meeting ( https://www.centerforhealthsecurity.org/our-work/exercises/) in New York, October 18, 2019, in which a tabletop exercise involving a coronavirus pandemic had taken place. Many of us knew early on that we were possibly the target of a bioweapon.

And Dr Simone Gold, founder of America's Frontline Doctors was shouting from the rooftops: "Don't get the shot, the test animals died!" I found the study she referred to, I'm sure it was on PubMed. It seems to have been removed. I can no longer find it. The mRNA-injected ferrets did die upon being exposed to the wildtype virus, from antibody-dependent enhancement.

The very minute I heard that an mRNA vaccine was proposed, I exclaimed "What in the world are they thinking?!!"

Our bodies are designed to eliminate foreign RNA. In some lab experiments, clothing is worn to help avoid any RNA contamination. Every cell in our body has its own RNA to make proteins and the gatekeepers of the cell quickly eliminate foreign RNA. I knew something was up. Something not good.

Then the CDC changed the definition of 'vaccine.' When the 'Covid19-vaccinated' began to need emergency care soon after their shot, the CDC and the hospitals told them they were not considered vaccinated until 14 days after the injection, therefore it was not a vaccine injury. Then when they came needing care two or more weeks post-'vaccination' they were told it couldn't possibly be a vaccine injury because that wouldn't happen more than 14 days after the shot. I spoke to an individual who worked in the office at St Alexius and she said filing reports with VAERS was very difficult and sometimes the doctors told them not to report. I visited with a nurse whose post-menopausal mother-in-law started bleeding after a family member living in the same household took the 'vaccine.'

We all saw the ranks of healthcare workers depleted when the vaccines were mandated. To this day I am told there are empty rooms in the hospitals because the administrators refuse to be fair to those who have a little intellectual curiosity and saw this so-called vaccine for what it is: a bioweapon that is causing neurological deficits, myocarditis, clotting,

hemorrhaging and death. I don't relish the thought of having a surgeon who might have a sudden heart attack or stroke in the middle of a surgery, one little slip of the scalpel…

In the airline industry, the FAA is now approving annual EKGs of pilots that have an extended PR interval because so many pilots took the 'vaccination.' ( https://www.trib247.com/articles/report-faa-quietly-widened-the-ekg-parameters-for-americas-pilots) Pilot deaths rose from 1 in 2019 to 6 in 2020 and 111 in 2021 ( https://www.globalresearch.ca/us-pilot-deaths-increase-by-1750-after-covid-vaccine-rollout/5764830 ) some of them in their seats in the planes. There is also discussion in the FAA of allowing some flights to take off with only one pilot. I'm done flying, thank you.

A few days ago, on Feb 2, 2023, Dr Masanori Fukushima, an infectious disease expert & professor emeritus at Kyoto University, and colleagues had a press conference in which they announced they had "filed a lawsuit against the Japanese government for cancellation of the administrative action." It goes on to explain these doctors are suing because of the Covid shot and its fallout. (https://dailyclout.io/japanese)

The Princess Bajrakitiyabha of Thailand is in a coma from the Covid 'vaccination.' Her family is banning Pfizer.( https://www.eutimes.net/2023/02/thailand-to-ban-pfizer-after-thai-princess-falls-into-a-coma-following-booster-jab/)

Back to the snake DNA: Dr Bryan Ardis, a retired chiropractor from Texas has looked into the 'vaccine' extensively. He has discovered that Gentaur, a biomedical product supplier, sells hundreds of types of venoms and that vaccine researchers have been using these venoms for decades. In particular, the Covid spike protein is a glycoprotein consisting of homologs of Cobra venom, krait venom and conotoxin. It's interesting that the symptoms of Covid are the same symptoms caused by each of these venoms. We not only have ACE2 receptors on our cells but also nicotinic acetylcholine receptors in our brainstem, on the beta cells in the pancreas and elsewhere. He tells that venom attaches to the nicotine receptors but they will let go of the venom glycoproteins in the presence of ivermectin and nicotine. Those on nicotine therapy have full recovery of smell and taste in hours to a few days.

We DO NOT want mRNA vaccines used in our animals. One thing we absolutely know about mRNA is that it can be coded into the cell's DNA by an enzyme called reverse transcriptase which is readily available in the cells.

The bird flu seems to be measured in 'cases' these days instead of actual sick birds. For some reason we never get to see data, only 'best practices' that we are supposed to believe. Even the CDC and WHO know the PCR tests were not diagnostic. (https://naturalnews.com/2022-02-23-rt-pcr-tests-ineffective-in-detecting-covid.html)

New South Wales, Australia already rolled out mRNA shots for cattle with disastrous results for the farmer.( https://newstarget.com/2022-10-28-2-in-10-cows-mrna-vaccine-die-instantly.html )

Trent Loos recently visited with Joel Harris of HarrisVaccines about mRNA vaccines for livestock. Mr Harris was very vague in explaining exactly what the shots entail. He likened it to coding a piece of tumor to make a vaccine to fight the tumor. That's all well and good if you have cancer that is not responding to anything else and you're dying anyway. He went on to say that is like coding a piece of the pathogen to vaccinate for the pathogen. Ummm…we want to get rid of the pathogen, not make more of them! He also spoke of the two ways to use the mRNA: one is to use its code to make the protein and inject that OR one can inject the mRNA itself, as in the Pfizer and Moderna shots. I have to say that is not intelligent. However, he made it sound as if the results are interchangeable. They are not.

One thing we learned with Covid is that the spike protein gets into the ovaries and testes. We have a small closed herd of cattle and are not interested in vaccinations. Our herd has been healthy for years. Every couple years we bring in a bull calf for new bloodline. If everyone around us starts using mRNA vaccines, we run a huge risk of bringing in a bull calf that has contaminated semen, which has the potential to harm our cows, causing infirmities, miscarriages or death. We have to keep the mRNA out of our animals to protect our food supply. ( https://newstarget.com/2023-01-18-government-big-pharma-to-taint-food-supply.html )

The fallout of the masks, mandates, the shots, the fear, the lockdowns…what a travesty. Apparently, 'informed consent' doesn't mean anything anymore. The good people of North Dakota should NEVER have to submit to a treatment that they do not want to take, for any reason.

Please amend this Bill and make a good solid declaration that North Dakotans have freedom from medical tyranny from private, state, and federal entities. You are the law in North Dakota. You stand between us and those who wish us harm.

Thank you for serving us. If I can offer further information for you please contact me.

Robin Johnson djrjohnsn@yahoo.com

North Dakota House House Human Services Committee Hearing: HB1406 January 23, 2023

Written Testimony of Dr. Edward F. Fogarty, III

Health and Human Services committee,

It is a privilege to be able to testify today and relate my experience in treating vaccine injured North Dakotans from across state lines between Iowa and Nebraska  My practice based out of Northwest Iowa has seen several North Dakotans come physically to my clinic in Spirit Lake, Iowa for treatment of vaccine injuries.

One of these seminal cases involves a retired pharmacist who had multiple vaccines for COVID19, after the third vaccine she experienced a hypertensive crisis requiring emergency medical attention and was subsequently diagnosed in the following weeks with monoclonal gammopathy of undetermined significance (MGUS).

In treating this patient from Northwest North Dakota, I employed the North Dakota CARES ACT Grant innovations in medical countermeasures for pandemic viruses including spike protein mediated disease that Agriculture Commissioner Doug Goehring funded for Dr. Leslie Link and I to develop, broadcast and teach to everyone possible across the northern plains.

My patient's laboratory values from Mayo Clinic regarding MGUS had reached the threshold of concern for the development of multiple myeloma by the time she saw me in Iowa.  The program of therapy that I designed for this retired pharmacist has now reversed the anti-body derangement.  We continue to monitor her condition and have her in a regular program of mild hyperbaric therapy combined with primary glutathione amino acid precursors support, nitric oxide vascular conditioning agents and spirulina.  Spirulina is a single celled organism that is used by NASA in the space station program.  Spirulina added to CA2963131, a Canadian patented anti-viral system with beet root powder has been used in my practice to reverse cognitive decline/dementia and ejection fraction suppression after COVID19 infection and vaccination.

in this context that I feel that presented bill is extremely important for North Dakota citizens. Setting up the patient registry of injured individuals from North Dakota injured by vaccines for SARS CoV2 to include individuals with history of death is very important.  I might add that there will need to be autopsy data including blood draws of spike protein levels within those who died or had serious adverse events.  Autopsy documentation of the multifocal clotting seen in death by mRNA technology would be important but also, histopathology on cardiac electrical nodes and purkinje fibers would be paramount in autopsy diagnosis of mRNA biotech mediated “Sudden Adult Death Syndrome” - which was never taught at UND SOM as any sort of clinical syndrome to be aware of in my tenure as the Chairman of Radiology from 2006-2019.

From within the radiology community, we are finding a signature diagnosis of late gadolinium enhancement in cardiac MRI studies as a marker of vaccine-based injury to the myocardium from the spike protein bearing biotechnology and genetic manipulation system.  It will be important for the Department of Health and Human Services to actually track this data on behalf of North Dakota citizens.  I heard through my networks in medicine that the University of Minnesota did Cardiac MRIs on all of their football players after their vaccine/niotech role out in 2021.

Additionally, I might add that by involving the trial attorneys of North Dakota, those North Dakotans harmed by the biotech mRNA products could have a window of opportunity for legal recourse against the manufacturers of these products causing harm to the health of North accordance.

Medical liability of government entity section is extremely important. Our government agencies from the federal system down to even county based public health systems have participated in this global racketeering scheme through the unethical distribution of this vaccine biotech genetic engineering system into the human body and population. It would appear that the state legislature is the only entity that has the power to protect the people with laws such as this.

When Governor Bergman joined several other Governor's in requesting an end to the mandates for the military, it seems to me that that the end of mandates for North Dakotans should have come with that declaration. We are all basically constricted into a global war based on a bioweapons platform destroying mitochondria, therefore we are all veterans at some level. Johnson and Johnson got away with having the state of North Dakota pay for its GAIN OF FUNCTION product with their live attenuated GMO of an adenovirus containing Spike Protein.

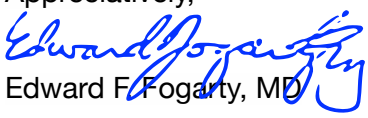
Our medical military readiness is dependent on this end of mandates in America and North Dakota now more than ever in the practice of medicine and nursing. We have suffered many losses occupationally and this biowarfare/psychological operations system. I brought forth concerns for just what we have been though in an open letter to the Washington state legislature in February 2019; foreshadowing fairly well where we are politically in terms of subterfuge and treasonous actions between enemies within America and affiliates in the racket between Wuhan China and even the bio-labs of Ukraine.

Unequivocally I am for this bill and would only suggest that we recodify these mRNA products as genetic modification agents and not as vaccines as this is the terminology has shielded these biotechnology products from liability. These are far from technological prior art in development of vaccines and therefore should not be called vaccines.

Lastly, my gravest concern is now in the development of Mad Cow disease of rapid onset after COVID mRNA bioweapon injection. The 1989 Bioweapons Anti-Terrorism Act of the 101st Congress would define Pfizer and Moderna corporations as bioweapons manufacturers.

Thank you for your time and attention.

Appreciatively,



Edward F. Fogarty, MD

2019 Open Letter to the State of Washington embedded here:
https://www.ndlegis.gov/assembly/67-2021/testimony/HHUMSER-1306-20210119-1626-F-FOGARTY_EDWARD.pdf

https://pubmed.ncbi.nlm.nih.gov/?term=late+gadolinium+enhancement+vaccine
56 Articles in the National Library of Medicine PUB MED Database

https://www.ijvtpr.com/index.php/IJVTPR/article/view/66
Mad Cow Disease in 26 person case series from France - shortly after mRNA biotech exposure.

https://www.mdpi.com/1467-3045/44/3/73
DNA incorporation of mRNA sequence above.

# Sporadic Creutzfeldt-Jakob Disease After Receiving the Second Dose of Pfizer-BioNTech COVID-19 Vaccine

Andrea J. Folds MD[1,2], Melanie-Belle Ulrich MD[1,2], Sann Y. Htoo MD[2], Anjeza Chukus MD[1,2]
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Aventura Hospital and Medical Center

## Abstract

- Human prion disease is a rare, highly progressive neurodegenerative disease that is ultimately fatal.
- The majority of cases occur sporadically, although some may be genetic or acquired.
- Here, we highlight a case of a 64-year-old woman who presents with rapidly declining memory loss, behavior changes, headaches, and gait disturbance approximately one week following administration of the second dose of the novel Pfizer-BioNTech messenger ribonucleic acid (mRNA) COVID-19 vaccine.
- After extensive investigation, conclusive evidence identified the fatal diagnosis of sporadic Creutzfeldt-Jakob disease.

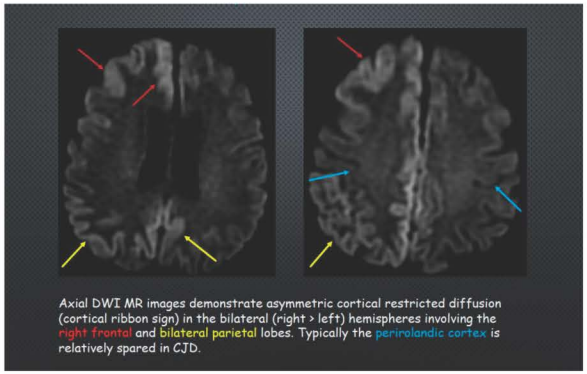
## Introduction

Human prion diseases were first described in the early 1920s and are delineated into three categories: sporadic, inherited, or acquired by way of infection. Of the sporadic type, there are Creutzfeldt-Jakob disease (CJD), fatal insomnia, and variably protease-sensitive prionopathy. Approximately 90% of cases of prion disease are sporadic CJD, which can be further divided into five subtypes based on clinical features, histological findings on autopsy, and molecular structure of the abnormal protein [1]. The incidence of sCJD is very rare, approximately 1-2 cases per one million per population. In the case presented herein, the plausibility of the Pfizer-BioNTech COVID-19 vaccine triggering sCJD is explored.

## Case

- A 64-year-old woman with a past medical history of bipolar depression and anxiety presents with rapidly progressive dementia, behavioral changes, headaches, and gait disturbance approximately one week after receiving the second dose of the Pfizer-BioNTech COVID-19 vaccine.
- Physical exam was essentially unremarkable except for confusion and significant distress regarding her condition.
- Initial labs, toxicology screening, and imaging were unremarkable except for a mildly increased white blood cell count.
- Psychiatry and neurology were consulted.
- Magnetic resonance (MR) imaging of the brain showed cortical diffusion restriction involving the bilateral frontal lobes, bilateral parietal lobes, and paramedian bilateral occipital lobes.
- Lumbar puncture: positive via the newest, highly sensitive real-time quaking-induced conversion (RT-QuIC) testing.
- T-tau protein measured at 38,979 (reference < 0-1,149).
- 14-3-3 protein was positive, neuron-specific enolase resulted at 16.3 (reference < 8.9).
- Exhibiting progressively worsening pyramidal and extrapyramidal symptoms, as well as akinetic mutism.
- Based on the Center for Disease Control and Prevention's diagnostic criteria, the findings place her case as probable sporadic CJD with a definitive diagnosis to be made by a proper autopsy with neuropathological studies.

## Imaging



Axial DWI MR images demonstrate asymmetric cortical restricted diffusion (cortical ribbon sign) in the bilateral (right > left) hemispheres involving the right frontal and bilateral parietal lobes. Typically the perirolandic cortex is relatively spared in CJD.

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## Discussion

- Normal prion protein is converted into an infectious, auto-enzymatic protein that aggregates in the brain tissue destroying neuronal cells leading to extensive neurodegeneration.
- Human prion protein (PrP), is encoded by the PrP gene, PRNP, which is located on the short arm of chromosome 20.
- Conversion to the diseased prion protein, termed PrPSc, is determined by PRNP polymorphism involving methionine (Met) or valine (Val) at codon 129 and prion strain (type 1 PrPSc or type 2 PrPSc).
- Etiology has been thought to be a mostly sporadic disease with no known specific cause.
- Retrospective case-control study in the United Kingdom found that all sporadic Creutzfeldt-Jakob disease (sCJD) cases from 1990 - 1998 lived close together, suggesting plausible precipitating factor.
- mRNA contained in the Pfizer-BioNTech COVID-19 vaccine has the potential to bind to specific proteins and cause pathologic misfolding.
- Various portions of the COVID-19 mRNA Pfizer-BioNTech vaccine to have a high affinity for cytoplasmic proteins such as TAR DNA binding proteins (TDP-43) and Fused in Sarcoma (FUS) .
- Spike protein, which is translated by the mRNA, can increase intracellular zinc, which has been shown to cause the conversion of TDP-43 into its pathological prion.
- Kuo et.al demonstrated how TDP-43 binds to mRNA transcripts with long UG-repeats.
- Pfizer-BioNTech's COVID-19 vaccine contains many of these specific sequences.
- Tetz and Tetz identified a prion-like domain found in the receptor-binding domain of the S1 region of the SARS-CoV-2 spike protein.
- A case reported a previously healthy 60-year-old man who developed sudden onset sCJD with concurrent onset of symptoms of COVID-19.
- Case of a patient with sCJD whom also had positive serum neuronal antibodies to the voltage-gated potassium channel complex (VGKC complex) and glycine receptor (GlyR) antibodies, suggesting a possible auto-immune mechanism.

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HCA Healthcare

Alliance for Human Research Protection

Senate Human Services Committee
Public Hearing on SB2384
February 7, 2023 9;30 AM

Written Testimony of Vera Sharav, President and founder of the Alliance for Human Research Protection

Dear Senator Magrum, committee members, and SB2384 sponsors,

Thank you for boldly bringing forth this bill, it is important to the entire nation at this critical time in what many Americans are understanding at the ground level regarding the hasty unethical release of mRNA products - “vaccines” if you will - upon the world and America in defiance of all international human rights codes. I received word of this bill from one of our physicians involved in the Alliance for Human Research Protection in just the last few days.

The AHRP is a national network of lay people and professionals who are committed to upholding the humanitarian values and ethical standards of medicine enshrined in the Hippocratic Oath. Our mission is to hold physicians and the medical industry accountable to the common understanding of “First, do no harm”. Our mission statement includes the tenets of the Nuremberg Code (1947): “The Voluntary informed consent of the human subject is absolutely essential”; and the UNESCO Universal Declaration on Bioethics and Human Rights (2005): “Any preventive, diagnostic and therapeutic medical intervention is only to be carried out with the prior, free and informed consent of the person concerned, based on adequate information.”

I hope that the committee members can gain some further insight on really where we are in American society from the perspective of Holocaust survivors who are still alive today by

reading about the 5 part documentary that AHRQ.org just released last week internationally and domestically titled *Never Again Is Now Global.* The film review by the Brownstone Institute can be accessed below and there is a link to the 5 part documentary series within the review: *https://brownstone.org/articles/never-again-is-now/*

I realize you are all extremely busy in your legislative duties but I cannot stress enough that based on my experience as a child who survived the Holocaust, I see now that America and all of our children and families are in peril of repeating history. We are where Germany was in many ways just before the start of World War II. However, with these vaccines and the lockdowns and the mask mandates we are deeper into the hold of global medical terrorism than I think anyone here would have ever believed just 3 years prior to now.

Lastly, our nation has seen a bright light in North Dakota from the legislature in pushing back against this modern fascism in how your Senate overturned Governor Burgum's veto of the "ANTI-MASK" bill, so kudos to those forthright ND Senators who overturned the veto. I can tell you as someone who witnessed the dehamanization projects of the Nazis as a child, you may not yet understand how important that action was for our future and the future of the children of North Dakota.

Respectfully,

Vera Sharav

Sharav, Vera, director. Never Again Is Now Global. AHRQ.ORG Five 1 hr. Miniseries.

https://neveragainisnowglobal.com

https://ahrp.org/about/

FOUNDATION for a Healthy North Dakota

**SB 2384**
**Senate Human Services**
**January 7, 2023 | 9:30 am**

Good morning, Chairwoman Lee and the Senate Human Services Committee. My name is Sandra Tibke, and I am the Executive Director of the Foundation for a Healthy North Dakota.

I am providing testimony in opposition to SB 2384.

Research around mRNA vaccines is incredibly promising and has been underway for over a decade[1]; from cancer to zoonotic diseases such as Ebola and rabies, mRNA vaccines look to be an increasingly important key for prevention and treatment.[2] Current mRNA vaccines are safe and effective.[3,4]

This bill would create a new section to chapter 12.1-31 of the North Dakota Century Code, prohibiting the use of messenger ribonucleic acid (mRNA) vaccines. Given the promise of mRNA technology in preventing and treating several serious illnesses, the Foundation is concerned that prohibiting mRNA vaccines may cause unintended consequences in the future as research makes new mRNA vaccines ready for administration.

The implications for increased morbidity and mortality from preventable cancers alone will impact generations of North Dakotans. Limiting North Dakotans' medical treatment options is not the way to ensure long, healthy lives for individuals in our state.

We also stand by medical providers' and consumers' freedom to recommend or choose preventative medical treatment, including mRNA vaccines. This bill unnecessarily limits that liberty for medical providers and consumers in our state.

The Foundation strongly urges a no vote on SB 2384.

Thank you for your time.

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# 68th Legislative Assembly
# Testimony for SB 2384

February 7th, 2023

Alexis Wangler of Linton, ND

Messenger Ribonucleic Acid (mRNA) is a "director" of changing DNA. Your DNA encodes for a bunch of proteins. Each gene is like a blueprint for one protein. The body makes a copy of the gene from the DNA, and that copy is called an mRNA. Then our bodies use that mRNA to make thousands of the same protein.

So how does mRNA Technology work? It adds to your body a synthetic mRNA that encodes for the antibody protein needed to fight (insert potential illness here). The mRNA is injected, and our cells will produce the spike protein, so an immune response is started. Cells ribosomes will read the code and produce the protein.

So where does the problem occur? Our biological mRNA breaks down after a few days. The body needs to make another one using our DNA. This natural process makes sure our bodies never get too much of one protein. The problem with mRNA technology is that because it is synthetic, the mRNA has been altered so that it will not break down for months, maybe even years. The newly created proteins are not monitored by our DNA and are thus completely foreign to our cells. This can and likely will cause huge problems in the body. Do you know the medical community calls cells in the body that were purposely injected to produce proteins to which the immune system will attempt to mount an immune response? AUTOIMMUNE DISEASE.

COVID "vaccines" are the first vaccines to use modified (synthetic) mRNA technology. There is ongoing debate and concern amongst the scientific and medical community with regard to potential unknown effects of injecting lab-created genetic material into the body. The antibody protein that this mRNA encodes for is VERY similar to a protein the placenta makes. Many scientists are concerned that it will cause the body to treat the placenta like a foreign invader and attack the placenta, rendering the women infertile.

One scientist and doctor who has been speaking out against mRNA technology is none other than Dr. Robert Malone. Dr. Robert Malone is the inventor of the nine original mRNA vaccine patents, which were originally filed in 1989 (including both the idea of mRNA vaccines and the original proof of principle experiments) and RNA transfection. Dr. Malone has close to 100 peer-reviewed publications which have been cited over 12,000 times.

He along with the Global Covid Summit team of 17,000 physicians & scientists from all around the world released the following statements, “We declare & the data confirms that the COVID-19 Experimental Genetic therapy injections must end. We must acknowledge that the COVID-19 genetic injections cause far more harm than good and provide zero benefit relative to risk for the young and healthy. They do not reduce COVID-19 infection, which is treatable & not terminal. Furthermore, the most recent data demonstrates that you are more likely to become infected or have disease or even death if you are vaccinated compared to the unvaccinated people. This is shocking to hear, but this is what the data are showing us. The data now show that these experimental gene therapy treatments can damage your children as well as yourself. They can damage your heart, your brain, your reproductive tissue, and your lungs. This can include permanent damage & disablement of your immune system. We strongly recommend that these products now & in the future be regulated as the gene therapy products that they are and require public involvement of the FDA’s gene therapy scientists & committees in reviewing & approving these drugs. We believe that it is necessary to reestablish the 5-year minimum FDA testing period, to cease the emergency use authorization and require full FDA licensure of all novel medical products used for COVID-19. We also strongly recommend that there be investigations of the actual causes of death & damage to millions who’ve been subjected to these mandatory mRNA & adenoviral vector gene therapy injections.

I hope my testimony, the facts that I’ve shared as well as the statements made by a mRNA technology pioneer, was sufficient enough for you to give this bill a Do Pass recommendation. Thank you!

Senate Bill 2384
Human Services Committee
February 7th, 2023

Good morning, Chairwoman Lee and members of the Senate Human Services Committee. My name is Kylie Hall. I currently reside in north Fargo in District 45. I feel uniquely qualified to testify on this bill because I have a Master's Degree in Public Health, with an emphasis in the management of infectious diseases. I have spent the last 7.5 years working on vaccine-related projects at North Dakota State University in the Center for Immunization Research and Education, where I am the currently the Operations Director. I would like to make clear that my comments today are not on behalf of North Dakota State University.

Today I would like to spend my testimony discussing the history of mRNA vaccine technology, how mRNA vaccines work, and I would like to address some of the common mRNA vaccine concerns. This important vaccine technology has saved many lives over the last two years, and the technology will continue to be developed to prevent other diseases in the future. There are currently mRNA vaccines in the pipeline for RSV, influenza, Ebola, and many different cancers. It is vital that we have access to this vaccine technology in North Dakota.

<u>History of mRNA vaccine technology:</u>

Today's mRNA vaccine success comes from the decades of research that came before it. mRNA was first discovered in the early 1960s. In 1965, the first liposomes (fatty bubbles – composed of lipid molecules) were produced. Liposomes would eventually be used as a transport vehicle for the mRNA into cells. As far back as 1978, scientists had been using liposomes to transport mRNA into mouse and human cells to create proteins.

But there were many hurdles that scientists encountered along the way to creating mRNA vaccines. Scientists had to figure out how to manufacture genetic material in a laboratory. Production of mRNA and the vaccines was expensive, which made scientific developers hesitant to invest money in this area of research. Scientists also knew mRNA was a very unstable molecule and prone to degradation, so they had to find a way to get the mRNA to last long enough in the body to be "read". It also was known that you couldn't just insert mRNA into a cell; a transporter molecule would be needed. And even if we could get cells to take up the instructions and produce a protein, it needed to be done in a way that would produce an immune response.

From the 1980s through the late 2010s, there were many breakthroughs that eventually led to the creation of effective mRNA vaccines. These breakthroughs came in areas like how lipids work, how to use lipids to form a protective bubble around a medicine so that it can be delivered to cells safely and effectively, how to get the mRNA into cells safely and past the innate immune system, how the spike protein on a coronavirus works, and how to "lock" proteins in a certain configuration for immune system recognition. But even as scientific knowledge continued to evolve in the 1990s and 2000s, nearly every vaccine company working on mRNA opted to invest its resources elsewhere. mRNA was just too hard to work with. Some mRNA work was happening in the cancer space, which ultimately inspired some researchers to invest in the

vaccine world. The work of these researchers laid the foundation for two of the mRNA vaccines were are using today.

How mRNA vaccines work:

Before I discuss how mRNA vaccines work, it is important to talk about what mRNA is. And to do that, I need to explain what DNA is, how our cells know how to build proteins, and the role mRNA plays.

What is DNA? DNA (or deoxyribonucleic acid) is the molecule inside cells that contains genetic information responsible for the development and function of an organism. We often think of DNA as a double stranded helix. DNA contains many short sections, called genes. Genes are the instruction manual for your body or for an organism - telling cells how to make proteins that will perform various functions. As humans, we have proteins that form our hair or nails, proteins that attack invading organisms like bacteria or viruses, and proteins that metabolize our food, as just a few examples.

You now know that DNA is the instruction manual, and proteins are the final product. But how do we get from one to the other? The answer is mRNA, and it happens in two phases, called transcription and translation.

During transcription, genes are "rewritten" onto a single-stranded piece of RNA (ribonucleic acid). We call this piece "messenger RNA", or "mRNA" for short, because it is the molecule that carries genetic information needed to make a protein. The mRNA takes the information out of the nucleus of the cell (where the DNA is) and takes it out into the cell's cytoplasm.

Once the mRNA is in the cytoplasm, a part of the cell called a ribosome "reads" the message and assembles the protein or a portion of a protein. The assembly stage is called translation. Our cells are constantly taking mRNA from the nucleus and making various proteins to help our bodies stay healthy.

Next, I'd like to talk about how mRNA vaccines work based on what I just told you about how cells make proteins. Scientists are able to determine the entire genome of viruses, including determining which parts of the viral genome code for specific viral proteins. Once we know which part of the genome we need an mRNA copy of, we can actually create the mRNA in the lab. Then that piece of mRNA is surrounded by a liposome (the fatty bubble) so it can be transported into a cell. Once it is in the cell's cytoplasm, it acts like a regular piece of mRNA. It finds a ribosome, and the ribosome reads the message and assembles a protein or part of a protein. In the case of a viral mRNA vaccine, though, the protein assembled is a viral protein. When the cell presents that protein to the body, the body will recognize it as foreign and create an immune response against it.

In the case of COVID-19 vaccines, the mRNA vaccines code for the spike protein (sometimes called the "S-protein"), which is a protein found on the surface of the coronavirus. This protein helps the virus attach to cells. By giving human cells instructions for how to make this protein and ultimately creating an immune response to it, we hope that when the body sees the virus in

the “wild”, the body will remember the protein and quickly activate its memory immune response.

Common mRNA vaccine concerns:

While mRNA vaccines have proven to be very safe, there are many concerns about the mRNA COVID-19 vaccines. I’ll address many of the concerns below.

**1) Can mRNA vaccines cause COVID-19?**

No. The vaccine does not contain a live virus, so it cannot cause disease.

**2) Can mRNA vaccines change your DNA?**

No. The mRNA from the vaccine enters the cytoplasm of the cell, but it cannot enter the cell’s nucleus, which is where DNA is located. If it cannot enter the nucleus, it cannot come in contact with DNA.

For mRNA vaccines to alter DNA, a series of impossible occurrences would have to happen. First, the mRNA would need the “secret door code” (called the “nuclear access signal”) to get through the nuclear membrane into the nucleus of a cell. The vaccine does not contain a nuclear access signal. If the mRNA got inside, the challenge you would now face is that RNA and DNA are different genetic “languages”. Going from RNA to DNA would require a reverse transcriptase. Finally, the new DNA molecule would require an integrase molecule to add itself into the host’s DNA. The vaccine contains neither the reverse transcriptase enzyme nor the integrase enzyme.

**3) Do we know which ingredients are in the mRNA vaccines?**

Yes. Vaccine ingredients are listed in the package inserts. There are four main types of vaccine ingredients in current mRNA vaccines: mRNA, fats (lipids), salts, and sugar.

Pfizer mRNA COVID-19 vaccine package insert: https://www.fda.gov/media/151707/download
Ingredients list: mRNA, lipids ((4-hydroxybutyl)azanediyl)bis(hexane-6,1-diyl)bis(2-hexyldecanoate), 2 [(polyethylene glycol)-2000]-N,N-ditetradecylacetamide, 1,2-Distearoyl-sn-glycero-3-phosphocholine, and cholesterol), potassium chloride, monobasic potassium phosphate, sodium chloride, dibasic sodium phosphate dihydrate, and sucrose.

Moderna mRNA COVID-19 vaccine package insert:
https://www.fda.gov/media/155675/download
Ingredients list: Messenger ribonucleic acid (mRNA), lipids (SM-102, polyethylene glycol [PEG] 2000 dimyristoyl glycerol [DMG], cholesterol, and 1,2-distearoyl-sn-glycero-3-phosphocholine [DSPC]), tromethamine, tromethamine hydrochloride, acetic acid, sodium acetate trihydrate, and sucrose.

**4) How long does mRNA from the vaccine last in the body? How does the body know to stop making the protein after vaccination?**
The cell breaks down and gets rid of the mRNA soon after it is finished using the instructions,

usually within a few days. mRNA is very fragile; that's one reason why mRNA vaccines must be so carefully preserved at very low temperatures.

**5) How long do spike proteins last in the body?**

The Infectious Disease Society of America (IDSA) estimates that the spike proteins that were generated by COVID-19 vaccines last up to a few weeks, like other proteins made by the body. The immune system quickly identifies, attacks and destroys the spike proteins because it recognizes them as not part of you.

Some have expressed concern that the spike protein or other parts of the mRNA vaccines build up in the body. There is no evidence that any mRNA or protein accumulates in any organ.

**6) Does mRNA travel to other parts of the body other than just the injection site?**

Vaccines mostly remain near the site of injection (the arm muscle) and local lymph nodes. This makes sense, and finding pieces of spike protein (from the vaccine) in the lymph nodes is completely normal, because lymph nodes act as the trash removal service for the body. That means the vaccine did its job (made spike proteins, which caused the creation of antibodies) and will be cleared from the body.

Here's a peer-reviewed study that shows where intramuscular vaccines (which the mRNA COVID-19 vaccines are) travel in macaques (a type of monkey). Another peer-reviewed study tested exactly where an mRNA vaccine went in mice. Most of the mRNA vaccine stayed in the injection site muscle – where you get the shot. A lot of mRNA vaccine was found in local lymph nodes, which peaked about eight hours after the shot was given. A much smaller amount of mRNA vaccine went to farther away lymph nodes.

**7) Is the mRNA technology too new?**

As previously stated in my testimony, work on mRNA vaccine technology had been going on for decades. The mRNA vaccine technology had never been approved by the FDA before. It’s not because the past mRNA vaccines (for cancer, allergies, and SARS) have been deemed unsafe. It was because past mRNA vaccines weren’t effective. mRNA breaks down very quickly, so it needs to be transported into the cell by something. Finding that something has been a challenge. For COVID-19, scientists found that fat bubbles worked great. Also, vaccine development for two viruses very close to SARS-CoV-2 (SARS and MERS) helped bring the mRNA vaccine development to its present-day use.

**8) Can mRNA COVID-19 vaccines cause infertility?**

There is no evidence to suggest that COVID-19 vaccines cause infertility. The American College of Obstetricians and Gynecologists (ACOG), the American Society for Reproductive Medicine (ASRM), and the Society for Maternal-Fetal Medicine (SMFM) have issued a joint statement to address this claim: “While fertility was not specifically studied in clinical trials of the vaccine, *no*

*loss of fertility has been reported among trial participants or among the millions who have received the vaccines since they were authorized, and no signs of infertility appeared in animal studies.*"

In 2022, a study found that the administration of COVID-19 mRNA vaccines was not associated with adverse effect on stimulation or early pregnancy outcomes after IVF. You can read the press release here.

**9) Should I be worried about mRNA from the vaccine?**
The mRNA vaccine alone cannot cause disease; it can only provide your cells with a set of instructions for how to make a protein. With the vaccine, you are only exposed to the mRNA for the S-protein. If you are infected with SARS-CoV-2 (the virus that causes COVID-19), you will be exposed to all of the virus's mRNA at significantly higher levels than any vaccine.

Many North Dakotans have relied on this vaccine technology to protect them from COVID-19. Over half of North Dakotans have received their primary COVID-19 vaccine series, and more than 75% of adults 65 years of age and older have been vaccinated.

In the future, North Dakotans will continue to rely on this technology to protect them against COVID and potentially other infectious diseases and cancers.

Please vote "do not pass" on Senate Bill 2384.

Respectfully submitted,

Kylie Hall, MPH
Fargo, ND – District 45

**SB 2384**
**Senate Human Services**
**February 7th, 9:30 am**

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Good morning, Chairman Lee, and members of the Senate Human Services Committee.
My name is Mary Lizakowski, and I am submitting a written testimony as a concerned citizen from District 16, in opposition to SB 2384.

I have experienced a close elder go through colorectal cancer. I have taken care of my child when they were sick with RSV and witnessed my friend's children being hospitalized by RSV. The robust research of mRNA vaccines has proven itself during the pandemic. When these life-saving vaccines that can treat diseases such as cancer and RSV become available, I should be allowed freedom of choice to receive these mRNA vaccinations in ND.

I urge you to oppose SB 2384 as it is necessary to keep our children and families healthy.

Thank you for your service to the state of North Dakota.

**Senate Human Services Committee**
**SB 2384**
**February 7, 2023**

Chair Lee and Committee Members, my name is Joan Connell. I am a pediatrician in Bismarck and I'm president of the North Dakota Medical Association's 6th District Medical Society. I present this testimony on behalf of the North Dakota Medical Association. The North Dakota Medical Association is the professional membership organization for North Dakota physicians, residents, and medical students.

NDMA opposes SB 2384. Although COVID-19 immunizations were probably the source of the bill, it applies to all vaccines, developed using messenger ribonucleic acid technology (mRNA). This technology is extremely promising for future vaccines. Dozens of clinical trials are testing mRNA treatment vaccines in people with various types of cancer, including pancreatic cancer, colorectal cancer, and melanoma. https://www.cancer.gov/news-events/cancer-currents-blog/2022/mrna-vaccines-to-treat-cancer

Some vaccines are being evaluated in combination with drugs that enhance the body's immune response to tumors. Respiratory syncytial virus (RSV) – a virus that can be fatal in young children and older adults, currently has no vaccines. However, Moderna is working on an mRNA vaccine for RSV that has the potential to improve mortality outcomes by preventing death in this vulnerable population.

This bill makes it a criminal offense to give anyone the currently FDA approved mRNA vaccines from Pfizer and Moderna. Furthermore, it would prevent physicians from giving future FDA fully-approved vaccines that may come about with mRNA technology, even to patients that desire them. North Dakotans would be forced to seek health care outside the state to get vaccines that may be wanted or desired by both the patient and their physician.

This interferes in the patient/physician relationship at an unprecedented level, making legal and approved therapies unavailable to the citizens of North Dakota, under penalty of criminal prosecution of their physician.

This is a very dangerous and deliberate anti-science bill that places the health and safety of North Dakotans at risk while rolling back decades of research, development and technology advancement that is critical to our ability to respond to current and future epidemics.

NDMA requests a DO NOT PASS recommendation on the bill. Thank you for the opportunity to testify today. I would be happy to answer any questions.

Testimony in favor of Senate Bill SB2384

I am asking that you pass the mRNA ban in ND for all humans, food production mammals and foul. I would encourage you to expand it to wildlife and fish.

Wikipedia: 90% of DNA for mammals is common. Why? The cellular processes of taking in nutrients, metabolism, repair, and replication are identical.

Viruses have 2 main components, the coat of the virus and the payload. The coat protects the virus and has means for it to enter a cell. The payload enters the cell and replicates the virus inside of the cell.

mRNA gene therapy (aka mRNA vaccine) is fancy in its technology, but it is a man-made virus. It has a coat made of fatty lipids, which is assembled around the mRNA payload by chemical processes. It doesn't follow classical virus definition as viruses self replicate. mRNA gene therapy is only supposed to replicate in one cell, as it doesn't make its own coat. But when that cell eventually explodes, the payload of spike proteins created is the weapon that the body has to fight. The negative effects due to the payload are just as real as the original virus from which the mRNA was derived.

Why I point this out, is that the mRNA technology lipid coat is metabolized by mammals the same. Cell sees a fat lipid, Cell takes in a fat lipid. If the mRNA lipid gets into a human, and survives to get into the blood stream, the human cell will eat the fat and the payload will start replicating the proteins that the mRNA directs.

It is negligent to make mRNA technology then implement it into the food supply with no consideration how the mRNA lipids will affect humans. Humans handle, process, and eat the animal muscle and fat, with some humans consuming raw food, and others not employing PPE and cleanliness practices perfectly. Domestic pets eat animal muscle, organs, and fat, raw. The mRNA created virus proteins poison the animal and its meat for a time after injection until the organism survives or dies. Due to the short life of food production animals, there is a question of how long the animal is considered poisoned by the vaccine before the system says the animal is no longer a tainted not-processable food product.

To expect a perfect system where mRNA is perfectly never transferred between species, or mRNA proteins are not transferred between human and animal is naïve. Dogs will eat scraps from raw meat production. Humans will get blood on their skin. Aerosolized fluids will occur during meat processing, which will be inhaled by humans.

The rules for mRNA haven't been written, but it is one unethical farmer or veterinarian from broken. If a Covid-19 shot causes heart issues in a human, and in 1-48 hours the human dies, they are not eaten. For example in a hypothetical mRNA Anthrax world, in food production, an unethical producer who has a cow go down due to a new novel mRNA Anthrax shot, who doesn't follow the quarantine and SHALL NOT PROCESS rule, will bring the dying cow to a meat processing plant. The Anthrax proteins and undigested mRNA Anthrax lipids in the cow's muscle will then be processed raw, and sold to humans who then either react to the Anthrax proteins or themselves create a bodily response to the mRNA payload.

The scenario of mRNA bovine or poultry diseases or diseased meat being transferred to humans is going to happen. I encourage legislators to enforce packaging documentation and import restrictions, such that the mRNA vaccinated cow, culled withing days of injection, processed in South Dakota, doesn't end

up on a plate in North Dakota with the consumer not well notified of the meat contamination. If you don’t make the laws, the producers in other states will overrun the industry, regardless of your banning of mRNA in food production, as they will just import the finished product and put it on the shelves of Walmart, Cashwise, and Dan’s Market.

Thanks for your time

Richard Jensen

Bismarck, ND

North Dakota Senate Human Services Committee Hearing on SB2384
Testimony of Edward “Ted” Fogarty, MD
February 7, 2023

Chairwoman Lee and fellow committee members,

Thank you for the opportunity to testify in the matters of SB2384 from outside of the great state of North Dakota. I still practice in North Dakota hospitals in the subspecialty of Emergency Radiology and in a clinical telemedicine practice now based remotely in “Interventional Radiology" through telewellnes based hyperbaric therapy protocols I developed between Nebraska, Iowa, North Dakota and Colorado in the niche of Altitude Spas shipped to North Dakotans. With these concepts, my Iowa colleague Bradley Meyer, DO and I set up a pilot project across state lines to treat North Dakotans in their homes for SARS-CoV2 using the ND CARES ACT Naturopathic Medical Countermeasures protocols based on the grant that Dr. Lezlie Link and I secured from the federal government with the help of ND Agricultural Commissioner Doug Goehring. The ND Naturopathic MCMs for C19 include amino acid precursors of Glutathione found in Canadian patent CA2963131 and mild Hyperbaric Therapy with weight based ivermectin dosing added out of Dakota Pharmacy after roll out of the anti-pandemic countermeasures in the fall of 2020 in Bismarck. Dr. Meyer and I have saved a few lives in prominent Bismarck families in the wonderful state capitol where Carolyn and I raised our three Bismarck High School Graduates. You may recall with some of the other ND Senators here the special moment in the dark days of the fall of 2020 wherein our children were celebrated in both the local and the national news media:

https://www.kfyrtv.com/2020/09/11/fogarty-twins-for-the-win-bhs-crowns-brother-sister-as-homecoming-king-queen/

https://www.cbsnews.com/news/twins-brother-sister-crowned-homecoming-king-queen-bismark-north-dakota/

Our state of North Dakota and the legislature in particular has been a leader from the start of this pandemic in so many ways. The special session to enact the protections of licensure for those of us in Pharmacy and Medicine to never need fear the restriction of our practices for the use of Ivermectin in our COVID patents was ethically the appropriate measure as a state in protecting the Hippocratic practice of Medicine and employing our great Pharmacists in every small town and city in distributing the 2015 Nobel Prize winning solution to parasitic disease in both humans and livestock. The World Health Organization has declared ivermectin the safest pharmaceutical ever, long before the pandemic hit. Ivermectin works at the organelle and intracellular level to inhibit replication of not just parasites but also viral species. My understanding of organelle based medical therapeutics and diagnostics in mitochondrial matters are derived from animal husbandry understanding relating to my farm family background and human clinical observations from my Hippocratic practice of medicine as well as scientific publications with Dr. Paul G. Harch at LSU in the miracle protocols of mitochondrial biogenesis derived from the subspecialty of Emergency Medicine of Hyperbaric Medicine. These are the foundations of my therapeutic and diagnostic service to humanity, America and North Dakota in being a sentinel for what is on the horizon for us and it is not pretty.

We have a grave situation on hand in ND and across America, I have submitted my testimony for HB1406 earlier this morning which relates to SB2384 in identifying from the "RADAR" screens of science and medicine a concerning development of post-COVID vaccination related Creutzfeld-Jakob rapid onset dementia (Mad Cow Disease). There is a case report of mad cow disease associated with mRNA vaccination from physicians in the great state of Tennessee (where Ivermectin is OTC) appended to my HB1406 testimony. There is a case series from France of more than 20 such poor souls who succumbed to rapid onset dementia with features concerning for prion disease that has been published in the medical literature recently: https://www.ijvtpr.com/index.php/IJVTPR/article/view/66

These concerning reports from the realms of science and medicine should send chills down your spine for how global pharmaceutical companies have opened pandora's box. The spike protein induced thrombogenesis (blood clotting) of the Alpha version of SARS-CoV2 from which the mRNA epigenetic therapy devices also known as COVID19 vaccines are derived code for the most dangerous protein sequence known to mankind. I have addressed these matters numerous times on KFYR 550AM radio to broadcast across state lines how we can intervene in that process via the ND CARES ACT Federally Funded Anti-pandemic protocols which was a requirement of the grant-a communication strategy that thankfully local media has help out with including BEK TV and KFYR-TV:

https://www.hbotnews.org/kx-conversation-dr-ted-fogarty-a-radiologist-and-proponent-for-hyperbaric-oxygen-therapy/

https://www.bek.news/ladiesofanotherview/2022-10-03/

Spike protein mediated disease is a serious matter associated with death of our loved ones, colleagues and friends and is derived from "vaccines" or viral infections which now include breakthrough adenovirus infections from the Live Attenuated Viral vaccine by J & J. We have a pandemic of SPIKE PROTEIN MEDIATED DISEASE. Knowing this medical fact, why would anyone in their right mind develop "vaccines" that turn your cells into Spike Protein mediated factories? When this system goes haywire it leads to death in the blink of an eye from inflammation in the myocardium and more specifically the new "Sudden Adult Death Syndrome" appears to be a result of edema impacting the "nervous system of the heart" in the electrical conduction pathways that need to maintain a constant rhythmic cadence for life itself. This juxtacellular microscopic inflammation combined with an adrenaline rush is what is causing the massive increase in sudden cardiac death. Of note from the world of sports journalism, 3 died during the World Cup event in soccer this year. We now have reports of more pilot deaths than should have ever occurred under actuarial occupational tables for life expectancy in insurance companies since the rollout of the vaccines. Those pilot deaths where not occurring in 2020. Furthermore, the billionaire jet set crowd of which our Governor who

absconded with state jets in his first term are now having vaccine free pilots fly their planes. I have cousin who is a senior pilot at SWA in Texas, the inside baseball is that this occupational injury by vaccination is putting the flying public at risk. The FAA is loosening restrictions on EKG aberrations so as to keep up with the labor shortage the vaccine industry has brought upon the airline industry. ND is a hugely important aviation state, I encourage all those in the legislature reading this to reach out and speak off the record with any of your pilot constituents regarding these concerns.

There are athletes experiencing cardiac arrest on the soccer fields across the globe and many small market media reports of children, high schoolers and young teachers dying also seem to corroborate what my profession speciality of imaging is reporting in the medical literature of late gadolinium enhancement associated with these mRNA products. Its unethical these products have no liability for harm. I have conducted searches weekly for the attorneys that I am working with on various case matters between family law and potential RICO actions on the topic of MRI confirmation of myocardial injury from these products. Below is the simple search of our taxpayer funded scientific database that Molly Sanders and Dr. Steve McDonough should be doing every week to understand how they are captured minds in the fog of war on all of our families in ND led by the WHO and Bill Gates.

Let us not forget who is influencing the ND legislature and Governor Burgum, when these matters lead to the deaths of North Dakotans, some one needs to call them to your attention as I did in the fall of 2020 by numerous emails, one of which is appended to this communication. All I need to do to inform you of the building evidence of the fraud of these mRNA products is use the favored terms of Dr. McDonough's Public Health and Pediatrics specialty combined with the favored term of those of use who are the SENTINELS of Medicine as Diagnostic Radiologist by using the contrast agent for MRI in the search: https://pubmed.ncbi.nlm.nih.gov/?term=gadolinium+vaccine

The search above pulls 141 reports crossing the rubicon of the world's radiologists putting a spot light on the harms of biotech trying to sneak a gene therapy paradigm through

the goalies of safety matters without liability by cuckolding the traditional vaccination paradigms that started with Jenner.

Dr. Paul Offit of Children's Hospital of Philadelphia is now sounding the alarm regarding these mRNA products. When the patent holder of a pediatric rotavirus vaccine is sounding the alarms, I would guess that ND DOH should start paying attention. I did educate Molly Sanders long ago about the dirty vaccine industry that is in her public health world right after her training in Nebraska back in 2007-2008 academic year in a meeting put together by Craig Lambrecht, MD who was the Field Officer for the NDDOH at the time and one of my Emergency Medicine colleagues. To be clear, we all have unwittingly participated in racketeering in way that are addressed in the article from the National Law Review in 1989 one the LSU servers below but at some point, depending on the level of understanding of the individual the racketeering switches from unwitting agency to complicity.
https://biotech.law.lsu.edu/cases/RICO/RICO_NLJ.htm
https://time.com/6246525/bivalent-booster-not-very-effective-paul-offit/.

The good Senators on the current HHS committee should also now of my educational endeavors in teaching maters of fraud and RICO concerns. Recall that I taught to you Senator Lee and Senator Roers before a hearing you led in conjunction with Representative Dick Anderson in 2019 wherein I pointed out there was no MRI in the Sanford Hospital in Bismarck-ever. A major safety violation that I informed both of you of in contradistinction to Heart of America Medical Center in Rugby that has had an MRI scanner inside of its walls since 2009. When I was at Medcenter One as the Chair of the Radiology Department we had to get in bed with Denny Sanford to bring in in-house MRI and upgrade the ORs and Cath Labs for our various accreditations to be valid when they had been fraudulently garnered for over a decade. Its RICO when a Level 2 Trauma Center Operated by Sanford Health in Bismarck has outpatient MRI data from ICU patients being stored in Sioux Falls, SD but interpreted in Bismarck. Further fraud occurs with NDans and ND MEDICAID being billed for NICU/PICU patients who must travel by ambulance for an MRI of the brain to evaluate brain anoxia. This

might be a good RICO case that the new ND DOJ US Attorney Mac Schneider, JD should pursue once full informed of the matters.

As ND's best on the ground and in the airwaves fraud investigator from inside of the medical and academic RADAR ranks, I would hope the rest of the Rural Legislators in ND understand what is really going on behind the scenes in Bismarck from Grand Forks and Fargo businesses and academic racketeering houses including NDSU and which is completely captured by Aldevron, now headquartered in Germany. As these matters are of critical importance to the citizens of ND, this communication will ultimately go out via email to everyone in ND government and who knows maybe Norah O'Donell would like to cover the 60 minutes investigation of corruption across the Dakotas? The other legislators of the rural counties will need a copy of this so they can communicate to their constituents how they have been harmed by the ND Department of Health repeatedly covering up fraud and corruption on behalf of their ultimate handlers with employment directed from Sioux Falls, South Dakota. Sioux Falls operatives are calling most of the shots in Bismarck either directly or indirectly and that is a cardinal political sin against the great families of North Dakota.

Dovetailing my pro-bono fraud investigation matters and communications across stateliness from Nebraska into North Dakota with regards to the specifics of this bill, it is an obvious effort that Senator Magrum and his fellow co-sponsors are putting forth to shine a light on the fraud of global pharmaceutical companies on the children of ND and the young adults of NDUS as well as OUR ND NATIONAL GUARD. When Governor Burgum co-signs a declaration for the ending of vaccine mandates for the US military with over a dozen additional US Governors but does not step in by using his powers of office to protect our students at NDSU, UND, MSU, DSU and across the NDUS system or at the high school level form the hazardous waste of out of date mRNA gene products, its truly telling on the depths of his corruptions. Burgum clearly works for his friend Bill Gates' agendas and not the people of North Dakota. Do not be misled, there is a RICO action here against him as a sitting Governor that unfortunately

may require more of our loved ones to die or be permanently molecularly disabled from mRNA Biotech induced multi system inflammatory syndrome:
https://pubmed.ncbi.nlm.nih.gov/?term=multi-system+inflammatory+syndrome+mRNA

The intent of this first draft of SB2384 is to draw attention to the corruption and fraud in the vaccine industry as relates to North Dakota farmers, ranchers and everyday citizens. Senator Magrum and the Co-sponsors have major amendments to the bill forthcoming which primarily focus on opening the doors of PRODUCT LIABILITY against Pfizer and Moderna. As the Live Attenuated Virus versions in humans are under the prior art of traditional vaccine technologies they are not to restricted. The use of mRNA genetic therapy products in this pandemic war has given those of us with backgrounds in molecular genetics as I have from my research work at Howard Hughes Medical Institute and the University of Chicago great insights on the how these products are infiltrating the mammalian genome by using the world's human beings in a war crimes bioweapons experiment as guinea pigs. Research is accumulating that mRNA products do have portions of the mRNA sequence integrating into DNA. I sent an article the entire committee just now (0530MT) which documents the fact that mRNA biotech has the capability of incorporating sequences in to the human chromosomes. This is important understanding for the livestock owners and cow-calf operators as these nano-tech devices have the capability of being co-opted as a bioweapon against our cattle herds on the northern plains and over time the genetics of important cattle breeds could be corrupted. Once these "Gene bombs" get into the germ cell lines of mammals (humans included) they will have forever changes God's genomes. The Japanese showed the liposomal envelope of these mRNA products are concentrated in the ovaries preferentially over other tissues. They clearly have the power to manipulate the next generation of cattle or humans, this genetic insertion capability is THE TORJAN HORSE for eugenics against your grandchildren and will would up the breeding programs of all livestock in the end. With my knowledge of Piggybac and CRISPR technologies, the reason this is happening and may also in fact happen with the GAIN OF FUNCTION brought to adenovirus by J & J's insertion of the alpha spike protein into a

second previously harmless cold virus strain is due to contaminant CRISPR sequence in the products and LAV.

The people testifying against this bill are not the experts in the field that I am and their daily wages are part of this entire manslaughter racket that now needs to cover up and soft pedal the fraud that is starting to get out in the media - the media sector that is not controlled by big Pharma. Two of the worst days in US healthcare in my opinion were the Vaccine Protection Act of 1986 and the FCCs allowance for broadcast advertising of drug as this has neutered the 4th Estate of our establishment media to be a pawn of big Pharma, and Denny Sanford in ND. Why isn't this committee actively investigating the reason for Pfizer's attempts at keeping the safety data on their possibly contaminated product out of the public sphere for 75 years? Do the Senators on this committee not see the bald faced corruption here. Does my former colleague in pediatrics really trust Pfizer more than Fogarty?

Where we go from here, this bill's suite of addenda is geared towards a "label law" concept that is under the purview of the 10th Amendment rights of the state of North Dakota. ND can recognize that these products are in no way shape or form vaccines. They are genetic therapy devices and originally tailored to the oncology market. Relabelling these products as gene therapy in North Dakota can then provide for North Dakota attorneys to litigate a product liability claim against Modern and Pfizer for vaccine related injuries and deaths.

Why should every other business in ND allow for no liability of another corporation? Why would the ND legislature allow a foreign corporation to sell products in the state without any recourse for the harms they cause? We need to work through this bill to craft language that will empower our state's attorneys to make a statement against corruptions negatively impacting our economic output from the loss of worker productivity and academic achievement coming from these "vaccines". IF there is one thing that should be axiomatic in the HIPPOCRATIC endeavors of Public Health its is this: Preventive Medicine can never be such after the first death or serious injury to an individual.

The entire state of North Dakota and its citizens never received a valid informed consent regarding the matters of vaccination. Thats a statewide breach of the hippocratic oath, the Nuremberg Code and the UN Declaration of Human Rights ratified in 1947. As the sole Northern Plainsman Physician fraud investigator with the Alliance for Human Research Protections, I implore all of you to read holocaust survivor Vera Sharav's testimony and watch the documentary she directed and just released last week. I will send you her testimony via email as she had trouble getting it to upload to the testimonial server and sent it to me. I subsequently had difficulty logging it onto the system. I respect the gravitas by which your offices are confronted here and understand how difficult your roles are in being Senators for the citizens of truly the greatest state in America. It is time to have the come to Jesus moment now, because if we don't turn this ship around this legislative session I don't want to be on KFYR 550AM radio announcing the numbers from ND DOH on accelerated death rates and declining birth rates. This is not about an I told you so, this is a communication of urgency with legitimacy from the one among you who is successfully reversing dementia in multiple farms, ranches, and cities across the upper Missouri River valley and into the Rockies.
GodSpeed to your deliberations in protecting your constituents with the modifications of the words currently put forth by Senator Magrum.

With urgency for North Dakota,

Edward F. Fogarty, III

PS: More to come by email.

AircraftHBOT.Org

Begin forwarded message:

**From:** EDWARD FOGARTY <ted.fogarty@mac.com>

**Date:** November 23, 2020 at 5:53:17 AM CST
**To:** health@nd.gov, Michael.LeBeau@sanfordhealth.org
**Cc:** doug@nd.gov, ndda@nd.gov, GOVERNOR@nd.gov, hcanderson@nd.gov, jbakke@nd.gov, bbekkedahl@nd.gov, raburckhard@nd.gov, dclemens@nd.gov, dcook@nd.gov, kdavison@nd.gov, ddever@nd.gov, jdotzenrod@nd.gov, madwyer@nd.gov, jayelkin@nd.gov, rerbele@nd.gov, rfors@nd.gov, jgrabinger@nd.gov, jheckaman@nd.gov, khogan@nd.gov, dhogue@nd.gov, rholmberg@nd.gov, jkannianen@nd.gov, jklein@nd.gov, kkrebsbach@nd.gov, ckreun@nd.gov, olarsen@nd.gov, dklarson@nd.gov, galee@nd.gov, jlee@nd.gov, rlemm@nd.gov, lluick@nd.gov, rmarcellais@nd.gov, tmathern@nd.gov, scottmeyer@nd.gov, jmyrdal@nd.gov, eoban@nd.gov, doehlke@nd.gov, dpatten@nd.gov, mpiepkorn@nd.gov, npoolman@nd.gov, lrobinson@nd.gov, jroers@nd.gov, kroers@nd.gov, drust@nd.gov, dgschaible@nd.gov, rsorvaag@nd.gov, jessicabell@nd.gov, svedaa@nd.gov, tmwanzek@nd.gov, rwardner@nd.gov, mkadams@nd.gov, bertanderson@nd.gov, dickanderson@nd.gov, pkanderson@nd.gov, tbeadle@nd.gov, rcbecker@nd.gov, lbellew@nd.gov, tboe@nd.gov, gdbosch@nd.gov, jboschee@nd.gov, mbrandenburg@nd.gov, rbuffalo@nd.gov, clairecory@nd.gov, cdamschen@nd.gov, jdelzer@nd.gov, bdevlin@nd.gov, gdobervich@nd.gov, jddockter@nd.gov, sertelt@nd.gov, cfegley@nd.gov, jayfisher@nd.gov, rguggisberg@nd.gov, lbhager@nd.gov, krhanson@nd.gov, phatlestad@nd.gov, cheadland@nd.gov, pdheinert@nd.gov, rholman@nd.gov, jahoverson@nd.gov, mchowe@nd.gov, zmista@nd.gov, craigjohnson@nd.gov, djohnson@nd.gov, marycjohnson@nd.gov, dljohnston@nd.gov, tbjones@nd.gov, tkading@nd.gov, kkarls@nd.gov, jkasper@nd.gov, gkeiser@nd.gov, kkempenich@nd.gov, dhkiefert@nd.gov, lklemin@nd.gov, bkoppelman@nd.gov, kkoppelman@nd.gov, gkreidt@nd.gov, vrlaning@nd.gov, mlefor@nd.gov, dlongmuir@nd.gov, sclouser@nd.gov, jmagrum@nd.gov, amarschall@nd.gov, bmartinson@nd.gov, amcwilliams@nd.gov, lmeier@nd.gov, amitskog@nd.gov, crmock@nd.gov, dmonson@nd.gov, mrnathe@nd.gov, jonelson@nd.gov, menelson@nd.gov, eobrien@nd.gov, mostlie@nd.gov, mowens@nd.gov, bpaulson@nd.gov, gpaur@nd.gov, cpollert@nd.gov, tkporter@nd.gov, bpyle@nd.gov, dwrichter@nd.gov, sroersjones@nd.gov, kmrohr@nd.gov, druby@nd.gov, mruby@nd.gov, masanford@nd.gov, blsatrom@nd.gov, mischatz@nd.gov, aschauer@nd.gov, jeschmidt@nd.gov, mschneider@nd.gov, rschobinger@nd.gov, cschreiberbeck@nd.gov, lsimons@nd.gov, kskroch@nd.gov, vsteiner@nd.gov, mstrinden@nd.gov, nptoman@nd.gov, wtrottier@nd.gov, btveit@nd.gov, smvetter@nd.gov, dwvigesaa@nd.gov, rweisz@nd.gov, gwestlind@nd.gov, dzubke@nd.gov

**Subject: Informed consent disclosure to vaccine trial subjects of risk of COVID-19 vaccines worsening clinical disease**

https://onlinelibrary.wiley.com/doi/epdf/10.1111/ijcp.13795

The cytokine storms of ADE will be difficult to distinguish from CoVID19 itself. Our consents issues to vaccination are rarely as thorough as we have in other areas of research / clinical medicine. For instance, there has never been a disclosure of the lack of need of a vaccine if you are already immune to the disease for which you are being sold a vaccine.

As you can see, I addressed these the ethical need in the use of diagnostics in medicine within the vaccine industry back in March of 2008 here:
https://bismarcktribune.com/news/opinion/mailbag/a-proposal-on-vaccinations/article_e41b2f91-d75f-511d-92d7-eeef199e8f91.html
Folks, that is what I have given the moniker “Ethical Vaccinomics” - if there is anywhere in the world we ought to be more conservative in our use of resources on culture alone, it’s ND. There is a lot of over spend by our state on vaccines across the board anyway. Why not be ethical and diagnostically appropriate in our approach?

I also addressed these Ethical Vaccinomics approaches in 2017 with HB1434 testimony:

So we have these matters complicating the pandemic fight and they are matters of great ethical importance.

For all of you who understand that there is a racketeering operation between SD and ND that involves Sanford Health and it’s use of an outpatient MRI facility between 2012 and 2019 for critical care ICU patients, some of you might find this email interesting in that I am basically scientifically defining and defending Kelby Krabbenhoft here:
https://www.twincities.com/2020/11/19/sanford-health-ceo-i-got-covid-19-so-i-dont-have-to-wear-a-mask-as-a-symbolic-gesture/
I support Kelby’s approach here, these masks and lockdowns are psychoneuroimmunologically devastating.

The UNIMPEACHABLE best way to treat severe COVID19 with with hyperbaric chambers and maybe it’s to the whole ND hospital complex got on board with that, ventilators cannot compete on the grounds of physics with the oxygenation problems of patients with a severe multi-infarct/ischemia producing viral capillary infection. NYU has done the Phase 1 trial and Sanford, CHI, Altru, Trinity and Essentia could use CARES act funding to purchase hyperbaric chambers. The old Bismarck Surgical Associates Building where Sanford is bringing COVID19 patients soon/now is perfectly suited to be a 10-15 monoplace chamber clinic, I am hoping that can occur DURING the pandemic rather than after.
https://pubmed.ncbi.nlm.nih.gov/32931666/
I will remind you all we are in a War and I am identifying assets/approaches we can all use to save our fellow citizens from death and prevent the more severe complications of COVID19.

https://pubmed.ncbi.nlm.nih.gov/32708578/

Thank you again for an open mind in these learning endeavors.  I believe whole heartedly in my old friend Dr. LeBeau and his abilities to help with the potential of some of the above concepts getting implemented. IV Mucomyst in severe COVID19 is quite simple and I have used it years ago in some of his nephrology patients to protect them from radiological pharmaceuticals which are nephrotoxic when overused by our cardiology colleagues in efforts to save hearts.

Yours in Education,
TFMD

Edward F. Fogarty, III
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701-595-1868
https://www.cramer.senate.gov/news/press-releases/president-trump-signs-sen-cramers-hyperbaric-oxygen-therapy-legislation
https://m.soundcloud.com/1150kknw/lift-your-spirits-radio-05-29-20-bernadette-pajer-hbot

Senators and Representatives,

Thank you for your time and service. I am in full support of a ban on mRNA vaccines. I am a licensed Doctor of Chiropractic, as well a hold a BSN in nursing from the University of Mary. I've been practicing in North Dakota for almost 12 years. I also have 18 months of ICU experience as a nurse before returning to grad school. I come here as a doctor focused not on treating symptoms of my clients but on addressing the triggers that CAUSE disease AND as a concerned citizen who has had to, because I have learned in both my nursing background AND my health restorative background, to ask the hard questions. The ones other doctors, for whatever reasons do not ask. We ask a specific question on our forms when someone comes into our clinic: WHEN WAS THE LAST TIME YOU FELT WELL? For a good year, I would estimate that one out of 5 patients would write, "since my covid vaccine" or something to that effect. Yes, I agree that correlation is not causation. However, to ignore this would be wrong.

First, want to address, before the questions come, the typical "when you can't attack the testimony, attack the character/credentials". What is my "expertise" in vaccinology? A lot of experience and common sense. My ability to chronically think, question dogma, and not have my employer telling me how to practice, what i can and can't say, and not have my license threatened or blackballed if I do raise my voice, unlike dozens of physicians I and friends personally know.

My background is in knowing both sides of what happens inside the medical system. The good and the bad. I've worked there as a BSN in nursing in an ICU. Even pre-pandemic, medical errors were the 3rd highest killer. History, if honest, will look back at this first attempt at mRNA technology as one of the biggest travesties in history.

You will have doctors and "CDC appointed experts" come up here and refute the statements. I challenge you to do your own research. You see, I've had to listen to these experts misrepresent data, attempt to fool the public into overstating efficacy and grossly understating risk (especially UNKNOWN risk of a potentially gene altering biologic that CREATES a spike protein). I've been correct at every turn, while told I was spreading "misinformation." While the majority of these "experts" simply repeat what the CDC has parrotted to us at every turn about approaches to this problem. They lied about safe effective preventative methods. NOT ONLY did they neglect the MOST IMPORTANT part of any epidemic or illness- how to mitigate damage, keep people well, and keep them out of the hospitals, they are pursuing people who have helped countless people STAY out of the hospitals, STAY well, and if they did get sick, how to care for themselves at home–how to build a more balanced, robust immune response. Simple lifestyle changes that can mean the difference between life or death.

Why? We know for certain they downplayed risk, published false research (only to have to self-retract later) to downplay efficacy of non vaccine approaches– why? Because under Emergency Use Authorization approval- there cannot be a viable option. BTW, the actuall FDA approved vaccine is STILL not available in the US, and as far as I know, you STILL cannot get a

vaccine insert for the experimental drug still used here in the US. The differences, at minimum are legal liability for their products

Now on to why I believe the mRNA products need to be put on immediate freeze and investigated much deeper. As you may already know, Pfizer is not the most upstanding company. Pfizer has a LONG history of being convicted of:

- Fraud for false advertising (2.3 billion for misbranding drugs with the intent to defraud or mislead)
- Manipulation of drug studies
- Suppressed ADVERSE trial results
- Bribing physicians,
- Using Nigerian Children and Unknowing Children DURING A 1996 meningitis epidemic.
- Other egregious, INTENTIONAL misrepresentation of their products.

If you look at THEIR influence on the COVID-19 response and what has happened over the last 3 years, it reads like a literal playbook.

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Well the FDA wouldn't let them get away with this, would it? Hold on one second. I will refer to their role in the Avandia drug coverup. Avandia is a diabetes drug that Killed more people than the vietnam war.

I wonder how many doctors in North Dakota willingly and happily used Avandia without really knowing what and who it was killing. The effects weren't known until YEARS later. Did the drug decrease blood sugars in diabetics? YES. However the tradeoff was a sharp rise in CARDIAC DEATHS. Sound familiar. Here is the thing- they knew it was killing people and they not only attempted to hide it from the public, they let GSK continue to use the medication for YEARS before it was pulled. Sound familiar?

It was the FDA that attempted to HIDE the study data on the covid vaccine for 75 years until a court forced them to release the data through 2 FOIA appeals. The FDA wanted to hide the data they submitted to get approval for the drug. They wanted to hide it for an entire average lifespan of a US citizen. Ask yourself why they would do that?

PLease, if you question my credentials, I ask you to also question the "experts" that are promoting this drug:

1. If they promoted the CDC's WRONG information on masks.

2. If they promoted the "98% "efficacy" of the vaccines.

3. Falsely told someone it was not possible for it to cause myocarditis or if it could effect female menstrual cycles.

4. Falsely told someone if they got the shot, they won't get covid.

5. Falsely state that the vaccine they are giving is FDA approved (the FDA approved product is not available in the US- it remains the "liability free" EUA one).

Moreover, over the last week, it has been revealed by undercover video that Pfizer's research department is likely undergoing or planning gain-of-function research. (explain gain-of-fuctioni). The under-cover video was of a very high level employee of Pfizer, Jordon Trishton Walker, Pfizer Director of Research and Development, Strategic Operations - mRNA Scientific Planner:[2] Direct quotes from the high level Pfizer employee himself:

> "One of the things we're exploring is like, why don't we just mutate it [COVID] ourselves so we could create -- preemptively develop new vaccines, right? So, we have to do that. If we're gonna do that though, there's a risk of like, as you could imagine -- no one wants to be having a pharma company mutating f**king viruses."
>
> Walker: "Don't tell anyone. Promise you won't tell anyone. The way it [the experiment] would work is that we put the virus in monkeys, and we successively cause them to keep infecting each other, and we collect serial samples from them."
>
> Walker: "You have to be very controlled to make sure that this virus [COVID] that you mutate doesn't create something that just goes everywhere. Which, I suspect, is the way that the virus started in Wuhan, to be honest. It makes no sense that this virus popped out of nowhere. It's bullsh*t."
>
> Walker: "From what I've heard is they [Pfizer scientists] are optimizing it [COVID mutation process], but they're going slow because everyone is very cautious -- obviously they don't want to accelerate it too much. I think they are also just trying to do it as an exploratory thing because you obviously don't want to advertise that you are figuring out future mutations."

In part 2 of the recording, he states:

> Jordon Trishton Walker, Pfizer Director of Research and Development, Strategic Operations - mRNA Scientific Planner: "There is something irregular about the menstrual cycles. So, people will have to investigate that down the line."
>
> Walker: "The [COVID] vaccine shouldn't be interfering with that [menstrual cycles]. So, we don't really know."
>
> Walker: "I hope we don't find out that somehow this mRNA lingers in the body and like -- because it has to be affecting something hormonal to impact menstrual cycles."
>
> Walker: "I hope we don't discover something really bad down the line."

> Walker: “If something were to happen downstream and it was, like, really bad? I mean, the scale of that scandal would be enormous.”

This is very concerning for a number of reasons. I will list the following:

1. As he states above, any Gain-of-function (call it what you will) puts people living in the immediate areas at risk of injury, and even death, often WITHOUT A KNOWN REASON WHY as these tests are clearly done in secrecy.

    a. If a person does not 100% follow ALL protocols, a virus like this is likely to escape and once it is out, there is no stopping it. (evidenced by covid-19 which most experts agree at this point came from the Wuhan lab)

2. This type of research is CLEARLY self serving (as evidenced by their own director of R&D, paraphrasing: “Bad for the American people, good for our business model” while snickering)

3. Pfizer has made a public statement that it DOES in fact do this. However they shaded it in altruistic phrasing. They say that they do it to “predict” variants so they can make vaccines ahead of time. The ways a virus can mutate is exponential. They say they use computer models to “predict” variants.

4. Director of R& D knows it is effecting menstrual cycles, and potentially fertilty, and simply states, “we’ll need to look into this down the road?”

Recently, it has come to my attention that Alveron, located in the same building as the NDSU center for immunization research and education. Alveron is the company that produces the mRNA to BOTH Pfizer and Moderna.

For our government and university to be intermingled with this company is strikingly concerning.

References


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Legislative Assembly

# North Dakota Senate

STATE CAPITOL
600 EAST BOULEVARD
BISMARCK, ND 58505-0360

**Senator Jeffery J. Magrum**
District 8
P.O. Box 467
Hazelton, ND 58544-0467
C: 701-321-2224
*jmagrum@ndlegis.gov*

**COMMITTEES:**
Finance and Taxation
Energy and Natural Resources

02/07/2023

Good morning, Madam Chair and committee members.

For the record I am Senator Jeff Magrum representing District 8. District 8 is rural Burleigh County including Lincoln, Wilton, Baldwin, Menoken and Moffit as well as all of Emmons County including Hazelton, Braddock, Kintyre, Linton, Strasburg, Hague, Westfield, Hull and Temvik.

I am here to introduce SB2384. I have been interested in the topic of MRNA Vaccines for some time. The side effects of the so-called shot hit home this year when I lost two of my Aunts from blood clots after they received shot. I am an obituary reader, and I noticed a huge uptick in young people dying suddenly. I am concerned as looks like the deaths have been getting out of hand. Recently I watched a documentary, Died Suddenly. The testimonials reveal what I would call a mass die off. One man in the documentary described the burning pain he had all throughout his leg. As it turned out his leg was full of blood clots. My Aunt described the same pain to me when I last visited her before she passed away.

I have been studying this deeper. Like the previous Senate Majority Leader said to dig into these issues. The question that I have for myself is what are we doing as a state to protect our citizens? I understand that there is a new RSV (Respiratory Syncytial Virus) vaccine coming on the market for babies. This really concerns me as a pro-life Legislator because the new vaccine is based off of the MRNA platform. I ask myself what I am doing to protect a generation of babies?

Some things I understand to be true is that these vaccines penetrate every part of the body like a cancer drug. There is no shut off mechanism or modulator to control the shot. I understand that it just keeps working once its in the body. I understand that there are 14,000 categories of sickness from the MRNA shot. I did include the VARS report.

We as a state government must act as a backstop to protect our citizens. A regulatory safety net. It's been explained to me that the Federal Government isn't going to protect us because they are captured by big Pharma. This bill does not prohibit Targeted Therapeutics.

I have amendments asking for a two-year moratorium on MRNA Vaccines as well as a study and an emergency clause to get started as soon as possible. Thank you and I humbly ask for a do pass on SB2384.

# VAERS COVID Vaccine Adverse Event Reports

Reports from the Vaccine Adverse Events Reporting System. Our default data reflects all VAERS data including the "nondomestic" reports.

**As of 11-18-2022 VAERS has stopped putting free text field information in the public data for Europe/UK.**

**All VAERS COVID Reports** **US/Territories/Unknown**

## 1,513,204 Reports Through January 27, 2023

**34,122**
DEATHS

**190,833**
HOSPITALIZATIONS

**145,314**
URGENT CARE

source: OpenVAERS.com

**223,496**
DOCTOR OFFICE VISITS

**10,366**
ANAPHYLAXIS

**16,680**
BELL'S PALSY

**4,908**
Miscarriages

**18,413**
Heart Attacks

**26,344**
Myocarditis/
Pericarditis

**62,820**
Permanently Disabled

8,458
Thrombocytopenia/
Low Platelet

36,379
Life Threatening

42,128
Severe Allergic Reaction

15,390
Shingles

* As of November 18, 2022 VAERS has stopped putting free text field information in for Europe/UK.

Read More

Read COVID Child Reports

Read VAERS COVID Reports

Read All VAERS Reports

23.1082.01003
Title.

Prepared by the Legislative Council staff for
Senator Magrum
February 6, 2023

PROPOSED AMENDMENTS TO SENATE BILL NO. 2384

Page 1, line 2, after "to" insert "reclassification of medical products using messenger ribonucleic acid technology and"

Page 1, line 3, remove "in the state"

Page 1, line 3, replace "and" with "to provide for a legislative management study;"

Page 1, line 3, after "penalty" insert "; to provide an expiration date; and to declare an emergency"

Page 1, line 7, replace "**Prohibited**" with "**Reclassification - Prohibition**"

Page 1, line 8, after "not" insert "market, advertise,"

Page 1, line 8, after "provide" insert an underscored comma

Page 1, line 9, remove "vaccine developed using"

Page 1, line 9, replace "technology for use in" with "genetic modification agent to"

Page 1, line 10, after "individual" insert ", livestock,"

Page 1, line 10, replace "in this state" with "unless a physician or veterinarian directly supervises the procedure and the physician or veterinarian is jointly liable with the corporation that manufactured the vaccine or product for any injury or death caused by the procedure, vaccine, or product"

Page 1, after line 11, insert:

"**SECTION 2. LEGISLATIVE MANAGEMENT STUDY - VACCINES.** During the 2023-24 interim, the legislative management shall consider studying the long-term health effects on human beings of vaccines for respiratory syncytial virus and vaccines developed using messenger ribonucleic acid technology. The study must include input from the department of health and human services, an examination of the potential health risks of the vaccines, and an analysis of the cost of treatment and diagnostics for individuals who suffer any physical injury due to receiving a vaccine for respiratory syncytial virus or a vaccine developed using messenger ribonucleic acid technology. The legislative management shall report its findings and recommendations, together with any legislation necessary to implement the recommendations, to the sixty-ninth legislative assembly.

**SECTION 3. EXPIRATION DATE.** Section 1 of this Act is effective for two years after its effective date, and after that date is ineffective.

**SECTION 4. EMERGENCY.** Section 1 of this Act is declared to be an emergency measure."

Renumber accordingly

23.1082.01003

Sixty-eighth
Legislative Assembly
of North Dakota

# SENATE BILL NO. 2384

Introduced by

Senators Magrum, Clemens

Representatives Dyk, Hoverson

A BILL for an Act to create and enact a new section to chapter 12.1-31 of the North Dakota Century Code, relating to reclassification of medical products using messenger ribonucleic acid technology and prohibiting the use of vaccines developed using messenger ribonucleic acid technology~~in the state~~; ~~and~~to provide for a legislative management study; to provide a penalty; to provide an expiration date; and to declare an emergency.

**BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:**

**SECTION 1.** A new section to chapter 12.1-31 of the North Dakota Century Code is created and enacted as follows:

**MRNA technology - ~~Prohibited~~Reclassification - Prohibition - Penalty.**

1. Notwithstanding any other provision of law, a person may not market, advertise, provide, or administer a ~~vaccine developed using~~ messenger ribonucleic acid ~~technology for use in~~genetic modification agent to an individual, livestock, or any other mammal ~~in this state~~unless a physician or veterinarian directly supervises the procedure and the physician or veterinarian is jointly liable with the corporation that manufactured the vaccine or product for any injury or death caused by the procedure, vaccine, or product.
2. A person that violates this section is guilty of a class A misdemeanor.

**SECTION 2. LEGISLATIVE MANAGEMENT STUDY - VACCINES.** During the 2023-24 interim, the legislative management shall consider studying the long-term health effects on human beings of vaccines for respiratory syncytial virus and vaccines developed using messenger ribonucleic acid technology. The study must include input from the department of health and human services, an examination of the potential health risks of the vaccines, and an analysis of the cost of treatment and diagnostics for individuals who suffer any physical injury due to receiving a vaccine for respiratory syncytial virus or a vaccine developed using

Good Morning Chairwoman Lee & Committee Members, my name is Kari Roller. I am testifying in support of SB2384. These last couple of years have brought so much to light regarding covid and the vaccines. Senator Ron Johnson has held several round tables in Washinton D.C. hosting several of the top scientists and doctors who have been highly censored over the past 3 years. He has brought in many people who have been severely injured by the vaccine, to tell their stories of what they have endured through. Many of them have been permanently disabled, unable to work, a young 14 year old girl, Maddie de Garay will never live a normal life, all because she 'did the right thing' and got the shot. The pharmaceutical industry has dismissed her and her family's pleas for help, while the medical bills just keep piling up. These vaccines have never gone through a double blind placebo controlled study, yet we are allowing them. Even the inventor of the MRNA technology, Robert Malone, has spoken out against the use of this vaccine. We must do better for not just North Dakotans, but all of humankind. I urge you to vote yes on SB2384.

Thank you for your time,

Kari Roller

Senate Bill 2384

Adam Miller

*Testimony in opposition to*

Hello. My name is Adam Miller, a resident of Bismarck and I am here to voice my opposition to Senate Bill 2384 and ask for a 'do not pass' recommendation.

I grew up on a beef ranch in Towner and graduated from NDSU in 2009 with a degree in biotechnology with minors in chemistry and microbiology. A great education that was provided for me by my home state that has well prepared me for the rest of my life. Though I do admit, a lot of what I learned at NDSU is now dated.

When I left for school, working calves was relatively simple. I believe it was one shot a brand and out the gate. When I work calves at the ranches I help at now, I almost don't recognize it. Thankfully cows haven't changed but just to have a smooth operation now, there are three designated people just to give medications. Medical technology has changed so much in such a short amount of time, it's difficult to keep up.

And it's going to continue to change. MRNA vaccines are the future and what pharmaceutical companies are putting their efforts into now, both for humans and for livestock. With time, traditional vaccines won't be the norm anymore, just as iron lungs and bloodletting no longer are now. To pass SB 2384 would be to hamstring the ranching community in the years to come. With the signing of a bill, you could cripple North Dakota's top industry. I ask this committee to have foresight and not do this to our ag community. Please vote for 'do not pass' on SB 2384. Thank you for your time.

COMMISSIONER
DOUG GOEHRING


ndda@nd.gov
www.agdepartment.com

**Testimony of Dr. Ethan Andress**
**State Veterinarian**
**Senate Human Services Committee**
**Fort Lincoln**
**February 7, 2023**

Chairperson Lee and members of the Senate Human Services Committee, I am Dr. Ethan Andress, State Veterinarian. I am here today on behalf of Agriculture Commissioner Doug Goehring and the North Dakota Board of Animal Health in opposition to SB 2384.

Under NDCC Chapter 4.1-43 Livestock Medicine, the Agriculture Commissioner is responsible for regulating and registering livestock medicine including vaccines for animals. The State Veterinarian's Office reviews all labels and ingredients as outlined in NDCC for approval.

This bill would prohibit the use or administration of mRNA vaccines in not only individuals (humans), but also mammals in ND. I appreciate the concern and potential dangers of the rapid rollout of mRNA COVID-19 vaccines. Research and safety to assure all mRNA products are safe is essential. With that said, prohibition would eliminate a potentially powerful platform for disease control. Research in this field creates amazing opportunities for stopping certain diseases in humans and animals. Many companies are working to use this unique platform to address some of our greatest disease challenges such as Foot and Mouth Disease (FMD), Lumpy Skin Disease, and endemic Bovine Respiratory Syncytial Virus of Cattle. If successful, mRNA vaccine could transform how we deal with these and many other diseases. We would like to see continued investigation and development of new technologies to deal with these critical risks to society.

Chairperson Lee and committee members, thank you for your consideration. I would be happy to take any questions you may have.

# North Dakota Stockmen's Association

## Testimony to the Senate Human Services Committee on SB 2384

## Feb. 7, 2023

Good morning, Chairman Lee and members of the Senate Human Services Committee. My name is Julie Ellingson and I represent the North Dakota Stockmen's Association, a 93-year-old beef cattle trade organization comprised of more than 3,150 cattle-ranching members.

As you just heard, SB 2384 has implications for both human and animal health. It is important to note that the NDSA has no position on the human provisions of this bill, as that is not our focus nor our policy. We do, however, have a position on the animal element of this bill and appear here in opposition to it, as it would limit the use and administration of what could become a powerful platform for disease control in our livestock herds.

While there are no currently licensed mRNA vaccines for use in livestock in the United States, the technology has been around for decades and is not experimental. In fact, research on mRNA vaccines in livestock has been going on for decades, which indicates that there will, at some point be mRNA vaccines for cattle, once there has been sufficient research and significant layers of government review and approval.

And that's exciting and important news, because research in this area is being explored to address some of the world's greatest livestock disease challenges, including foot-and-mouth disease, a severe and highly contagious viral disease impacting cloven hooved animals. Characterized by ulcers in the oral cavity, fever, lameness and sores and blisters on the feet, it is estimated that an outbreak of foot-and-mouth disease in the United States would cost from $2 to $200 billion, depending on the disease's mode and extent. Because it is so contagious, it can spread quickly and cause significant economic losses and would immediately shut down our international markets. Fortifying our nation's foot-and-mouth disease preparedness was our industry's no. 1 priority in the last farm bill and is again in the upcoming one.

At the pace they are on, mRNA vaccines are very likely to be a part of the next pandemic response in animals and, likewise, a part of endemic disease response.

SB 2384 would eliminate this possibly very effective tool from the livestock industry's animal health arsenal, which could have grave animal health and well-being and economic ramifications for the cattle producers of our state. For these reasons, we oppose the animal provisions of SB 2384 and ask for your do-not-pass recommendation on at least that portion of the bill.

**NOTES ON FEDERAL PREEMPTION ON VETERINARY BIOLOGIC PRODUCTS**

- The Virus-Serum-Toxin Act (21 USC 151 *et seq)*, administered by the USDA Center for Veterinary Biologics, preempts state law regulating the manufacturing or use of veterinary biological products.

    - 57 Fed. Reg. 38758, 38759

      "The legislative history relating to the 1985 amendments to the Act, which extends USDA's authority over veterinary biologics, clearly expresses Congressional intent that Federal regulation of veterinary biologics is needed to prevent and eliminate burdens on commerce and that there is a need for uniform national standards regarding these products. Therefore, States are not free to impose requirements which are different from, or in addition to, those imposed by USDA regarding the safety, efficacy, potency, or purity of a product. Similarly, labeling requirements which are different from or in addition to those in the regulations under the Act may not be imposed by the States. Such additional or different requirements would thwart the Congressional intent regarding uniform national standards, and would usurp USDA's authority to determine which biologics are pure, safe, potent, and efficacious."

    - When addressing comments to the federal register on this topic, USDA stated:

      "Seven commenters indicated that States should have the authority to add to Federal restrictions, as appropriate, based on a need to protect animal or human health and safety so long as such restrictions do not lessen the effect of Federal regulations. APHIS agrees with the comment that States should not be allowed to lessen the effect of Federal restrictions on the distribution and use of veterinary biological products. APHIS, however, does not agree that States should be allowed to add various restrictions, as appropriate, based upon a need to protect domestic animals or the public health, interest, or safety. Any restrictions, other than those which are necessary to address a local disease condition, should be Federally imposed so that they are uniform nationwide."

- States may only add restrictions on the distribution and use of veterinary biologics when addressing local disease conditions

    - 57 Fed. Reg. 38758, 38759

      "However, it has been APHIS' consistent position that individual States may impose certain restrictions on the distribution and use of biological products licensed by USDA based on local disease conditions when such restrictions are made on a product-by-product basis. For example, a State is permitted to restrict distribution of a biological product where a particular disease does not exist in the State and where use of the biological product would make it difficult to distinguish between exposed and vaccinated animals.

Likewise, a State is permitted to restrict use of a product to licensed veterinarians when a disease exists in the State and the State has an active eradication program. In this case, such a restriction may be necessary to ensure the effectiveness of the eradication program."

…

"For example, a State is permitted to restrict distribution of a biological product where a particular disease does not exist in the State and where use of the biological product would make it difficult to distinguish between exposed and vaccinated animals.

Likewise, a State is permitted to restrict use of a product to licensed veterinarians when a disease exists in the State and the State has an active eradication program. In this case, such a restriction may be necessary to ensure the effectiveness of the eradication program."

- USDA has a mechanism for states to request restrictions on veterinary biological products.
    - The process is specified at 9 CFR 102.5(e)

      States may request that the distribution and use of a veterinary biological product be restricted if the restriction pertains to the protection of domestic animals or the public health, interest, or safety, or both. Requests must go to the USDA Center for Veterinary Biologics and must specify the restriction requested, explain why the restrictions are needed, and supporting documents, such as scientific literature, published or unpublished articles, or data from tests.

## Wolf, Sheldon

**From:** Lee, Judy E.
**Sent:** Wednesday, February 8, 2023 1:52 PM
**To:** Wolf, Sheldon; Lahr, Pat; NDLA, Intern 02 - Pouliot, Lindsey
**Subject:** FW: NDVMA- Follow up Info on SB 2384
**Attachments:** Notes federal preemption on veterinary vaccines.docx

FYI and please load.

Senator Judy Lee
1822 Brentwood Court
West Fargo, ND 58078
Home phone: 701-282-6512
Email: jlee@ndlegis.gov

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**From:** Sam Vangsness <svangsness@clearwatercommunications.net>
**Sent:** Wednesday, February 8, 2023 12:04 PM
**To:** Lee, Judy E. <jlee@ndlegis.gov>; Cleary, Sean <scleary@ndlegis.gov>; Clemens, David <dclemens@ndlegis.gov>; Hogan, Kathy L. <khogan@ndlegis.gov>; Roers, Kristin <kroers@ndlegis.gov>; Weston, Kent <kweston@ndlegis.gov>
**Subject:** NDVMA- Follow up Info on SB 2384

Sen. Lee and the Senate Human Services Committee,

Thank you for your time yesterday to provide testimony ***in opposition*** to SB 2384 on behalf of ND Veterinary Medical Association (NDVMA). I wanted to follow up on Sen. Clemens question regarding the number of animal mRNA vaccines approved. NDVMA is aware of two companies with approved products – Merck Animal Health and Medgene.

Of note, the FDA does not handle the approval of animal vaccines and they are reviewed and approved by the USDA's Center for Veterinary Biologics (CVB). The Virus-Serum-Toxin Act (21 USC 151 *et seq)*, administered by the USDA Center for Veterinary Biologics, preempts state law regulating the manufacturing or use of veterinary biological products. Therefore, States are not free to impose requirements which are different from, or in addition to, those imposed by USDA regarding the safety, efficacy, potency, or purity of a product. States may only add restrictions on the distribution and use of veterinary biologics when addressing local disease conditions. USDA has a mechanism for states to request restrictions on veterinary biological products (more information is included in the attachment). Requests must go to the USDA Center for Veterinary Biologics and must specify the restriction requested, explain why the restrictions are needed, and supporting documents, such as scientific literature, published or unpublished articles, or data from tests.

Please let me know if you have any further questions NDVMA may be able to assist in answering.

Thank you,
Sam
--
Samantha Vangsness
Account Executive
Clearwater Communications
Bismarck, ND
O: 701-425-0079

My name is  Lisa Pulkrabek of Mandan, ND - District 31. I am submitting this testimony in support of SB 2384.

Please render a DO PASS on this bill INCLUDING the amendment being proposed by Sen. Magrum.

I am against all mRNA technology being used in mammals. This new technology is a gene therapy not a vaccine in the traditional sense.

I realize that the original bill has been changed so much and now it is currently just asking for a study on the effects of the mRNA covid vaccines to be done and reported to the next legislative assembly. I am in favor of this. However I would like to say that I am also in favor of the amendment that Sen. Jeff Magrum is proposing requiring mRNA technology gene therapy injections NOT be called vaccines. The therapy should be called exactly what it is. It is very misleading calling it a vaccine and it allows this injection to be possibly put on the childhood vaccine schedule. I harshly object to that.

Please do some research on mRNA technology injections !

A paper published by Dr. Stephanie Seneff and Dr. Greg Nigh in *The International Journal of Vaccine Theory, Practice, and Research called* "Worse Than the Disease? Reviewing Some Possible Unintended Consequences of the mRNA Vaccines Against COVID-19" points out how the warp speeded covid vaccines using mRNA technology raise multiple safety concerns.  You can read all about 'prion' diseases such as MADCOW and now thought to be other prion neurodegenerative diseases such as Alzheimer's, Parkinson's and ALS in the link to an article below. mRNA vaccines use an altered sequence that replaces two amino acids which is a dangerous step towards misfolding and possible morphing into prion disease. This vaccine technology is so new and has not been tested in a double blind placebo controlled test. So we don't know the long term effects of it on humans.

https://www.godreports.com/2022/01/mit-researcher-warns-of-long-term-consequences-of-mrna-vaccines/

Have you heard of Ray Kurzwiel and his psychotic plan to make humans into "transhumans" - or humans 2.0? This is real and how do we suppose he and his buddies plan on doing such ungodly things? Watch about it here.
https://thetruthaboutcancer.com/madej-covid-19-transhumanism/

Recently Princess Bajrakitiyabha of Thailand went into a coma after receiving a booster (a total of three) Pfizer Covid - mNRA injection. She is still in a coma. She is 44 years old and previously was healthy. Thailand is seeking to nullify its contract with Pfizer and sue for billions. Is this what we can't do for North Dakotans?  You can read and watch more about this here.

https://vaccineimpact.com/2023/44-year-old-thai-princess-bajrakitiyabha-in-coma-after-pfizer-covid-shots-thailand-to-nullify-contract-with-pfizer/

Dr. Naomi Wolf discusses the dangers mRNA vaccines pose to women's reproductive health. As a woman, this is very dear to my heart. I would not wish these painful, horrible adverse effects on my worst enemy. You can watch about this here.
https://rumble.com/v28g8i2-dr.-naomi-wolf-dangers-mrna-vaccines-pose-to-womens-reproductive-health.html

They lied to us about myocarditis too.
https://dailyclout.io/they-lied-to-us-about-myocarditis-too/

Another article discussing women and reproduction - what did the pharmaceutical companies know? YES. Did they tell us? Did they warn us? NO! The government, schools, employers, the doctors, almost everyone pushed these untested vaccines on the world.
https://www.thedesertreview.com/news/director-admits-covid-mrna-shots-are-altering-menstrual-function/article_a0fab538-a3ed-11ed-967e-2f6bc11980e6.html

Praise God I did not and will not ever put this poison into my body, nor will I let anyone inject this poison into the body of any one of my family members. But not everyone is as educated as I am. Not every child has a parent willing to do their homework. So many people have been injured and many have died.
Again, I kindly urge you to protect North Dakotans from these dangerous, untested vaccines by changing the terminology and studying the long term effects.
Thanks a lot!  Lisa Pulkrabek

Hello Members of the Health and Human Services,

My name is Tiffany Ormonde and I reside in District 31. I am asking you to please render a Do Pass on house bill SB2384.

Please require this mRNA to be studied. It is crazy to me that something can be recommended when we do not yet know the long term (and honestly we do not even know the short term) effects of this injection. I would also like to say that I support Margrum's new amendment prohibiting the mRNA gene therapy injections from being called vaccines. There needs to be a distinction between this and a vaccine.

Thank you for your consideration on this important issue and for your service to the state of North Dakota.

Tiffany Ormonde

Hello Members of the Health and Human Services,

My name is David Ormonde and I reside in District 31. I am asking you to please render a Do Pass on house bill SB2384.

Please require this mRNA to be studied. We need to be educated and aware of both the risks and the effectiveness of this injection. I would also like to say that I support Margrum's new amendment prohibiting the mRNA gene therapy injections from being called vaccines. There needs to be a distinction between this and a vaccine.

Thank you for your consideration on this important issue and for your service to the state of North Dakota.

David Ormonde

Oppose SB 2384

I most vehemently oppose SB 2384.  It is unconscionable and frankly embarrassing that our legislature is attempting to override our medical providers. Keep government out of the doctor and patient relationship. Thank you.

Mona Tedford Rindy
14129 1st St NE
Portland ND

My name is Rocky Babel, I reside in district 32. I am asking you to please render a DO PASS On house bill 2384..

There has not been enough studies or tests done on these vaccines to prove that they are not harmful to us. More tests need to be done.

I do support Magrum’s new amendment prohibiting mRNA gene therapy injections being called vaccines.

Thank you for your service on this important issue and for the State of ND

Rocky Babel

March 13, 2023

Madame Chair and Members of the Committee,

My name is Lyndsey Jensen. I am a resident in Bismarck, ND. I write to you this testimony in support of SB 2384 for your consideration. I urge you to vote for a DO PASS recommendation WITH amendments.

At present this bill has been changed into a study on the long-term effects of mRNA vaccines on mammals. I think that this study would be beneficial in establishing a record from which legislators may reference in their consideration of future related bills. I do think that some standards must be established for this study, and thus should be laid out in amendments. Some points to consider in drafting up said amendments, are as follows:

- Legislative management study should be changed to task force, and this task force's objectives should be to thoroughly consider the objectivity of sources and data provided in testimony for this bill and to consider other objective sources and data related to mRNA vaccines and therapies.
- mRNA vaccines should be changed to mRNA vaccines AND mRNA therapies. This would broaden the scope for the task force, and related research from cancer mRNA treatments may be utilized for data.
- Participants in this task force should be limited to individuals that do not have a conflict of interest, and therefore would not financially benefit from its results.

With these points in mind, I urge you to vote for a DO PASS recommendation WITH amendments.

Thank you,

Lyndsey Jensen

I am writing in opposition to SB2384. This bill is a waste of time and would add layers of red tape to our health care system. Not only is it too specific (targeting just one type of vaccine), but the CDC and our own ND Public Health Depts are already studying this, as that is their job. They look at trends for illnesses, reactions to medications, environmental effects, as well as behavioral effects for ALL health concerns (not just one type of vaccine).. Adding an oversight by the legislators (most of whom do not have any background in the medical field) would add an unnecessary step(s) to an already complicated task. This bill is telling healthcare workers and healthcare scientists that their years of training, experience, and expertise is worth nothing and that an elected official gets the final say on our health. For me, I trust my doctor and medical scientists WAY more than I trust my legislators when it comes to what is best for me and my health. Medical scientists CAN get it wrong, that is why it is called science. There are already checks and balances within the medical field to report side effects and unexpected results in order to continue the studies and improve procedures/products. This is already happening! I do not need an elected official putting his or her hand in the mix! If there is an issue with our medical scientists, then we need to find where the problem originates and fix it at the source. Lawmakers do NOT belong in healthcare. I urge you to vote DO NOT PASS to this bill.

Sincerely,
Allison Grabow

ND Human Services Committee Hearing on SB2384 3/15/2023

Dear Chairman Weisz, Vice Chair Ruby and Committee Members,

Thank you for this opportunity to testify neutral on SB2384. Many of you of know the role I have played in innovations in North Dakota medicine over the years since my curriculum and practice started in ND in 1999 while doing my internship in Fargo and subsequent Chairmanship of The UND Department of Radiology.

Radiologists are the de facto detectives of disease through the physics of modern imaging devices among the medical ranks. I want to thank Dr. Karen Rohr for her role in my research career at UND while we were together at MedcenterOne in Bismarck years ago. She was the bioethicist that supervised all the national standards of research in human subjects that are universal under the Nuremberg Code and other International Codes of Human Rights so that I could participate with LSU's Hyperbaric Medicine Research team that developed this arena of medicine in the fight against neurological injuries suffered by our veterans in the war theater environment over these last 15 years.

We are now in a global bioweapons war brokered on the back of spike protein expression, whether by viral species or "vaccine technologies" - which in all but the J&J version are not truly vaccines, but rather gene therapy products. IN helping craft this legislation with Senator Magrum, I wrote the language upon his request from an "ideal world" bioethicists standpoint and we knew that the lobbyists would come in force against it including those from the Agricultural ranks. The original bill was only meant to be a placeholder to invoke more discussions on the record in North Dakota regarding the many product liability issues with Modern and Pfizer covering up these matters on the national and international levels. This is primarily why I am am testifying neutral, that language was simply meant to be a placeholder and in the political realities of the day I am actually quite against that language but knew it needed to be read and discussed on the record in my home state of licensure and medical practice through MoPlatte Hyperbarics, PLLC of Bismarck, ND.

The entire language of the original bill was always meant to be scrapped in service to the real needs of the state in protecting its citizenry from corrupt global conglomerates in medicine such as Pfizer which influenced the federal government beyond what should have ever ben allowed at the national level. The amendment to the original bill which Senator Magrum has proposed is a simple language concept of renaming these products of foreign businesses to ND as what they truly are and initially were stated as being in the scientific record, most appropriately "epigetic gene modification devices".

In following the medical and scientific literature, we now have reports of incorporation of Pfizer's product into human hepatocytes and skin biopsies have also revealed the

presence of the mRNA sequence incorporation into the integument. I have a background in molecular genetics from the University of Chicago which holds more Nobel Laureates among its ranks of former students, researchers and faculty than any other University on Earth. As a sentinel for North Dakota's citizenry, it is my firm belief and opinion that the genomic incorporation issues will continue to be proven as published in the medical literature by researchers across the globe on a quarterly basis.

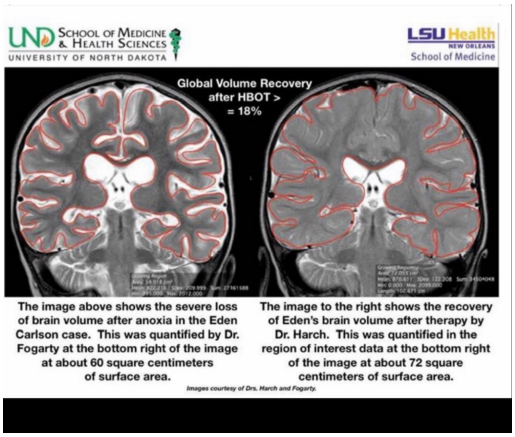
It is with this quarterly basis update concept that I propose the legislative study affirmed by 25 ND Senators should move forth and can be constructed in a cost efficient manner. A legislative committee of the willing to see the data coming in from the international community could request quarterly white paper assessments from the physician ranks of ND on a pro bono basis and in the most open society concept, a quarterly hearing from the state public health officer compiling adverse events data from the literature on the Pfizer and Moderna products with additional white paper filings by an "ad hoc" advisor such as myself who was inservice to the state on the founding of the NDMIRT board and the Integrative Medicine board would be an option for the the study committee to consider.

In the end, the mission of this bill was to provide an avenue for ND attorneys to have some potential to litigate against harms to North Dakota citizens suffered by Pfizer and Moderna mRNA products. The proposed amendment in changing the nomenclature in a "label law" concept, if passed, could at least open the door form ND trial atoners to purse making whole ND families injured by these products. If any other product sold and distributed in ND had the current level of harms associated with them as do as these global companies do, we would have long ago shut them down.

Again, I am grateful for the opportunity to innovate in North Dakota medicine and legislative concepts for the good of the great state where my children were raised. Thank you for the time this afternoon in testimony. The references in my original written testimony in the Senate committee hearing are but a few but of hundreds now accumulating in the medical literature of the
harms of this technology.

Sincerely,

Edward F. Fogarty, III
Digital Signature via prior research imaging
produced in ND at UND>



Pass SB 2384 and Amendment to 2384, namely, mRNA Classification (Section 1, lines 6-10)
Testimony of Joseph A Arminio, PhD

MIT awarded Joe Arminio the PhD in Political Science.
He is the Founder of The Coalition for America's Resurgence (CfAR).
CfAR's website is cfar21.org.

Why the Amendment is Needed.

1. Two authoritative studies emerged in early 2021, strongly suggesting that the covid-19 "jab," for humans, is not a vaccine, as traditionally understood. The Japanese government oversaw the "Bio Distribution" Study and the Infectious Society of America oversaw the second study, which Oxford University Press subsequently published.

2. Furthermore, on the basis of the aforementioned two studies, it appears to be exceedingly irresponsible stretch to classify "the jab" as a vaccine. A true vaccine is typically injected in the arm. Most of it remains in the vicinity of the injection. A small amount reaches the armpit lymph node, triggering a manageable body response. The body swiftly destroys the attacker and is trained to recognize similar attackers should they present in future. Not so, the Studies suggest, in the case of the "jab." The injected material has been found to invade the entire or much of the body. It has been found to linger in the lymp node for 60 days. (It may linger much longer.) For a detailed explication of the workings of "the jab" versus a true vaccine see "Experts Weigh-In: MRNA Spike and LNPS Invade Entire Body, Stop Jabs Now," by Beanz and Edwards, thehighwire.com, March 4, 2023. Part of the detailed explication is care of Dr Robert Malone, inventor of MRNA.

Why the proposed study of MRNA is needed.

1. There is strong evidence suggesting that the "jab" is causing widespread, grave damage in those who have taken the jab. Such damage includes the spleen, liver, bone marrow, glands, heart and brain. See (again) "Experts Weigh-In: MRNA Spike and LNPS Invade Entire Body, Stop Jabs Now," by Beanz and Edwards, thehighwire.com, March 4, 2023.

Also, see howbadismybatch.com. This site includes links to numerous highly relevantly accredited medical associations and individual doctors and researchers, all of whom are warning that the "jab" is high risk, low benefit.

Among those sounding the alarm are:--

Doctors for Covid Ethics
Association of American Physicians and Surgeons
Vaccine Safety Research Foundation
World Council for Health
Frontline Covid-19 Critical Care Alliance
Children's Health Defense
NHS Workers for Choice
Canadian Medical Association

especially Letter of October 15, 2022 reporting sudden deaths of 80 young Canadian doctors who took the jab.

Dr Peter McCullough
Dr Ryan Cole who testified before the US Senate.
Dr Robert Malone

Let the record also show that Camille McQuillan, PhD (Molecular Biology) and BSN (frontline covid practitioner), who is in the leadership of CfAR, has, she believed, suffered a serious jab injury, subsequent to being jabbed in early 2021.

2. There is strong evidence suggesting that the "jab" is causing widespread, grave damage in those who have not taken the jab. This damage is due to a phenomena labelled "shedding." See "Current State of Knowledge on the Excretion of mRNA and Spike produced by anti-covid-19 mRNA vaccines …", appearing in 2022, by Helene Banoon (pharmacist biologist), Member of the Independent Scientific Council, Marseilles, France.

Indeed, Banoon points out that a human who had been "jabbed" could injure a human who had not been jabbed via sweat, sputum, breast milk, via the air and conceivable via semen.

23.1082.02002
Title.

Prepared by the Legislative Council staff for
Senator Magrum
March 9, 2023

PROPOSED AMENDMENTS TO ENGROSSED SENATE BILL NO. 2384

Page 1, line 1, after "Act" insert "to create and enact a new section to chapter 23-12 of the North Dakota Century Code, relating to messenger ribonucleic acid technology classification;"

Page 1, line 1, remove "relating to vaccines for"

Page 1, remove line 2

Page 1, line 3, replace "technology" with "; and to provide an expiration date"

Page 1, after line 4, insert:

"**SECTION 1.** A new section to chapter 23-12 of the North Dakota Century Code is created and enacted as follows:

**MRNA technology classification.**

Notwithstanding any other provision of law, a person may not classify messenger ribonucleic acid technology developed for use in an individual or animal as a vaccine."

Page 1, line 6, replace "consider studying" with "study"

Page 1, after line 14, insert:

"**SECTION 3. EXPIRATION DATE.** Section 1 of this Act is effective through July 31, 2025, and after that date is ineffective."

Renumber accordingly