January 19, 2021

Representative Karen M. Rohr,
Chair, Human Services Committee
North Dakota Legislative Assembly
600 East Boulevard
Bismarck, ND 58505

Senator Judy Lee
Vice Chair, Human Services Committee
North Dakota Legislative Assembly
600 East Boulevard
Bismarck, ND 58505

Dear Chair Rohr, Vice Chair Lee, and Members of the Human Services Committee,

I am writing in support of bills HB 1306, HB 1307, and HB 1320. I have a BSN in nursing and a graduate doctoral degree in Chiropractic. I've worked in health RESTORATION for over of 12 years. I've worked in ICU work as an RN before continuing my Doctoral education. Because we take a different view of the human body (one that looks at triggers of dysfunction and why the body breaks down, as opposed to the end point-disease) I see protection from being injured is paramount in protecting people who choose to be responsible for their own health.

There are questions that need to be asked when considering coercion of health care choices.

"Are my health choices private? Will I eventually need to divulge what I eat, my exercise/fitness routine, Lab findings, Sexual orientation, and history? Will my health care choices determine my ability to access my bank accounts, To get on an airplane, or To fill gas?"

"Do vaccines do what you are taught to believe they do?"

"Who should make your health care decisions- you or your government?"

"If there are admitted, inherent dangers to a health care decision, should you be coerced into that health care decision?"

"What about people with known side effects to inoculation? Will they be treated as second rate citizens?"

For the record, I would like to enter in some important information, as coercion of health care choices is a very slippery slope. A year ago I was laughed at for saying we will be given vaccination ID's and will need to prove status for travel. Today, it has become a reality.

1. Vaccines are classified as biologics. This means that they are NOT subject to true placebo controlled studies. Rarely, if ever, are they studied against a true placebo. Almost every study uses other vaccines (example: the astrazeneca covid-19 study used the meningitis vaccine) [1] and/or the equally as risky ingredients (adjuvants like alumimum or mercury) in vaccines as a

"control" which allows them to hide expected adverse reactions with other reactions in the placebo group. Adjuvants have the capability of producing neuroinflammation which can lead to damage to the central and peripheral Nerve System.[2] Encephalopathy is a form of neuroinflammation. Encephalopathy can lead to autism and other neurologic and immune related disorders.

2. Vaccine injuries are severely underreported. Less than 1% of adverse events are ever reported. This has been researched and can be validated:[3]

> "Adverse events from drugs and vaccines are common but underreported. Although 25% of ambulatory patients experience an adverse drug event, less than 0.3% of all adverse drug events and 1-13% of serious events are reported to the Food and Drug Administration (FDA). **Likewise, fewer than 1% of vaccine adverse events are reported. Low reporting rates preclude or slow the identification of "problem" drugs and vaccines that endanger public health.** New surveillance methods for drug and vaccine adverse effects are needed. **Barriers to reporting include a lack of clinician awareness, uncertainty about when and what to report, as well as the burdens of reporting:** reporting is not part of clinicians' usual workflow, takes time, and is duplicative."[3]

This brings out the inconvenient truth that adverse events are 100 times more common than the mainstream media and medical doctors would like to admit.

I have personal experience with this, and a good example is the HPV inoculation. However as listed above, is prevalent in many more. Public marketing campaigns downplay risks and overestimate efficacy. They ignore the actual data (or lack thereof) to unduly influence the public. They will tell you that injuries are estimated to be "one in a million". However, since moving back to North Dakota 10 years ago, I have taken care of THREE teenagers in the Burleigh/Morton area alone whose severe symptomatology (diagnosed as POTS disease) began within 7 days of their HPV inoculation. Based on basic math and how many teenaged people there are in the Bismarck-Mandan area alone, along with how many I see, these numbers are massively higher than publicized. Then put into the equation that I came across these people randomly, for other reasons like sports injuries. This means the I am likely to have seen an extremely small minority of these people effected. So you have to ask, how does this happen? When questioned, the parents and patients had no idea to even ponder a link or to share with their doctor. Furthermore, not a single medical doctor had questioned them about inoculation history prior to onset of their problems. It was not until I asked the question about inoculation history that the family began to put the pieces together, and when they then inquired to their medical doctor, there was no testing or validation, nor was it reported to VAERS (the Vaccine Adverse Event Reporting System), a government entity responsible for diverting tax dollars to pay out damages caused by vaccines.

3. Drug companies are all exempt from paying out damages for vaccine damage, even though many of the biggest vaccine production companies are convicted felons for fraud and marketing—Pfizer,[4] Johnson & Johnson,[5] Astrazeneca,[6,7] and Merck all have some of the largest fines ever given out in court due to fraud, false marketing, kickbacks and bribery, false claims act related, and drug or medical equipment safety violation. (but hey, they "Pledged" transparency

in their studies, so we can trust them, right?)[8] Many, including Pfizer, Glaxo, and Sanofi are convicted felons. They have no impetus to improve vaccine safety or improve studies. Therefore, those who question safety have valid concerns.

4. Vaccines to not create health. Until recently, the US government has not bothered to study vaccinated and non-vaccinated populations. However, recently, Dr. Paul Thomas published research in his own practice in regards chronic disease prevalence in children fully vaccinated, partially vaccinated, and nonvaccinated. Because of the published findings, politically he is facing a "witchhunt" and is being targeted by the powers that be (note who is the largest lobbying company in the world—the pharmaceutical industry). Nonvaccinated children had significantly less chronic disease than the other two groups.[9] If vaccines create health, then why is the vaccinated group much sicker than the nonvaccinated group?

5. My health care choices are MY health care choices. To even INQUIRE about inoculations is an intrusion of my HIPAA privacy laws. Furthermore, where does the intrusion stop? Once the vaccine tracking digitalized system comes out, will it lead to medical martial law?

6. We also know that the covid injection has caused a large number of anaphylactic reactions. We have ZERO long term safety data, regardless of what self-appointed experts' postulate. Without vigorous, accurate tracking (which, as referenced above, has never happened) how can this even be performed? The "placebo groups" (again, many are not even a real placebo) are being given the Covid vaccine themselves. I have anaphylactic food allergies (16 of 38 foods tested via IgE blood response testing). Many people have food allergies that they are unaware of. I CANNOT take the chance of injecting myself with these dangerous chemicals. People are dying from this intervention. Whether the mainstream media, social media sites, and the medical profession and want to censor it or not, it is happening. It saddens me that we even have to have a bill protecting my RIGHT to health and health choices, and to weight my OWN risks and benefits of a procedure.

7. To coerce someone into a forced medical procedure, based on false premises is not only wrong, but it can also be considered fraudulent. First, we must delineate the difference between SARS covid-2 and "Covid-19". SARS covid-2 is the infection. Covid-19 are the symptoms of infection (like influenza vs "the flu"). The marketing of "90%-95% efficacy has NOTHING to do with ability to infect/transmit SARS-CoV-2. It refers to decreasing symptoms in a small subset of individuals. **It is unlawful under the FTC Act, 15 U.S.C. § 41 et seq., to advertise that a product or service can prevent, treat, or cure human disease unless you possess competent and reliable scientific evidence,** including, when appropriate, well-controlled human clinical studies, substantiating that the claims are true at the time they are made.

   Definitions Per the CDC: Immunity: Protection from an infectious disease. If you are immune to a disease, **you can be exposed to it without becoming infected**.
   Vaccine: A product that stimulates a person's immune system to produce immunity to a specific disease, **protecting the person from that disease**. Vaccines are usually

administered through needle injections but can also be administered by mouth or sprayed into the nose.
This is taken directly from the Pfizer phased 3 study:

8.2. Unknown Benefits/Data Gaps

Duration of protection

As the interim and final analyses have a limited length of follow-up, it is not possible to assess sustained efficacy over a period longer than 2 months.

Effectiveness in certain populations at high-risk of severe COVID-19

Although the proportion of participants at high risk of severe COVID-19 is adequate for the overall evaluation of safety in the available follow-up period, the subset of certain groups such as immunocompromised individuals (e.g., those with HIV/AIDS) is too small to evaluate efficacy outcomes.

Effectiveness in individuals previously infected with SARS-CoV-2

The primary endpoint was evaluated in individuals without prior evidence of COVID-19 disease, and very few cases of confirmed COVID-19 occurred among participants with evidence of infection prior to vaccination (although more cases occurred in the placebo group compared with the vaccine group). Therefore, available data are insufficient to make conclusions about benefit in individuals with prior SARS-CoV-2 infection. However, available data, while limited, do suggest that previously infected individuals can be at risk of COVID-19 (i.e., reinfection) and could benefit from vaccination.

Vaccine effectiveness against asymptomatic infection

Data are limited to assess the effect of the vaccine against asymptomatic infection as measured by detection of the virus and/or detection of antibodies against non-vaccine antigens that would indicate infection rather than an immune response induced by the vaccine. Additional evaluations will be needed to assess the effect of the vaccine in preventing asymptomatic infection, including data from clinical trials and from the vaccine's use post-authorization.

Vaccine effectiveness against long-term effects of COVID-19 disease

COVID-19 disease may have long-term effects on certain organs, and at present it is not possible to assess whether the vaccine will have an impact on specific long-term sequelae of COVID-19 disease in individuals who are infected despite vaccination. Demonstrated high efficacy against symptomatic COVID-19 should translate to overall prevention of COVID-19-related sequelae in vaccinated populations, though it is possible that asymptomatic infections may not be prevented as effectively as symptomatic infections and may be associated with sequelae that are either late-onset or undetected at the time of infection (e.g., myocarditis). Additional evaluations will be needed to assess the effect of the vaccine in preventing long-term effects of COVID-19, including data from clinical trials and from the vaccine's use post-authorization.

Vaccine effectiveness against mortality

A larger number of individuals at high risk of COVID-19 and higher attack rates would be needed to confirm efficacy of the vaccine against mortality. However, non-COVID vaccines (e.g., influenza) that are efficacious against disease have also been shown to prevent disease-associated death.[11-14] Benefits in preventing death should be evaluated in large observational studies following authorization.

Vaccine effectiveness against transmission of SARS-CoV-2

Data are limited to assess the effect of the vaccine against transmission of SARS-CoV-2 from individuals who are infected despite vaccination. Demonstrated high efficacy against symptomatic COVID-19 may translate to overall prevention of transmission in populations with high enough vaccine uptake, though it is possible that if efficacy against asymptomatic infection were lower than efficacy against symptomatic infection, asymptomatic cases in combination with reduced mask-wearing and social distancing could result in significant continued transmission. Additional evaluations including data from clinical trials and from vaccine use post-authorization will be needed to assess the effect of the vaccine in preventing virus shedding and transmission, in particular in individuals with asymptomatic infection.

8. Where there is clear risk, there needs to be freedom of choice. Coercion by public pressure is unethical. And we know that there will be pressure through lobbyists to coerce businesses and other entities to enforce these expectations just like they have the masking and shutdown practices.

Finally, I would like to bring up a glaring problem in society today, particularly with these HEALTH and LIFE MANDATES/COERCIONS. If this is truly about health, why is it that it always comes to drugs/injections? What about building and supporting a strong, robust, balanced immune response? What about addressing the triggers that lead to a damaged, incompetent immune response?

The cold hard fact is that there are ALWAYS going to be new viruses. Are we now setting precedence that every new virus needs an inoculation? In less than a year we are being told that there are additional strains of Coronavirus and more inoculations being developed. Guess what, they are not going anywhere. Will they just tell us we need to stay inside forever and keep giving more and more injections? The solution is not in more drugs. The solution lies in restoring normal immune function and addressing the reasons why people's immune response fails them. This is one thing that Sars Covid-2 has brought to light. 94% of people have comorbidities, the largest number being obesity and type 2 diabetes, which most have similar underlying mechanisms. Are we going to start mandating certain waist sizes as well? I have a novel idea. How about we admit that the United States is one of the most chronically ill countries and the the prescription drug culture we live in is not working. If you are truly healthy, your body handles these dis-eases as it should. Why should I as someone who studies these things daily need to follow the same path as the rest of the country, who is CLEARLY on the wrong path. If you want me to be responsible for other people's health, then let me mandate what foods people eat, how much exercise people get, what testing they do, what nutrients they consume… I hope that sounds preposterous, because this is what it sounds like to me.

Food and lifestyle factors play a MAJOR role in whether someone gets sick or stays well. IT is crucial for a balance, normal t-cell response and overall health. Why has this been all-but ignored and ridiculed for the last 10 years, especially the last 10 months. We have the burleigh-morton task force ridiculing the courageous people that have brought this up and taken a stand. Medical doctors threatening me for telling people that they need to be responsible for their own health. I've been saying that for 12 years. Covid didn't change that. It has always been a problem but now we are seeing the downstream effects and we either need to change course or sleep in the bed we make. I don't have to be part of the sick care cycle. And I should have the freedom to opt out for whatever means I feel necessary.

Thank you for your time. I would be happy to answer any of your questions.

Dr. Steve Nagel, DC

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1. https://www.astrazeneca.com/media-centre/press-releases/2020/azd1222hlr.html
2. https://www.hilarispublisher.com/open-access/vaccines-and-neuroinflammation.pdf
3. https://digital.ahrq.gov/ahrq-funded-projects/electronic-support-public-health-vaccine-adverse-event-reporting-system
4. https://www.justice.gov/opa/pr/justice-department-announces-largest-health-care-fraud-settlement-its-history
5. https://www.usatoday.com/story/money/2019/10/09/johnson-johnson-8-billion-over-risperdal-gynecomastia-case/3916878002/
6. https://www.justice.gov/opa/pr/pharmaceutical-giant-astrazeneca-pay-520-million-label-drug-marketing
7. https://www.nytimes.com/2003/06/21/business/astrazeneca-pleads-guilty-in-cancer-medicine-scheme.html
8. https://violationtracker.goodjobsfirst.org/prog.php?parent=glaxosmithkline
9. https://www.mdpi.com/1660-4601/17/22/8674/htm