

To the House Human Services Committee:

I urge you to render a DO PASS on SB 2124 **to put reasonable constraints on subjective and unending intrusions** by the Governor, the Department of Health, and through example, the Mayors across the state.

Opposition themes are threefold:

- “The pandemic” requires extraordinary responses.
 - Some of those “responses” are quite literally killing people and should require some checks.
- The legislature will not act in a timely way.
 - Timeliness is addressed in the bill.
- The process has worked well thus far.

These arguments belie two important facts: 1) The COVID emergency has been politicized, and 2) government never admits its mistakes.

Executive branch personnel may be well-meaning, but it is undeniable that *decisions are influenced by politics and money*. Some COVID-era observations of the North Dakota executive branch and the Department of Health (NDDOH):

1. The human cost of the mitigations (unemployment, suicides, childhood education failures, mental health) are receiving only scant attention from NDDOH even though said costs stem from NDDOH policies.
2. Many comparisons have been made nationally between South Dakota, which has had the lowest of mandates, and North Dakota, which has implemented mandates. South Dakota has fared as well or better without the damage cited in 1, but this is *seemingly ignored by our own state government*. Could we find two more appropriate states to compare (7)?
3. The questionable reliability of the PCR test (1), the single most relied-upon statistic by politicians and media, has been known to the scientific community since the beginning. Florida has reacted with legislation to counter its abuse (2). Portugal has made it illegal. The WHO has recently acknowledged the 50% false negative problem, suspiciously within hours after the recent inauguration. North Dakota, by contrast, has continued to this day to rely upon the PCR test as the sole indicator of the severity of the problem.
4. *NDDOH has become a skilled propaganda machine*. Presumably fueled by Federal dollars, **they are interceding in the traditional patient-doctor relationship** with an endless stream of debatable medical assertions.

Some related facts:

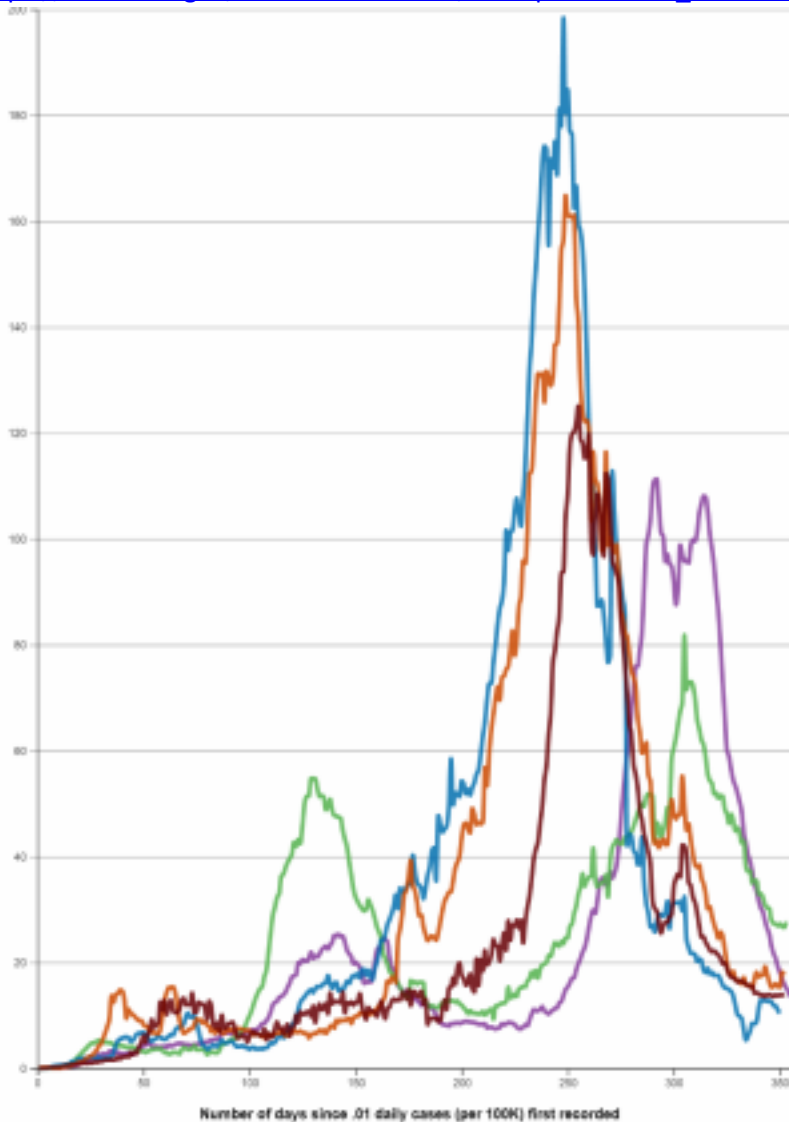
1. PCR testing has become a \$1B / year business in the US. What incentive do they have for NOT finding positives (3)?
2. Large numbers of scientists and physicians object to government actions undertaken using COVID-19 as the reason (4).
3. Hospitals routinely run at high occupancy rates and have many levers to adjust to spikes in demand.
4. Proof showing asymptomatic spread (the rationale for mask mandates) is non-existent and has been ignored by NDDOH (5).
5. Before 2020, there were extensive scientific studies on the effectiveness of masks to prevent viral infections which all showed that they did not provide prevention (6). This was also ignored by NDDOH.
6. That Hydroxychloroquine was known to be safe at the beginning and was re-approved by the AMA hours after the Biden inauguration, showing how *politics* run counter to citizens' wellbeing.

7. Blue state governors started relaxing mandates mere days after the inauguration. More *politics*.

COVID-19 gave Governors and Mayors *absolute and unending power* over our lives. They used it liberally. This is not what “the consent of the governed” looks like. Their behavior is further entrenched by rewards of federal dollars. With so-called ‘variants’ now making news they are creating their next causation for power. Politics exist within pandemic management. This is a problem that cannot continue unchecked. **Bill 2124 is a reasonable check.**

References:

- (1) <https://www.nytimes.com/2020/08/29/health/coronavirus-testing.html>
- (2) <https://www.flhealthsource.gov/files/Laboratory-Reporting-CT-Values-12032020.pdf>
- (3) <https://dossier.substack.com/p/welcome-to-the-covid-testing-industrial>
- (4) <https://gbdeclaration.org/>
- (5) <https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2774102>
- (6) <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4420971/>
- (7) https://covid.cdc.gov/covid-data-tracker/#compare-trends_newcasesper100k (sample below)



New cases of Covid-19, reported to CDC, in CA, FL, ND, SD, and MN

Seven-day moving average of new cases (per 100K), by number of days since .01 average daily cases (per 100K) first recorded.

...  CA  FL  ND  SD  MN