North Dakota 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 lowa and Nebraska My practice based out of Northwest lowa has seen several North Dakotans come physically to my clinic in Spirit Lake, lowa 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 lowa. 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

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,

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 MD1,2, Melanie-Belle Ulrich MD1,2, Sann Y. Htoo MD2, Anjeza Chukus MD1,2

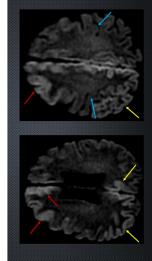
HCA Healthcare, Nashville, TN Department of Internal Medicine, HCA Healthcare Aventura Hospita

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

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

- dementia, behavioral changes, headaches, and gait disturbance approximately one week after receiving the second dose of the A 64-year-old woman with a past medical history of bipolar depression and anxiety presents with rapidly progressive 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.
 - 14-3-3 protein was positive, neuron-specific enolase resulted at T-tau protein measured at 38,979 (reference < 0-1,149).
- Exhibiting progressively worsening pyramidal and extrapyramidal 16.3 (reference < 8.9).
- Based on the Center for Disease Control and Prevention's diagnostic criteria, the findings place her case as symptoms, as well as akinetic mutism.
- 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 rubbos sign) in the bilitared (fight) terripates; involving the (cortical rubbos sign) in the bilitared particul labes. Typically the per right frontal and bilatera relatively spared in CJD.

References

- 1. Puoti, G., Bizzi, A., Forloni, G., Safar, J. G., Tagliavini, F., & Gambetti, P. (2012). Sporadic human prion diseases: molecular insights and diagnosis. Lancet Neurol, 11(7), 618-628. https://doi.org/10.1016/S1474-4422(12)70063-7
- Harris DA. Cellular biology of prion diseases. Clin Microbiol Rev. 1999 Jul;12(3):429-44. doi: 10.1128/CMR.12.3.429. PMID: 10398674; PMCID: PMC100247.
- 3. Brown P, Cathala F, Raubertas RF, Gajdusek DC, Castaigne P. The epidemiology of Creutzfeldt-Jakob disease: conclusion of a 15-year investigation in France and review of the world literature. Neurology. 1987 Jun;37(6);895-904. doi: 10.1212/ml.37.6.895. PMID: 3295589.
- -4. Classen, J.B. (2021, February 28). COVID-19 RNA Based Vaccines and the Risk of Prion Disease. Microbiology & Infectious Diseases, 5(1). https://doi.org/10.33425/2639-9458.1109
 - Linsell L, Cousens SN, Smith PG, Knight RS, Zeidler M, Stewart G, de Silva R, Esmonde TF, Ward HJ, Will RG, A case-cortrol study of sporatio Centzfeldr-Jakob diseases in the United Knigdom: analysis of clustering. Neurology, 2004 Dec 14;63(11):2077-83. doi: 10.1212/01.wni.0000145844.53251.bc. PMID: 15596753.
- Kuo PH, Chiang CH, Wang YT, Doudeva LG, Yuan HS. The crystal structure of TDP-43 RRM1-DNA complex reveals the specific recognition for UG- and TG-rich nucleic acids. Nucleic Acids Res, 2014 Apr.42(7):4712-22. doi: 10.1093/nar/gkt1407. Epub 2014 Jan 23. PMID: 24464995; PMCID: PMC3985631.
 - -7. Tetz, G.; Tetz, V. SARS-CoV-2 Prion-Like Domains in Spike Proteins Enable Higher Affinity to ACE2. Preprints 2020, 2020030422 (doi: 10.20944/preprints202003.0422.v1).
- Immun. 2020 Oct;89:601-603. doi: 10.1016/j.bbi.2020.07.007. Epub 2020 Jul 15. PMID: Young MJ, O'Hare M, Matiello M, Schmahmann JD. Creutzfeldt-Jakob disease in a man with COVID-19: SARS-CoV-2-accelerated neurodegeneration? Brain Behav 32681865; PMCID: PMC7362815.
- •9.Iwasaki, Y. (2017) Creutzfeldt-Jakob disease. Neuropathology, 37: 174- 188. doi:
- •10...J. Bart Classen. Review of COVID-19 Vaccines and the Risk of Chronic Adverse Events Including Neurological Degeneration. J Med Clin Res & Rev. 2021; 5(3): 1-7
 - .11. Angus-Leppan H, Rudge P, Mead S, Collinge J, Vincent A. Autoantibodies in Sporadic Creutzfeldt-Jakob Disease. JAMA Neurol. 2013;70(7):919-922. doi:10.1001/jamaneurol.2013.2077



Discussion

- enzymatic protein that aggregates in the brain tissue destroying Normal prion protein is converted into an infectious, autoneuronal 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.
- determined by PRNP polymorphism involving methionine (Met) or valine (Val) at codon 129 and prion strain (type 1 PrPSc or Conversion to the diseased prion protein, termed PrPSc, is 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.
- vaccine to have a high affinity for cytoplasmic proteins such as TAR DNA binding proteins (TDP-43) and Fused in Sarcoma Various portions of the COVID-19 mRNA Pfizer-BioNTech
- 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
- receptor-binding domain of the S1 region of the SARS-CoV-2 Tetz and Tetz identified a prion-like domain found in the 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.
- neuronal antibodies to the voltage-gated potassium channel antibodies, suggesting a possible auto-immune mechanism. Case of a patient with sCJD whom also had positive serum complex (VGKC complex) and glycine receptor (GlyR)



