

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 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/biotech 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 Dakota.

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,



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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

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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.

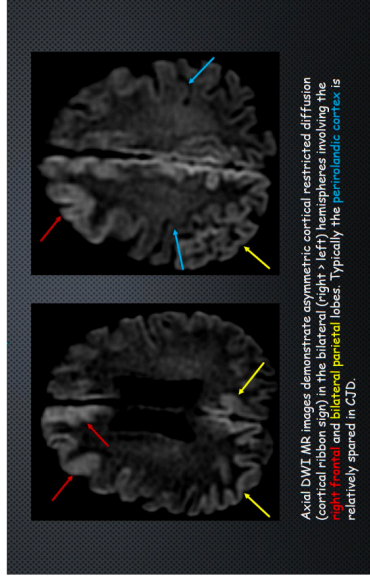
Introduction

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 variant 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



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 pathologic 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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