

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 KFYP 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 KFYP-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 were 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 cuckolded 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 matters 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'Donnell 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 from 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 be 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 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 to the entire committee just now (0530MT) which documents the fact that mRNA biotech has the capability of incorporating sequences into 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 changed 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 wind up the breeding programs of all livestock in the end. With my knowledge of Piggyback 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. That's 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 KFYY 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, djohnston@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, crmack@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, dwwigesaa@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

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<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>