

House Bill 1519
Human Services Committee
February 4, 2025

Good morning, Chairman Ruby and members of the Human Services Committee. My name is Kylie Hall, and I live in District 45 in North Fargo. I am writing to state my opposition to this bill. I have a Master's Degree in Public Health and have worked at the North Dakota State University Center for Immunization Research and Education for the past 9 and 1/2 years. I would like to make clear that my comments today are not on behalf of NDSU.

While I certainly have concerns about maintaining healthcare data privacy and confidentiality, my biggest concern with this bill is that it will generate misinformation. People will cherry-pick the data in the proposed report and use it as a way of associating vaccination with death without any proof that a vaccine caused the reported deaths. Misleading claims will be amplified without proper context, which will undermine public trust in vaccines. Ultimately, vaccination rates will suffer.

It is natural for us as humans to create associations in our heads: one thing happens then another thing happens, so maybe the first thing caused the second thing. Creating these associations and learning about cause and effect are how we have survived as a species for thousands of years. For example, if eating a specific food makes you sick - you learn to avoid eating that food.

It's important to remember, though, that not all associations we make are actually causal. One example is, "The rooster crows and the sun comes up." While we may see one event following another, that doesn't always mean the first event caused the second.

This brings us to the topic of health outcomes, where tragic events like death and illness occur regularly, regardless of any specific intervention. For example, consider the following scenario.

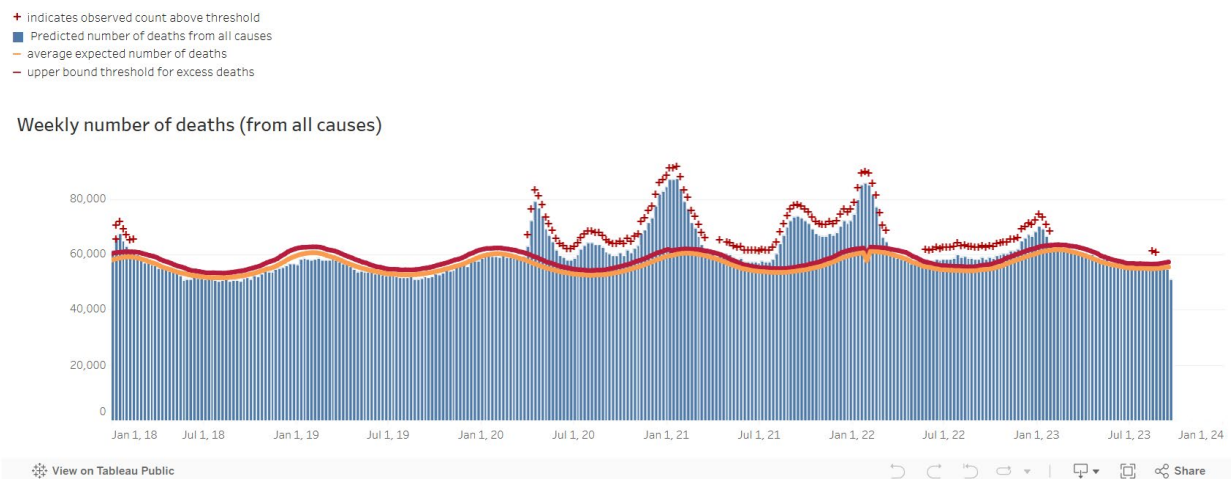
If I gave 10 million people (roughly the population of Michigan) a sugar cube and just watched them for 2 months, there would be approximately 4,025 heart attacks, 1,700 blood clots (DVT), 3,975 strokes, 9,500 new cases of cancer, and 14,000 deaths. Unfortunate things happen to people every day, and they likely would have happened whether they were given a sugar pill or a vaccine.

Knowing how often bad things happen, think about adding in an international vaccine campaign like what we saw during the COVID-19 pandemic. At its peak, the United States was administering about 20 million doses of COVID-19 vaccine per week. And in the weeks that followed the administration of those doses, people were going to happen to have heart attacks, blood clots, strokes, be diagnosed with cancer, and die - regardless of receiving the vaccine.

Again, it's natural for us as humans to create associations, and it is ok for us to ask questions and look to the data for answers. But we cannot just assume that because vaccination preceded a death that the vaccination caused that death. It is important that we examine things carefully if we are moving from saying something happened *after* the vaccine to something happened *because* of the vaccine.

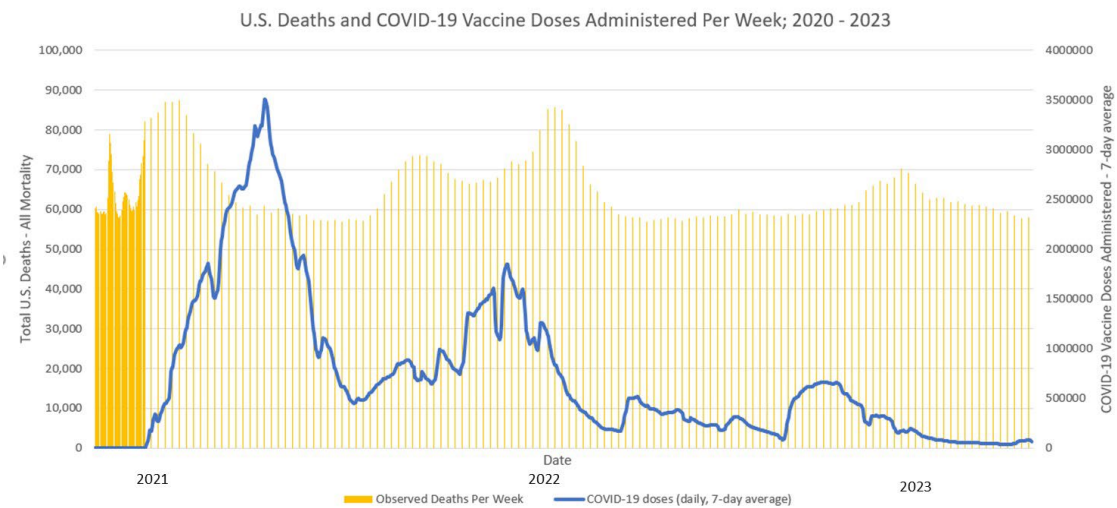
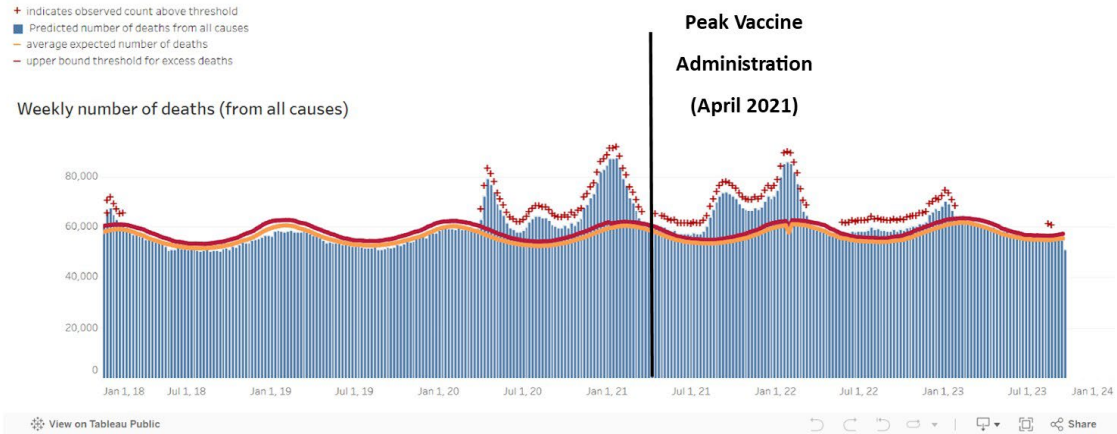
During today's testimony, you may hear concerns about the potential risks associated with COVID-19 vaccines, including claims about their link to deaths. It's important to note that independent research from scientists around the world has not found evidence supporting these concerns. Current studies do not show a connection between COVID-19 vaccines and excess mortality.

The following graph shows you the number of weekly deaths in the United States by week from the end of 2017 through the end of 2023. As you can see, weekly deaths typically trend higher during the winter, and this is due to an increase in deaths from respiratory illnesses. A few months into 2020, the number of reported deaths greatly exceeded the expected number of deaths in the United States and that trend continued into the early months of 2022. Source: [Excess Deaths Associated with COVID-19](#)



Now let's evaluate the claim that COVID-19 vaccines are commonly causing excess deaths using this data set. Let's say 1 in 10,000 doses of COVID-19 vaccine causes death. That would be a very common side effect in the vaccine world. So during the peak vaccination month of April 2021, the United States was administering approximately 20 million doses of COVID-19 vaccine per week. If 1/10,000 of those doses caused death, we would have expected an excess of 2,000 deaths from that week of vaccination alone. $(20,000,000 \text{ doses} * (1/10,000)) = 2,000 \text{ deaths}$ Is that what we saw? No. We did not see excess deaths from the vaccine rollout; we saw that immediately after the vaccine was made available, deaths declined and returned to near pre-pandemic levels until the next wave of infections in late 2021. Through time, increases in doses

of COVID-19 vaccine administered have not been associated with increases in the number of deaths reported.



Source: [Excess Deaths Associated with COVID-19](#) and [Daily COVID Doses in the U.S.](#)

In the United States, we've given hundreds of millions of doses of the mRNA COVID-19 vaccines. If death from these vaccines was occurring, however rare, we likely would have picked it up already with our safety monitoring systems. We have detected rare events following COVID-19 vaccination, including a rare side effect after the Johnson and Johnson COVID-19 vaccine that led to the vaccine being removed from the market.

Finally, it is worth noting that North Dakota has about 20 deaths per day - or about 7,000 per year. If the proposed report would identify a true safety signal, like death, from the vaccine with such a small sample size, the adverse event would be assumed to be fairly common. (The [Rule of Three](#) assumes that an adverse event being picked up in a sample size of 7,000 people would

occur at a rate of at least 1 adverse event per 2,333 doses.) If death is a fairly common adverse event, it likely would have been picked up in the safety monitoring of the billions of doses administered globally.

Please vote “do not pass” on HB 1519.

Respectfully submitted,

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