

2023 HOUSE HUMAN SERVICES

HB 1111

2023 HOUSE STANDING COMMITTEE MINUTES

Human Services Committee
Pioneer Room, State Capitol

HB 1111
1/10/2023

Relating to international health regulations.

Chairman Weisz called the meeting to order at 11:02am.

Chairman Robin Weisz, Vice Chairman Matthew Ruby, Reps. Karen A. Anderson, Mike Beltz, Kathy Frelich, Dawson Holle, Dwight Kiefert, Carrie McLeod, Todd Porter, Brandon Prichard, Karen M. Rohr, Jayme Davis, and Gretchen Dobervich present. Rep. Fegley not present.

Discussion Topics:

- Enforceability of health care regulations.
- World Health Organization
- Role of federal government in international health regulations.
- Role of Supreme Court ruling in enforcing international regulations
- International response to COVID-19 and impact
- Trends in health issues

Rep. Hoverson introduced HB 1111, speaking in support of bill. (#22965)

Dr. Daniel Stanislowski, chief science officer of a nonprofit, public health information company, offered testimony in support of bill (#12743).

Additional Testimony:

Senator Magrum provided written testimony (#12535) while not present at the hearing.

Chairman Weisz adjourned the meeting at 11:27am.

Phillip Jacobs, Committee Clerk

2023 HOUSE STANDING COMMITTEE MINUTES

Human Services Committee
Pioneer Room, State Capitol

HB 1111
2/7/2023

Relating to international health regulations.

Chairman Weisz called the meeting to order at 10:28 AM, roll call was taken:

All Members present: Chairman Robin Weisz, Vice Chairman Matthew Ruby, Reps. Karen A. Anderson, Mike Beltz, Clayton Fegley, Kathy Frelich, Dawson Holle, Dwight Kiefert, Carrie McLeod, Todd Porter, Brandon Prichard, Karen M. Rohr, Jayme Davis, and Gretchen Dobervich present.

Discussion Topics:

- World Health Organization
- Proposed Amendment

Chairman Weisz- Offers an oral amendment “removing the federal government”.

Rep. Porter Moved to adopt amendment #23.0139.01003

Rep. McLeod- Seconds the motion.

Roll Call Vote was taken;

Representatives	Vote
Representative Robin Weisz	Y
Representative Matthew Ruby	Y
Representative Karen A. Anderson	Y
Representative Mike Beltz	Y
Representative Jayme Davis	N
Representative Gretchen Dobervich	N
Representative Clayton Fegley	Y
Representative Kathy Frelich	Y
Representative Dawson Holle	Y
Representative Dwight Kiefert	Y
Representative Carrie McLeod	Y
Representative Todd Porter	Y
Representative Brandon Prichard	Y
Representative Karen M. Rohr	Y

Motion Carries 12-2-0

Rep. Anderson Move for a Do Pass as Amended

Rep. Frelich- Second the motion

Roll Call Vote was Taken:

Representatives	Vote
Representative Robin Weisz	Y
Representative Matthew Ruby	Y
Representative Karen A. Anderson	Y
Representative Mike Beltz	Y
Representative Jayme Davis	N
Representative Gretchen Dobervich	N
Representative Clayton Fegley	Y
Representative Kathy Frelich	Y
Representative Dawson Holle	Y
Representative Dwight Kiefert	Y
Representative Carrie McLeod	Y
Representative Todd Porter	Y
Representative Brandon Prichard	Y
Representative Karen M. Rohr	Y

Motion Carries 12-2-0 Rep. Prichard will carry the bill.

Chairman Weisz- Closes the meeting for HB 1111 at 10:34 AM

Phillip Jacobs, Committee Clerk by Risa Berube

February 7, 2023

24 2-7-23

PROPOSED AMENDMENTS TO HOUSE BILL NO. 1111

Page 1, line 8, replace the first underscored comma with "or"

Page 1, line 8, remove ", or order of the federal government."

Page 1, line 9, replace "in" with "on"

Renumber accordingly

REPORT OF STANDING COMMITTEE

HB 1111: Human Services Committee (Rep. Weisz, Chairman) recommends **AMENDMENTS AS FOLLOWS** and when so amended, recommends **DO PASS** (12 YEAS, 2 NAYS, 0 ABSENT AND NOT VOTING). HB 1111 was placed on the Sixth order on the calendar.

Page 1, line 8, replace the first underscored comma with "or"

Page 1, line 8, remove ".or order of the federal government."

Page 1, line 9, replace "in" with "on"

Renumber accordingly

2023 SENATE HUMAN SERVICES

HB 1111

2023 SENATE STANDING COMMITTEE MINUTES

Human Services Committee
Fort Lincoln Room, State Capitol

HB 1111
3/13/2023

Relating to international health regulations.

10:53 AM **Madam Chair Lee** called the hearing to order. **Senators Lee, Cleary, Clemens, K. Roers, Weston, and Hogan** were present.

Discussion Topics:

- Protection
- Vaccines
- Nuremberg code
- Medical ethics
- Human rights
- International courts

10:54 AM **Representative Hoverson**, introduced HB 1111, and testified in favor. #24362

10: 56 AM **Joseph A. Aminio, PhD, Founder Coalition for American Resurgence**, testified in favor. #24361

11:22 **Lindsey Jensen, citizen**, testified in favor. # 24013

11:25 AM **Joseph A. Aminio**, provided additional information verbally.

11:26 AM **Christina Sambor, Attorney, North Dakota Human Rights Coalition**, testified in opposition. #24360

Additional Written Testimony:

Lily Funk, Assistant Teacher in favor #23785

Alida Arengard in favor #23853

Shawna Grubb in favor #23938

Sara Williams in favor #23957

Lisa Pulkrabek in favor #24007

Grant Gunderson in favor #24022

Ronda Connollu in favor#24059

Tiffany Ormonde in favor #24097

David Ormonde in favor #24098

Jacqui Skadberg in favor #24120

Kristie Miller in opposition #23983

Barry Nelson in opposition #24031

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Christopher Brown in opposition #24065

Cody Severson in opposition #24100

Faye Seidler neutral #24039

11:35 AM **Madam Chair Lee** adjourned the hearing.

11:35 AM **Madam Chair Lee** calls for recess.

Patricia Lahr, Committee Clerk

2023 SENATE STANDING COMMITTEE MINUTES

Human Services Committee
Fort Lincoln Room, State Capitol

HB 1111
3/27/2023

Relating to international health regulations.

11:05 AM **Madam Chair Lee** called the meeting to order. **Senators Lee, Clemens, K. Roers, Weston, and Hogan** were present. **Senator Cleary** was absent.

Discussion Topics:

- Vaccines
- Medical ethics
- Human rights

Senator Lee calls for discussion.

Senator K. Roers moved to adopt amendment. Line 7 and 8 should state, no health-related regulation of a world health organization is enforceable in this state unless passed through legislative or a signed executive order.

Senator Hogan seconded the motion.

Roll call vote.

Senators	Vote
Senator Judy Lee	Y
Senator Sean Cleary	AB
Senator David A. Clemens	N
Senator Kathy Hogan	Y
Senator Kristin Roers	Y
Senator Kent Weston	N

Motion passed 3-2-1.

Senator K. Roers moved **DO PASS** as **AMENDED**.

Senator Hogan seconded the motion.

Roll call vote.

Senators	Vote
Senator Judy Lee	N
Senator Sean Cleary	AB
Senator David A. Clemens	Y
Senator Kathy Hogan	N
Senator Kristin Roers	Y
Senator Kent Weston	Y

Motion passed 3-2-1.

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Senator K. Roers will carry HB 1111.

11:40 AM **Madam Chair Lee** adjourned the meeting.

Patricia Lahr, Committee Clerk

March 27, 2023

OK
121
3-27-23

PROPOSED AMENDMENTS TO ENGROSSED HOUSE BILL NO. 1111

Page 1, line 7, remove "either directly through the"

Page 1, line 8, remove "organization or indirectly through law or regulation"

Page 1, line 8, replace "on" with "in"

Page 1, line 8, after "state" insert "unless enacted through legislation or a signed executive order"

Renumber accordingly

REPORT OF STANDING COMMITTEE

HB 1111, as engrossed: Human Services Committee (Sen. Lee, Chairman) recommends **AMENDMENTS AS FOLLOWS** and when so amended, recommends **DO PASS** (3 YEAS, 2 NAYS, 1 ABSENT AND NOT VOTING). Engrossed HB 1111 was placed on the Sixth order on the calendar. This bill does not affect workforce development.

Page 1, line 7, remove ". either directly through the"

Page 1, line 8, remove "organization or indirectly through law or regulation"

Page 1, line 8, replace "on" with "in"

Page 1, line 8, after "state" insert "unless enacted through legislation or a signed executive order"

Re-number accordingly

TESTIMONY

HB 1111

Senator Jeffery J. Magrum
Senate District 8
Testimony for HB 1111

I strongly support this legislation. Laws that are not passed by the North Dakota State Legislature must not be considered for enforcement in North Dakota. Thank you.

HB 1111 - Speech for House Human Services Committee, 1-10-23:

Dr. Daniel Stnislowski
Grand Forks, ND

Mr. Chairman and esteemed committee members, thank you for allowing me to speak with you today. I am Dr. Daniel Stanislawski. I am a husband, a father of 5, and a lifelong North Dakotan who happens to hold a PhD in Molecular Biology and Biochemistry. In addition I love to think I am a philosopher, a writer, an historian, a behaviorist, and a cultural and political scientist! Though, sadly, I am not all these things. I am, however, the chief science officer of a nonprofit, public health information company. In this capacity, I spend much of my time analyzing and understanding data in order to demystify for the interested public complicated scientific problems pertaining to health not merely so that the public simply 'takes my word for it', but rather so the issues are understood so as to empower and remove fear from those who come to my organization for help.

To provide cogent answers to the many problems presented during Covid-19, I quickly realized, requires far more knowledge than what is contained in molecular biology, virology, and vaccinology. Indeed, it requires philosophy, history, behaviorism, cultural and political understanding, and probably much more!

So, to begin to grasp what happened with Covid-19 let us, for the time being, set aside our own personal experiences and feelings and personal attachments to positions or to people or to institutions and let us zoom out and consider what happened to humanity as a whole: shortly after a pandemic was declared by the world health organization, billions of people willingly shut themselves up in their homes, subsequently billions of people covered their mouths and noses with a new accoutrement, and finally people lined up across the globe to have needles plunged into their arms. Never in the history of the world have so many humans, irrespective of nation, irrespective of culture, behaved so resoundingly identically! These behaviors at such a scale, however, are not human: they are rather conditioned, automated responses, and they were performed at the behest of an international organization that was dictating truth to a fear-saturated global population.

And what was lost? Millions of closed small businesses have caused millions of livelihoods to be destroyed. Havoc was inflicted upon the world economy which is now teetering on the brink of destruction, the solution for which will be equally unprecedented. Yet a great many still died.

Were the world health organization and center for disease control and prevention dictates above reproach?

Multiple studies have analyzed the effects of shelter-in-place policies. A report from Johns Hopkins revealed lockdowns produced no effects on Covid-19 mortality and concluded that, "lockdown policies are ill-founded and should be rejected as a pandemic policy instrument."¹ Researchers from the RAND Corporation found that lockdown interventions did not attenuate excess mortality, but rather, "following the implementation of SIP [shelter in place] policies, excess mortality increases." The study continues, "We failed to find that countries or U.S. states that implemented SIP policies earlier, and in which SIP policies had longer to operate, had lower excess deaths than countries/U.S. states that were slower to implement SIP policies."²

These two studies are not alone. According to the CDC (https://www.cdc.gov/nchs/nvss/vsrr/covid_weekly/index.htm#Comorbidities), approximately five percent of Covid-19-attributed deaths in the United States were due to the virus alone while those that died with Covid-19 and other contributing factors had an average of 4.0 comorbidities; the average age of Covid-19 death is over 80. These statistics make analyses of years of life lost valuable, as Covid-19 disproportionately affects the elderly, while policies implemented in response to Covid-19 affect all ages. Research conducted by the Reason Foundation concluded that years of life lost due to “collateral deaths” likely exceed those lost to the virus by potentially two-fold or worse³. A thorough lockdown cost/benefit analysis performed in Canada concluded that the most reasonable ratio of “years of life cost” to “years of life saved” is 141, that is 141 years of life lost for every year of life saved; the author characterizes lockdown policy as, “one of the greatest peacetime policy disasters of all time.”⁴

While the expense of lockdowns analyzed using such large data sets provides the broad setting of the lockdown narrative, it tells little of the effect these lockdown policies have had on everyday experiences of those who were living in that environment. The mental and physical health and wellbeing of the global population was suffering greatly before Covid-19. The World Health Organization predicted in 2017 that depression would replace ischemic heart disease as the number one source of disease burden in the world by 2030⁵. Obesity⁶, already at an epidemic level, was rising sharply across the world and is expected to explode in the coming decades. These already alarming trends were exacerbated by Covid-19 countermeasures.

The great pastime of our modern global hegemonic culture is to plop down on a comfortable recliner and to stare into television sets, tablets or cell phones⁷. The first aspect, plopping down, increased as physical inactivity in the form of step count decreased across the globe⁸, a phenomenon associated with greater general disease burden⁹. Lockdown altered eating patterns characterized by increased snacking and meal frequencies¹⁰. The combination of increased physical inactivity and eating has resulted in significantly increased bodyweight in adults^{11,12}, and increased body-mass index, weight gain and obesity in children^{13,14}. It has long been known that being overweight or obese is associated with other chronic illnesses¹⁵; it has more recently been understood that obesity increases one’s odds of suffering from infectious diseases as well^{16,17}.

Children have been greatly negatively impacted by Covid-19 countermeasures despite suffering almost no mortality from Covid-19. It has been known for decades that social isolation and loneliness increases depression in children which can persist for years¹⁸, and several studies have now reported negative mental health impacts on children and adolescents due to Covid-19 intervention policies such as lockdowns^{19,20}. School closures have generated learning losses measured as up to half a standard deviation lower in general assessment scores in grade school Italian children²¹. Dutch schoolchildren have suffered learning losses of 2.47 months in mathematics and 2.35 months of reading comprehension²². Infants born during the Covid-19 era have suffered significant deficits in verbal and nonverbal development and early learning cognitive declines of almost two standard deviations relative to those born before January 2020²³. “Our results seem to suggest that early development is impaired by the environmental conditions brought on by the pandemic,” state the authors of the study²³.

The second mentioned aspect of the world culture also increased significantly as television, cell phone or tablet exposure, collectively known as “screen time”, experienced a massive 245 percent increase in Spain²⁴ and 296 percent increase in non-schooling screen time from 2.69 hours per day to 7.52 in Italian overweight or obese children²⁵. Escapism and anxiety motivated significantly increased non-problematic and problematic TV series binge watching during Covid-19 lockdowns²⁶. The video game industry broke sales records in 2020 (<https://www.forbes.com/sites/mattperez/2020/08/10/video-games-set-record-second-quarter-spurred-by-pandemic-sales/?sh=7c9c75886f4e>) which resulted in, or was symptomatic of, a rise in video game addiction in the post-Covid-19 era (https://journals.lww.com/addictiondisorders/Abstract/2021/12000/Video_Game_Addiction_Among_Students_During.4.aspx). An upswing in internet addiction was instigated at the same time as Covid-19 lockdown policies^{27,28} while internet addiction’s rarely discussed offspring, pornography viewing, likewise underwent an unprecedented increase which strongly correlated to national lockdown stringency²⁹ – even the coronavirus itself became fetishized during this period²⁹. The increased exposure to all forms of media was associated with worsening mental health outcomes during the Covid-19 era^{30,31}. The decay of healthy human behaviors involving screens is associated with and suggestive of declining mental wellness³² and the occurrence of even less socially-acceptable addictive disorders.

Alcohol use disorder-associated mortalities surged almost 25 percent in 2020 and 22 percent in 2021 over the already high expected rates with the youngest cohort (25-44 years of age) enduring 40 percent and 34 percent upswings in 2020 and 2021, respectively³³. Because this younger age group suffers very little from SARS-CoV-2 infection, the authors suggest that excess deaths in this younger age group “were more likely attributable to indirect effects of the pandemic such as stay-at-home policies and reduced medical and social resources for patients with alcohol use disorder”³³. Mulligan and colleagues³⁴ recently examined non-Covid-19 excess mortality and found in excess of 97,000 Americans died annually in the Covid-19 era from causes other than Covid-19 and that these mortalities cost \$1.7 trillion in lost economic production over the course of their would-have-been lifetimes. This study found the excess mortality for those under the age of 45 increased 26 percent from all sources, but mostly from non-Covid-19 causes. Conspicuous among non-elderly excess mortality was a 13 percent rise in drug-associated deaths and a 28 percent increase in alcohol-related mortalities³⁴. Suicide rates increased in Japan in the late summer and early autumn months of 2020³⁵.

I decided to detail the ill effects of lockdowns as it is, perhaps, the least controversial of the three interventions, and the scientific case against lockdowns is, perhaps, the least well known. For the sake of brevity, I will not go into detail on the scientific cases against face masking and Covid-19 vaccinations though, I assure you, these cases have just as much merit and the data are just as, if not even more, disturbing than the lockdown data – particularly the vaccine data. Instead of being engaged in open, potentially life-saving scientific debate, the women and men, the doctors and scientists, who lent their voices to this information were instead censured and subjected to ridicule and scorn. Many of these forfeited their careers for their bravery.

All of this was suffered after the implementation of policies dictated to the world by the world health organization. I find it alarming that this same organization pays comparatively far less attention to chronic illnesses like obesity, diabetes, cancers, and cardiac disease which cause far more global disease burden than Covid-19, rates of which are expected to increase dramatically over the globe during the next few decades^{6,36-38}, and, ironically, all of which are primary risk factors for contracting Covid-19³⁹. Criminal negligence is a too kind and inaccurate term for what is occurring.

One thing that can be deduced from the Covid-19 human experience is that a powerful international bureaucracy is already in place which is absolutely mind-boggling in its depth and breadth, particularly in this country. A mandate from a top-of-the-food-chain international bureaucrat can be issued which will trickle down and be followed to the letter at the national, then state, then local health department levels. This mandate will then spread to and be implemented by local school boards in every city in this nation and the world over. The Soviets would be supremely jealous of what we now have in place.

Along with leaders of other G20 nations, the current Presidential administration has agreed to aid in advancing global initiatives around sustainable development goals, a global digital economy that includes issuance of central bank digital currencies, and digital documentation of Covid-19 vaccination status for travel (<https://www.whitehouse.gov/briefing-room/statements-releases/2022/11/16/g20-bali-leaders-declaration/>), which the world health organization released guidance on over a year ago⁴⁰.

Though the Constitution of our great nation was entirely forgotten, if not outright trampled under foot, at the dawn of 2020, it is time for understanding and practicing of it to make a resurgence. The constitution contains neither the words virus nor bacteria; our rights are not contingent upon the presence or absence of either. There must be reasonable representative authority in front of which one can air grievances; in a world dominated by international bureaucracy, there will be no recourse for individuals abused by government overreach. This is odious to the principles enshrined in our constitution.

Representative Hoverson's bill reads, "a health-related regulation of an international health organization, either directly through the organization or indirectly through law, regulation, or order of the federal government, is not enforceable in this state." To this I would also add "treaty". Notice, this bill makes no judgement on the correctness or incorrectness of any declaration emanating from an international organization, it merely allows the individual to assert his or her earthly sovereignty over his or her own body. One is still happily free to choose to follow the course of action laid out by entities like the world health organization.

By making this bill law, this legislature can solve problems which transcend party affiliation and guarantee health freedom for all North Dakotans. It is my sincere wish that this happens. Thank you for your time!

daniel.stanislawski@gmail.com

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TENTH AMENDMENT

The powers not delegated to the United States by the Constitution, nor prohibited by it to the States, are reserved to the States respectively, or to the people.

PEP'D9

9th Amendment

The enumeration in the Constitution, of certain rights, shall not be construed to deny or disparage others retained by the people.

03/11/2023

Dear Honorable Members of the North Dakota senate,

My name is Lilly Funk, and I live in Minot, North Dakota. I am a federal employee at Head Start. The purpose of this written testimony is to persuade members of the North Dakota senate to support HB 1111.

I am in support of HB 1111. The first reason I am in favor of this bill is that I believe it is important for North Dakota to maintain as much independence as possible. Every citizen should be able to choose which medical care they receive.

The second reason that HB 1111 must pass is that the World Health Organization has not been consistent or always accurate in the measures they have chosen to take in the past regarding illnesses (particularly concerning the Coronavirus pandemic). Unfortunately, there have been injuries documented as a result of some of the treatments that the World Health Organization has recommended. Due to this, I believe that it is vital for every individual to have the freedom to choose which medical treatments they feel comfortable receiving.

Ultimately, if this bill is not passed, it will be easier for the federal government to enforce treatment mandates based on the World Health Organization's recommendations, and this would put people at risk of side effects. It would hinder North Dakota's freedoms of its citizens.

Thank you!

Dear Members of the Senate Human Services Committee,

Thank you for serving us! My name is Alida Arnegard. I reside in District 26. I respectfully urge that you vote in favor of HB 1111 to protect us from a so-called Global reset which would hypothetically take me from my identity as a U.S. citizen and move me to a global citizen instead!

It is uncanny how timely this bill is considering all that is transpiring. There is an unprecedented threat to U.S. sovereignty looming! Are you aware that our President is disconcertingly pushing to cede our national sovereignty to the WHO regarding our health and other critical decisions? I am first and foremost an American Citizen and secondly a citizen of North Dakota.

As you may know, the World Health Organization will meet soon to implement radical amendments to their governing documents which pose ominous threats to our state and National freedom. Our Commander in Chief is forcefully moving us towards an international Vaccine Passport and urging for the passage of a binding Pandemic Treaty by the WHO's Intergovernmental Negotiating Body. These amendments would give unprecedented power not only over a public health risk but over all risks with a potential to impact public health. This could include access to abortion, sterilization, climate change or any potential pandemic threat! (RSV? Bird flu Monkey pox? Any foreseeable virus threat, real or imagined.)

Implementing these amendments would place federal control into the hands of unelected, non-United States dictators and open the gates of tyranny. We are a nation that functions under elected leaders and we are representative Democratic Republic! Lets protect North Dakotas freedoms by implementing HB 1111 making a loud statement regarding the value we place on our constitutional right to state sovereignty.

I believe that this Bill was crafted for such a time as this. I am thankful to those with the foresight to create it. We have seen banks collapsing this week, threats to our national security, and sadly, a forward march towards digital currency and loss of control for states in so many vital areas in our nation because of the direction our federal administration has taken. This bill is one step we can and should take in the right direction. I urge you to vote YES to HB 1111 for the sake of freedom lovers statewide and nationally. Thank you for your thoughtful consideration,

Alida Arnegard

Dear Members of the Senate Human Services Committee,

Please vote to support HB1111. Dangerous entities across the globe are encroaching upon the rights of citizens. Protect North Dakotans by supporting HB1111 and refusing to sacrifice our sovereignty to global organizations which are not representative of North Dakotans and our individual freedoms and well-being.

Thank you for your service to the people of North Dakota,

Shawna Grubb

Bismarck, ND

I am in support of HB 1111. This bill would protect the rights of North Dakotans in the event we inevitably find ourselves in another pandemic.

HB #1111

68th Legislative Session

Representative: Hoverson

Senator: Magrum

I am writing in opposition to HB #1111. I am also a parent of a transgender citizen of North Dakota. I am confused about what entity this bill refers to when it mentions International Health Regulations.

WHO, the World Health Organization, works with international and country partners to address the varied health needs of transgender people, including [HIV](#), [viral hepatitis](#) and [STI](#) prevention, diagnosis and treatment. WHO also supports partners to address structural barriers that affect transgender people's ability to access services. The countries in WHO are: Africa, the Americas, South-East Asia, Europe, Eastern Mediterranean, and the Western Pacific.

WPATH publishes the Standards of Care and Ethical Guidelines, which articulate a professional consensus about the psychiatric, psychological, medical, and surgical management of gender dysphoria and help professionals understand the parameters within which they may aid those with these conditions. This organization is made up of doctors who specializes in medical care of the body as well as doctors who specialize in the mental health for transgender people in Asia, Europe and the United States.

I am very concerned when a state governing body which is made up of mostly professional people who do not practice medicine or mental health care to transgender people in North Dakota. In fact, most of this legislative body has had any conversations with a transgender person or a parent of a transgender child in North Dakota. This legislature has no education or experience with a group of people that this bill affects. This bill is designed to remove health care to citizens of North Dakota. This bill isn't designed to protect transgender people from questionable medical practices. On the contrary, this bill is engineered to disregard the expertise of those in the medical field and put limits or barriers in place for the transgender community in North Dakota.

I know firsthand what medical and mental health care means to the transgender community. How many of you have sat in a doctor's office or in a counseling session with a transgender person? I have and I can tell you that this bill discriminates against a group of people who did not choose to be transgender, contrary to what certain news media such as Fox News, some Facebook pages and what the radical religious entities tell people. I ask you how would you like to have your child or your grandchild's healthcare removed because of the skewed beliefs of a few people? Your loved one could no longer receive their epilepsy medication, the child born with a club foot, cleft pallet, cross eyed, and numerous other conditions that a child could be born with but there was no help for that child because of someone's religious belief. Would that be ok for you? I know what medical and mental treatment did for my child. My child is here with me now. My child could have easily committed suicide, turned to drugs or alcohol or even ran away all because she didn't have the help that she needed to become whole.

My child didn't ask to be born transgender. She was born with a male body and a female brain. The doctors at Mayo Clinic explained this to me. No one made my daughter transgender. It

HB #1111

doesn't work that way. Only people who choose to either be ignorant of the issue or believe in the lies that are spewed by those who oppose the idea of people being transgender. I immersed myself in what I could learn in regards what my daughter and others need to be healthy physically and mentally. How many of you have looked at the issue from the viewpoint of the transgender person?

The vagueness of whom this bill is referring to when it states that the state of North Dakota should not enforce their policy or recommendations makes me believe that the author of this bill doesn't even know the identity of the organizations it says to disregard. The bill is discriminatory because it focuses on transgender care which is total disregard for the wellbeing of citizens in North Dakota; some of which are kids. Kids and adults that the author and most of you view as nameless and faceless people. I'm here to tell you that isn't Christian and that also isn't ethical. The legislators for North Dakota must look at the science and the entities who are the experts in transgender care. Science is key to understanding life and when the legislators look to science to prove what the Bakken can do for the State of North Dakota and it's coffers then the legislators for North Dakota must take into account science in all bills where science is given as fact. The legislators can not cherry pick what facts they choose to go by and still say that they are doing the right thing for ALL the citizens of North Dakota. The science the doctors and mental health professionals who care for transgender people follow 21st Century science. The 21st Century science is current and more in depth compared to the 1970 science that those who cite Title 9 and say that transgender people are trying to eliminate girls sports or dominate girls sports. Those statements just show how little those that repeat these false statements know about transgender students and what their true intentions are which is to be complete and whole like their CIS counterparts.

This bill isn't ethical because it was penned by people who are ignorant of the complete facts, the entire science that the organizations I mentioned are very well versed and experienced in. Also, this bill was formed under false religious beliefs. I firmly believe in the separation of church and state. No one has the right to force their religious beliefs onto another let alone eliminate someone's healthcare and mental health treatment. This bill is not a Christian act directed by Christ's teachings. Christ didn't discriminate. Christ taught love, acceptance and caring for one another. Christ also said no one is to judge another unless they wanted to be judged.

No one but doctors and those in the mental health sectors which specialize in transgender care should be discussing treatment plans and policy. None of you are qualified to discuss in depth transgender care let alone put into effect transgender bills that govern health care and mental health treatment.

I strongly encourage you to vote Do NOT PASS on HB #1111.

Kristie Miller
Parent of a transgender

Members of the Senate Human Services,

My name is Lisa Pulkrabek and I live in District 31 - Mandan, ND.

I am writing to you today regarding HB 1111 relating to international health regulations.

I am in full support of this bill. Please render a DO PASS recommendation.

I believe in small government and local control. The United States should not ever be under the authority of some international agency, NGO, world health group or any other association made up of foreign players. North Dakotans have elected local officials to make decisions for us right here in our state and so this law is beneficial in keeping control local where the ramifications of decisions made can be dealt with properly.

Thank you for your time and dedication to our great state!

Lisa Pulkrabek

March 12, 2023

Madame Chair and Members of the Committee,

My name is Lyndsey Jensen. I am a resident of Bismarck, ND. I submit this testimony in favor of HB 1111 for your consideration.

I appreciate this bill for its written distinction of North Dakota from an international health organization. This simple statement is used to maintain North Dakota's state sovereignty—in this case, to implement relevant, health regulations-- regardless of federal law or appointed regulation that might empower an international health organization to subjugate the people. For this purpose, I believe that such authority must be maintained at the state level—as representatives of the people-- to properly address health crises with citizens' constitutional rights in mind.

Thank you.

HB 1111 Written Testimony

Dear Members of the Human Services Committee,

My name is Grant Gunderson and I reside in District 27 and am writing to you all in support of House Bill 1111.

The Peace Garden State has a current, on-going campaign that seeks to attract workers from all walks of life all around the United States to North Dakota in search of, "The Good Life". If we want to be able to continue those efforts and make even further strides towards the campaign's success, this bill is beyond imperative.

The immediate and imminent threat of The Great Reset proposed by several international health organizations would abrogate our individual sovereignty as humans and relinquish us to wicked global elite oligarchs. Additionally, this totalitarian movement loaded with draconian measures seeks to obliterate free markets, individual liberty and free will; without this bill in place, The "Good Life" in North Dakota is as good as dead.

Many are unfortunately aware of amendments that were made by the current administration in this country which would essentially allow the director-general of the World Health Organization (WHO) to declare a public health emergency in a country and unilaterally coerce its citizens in any state within that country to take certain actions they deem necessary without discretion. This has resulted in the deletion of a critical sentence from Article 9 of the 2005 International Health Regulations: "WHO shall consult with and attempt to obtain verification from the State Party in whose territory the event is allegedly occurring..." That clearly tells us that administration not only wants to remove our sovereignty, but wants all the emergency declarations to be mandatory and cut out all views of the concerned state, which is why it is now up to us as that State of North Dakota to protect ourselves. Additional amendments made by the administration seek to bully states that don't comply and therefore we have to protect the Peace Garden State and pass a resolution pre-emptively declaring these regulations null and void. Only something ratified by 67 senators has the force of law, which is why I urge all of you to render a DO PASS on House Bill 1111.

Thank you Human Services Committee for your time deliberating on this bill and your service to the State of North Dakota.

Chairperson, Senator Judy Lee, members of the Senate Human Services committee, I am Barry Nelson, here on behalf of the Fargo Human Rights Commission to testify regarding HB 1111, and on behalf of the Commission I urge you to vote do not pass on this bill.

The Fargo Human Rights Commission consists of [eleven volunteer members](#) who are nominated by the Mayor and appointed by the City Commission. Each serves a three-year term. The Human Rights Commissioners represent a broad range of racial, religious, ethnic, social, economic, political and professional groups.

Our mission is: The Fargo Human Rights Commission provides leadership and education in areas of civil rights, to eliminate discrimination against persons because of color, creed, religion, national origin, age, sex, sexual orientation, gender identity, disability, or marital status. It encourages adherence to civil rights through education, conciliation, and mediation. It identifies human and civil rights-related concerns of the public and recommends policies to the board of city commissioners that protect and preserve individual rights.

At its February, 2023 commission meeting, the assembled commission members voted unanimously on a resolution standing in opposition to the numerous bills targeting our Transgender community.

Our opposition to these bills is based on two principles: 1) it is harming our kids, and 2) it is restricting our freedoms.

In support of principle number one, I cite the following: National research tells us that 75% of transgender youth feel unsafe at school and are more likely to miss school out of concern for their safety. The North Dakota Youth Risk Behavior Surveillance (YRBS) data from 2021 indicates that suicide ideation and attempts are disproportionately higher for LGBTQ. Evidence is as follows: middle school students who ever seriously considered suicide: straight – 22%; LGB – 65%; Transgender – 74.7%. Middle school students who have ever attempted suicide: straight – 7.5%; LGB – 29.3%; Transgender – 46.3%.

Passing bills that directly or indirectly target LGB and specifically Transgender students only enhance this environment by further targeting them within schools and community.

It is within the overall context of the numbers and breadth of bills being presented in this legislative body, that we stand in opposition to HB 1111.

HB 1111 is extremely broad and vague. Such broad and vague statutes have no place in state law, particularly as there is no defined problem it seeks to address.

Please vote Do Not Pass on HB 1111.

Dear Chair Lee and the members of the Senate Human Service Committee, I'm writing to express concern with HB 1111 and I ask for your consideration when reviewing it.

The entire bill is a single line intended to be added to our century code that read as follows:

"A health-related regulation of an international health organization, either directly through the organization or indirectly through law or regulation is not enforceable on this state."

What causes me concern is this line in particular:

"Either directly through the organization or indirectly through law or regulation"

The intention of this bill as explained by the sponsor and Daniel Stinislowski during house testimony relates to a desire to prohibit the World Health Organization (WHO) from dedicating law that governs North Dakota. While I am not an expert at very high level health regulation, I'm confused as to when we were being forced to follow WHO health guidelines absent of the approval of federal or state regulation or governor directive.

While the target of this legislation is clearly stated to be WHO, there are internal health organizations around every conceivable aspect of health. We often come together as nations and people to share perspectives and develop the best global health considerations.

The question I'd like to ask the committee is how we untangle the source of a regulation? If we as north dakota pass a law that happens to be the exact recommended health policy of WHO, would that law not be unenforceable as it's "indirectly" related? Even if we as North Dakota choose and want such a law, even if we were to pass such a law. Could we not suggest any law that mirrors international health organization policy is no longer enforceable?

While I don't currently have answers to these questions, I feel if that is the case, I would urge a "Do Not Pass" on this bill. Or, I would recommend amendments to take out the line "indirectly through law or regulation".

If passed as stands, I feel one could also say that food safety laws and health regulations are not enforceable due to an argument they are indirect enforcements of international guidelines.

Thank you for your considerations, time, and service to our state,
Faye Seidler

Hb1111

Members of the Senate Human Services Committee My name is Ronda and I am a member of District 43. I am asking you to render a do pass on the Bill 1111.

I respectfully urge a pass on this bill because of the concerns for state sovereignty and a national rather than global integrity. As an American who under the constitution who has elected leaders for representation this bill of not passed would open the door for overstepping of global entities.

Please pass this HB 1111 a critical bill Thank you for your respectful consideration.

Dear Legislators and Committee Members,

My testimony is to ask that you give this bill a Do Not Pass.

I am a public school educator and a 29 year resident of North Dakota. This bill actively harms members of community.

Thank you for your time and consideration.

Sincerely,

Christopher Brown

Hello Members of the Health and Human Services,

My name is Tiffany Ormonde and I reside in District 31. I am asking you to please render a Do Pass on house bill HB1111.

Thank you for your consideration on this important issue and for your service to the state of North Dakota.

Tiffany Ormonde

Hello Members of the Health and Human Services,

My name is David Ormonde and I reside in District 31. I am asking you to please render a Do Pass on house bill HB1111.

Thank you for your consideration on this important issue and for your service to the state of North Dakota.

David Ormonde

Chairperson, members of the Senate Human Services committee, my name is Cody Severson, here on behalf of the Fargo Human Rights Commission to testify regarding HB 1111, and I urge you to vote do not pass on this bill.

The Fargo Human Rights Commission consists of [eleven volunteer members](#) who are nominated by the Mayor and appointed by the City Commission. Each serves a three-year term. The Human Rights Commissioners represent a broad range of racial, religious, ethnic, social, economic, political, and professional groups.

Our mission is: The Fargo Human Rights Commission provides leadership and education in areas of civil rights, to eliminate discrimination against persons because of color, creed, religion, national origin, age, sex, sexual orientation, gender identity, disability, or marital status. It encourages adherence to civil rights through education, conciliation, and mediation. It identifies human and civil rights-related concerns of the public and recommends policies to the board of city commissioners that protect and preserve individual rights.

At its February 2023 commission meeting, the assembled commission members voted unanimously on a resolution standing in opposition to the numerous bills targeting our Transgender community.

HB 1111 is extremely broad and vague and provides considerable latitude in including such guidance and suggested standards of care as are currently available and will be available in the future. Such broad and vague statutes have no place in state law, particularly as there is no defined problem.

We urge a do not pass on this bill.

Members of the Senate Human Services Committee,

My name is Jacqui Skadberg and I reside in District 26. I am asking that you please render a DO PASS on HB 1111.

The legislation clearly defines the the values of North Dakotans, the freedoms we desire and are guaranteed in our constitution, while also protecting those freedoms that are empowered in the Tenth Amendment of the United States Constitution regarding the power of states to enact legislation.

I urge you to render a DO PASS on HB 1111.

Testimony in opposition to HB 1111
Senate Human Services Committee
Christina Sambor, North Dakota Human Rights Coalition
March 13, 2023

Chairwoman Lee and Members of the Committee:

I come before you today on behalf of the North Dakota Human Rights Coalition to oppose HB 1111. The language in this bill is overly broad and could prevent laws passed by the ND legislature from being enforceable simply because they are aligned with international law or resolutions. The law as drafted, because of this fact, appears to be potentially unconstitutional for vagueness. Furthermore, international cooperation to address health issues that impact the world can be a positive and potentially crucial effort and should not be wholly disregarded. Please give HB 1111 a do not pass recommendation.

Pass HB 1111
 Written Testimony (Key Proofs)
 Care of Joseph A Arminio, PhD
 Founder, Coalition for America's Resurgence
 CfAR21.org

Part I – Big Picture

The Major Premise of the WHO is false.

The WHO claims that mankind has entered an era of pandemics.

Why? Because catastrophic global warming and man's destruction of animal ecosystems is driving animals into human settlements, which, in turn, is subjecting humans to novel, zoonotic diseases, even pandemics.

- See "Zero-Draft" (WHO document of February 1, 2023)

For instance, Preamble 5

"The Parties commit to strengthen synergies with other existing relevant instruments that address the drivers of pandemics, such as climate change, biodiversity loss ... [etc]"

Aforementioned Major Premise is false.

Proof – (1) The global warming (and climate-change) is fraudulent and cooked up.

See my *How The Climate-Change Alarm Is Destroying America: A Case Study*.

(2) It has been ably argued that the biodiversity alarm is bizarre on the face.

See the 1994 Convention-on-Biodiversity Map that US Senator Kay Bay Hutchison displayed on the floor of the US Senate. This map, derived from the then 1000-page draft of the UN Convention on Biodiversity, showed that the "sustainable development" lobby proposed to hand over most of North America to animals!

In more ways than not, the WHO is a harm, not a help, to mankind.

Consider these questions.

Did it mishandle the covid event of 2020?

Did mishandle the response to covid in 2021-2023?

Does it seem to be on a path to a global health dictatorship?

Consider the trouble that the WHO caused in 2020

- The WHO discredited and disallowed to the extent it could simple, reliable, very affordable and easily available remedies, especially ivermectin.
See, for instance, the work of America's Frontline Doctors.
- The WHO applauded Communist China's covid-19 response, yet it strongly appears that Communist China unleashed this disease upon the world. See, for instance, their handling of flights out of Wuhan, ground-zero of the outbreak.
- Despite the very limited impact that covid-19 had on populations as a whole, the WHO called for lockdowns, which, in turn, greatly contributed to an increase in total US debt (private and public debt) by 20% in several months, going from 250% of GDP to 300%

of GDP. Any increase in debt is perilous. Present total debt as share of gdp is more than twice as high as it was on the eve of the Great Depression!

Consider that the so-called vaccines that the WHO has been promoting in 2021, 2022 and 2023, were shown to be highly suspect, (a) care of studies publicly released by the Japanese Government in early 2021 (Pfizer Biodistribution Study) and (b) care of millions of evident serious adverse events (see, most importantly, howbadismybatch.com).

Consider the foul regulatory path that the WHO has been on since 1969, if not sooner. Behold now this terrifying “Zero-Draft,” which could be implemented as a “provisional agreement” or as a “treaty.”

Part II – Pertinent Chronology of the WHO (including an Item in ObamaCare)

1948 – The WHO is established.

As a matter of course, it set in motion an ever-increasing interaction between Big Pharma, the the WHO and US federal and state governments. If great care was not exercised, there would be an increasing buildup of a Trojan Horse, detrimental to the American people (and others).

1969 – WHO medical “protocols” become standardized at US (and foreign) points of entry.

2005 – WHO medical “protocols” become standardized across US (and foreign) countries.

2012 – ObamaCare passes including a provision whereby there is to be the ongoing funding (\$17 million in the first year, alone) of a “ready reserve corps,” which shall serve at the discretion of the President of the US.

Jan 18, 2022 – the Biden Administration proposes to amend 13 of the WHO’s 59 International Health Regulations (IHRs) care of its “Provisional Agenda Item 16.2.”

Here are three especially frightening proposals of the Provisional Agenda Item 16.2.

(NOTE – Words underlined are additions that Biden would have made to the IHRs. Words struck through are words that Biden would have removed from the IHRs. Words in brackets indicate my own clarifications.)

Art 12 “If the [WHO] Director-General considers that a potential or actual public health emergency of international concern is occurring, [then he can initiate] a Public Health Response.”

Art 13 “~~At the request of a State Party~~ [e.g., US], the WHO shall offer assistance ~~collaborate to a State Party~~ in the response to public health risks and other events by providing ... the mobilization of international teams of experts for on-site assistance, when necessary.

Art 15 [WHO intervention may include] the deployment of expert teams ... [who may take] health measures ... [vis-à-vis the US and directed against US] persons, baggage, cargo, containers, conveyances, goods and/or postal parcels....”

May 2022, the WHO World Assembly defers a vote on Provisional Agenda Item 16.2.

Late 2022, Biden and the WHO enter in to a “Strategic Dialog.”

Feb 1, 2023, The upshot of the dialog is language that goes far, far beyond Item 16.2. Nothing less is proposed than that of a Global Health Police which would subordinate all aspects of America life.

Consider the following from the Zero-Draft.

In the Name of Preparedness, Seizes Ongoing Control

Art 16.33.

Establishes a draconian, global, “one-size-fits-all” regulatory regime.

“Each Party should promote effective and meaningful engagement of communities, civil society and non-State actors, including the private sector, as part of a whole-of-society response in decision making, implementation, monitoring and evaluation, as well as effective feedback mechanisms.”

Establishes a Massive, Global “Education” (Propaganda) Machine

Art 17.1.b

Threatens freedom of speech and the press.

in the name of rooting out “misinformation” ... “conduct regular social listening and analysis to identify the prevalence and profiles of misinformation, which contribute to design communications and messaging strategies for the public to counteract misinformation, disinformation and false news, thereby strengthening public trust;”

Bombards Us with the “Truth”

Article 17.1 and 1.a

“promote, at all levels educational and public awareness programmes.”

Emphasizes “vaccines.”

Art 6.3.b

“pandemic-related products, especially active-ingredient pharma ingredients”

No mention of safe remedies (ivermectin), of natural boosting of immune systems

No accounting for covid vaccine disasters

apparent adverse events

Establishes a Massive, Global Manufacturing and Distribution System of “Vaccines”

Art 6

They call for a “global supply chain and logistics network.”

WHO Becomes Global Police

Art 15.2

WHO Director General has the power to “declare” medical emergencies.

Art 12.3

He maintains “skilled and trained global emergency public health workforce that is deployable to support parties upon request.”

Art 15.1.f

He can demand wide access to territory.

“... facilitate WHO with rapid access to outbreak areas within the Party’s jurisdiction or control, including through the deployment of rapid response and expert teams, to assess and support the response to emerging outbreaks.”

Art 10.1

PABS (Pathogen Access and Benefits Sharing System) --- automatic triggers “sharing” of data re pathogens of pandemic potential which, in turn, opens door to WHO intervention

Vague References to “Human Rights”

Art 14

No mention of Nuremberg Code of 1947

Arbitrary Dispute Mechanism

Art 36.2

if “diplomacy” fails, then resort to “International Court of Justice,” like the NAFTA Tribunal and/or “ad hoc arbitration” via “consensus” of Governing Body, ie, COP

Harnesses the entire wrath of the Climate-Change (and related) Lobbies

Preamble 27

Subject USA to the “quadripartite” of WHO’s “One Health, UN Food and Agricultural Agency, UN Animal Health Agency and UN Environmental Programme.

The ZeroDraft could be implemented in the US at any time, if the US President signs it as a “Provisional Agreement.”

See Article 35

In any event, a vote by all Parties on the ZeroDraft will take place no later than July 2024.

See Art 32

The ten points of the Nuremberg Code^[edit]

The ten points of the code were given in the section of the judges' verdict entitled "Permissible Medical Experiments":^[9]

1. The voluntary consent of the human subject is absolutely essential. This means that the person involved should have legal capacity to give consent; should be so situated as to be able to exercise free power of choice, without the intervention of any element of force, fraud, deceit, duress, overreaching, or other ulterior form of constraint or coercion; and should have sufficient knowledge and comprehension of the elements of the subject matter involved as to enable him to make an understanding and enlightened decision. This latter element requires that before the acceptance of an affirmative decision by the experimental subject there should be made known to him the nature, duration, and purpose of the experiment; the method and means by which it is to be conducted; all inconveniences and hazards reasonably to be expected; and the effects upon his health or person which may possibly come from his participation in the experiment. The duty and responsibility for ascertaining the quality of the consent rests upon each individual who initiates, directs, or engages in the experiment. It is a personal duty and responsibility which may not be delegated to another with impunity.^[13]
2. The experiment should be conducted only by scientifically qualified persons. The highest degree of skill and care should be required through all stages of the experiment of those who conduct or engage in the experiment.
3. During the course of the experiment the human subject should be at liberty to bring the experiment to an end if he has reached the physical or mental state where continuation of the experiment seems to him to be impossible.
4. During the course of the experiment the scientist in charge must be prepared to terminate the experiment at any stage, if he has probable cause to believe, in the exercise of the good faith, superior skill and careful judgment required of him that a continuation of the experiment is likely to result in injury, disability, or death to the experimental subject.