2025 HOUSE HUMAN SERVICES

HB 1457

2025 HOUSE STANDING COMMITTEE MINUTES

Human Services Committee
Pioneer Room, State Capitol

HB 1457
2/4/2025

Relating to an exemption to required vaccines.

10:44 a.m. Vice-Chairman Frelich opened the hearing.

Members Present: Chairman M. Ruby, Vice-Chairman Frelich, Representatives Anderson, Beltz, Bolinske, Davis, Dobervich, Fegley, Hendrix, Kiefert, Rios, Rohr

Members Absent: Representative Holle

Discussion Topics:

- Informed consent
- Herd immunity

10:45 a.m. Representative Henderson, District 15, introduced the bill and submitted testimony, #34541.

10:53 a.m. Leon Francis testified in favor, #34348.

11:09 a.m. Steve Kirsch, Executive Director of the Vaccine Safety Research Foundation, testified in favor.

11:16 a.m. Dr. Steve Nagel, Chiropractor, testified in favor.

10:08 a.m. Alexis Wangler, private citizen, testified in favor.

11:19 a.m. Kylie Hall testified in opposition and submitted testimony, #34307, #34308.

11:31 a.m. Molly Howell, Immunization Director of the North Dakota Health and Human Services, testified in opposition.

11:32 a.m. Brenda Stallman, Executive Officer of the Traill District Health Unit, testified in opposition and submitted testimony, #33877.

11:41 a.m. Barbara Frydenlund, Registered Nurse, Administrator of the Rolette County Public Health District, testified in opposition and submitted testimony, #34157.

Additional written testimony:
Lanny Kenner submitted testimony in favor, #34323.
Cathy Brenan submitted testimony in favor, #34206.
Doug Sharbono submitted testimony in favor, #34209.
Renee Kuntz submitted testimony in favor, #34263.
David Waterman, Executive Director of the Midwest Public Health Coalition, testified in favor, #34273.

Erin McSparron, Chair of the Midwest Public Health Coalition, submitted testimony in favor, #34296.
Alexa Johnson submitted testimony in favor, #34338, #34341, #34342.
Courtney Koebele, Executive Director of the ND Medical Association, and submitted testimony in opposition, #34090.
Faisal Siddiqui, NICU Medical Director of CHI St. Alexis Health, testified in opposition, #33723.
Parveen Suhara Wahab, Department chair of Pediatrics of CHI St. Alexis Health, testified in opposition, #34087.
Tim Blasl, President of the North Dakota Hospital Association, submitted testimony in opposition, #34291.
Amy De Kok, Executive Director of the North Dakota School Boards Association, submitted testimony in opposition, #34351.
Sandra Tibke, Executive Director of the Foundation for a Healthy North Dakota, submitted testimony in opposition, #34398.

11:57 a.m. Vice-Chairman Frelich closed the hearing.

Jackson Toman, Committee Clerk

House Bill No 1457
Testimony against the bill.

Honorable Members of the Senate Hearing Committee,

I am writing to you as a concerned healthcare professional regarding the discussion surrounding vaccination mandates. It is vital to recognize that vaccines are instrumental in preventing and reducing the severity of various diseases. Historical evidence has shown that vaccines have successfully eradicated devastating illnesses such as polio and smallpox.

In environments such as schools, colleges, universities, and workplaces, it is crucial to ensure vaccination without exception. We have observed the efficacy of vaccination mandates during the COVID-19 pandemic, which significantly curbed the spread of the virus and prevented severe illnesses. This serves as a testament to the effectiveness of timely vaccination and policy enforcement.

The flu continues to claim thousands of lives annually. Vaccination greatly reduces disease severity, thus protecting vulnerable populations, including children, pregnant women, and infants. Failing to vaccinate can result in preventable diseases causing undue harm to these groups.

We, as healthcare professionals, strongly oppose any proposal that weakens vaccination requirements. Instead, we advocate for more robust mandates at the state level to safeguard public health. Abandoning or reducing these measures could reverse the progress made in controlling preventable diseases.

Your leadership and commitment to public health are crucial in maintaining and strengthening these vital vaccination policies for the safety and well-being of our communities.

Thank you for your attention and consideration.

Sincerely,

Faisal Siddiqui MD, FAAP
Neonatal ICU Medical Director
CHI St.Alexius Hospital
Bismarck ND.

Brenda Stallman
Hillsboro, ND

House Human Services Committee

2-4-25

HOUSE BILL 1457

Testimony in Opposition

2-4-25

Hello, Chair Ruby and members of the House Human Services Committee. My name is Brenda Stallman. I am the Executive Officer at Traill District Health Unit, located in Hillsboro, and I am here to speak in opposition of imposing added unnecessary and dangerous roadblocks on a method of disease prevention that has allowed us to be present in gatherings such as this and be confident that we are not going to be exposed to a vaccine preventable disease that is easily transmitted, debilitating, and life-threatening.

Molly Howell, MPH, our state's Immunization Director & Assistant Section Director, Disease Control and Forensic Pathology is here and is the best spokesperson to most precisely address current vaccine trials and safety documentation. We can also tell you that ND has allowed vaccine exemptions in place already that are more lenient than most states. I can tell you that every vaccine we give has a specific vaccine information statement (VIS) that clearly outlines the purpose of the vaccine, the intended administration schedule, the health history situations that would be reason to avoid vaccination, the risks of a vaccine reaction and where to go in the case of a serious reaction, and how to report any injury resulting from a vaccine, and how to file a claim to receive compensation related to an injury from a vaccine.

In 34 years in my position as a public health professional, I have had zero serious reactions to a vaccine. The only memorable response to a vaccine was a seizure that was determined to be a result of fear of needles. The individual had an intense fear of all needles and had a history of this type of response.

As Molly will no doubt explain, our vaccines have mostly been through vigorous vaccine trials and documented safety trials noted. There are 3 phases of a clinical trial, and with Covid vaccine the trials were conducted concurrently rather that separately as most vaccines are. For this, I am thankful, because let me tell you what it was like to be working in public health at the time of the pandemic. It is a story that has been told many times, and people are tired of hearing about Covid. But yet, it needs to be told until the significance of the vaccine and the demand for it is understood.

We had people flying in from around the United States and traveling to our little town of Hillsboro anticipating getting the Covid vaccine. We were inundated with residents of neighboring states that were unable to get it locally. We had to continuously determine if those demanding the vaccine were "essential workers and if so, they would be put at the top of the list to receive the limited doses we had at the time. Moving forward, it would only cause harm and danger to our population if we block access to available tools that will keep our schools and health facilities staffed, and our businesses open.

Let me ask you, have you ever been told a procedure or surgery is needed; or that a medication is necessary to treat a given condition? Or a drug is being prescribed to prevent heart disease, or stroke? And have any of those

procedures or drugs been recommended with a promise of no side effects? Of course not. But the risk of not following the prescribed treatment far outweighs the slim possibility of an adverse event from taking the treatment.

Has anyone you love been given a diagnosis of cancer? I have gone through this more than once. The "C" word itself carries such an immediate threat to the safety and security of our life as we know it, the health and wellbeing of our loved ones, and the thought of losing them floods our minds. Imagine, also, if promising new treatments are showing results that no traditional therapies have. Clinical trials are being conducted and studies have already shown tremendous success. Would any of us refuse this opportunity if we were offered the one lifeline that could restore the health of our child or spouse and keep them in our lives? I accompanied by sister-in-law to Duke University to seek admission to a clinical trial for brain cancer when all other treatments failed. My dad went to Mayo to seek assistance with finding any help with his terminal cancer that others couldn't provide. Both my sister-in-law and my dad lost their lives to these horrible diseases.

You may think a vaccine has nothing to do with clinical trials related to cancer. My point of this is "We have proven preventions for over 20 diseases that are contagious, cause pain and suffering and are life-threatening. I simply do not understand any deliberate action that will take us back in time and have an increased chance of contracting these diseases, or even worse our children and grandchildren suffering from something preventable. Especially when the safety and efficacy of these measures have been proven and avenues for reporting the remote chance of a reaction or injury are in place.

Finally, I would like to speak to the idea that removing vaccine requirements is going to somehow make our world more to our liking. I am going to share with you some important news that even most of my family does know. This is a Christmas gift I received from my son and his wife of now 3 months. It is a Christmas ornament that reads, “Congratulations Grandma and Grandpa, see you in 2025!” My first grandchild!

For the first 2 months of life, this child will not be eligible for any vaccines. In absence of required vaccines this child will go to clinic appointments, day care, the grocery store, basketball games, and other community events where there is no longer the safety net vaccines provide against measles, mumps, rubella, diphtheria, pertussis, polio, meningitis, rotavirus, and other diseases that are all preventable yet life threatening if not stopped with routine vaccines.

I also have an 89 year old mother residing in an assisted living facility here in Bismarck. Our elders experience waning immunity to some diseases they have have been vaccinated against. Imagine the devastation of our parents becoming ill needlessly through interaction with a staff member of a visitor unknowingly not vaccinated? Who will take care of our loved ones if staff are home with their unvaccinated child due to an outbreak in their school? And who will teach these children when teachers and their children are sick?

Why would we knowingly cause an avoidable threat to the health and life of these vulnerable children and adults? I know everyone in this room values the life of your children, grandchildren, and hopefully your parents. I urge you to give serious thought about the kind of world you want them to navigate; one of optimal health being given all the protections we have to offer, or one of extreme danger where diseases once held at

bay once are again threatening and taking lives and denying them the same opportunities we had and the futures they deserve?

Thank you for listening to my testimony today.

Parveen Suhara Wahab
CHI St.Alexius Health Bismarck
300 E Broadway Ave
Bismarck, ND

parveen.suharawahab@commonspirit.org
701-530-4456

2/3/2025

Honorable Members of the Senate Hearing Committee,

I am Dr. Parveen Wahab, a board-certified pediatrician and a committed advocate for children's health in Bismarck, ND, for the last 11 years. I am writing to strongly oppose House Bill No. 1457, which would broaden exemptions to vaccine requirements in North Dakota.

1. Protecting Public Health
   As a pediatrician, I witness daily the life-saving impact of vaccines, which prevent diseases such as measles, mumps, and whooping cough. Broad vaccine exemptions risk eroding our community's herd immunity. This vulnerability is especially dangerous for infants, immunocompromised individuals, and others who cannot be vaccinated for medical reasons.

2. Trust in Scientific Evidence
   Numerous rigorous studies and decades of clinical experience confirm the safety and efficacy of vaccines. The criteria outlined in HB 1457 may undermine public confidence by promoting misconceptions about vaccine safety. This could further fuel vaccine hesitancy and jeopardize the health of our communities.

3. Economic and Social Costs
   Outbreaks of vaccine-preventable illnesses carry a heavy financial burden, from hospitalizations and medical treatments to lost work and school days. Our healthcare system is already under significant strain; preventable disease surges would only add to that pressure.

4. Call to Action
   I urge you to oppose HB 1457 and instead support initiatives that reinforce immunization

programs. Maintaining robust vaccination rates is essential to safeguarding North Dakota families and upholding our state's commitment to evidence-based healthcare.

Thank you for considering my perspective. I am available if you have any questions or wish to discuss further. I appreciate your service to our state and dedication to protecting public health.

Sincerely,

Parveen Suhara Wahab, M.D
Pediatric Hospitalist
Chair, Department of Pediatrics
CHI St. Alexius, Bismarck

House Human Services Committee

HB 1457

February 4, 2025

Chairman Ruby and Committee Members, I'm Courtney Koebele and I serve as executive director of the North Dakota Medical Association. The North Dakota Medical Association is the professional membership organization for North Dakota physicians, residents, and medical students. NDMA opposes HB 1457 for the following reasons:

- The state of North Dakota already allows for medical, religious, or philosophical vaccine exemptions, so this bill would be largely unnecessary due to this fact.
- Another aspect of this bill that is greatly unnecessary is the requirement of the NDHHS being required to post vaccine injuries and rates of these presumed vaccine injuries as this type of data is already tracked by Vaccine Adverse Event Reporting System (VAERS) and the NDHHS website links to this website.
- The National Vaccine Injury Compensation Program and Public Readiness and Emergency Preparedness (PREP) Act/Countermeasures Injury Compensation Program were developed to address compensation for vaccine injury claims in which the individual was found to be injured by the VICP- or CICP-covered vaccine. These programs were created to avoid potential resurgence of vaccine preventable diseases.

Thank you for the opportunity to address this committee. I would be happy to answer any questions.

Testimony
House Bill 1457
House Human Service Committee,
Tuesday February 4, 2025
Rolette County Public Health District

Good morning, Chairperson Ruby, and members of the Human Services Committee.

My name is Barbara Frydenlund, I am a Registered Nurse and the administrator of Rolette County Public Health. Rolette County Public Health District serves Rolette County located in District 9.

I am here in opposition to House Bill 1457, which by interpretation appears to be an effort to remove vaccine requirements for childcare, school, colleges, and employment just to name a few.

The development of safe and effective vaccines against diseases that cause substantial morbidity, and mortality has been one of the foremost scientific advances of the 21st century. It would be truly unfortunate to undo the advances of modern medicine that vaccines have afforded us.

Vaccination, along with sanitation and clean drinking water, are public health interventions that are undeniably responsible for improved health outcomes globally. The positive health impact of vaccination on the health of the world's population is hard to argue.

Vaccination not only protects the individual receiving the vaccine but also contributes to the broader concept of herd immunity. Herd immunity occurs when a sizable portion of the population is immune to a contagious disease, thereby providing indirect protection to those who cannot be vaccinated, such as infants, individuals with certain medical conditions, or those with compromised immune systems. For many diseases, achieving herd immunity requires a vaccination rate of around 90-95%.

Schools and childcare settings are particularly susceptible to disease outbreaks due to the close contact between children and staff. Mandating vaccines helps prevent such outbreaks by ensuring an elevated level of immunity within these environments. This minimizes the risk of transmission and protects vulnerable populations, including those who are too young or unable to receive certain vaccines.

Vaccination mandates yield substantial public health benefits, reducing the prevalence of vaccine-preventable diseases and associated complications. This includes lowering morbidity and mortality rates, decreasing healthcare costs, and preventing long-term disabilities caused by infectious diseases.

The cost of vaccinating a child or adult is significantly lower than the cost of treating a vaccine-preventable disease. Hospitalizations, medical treatments, and long-term care can place a considerable financial burden on families and the healthcare system. By preventing these diseases through vaccination, we can save considerable resources and allocate them to other essential healthcare services.

As a nurse, it is my professional, moral, and ethical responsibility to do whatever I can to protect the patients and families that I care for. Many patients are immune compromised, medically fragile, or too young to receive vaccines. Patients deserve high quality care without the fear of contracting a vaccine preventable disease from their care providers.

As a public health administrator, it is my professional, morale and ethical responsibility to protect our patients, and my staff from vaccine preventable diseases. I never want to be held liable for a member of my staff being responsible for a client contracting a vaccine preventable disease. More importantly my responsibility is to maintain a healthy and functional workforce. Vaccines save lives of children and adults.

We already have shortage of medical providers in North Dakota. It is critical that these individuals remain physically safe to function optimally to care for themselves, their patients, and their communities.

As a mother in the 1990's I could not wait to have my premature twin boys vaccinated and to give them the best chance at a healthy life. In the late 1980's I had watched so many children enduring spinal taps, invasive medical treatments, losing their hearing and at risk of dying from meningitis stemming from ear infections, respiratory infection, and sepsis caused by Haemophilus influenzae type b (Hib) bacteria. HIB vaccine was a game changer. Vaccines through the years have been game changers.

While individual autonomy and personal beliefs are important, they must be balanced against the collective right to a healthy and safe community. Vaccine mandates are a reasonable and necessary measure to safeguard public health, especially in settings where the risk of disease transmission is high. Without required vaccines, we are only a car or plane ride away from catastrophic disease.

The rationale for vaccine mandates in schools and childcare settings is multifaceted, encompassing scientific evidence, public health benefits, ethical considerations, and legal precedents. These mandates play a crucial role in protecting the health and safety of all children and staff, preventing disease outbreaks, and ensuring equitable access to vaccines. As we continue to navigate public health challenges, vaccine mandates remain an essential tool in promoting a healthy and resilient society.

I realize that the historic public health success story of vaccines may be accepted by some members of various committee members and not by others. For this reason, I am going to tell you a personal story.

When I was 9 years old, I was at a cemetery with my parents and newborn brother. Proudly pushing my newborn brother in a stroller, I wondered off to an area of the cemetery that caught my eye. Little white graves, often with white lambs on top of the headstones. Being old enough to read, add and subtract, I noted that families had lost so many babies, toddlers, young children, and young parents. This realization caused great anguish for me as I doted on this new baby brother. My parents eventually came over to my historic find and found me crying. I finally spit out that I was scared that my baby brother would die like so many babies had in the 1800's and up to mid-1900's. I so well remember my mom and dad explaining that these young children, men and women had died from diseases that are now known as vaccine preventable diseases. They assured me that I was fully vaccinated and that my baby brother would be too. My dad

commented that history does repeat it is self and if people do not appreciate the science of disease prevention families will once again experience terrible loss. Even at this point in my young life I was a natural nurse and looked at my dad and said that I did not want to be part of letting history repeat itself……and I suspect that you do not either.

Everything we do in life involves risk. Harm reduction processes set force by communities, governments and individuals are by design to save lives. Vaccine requirements, mandates are nothing more than harm reduction measures. Just as we should not HAVE to tell people to wear a seat belt, a bike helmet, to drive the speed limit but each year people do not follow best practice, become injured, cause great anguish and fiscal insult to their families and society. It is time to let go of governmental misguidance and or mistakes from 2020. Let us follow best practice, and the science behind medicine to strive to make North Dakota the Healthiest State in the Nation.

Thank you for allowing me to testify and I will stand for questions.

Sincerely,
Barbara Frydenlund, RN
Rolette County Public Health District
Administrator

I am here today to urge you to allow SANITY to take hold over the vaccination hysteria.
At 2 years old in 1957 I received ¼ of a tetanus shot and immediately went into anaphylactic shock. It was decided that I would not receive any of the other ‘childhood’ vaccinations due to this reaction.
I am now healthy and 69 years old. I had mumps, chickenpox, measles, and many other childhood diseases and each time my illness barely merited staying home.
Why? Because I have a highly developed immune system.

This immune system remains with me today, because I have maintained my CHOICE to refrain from flu, shingles and other ‘recommended’ vaccines. In fact, I rarely take any form of drugs at all!

No, I am not a crazy ‘anti-vax’ individual. I am a CHOICE individual.
Each person must decide how they wish to maintain their health. Each parent should be making that decision for themselves and their children as per their religion and medical preference. Mandating ANY drug or medication, whether ‘tested’ or not should never be dictated by government, HHS or any other administrative department.

Life, liberty and the pursuit of happiness should not come with the dictate, “Unless you refuse to accept this drug forced upon you by the government.”

I urge you to pass HB1457. Allow PEOPLE to make their own health choices.

Do Pass Testimony
of Doug Sharbono, citizen of North Dakota
on HB1457
in the Sixty-ninth Legislative Assembly of North Dakota

Dear Chairman Ruby and members of the House Human Services Committee,

I am writing as a citizen and believe HB1457 is much needed legislation. This legislation will exempt North Dakota citizens from immunizations if the vaccine does not meet four tests. These tests are straightforward, and I would expect them to be part of the vaccine's standard development. If these four tests were not being done, then the vaccine manufacturers have been taking shortcuts that compromise public health. This is a really good bill.

Please give HB1457 a Do Pass.

Thank you,

Doug Sharbono
1708 9th St S
Fargo, ND 58103

House Human Services Committee,

I'm writing in support of HB 1457.

Many parents do not know we have three vaccine exemptions in ND. The ND Dept of Health and public schools advertise that vaccines are required, but they don't advertise that ND has three vaccine exemptions. Parents are led to believe vaccines are mandatory.
.
The informed consent form given at the pediatricians office is not complete informed consent.

Not one vaccine on the childhood schedule has been in a double blind placebo study. The Hepatitis B vaccine given on the first day of life has a safety review of FIVE days with less than 200 participants. The current MMR vaccine licensed in 1978 had a safety review of 42 days, 834 children participated and there was no control. MRC-5, an ingredient used in Varicella, Hepatitis A&B, Typhoid, MMR, Rabies, Shingles and Smallpox vaccines is a 14 week old aborted male fetus. This information can be verified on the FDA website.

In the case CDC vs ICAN, the CDC couldn't provide a single study to support their claim 'Vaccines do NOT cause autism' for the vaccines a child gets in their first six months of life.

Where there is risk, there must be choice.

Thank you for your time.

Renee Kuntz
Towner, ND

Distinguished Representatives, please issue a Do Pass recommendation for HB 1457. I have spoken with too many North Dakotans, who took vaccines against their will, and who subsequently sustained permanent injuries caused by the very vaccines they were coerced into receiving. God only knows how many of those injuries would have been prevented if HB 1457 had been signed into law just a few short years ago. Please protect the rest of us going forward. Thank you.

2025 HB 1457

House Human Services Committee

Representative Matthew Ruby, Chairman

February 4, 2025

Chairman Ruby and members of the House Human Services Committee, I am Tim Blasl, President of the North Dakota Hospital Association. I am here to testify in opposition to House Bill 1457. I ask that you give this bill a **Do Not Pass** recommendation.

This bill aims to create a new section to Chapter 23-12 of the North Dakota Century Code that requires the North Dakota Department of Health and Human Services (NDHHS) to publicize an exemption for vaccines that do not meet the defined criteria in the bill.

Hospitals oppose this proposed legislation because it would reduce vaccination requirements.

North Dakota already allows for three types of immunization exemptions: medical, religious, or philosophical vaccine exemptions. So, this bill would be unnecessary due to this fact. Another unnecessary aspect of this bill is the requirement of the NDHHS to post vaccine injuries and the rates. The Vaccine Adverse Event Reporting System (VAERS) already tracks this type of data. A link to the data appears on the NDHHS website. Also, there are programs like the National Vaccine Injury Compensation Program which were designed to address compensation for individuals injured by vaccines.

The proposed legislation attempts to solve a problem that does not exist. We ask that you give the bill a **Do Not Pass** recommendation.

I would be happy to respond to any questions you may have. Thank you.

Respectfully Submitted,

Tim Blasl, President
North Dakota Hospital Association

HB 1457
Testimony in favor

I appreciate the opportunity to speak in favor of this bill and to also dispel the propaganda shared by the other health professional testimonies.

I have been an Occupational Therapist for 25 years, working in hospitals, nursing homes, outpatient therapy locations, and schools. Because I know that **you cannot find health at the end of a needle**, I have not received vaccines for over 25 years. I have been forced to work out of state where my employer does not require me to be vaccinated. I strongly believe, and research supports, that because all vaccines have risk, no vaccines should ever be mandated. Employees want the freedom to make their own health decisions and employers benefit from informed and empowered employees. Healthcare workers are often held to a different standard when it comes to mandating health decisions, requiring they take on supposed "protective" effects while submitting them to the guaranteed risks. This is illogical since we are the ones capable of reading the science supporting our informed choices.

Related to COVID, I have never feared my exposure, even when working closely with those who tested positive. I did not get sick. I did not get vaccinated and my co-workers that did were out of work multiple times with Covid, and also missed work due to other illnesses. Unlike my co-workers and patients who got vaccinated, I was not at risk of transmitting Covid due to it not being a sterilizing vaccine (meaning it did not stop you from getting or sharing the illness). The truth is finally coming out about how little research the Covid shots underwent, how those with side effects were left out of the data, and about the overwhelming vaccine adverse events reported. I personally saw people die, have debilitating and eventually killing strokes, and multiple cases of cancers that directly followed this injection. Anyone who says that the shot was life-saving and necessary, has not read the data and is just believing what the companies claimed. Since the manufacturers, and the doctors/nurses who give the shots, are not liable for injuries, their blanket approval has no worth.

I am fearful of being mandated to surrender my health to policies created in fear. It is very important to me that I have freedom to choose for myself and my family whether we take part in the controversial use of vaccinations. The ability to have choice in regards to vaccines has affected where we live, where we work, and very easily could threaten where we do business.

Opposition to this bill makes some lofty claims:
"Vaccines save lives."
"Those injured by vaccines are provided compensation."
"Preventing businesses from forcing vaccines will cause illness."

As I lay out below, this rhetoric is used to steamroll mandated vaccine policies, gain percentage points of compliance with vaccines for stakeholders, and coerce people to make health decisions because they cannot afford not to work. I am fully aware of the risks of vaccinating and the shortcuts that have been taken in creating these biologics. I understand that some people think they are safe, believe that their health provider has thoroughly researched them so they can be trusted to share any and all risks, and that if there were issues of safety that the manufacturers would quickly make the necessary changes to make them safe. **These are all false beliefs.**

With biologics, otherwise called vaccines, the health provider gives the vaccine and then sometimes supplies a brief information sheet saying how "safe and effective" it is. There is little to no admittance of side effects, allergies, and contraindications.

There is no discussion of the aluminum, fetal cell lines, mercury, animal retroviruses, DNA contamination, and polysorbate 80, just to name a few other ingredients. Facts that the Hepatitis vaccine given to day one of newborn babies was studied for only 4 or 5 days before being added to the schedule to be given to millions of babies each year are dismissed because it is now on the approved childhood schedule. The fact that no vaccine has ever been tested and approved on pregnant women is not mentioned either. Facts such as the childhood vaccination schedule has never been studied for safety and effectiveness, but **all studies of vaccinated vs unvaccinated show drastically reduced health for those vaccinated.** If they are so safe and effective, why do 54% of our children have chronic health conditions and the US ranks last in infant mortality. Ironically, when they bring up herd immunity, it is the generation that had the measles, mumps, and rubella that are now protecting our population because the vaccine immunity wanes over time and most are expected to not be at a protective level any more.

If you have a question if the vaccine may be worse than what it treats, you are accused of being anti-vaccine. This term is used to debase the argument about having the freedom to choose what is injected in your body. By calling names, and bringing up statistics from before plumbing and nutrition diminished the majority of illnesses we vaccinate for, they attempt to make anyone not blindly accepting vaccines appear misinformed. That could not be further from the truth! The people that I know that are making these choices, care about their health, know that you cannot get health through a needle, and have informed themselves of the risks and benefits. There are also many who believed the propaganda that vaccines were 'safe and effective,' until they or their loved ones were permanently injured. Instead of asking why people are "vaccine hesitant," and trying to coerce compliance, maybe they should take notice of the consequences of vaccine injury and accept that vaccines are not a "one size fits all," so should NEVER be mandated.

In regards to injury, they are not mild or rare. The Vaccine Injury Compensation Program has awarded over $4 billion dollars in funds due to injury (representing a tiny fraction of those that apply, as most cannot afford to fight or miss the window of submitting a claim because of not receiving informed consent). But most people are told incorrectly that any adverse reaction is "normal" and expected, even a "good sign" that it is working. We know that health providers report less than 1% of adverse events to the Vaccine Adverse Events Reporting System (VAERS) so they are not admitting the adverse events or they are not informed themselves enough to identify them. (Claims of a seizure, passing out, fever, crying fits, etc are often called normal responses, but there is nothing normal about brain swelling and it's sometimes permanent effects). It is this same passive reporting system charged with determining if the vaccines are dangerous or causing too many injuries. This broken system has led to years of injuries before a vaccine is removed from use. A vaccine, once injected, cannot be "stopped" like a medication, so it is even more vital that it be left up to each individual to make their own risk vs benefit decision.

Pharmaceutical companies are not held liable for any injuries or deaths resulting from their use due to heavily lobbied for legislation in 1984. Not coincidentally, the number of vaccines put on the recommended schedule increased drastically after that decision. Is the Childhood Vaccine Schedule Safe? - NVIC Newsletter

If a vaccine is placed on the recommended schedule, manufacturers have guaranteed profit with no liability. A tax on each vaccine goes to a fund to pay out for injuries, but this process takes years and the list of "allowed injuries that can receive pay outs" shrinks all the time. The injured person or parent has to fight against government lawyers and experts to try and prove injury, when the manufacturers have taken shortcuts and not proven safety. Still, the flu vaccine is a large portion of the injuries to VAERS and a significant portion of the payouts, with exchange for lifelong disability. Adult Vaccines Denied Federal Injury Compensation Coverage - NVIC Newsletter

The health provider, business, nor employer are held liable when the vaccine they mandate causes illness, injury, or death. More and more businesses have been requiring the flu vaccine for employment, and this vaccine is known to be ineffective, increases the risk of getting other respiratory illnesses, and doesn't prevent hospitalization or death. Influenza Information - NVIC

We have a shortage of workers in healthcare, and healthcare is the most likely to mandate vaccinations, despite their not being proof of preventative effect. I myself am very limited in where I can work in healthcare since I have chosen not to get vaccines. I have seen many employees having reactions from the COVID-19 vaccinations. I've heard many who only got it because they felt pressured to get it by their employer, when it was under an emergency approval.

I understand the common view that "vaccines are safe and effective." In fact, testimony in opposition claims as much, this however is not fact. Because governmental agencies both sell vaccines and choose which ones to add to the schedule, they are hardly unbiased in their research and recommendations. Healthcare providers make money from having their patients get vaccinated, so they will hardly stand against the hand that feeds them. Health providers are fed this research and told not to question the "science."

Because they are biologics, they are not required to be studied for years and against inert placebos.
Because there is no liability, no one is to blame or helps to cover medical and lifelong living costs due to injury.
Because they are accepted by most health providers as safe, adverse events are excused and injuries go unreported.
Because they are "required", people don't even know that they have a choice and don't know there are exemptions.

We need to ensure we are leaving the decision to vaccinate or not to vaccinate up to the ones who will be left responsible. Health decisions should be made, not forced. We need to allow people to make their own risk vs benefit analysis after being informed, not pressured.

Please support health freedom by making exemptions more accessible. The health of our state and generations to come depend on it.

Erin J McSparron
Chairman of Midwest Public Health Coalition

House Bill 1457
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.

As the bill is currently written, no vaccines could be required in North Dakota without an exemption because vaccines do not meet the criteria written in Section 3. In learning that vaccines do not meet the criteria in Section 3, you may be concerned. My goal is to provide some context in my testimony to help ease any concerns.

But first, I think it is important to say that I do not know of any employers that require vaccinations for their employees "just because"; often vaccine requirements are put into place to protect the employee and those they serve, and vaccine requirements are very specific. Here are a few examples: a veterinary clinic may require certain staff to receive a rabies vaccination. Laboratory workers who often come in contact with bacteria that cause meningococcal meningitis may require their laboratory workers to receive a meningococcal vaccine. Similarly, a laboratory that often tests animals for rabies may require their staff to have this vaccine. In another example, an employer (ex. law enforcement) may require that their staff receive hepatitis B vaccination if they are at an increased risk for exposure to hepatitis B, either through blood exposure, needle sticks, or sharps injuries. If this bill is passed, health systems may not be able to require vaccinations for their employees. In healthcare, vaccine requirements are made to protect the staff member, the patients, and their family members.

We often see language in vaccine bills around manufacturer liability, clinical trial lengths and the use of placebo controlled studies. Let me expand on why a vaccine may not meet these criteria.

<u>Clinical Trial Length</u>

We know from decades of vaccine clinical trials and vaccine safety monitoring that if a vaccine is going to cause a side effect, it almost always occurs within the first 6-8 weeks after vaccination. Why is that? Because this is when the vaccine is at the highest levels in your body, but also when your immune system is working the hardest to build protection. Vaccine ingredients are quickly eliminated from your body, and all that remains is your immune response. While it is certainly possible to study vaccines for significant periods of time following the clinical trial, it is unnecessary, and we have other safety monitoring systems in place that can

watch for any unforeseen side effects, either short term or long term. It would also be incredibly expensive for pharmaceutical companies to conduct longer trials, as conducting clinical trials already costs billions of dollars. Lastly, requiring a one-year follow-up period could delay the timeline for a life-saving vaccine to be approved.

Clinical Trials and the Use of a Placebo

Using a placebo in clinical trials is acceptable when no effective vaccine is available and the new vaccine is intended to benefit the population being studied. However, using placebos is considered unacceptable when there is already an effective and safe vaccine accessible. In such cases, it would be unethical to withhold the existing vaccine from participants if not receiving it would pose a significant risk to their health. For example, if a new measles vaccine came to market, the clinical trial would likely consist of comparing the new vaccine to the current vaccine, as it would be unethical to refuse measles vaccination to a young child.

Liability

Questions about vaccine manufacturer liability come up regularly. I understand how hearing that vaccine manufacturers are not liable for injury caused by their products would seem concerning, but I would like to offer some perspective that I hope will help alleviate your concerns.

This true story starts in the 1970s. At the time, there were vaccines against smallpox, measles, mumps, rubella, polio, diphtheria, tetanus and pertussis. The DPT (diphtheria, pertussis, and tetanus) vaccine was known to be very reactogenic, which means it caused a lot of side effects. It wasn't uncommon for vaccine recipients to have injection site reactions, high fevers, and some even had febrile seizures and whole-limb swelling. These short-term side effects did not cause any long-term problems, but public concerns about the vaccine were growing. Some thought the vaccine caused brain injuries (further studies showed no association), and a TV documentary blamed the vaccine on intellectual and physical disabilities (the claims were unfounded; no association was found).

Through the 1970s and 1980s, many lawsuits were filed against vaccine manufacturers. Manufacturers made large payouts to those claiming vaccine injury, many of them tied to the DPT vaccine. More and more lawsuits were filed, and they became more expensive. In 1985, vaccine manufacturers knew that a successful vaccine could prevent hundreds of thousands of cases of a deadly disease, but it could also lead to multi-million dollar lawsuits for any bad thing that happened to a child, even if a causal link could not be established. The vaccine manufacturers struggled to obtain liability insurance. Vaccines had low profit margins, so manufacturers began to withdraw their DPT vaccines from the market. By the end of 1985, only one vaccine manufacturer was still making DPT. Vaccine prices soared, so providers limited their purchases. Experts saw the writing on the wall – if this continued, there would be a limited supply of vaccines to prevent infectious diseases and vaccine-preventable diseases would return.

Additionally, the development of new vaccines would be halted by pharmaceutical companies because the risk was too high.

The United States government stepped in. Congress passed, and President Ronald Reagan signed, the National Childhood Vaccine Injury Act – it was meant to 1) eliminate the potential financial liability of vaccine manufacturers due to vaccine injury claims, 2) help ensure a stable supply of vaccines, 3) stabilize vaccine costs, and 4) provide cost-effective arbitration for vaccine injury claims.

This act created the National Vaccine Injury Compensation Program – often referred to as NVICP or VICP. This is the program that will compensate individuals that experience rare, serious side effects from vaccination. It's also worth mentioning that while vaccine manufacturers are not liable for unforeseen events, they are liable for negligence.

We see the liability language pop up in bills from time to time, and I really can understand how someone who doesn't understand the history and the program would be alarmed and think that vaccines are not safe. But the truth is, if you look closely at the data from the compensation program, it shows that vaccines are extremely safe. Approximately one compensation happens for every million doses of vaccine received.

Please vote "do not pass" on House Bill 1457.

Respectfully submitted,

Kylie Hall, MPH
Fargo, ND - District 45

NDSU | CENTER FOR IMMUNIZATION RESEARCH AND EDUCATION

The National Vaccine Injury Compensation Program (NVICP) and Vaccine Manufacturer Liability

Vaccines, like other medicines, can have side effects, as no medical intervention is completely risk free. When side effects do occur from vaccination, they are typically mild; serious adverse events following vaccination are very rare. In the event that a vaccine causes a serious adverse event and injury to the recipient, the United States (U.S.) has created the National Vaccine Injury Compensation Program (NVICP), which provides financial compensation to individuals that have been injured by a NVICP-covered vaccination.

The NVICP was the result of nearly two decades of controversy over whether and how adverse reactions to childhood vaccines should be addressed. Before the program became law, the only legal option for parents who felt that their children had been harmed by a vaccine was to sue the vaccine manufacturer, which was an expensive and time-consuming process. The NVICP was set up by the Department of Health and Human Services in the 1980s and provides financial compensation to individuals who have been injured by a NVICP-covered vaccine.

How the National Vaccine Injury Compensation Program Came to Be

The NVICP was created in response to concerns about the pertussis portion of the DPT (diphtheria, pertussis, and tetanus) vaccine. The DPT vaccine was very reactogenic; it was known to cause significant injection site reactions, high fevers, and serious systemic reactions (febrile seizures, persistent crying, and whole-limb swelling). Although none of these side effects were associated with serious long-term sequelae (an aftereffect of a disease, condition, or injury), these side effects contributed to increasing public concerns about the safety of the DPT vaccine. Some claimed the pertussis component of the vaccine caused "pertussis vaccine encephalopathy", a permanent brain injury; further studies showed no true association between DTP and permanent brain injury. The alleged vaccine-induced brain damage proved to be an unrelated condition, infantile epilepsy. The whole-cell pertussis vaccine was also featured in a TV documentary and was blamed for causing various intellectual and physical disabilities.

Through the 1970s and 1980s, the number of lawsuits brought against vaccine manufacturers increased dramatically. Manufacturers made large payouts to individuals claiming vaccine injury, many of these claims tied to the DPT vaccination. For example, in 1978 only one lawsuit was filed, whereas 73 lawsuits were filed in 1984. During the seven-year period from 1978 to 1984, the average amount claimed per suit rose from $10 million to $46.5 million.

By 1985, vaccine manufacturers were still liable for any unforeseen and potentially rare injury linked to the vaccines they produced. While a successful vaccine could prevent hundreds of thousands of cases of deadly disease, it could also lead to a few rare incidences of side effects that could lead to multimillion-dollar lawsuits (In many cases, damages were awarded despite the absence of scientific evidence.). Manufacturers had difficulty obtaining liability insurance. The incentive for creating vaccines became highly unfavorable in the eyes of pharmaceutical companies; low profit margins and lawsuits related to vaccine safety led several manufacturers to withdraw their DTP vaccines from the market. The price of DPT vaccine skyrocketed, leading providers to curtail purchases, limiting vaccine availability. By the end of 1985, only one company was still manufacturing pertussis vaccine in the U.S. At the time, public health officials and vaccine experts noted that if the current lawsuit trend continued, it would pose an increasing threat to the development of new vaccines and availability of current vaccines in the U.S.

In 1986, in response to vaccine shortages and concerns about the return of vaccine-preventable diseases, Congress passed and President Ronald Reagan signed into law the NCVIA. The purpose of the NCVIA was to eliminate the potential financial liability of vaccine manufacturers due to vaccine injury claims, to ensure a stable supply of vaccines, to stabilize vaccine costs, and to provide cost-effective arbitration for vaccine injury claims.

The New York Times

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Police and Union in New Talks on Transfer Plan

REAGAN SIGNS BILL ON DRUG EXPORTS AND PAYMENT FOR VACCINE INJURIES

The New York Times; November 15, 1986, Section 1, Page 1

The National Vaccine Injury Compensation Program

The NVICP is funded by an excise tax added on vaccines recommended by the CDC for routine administration. This program provides liability protection to vaccine manufacturers and vaccine administrators who administered covered vaccines. There are four key things to understand about NVICP:

1. Compensation doesn't prove causation.
2. People not happy with the outcome can still take their case to civil court.
3. Although the Act provides liability protections to vaccine manufacturers and vaccine administrators who administer covered vaccines in many circumstances, these protections are not absolute.
4. The requirements for claims filed with the NVICP are two-fold: the events (vaccine administration and injury) have to be temporally related AND some biologically-plausible explanation why the events could be related must be accounted for.

Under the NCVIA, the NVICP was created to compensate those injured by vaccine on a "no fault" basis. The program began accepting petitions (also called claims) in 1988. The NCVIA also created the Vaccine Adverse Event Reporting System (VAERS), established the National Vaccine Program Office (NVPO), and required healthcare providers to provide Vaccine Information Statements (VISs) to vaccine recipients or their parent/legal guardian.

Unfortunately, misconceptions around this program make it an easy source of misinformation and is commonly used in efforts to convince parents that vaccines are not safe. If you look closely at data from the compensation program, you will see that the ratio of number of settlements awarded compared to the number of vaccines given annually shows that vaccines are extremely safe.

According to the CDC, from 2006 to 2019 over 4 billion doses of covered vaccines were distributed in the U.S. For petitions filed in this time period, 8,941 petitions were adjudicated by the court, and of those, 6,390 were compensated. This means for every one million doses of vaccine that were distributed, approximately one individual was compensated.

Since 1988, over 25,152 petitions have been filed with the NVICP. Over that 30-year time period, 21,220 petitions have been adjudicated, with 9,070 of those determined to be compensable, while 12,150 were dismissed. Total compensation paid over the life of the program is approximately $4.8 billion.

The PREP Act and Countermeasures Injury Compensation Program

The Public Readiness & Emergency Preparedness (PREP) Act authorizes the Secretary of Health & Human Services to issue a declaration that provides immunity from liability (except for willful misconduct) for claims of loss resulting from administration or use of counter measures to diseases, threats and conditions determined to constitute a present or credible risk of a future public health emergency. This limited immunity from liability applies to entities and individuals involved in the development, manufacture, testing, distribution, administration, and use of such countermeasures. PREP Act declarations have been issued for various anthrax, botulism, COVID-19, smallpox, and other medical countermeasures. The PREP Act and the NCVIA are similar in balancing liability protections for manufacturers with a clearer pathway for petitioners.

The PREP Act also authorizes the Countermeasures Injury Compensation Program (CICP) to provide benefits in case of physical injury due to covered countermeasures. With CICP, benefits must be requested within 1 year from the date of administration or use of the covered countermeasure alleged to have caused the injury. Examples of covered countermeasures in the case of the COVID-19 pandemic include specified diagnostic tests, treatments, and vaccines. For more information, see www.hrsa.gov/cicp.

References:

Some of the content of this handout was taken directly from the following resources:

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3. IAC. Vaccine Injury Compensation Programs. Accessed 11/9/2022. Available at: https://www.immunize.org/catg.d/p2075.pdf
4. CDC. History of Vaccine Information Statements. Accessed 11/9/2022. Available at: https://www.cdc.gov/vaccines/hcp/vis/dowloads/vis-history.pdf
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8. CDC. Historical Vaccine Safety Concerns. Accessed 11/9/2022. Available at: https://www.cdc.gov/vaccinesafety/concerns-history.html

Lanny Kenner
District 7
Bismarck North Dakota 58503
Requesting a DO PASS on House Bill 1467

Chairman Ruby and committee members, my name is Lanny Kenner and I am requesting a yes vote on House Bill 1467. We need to make VAERS reporting a requirement in order to learn about any adverse effects of a vaccine. We all saw during covid how a very small percentage of vaccination problems were reported to VAERS.
What good does a reporting system if problems aren't being reported and just ignored? Many people lost trust in our medical establishment during covid because of the many lies that were told about the vaccines. This has to stop so we can once again trust our doctors and government officials in the medical field.
For safety and transparency please please vote YES on House Bill 1467.
Thank you, Lanny Kenner

Testimony
House Bill No. 1457
House Human Services Committee
Representative Matthew Ruby, Chairman
February 4, 2025

Chairman Ruby and committee members, my testimony specifically addresses the issue of North Dakota public school staff manipulating information about vaccination exemptions.

My name is Alexa Johnson and I am a West Fargo mother of 6. My oldest two boys have autism.

I have had multiple questionable experiences with school staff regarding honesty about vaccination exemption filing. The first was at the Williston Public School District office roughly 7 years ago. I was a young mom who had just decided to quit following the CDC recommended vaccination schedule. My son was entering kindergarten and I was not knowledgeable about exemptions, though I knew they existed. When I asked the district office about the exemption paperwork I was told exactly this.

"You need to go down to the Upper Missouri District Health Unit office so they can talk to you about vaccines."

This was a completely inappropriate request. The very idea that a school district staff would require a parent to drive to an off-school location to be counseled by a vaccination-administering facility is the definition of overreach.

My boys attended Wilkinson Elementary School in Williston. I remember one day I happened to be on the phone with my boys' head teacher and she mentioned that students were receiving vaccinations at school that day. I told her that mine would not be getting the shots and that I had signed no such authorization.

"Well then you better get down here with a handwritten note stating that, or they might get the shots accidentally," she said.

We moved to the West Fargo Public School District in 2017. I have filed my childrens' exemptions correctly and on time. But twice I have received phonecalls from nurses employed by the district asking when I plan to schedule my childrens' vaccinations. The nurses never mention my legal right of exemption. Three years ago, the school nurse at Willow Park Elementary loudly lectured me about my daughter's vaccination status in front of other parents and staff members.

An old family physician also attempted to pressure me to vaccinate by being dishonest about school requirements. "If you don't give the kids shots what are you going to do about school?" he asked. "I'll just fill out an exemption form," I answered. His face fell and he looked at his feet. I had caught him trying to manipulate my medical decisions.

Most parents do not know exemptions exist and in my personal experience, the schools like to keep it that way. Please do look at the 2023 West Fargo High School health curriculum excerpts which contains highly editorialized comments about vaccines and autism. I had asked to view this health curriculum prior to my son's starting the class. The teacher told me that the curriculum was not yet ready. So imagine my surprise when I found the one-sided vaccine-championing content in my son's backpack.

I choose to file exemptions as a result of the life-changing vaccination injuries that befell my precious two oldest sons.

We vaccinated our first son, Ray, at 4 months. Hours later he let out only what I can describe as "crack baby" screams. High-pitched, blood curdling sirens.

I frantically called our doctor's office and she refused to see him. She told me he was having a normal reaction. I believed her. But by the time Ray was 18 months old he was still not speaking.

Stupidly, we continued going to the same doctor when our second son, Ronnie, was born. His face was riddled with

eczema and his dirty diapers were rancid. They smelled abnormally acidic. At this point I had started reading about alternative vaccination schedules...schedules that recommended only 1 immunization at a time.

"I'd like to space out Ronnie's shots," I announced to our doctor. "I'm worried about his immune system. And, uh, autism," I shyly said.

"There are NO studies that link vaccines to autism," she laughed. "Don't worry about that. Keep Ronnie on schedule."

And again, I did as I was told.

Ronnie's skin and diapers never improved. But he was an incredibly easy baby. He never fussed. When Ronnie was 18 months old he received his regularly scheduled vaccines. In the days that followed my easy baby turned into a nightmare. My easy sleeper now required hours of bouncing in a dark room to fall asleep. He had started speaking months earlier, but after those shots his vocabulary quit growing.

My boys were nearly impossible to potty train and refused to eat anything but a handful of favorite foods. Ronnie's favorite activity became grabbing anything out of the fridge--especially 18-packs of eggs--and smearing them into the carpet. He spit everywhere, often running to the sink or even the toilet if I dared leave the bathroom door open. Eventually he started banging his head against the wall when he was angry. When we left our rental in Williston we spent $5,000 to repair the walls, replace the carpet and even the kitchen counter (stained by all his spitting).

Ray will graduate from West Fargo High next year, but probably will never have the awareness to drive, live on his own or support himself.

Ronnie, now 15, never learned to talk. He is still not fully toilet trained and now has epilepsy as well as severe autism. I would be standing in that room with you right now but we just got Ronnie home from the hospital. He spent 5 days there as a result of complications from a new psychiatric medication. He is increasingly violent with me and sometimes bangs his head and wrists to communicate. We have installed shatterproof windows and created a padded room for him in our home. We are currently getting quotes for a garage remodel to expand living space for him because he is wrecking our flooring by jumping on it vigorously with his heels. He sometimes stays awake for 30 hours at a time, despite many medications and treatments. It will cost tens of thousands of dollars to complete the project and we will lose our garage. Ronnie only goes to school for 4 hours each day. Getting consistent respite care for him has proved impossible. Thus far, I have been unable to work to contribute any money to our household. A respite staff shortage has been a long-term statewide problem for the disability community. Even when offered $30/hr and a flexible schedule, most of our past hires have petered out. I could not even secure care for my mother's funeral. So I had to watch the livestream on my phone in the church parking lot while I cared for Ronnie.

My husband and I are terrified for our sons' futures. The thing we fear the most for our boys is sexual abuse at the hands of a caregiver. A 2011 Arc document states that children with intellectual disabilities are 4 times more likely to be sexually abused than neurotypical children. And that 49 percent of people with intellectual disabilities will experience sexual abuse 10 times within a lifetime. We have already fired one agency caregiver who we suspected was involved with a sex trafficker. My husband and I firmly believe we would not be in this current position if not for the vaccines. And these are the same shots currently required in North Dakota schools.

Were my boys genetically predisposed to autism? Absolutely. Did the shots push them over the edge into autism? Absolutely. No study or doctor can tell me otherwise. I saw what vaccines did to my boys with my own eyes. We have had 4 more children and not vaccinated them. None of them have autism. For us, the proof is in the pudding.

My parenting experiences in the North Dakota public school system and doctors' offices bring me to support a do pass recommendation on this bill.

Please feel free to contact me with any questions.

==

Alexa Johnson
West Fargo, ND

But, there's more...

Then a doctor in England did a study that seemed to show that kids who got vaccinations DID get autism more often.

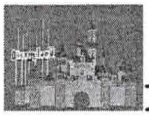
So, parents tried to protect their kids and some stopped giving them vaccinations.

The problem was—it wasn't true.

Hundreds of studies from all over the world done since then have proved that vaccinations do not cause autism. Let me say that again: VACCINATIONS DO NOT CAUSE AUTISM.

While we don't have one clear answer as to what does cause autism, scientists think that it starts before the baby is born and may be caused by an enzyme or stress episode by the mother that forces the child's brain to grow abnormally. As of today, we have some good guesses, but just don't "know" what causes autism.

Those facts didn't change some parents' minds and they still didn't vaccinate their kids. Now, suddenly, diseases that once killed lots of kids are coming back.

 In 2015, a family brought their kids to Disneyland not knowing that the kids had the measles. Within days dozens of kids all over the country began to come down with measles they caught from that family.

And the story goes on...

You see, vaccines work on "herd immunity." When we put all those people together at Disneyland, one sneeze could infect—literally—hundreds of people if they didn't have immunity. Germs could fly through the air, get spread on guard rails and counters or even from hand to hand. Then more people get sick and spread it to other unvaccinated people and so on and so on.

But, if bunches of those people (80% or more) were vaccinated, the germs could spread...but nobody would get sick and continue to spread the disease because they'd have immunity.

Get it?

While the parents were wrong about autism, they WERE right in that there ARE risks to getting a vaccination. For example, the measles vaccine can cause a temporary breakdown of the body's ability to make blood platelets. This can be dangerous and happens to 1 out of 30,000 kids. But, before there was a measles vaccine, 1 out of every 2,000 kids **died** of measles. Do you see how many more kids would die of the disease than the "cure"?

This is called the risk-to-benefit factor. Every health decision has a risk/benefit factor. Should you exercise every day? We know exercise helps your mood, your heart, your muscles and weight—but, you might trip and sprain your ankle. Here, the benefits we know of far exceed the risks. See?

In the case of vaccines, we now know the benefits outweigh the risks.

Good morning,
My name is Leon Francis ,
My Family and I are in District 24
And we fully support HOUSE BILL NO. 1457
A BILL for an Act to create and enact a new section to chapter 23-12 of the North Dakota Century Code, relating to an exemption to required vaccines.
American healthcare is built on the bedrock of informed consent and the right to a second opinion.
We are being denied both in this current iteration of American Healthcare'.
Weve allowed informed consent to be replaced with censorship, coercive policies and mandates.
To be clear,
Getting vaccinated is a very, VERY personal choice.
You should never be forced into choosing between your ability to earn a living for your family or making a personal, medical decision that may not be right for you.
Exemptions are the only remedy .

I'll submit a couple of examples for your consideration:
My wife:
My wife Nichole has spent many years working for a reputable non-profit in Fargo. She had no choice when the COVID shot became available because it was required for medical personnel.
Despite her misgivings, she decided to take the first and second shot after witnessing coworkers being fired for refusing it. By the time the 3rd one came around, the mandate had been lifted. She decided against a third vaccine and would never again get the madidate annual Flu shot. We did seek advice from our Pastor and she did file a "religious exemption" which was not an easy process and was not initially taken . They eventually approved the " religious exemption" for the flu shot, but with exception. When in the office or at a company sponsored event, during flu season, she may be asked or required to wear a mask. In my opinion, the only reason the exemption was "approved" was likely due to the fact she works remotely and has limited contact with her co-workers and almost no contact with any clients. It should be noted that every year she was forced to take the flu shot, she got the flu immediately after taking the shot. She has been out of the office for three years and for three years has been flu free.
My son Collin
At the age of 19, my son Collin was pursuing his nursing certification. After finishing, he was thrilled to receive an offer of employment at an assisted living facility, paying a very good salary. With one exception. The COVID shot was mandatory . Reluctantly, he took the risk to avoid being unemployed in the field for which he had just spent a significant amount of time and money obtaining his certification. Within a year, he developed a blood clot that nearly killed him and left him permanently legally blind.
My Mom
When COVID was released, my mother was 70 years old and in excellent health, working at Wal-Mart.
She hardly ever missed work due to illness.
However, she grudgingly took the COVID shot when it mandated in order to avoid losing her job.
She experienced a number of new "health issues" including a massive blood clot during the year.
In addition, My mother, who had never smoked in her life, was given a stage-5 lung cancer diagnosis , an aggressive type that resisted chemotherapy.
A day before Thanksgiving in November of last year, she passed away.
This month marks my 50th birthday, and as far as I know, my Mother was the first member of my family to pass away from cancer.
In actuality, after 49 years on this earth, Ive never personally known anyone who has been taken by cancer.
This year, I know 5.
Since bodily autonomy is a fundamental human right, no one should be forced to choose between their career and bodily autonomy .
The protection of that right requires the support and passage of HOUSE BILL NO. 1457.

NDSBA
NORTH DAKOTA SCHOOL BOARDS ASSOCIATION
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HB 1457
Testimony of Amy De Kok
House Human Services Committee
February 4, 2025

Chairman Ruby and members of the House Human Services Committee, thank you for the opportunity to provide testimony today. My name is Amy De Kok, and I serve as the executive director for the North Dakota School Boards Association. NDSBA represents all 168 public school districts and their boards. I write to express opposition to HB 1457, which proposes broad exemptions from required vaccinations, including those necessary for school attendance. This legislation poses a significant threat to public health, particularly the health and safety of children in our schools.

The Critical Role of School Immunizations

School immunization requirements exist to protect children, families, and communities from preventable diseases. Vaccines have been rigorously studied and proven to reduce the spread of infectious diseases, safeguard vulnerable populations, and prevent outbreaks that could jeopardize public health. HB 1457 introduces unscientific and unrealistic barriers to the approval and administration of vaccines, threatening decades of progress in disease prevention.

Increased Risk of Disease Outbreaks

By allowing broad exemptions based on new, arbitrary standards, this bill will lead to lower vaccination rates among school-aged children. Reduced immunization coverage weakens herd immunity, putting those who cannot be vaccinated—such as infants, immunocompromised students, and those with legitimate medical exemptions—at greater risk. This bill increases the likelihood of outbreaks of measles, pertussis, and other highly contagious diseases, which can have severe, lifelong consequences.

Unrealistic Vaccine Approval Criteria

HB 1457 imposes requirements that are inconsistent with established vaccine approval processes. For example:

- The bill demands a minimum one-year clinical trial with a placebo group, disregarding the decades of extensive scientific research that already inform vaccine safety and efficacy.

- It requires a risk assessment that ignores the overwhelming evidence that vaccine-preventable diseases pose far greater risks than vaccines themselves.
- It mandates manufacturer liability, which contradicts federal vaccine safety laws and may discourage the production of lifesaving immunizations.

Such provisions are not based on scientific consensus and will result in unnecessary delays in approving and administering vaccines, ultimately harming public health.

Undermining Public Confidence in Immunizations

By promoting unnecessary exemptions and misrepresenting the risks of vaccines, HB 1457 fuels misinformation and hesitancy, further reducing vaccine uptake. Schools should be places where science and public health are upheld, not where policy enables preventable diseases to re-emerge due to misinformation.

I urge this committee to reject HB 1457. Weakening immunization requirements for school attendance endangers children, undermines public health, and reverses decades of medical progress. North Dakota must continue to support policies that prioritize student safety and uphold science-based public health protections.

FOUNDATION for a Healthy North Dakota

HB 1457

House Human Services Committee

February 4th, 2025 | 9:30 a.m.

Chairman Ruby and members of the House Human Services Committee, my name is Sandra Tibke, and I am the executive director of the Foundation for a Healthy North Dakota.

The Foundation opposes House Bill 1457, as this legislation proposes redundant criteria for vaccine exemptions already existing in North Dakota law, including medical, religious and philosophical exemptions.

Key Concerns:

1. Redundant Regulations: The criteria for vaccine exemptions essentially duplicate current laws, making this bill unnecessary.

2. Administrative Burden: Mandating the ND Department of Health and Human Services (NDHHS) to report vaccine injuries unnecessarily duplicates existing data from the Vaccine Adverse Event Reporting System (VAERS), adding to the administrative workload without additional value.

Conclusion:

Given the established framework for vaccine exemptions and safety monitoring, I urge you to reconsider the necessity and potential negative impacts of House Bill 1457. Our focus should remain on community wellness and effective reporting.

Thank you for considering these important issues.

Good morning Chairman Ruby, Vice Chair Frelich, and all members of the Human Services Committee.

For the Record, My name is Donna Henderson, Representative from District 15, which encompasses Cavalier county, Towner County and Ramsey counties. Our main cities are Langdon, Cando and Devils Lake.

House Bill 1457 is a vaccine confidence bill. It's purpose would be to inform the public that an exemption exists for required vaccines that do not meet certain minimal requirements.

Currently exemptions exist for medical, religious, philosophical / moral reasons The minimal standards this bill is proposing would be based on science and allows for informed consent to the vaccines. The end result would be a well informed consumer who would then choose to go ahead and get the vaccine, or file an exemption. It would ensure that patients are fully aware of the benefits and risks of a vaccine and can make an informed decision about whether to get it or not.

Those minimal standards are listed on page 1, and I'll start on line 11.

Notwithstanding any other law, an individual who is required to receive a vaccine for any purpose, including as a condition of employment, school attendance, or securing a license, certification, or degree, may claim and exemption from the requirement if there is not a vaccine approved by the Food and Drug Administration (FDA) to fulfill the purpose that meets the following 4 criteria:

a- The clinical trial the FDA relied on to approve the vaccine, evaluated it's safety for at least one year after it was administered against a control group that received only a placebo or another vaccine that meets the requirements of this section;

b- The department posts on its website the injuries or disease caused by the vaccine and the rate at which the injury or disease occurs due to the vaccine;

c- The risk of permanent disability or death from the vaccine has been proven to be less that that caused by the infection it is intended to prevent, and

d- The vaccine manufacturer is liable for any death or serious injury caused by the vaccine.

So if those 4 criteria cannot be met, then an exemption may be claimed.

I'd like you to ask yourself- Why wouldn't we want to inform the consumer of any risks or adverse reactions to vaccines?

Why wouldn't we want to inform the public there are vaccine exemptions so they don't feel forced to take them?

Why would we want to require consumers to receive a vaccine that does not have a manufacturer's liability? Or doesn't meet safety standards?

This whole covid era of the last several years have taught us a lot. We all learned that this MRNA vaccine does not work the same traditional vaccines. There were new adverse side effects we have never seen before associated with this new vaccine. We are just now finding out how great the risks and adverse effects really were. So lets put these safe guards in place to protect our citizens in the future.

We all want to work towards safe and effective vaccines. This bill simply asks for more information to be available to consumers to help them make the best possible informed medical decisions for their families.

Thank you Mr Chairman. I'd be happy to answer any questions.

2025 HOUSE STANDING COMMITTEE MINUTES

Human Services Committee
Pioneer Room, State Capitol

HB 1457
2/17/2025

Relating to an exemption to required vaccines.

3:36 p.m. Chairman M. Ruby opened the meeting.

Members Present: Chairman M. Ruby, Vice-Chairman Frelich, Representatives K. Anderson, Beltz, Bolinske, Davis, Dobervich, Fegley, Hendrix, Holle, Kiefert, Rios, Rohr

Discussion Topics:

- Committee action

3:38 p.m. Representative K. Anderson moved a Do Pass.

3:38 p.m. Representative Rios seconded the motion.

Representatives	Vote
Representative Matthew Ruby	N
Representative Kathy Frelich	Y
Representative Karen Anderson	Y
Representative Mike Beltz	N
Representative Macy Bolinske	Y
Representative Jayme Davis	N
Representative Gretchen Dobervich	N
Representative Cleyton Fegley	N
Representative Jared Hendrix	Y
Representative Dawson Holle	N
Representative Dwight Kiefert	Y
Representative Nico Rios	Y
Representative Karen Rohr	Y

3:48 p.m. Motion passed 7-6-0.

Representative Hendrix will carry the bill.

3:48 p.m. Chairman M. Ruby closed the meeting.

Jackson Toman, Committee Clerk

REPORT OF STANDING COMMITTEE
HB 1457 (25.0976.01000)

Human Services Committee (Rep. M. Ruby, Chairman) recommends **DO PASS** (7 YEAS, 6 NAYS, 0 ABSENT OR EXCUSED AND NOT VOTING). HB 1457 was placed on the Eleventh order on the calendar.