

Written Testimony of Edward F. Fogarty, MD in regards to HB1307, HB1320 and HB1306 prepared for the North Dakota House Human Services Committee 01/19/2021.

Dear HHS Committee Members,

I am strongly in favor of the passage of HB1307, HB1320 and HB1306. These three bills revolve around the matters of protection of our citizens from participation in fraudulent medical and healthcare marketplaces in my opinion as a physician.

My experience as a North Dakota physician who has been a leading researcher in hyperbaric medicine and recovery of various forms of acute and chronic brain injury also informs my opinion on the importance of these bills whose passage would serve as a firewall to greater potential harms of our citizenry from product liabilities of vaccines of any sort.

Our federal government in 1986 gave immunity to all vaccine manufacturers for liability of any sort relating to their products. This has led to an entire industry running amok on matters of safety. In 2020, with our nation in a declared state of war on SARS-CoV2, I believe we have all seen how powerful the medical/pharmaceutical lobby really is and its impact on our public health department in ND as well as the very governance of our state through the executive branch.

These three bills will provide some "relief" for the encroachment of the amalgams of government/public health and global pharmaceutical companies into our most sacred decision making over our own health and immune system modifications as well as those of our children's health, well being and development.

HB1307 provisions prohibiting public facilities to demand proof of vaccination is critically important to prevent the further encroachment for what many see as a medical tyranny fed by the current pandemic. Proof of IMMUNITY rather than proof of compliance in a corrupt marketplace is the more medically sound course for any of these considerations. The marketplace of healthcare does not want to lose the opportunity to "over-vaccinate" American populations who may already be immune to diseases such as COVID19 through prior infection or vaccination. Sadly many of my own colleagues in medicine fail to understand that diagnostic laboratory studies can show that a particular vaccine is not only unnecessary but a fraudulent waste of health care resources. I addressed some of these concerns in a Bismarck Tribune Opinion piece on 03/23/2008:

https://bismarcktribune.com/news/opinion/mailbag/a-proposal-on-vaccinations/article_e41b2f91-d75f-511d-92d7-eeef199e8f91.html

HB320 is extremely important for North Dakota's citizens as state and local government mandates on vaccination might technically be unconstitutional under the laws of North Dakota itself in regards to the employment doctrine set forth in our constitution. The ND Constitution under Article VIII, section 1 indicates that all public schools are open to all children of the state. Our citizens who see the corruptions of medicine, government and law at the federal level in these matters, should be afforded the sanctuary of refusal of vaccination under prior ND laws giving philosophical, medical and religious exemptions in this arena. Behavioral economics issues have begun to show our nation and our state that we have significant percentage of people questioning the safety and need for some of these medical products that have no liability for causing harm. I believe we need this law in ADDITION to the free will provisions of exemptions, this law will send a message to government bodies who would rather their needs whether honest or fraudulent be met before the people of North Dakota's rights are protected.

I have seen MANY coercive manipulations of my fellow North Dakotans in these matters of vaccine mandates. There is a nurse in Jamestown who has loss of consciousness with every vaccination for influenza, ostensibly this person is going through this safety racket to keep her job?

I fear that many of you on this committee may have family members or yourself as well placed under duress for standing up for your right to medical decision making over vaccines and in the future, now that we have a class of vaccines that is manipulating genomics at the ribosomal level, when will the state/medical/industrial complex start mandating even greater modifications of our very being in service to the “greater good” or indirectly the billionaire cronies of elected officials? On February 20, 2019, I published this Open Letter to the State of Washington which also reiterates that state officials ought to be careful regarding their own needs to protect their own health freedoms in this realm.

<https://informedchoicewa.org/education/an-open-letter-from-edward-f-fogarty-md/>

It should be noted that I also called into question the use of ND taxpayer dollars for the “aid package through ND Public Health” in the containment of the 2019 Washington measles outbreak. Why did our state tax dollars go to another state’s response to a measly generally non-fatal disease of childhood that engendered infection “parties” in the 1960s which some of you no doubt are old enough to have participated in for contracting mother natures version of an important immunological conditioning agent. Mayo Clinic is working on research to use measles infections therapeutically against untreatable cancers. Merck, which makes MMR under FDA licensure in America has been in a decade long battle for maintaining this licensure as the live attenuated corporate viruses here are not provoking a strong enough response anymore to maintain the licensure under scientific titer checking protocols that many US physicians are now using in their clinical practices. Yes, many of my Integrative Medicine colleagues around the country are doing titer checks on the MMR series and finding that the mumps component is not provoking a safe level of antibodies after 2 doses. This is the crux of a Federal False Claims Act lawsuit in Eastern Pennsylvania filed by whistleblower scientists and several physicians against Merck.

<https://www.courthousenews.com/class-says-merck-lied-about-mumps-vaccine/>

The news piece above is from June of 2012. As some of you who may have read many of my emails to you and the Governor in the last 3 months may know, I am a proponent of education of many issues in the interface of law, medicine and government. One of the more important SCOTUS decisions in this nation’s history is that of Throckmorton (1878) wherein the doctrine of “fraud vitiates all” was introduced. Please stand strong for yourselves, your families and your fellow North Dakotans and pass all three of these bills. HB1306 is needed for your grandchildren and great grandchildren to develop under a more natural milieu. As the leading state expert who is a physician/scientist that has reversed cognitive declines in a few of our state’s elders via a gentle detoxification process of mild hyperbaric air and oxygen therapies, I can show you dozens of scientific studies that show infant mammals have an exquisitely sensitive respiratory drive center that lies in close proximity to the bloodstream for carbon dioxide sampling. When CO2 levels increase in the bloodstream, babies especially have a fine tuned response to increasing the respiratory rate so that CO2 (a metabolic toxin) is off-gassed to the atmosphere quickly through the lungs. As the sampling of science below shows, mammalian infants can have other toxins, including aluminum and mercury from vaccines interfere with the development of the tiny cluster of important neurons developing in these respiratory center drives.

But if you cannot understand the science below (see appendix), that is okay as we have a grand opportunity from the 2020 pandemic experiences to see how many SIDS deaths did not occur in 2020 during the pandemic as 0-12 month old American children were, on the whole basically in a delayed CDC vaccination schedule. This experiment by the hand of God and mother nature has already happened and we should now commit some limited funds to a simple epidemiology study (IN THE RIGHT HANDS) that can show the decline of SIDS rates in our children corresponding to the delay of vaccinations in our family's children. A paired relative risk could be obtained temporally by looking at the 2017, 2018, and 2019 birth cohorts on a month by month basis. The null hypothesis would be that the ND Babies born in April of the 3 years prior had the same risk of SIDS as though born in April 2020, and the other major months of access restrictions to medical facilities in 2020 for moms and their newborns would likely disprove the "null" hypothesis.

In summary, as many of you surely may have guessed from my communications with you over the last 3 months, I believe as a physician who's understanding of economic wellness that carries into my practice of medical education, communication and real world procedural and diagnostic medicine - we would be remiss as a political body to fail our grandchildren by failing to pass all three of these bills. Thank you for your time and attention.

Respectfully submitted,

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APPENDIX:

https://ecf.cofc.uscourts.gov/cgi-bin/show_public_doc?2013vv0611-73-0

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3170075/>

<https://pubmed.ncbi.nlm.nih.gov/28918379/>

https://bismarcktribune.com/news/opinion/mailbag/a-proposal-on-vaccinations/article_e41b2f91-d75f-511d-92d7-eeef199e8f91.html

Now that the courts have recognized a link between vaccinations and autism, we need to revisit public policy. Individual vaccines can't get much safer, but vaccine protocols can. The 2008 Centers for Disease Control protocol for pediatric vaccines is not the safest way to accomplish the goal of immunity to multiple infectious diseases in an individual.

A vast majority of children will not be affected by the administration of vaccinations. But if epidemiological purposes can be met with a more directed approach, there is no reason to endanger a genetically vulnerable child with unneeded boosters. Titer checking protocols are inherently safer for individuals, especially in the at-risk families for autism.

A simple lab test to check titers can tell you whether an additional "booster" is needed. The vast majority of kids, 95 percent, are immune for life to measles-mumps and rubella after one dose. Multi-shot vaccine protocols are a boon to vaccine companies, not North Dakota families. Pediatricians using titer checks would shift resources from multinational vaccine corporations to North Dakota hospitals via laboratory services utilization.

The argument against this approach has always been, "It's too troublesome," and "What if we lose the patient to follow-up?" These are legitimate concerns, but is it fair to make the social assumptions that no one in this state sees their pediatrician after the first few months of a baby's life?

As the art moves forward in vaccinomics, the future will show how easily we can do this better. We now have simple finger-stick titer checking technology for HIV antibodies. This could be ported into titer checking systems for vaccine efficacy, and the University of North Dakota School of

Medicine could be the institution that leads the charge on this innovative research. It will take some time to calibrate such systems, but we can do it here better than anywhere because of our high compliance with vaccination in this state and our close-knit medical and governmental communities. Even current policy needs some modification in light of the growing public concerns in vaccine safety due to the Hanna Poling case. She is the child of parents who hold M.D., Ph.D., R.N. and J.D. degrees. They would probably advocate as I, after their experience, that parents need to be made aware of better ways to vaccinate. The first modification of law and policy that should occur is a disclosure on consent forms for vaccine boosters. A child may already be immune for life in certain series after one dose of vaccine (live virus vaccines have incredible long-lived titers and high first response rates). A titer check can obviate the need for an unneeded booster; shouldn't the public be made aware of this? This is particularly important in families with high rates of autoimmune disease.

In my own experience, I lost my vaccine records, and in order to get into medical school, I had a whole series titer (antibody) check to prove that I was immune to the diseases we all need protection from in this incredibly helpful arm of medicine.

To ensure that this is done appropriately for your child is to be a loving parent, and to push your colleagues in medicine and government is to be a certain kind of patriot. To fail to educate parents on this option is engendering the socialistic mentality of a cradle-to-grave caretaker federalist system. Governments and school districts would be better served to require titer levels, not written records of vaccine shots. Titer levels are scientific evidence of immunity. A vaccine record actually isn't, as it can be forged.

All U.S. physicians and state legislators should thoroughly read the Simpsonwood Transcripts (www.nationalautismassociation.org/library.php). This is the most honest assessment of the relationship of vaccines to autism and shows a clear signal of "uncertain" strength.

The CDC conveniently "forgets" to publish the transcript as part of the timeline of understanding the relationship of vaccines to autism. This is clearly a lack of transparency at the federal level of health policy, a timely discussion in light of John Irby's front-page piece in the March 16 Tribune. Federal mandates turn a blind eye to the at-risk child harmed by vaccines. We are abusing the molecular machinery of some of our more fragile children to protect vaccine companies, it's a deal with the devil that all of us in medicine hate having to make; I make it every day as a member of the medical specialty, radiology, that deals the most heavy metals and known teratogens to U.S. citizens.

The integrity and smarts of our state level public health officers is getting usurped by the federal government whose agencies are drunk on the influence of multinational corporations, especially in medicine and pharmaceuticals. As a father of an autistic child, I will fight the federal government's continuing to abuse certain vulnerable children in this nation's war against disease. We don't send everyone to the front line of other wars, why aren't we more discriminating in this one?

North Dakota physicians know how to better vaccinate the children of this state than the CDC. We all need to get behind the pediatrics and public health community of North Dakota to improve this art in scientific ways. It may be a decade before that happens, but we can do it.

(Dr. Edward "Ted" Fogarty is a Bismarck radiologist. - Editor)

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Excerpts below:

“This is not only a costly loss of worker productivity, influenza vaccines are a yearly unethical experiment because of the lack of any safety studies on these medical products. Influenza vaccines are distributed within weeks of their development and have repeatedly been found contaminated after market release in the last 20 years. Our national healthcare security through the workforce of physicians, nurses, laboratory and radiology technologists is placed at risk for political espionage even as more vaccines are manufactured in jurisdictions that could use these products as Trojan horses for slow viruses or prions. Epidemiologically, my colleagues in public health, Neurology or Infectious Disease will need years and many exposures to identify a signal if such covert biological warfare is occurring even now.”

“We do not have the ability to easily understand who is at risk of vaccine injury in children, especially our newborns, we pour billions into individualized care of the legislative-age crowd on pharmacogenomic safety studies so that products like Vioxx do not destroy lives of our learned elders. As we have never done anything of the sort in public health and policy for our most developmentally and eugenically vulnerable wildcards of mixed genes in American families, we practice tacit genetic discrimination in the access to public education. Our school budgets are skyrocketing on the increasing numbers of special needs children.

“If removing philosophical exemptions to participation in fraudulent unregulated markets are what your collective actions bring to bear in your state, you may find liabilities that you did not anticipate. I can say this without reservation, the most pervasive molecular crime against humanity in the last 20 years has been the use of aluminum injections on day one of life which have no medical indication. Diagnostic medicine has long ago marked the crime of medical assault on American babies whose mothers' obstetric laboratory panels have shown millions of times over that they are delivering antibodies against the Hep B vaccine itself to their fetuses. There is no medical indication for a vaccine on day one of life outside of active infection of the mother. The rest of my colleagues in medicine would be sued or lose their license for serial billing of the state or insurance companies on completely worthless un-indicated interventions like Hep B on day one, or for that matter, at 2 months of life.

“With growing whistleblower cases coming out of the woodwork in scientific fraud are you really ready to cast this lot towards your constituents’ children and families. The U.S. Department of Justice has a case against Merck in Pennsylvania for the scandalous corporate racketeering of scientists that were told to spike the data for mumps to pass the bar of 95% efficacy, ostensibly so that Merck would not lose the monopoly on MMR in this country. I believe you can all see now that the only check and balance in the system against fraud in vaccine science is a public consumer (parents) becoming aware within our nation discourse regarding these issues. Please hold the line on the philosophical exceptions for the greater good of Washington’s political well-being. Forcing your youngest citizens to participate in a fraud and racketeering scheme is a violation of basic human rights. We first need ethical corporate leadership in the vaccine industry before we can trust our genetically-disabled to the gross negligence of entire generations of humans being treated like cattle. Thank you for your time and attention, may the wisdom of the great decision makers of history help you discern the best for your state regarding philosophical exemptions.”

2/20/2019

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