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Honorable Members of the Joint Technical Corrections Committee  
Pioneer Room, State Capitol  
Bismarck, ND

RE: Public Testimony in Support of HB 1514

Thank you for this opportunity to express my support for the off-label use of medication and banning hospitals from discriminating based on vaccine status.

First, I am a retired Nurse Para-Legal. I was one of the first nurses in the nation to work with HIV + patients beginning in the winter of 1981/1982. Because of that experience, I volunteered to become a Nurse/Advisor for a health hotline sponsored through UT Southwestern Medical School. Working with virologists, I provided in-service to hospitals, and doctors' offices as well as other public and private entities. I also trained volunteers who operated a crisis intervention hotline. For a brief time, I actively qualified and recruited patients for drug studies and trials of anti-virals for Burroughs-Wellcome (pharmaceuticals). I held that position for over ten years. I understand viruses.

Historically, prophylaxis and/or early aggressive therapeutics for any virus typically produces a more positive outcome for patients. Think seasonal influenza. Patients prescribed Tamiflu who begin treatment in the first 48 hours of onset of symptoms can shorten the duration of the disease (and severity). It is also an effective prophylaxis if one is exposed to others who are sick, but they, themselves, exhibit no symptoms. Zovirax is another anti-viral that inhibits HSV replication and outbreaks.

Which is why I was totally bum fuddled with the national medical community's lack of care for millions of patients during this pandemic. I have never seen doctors and other healthcare practitioners have a **step back and stand down** approach to a condition that can be life threatening for members of a vulnerable population. This includes pharmacists who typically have no problem filling off-label prescriptions.

Of course, we have never seen such public fear of a virus that for many only causes mild symptoms. Covid-19 has a recovery rate of 97-99.75% according to the CDC (August 7, 2021).

Why the overwhelming fear by so many?

Why the hands-off approach by pharmacists and healthcare providers?

In late September 2020, I caught Covid-19. As a member of more than one of the vulnerable populations (age/ health history) I knew that the chance of me developing a cytokine storm was highly likely and could be life threatening. My primary care physician in North Dakota could not help.

Luckily, I was in Texas and able to find a physician who believed in early, aggressive therapeutics. Within a few days of onset of symptoms, I was prescribed Hydroxychloroquine, Azithromycin, Corticosteroids, Vitamins D3, C, B12 and Zinc as well as Aspirin and Omeprazole to offset stomach upset from the other drugs. I was on a strict healing diet. Due to mobility issues, I was placed on a modified exercise regime to reduce the chance of developing blood clots. While ill, I was still able to care for myself and no one else in the household (five other people) contracted the virus.

Contrast that with my second go around with Covid-19 late September 2021.

I could not find anyone in North Dakota to prescribe the medications that worked so well for me in 2020. I finally found an HCP that did prescribe Ivermectin. But, they would not prescribe any other therapeutics. This time my symptoms were much worse. Upon standing, my oxygen levels plummeted to the low 70s. Weak, dehydrated and nauseous; I knew I was in trouble. I could not get an oxygen concentrator without a prescription (in other States prescriptions are not necessary). My primary physician recommended I go to the walk-in clinic.

I went to the hospital where they offered a vaccine (!), then monoclonal antibodies. Since I was already day 10+ of exhibiting symptoms, I knew the monoclonal antibodies would have minimal (if any) effect. I felt like after I refused the vaccine and monoclonal antibodies, the attending at the hospital had no real

interest in treating me. I went home hypoxic upon standing. Still no oxygen. However, I did have a prescription for nausea and an Albuterol inhaler. It was a very rough October.

The difference in treatments and care I received between the two States was illuminating. I truly believe one of the reasons for the number of fatalities in North Dakota is simply because of lack of early treatment for vulnerable patients.

Hospitals must be banned from discriminating based on vaccine status. The long-term effect(s) of these vaccines is still an unknown. Even the doctor that developed mRNA technology, Robert Malone, has concerns about their long-term effects.

Workers are smart, dedicated individuals. Many worked through the beginning of the pandemic without adequate supplies and PPEs. They too, have the right to make an informed choice that is right for them and their families. Deeply held religious beliefs, allergies to ingredients, or pre-existing conditions are just a few of the reasons one might choose to abstain from getting a vaccine.

Then there is the God given right to physical autonomy. The Thirteenth Amendment abolished slavery and involuntary servitude in 1865.

Whether one decides to be vaccinated or not, it is a personal decision that should not be subjected to government (or employer) control.

Remember, by the CDCs own numbers this virus has a 97-99.75% survival rate.

I believe by encouraging and empowering all pharmacists and healthcare providers to render early, aggressive therapeutics we can reduce the number of patients that develop life-threatening symptoms. It will lessen the number of patients that end up in the hospital. Thereby taking a strain off an already taxed system.

As this legislative body well knows, mandates are not laws. Discrimination, however, is against the law.

We have a Constitutional right to sovereignty over our own bodies. If we lose the right to bodily autonomy, we are no longer a Democratic Republic. We are (in)voluntary servants of the government.

Thank you for your consideration,

Joyce Prestriedge