2025 HOUSE HUMAN SERVICES

HB 1519

2025 HOUSE STANDING COMMITTEE MINUTES

Human Services Committee
Pioneer Room, State Capitol

HB 1519
2/4/2025

Relating to death and vaccination records.

8:58 a.m. Chairman M. Ruby 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:

- Coercion of providers
- Vaccine incentives
- Informed consent
- Transparency
- Control groups
- Cost
- Vaccine hesitancy
- Privacy

8:58 a.m. Representative Rohr, District 31, introduced the bill and submitted testimony, #34506.

9:00 a.m. David Crane testified in favor and submitted testimony, #33700, #33698, #33699, #33701, #33702, #33706.

9:07 a.m. Dr. Alan Lindemann, Obstetric Physician, testified in favor.

9:16 a.m. Katie Vidmar (Crane), Executive Director of Connect Medical Clinic in Dickinson North Dakota, testified in favor and submitted testimony, #34150.

9:24 a.m. Steve Kirsch, Executive Director of the Vaccine Safety Research Foundation, testified in favor.

9:58 a.m. Dr. Steve Nagel, Chiropractor, testified in favor.

10:07 a.m. Lanny Kenner, private citizen, testified in favor and submitted testimony,

#34334.

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

10:09 a.m. Kollette Kramer, private citizen, testified in favor.

10:12 a.m. Molly Howell, Immunization Director of the North Dakota Health and Human Services, testified in opposition and submitted testimony, #34008.

10:21 a.m. Gracen Chow, Director of Health and Analytics from Human Services, testified in opposition.

10:23 a.m. Kylie Hall, private citizen, testified in opposition and submitted testimony, #34393.

Additional written testimony:
Doug Sharbono, private citizen, submitted testimony in favor, #34195.
David Waterman, Executive Director of the Midwest Public Health Coalition, submitted testimony in favor, #34272.

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

Jackson Toman, Committee Clerk

DAVID CRANE
PO BOX 264
MOTT, ND 58646
701-824-2591 (work)
finplanlawyer@gmail.com

April 13, 2023

ND Department of Human Services
600 East Boulevard Avenue, Dept. 325
Bismarck, ND 58505-0250

Attn: Mr. Chris Jones, HHS Commissioner; Dr. Nizar Wehbi, State Health Officer; and all members of the ND State Health Council

By regular mail and email: dhseo@nd.gov

Re: State COVID vaccination policies

Greetings:

ND HHS wants the public to believe that the COVID vaccines are "safe and effective." But is it true that they are safe and effective?

We can begin to grapple with this question by asking more questions. First, why does HHS believe this to be true? I am told it is because the CDC tells them so.[1] Second, is it reasonable for HHS to believe this on the authority of the CDC? I believe the answer is no, but I will have to spill some digital ink to begin to make the case.

But first let me anticipate some objections. Some would say that a layman really can't have an informed opinion on complex public health matters. Political scientist Aaron Wildavsky disagreed. See his book, *But Is It True? A Citizen's Guide to Environmental Health and Safety Issues.*[2] Wildavsky not only showed how non-experts can competently participate in decisions with scientific content, he also argued this is something we have to do in order to fulfill the requirements of citizenship in this scientific and technological age.

Some would also say that it is always best to trust the experts. In this case, the CDC is the leading expert on all matters COVID. Its pronouncements are based on the best science, gilt-edged, and unimpeachable, they say. However, that simply begs the question and flies in the

[1] "COVID-19 vaccines are safe, effective, and free." https://www.cdc.gov/coronavirus/2019-ncov/vaccines/index.html
[2] Aaron Wildavsky, *But Is It True? A Citizen's Guide to Environmental Health and Safety Issues* (Cambridge: Harvard University Press, 1995)

face of common sense, human experience, and recent history[3]. To be sure, before the pandemic it was reasonable to presume their authoritativeness, but that presumption is not irrebuttable. It is now quite timely to question authority.

Let's put Dr. Anthony Fauci in the dock as the expert witness defending the proposition that the vaccines are safe and effective. There are good reasons for making him the face and representative of the alphabet soup of entities within HHS (CDC, FDA, NIH, NIAID, and others) who pushed for mass vaccination. Fauci was our COVID czar during the pandemic. He is also reputed to have been the de facto head of the entire HHS. He, more than anyone, is responsible for making mass vaccination the centerpiece of our nation's response to the pandemic.[4]

In the courtroom there are many ways to impeach or attack the credibility of an expert witness. (1) The expert may have a fancy degree (Fauci has several) and loads of experience (he's been at it for over 40 years) but is he competent? In other words, does he get things right? Do his predictions prove to be true? Do his policies achieve the desired outcomes? (2) The expert may be brilliant, but is he honest? Proving that a witness has previously lied (intentionally made false claims), especially on a key issue, should be devastating to that witness's credibility. (3) The expert may be very believable, but has he contradicted himself? For example, has he claimed "X is true" on one occasion, but he now is saying "X is not true"? (4) Does the expert have a conflict of interest? (5) Has the expert made any damning admissions? (6) Has the expert committed prior bad acts? (7) Is the expert biased? And so on.

So, how has Dr. Fauci earned our distrust?

A. <u>By telling us things that are not true</u>.

Dr. Robert Malone offers us a sample of the government's false COVID claims (1-9)[5]:

1. SARS-CoV-2 coronavirus has a far higher fatality rate than influenza virus by several orders of magnitude.
2. No one has immunity, because this virus is new ("novel"), and so expedited vaccine development and deployment is essential.
3. Everyone has a significant risk of death from COVID19.
4. Everyone is dangerous and spreads the infection.
5. Asymptomatic people are major drivers of the spread of disease.
6. Locking down—closing schools and businesses, confining people to their homes, stopping non-COVID medical care, and eliminating travel—will stop/eliminate the virus.
7. Masks will protect everyone and stop the spread.
8. Immune protection can only be obtained with a vaccine.

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[3] A good place to start cracking the façade of the CDC's infallibility is Chapter 7 of Robert W. Malone's book (cited later), titled "Scientific Fraud at the Centers for Disease Control." Robert W. Malone, *Lies My Gov't Told Me and the Better Future Coming,* (New York: Skyhorse Publishing, 2022), 89-94.

[4] Hereafter, as I level charges against Fauci, I arguably am implicating the rest of the federal public health apparatus, including the CDC. Likewise, if I indict any specific public health official or agency, that charge implicates Fauci as well. After all, he was in charge.

[5] Malone, *Lies My Gov't Told Me*, 89-94.

9. Natural immunity conferred by infection and recovery is short-lived and inferior to vaccine-induced immunity.

Here are some others:

10. The virus did not come the lab in Wuhan.
11. The Wuhan lab was not conducting US-funded gain-of-function research.
12. Ivermectin is just horse medicine.[6]
13. Ivermectin has no anti-viral properties.[7]
14. Ivermectin and hydroxychloroquine are not an effective COVID treatments.
15. Remdesivir is an effective and safe therapeutic for acute infection.[8]

Depending on who made the claim and when, the above examples certainly could include falsehoods advanced in good faith. Such falsehoods don't undermine integrity but certainly undermine competence. It is also possible that some of the false claims were made while the proponents were in a state of willful ignorance. Again, this doesn't necessarily undermine integrity, but it certainly undermines the proponents' professionalism.

At the other end of the spectrum are bold-faced lies (falsehoods advanced even though the proponent knew the claim to be false). I offer 8, 9, 12,13, and 15[9] as candidates.

And then there are the various instances of intellectual dishonesty, all of which involve some kind of deception. Some false claims were forcefully advanced even though they had no public health precedent (6) or had weak scientific support (7). Many were presented as settled and established science even though they were in fact highly controverted. Some false claims were based on conjecture even though there was little or no evidence to back them up at the time (1-5). Some were, and still are being, promoted even though there is strong evidence they are not true (11).

Back to bold-faced lies: A prime example is the claim that the mRNA injections would protect against infection (8). After she left government service, Dr. Deborah Birx, the White House Coronavirus Response Coordinator under President Donald Trump from 2020 to 2021 (and a Fauci protégé'), stunningly admitted they knew this claim was contradicted by the established science of the time. Yet she helped lead the effort to make vaccination the centerpiece of their COVID strategy.[10]

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[6] https://www.theguardian.com/us-news/2021/aug/23/fda-horse-message-ivermectin-covid-coronavirus
[7] https://www.aier.org/article/the-fdas-war-against-the-truth-on-ivermectin/
[8] Dr. Peter McCullough says this about the drug: "Remdesivir has two problems. First, it doesn't work. Second, it is toxic and it kills people." Quoted in *The Real Anthony Fauci*, 70.
[9] As will be related later, how remdesivir gained FDA approval is a particularly sordid tale: in short, by administrative fiat supported by arguably fraudulent science.
[10] https://www.westernjournal.com/dr-birxs-bombshell-vaccine-admission-knew-vaccines-wouldnt-protect-infection/

Dr. David Bell reports that Anthony Fauci has also come clean.[11] According to Bell, Fauci co-authored a recent paper[12] in which he made damning admissions. Bell states:

> The authors of this paper are not developing new hypotheses to explain why Covid vaccine performance was disappointing. They are simply restating previous knowledge. Predictions of high and sustained vaccine efficacy, and vaccination paving the 'way out of the pandemic,' were not expected to come true. These claims were a ploy to encourage adherence to a plan that would dramatically enrich certain corporate and public health figures. People with reasonable knowledge of the subject knew the rhetoric to be incorrect, though relatively few said so. The rest, presumably, were fooled… Fauci and co-authors therefore make an important contribution to the Covid narrative, underlining the deception of the past two years. Claims that this deception promoted an overall good – that there was a 'global pandemic' and compliance with mass vaccination would be for the population's benefit – are refuted by Fauci et al.'s evidence.

They knew the vaccines wouldn't work even while they were predicting the vaccines would prevent infection, stop transmission of COVID, and end the pandemic. Kennedy reports that when Fauci and Bill Gates were predicting a "miraculous vaccine" in the Spring of 2020, "Even vaccinology's most stalwart tub thumpers—true believers like Dr. Peter Hotez and Dr. Paul Offit—regarded these forecasts as farfetched and foolhardy. After all, for decades, two perilous and seemingly insurmountable impediments [leaky vaccines and pathogenic priming] had thwarted every attempt to craft a coronavirus vaccine."[13]

Government officials, principally Fauci, have attempted to justify their lies as "noble lies" (lies knowingly propagated by the government for the common good). In addition to Fauci's Big Lie about vaccine efficacy, discussed in the Bell article, there is his infamous moving of the goalposts on what percentage of COVID infection/vaccination will achieve herd immunity.[14]

But a "noble" lie is still a lie, and we should not take for granted the good intentions of the liar.

How else has Fauci earned our distrust?

<u>B. By prior bad acts, corruption, bias, conflicts of interest..</u>.

In his book, *The Real Anthony Fauci* Robert Kennedy, Jr. gives us many reasons to doubt the good intentions of Fauci.[15] He sets the tone in his introduction:

> I wrote this book to help Americans--and citizens across the globe--understand the historical underpinnings of the bewildering cataclysm that began in 2020. In that single

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[11] https://brownstone.org/articles/dr-fauci-comes-clean-on-vaccines-and-respiratory-viruses/

[12] https://www.cell.com/cell-host-microbe/fulltext/S1931-3128(22)00572-8?_returnURL=https%3A%2F%2Flinkinghub.elsevier.com%2Fretrieve%2Fpii%2FS1931312822005728%3Fshowall%3Dtrue

[13] *The Real Anthony Fauci*, 70.

[14] https://www.axios.com/2020/12/25/fauci-goalposts-herd-immunity

[15] Robert F. Kennedy Jr., *The Real Anthony Fauci, Bill Gates, Big Pharma, and the Global War on Democracy and Public Health* (New York: Skyhorse Publishing, 2021)

> *annus horribilis,* liberal democracy effectively collapsed worldwide. The very governmental health regulators, social media eminences, and media companies that idealistic populations relied upon as champions of freedom, health, democracy, civil rights, and evidence-based public policy, seemed to collectively pivot in a lockstep assault against free speech and personal freedoms.
>
> Suddenly those trusted institutions seem to be acting in concert to generate fear, promote obedience, discourage critical thinking, and herd 7 billion people to march to a single tune, culminating in mass public health experiments with a novel, shoddily tested, and improperly licensed technology so risky that manufacturers refused to produce it unless every government on Earth shielded them from liability.[16]

The book is dense with information and heavily documented. Here are some highlights.

The fact that the CDC is such a strong advocate for mass COVID vaccination is primarily due to power and influence of Anthony Fauci, our now retired COVID czar, who was the overall architect of for our government's response to the crisis. Necessary background for understanding our government's handling of the COVID crisis is Fauci's mishandling of the AIDS crisis. Fauci's career was launched when he partnered with pharmaceutical companies to sabotage safe and effective off-patent therapeutic treatments for AIDS developed by front-line physicians. He choreographed fraudulent research and then pressured the FDA to approved the use of AZT, a deadly chemotherapy drug he had good reason to know was ineffective against AIDS.

Another very shocking accusation, which Kennedy documents, is that Fauci violated federal informed consent laws and exploited poor children of color as lab rats in deadly experiments with toxic AIDS and cancer chemotherapies.

Fauci championed the official orthodoxy that AIDS is caused by the HIV virus.[17] This was the necessary pretext for the expenditure of billions on the development of a vaccine, which has proved to be a futile endeavor. Kennedy says:

> Even today, incoherence, knowledge gaps, contradictions, and inconsistencies continue to bedevil the official dogma. The unified chorus demanding blind adherence to that official dogma drowned out the lively public disputes of earlier years and ignored the clamor for scientific proof. An obsequious national media had consecrated the orthodoxy and anointed Anthony Fauci with an infallibility formerly reserved for popes.

And, of course, heretics were ruthlessly marginalized, ostracized, and made to suffer the degradation rituals commonly used in academia and bureaucracies to discipline dissenters.

Fauci emerged from the AIDS era as the director of the National Institute of Allergy and Infectious Diseases (NIAID). According to Wikipedia: "NIAID is one of the 27 institutes and

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[16] *The Real Anthony Fauci*, xiv.

[17] Regarding HIV, Fauci promoted the work of the Robert Gallo, who falsely claimed to be the sole discoverer of the HIV virus. That distinction belongs the French researcher, Luc Montagnier.

centers that make up the National Institutes of Health (NIH), an agency of the United States Department of Health and Human Services (HHS). NIAID's mission is to conduct basic and applied research to better understand, treat, and prevent infectious, immunologic, and allergic diseases." From that perch, Fauci controlled billions of dollars of government funding for research. With his financial clout, Fauci was able dictate the content and outcome of scientific health research across the globe.

Fauci did much to enhance the mystique and importance of NIAID and the CDC. Kennedy writes:

> Today CDC and NIAID promote the popular orthodoxy: that intrepid public health regulators, armed with innovative vaccines, played the key role in abolishing mortalities from these contagious diseases. Both science and history dismiss this self-serving mythology as baseless.[18]

When the COVID crisis hit, Fauci followed his playbook developed during the AIDS crisis. Development of a vaccine became the centerpiece of his program to combat the disease. Fauci assumed the role of gatekeeper for COVID research. He and his minions waged war against repurposed therapeutics like hydroxychloroquine and ivermectin and promoted their favored therapeutic, the expensive, ineffective, and toxic remdesivir. Along with a willing media, he bombarded the public with propaganda designed to fuel panic and justify the draconian lockdowns and other measures.

Kennedy reflects on his 40-year career as an environmental and public health advocate. Much of his time was spent suing the EPA to get them to do their job. But this was a difficult project given the many corrupt sweetheart relationships between the regulators and the polluting industries they regulated. But when he became interested in vaccine safety in 2005, he discovered the problem of regulatory capture was much worse in the public health domain.

> I was astonished to realize that the pervasive web of deep financial entanglements between Pharma and the government health agencies had put regulatory capture on steroids. The CDC, for example, owns 57 vaccine patents and spends $4.9 of its $12.0 billion-dollar annual budget (as of 2019) buying and distributing vaccines. NIH owns hundreds of vaccine patents and often profits from the sale of products it supposedly regulates. High level officials, including Dr. Fauci, receive yearly emoluments of up to $150,000 in royalty payments on products that they develop and then usher through the approval process. The FDA receives 45 percent of its budget from the pharmaceutical industry, through what are euphemistically called "user fees." When I learned that extraordinary fact, the disastrous health of the American people was no longer a mystery; **I wondered what the environment would look like if the EPA received 45 percent of its budget from the coal industry!** [bold-face added][19]

Fauci greatly facilitated this regulatory capture through his use of a network of "principal investigators," or PIs. According to Kennedy:

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[18] *The Real Anthony Fauci*, 129.
[19] *The Real Anthony Fauci*, *xv.*

> PIs are powerful academic physicians and researchers who use federal grants and pharmaceutical industry contracts to build feudal empires at universities and research hospitals that mainly conduct clinical trials—a key stage in the licensing process—for new pharmaceutical products. Thanks to NIH's largesse, and NIAID in particular, a relatively tiny network of PIs—a few hundred—determines the content and direction of virtually all of America's biomedical research.[20]

Kennedy further explains:

> Today, when people refer to the "Medical Cartel," they are principally speaking of pharmaceutical companies, hospital systems, HMOs and insurers, the medical journals, and public health regulators. But the glue that holds all these institutions together, and allows them to march in lockstep, is the army of PIs who act as lobbyists, spokespersons, liaisons, and enforcers. Tony Fauci play a key historic role in elevating this cohort to dominate public health policy.[21]

To give the reader a clear understanding of Fauci's modus operandi, consider the following lengthy account of his machinations in promoting remdesivir as the standard COVID treatment for acute cases:

> Anthony Fauci needed to use all his moxie and all his esoteric bureaucratic maneuvers--mastered during his half century at NIH--to win FDA's approval for his vanity drug, remdesivir. Remdesivir has no clinical efficacy against COVID, according to every legitimate study. Worse, it is deadly poisonous, and expensive poison at $3000 [per] treatment. In fact, remdesivir's wholesale cost is roughly 1000x more costly than hydroxychloroquine [HCQ] and ivermectin [IVM]. The challenge required doctor Fauci to first sabotage HCQ and IVM. Under federal rules discussed earlier, FDA's recognition of HCQ and IVM efficacy would automatically kill remdesivir's ambitions for EUA [Emergency Use Authorization] designation. And even if Dr. Fauci somehow finagled an FDA license for remdesivir, demand for the product, which doctors were administering late in the disease, as it had to be given through an IV in the hospital, would plummet if either HCQ or IVM stopped the COVID-19 infections early.
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> Why would Dr. Fauci care to undermine any medicine that might compete with remdesivir? Might it have something to do with NIAID and CDC having just spent $79 million developing remdesivir for Gilead, a company in which the Bill and Melinda Gates Foundation owns $6.5 million dollar stake? [describes others with a vested interest in the drug] At the outset of the coronavirus plague, remdesivir was just another pharma-owned molecule that FDA had never approved as safe and efficacious for any purpose. In 2016 remdesivir demonstrated middling antiviral properties against Zika, but the disease disappeared before the expensive non-remedy got traction. After the Zika threat vanished, NIAID put some $6.9 million into identifying a new pandemic against which to

[20] *The Real Anthony Fauci*, 135-136.
[21] *The Real Anthony Fauci*, 135.

> deploy remdesivir. In 2018 Gilead entered remdesivir in a NIAID-funded clinical trial against Ebola in Africa.
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> This is how we know that Anthony Fauci was well aware of remdesivir's toxicity when he orchestrated its approval for COVID patients. NIAID sponsored that project… However, six months into the Ebola study, the trial's Safety Review Board suddenly pulled remdesivir and Zmapp from the trial. Remdesivir, it turned out, was hideously dangerous. Within 28 days, subjects taking remdesivir had lethal side effects including multiple organ failure, acute kidney failure, septic shock, and hypotension, and 54 percent of the remdesivir group died—the highest mortality rate among the four experimental drugs. Anthony Fauci's drug, ZMapp, ran up the second-highest body count at 44 percent. NIAID was the primary funder of this study, and its researchers published the bad news about remdesivir in the *New England Journal of Medicine* in December of 2019. By then, COVID-19 was already circulating in Wuhan, but two months later, on February 25, 2020, Dr. Fauci announced, with great fanfare, that he was enrolling hospitalized COVID patients in a clinical trial to study remdesivir's efficacy.[22] [!!]

In the rest of the chapter, Kennedy documents how Fauci's NIAID-Gilead study employed a phony placebo, suffered from fatal irregularities in protocol, and failed to demonstrate any ability to reduce mortality. What's more, a separate Chinese study had been published which showed remdesivir was "utterly ineffective at keeping hospitalized patients alive OR reducing the duration of hospitalization."[23] Despite all that, Fauci announced that remdesivir had "a clear-cut, significant, positive effect in diminishing the time to recovery." This, of course, was a lie. On May 1, 2020 the FDA granted the pandemic's first EUA (Emergency Use Authorization).

And that is how a dangerous and ineffective drug became the "Standard of Care" under the Fauci regime.

Bill Gates is mentioned frequently in connection with Fauci's atrocities. Relating Gates's activities would take many more pages. Suffice it to say that Gates and Fauci were partners in crime. The Bill and Melinda Gates Foundation has contributed millions of dollars to health research, but, as in the case of remdesivir, the money is going to companies in which Gates holds a stake. Kennedy has a term for this: philanthropic capitalism. Gates also has a penchant for using third world residents as guinea pigs for his sponsored research.

Chapter 12 of Kennedy's book is titled "War Games: Genesis of the Biosecurity State." It lays bare the bioweapons background of the COVID crisis and the intersection between the medical-industrial complex and the military-industrial complex. In this context, Fauci's on-going funding of gain-of-function research at the Wuhan lab takes on a very sinister significance.

As I said above, Kennedy's book is dense with information, and all I can accomplish here is provide the highlights and good cause to believe that Fauci does not deserve the titles

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[22] *The Real Anthony Fauci*, 63-70.
[23] *The Real Anthony Fauci*, 66.

"America's Doctor" and "National Treasure." Instead of accolades, the man deserves to be tried for crimes against humanity.

C. …his prior inconsistent statements, conflicts between his public and private statements, lack of transparency…

Fauci's shifting advice on masking is illustrative. According to Newsweek, on March 8, 2020, Fauci said 'there's no reason to be walking around with a mask."[24] Then CDC updated its guidance on masks on April 3 and recommended that people wear face coverings "in public settings when around people outside their household, especially when social distancing measures are difficult to maintain." Fauci then then started encouraging mask-wearing and even told NBC News on January 25, 2021 that wearing two masks was "common sense."

But did he really believe in the CDC guidelines? Consider some private advice he gave to Sylvia Burwell, health and human services secretary for three years under President Barack Obama. Burwell asked for advice about wearing face masks while traveling. According to Newsweek:

> Fauci wrote: "Masks are really for infected people to prevent them from spreading to people who are not infected rather than protecting uninfected people from acquiring infection.
>
> "The typical mask you buy in the drug store is not really effective in keeping out virus, which is small enough to pass through material. It might, however, provide some slight benefit in keep out gross droplets if someone coughs or sneezes on you."
>
> He added: "I do not recommend that you wear a mask, particularly since you are going to a very low risk location."

Consider also his January 28, 2020 speech to HHS regulators which explained the futility of masking asymptomatic people[25]

His statements on natural immunity are also inconsistent. On October 11, 2004, during an appearance on C-SPAN, Fauci said: "The best vaccination is to get infected yourself. And if she really has the flu, she definitely doesn't need the flu vaccine." But, as we know, Fauci et al now denigrate natural immunity gained from a COVID infection and tout the superiority of immunity gained from vaccination.

Finally, hiding data and other modes of obfuscation and lack of transparency undermine credibility. There are many instances of this in the COVID saga. Perhaps the most notorious is the attempt by the FDA to delay the complete release of Pfizer's clinical trial data. In response to a FOIA request, the FDA proposed a release schedule which wouldn't achieve a complete release for decades. But in 2022 a federal judge ordered a more accelerated release. According to Reuters: "Rather than producing 500 pages a month — the FDA's proposed timeline — he

[24] https://www.newsweek.com/fauci-said-masks-not-really-effective-keeping-out-virus-email-reveals-1596703
[25] *The Real Anthony Fauci*, 2.

ordered the agency to turn over 55,000 a month. That means all the Pfizer vaccine data should be public by the end of the summer rather than, say, the year 2097."[26]

D. …his warped understanding of science, his elitist and authoritarian bent, and his use of propaganda against the American people..

Fauci's words and conduct throughout displayed hubris on a grand scale. In a June 9, 2021 interview, he stated that Americans who questioned his claims were, per se, anti-science. He said, "Attacks on me, quite frankly, are attacks on science."[27] Someone who arrogantly claims to be Science personified and demands that we have blind faith in his authority, has actually abandoned the grand enterprise of science and established a new religion. G.K. Chesterton and C.S. Lewis warned us about the oligarchs who will be only too eager to assume the role of cultural high priests.[28] This describes Fauci perfectly.

And Fauci's minions displayed the same mindset. Fauci acolyte Dr. Peter Hotez published an article in a scientific journal calling for legislation to "expand federal hate crime protections" to make criticism of Fauci a felony![29]

And then there are all the attempts to censor and cancel dissidents.

And think of Fauci's utter presumption in dictating public policy to presidents, governors, and mayors. Rather than staying in his own lane and simply offering his best scientific advice to elected officials, whose job is to do the delicate balancing necessary to policy decision-making, Fauci arrogantly presumed that the myriad other considerations and factors were less important than the implementation of his public health prescriptions.

And his prescriptions were always the most self-serving, draconian, and authoritarian options.

Consider also—and this is discernible in how our government handled other health crises as well—its penchant for instilling fear and panic. We shouldn't suffer any delusions about the noble motives of those in charge. Time and time again they propagandized us to herd us into behavior which hurt us and only benefitted Fauci and his cabal.[30]

What are other reasons we should not trust Fauci?

E. His prescriptions have proved to be catastrophic failures.

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[26] https://www.reuters.com/legal/government/paramount-importance-judge-orders-fda-hasten-release-pfizer-vaccine-docs-2022-01-07/

[27] Quoted in *The Real Anthony Fauci*, xvii.

[28] *Lies My Government Told Me,* 97.

[29] Ibid

[30] To gain an appreciation of the mass psychology techniques our government used against us, see Chapter 7 of Malone's book, cited earlier. It is written by Mattias Desmet and titled "Mass Formation and the Psychology of Totalitarianism.

In the early phase of the COVID pandemic, Fauci's strategy was to slow the spread, flatten the curve, and wait for the (unproven) vaccine. According to other health experts, this strategy "represented a profound and unprecedented departure from accepted public health practice."[31] Fauci's prescription did not include urging the public to follow standard medical advice: lose weight, avoid tobacco, get plenty of sunlight, and fortify the immune system with zinc and vitamin D.[32] His strategy ignored and suppressed the early treatment of infected patients. At that time, the government's recommended treatment protocol amounted to this: Stay at home until your condition is acute. Then come to the hospital and get put on a ventilator and IV remdesivir.[33] A typical outcome of this protocol was death for acutely ill patients. No wonder the early US death rate from COVID per million ranked very high compared to other nations.[34]

And then there were the lockdowns, which were costly in terms of economic loss, mental health problems, aggravated health problems caused by delays in getting treatment and care, loss of privacy, social deprivation, and violations of constitutional rights.[35]

Next consider the catastrophic failure of the "vaccines" themselves. A common understanding is that vaccination confers immunity from a disease and prevents infection. In fact, as of May 4, 2021, the CDC defined vaccination as "The act of introducing a vaccine into the body to produce immunity to a specific disease."[36] So when the government announced the development of COVID vaccines, the public's expectation was the vaccines would make us immune from the disease, just like polio vaccines make us immune from polio. The technical term for this is "sterilizing immunity," which means that the vaccine would completely obliterate viral colonies in vaccinated individuals and prevent transmission and mutation.[37]

But it is now common knowledge that even fully vaccinated people are not "immune" to COVID and its variants. In other words, the fears of the vaccinologists before the rollout of the vaccines proved true. The vaccines are "leaky." So, at best, the shots provide some degree of protection from getting infected.

But is it even true that the shots are relatively or partially effective at preventing infection? Dr. Colleen Huber cites evidence that the shots actually have "negative efficacy" in that one has a "greater likelihood of infection and/or hospitalization and/or death from COVID after having received the vaccine than not receiving it." And this negative efficacy appears to increase with each vaccination.[38]

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[31] *The Real Anthony Fauci*, 7.
[32] *The Real Anthony Fauci*, 6.
[33] *The Real Anthony Fauci*, 11.
[34] *The Real Anthony Fauci*, xvii.
[35] See: Douglas Axe, William M. Briggs, and Jay W. Richards, *The Price of Panic, How the Tyranny of Experts Turned a Pandemic Into a Catastrophe* (Washington DC: Regnery Publishing, 2020)
[36] https://www.cnsnews.com/article/national/susan-jones/cdcs-definition-vaccine-has-changed-over-time-protection-vs-immunity
[37] *The Real Anthony Fauci*, 70.
[38] Colleen Huber, *Neither Safe Nor Effective, The Evidence Against the COVID Vaccines* (self-published, 2022), 30-39.

Let's complete our inventory of all the ways the COVID vaccines fail: Leading virologists such as Nobel Laureate Luc Montagnier, tell us that because the vaccines are non-sterilizing or leaky, they do not arrest transmission. Even worse, vaccinated persons would become asymptomatic carriers and "mutant factories."[39]

What then could be the justification for the shots? It is often claimed that getting the shot mitigates the effects of the disease. The CDC undoubtably can cite studies in support of that, but even if that is true, it is a small incentive for most people to get the shot, especially when weighed against the risk of vaccine injury.

Regarding vaccine safety, Part V of Chapter 1 of Kennedy's book is very instructive. See also Chapter 8 of Robert Malone's book and the work of Dr. Colleen Huber, cited above. In short, the shots are not safe by any reasonable standard. Kennedy reports:

> In 1976, US regulators pulled the swine flu vaccine after it was linked to 25 deaths. In contrast, between December 14, 2020 and October 1, 2021, American doctors and bereaved families have reported more than 16,000 deaths and a total of 778,685 injuries to the Vaccine Adverse Event Reporting System (VAERS) following COVID vaccination. The Europeans' surveillance sites tallied 40,000 deaths and 2.2 million adverse reactions. Due to chronic undercounting by VAERS and its European sister system, those numbers are almost certainly a fraction of the true injuries.[40]

Huber reports that Pfizer, in its court-ordered data release, "confessed over 1,500 types of adverse reactions, many of them known to be permanently disabling.[41]

I can go on for many pages with documentation that the vaccines are not safe. Authoritative voices have been sounding alarms from the beginning.

Yet the CDC tells us, without any qualification, that the vaccines are safe and effective. Huber, however, alerts us to this pertinent fact: Even BioNTech (Pfizer's partner company), in its latest SEC filing, admits they lack proof of the safety or efficacy of their vaccine![42]

All of this is in addition to his mishandling of other health crises, most especially AIDS, and his role in causing the general decline in public health, which Kennedy addresses below:

> The "J. Edgar Hoover of public health" has presided over cataclysmic declines in public health, including an exploding chronic disease epidemic that has made the "Fauci generation"—children born after his elevation to NIAID kingpin in 1984—the sickest generation in American history, and has made Americans among the least healthy citizens on the planet. His obsequious subservience to the Big Ag, Big Food, and pharmaceutical companies has left our children drowning in a toxic soup of pesticide

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[39] *The Real Anthony Fauci*, 70.
[40] *The Real Anthony Fauci*, 87.
[41] *Neither Safe Nor Effective, 40.*
[42] *Neither Safe Nor Effective, 29.*

residue, corn syrup, and processed foods, while also serving as pincushions for 69 mandated vaccine doses by age 18—none of them properly safety tested.[43]

D. Final thoughts and observations.

So what has been accomplished here? However imperfectly and partially I have made my case, a reasonable person would conclude, at a minimum, that the HHS COVID policies must be re-examined. Arguably, a reasonable person would conclude Anthony Fauci has been utterly discredited, and the reputations of the CDC, FDA, NIH, NIAID, and all the other agencies who played a role the grand mRNA vaccine experiment have been severely damaged.

I conclude that North Dakota's public health officials, physicians, and the rest of the medical community should no longer uncritically accept the CDC's pronouncements concerning COVID vaccine safety and efficacy. When the next "novel" viral threat emerges, North Dakotans must be prepared to forge an independent path through the next crisis. The federal government's guidance concerning viral contagions should no longer be trusted implicitly.

If we can't trust the CDC, then whom can we trust? Many independent voices emerged early in the pandemic. Notable among them was Dr. Jay Battacharya, a Professor of Medicine at Stanford University, where he received both an M.D. and a Ph.D. in economics.[44] As one of the signers of the Great Barrington Declaration[45] he was an advocate for "focused protection" instead of lockdowns and the quarantining of the healthy. Among the early advocates for early COVID treatment was the Front Line COVID-19 Critical Care Alliance (FLCCC), founded by a group of leading critical care specialists in March 2020, including Dr Paul Marik and Dr. Pierre Kory. Dr. Peter McCullough also was an important voice. Dr. Robert Malone, who holds patents for early mRNA technology, is a prominent vaccine critic. For a more extensive list of the heroic scientists and physicians who defied the Fauci regime, see Kennedy's Dedication & Acknowledgments.[46]

Ultimately, we have to trust ourselves, and this means we have to improve our own capabilities to evaluate scientific research and adjudicate between the competing claims of experts. We also need to beef up our capabilities and resources in data collection and analysis.

Alexander Solzhenitsyn exhorted us to "live not by lies."[47] At issue here is the CDC's claim—adopted by HHS--that the COVID vaccines are safe and effective. We now should know that this claim is not true and encompasses many lies. HHS must stop participating in those lies.

Your duty is to serve the people of North Dakota and not the CDC and Big Pharma. While your marching in lockstep with the federal government in the beginning of the pandemic is understandable and forgivable, continuing to do so is a grave mistake and constitutes a grave dereliction of duty.

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[43] *The Real Anthony Fauci*, xxi.
[44] https://imprimis.hillsdale.edu/sensible-compassionate-anti-covid-strategy/
[45] https://gbdeclaration.org
[46] *The Real Anthony Fauci*, viii-xi.
[47] https://honestyculture.com/alexander-solzhenitsyn-live-not-by-lies/

When the definitive history of the COVID pandemic is written, how do you want to be remembered? As zealous and independent guardians of the public health and the common good, as champions of evidence-based science and ethical medicine, and as voices of sanity and clarity in a time of turmoil and propaganda-induced panic? Or as willing servants of the medical-industrial complex?

As always, I would appreciate hearing from you. If you think I am wrong or unjust in any of my claims, please initiate a dialogue.

Sincerely,

/s/ David Crane

David Crane

Cc: Governor Doug Burgum; District 13 Senator Judy Lee, Chairman of Senate Human Services Committee; District 31 Representatives Dawson Holle and Karen Rohr; District 31 Senator Donald Schaible; District 8 Senator Jeff Magrum; ND Medical Association

Fauci's "Surprise Outbreak" Was No Surprise.

DAVID CRANE
JAN 31, 2024

[The claims made in this column are based, in part, on a June 29, 2021 article by Rowan Jacobsen in the MIT Technology Review titled "Inside the risky bat-virus engineering that links America to Wuhan"]

In 2017 Anthony Fauci addressed the nation regarding pandemic preparedness. With supreme confidence, Fauci predicted there will be a "surprise outbreak" during the Trump administration. This was consistent with over twenty years of warnings from Fauci and the rest of the biosecurity cartel that a pandemic was inevitable. What knowledge was behind this certainty?

Fauci was not specific as to the pathogen in his 2017 address, but he was certainly aware that US scientists were conducting gain-of-function research on coronaviruses. After all, his agency, NIAID, had funded much of that research.

He certainly was aware of the gain-of-function research of Dr. Ralph Baric from UNC at Chapel Hill and his collaboration with the Wuhan Institute of Virology (WIV). Baric shared technology with WIV and in return received the genomes of coronaviruses obtained from bats. WIV then developed its own reverse-genetics technology and made numerous coronavirus chimeras (new viruses made by splicing part of one virus onto the backbone of another).

He certainly remembered that gain-of-function research was shut down by the NIH during the Obama administration over safety concerns, but Fauci off-shored this dangerous research to WIV anyway, using Eco-Health Alliance as a funding conduit.

Fauci certainly had read the March 2016 paper, co-authored by Baric, which announced that WIV discovered a bat-borne coronavirus (WIV1) which was "poised for human emergence." The potential for emergence was demonstrated by creating a chimera from WIV1 and SARS-CoV which had the ability to infect human lung tissue. He may have been aware that Peter Daszak, head of Eco-Health Alliance and collaborator with WIV, boasted in a 2016 speech that his "colleagues in China" were creating a "killer" coronavirus.

Fauci certainly knew that WIV operated under lesser safety standards than used in the US. That fact was disclosed in a 2017 paper by Daszak and Shi, which reported that work done at WIV was done in a BSL-2 lab. In contrast, Baric's work was done in a BSL-3+ lab. This disclosure led Richard Ebright, a Rutgers University biochemist and a gain-of-function research critic, to observe that the viruses which Daszak portrayed as a clear and present danger to the world were being studied in an environment which equaled "the biosafety level of a US dentist's office."

Fauci may even have remembered his 2012 paper in which he asked us to consider this hypothetical scenario:

"An important gain-of-function experiment involving a virus with serious pandemic potential is performed in a well-regulated, world-class laboratory by experienced

investigators, but the information from the experiment is then used by another scientist who does not have the same training and facilities and is not subject to the same regulations. In an unlikely but conceivable turn of events, what if that scientist becomes infected with the virus, which leads to an outbreak and ultimately triggers a pandemic?"

So, as he delivered his 2017 speech on pandemic preparedness, Fauci surely had a lab-borne coronavirus in mind as the likely cause of the predicted outbreak.

This awareness was embedded in the consciousness of the gain-of-function research community and the biosecurity establishment. In its September 2019 report, the Global Preparedness Monitoring Board, with Fauci as a member, stated the chances of a global pandemic are growing and cited the additional risk that a "high-impact respiratory pathogen," engineered or recreated in laboratories, could be released accidentally or deliberately. In October 2019, while the COVID-19 outbreak was starting, Bill Gates conducted the now infamous Event 201 pandemic simulation (war game) with a coronavirus as the hypothetical pathogen.

What does all this add up to? The US was funding coronavirus gain-of-function research, first in the US and later also at WIV. The end-products of this research were viruses with enhanced pathogenicity and transmissibility. In their mind, the scientists were trying to identify viruses "poised for human emergence" and stay ahead of the threat. But no matter what good they thought they were doing for humanity, the inevitable result of the scientists' manipulations was the creation of novel, non-natural pathogens.

Fauci and the rest of the biosecurity establishment knew that the very existence of gain-of-function research increased the risk of a pandemic. In addition to the risk posed by natural mutations, there was now the added risk posed by manipulated respiratory pathogens, whether their release from the lab be accidental or intentional.

While safety standards may be high in the US, each country sets its own standard, and there are no uniform rules. And this sets the stage for the "scandal," as one researcher put it, of the WIV conducting the same research as Ralph Baric's lab but under subpar conditions.

The WIV was not only creating chimeric coronaviruses, it was also collecting and culturing coronaviruses from bats "by the fistful," according to one author. Workers routinely handled bat feces, blood, saliva, and tissue and probably live bats as well. This created the risk that a naturally occurring pathogen, taken from its natural environment and capable of jumping the species barrier, could escape the lab. In addition, according to Baric, there is the risk that culturing these bat-borne viruses could accidentally create a recombinant version that could be highly infectious to humans.

And all of this was being done in an environment which equaled the biosafety level of a US dentist's office.

Viewed in this context, the most likely source of the outbreak, whether the virus was natural or man-made, was the WIV lab, which should come as no surprise to Dr. Fauci.

The Covid Plandemic

DAVID CRANE
JAN 31, 2024

"Plandemic" is the name of a trilogy of documentary films produced by Mikki Willis about the COVID-19 pandemic. Critics strenuously reject any suggestion that the pandemic was planned in any way and dismiss the films as being full of conspiracy theories and misinformation.

But the critics should read Robert F. Kennedy Jr.'s book, The Real Anthony Fauci, especially the last chapter, wherein he makes the case that our country's militarized response to the pandemic followed a plan developed over decades by federal health agencies, the military, the CIA, and members of the billionaire class. Here is a synopsis of the last chapter.

Key players in the story are Anthony Fauci on the public health side and Dr. Robert Kadlec from the military. Kadlec is known as the creator of the biodefense industrial complex. Bill Gates and the Bill and Melinda Gates Foundation also played major roles.

In 1999 Kadlec started simulations of biological outbreaks. The ostensible purpose of these simulations, many funded and directed by Bill Gates, was pandemic preparedness. But none of the dozen or so simulations conducted over the next twenty plus years emphasized preserving public health by helping Americans bolster their immune systems, devising communication links among frontline doctors to facilitate treatment protocols, or identifying and stockpiling repurposed therapeutic drugs to mitigate fatalities. None grappled with how to preserve constitutional rights during a pandemic.

Instead, according to Kennedy, the simulations war-gamed how to use police powers and propaganda to enforce a set of predetermined policies.

Dark Winter and Global Mercury were among the "Germ Games" staged by military, public health, and intelligence planners leading up to COVID-19. According to Kennedy: "Each rehearsal ends with the same grim punchline: the global pandemic is an excuse to justify the imposition of tyranny and coerced vaccination. The repetition of these exercises suggests that they serve as a kind of rehearsal or training drill for an underlying agenda to coordinate the global dismantlement of democratic governance."

The CIA ran below-the-radar simulations involving tens of thousands of local police, health officials, and emergency responders across the US and many other countries. According to CIA whistleblower Kevin Shipp, these were "brainwashing exercises" designed to get local public health and law enforcement conditioned to participate in "blowing up the US Bill of Rights."

The clear message from the war games: a global pandemic is inevitable, only mandatory vaccines can prevent catastrophe, and drastic curtailment of civil liberties will be necessary.

In May of 2018, Bill Gates, working with the World Health Organization and the World Bank, organized the Global Preparedness Monitoring Board. Its purpose was to institutionalize lessons learned from the war games and validate police state action.

In mid-October 2019, when the coronavirus was beginning to spread in Wuhan, the biosecurity cartel's war-gaming culminated in "Event 201," organized by Bill Gates. Event 201 consisted of four "tabletop" simulations of a worldwide coronavirus pandemic. The scenarios involved employing psychological warfare techniques for controlling official narratives, silencing dissent, forced masking, and promoting mass vaccination, all implemented during the ensuing pandemic.

Also in the plans were strategies to use major media outlets and Big Tech to suppress speculation that the virus was man-made and came from a lab. (We now know the virus most likely came from the lab in Wuhan.)

So our nation's pandemic response followed a prepared script. The notion that our failed COVID policies, especially mass vaccinations and lockdowns, were just mistakes made in the moment by beleaguered government actors contending with a novel public health emergency can be decisively rejected.

It must be acknowledged that the actual pandemic, compared to Gate's simulation in Event 201, was a relative dud. Instead of causing 65 million deaths in 18 months, the actual COVID-19 outbreak, according to public health officials, killed 2.5 million in 13 months, and that figure is highly inflated and questionable.

Even though government officials knew early on that the virus was not nearly as deadly as in their war games, they implemented the full plan anyway.

The outcome represented a triumph for the cartel. The military played a dominant role in executing the plan (e.g., military personnel dominated every aspect of Operation Warp Speed, the crash project for developing a COVID vaccine). In a real sense, there was a military takeover of public health policy.

Fauci and Gates, whose mania for vaccines is well-known, were successful in making mass vaccination the centerpiece of our pandemic response. This served the interests of Big Pharma, the CIA, and other Western intelligence agencies, whose interests had long been intertwined.

The CIA's propaganda and indoctrination program, aided and abetted by its allies in corporate media and Big Tech, was successful in legitimizing the plan, delegitimizing critics, and gaining the obedience of the majority of the population.

Kennedy notes that Gates, Zuckerberg, Bezos, and other billionaires met in July 2021. Their guest of honor was CIA director William Burns. While their agenda was secret, their mood was reported to be "bullish." After all, they "were well on the way to increasing their collective wealth by $3.8 trillion in a single year."

For over twenty years the biosecurity cartel told us a global pandemic was inevitable. They planned for it. When the inevitable happened, they were ready to impose their

planned tyranny. Everything went according to plan. Sure looks like a “plandemic” to me.

Get Ready for Disease X

DAVID CRANE

JAN 31, 2024

The World Economic Forum (WEF), now gathered at Davos, wants us to get ready for "Disease X," the name given by the World Health Organization (WHO) and Bill Gates to the unknown pathogen which will cause the next pandemic. It will be a deadly new pathogen which has no known treatment or cure. It likely will originate in animals, jump to humans, and then spread quickly. Scientists don't know when it will emerge, but they are certain it will come.

Participating in the WEF panel discussion on that topic was Dr. Tedros Adhanom Ghebreyesus, the Director-General of the World Health Organization (WHO). His appearance on the panel was fitting, given that WHO spearheads the Pandemic Preparedness Response (PPR) movement which emerged in the aftermath of the COVID crisis. Ghebreyesus, of course, preached pandemic preparedness and called for more PPR funding.

But I have a suggestion for the Davos elites: We not only should prepare for the next pandemic, we also should try to prevent it. But that's impossible, they would say. Disease X will unexpectedly emerge from nature, just like SARS-CoV-2, our first Disease X. We can't prevent that from happening.

My response: You liars! You know damn well that SARS-CoV-2 didn't come from nature. It was man-made and escaped from the Wuhan lab, where Chinese military scientists, in collaboration with US scientists and with US funding, were producing highly infectious coronavirus hybrids in unsafe conditions.

This fact has been established by clear and convincing evidence martialed by many investigators, including Robert F. Kennedy Jr and Dr. David E. Martin. Kennedy's book, The Wuhan Cover-Up, makes it impossible to deny the bioweapons lineage of the SARS-Cov-2 virus. Scientists have been tinkering with coronaviruses for decades, trying to exploit this manipulable class of viruses as a bioweapons platform. He also documents the cover-up of the lab origins of the virus and the emergence of the WHO as the leader of the PPR syndicate.

Martin gave a very powerful presentation to some members of the EU Parliament in Brussels in May 2023. In the space of 20 minutes, Martin compressed the results of over 20 years of research, much of which he documents in "The Fauci COVID 19 Dossier," which can be found online. He also appears in the documentary "Plandemic."

Since 1999, his company — M:CAM — has been monitoring possible violations of bioweapon conventions. M:CAM's analysis of patent applications in 168 countries revealed an explosion of research and patent applications involving coronaviruses. At the heart of it all was an illegal patent issued to the CDC for the genome of the SARS virus isolated from humans after the SARS outbreak in China in 2002-2003. With this patent and others issued for the detection and measurement of the virus, the CDC and its cronies constructed a "patent thicket" around the isolated virus which prevented independent research. Only those willing to play by their rules were granted

permission use the virus genome to develop technologies, therapeutics and vaccines. From 2003 up until 2019 there were 5111 patents issued to individuals, corporations, and other entities within the CDC's orbit.

In Plandemic, Martin says Anthony Fauci, the CDC, and others "were at the hub of this story. From 2003 through 2018 they controlled 100% of the cash flow that built the empire around the industrial complex of coronavirus." Martin explains that this coronavirus industrial complex was in place and positioned to profit from the expected public health crisis caused by a coronavirus.

Fauci and his allies were well aware the risk of an outbreak not only came from nature, but also from a synthetic coronavirus escaping from a civilian or military lab. Fauci himself admitted this in a 2016 paper. In September 2019, Fauci and the Global Health Preparedness Monitoring Board, part of WHO, warned the world of a "rapidly spreading pandemic due to a lethal respiratory pathogen, whether naturally emergent or accidentally or deliberately released."

Kennedy adds that the risk of pandemic pathogens emerging from nature is actually low, while the risk of lab-leaks is substantial and well-documented.

Nevertheless, "zoonotic spillover" is the central assumption of PPR, and a key resource for this enterprise will be the Global Virome Project (GVP). The GVP aspires to archive all wild viruses that have the potential to jump to humans and cause infectious diseases.

Kennedy sees a sinister purpose behind the GVP and characterizes its archive as a "a library of viruses with weapons and vaccine potential." Governments and corporations will be able to manipulate the organisms in this viral seed bank with gene editing technology and create novel viruses that can be patented. "The viruses can be simultaneously weaponized, conveniently through the same process that creates the vaccines, which become immediately available whenever this creature 'accidentally' escapes. The governments and corporations that control this process will own the poison and the antidote."

We don't need to speculate whether governments and corporations are capable of engaging in such diabolical behavior. They already have pulled it off with COVID. Kennedy chillingly adds, "We can predict with certainty that they will [do it again], because the incentives to do so are limitless."

The WHO and Davos elites want to usher us into the era of permanent pandemic preparedness, hence their hyping of Disease X. Cui bono? Read Kennedy's two books, The Real Anthony Fauci and The Wuhan Cover-Up and watch the Plandemic documentary.

The horrible truth is that the COVID crisis was man-made and planned. The obvious preventive measure is to drastically curtail gain-of-function research, which is inherently dangerous and creates synthetic, pandemic-ready pathogens. In other words, stop weaponizing nature against humanity!

Nuremberg-style trials are also in order and could deter future crimes against humanity.

TESTIMONY OF DAVID M. CRANE

IN FAVOR OF HB 1519
February 4, 2025

Thank you Chairman Ruby and all the members of the House Human Services Committee for the opportunity today to speak in favor of HB 1519. I also want to thank Representatives Rohr, Holle, Anderson, McCloud, Toman, and Frelich, and Senators Schaible, Weston, Clemens, Paulson, and Van Oosting, for sponsoring this bill.

I also want to thank interim HHS Director Dirk Wilke and his staff, including Dr. Tracy Miller, Dr. Grace Njau, and Molly Howell, for giving us an opportunity to explain this bill prior to this legislative session. A belated thank you to former director Wayne Salter for meeting with Rep. Rohr and me back in August when we first started working on this.

My name is David Crane. I hail from Mott, North Dakota where I have lived almost all of my life. I have practiced law there since 1982.

First, a little bit about myself. I graduated from Mott Lincoln High School in 1971 and then attended the University of North Dakota where received my BA through the Honors Program in 1975 and my MA from the Department of Sociology in 1977. After working in Bismarck for two years for a consulting firm, I then attended the University of Oregon School of Law, graduating in 1982. I then joined my father Charles Crane in the practice of rural law and became the third generation of Cranes to practice in Mott. My grandfather, Van H. Crane, first hung up his shingle in 1910.

My wife Peggy and I moved to Mott have four wonderful children and sixteen grandchildren.

My interest in vaccine safety was born during the COVID pandemic. With the benefit of hindsight, we now know the untold damage which the world suffered as a result of that outbreak and its aftermath was government inflicted. This pathogen originated from US and Chinese bioweapons research and most likely escaped from the lab in Wuhan China.[i] Our government planned for this pandemic and conducted simulated war-game exercises which then provided the script for handling the crisis.[ii] Mass vaccination with an experimental mRNA gene therapy product was the centerpiece of the plan. Dr. Fauci and others who promoted the vaccine knew, based the best available science at the time, that the mRNA injections would not offer sterilizing immunity and thus would not prevent infection or prevent the infected from spreading the disease.[iii] They also had good reason to believe that these injections would not be safe by any traditional standard of vaccine safety. Yet throughout the

ordeal, the CDC assured us that the mRNA injections are “safe and effective,” which flies in the face of mountains of evidence to the contrary.

This horrific experience laid bare how the vaccine sausage is made, but what do we now with this terrible knowledge? Certainly not continue business as usual when it comes to the public’s health. The simple, sad truth is that our pandemic experience proves that we cannot trust the CDC, FDA, and their allied agencies when it comes to vaccine safety. We come to this conclusion not simply because of their reprehensible conduct during the pandemic, but also because the whole system of vaccine development and approval has been shown to be corrupt and rife with conflicts of interest.[iv] Further exacerbating this situation is the fact that, since 1986 vaccine manufacturers have been shielded from civil liability for vaccine injuries and wrongful death.

It is therefore critical that our state develop its own capabilities in assessing the safety of vaccines after they have been rolled out. While the department cannot undertake complicated, long-term studies, it can analyze data already in its possession from which safety signals can be gleaned. The State maintains its electronic death registration system, so it has ready access to data for all persons who die in the state. It also maintains the North Dakota Immunization Information System for each vaccination given to the individuals. It is therefore possible to merge data from the death records with vaccination data so that, for each person who has died, we will have the individual’s vaccination status and information. From such records, we then can generate time-series cohort analysis summary reports which can help us detect vaccine safety signals.[v]

This legislation will require that the department maintain the death and vaccination records and publish quarterly summary reports. Why mandate publishing these reports? Because the public has a right to this information. The choice to get vaccinated or not, as with any medical treatment, must be based on informed consent, and the more information citizens have at their disposal the better.

Also testifying in favor today will be Dr. Alan Lindemann, Katie Vidmar, and Steve Kirsch.

In his nearly four decades as an obstetric physician, Dr. Alan has delivered more than 6,000 babies with no maternal mortalities! Still active, he now focuses on providing maternal health and wellness information so women can make decisions about their choices in healthcare. He served as a frontline physician during the COVID pandemic.

With a deep passion for empowering women, Katie E. Vidmar, draws upon over a decade of experience in the Pregnancy Center movement. As Executive Director of Connect Medical Clinic in Dickinson, ND, Katie guided the ministry to move locations, rebrand, and expand into sexual health and holistic women's health services.

She graduated Phi Beta Kappa from the University of North Dakota and holds a Masters of Theological Studies in Biotechnology and Ethics from the Pontifical John Paul Il Institute for Studies in Marriage and Family, She resides in Bismarck, North Dakota with her husband Jeremy and their six children, who happen to be my grandchildren.

Our last witness will be Steve Kirsch, the Executive Director of the Vaccine Safety Research Foundation. He is a champion for vaccine safety data transparency and is the world's leading expert on using record level death and vaccination data and time-series cohort analysis in assessing vaccine safety. We worked with him extensively to develop this legislation.

Mr. Kirsch has a BS and MS degree from MIT in Electrical Engineering and Computer Science. Prior to his work on COVID, Steve was a serial entrepreneur and has founded eight high-tech companies.

When the COVID pandemic hit, Steve took a leave of absence from his company to start the COVID-19 Early Treatment Fund which funded clinical trials using repurposed drugs to treat COVID.

Steve and his family received the COVID injections when they were first released. But a month later, Steve started hearing stories of death and injury from his friends, so he started looking at the data . He quickly identified obvious fraud in the Pfizer clinical trial and huge safety signals in the VAERS system that could only be caused by a very dangerous vaccine. This led to his founding of the Vaccine Safety Research Foundation and his appearance here today.

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[i] See my articles "Fauci's 'Surprise Outbreak' Was No Surprise" and "Get Ready for Disease X," on file with this testimony as Exhibits A and B.
[ii] See "The COVID Plandemic," on file with this testimony as Exhibit C.
[iii] See my letter to ND HHS dated 4/13/2023, on file with this testimony as Exhibit D.
[iv] HHS letter, page 6
[v] See August 1, 2024 Memo to Wayne Salter, filed with this testimony as Exhibit E.

MEMO

DATE: August 1, 2024

TO: Wayne Salter, Executive Director NDHHS

FROM: District 31 Representative Karen M. Rohr (PhD Nursing & Board Certified Nurse Practitioner)

RE: Vaccine Safety Surveillance/Proposal for Vaccine Safety Data Transparency Legislation

1. Synopsis

The goal of this initiative is to lay the groundwork for vaccine safety data transparency legislation to be introduced in the next session. A methodology for vaccine safety surveillance is proposed and will involve a retrospective cohort analysis of death and vaccination records. The contemplated legislation will require HHS to maintain a death and vaccination database for all vaccines given in this state and make that database available online for public use. The legislation will also mandate the publication of retrospective cohort analysis for each vaccine on a regular schedule. As a pilot project, HHS should conduct such an analysis of COVID vaccines to better inform and guide the drafting of this legislation.

2. Background

Fueled by concerns over the safety of COVID vaccines, SB 2384 was introduced during the last legislative session. Originally drafted to ban mRNA vaccines, the bill was later amended to simply provide for a legislative management study. After its second reading, the bill failed to pass.

The Bismarck Tribune, in its 4/12/23 editorial, cheered this outcome:

> The House did the state a favor last week when it rejected Senate Bill 2384 that was for an optional 2023-24 interim legislative study of "the long-term health effects on human beings of vaccines." There have been numerous federal and private studies of vaccines and there will be more. The Legislature isn't equipped to do a deep dive into vaccines.

While the Legislature isn't equipped to "do a deep dive" into vaccine safety, North Dakota Health and Human Services certainly is. In fact, it is one of the department's vital functions.

3. HHS and Vaccine Safety Surveillance

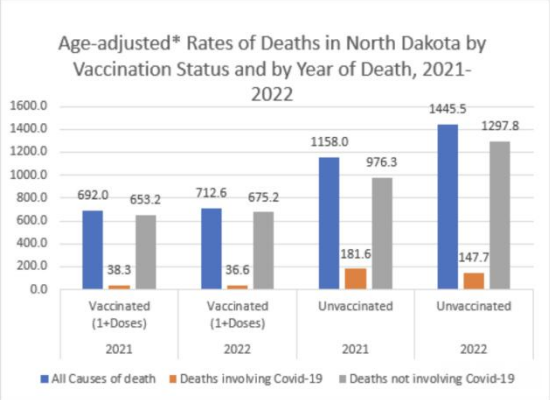
An important task of North Dakota Health and Human Services (HHS) is to monitor the safety of vaccines after they have been released. This project has been described as a hunt for "safety signals," with the process involving three stages: signal detection, signal refinement and signal confirmation.[i]

HHS, with its finite resources, cannot undertake large and complicated studies in aid of post-marketing vaccine safety surveillance.[ii] It therefore is largely dependent in this endeavor on federally-funded primary research. But it is not totally incapable of doing its own primary analytical research because it is already in possession of important data from which safety signals can be gleaned.

4. Death and Vaccination Records

In addition to morbidity, vaccine safety research can also focus on mortality. In this respect, consider that the State maintains its electronic death registration system, so it has ready access to data for all persons who die in the state. It also maintains the North Dakota Immunization Information System for each vaccination given to the individuals. It is therefore possible to merge data from the death records with vaccination data so that, for each person who has died, we will have the individual's vaccination status and information.

HHS has already demonstrated its ability to generate such a data-set. Molly Howell, Immunization Director for the ND HHS, testified at the March 16, 2023 hearing on SB 2384 before the House Human Services Committee. In her written testimony submitted to the committee[iii], Howell presented this graph showing age-adjusted death rates per 100,000 North Dakotans by vaccination status in 2021 and 2022:



*Age-adjusted deaths rates per 100,000 using 2000 U.S. Standard million population (19 Age Groups - Standard Populations - SEER Datasets (cancer.gov)).

This graph could only have been generated from a merged data-set comprised of individual death and vaccination records.

The graph comes from a summary report produced by the ND HHS Health Statistics and Performance Section's Special Projects and Health Analytics Unit. According to Howell, the report was based on records from North Dakota's electronic death records system, Maven (North Dakota's disease surveillance system), and the North Dakota Immunization Information System.[iv]

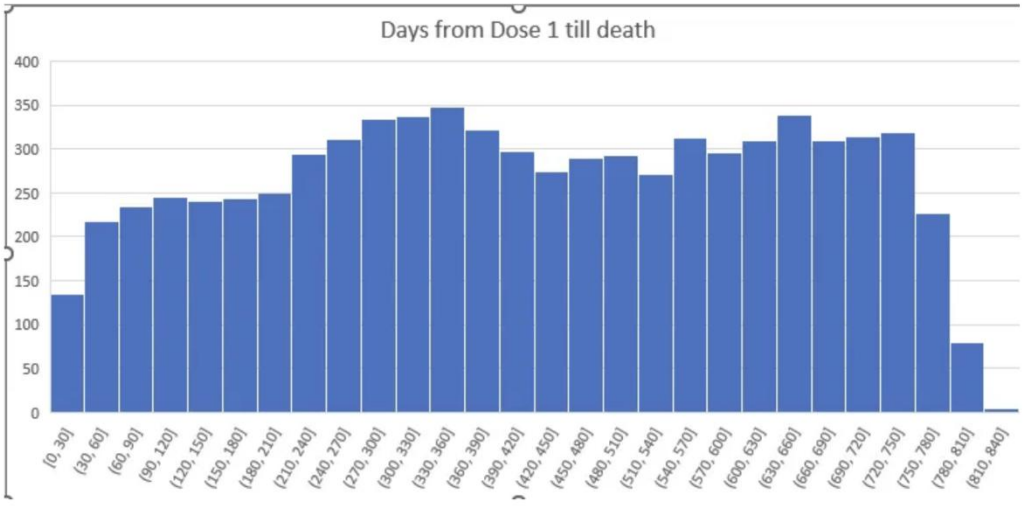
5. Retrospective Cohort Analysis

The researcher doing vaccine safety surveillance has a range of study designs to choose from: cohort, case-control, self-controlled case series, self-controlled risk intervals, and others. Each study design has its advantages and disadvantages.[v]

But the research design most suited to record-level death and vaccination data is the *retrospective cohort study* (also known as time-series cohort analysis).[vi] It is retrospective in that it is looking at vaccinations and deaths that have already occurred. In contrast, a prospective study will start with the individual's exposure to the risk and then observe the individual over time to see if death occurs. In this case, the cohort study will also be *cross-sectional* in that the information regarding the risk factor (vaccination) and the outcome (death) is already present in the data-set and thus is gathered at the same time.

With respect to any vaccine, the cohort in question is comprised of all those individuals who have received a vaccination. The outcome will be death occurring on a given day post-vaccination. This data can be presented in a time-series where the X-axis (horizontal) is time since vaccination measured in days, weeks, or months. The Y-axis (vertical) is the number of deaths occurring on a given day post vaccination. The challenge in the analysis, with to respect signal refinement and signal confirmation, is to determine whether the observed trend is excessive in view of an established baseline.[vii]

Using the COVID vaccines to illustrate: the cohort is the group of individuals who have been exposed to the putative risk by receiving a COVID vaccination. The chronological interval or time period in question is January 1, 2021 through December 31, 2023, the first full three years after the vaccine roll-out. The dated occurrences (deaths) will be arranged temporally by reference to the vaccination date. So for all persons receiving the first dose of the vaccine, for example, the aggregate number of deaths occurring on day 0, 1,2...600... post vaccination can be tallied and displayed in a bar graph. The example graph below shows the aggregate deaths for succeeding 30-day intervals.



With the data available, time-series can be generated by sex, age groups, and other characteristics. Mortality can be expressed in terms of simple counts or in mortality rates such as found in the HHS in-house analysis referred to above.

6. How Does Retrospective Cohort Analysis Handle Common Problems?

A good explanation of common problems facing study designs is found in an article by Sato et al.[viii]

Common problems of study designs include selection bias, misclassification bias (exposure and outcome), and confounding (by indication and time-varying). How well does the proposed cohort analysis handle these problems?

Selection bias generally is related to the way sampling is done. One strategy to ensure that the sample is representative of the general population is to stratify the population according to age, sex, race, etc. However, in this case no sampling is involved because the death and vaccination data-set captures the entire population.

Exposure misclassification bias may occur if the vaccine exposure is not well recorded, leading to a vaccinated person being classified as unvaccinated or vice versa. The reliability of the North Dakota Immunization Information System perhaps can be presumed. One type of case which could introduce bias, however, is the vaccinated out-of-state resident who dies in North Dakota. His vaccination having occurred in another state or country, it would not show up in North Dakota's records. If the vaccine is in fact causing mortality, then this effect will be attenuated by such cases.

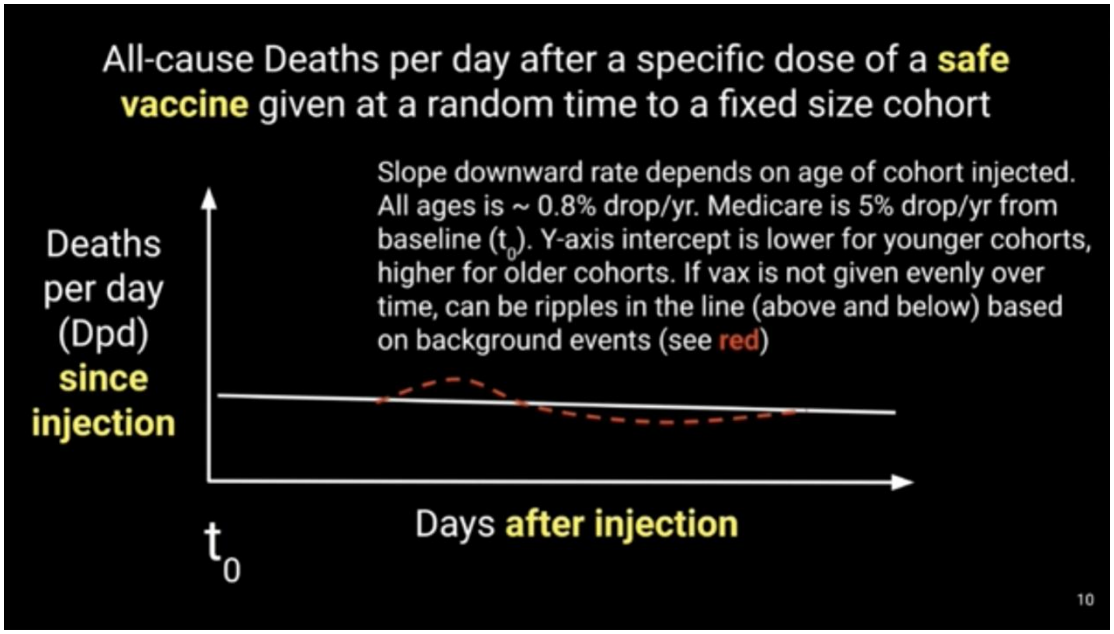
Outcome misclassification bias can arise if vaccine adverse events are misclassified due to faulty diagnoses, miscoding, or other errors. This is not a concern for the cohort analysis of death/vaccination records because the outcome is death, and there is little chance of misclassifying death.

According to Sato et al, other common types of bias are confounding by indication and time-varying confounding, both problematic for cohort analysis. Confounding by indication arises when the probability of being vaccinated is not independent of the probability of the outcome. For example, individuals thought to be at risk for COVID because of age or other comorbidities were prioritized for vaccination. Time-varying confounding occurs when confounders change over time, and it often occurs with time-varying variables such as age, seasonality, and other factors. Both of these sources of bias can be problematic for cohort analysis, but Sato et al report three strategies for mitigating this problem.

The upshot is this type of time-series cohort analysis is another "arrow in the quiver," another tool for vaccine safety monitoring which can play an important role in signal detection, signal refinement and signal confirmation.

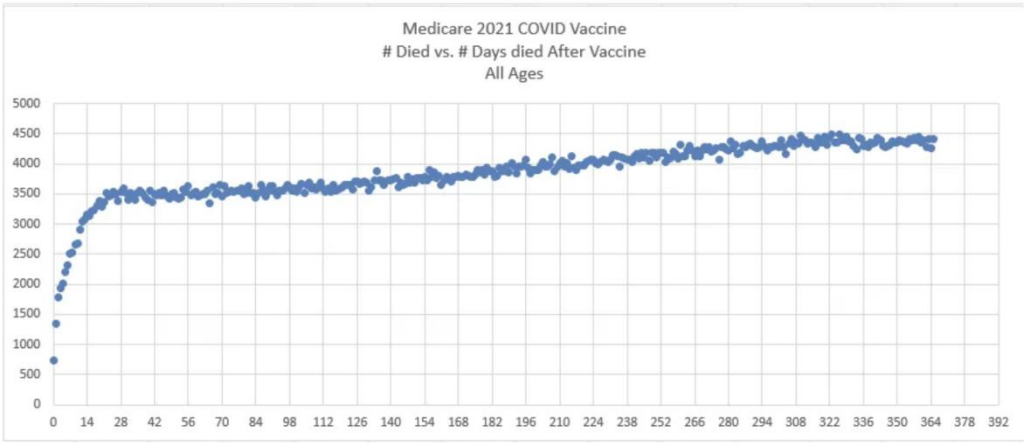
7. How Does Retrospective Cohort Analysis Aid in Safety Signal Detection?

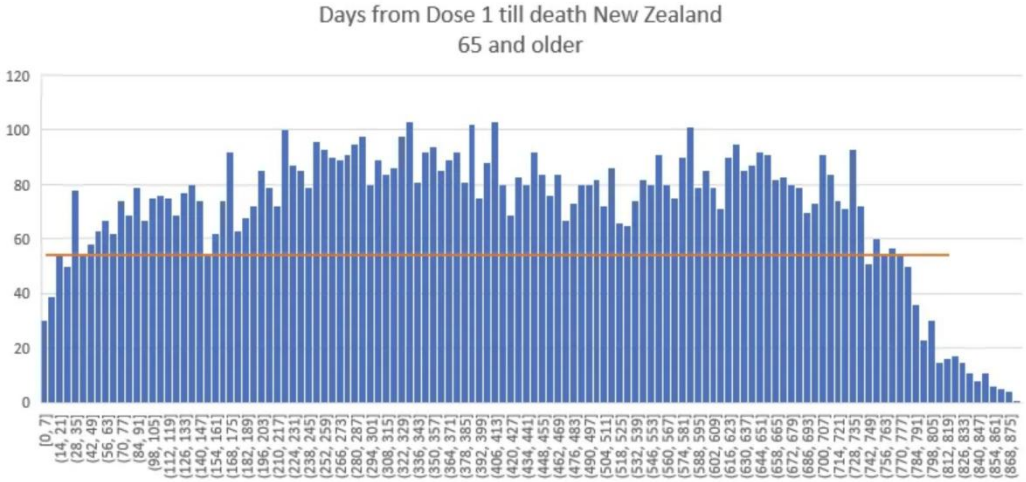
For a safe vaccine, the number of deaths per day for all causes after a specific dose given at random times to a fixed cohort should look like this[ix]:



In simplistic terms, the all-cause mortality line "always slopes downward."

So, there is a safety signal if the all-cause mortality line departs from the expected monotonically declining slope, as in the two sample graphs below:





To be sure, more analysis is required as the researchers work through the process of signal refinement and signal confirmation to a conclusion as to the vaccine's safety, but this presentation should suffice to give an introduction as to how retrospective cohort analysis can aid in signal detection.

8. Proposal for Retrospective Cohort Analysis of COVID Vaccines

Even though the legislation for an interim study did not pass, there is no reason for HHS not to conduct its own retrospective cohort analysis of COVID vaccines as part of its ongoing vaccine safety surveillance effort. The Director should therefore direct the ND HHS Health Statistics and Performance Section's Special Projects and Health Analytics Unit to do the following, with the finer details of the analysis to be determined.

a. Create a Death and Vaccination Data-Set. The data generated should cover the time period starting January 1, 2021 and ending December 31, 2023, the first full three years after the COVID vaccine roll-out. The fields in each record should include an identification number, date of birth, date of death, sex, and race for each individual appearing in the electronic death registration system. Each individual record should also include the following information from the North Dakota Immunization Information System for each COVID vaccination given to the individual: the vaccine type, date of vaccination, vaccine manufacturer, dose number (if applicable), lot number, vaccine provider, and vaccination location.

b. Conduct a Time-Series Cohort Analysis. Many kinds of time-series cohort analyses are possible with this data, but in each variation all-cause mortality will be the dependent variable, whether expressed in terms of death counts or a mortality rate. The independent variables will always include vaccination type (COVID) and time since vaccination, whether expressed in terms of days, weeks, or months. Graphs can be generated by sex, age group (or person-years alive), and so on.

c. Publish the Report.

9. Vaccine Safety Data Transparency Legislation.

In general, the contemplated legislative proposal will require HHS to maintain a death and vaccination database for all vaccines given in this state and make that database available online for public use. To be sure, the personally identifiable information in each record will have to be obfuscated. The legislation will also mandate the publication of time-series cohort analysis for each vaccine on a regular schedule.

The rationale for such legislation is simply the public right to know. Our experience with the COVID vaccines certainly demonstrates the need for such transparency.

Needless to say, the cooperation of HHS in crafting a workable statute will be essential. After all, the burden for implementing this statutory mandate will fall on this agency, and it should have input in the drafting. Based on the experience gained from the COVID "pilot project" proposed in the preceding part 8, HHS will also be able to assess the costs of implementation, develop protocols for protecting personal

identifiable information in the public database, and recommend how to structure the time-series cohort analysis for the vaccines.

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[i] Mesfin YM, Cheng A, Lawrie J, et al Use of routinely collected electronic healthcare data for postlicensure vaccine safety signal detection: a systematic review BMJ Global Health 2019;4:e001065.
[ii] Molly Howell, Immunization Director for the ND HHS, testified at the March 16, 2023 hearing on SB 2384 before the House Human Services Committee. Regarding the feasibility of conducting a full-blown legislative management study, Ms. Howell said: "The North Dakota Department of Health and Human Services (NDHHS) cannot conduct research per federal grants. Formal studies as described in SB2384 would require general funds and additional staffing."
[iii] March 16, 2023 email from Molly A. Howell to House Human Services Committee.
[iv] March 26, 2024 to from Molly A. Howell to Karen M. Rohr.
[v] Lai LY, Arshad F, Areia C, Alshammari TM, Alghoul H, Casajust P, Li X, Dawoud D, Nyberg F, Pratt N, Hripcsak G, Suchard MA, Prieto-Alhambra D, Ryan P, Schuemie MJ. Current Approaches to Vaccine Safety Using Observational Data: A Rationale for the EUMAEUS (Evaluating Use of Methods for Adverse Events Under Surveillance-for Vaccines) Study Design. Front Pharmacol. 2022 Mar 22;13:837632. doi: 10.3389/fphar.2022.837632. PMID: 35392566; PMCID: PMC8980923.
[vi] Stroup and Teutsch, *Statistics in Public Health, Qualitative Approaches to Public Health Problems* (NY Oxford Press, 1998) 97.
[vii] See Lai et al and also *Statistics in Public Health,* p. 110.
[viii] Sato S, Kawazoe Y, Katsuta T, Fukuda H. Comparison design and evaluation power in cohort and self-controlled case series designs for post-authorization vaccine safety studies. PeerJ. 2024 Jan 23;12:e16780. doi: 10.7717/peerj.16780. PMID: 38282861; PMCID: PMC10812582.
[ix] Steve Kirsch Speech at MIT, https://rumble.com/v3yovx4-vsrf-live-104-exclusive-mit-speech-by-steve-kirsch.html

NORTH Dakota Be Legendary. | Health & Human Services

Testimony
House Bill No. 1519
House Human Services Committee
Representative Ruby, Chairman
February 4th, 2025

Chairman Ruby, and members of the House Human Services Committee, I am Molly Howell, Immunization Director with the Department of Health and Human Services (Department). I appear before you in opposition to House Bill No. 1519.

The core concern with HB1519 is that the data produced, linking deaths and vaccines, will allow conclusions to be made about vaccines causing deaths based on correlation rather than true causation. The integrity of public health data is critical to maintaining trust in our healthcare system, and it is essential that any statistical analysis distinguishes between correlation and causation. Additionally, HB1519 would publicly display an individual's health data that could be identifiable, which is a violation of the Health Insurance Portability and Accountability Act (HIPAA). The Department also requires an appropriation be included should HB1519 pass.

HB1519 seeks to link deaths, regardless of cause, in North Dakota with vaccination. However, the methodology described in Section 1, subsection 3 does not account for other contributing factors or causes of mortality, including suicide, overdoses, injuries, Alzheimer's disease, etc. For example, if someone received their influenza vaccine in October and died in a car accident in January, then they would be included in this report. Similarly, if someone with stage 4 cancer received their COVID-19

vaccine and ultimately passed due to their stage 4 cancer, they would be on this report.

It is important to clarify that correlation does not imply causation. A well-known example illustrates this concept: ice cream sales and drowning tend to rise simultaneously in the summer, but ice cream consumption does not cause drowning. Likewise, simply having received a vaccine before passing away does not mean that the vaccine was the cause of death.

The data and analysis requested in this report is biased towards showing vaccines cause deaths, because the report does not include unvaccinated individuals (control group) or individuals who survive. Most North Dakotans ages 65 and older choose to receive vaccines, so naturally, most North Dakotans ages 65 and older who pass in the next two years will be included in this report. North Dakota death certificates already include the cause and manner of death, determined by medical professionals. Notably, after review of death certificate data going back to 2008, no North Dakota residents were reported to have died due to vaccination.

In Section 1, 3b, “vaccine marker” should be changed to “vaccine manufacturer,” if that is the intention of the requested field.

A significant privacy concern arises from the data elements outlined in Section 1, 3b. If, for example, only one female child born in 2017 in North Dakota passed away within a given quarter and had received vaccines, then she could be identified, and her immunization history would effectively be disclosed in the public report. The Department cannot

publish an individual's health data that due to small numbers could potentially be identifiable. Section 1, 3d states "A redaction may not be made for a low count unless the department of health and human services is expressly notified of a privacy issue regarding the count." This statement is not in compliance with federal HIPAA privacy rules or Department data release policies.

Fiscal Impact:

HB1519 does not currently include an appropriation. Based on the requirements in Section 1, subsection 2, information technology changes, including the addition of fields and system linkages, would need to be made to both the North Dakota Immunization Information System and the electronic death registration system. The Department would also need an FTE and supporting costs for analysis and reporting outlined in Section 1, subsection 3. The estimated financial impact of this bill for the 2025-2027 biennium is $503,278.

This concludes my testimony. I would be happy to try to answer any questions the committee may have. Thank you.

Chairman and members of the committee:

I have heard it said that to keep a population illiterate is an act of systematic disempowerment. If a population cannot read, they are all the more easy to use, abuse, and control. As a woman, a mother, and a citizen of the state of North Dakota, I ask you, what does it mean that most of our population is illiterate when it comes to understanding vaccines?

I was raised by a health care professional and an attorney. I studied pre-medicine at UND, I hold a Masters in Biotechnology and Ethics. And yet when I had my first child in June of 2013 and brought her to her six-week well baby visit, I found myself wildly underinformed. Thank goodness I wasn't phased by the scientific vocabulary with which I was confronted as I attempted to determine whether to administer or forgo some (or all) of the vaccines I knew the CDC, and therefore my pediatrician, would be recommending for my baby that day. But the fact was, I felt illiterate. I felt disempowered. I felt I was not being presented with facts, but instead I felt encouraged to decide out of fear of avoiding a potential disease rather than positively fostering the health of my child.

Having studied pre-medicine and having been raised by a father who performed regression analysis for fun, I have some ability to evaluate the quality of medical research. I found it extremely difficult to find what I understood to be high-quality, reliable information about vaccine safety.

- The meta-analysis presented by the CDC, in my opinion, zoom out so far from what's actually happening on the ground level to make it impossible to see anything with clarity. If you back up far enough, you can't see.
- Other studies were fraught with design flaws: selection bias, misclassification bias (in terms of both vaccine exposure and outcomes), to name a few.
- Obvious perverse incentives, where the studies conducted to evaluate vaccine safety are funded by those who most stand to profit from their sales.
- I was aghast that the voices of those attempting to engage in genuine scientific inquiry seemed to be drowned out by idealogues on either side of the issue.

What was a new mother to do?

I made a decision, and to me, I felt as though I was making a hasty decision, and a blind one. And as it turned out, this decision has had lifelong ramifications for my beautiful oldest daughter, and for our entire family. In no way did I feel like my basic human right to informed consent was honored in this process, and to no fault of the compassionate, highly trained health care professionals serving my daughter and I at this time. They could only offer me what they had been given. And it was not enough.

I believe my story highlights why there is a problem with vaccine safety. I am highly educated, and I felt illiterate, uninformed, and coerced by a system not ordered toward protecting my family's freedom to choose.

When I'm not living out my role as wife and mother, I work nationally advocating on behalf of a woman's right to informed consent over her sexual and reproductive health, with especially emphasis on empowering youth and young adults – Generation Z. This work has led me to work to understand the unique attributes of Gen Z, and I believe some of what I know about today's youth is relevant to this committee.

- Generation Z cares about social justice with intensity.
- Generation Z is slow to trust. As tech natives, they will research *extensively* before they will connect in person or take action. If they catch a whiff of inauthenticity or coercive tactics, you've lost them.
- Having lived through the pandemic, members of Generation Z have lost their faith in institutions.

To highlight these points, I share a story of a young friend of mine, a nursing student in her mid-20's. In her final semester of nursing school, she called me after receiving instruction from the state health department on delivering vaccines in public health settings. "Katie!" she said. "In nursing school, we've been taught about how important it is to advocate for our patients right to informed consent. We've been taught Motivational Interviewing and Shared-Decision Making as a best practice to ensure that our patients' healthcare decisions are line with *their* values. ALL of that goes out the window, apparently, when we're talking about vaccines. We're taught to use presumptive language, "It's time for your shot today, do you have any questions?" If our patients questioned about the toxicity of some of the adjuvants in vaccines, we were directed to say, "Well, there's toxins in most of the food you buy at the grocery store, too…"

Of everything that happened that day, most disturbing for this young woman was the fact that the state-sanctioned vaccine training did not take time to present the scientific evidence in support of vaccines nearly at all. This fact on its own raised my young friend's alarm bells. She shared that she had never been skeptical about the safety and effectiveness of vaccines…until this state-sanctioned training appeared to her to be *withholding* information. Now, she's not so sure.

I share this story to underscore my final point. It is precisely *transparency* that fosters *trust.* Members of the committee: If you want to decrease so-called "vaccine skepticism", lead by ensuring the people of our state are "vaccine literate," explain that while we can't control what happens at the CDC, we can control what happens in our own Department of Health. And we *can* trust the data collected in our small state. And most of all, we can trust that the transparent results of the study that would be funded by HB 1519 are being shared by our DOH to uphold the health and well-being of every North Dakotan, and to protect our informed consent, rather than protecting those who stand to profit from state-sanctioned vaccinations. This is how you protect your population. This is how you win their trust. Thank you for your consideration.

Do Pass Testimony
of Doug Sharbono, citizen of North Dakota
on HB1519
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 HB1519 is much needed legislation. This legislation will require the collection of data that purposely seems to be ignored. It is extremely hard to account and remember all the noted death and disease that has occurred since the COVID shots were rolled out. Surprisingly, there seems to be an absolute lack of medical industry interest in the carnage happening around us. This is why I think this bill is needed in order to trace back to the potential causes. The cost to do this is relatively low. It sure beats the money they are spending now on telling us the shot is safe and effective.

Please give HB1519 a Do Pass.

Thank you,

Doug Sharbono
1708 9th St S
Fargo, ND 58103

Distinguished Representatives, please issue a Do Pass recommendation for HB1519. Transparency regarding public health issues, especially during a time of crises such as a pandemic is critical if North Dakota citizens are going to make informed decisions regarding the safety and health of their families. HB1519 will move us one step closer to becoming a healthier, more informed, and ultimately safer state. Thank you.

Lanny Kenner
District 7
Bismarck North Dakota 58503
Vote YES on hb 1519

Chairman Ruby and committee members, I am requesting a YES vote on House Bill 1519.
Thank you for your consideration, Lanny Kenner

House Bill 1519
Human Services Committee
February 4, 2025

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

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

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

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

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

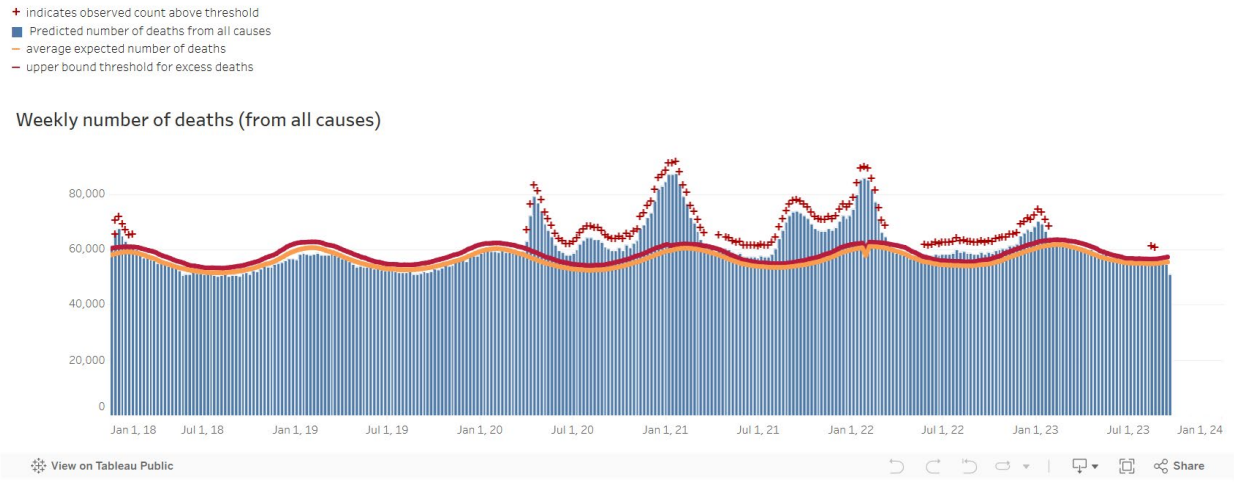
If I gave 10 million people (roughly the population of Michigan) a sugar cube and just watched them for 2 months, there would be approximately 4,025 heart attacks, 1,700 blood clots (DVT), 3,975 strokes, 9,500 new cases of cancer, and 14,000 deaths. Unfortunate things happen to people every day, and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

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

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

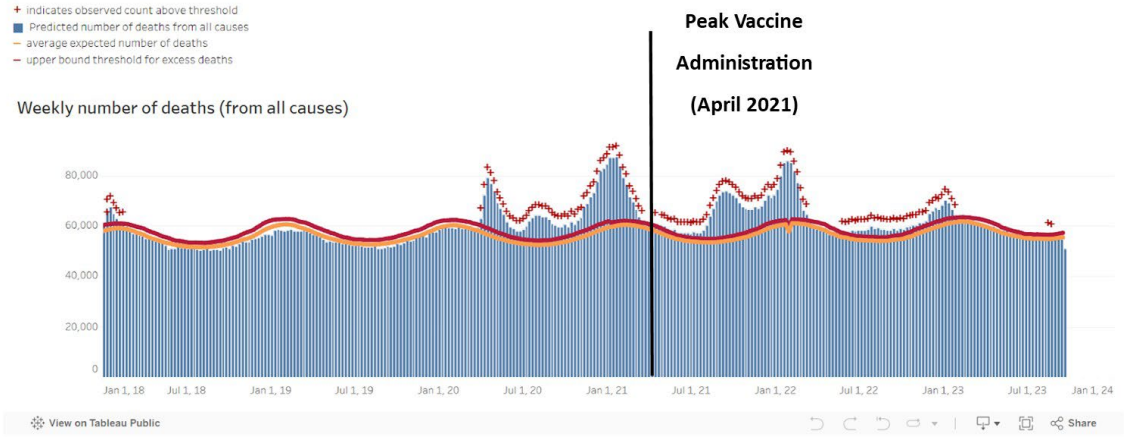
During today's testimony, you may hear concerns about the potential risks associated with COVID-19 vaccines, including claims about their link to deaths. It's important to note that independent research from scientists around the world has not found evidence supporting these concerns. Current studies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

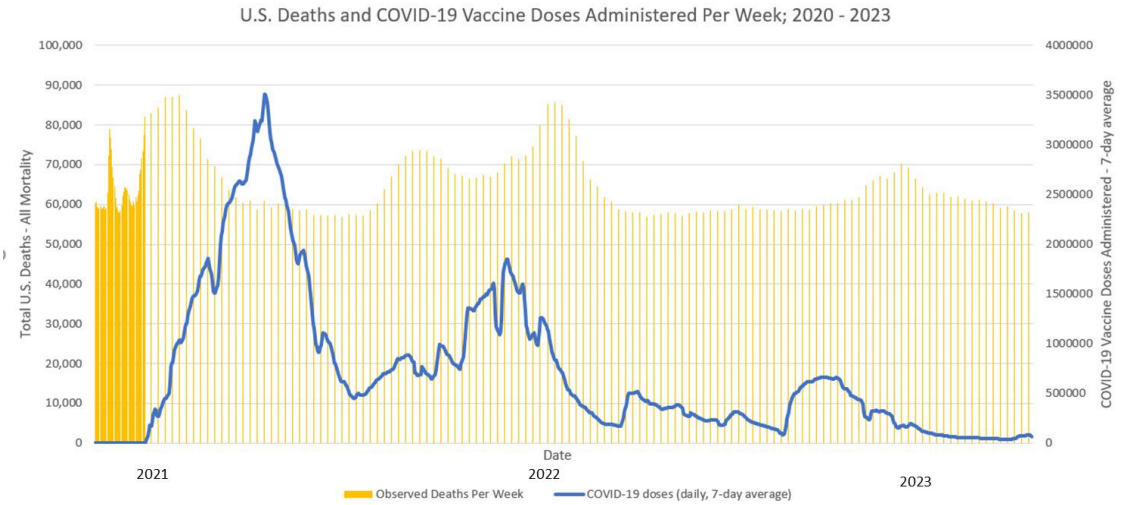
The following graph shows you the number of weekly deaths in the United States by week from the end of 2017 through the end of 2023. As you can see, weekly deaths typically trend higher during the winter, and this is due to an increase in deaths from respiratory illnesses. A few months into 2020, the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



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

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





Source: Excess Deaths Associated with COVID-19 and Daily COVID Doses in the U.S.

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

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

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

Please vote “do not pass” on HB 1519.

Respectfully submitted,

Kylie Hall, MPH
Fargo, ND - District 45

2/4/2025 - HB1519

House Human Services

Good Morning Chairman Ruby and Committee Members

For the record, my name is Representative Karen Rohr, and I represent District 31 which includes part of Morton County, all of Grant County and Sioux County and part of Hettinger County.

I stand before you today to introduce HB1519 on behalf of a constituent. This bill relates to the Department of Health and Human Services conducting a time series summary report based on death and vaccination records for each vaccine type for which there are records in the ND Immunization information system and to publish a quarterly summary report on the department website.

Prior to inviting my constituent to come forward and go over the need for the bill and the provisions of the bill, I want to inform the committee that prior to submitting this bill, we met with the ND DHHS Commissioner, the Director of Special Projects and Health Analytics, State Epidemiologist who is also the Health Statistics and Performance Section Director and the Immunization Director to go over the need for the bill, methodology, and man hours required to do the summary report. Changes to the original bill were made based on these conversations.

I stand for questions.

At this time, I would like to introduce David Crane. David is an attorney with Crane and Merriman, PC and has a keen interest in post-marketing vaccine safety surveillance and transparency.

Thank you ~ Representative Karen Rohr

2025 HOUSE STANDING COMMITTEE MINUTES

Human Services Committee
Pioneer Room, State Capitol

HB 1519
2/10/2025

Relating to death and vaccination records.

3:13 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

3:14 p.m. Representative Rohr moved to adopt amendment LC#25.1294.01001, #36807.

3:17 p.m. Representative K. Anderson seconded the motion.

3:17 p.m. Voice vote passed.

3:17 p.m. Representative Rohr moved a Do Pass as amended and rerefer to appropriations.

3:17 p.m. Representative Hendrix seconded the motion.

Representatives	Vote
Representative Matthew Ruby	Y
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	Y
Representative Jared Hendrix	Y
Representative Dawson Holle	Y
Representative Dwight Kiefert	Y
Representative Nico Rios	Y
Representative Karen Rohr	Y

3:25 p.m. Motion passed 10-3-0.

Representative Holle will carry the bill.

3:26 p.m. Chairman M. Ruby closed the meeting.

Jackson Toman, Committee Clerk

25.1294.01002
Title.02000

Adopted by the Human Services Committee
February 10, 2025

Sixty-ninth
Legislative Assembly
of North Dakota

PROPOSED AMENDMENTS TO

HOUSE BILL NO. 1519

Introduced by

Representatives Rohr, K. Anderson, Frelich, Holle, McLeod, Toman

Senators Clemens, Paulson, Schaible, Van Oosting, Weston

A BILL for an Act to create and enact a new section to chapter 23-02.1 of the North Dakota Century Code, relating to death and vaccination records.

BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:

SECTION 1. A new section to chapter 23-02.1 of the North Dakota Century Code is created and enacted as follows:

Death and vaccination records.

1. The department of health and human services shall compile and maintain individual death and vaccination records for each vaccine type for which there are records in the North Dakota immunization information system.
2. For each individual appearing in the electronic death registration system and the North Dakota immunization information system, the department shall record the following information: unique identifying number, sex, race, date of birth, date of death, vaccine manufacturer, vaccine type, date of vaccination, dose number, lot number, vaccine provider, and vaccination location.
3. Within thirty days of the end of each calendar quarter, the department of health and human services shall publish on its website a time-series summary report based on the individual death and vaccination records for each vaccine type that has been administered to more than twenty-thousand individuals in this state over the last quarter. The summary report ~~shall~~must:
   a. Cover all qualifying vaccines administered in this state in the last two years.

b. Include the following index columns:

(1) Month and year of administration;

(2) Sex;

(3) Birth year;

(4) Vaccine ~~marker~~manufacturer;

(5) Vaccine type; and

(6) Dose number.

c. Include the following value columns:

(1) Total number of vaccines administered for the indexed cohort; and

(2) Total number of deaths for the indexed cohort occurring within one, three, seven, fourteen, twenty-one, and thirty days of the exact vaccination date and continuing with columns reporting the total number of deaths for additional thirty-day intervals through seven hundred twenty days since vaccination, with the total deaths counted for each interval being cumulative up to that period. redaction may not be made for a low count unless the department of health and human services is expressly notified of a privacy issue regarding the count.

~~d. A redaction may not be made for a low count unless the department of health and human services is expressly notified of a privacy issue regarding the count.~~

4. A redaction may not be made to a report under subsection 3 unless the department of health and human services is expressly notified of a privacy issue regarding regarding the metrics counted under subsection 3.

REPORT OF STANDING COMMITTEE
HB 1519

Human Services Committee (Rep. M. Ruby, Chairman) recommends **AMENDMENTS (25.1294.01002)** and when so amended, recommends **DO PASS** and **BE REREFERRED** to the **Appropriations Committee** (10 YEAS, 3 NAYS, 0 ABSENT AND NOT VOTING). HB 1519 was placed on the Sixth order on the calendar.

25.1294.01001
Title.

Prepared by the Legislative Council staff for Representative Rohr
February 10, 2025

Sixty-ninth
Legislative Assembly
of North Dakota

PROPOSED AMENDMENTS TO

HOUSE BILL NO. 1519

Introduced by

Representatives Rohr, K. Anderson, Frelich, Holle, McLeod, Toman

Senators Clemens, Paulson, Schaible, Van Oosting, Weston

A BILL for an Act to create and enact a new section to chapter 23-02.1 of the North Dakota Century Code, relating to death and vaccination records.

BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:

SECTION 1. A new section to chapter 23-02.1 of the North Dakota Century Code is created and enacted as follows:

Death and vaccination records.

1. The department of health and human services shall compile and maintain individual death and vaccination records for each vaccine type for which there are records in the North Dakota immunization information system.
2. For each individual appearing in the electronic death registration system and the North Dakota immunization information system, the department shall record the following information: unique identifying number, sex, race, date of birth, date of death, vaccine manufacturer, vaccine type, date of vaccination, dose number, lot number, vaccine provider, and vaccination location.
3. Within thirty days of the end of each calendar quarter, the department of health and human services shall publish on its website a time-series summary report based on the individual death and vaccination records for each vaccine type that has been administered to more than twenty-thousand individuals in this state over the last quarter. The summary report ~~shall~~must:
   a. Cover all qualifying vaccines administered in this state in the last two years.

b. Include the following index columns:

(1) Month and year of administration;

(2) Sex;

(3) Birth year;

(4) Vaccine ~~marker~~manufacturer;

(5) Vaccine type; and

(6) Dose number.

c. Include the following value columns:

(1) Total number of vaccines administered for the indexed cohort; and

(2) Total number of deaths for the indexed cohort occurring within one, three, seven, fourteen, twenty-one, and thirty days of the exact vaccination date and continuing with columns reporting the total number of deaths for additional thirty-day intervals through seven hundred twenty days since vaccination, with the total deaths counted for each interval being cumulative up to that period.

d. ~~A~~Provide a redaction may not be made for a low count unless the department of health and human services is expressly notified of a privacy issue regarding the count.

2025 HOUSE APPROPRIATIONS

HB 1519

2025 HOUSE STANDING COMMITTEE MINUTES

Appropriations Committee
Roughrider Room, State Capitol

HB 1519
2/18/2025

A BILL for an Act to create and enact a new section to chapter 23-02.1 of the North Dakota Century Code, relating to death and vaccination records.

3:49 p.m. Chairman Vigesaa opened the hearing.

Members present: Chairman Vigesaa, Vice Chairman Kempenich, Representatives Anderson, Bosch, Fisher, Hanson, Louser, Martinson, Mitskog, Monson, Murphy, Nathe, Nelson, O'Brien, Pyle, Richter, Sanford, Stemen, Swiontek, Wagner
Members absent: Representatives Berg, Brandenburg, Meier

Discussion Topics:

- Data collection
- Quarterly time series summary

3:49 p.m. Representative M. Ruby introduced the bill.

4:01 p.m. Representative Murphy moved a Do Not Pass.

4:02 p.m. Representative B. Anderson seconded the motion.

4:02 p.m. Roll call vote:

Representatives	Vote
Representative Don Vigesaa	Y
Representative Keith Kempenich	Y
Representative Bert Anderson	Y
Representative Mike Berg	AB
Representative Glen Bosch	Y
Representative Mike Brandenburg	AB
Representative Jay Fisher	Y
Representative Karla Rose Hanson	Y
Representative Scott Louser	Y
Representative Bob Martinson	Y
Representative Lisa Meier	AB
Representative Alisa Mitskog	Y
Representative David Monson	Y
Representative Eric J. Murphy	Y
Representative Mike Nathe	Y
Representative Jon O. Nelson	Y
Representative Emily O'Brien	Y
Representative Brandy L. Pyle	Y
Representative David Richter	Y

Representative Mark Sanford	Y
Representative Gregory Stemen	Y
Representative Steve Swiontek	Y
Representative Scott Wagner	Y

4:02 p.m. Motion passed 20-0-3

Representative Murphy is the bill carrier.

4:02 p.m. Chairman Vigesaa closed the hearing.

Mary Brucker, Committee Clerk, for Sierra Schartz, Committee Clerk

REPORT OF STANDING COMMITTEE
ENGROSSED HB 1519 (25.1294.02000)

Appropriations Committee (Rep. Vigesaa, Chairman) recommends **DO NOT PASS** (20 YEAS, 0 NAYS, 3 ABSENT OR EXCUSED AND NOT VOTING). HB 1519 was placed on the Eleventh order on the calendar.