

To the House Human Services Committee:

I urge that you DO PASS SB 2124.

In written testimony the Office of the Governor of North Dakota states:

*"Our governing processes that were used and are continuing to be used to respond to the pandemic have worked."*

A strong self-assessment of performance! It is not, however, given with any supporting metrics. The measured characteristics of the SARS-CoV-2 virus outbreak follow the same 8-to-12-week bell curve of identified infections regardless of geography and political policy. This was predicted in advance of any government action, and **there is no evidence that government intervention has made any difference in the viral bell curve**. By all practical measures North Dakota looks like South Dakota (7). California looks like Florida. Sweden looks like the United States, and so on.

Government mandates politicized the pandemic and only accomplished fear, economic hardships, interrupted education, social discord, and intrusion upon personal liberties. **Then after they have inflicted damage, they pat themselves on the back** when virus behavior follows an already predicted path.

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Or... perhaps emergencies are a new way of bypassing the bothersome legislative budgeting process by obtaining federal dollars. Thus, why constrain emergencies? I assume that our Executive branch personnel are well-meaning, but I also believe that *decisions are influenced by politics and money*. Sometimes the well-meaning are wrong. Some COVID-era observations of the North Dakota executive branch and the Department of Health (NDDOH):

1. The human cost of the mitigations (unemployment, suicides, childhood education failures, mental health) are receiving only scant consideration from NDDOH even though said costs stem from NDDOH policies.
2. The questionable reliability of the PCR test (1), the single most relied-upon statistic by politicians and media, has been known to the scientific community since the beginning. Florida has reacted with legislation to counter its abuse (2). Portugal has made it illegal. The WHO has recently acknowledged the 50% false negative problem, suspiciously within hours after the recent inauguration. North Dakota, by contrast, continues to rely heavily upon this technology without mitigating its shortcomings.
3. *NDDOH has become a skilled propaganda machine*. Presumably fueled by Federal dollars, they are interceding in the traditional patient-doctor relationship with an endless stream of debatable medical assertions.

We read this also from the Governor's office testimony:

*"This on top of a historic collapse of the energy economy, unemployment rates jumping to the highest rates in years, flooding across many of our counties and civil unrest, unlike what we have seen in decades. The need for emergency authority is clear from 2020."*

**Excepting flooding, every bad outcome in the above quote stemmed from government action and not nature.** I view the above quote in the context of the words of Ronald Reagan:

*"The most terrifying words in the English language are: I'm from the government and I'm here to help."*

Government in North Dakota during COVID-19 proved Reagan correct. What is clear now is that **we need SB 2124 to create checks and balances within emergencies**.

Some related data to consider:

1. PCR testing has become a \$1B / year business in the US. What incentive do they have for NOT finding positives (3)?
2. Large numbers of scientists and physicians object to government actions undertaken using COVID-19 as the reason (4).
3. Hospitals routinely run at high occupancy rates and have many levers to adjust to spikes in demand.
4. Proof showing asymptomatic spread (the rationale for mask mandates) is non-existent has been ignored by NDDOH, and still is today (5)?
5. Before 2020 there were extensive scientific studies on the effectiveness of masks to prevent viral infections which all showed that they did not provide prevention (6). This was ignored by NDDOH, and still is today.
6. That Hydroxychloroquine was known to be safe at the beginning of the pandemic and was re-approved by the AMA hours after the Biden inauguration, showing how *politics* run counter to citizens' wellbeing.
7. Ditto Ivermectin, Vitamin D, Zinc, and other valuable tools omitted from the NDDOH website.

## References:

- (1) <https://www.nytimes.com/2020/08/29/health/coronavirus-testing.html>
- (2) <https://www.flhealthsource.gov/files/Laboratory-Reporting-CT-Values-12032020.pdf>
- (3) <https://dossier.substack.com/p/welcome-to-the-covid-testing-industrial>
- (4) <https://gbdeclaration.org/>
- (5) <https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2774102>
- (6) <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4420971/>
- (7) [https://covid.cdc.gov/covid-data-tracker/#compare-trends\\_newcasesper100k](https://covid.cdc.gov/covid-data-tracker/#compare-trends_newcasesper100k) (sample below)

