Legislator,

I write to you today about a matter of grave concern. As you know, since April, we have been inundated with "covid test" numbers to the point of obsession. After thorough research, it is becoming clear to me that these numbers have been used to manipulate and defraud not only the people of North Dakota, but all citizens of the United States, as well as many other countries around the world.

I believe many states have been using the "case numbers" to create fear, shut down businesses, force people to work from home, and turn nursing homes into detention centers, all while lab testing companies make massive profits, and extort trillions of taxpayer dollars in the process. Through this deliberate effort to massively inflate numbers it has created an atmosphere of fear and divisiveness affecting every one of us.

I want to talk about unethical use of testing, and knowingly creating false positives, but to understand this it takes a bit of explanation. I'm not an expert in this particular field; however, I am very knowledgeable in human physiology and immune function. I will refer to expert witness when necessary by providing links for you to supplement; however, there is a 30 minute interview from the lead R&D director from the Human Genome Project that sums it up rather completely and is an "easy listen" (see reference #5 below).

PCR testing refers to polymerase chain reaction (don't lose me here!). In attempt to simplify this explanation to the shortest degree, basically the PCR testing procedures "magnify" the signal of pieces of DNA or RNA that fit the virus, with the current focus being SARS-Cov2 (Covid-19). The more that it is magnified, the less accurate it becomes for various reasons, one being that the AMOUNT of viral load becomes less and less. This means that either they have much less of the RNA in their system, OR that the RNA is just viral debris…particles of RNA that the immune system has already made incapable of replication. In laymen's terms, "dead viral particulate." [1, 2, 3, 4, 5]

After a certain amount of magnification, the tests are virtually meaningless. I've conducted some extensive searching through available research journals and almost all indicate that the upper level of "magnification" or "cycle count" or "threshold" of these tests are 30-35. Dr. Neo Mateo, of the Burleigh-Morton Covid Task Force, a specialist in Infectious Disease with Sanford Hospital, repeated those sentiments recently at the 5-hour Bismarck City Commission meeting. Dr. Fauci even admits 35 cycles is a false positive. These are the people still pushing for lockdown and masking while fully knowledgeable that many of the recommended testing cycles are found to be at the high end or over reliable threshold. Some research indicates that after 24 cycles it is no longer reliable. At most, I found one outlier that said at the highest of high, SOME test brands might be able to use 38 cycles. And note that each cycle count increases EXPONENTIALLY, not incrementally. What is universally true and agreed upon is the greater the cycle count, the more likely the person is not infectious and higher likelihood of false positive. This is why people often test positive for up to 90-120 days after they are no longer infectious. There isn't even viable infectious load in them anymore, but the sensitivity is so high that they are reading "positive." [1, 2, 3, 4, 5]

Covid tests are not a black and white test but are being interpreted as "black and white." Now you also might have noticed that people are only given a "plus or minus." The number of cycle counts used is VITAL in determining risk of infectiousness. If a cycle count is 14, then, yes, a person is certainly contagious. At 30-35, there is little to zero chance of them even having any virus capable of reproducing left in their system. These numbers SHOULD be attached to EVERY test. This would give individuals the ability to choose for themselves how much risk they have of being contagious. It would ALSO allow them to know what direction the infection is going and how their body is handling it. To not indicate this is irresponsible, at best; and, at worst, deceptive and manipulative. I've seen reports that the CDC is recommending 38 cycles up to 45, but I cannot find a solid number. I need your help to force these people to clearly reveal what they are using.

Furthermore, a review of studies looked at whether or not there was viral growth in samples based on cycle cut-off value. It would seem that these studies indicated that 24-34 cycles was the cutoff. Depending on the study, no viral growth was achieved beyond these levels. [2]

State labs lack transparency in what cycle counts they are using and whether they have changed. I have called the North Dakota state lab, and I was finally able to glean minimal information from them. What they DID tell me is this: that the three labs being used are:

1. Cephied "gene expert"
2. Thermofischer
3. Hologic Panther

They would not divulge the cycle count. They would not divulge whether the cycle count used has changed since beginning testing. They said I can look up the cycle count "on the package inserts" and that this is what they use to set their cycle counts. They stated that they follow what it says; however, this was VERY difficult to find and not clear (see attached links for the package inserts I could find). Here is the ONLY reference to cycle count in the entire document. The insert states "reaches a predetermined threshold before the full 45 PCR cycles have been completed." If labs are using the full 45cycles, or anything above 30-35 for that matter, this becomes intentionally fraudulent information being presented to all citizens of the United States of America. Furthermore, it is dated October 2nd, so there were prior package inserts. [6,7]

• Probe Check: NA (not applicable)

The Xpert Xpress SARS-CoV-2 test includes an Early Assay Termination (EAT) function which will provide earlier time to results in high titer specimens if the signal from the target nucleic acid reaches a predetermined threshold before the full 45 PCR cycles have been completed. When SARS-CoV-2 titers are high enough to initiate the EAT function, the SPC amplification curve may not be seen and its results may not be reported.

I cannot seem to find ANYWHERE with cepheid the actual cycles and the labs will not release this information.

Thermofischer:

The Applied Biosystems™ COVID-19 Interpretive Software uses the following C_t cutoff values for assay targets during interpretation of the results.

Table 36 COVID-19 Assay C_t cutoff values

Sample or Control	Target	C_t cutoff
Positive Control	MS2	Valid C_t values are >37
	Viral targets	Valid C_t values are ≤37
Negative Control	MS2	Valid C_t values are ≤32
	Viral targets	Valid C_t values are >37
Clinical samples	MS2	Valid C_t values are ≤32
	Viral targets	Positive C_t values are ≤37

Table 37 RNase P Assay C_t cutoff values

Sample or Control	Target	C_t cutoff
Negative Control	RNase P	Valid C_t values are >33
Clinical samples	RNase P	Valid C_t values are ≤33

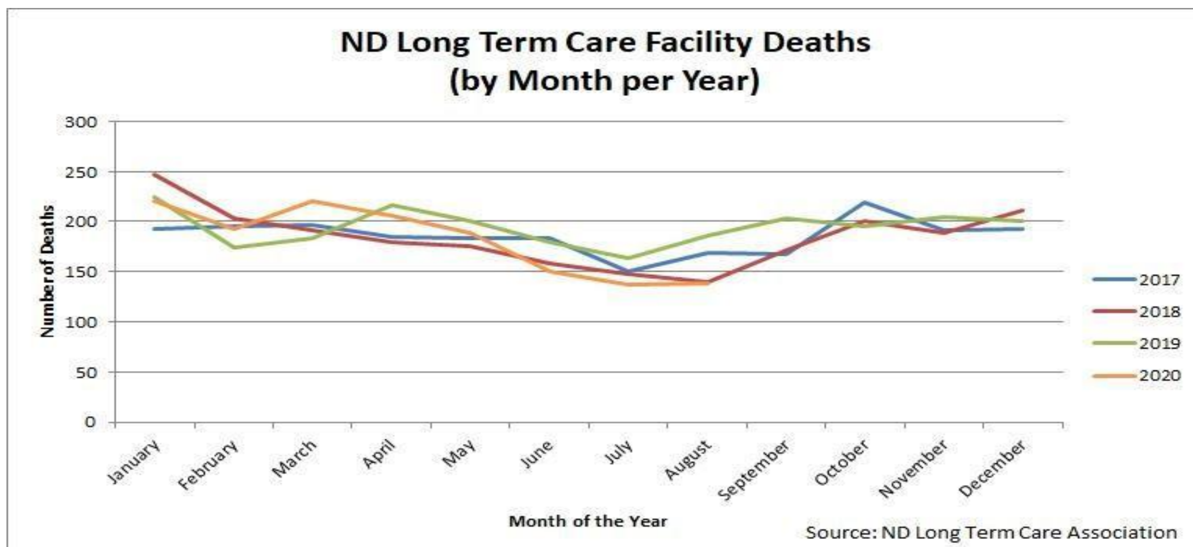
A major question I have is that if they simply use whatever the package inserts recommend, and go off of what the insert "suggests" (without any solid data or scientific basis), what would keep the lab compani from using higher cycle counts? By keeping counts high, it drives up numbers. By driving up numbers, it creates more "need" for testing, and extends the epidemic, even though current death counts of "death FROM Covid" no longer warrant pandemic classification. Labs benefit greatly from extending the pandemic.

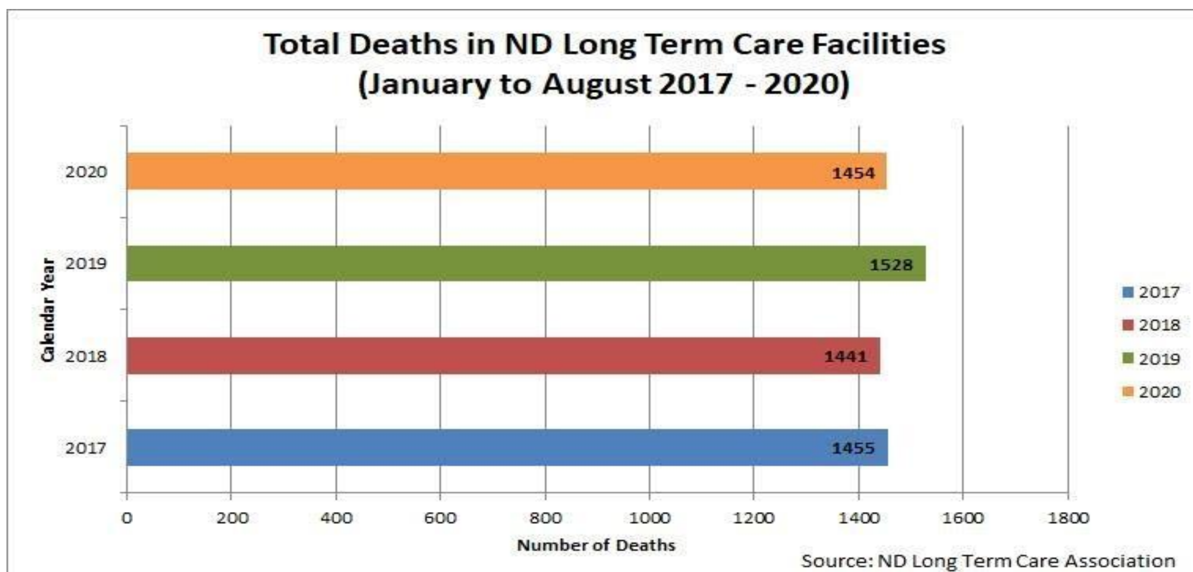
Here are 4 questions that NEED to be answered, that people "in the know" are not releasing. These concerns are echoed in other states, including Minnesota and other countries.[9, 10, 11]

1. What is the cycle count the State Labs are using to determine a positive? This should be a simple answer, yet they are not releasing this willingly. If above 30 cycles, I believe some serious further questions need to be asked.
    a. When these results are audited, what is the percentage breakdown of cycle counts? I.E How many are under 15? 16-25? 26-30? 31-35? Over 35?
    b. How does this impact staffing shortages?
    c. How does this impact businesses capacity?
    d. Are we tracking non-infectious people?
    e. Are we incurring unnecessary extra expenses for people?
    f. Who stands to profit from increased numbers?
2. Has the cycle count used in North Dakota changed during the last 6 months? Conducting an audit of lab testing machines and records should be easy enough to pull. A new package insert came out in October of 2020 for the Cepheid testing (the

above). Perhaps it was coincidence, perhaps not. But we need to know if these have been changed and if that has manipulated the positive test numbers.

3. How does the cycle count for North Dakota differ from other states as well as different countries? The cepheid insert is in at least a dozen other languages.
4. Considering cycle count is too high, how many fewer deaths should be attributed to Covid? A review of ALL "Covid" deaths, and their lab cycle counts, adjusted for not only the "infectious period" (e.g. cycle count below 24 considered relevant), but also the viral load considered enough to actually cause death, particularly in the elderly, should be completed. Something to consider is whether a cycle count of over 24-30 would even be enough viral load to cause a death. A pathologist should be able to answer this. As IF the virus is what killed the person, that would indicate the immune system could not handle the infection and the virus continues to replicate, creating more inflammation, other problems, and eventually death. A cycle count that high would indicate the infection was not even the cause of death, or that it was naturally on its way out of the body, not at the height of infection.
5. If cycle count limits are found to be above acceptable threshold, of the people who are involved, who knew that cycle counts being used were too high to be relevant?
6. If found to be too high, who SHOULD have been responsible for knowing this that had decision making capabilities? The State Health Officer should have known this and acted responsibly. The head of DOH should know this. The Covid task forces should have known this and acted responsibly. In fact ANYONE actively in decision making authority on testing aggressiveness and representing numbers both internally and publicly should be held responsible. These numbers have been talked about for dozens, if not 100's of hours on daily updates, social media campaigns, state, county, and city meetings as leverage for further emergency orders. Concerns have obviously been raised to many. To never address this upon hours and hours of public commentary and announcement is irresponsible at best, criminal fraud at worst. A foia request of all emails between CDC, lab testing companies, lab facilities of all department of health employees, the department of human services, and the governor and his cabinet could reveal they've known about the problems.
7. Do they have a pathologist heading up the state lab? As I understand, all labs are required to have a lead pathologist overseeing them.
8. The package inserts read: "Positive results do not rule out bacterial infection or co-infection with other viruses. The agent detected may not be the definite cause of disease." Especially with higher cycle counts and deaths—how many people are dying simply of normal causes but they have a minimal amount of viral load in them, and they are considered "Covid deaths."?
9. Impact on Long Term Care (LTC) facilities. After having a legislator call the LTC facilities, we were able to glean monthly death rates in LTC facilities for North Dakota. Here are the results: If death rates have not been impacted in LTC facilities, why the constant fear campaign by Covid task forces? Why are they using that for leverage to create more legislation? Why the continued strict lockdown and isolation with complete disregard for their mental health? There will be much more to come as more is uncovered about LTC facilities, so I will not go further here.





10. Why is it recently declared that the North Dakota Department of Health removed the "underlying conditions" when reporting Covid-19 deaths? There has NEVER been a time when tracking has been more intense, yet they cannot track this statistic any longer? Why are yearly influenza numbers down 95-98%, and all further CDC numbers on influenza rates suspended? I believe we will see exponentially higher numbers of these as we go through winter and more people develop NORMAL exposure and process the virus through their body.

There are many more concerns regarding PCR testing. A group of health practitioners in the Bismarck-Mandan area ran tests on 12 kits, without letting the lab know the kits never touched human saliva. Just pure test kits. 12 tests run and 6 returned positive results. This alone should indicate a massive problem with testing accuracy and reliability. Why has this information not

been publicly released? Who knows about this? I am working on finding out what facility this is. These practitioners are afraid to speak up due to certain retribution for not towing the "line."

There is a report from an employee of a long-term care facility in the Bismarck-Mandan area. She states that on September 4th, they had 25 positive tests between employees and residents. Only 1 had any symptoms. They were retested Saturday, September 5th (the next day) and all tested negative. On Sunday, they all tested negative again. As the individual that came forward regarding this matter expressed direct fear of termination for even divulging this information, I will not reveal the facility at this time to respect their wishes and protect their employment. This incident is obviously a case of cycle counts being too sensitive and creating false positives that would not exist if this were being performed responsibly.

This is from an anonymous source. However I believe she would testify in a court of law.

What troubles me the most at this moments is the huge difference in positivity rates depending on the testing platform. The Thermo Fischer instrument will regularly throw out 30+ positive runs (runs are abt 94 samples each) so that's a third of the run. This to me seems super unlikely. It's not a rare event either. I basically told them the

Two lines redacted for anonymity .

do) Ill refuse to result runs like that because not only are a third positive but another third are also inconclusive which doesn't make any sense. When I work on the Abbott analyzers the most positive results I get in a run are maybe 0-10. Inconclusives range about 0-3. When me and some of my colleagues questioned regular DOH employees we were basically told that the thermos pick up a lot more "junk". Now to me, this is an in acceptable answer. We are trained scientists and everything about that answer makes me want to run screaming. These tests are supposed to be SPECIFIC to COVID but the way they make it sound is that it picks up other viruses too? When we questioned this answer we were told, well it's not like we're telling people they have AIDS when they might not actually have it so it's no biggie. Excuse yes it IS a biggie. This thing is shutting down our lives and costing us untold amounts of money. That's why I think our counts went up so much the last month or two. They've done EXTENSIVE cleaning to every surface of the room where the testing is done on those analyzers because they must think there are contamination issues but I don't think it's changed much. I just don't understand why there's such a disparity in positive counts between analyzer platforms. Does that make sense.

There are many more reports; however, I will stop for the sake of brevity. I cannot validate these concerns with hard numbers at this time because those in corporate and government medicine are scared to speak up. There are active reports everyday about employees of hospitals and other facilities being bound by gag orders. This does not mean I will not continue my active search for someone brave enough to come forward.

Normally, I am told that this would be the Department of Health that would audit this sort of thing; however I do not have any trust in this department as it is being managed currently. I believe they are fully aware of the problem, and complicit in driving up the false numbers.

I believe that with a legislative push or formal request, or even better, a state performance audit, we could get the information we need to know what is really happening here. If needed, freedom of information requests for emails etc. etc. could be made and I believe they would uncover the basis of this entire problem. I firmly believe there is a drive for higher test numbers in order to validate/push for further lockdowns and more fear, as well as higher acceptance of the

experimental Covid vaccine. I have heard multiple rumors of gag orders in various government departments, specifically that there is a goal for 70% compliance in any approved Covid vaccine. I suspect much of this is due to this goal.

From Journal BioRxiv: “It is clear that viral load matters, and therefore LoD values should be readily evaluable and in the public domain.” [1]

While cases go up, deaths go down. Over the 6-month period, we’ve seen randomness with case counts while deaths continue to decrease. Meanwhile, when convenient, deaths are left out of the conversation and only test counts are spoken about. All legislation and decisions are made around testing, and not death rates. If we are being misguided on this never-before-attempted use of testing, and I truly believe we are, it makes ALL the decisions being made because of it WRONG; therefore, I am asking you for your urgent assistance in this matter, and to help me bring these answers to light. Yes, COVID-19 is a very real virus. However, as you know, death rates have significantly decreased, and case counts continue to climb. Many experts know that this is the natural course of novel viruses. This means the infection is simply moving through society, and those of us that are healthy are being exposed and handling it as is supposed to happen. If what many believe to be happening IS in fact happening, we have an absolute travesty being inflicted upon the American people, and the last 8 months of fear campaigns, lockdowns, economic destruction, and undue loss of life has been for the wrong reasons. It would make what has happened in our state and in our country a true fraud against We The People.

I am requesting that an audit of these numbers be performed as quickly and thoroughly as possible, as well as a freedom of information request issued in regards to communications around Cycle count and objectives to sway public opinion. And in conclusion, to offer whistleblower protection for people in healthcare who want to speak up but have their lives and their jobs to fear for, as well as the immediate suspension of the gag order placed on health department workers. We the People have the right to know what they are planning for us.

Thank you for your urgent response and aid in this matter.

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1. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7302192/
2. https://www.medrxiv.org/content/10.1101/2020.08.04.20167932v4
3. https://www.cebm.net/covid-19/infectious-positive-pcr-test-result-covid-19/
4. https://fit.thequint.com/coronavirus/covid-19-what-is-ct-value-and-how-is-it-related-to-infectivity
5. A remarkably interesting interview with Kevin McKernan, lead for R&D for the Human Genome Project at Whitehead Institute/MIT resulting in several patents for nucleic acid purification.

Normally I wouldn’t attach a youtube video as proof however he takes a complex subject and makes it very understandable as well as discusses the grave concerns.
https://youtu.be/bafsmUMefQQ

6. Dr. Fauci statement of over 35 being false positive: https://twitter.com/vegsource/status/1322285840291147776?s=21&fbclid=IwAR1XSFuavsIx_bPgT9bgRgYWP1oU-GfDvzIp3wf9D0CKVaWGIT1-uYqoqt0
7. Cepheid Geneexpert package insert from 05-02-2020 https://www.who.int/diagnostics_laboratory/eual/eul_0511_070_00_xpert_xpress_sars_cov2_ifu.pdf
8. Cepheid Geneexpert insert from 10-02-2020 https://www.cepheid.com/Package%20Insert%20Files/Xpert%20Xpress%20SARS-CoV-2%20Assay%20ENGLISH%20Package%20Insert%20302-3787%20Rev.%20B.pdf
9. https://www.manilatimes.net/2020/10/08/opinion/columnists/topanalysis/covid-pcr-test-prone-to-hatching-false-positives/777791/
10. https://www.startribune.com/broad-covid-19-testing-under-microscope/572396572/?fbclid=IwAR1XKVEjTXIk6yB5I-qvNadv2GlP4MV1o2XKs-kIF4b9MDiptXI9gr-3V-M&refresh=true
11. https://www.nytimes.com/2020/08/29/health/coronavirus-testing.html