My name is Jesse Krause. I hold a PhD in physiology and teach in the Department of Biology. I am here today to speak in opposition to mandating vaccines for students within the NSHE system and all State of Nevada employees. I want to start by saying that I am not an anti-vaxxer but instead humbly approaching this board out of an abundance of caution for human health and the potential future or mankind. My basic concern is centered on the narrative that the COVID vaccine should be considered safe. I object to this assertion because we lack long term data to prove its safety. The idea of vaccinating the entire population could have detrimental consequences in the future. Many will think that these thoughts are unwarranted, but I will lay out my concerns based on what I have read in the literature. I speak in protection of our students that currently suffer a death rate of 1 individual in 100,000 according to the CDC website.

Concerns :

There is this misconception that the spike protein, which is the protein expressed by the vaccines, is not an immunogenic component of the virus. According to a recent study by Suzuki et al 2020 the spike protein in the absence of any other viral components caused widespread pathological disruptions in vascular function. This resulted in symptoms that are characteristically observed in patients presenting with COVID 19. Some would argue that the vaccine was designed in such a way that the spike protein does NOT enter circulation thus we should not observe symptoms in vaccinated individuals. However, there are high rates of side effects in individuals. Furthering this point, it has never been empirically tested that spike protein remains bound in the membrane. There are lots of mRNA studies in which the gene is expressed properly in a rodent but not when tried in a monkey. The improper expression of proteins can be so severe that it results in toxic effects of the liver and other tissues according to Sedic et al 2017. The current vaccine did not go through all animal trials prior to entering clinical trials on humans. I ask this panel to consider, when in recorded history has your health care provider told you to expect a side effect at an 80% rate?

It is currently unknown if the mRNA technology is incorporated into the genome. Thus, we also do not know for how long the spike proteins may be expressed in the body and if it is limited to the cell surface or circulation. It is important to note that under natural circumstances antibody titers are generally reduced following recovery from a disease. Sustained elevated levels of antibodies in response to vaccination could cause negative effects. For instance, Vojdani and Kharrazian (2020) tested the cross reactivity of antibodies against SARS-COV-2 spike protein and found considerable binding for the thyroid peroxidase, myelin basic protein, mitochondria, amongst others. This is probably not meaningful to most people so let me translate. Prolonged and uncontrolled induction of antibodies for these proteins can result in the formation of autoimmune diseases such as multiple sclerosis, Hashimoto's thyroiditis, celiac disease etc. I bring this up because none of these health consequences would present within the first year of injection but would rather take five of ten years. Some may be wondering how would it even get into the brain? Doesn't the blood brain barrier protect against this? Some evidence suggests that the vaccine is concentrated in the muscle, liver, spleen, and lymph nodes. However, there is evidence that the lipid nanoparticles which are used to get the virus into the cells can cross the blood brain barrier which is undesirable according to Bahl 2017. There is potential for enhanced immunostimulatory effects within the brain, by which elevate the risk of cytotoxic, inflammatory, and autoimmune effects on motor neurons or oligodendrocytes (the glial cells targeted in multiple sclerosis).

Another major concern is the potential for Antibody dependent enhancement which is a fancy way of saying that upon reinfection with a disease, the immune system overreacts causing tissue damage. Tseng et al 2012 tested four novel corona virus vaccines in rodents and observed high rates of mortality and lung damage in response to reinfection. Unfortunately, this is a common tale when it comes to the production of corona virus vaccines that spans 30 years of experimental work. There are lot of important details that I cannot discuss here. However, the more important issue is that many of the people that have been vaccinated likely have not ever been exposed to the virus or re-exposed for that matter. We have no idea what could happen until we wait longer. The CDC claims that vaccinated people are not in the hospital with the delta variant. However, this was shown not to be the case in England where they experienced a surge in the delta variant. The Public Heath of England just released a report stating of the patients that were admitted to the hospital with COVID: 2960 were unvaccinated while 2117 (41%) were vaccinated despite a lower positivity rate. Interestingly people that died from covid that were full or partially vaccinated totaled 486 individuals compared to 253 unvaccinated individuals. To put it another way, there were nearly twice as many deaths within the vaccinated group. Should we be concerned with antibody dependent enhancement if we observe a doubling of the mortality within the vaccinated group?

Unfortunately, the CDC has not been transparent with the US data and therefore makes it hard to make an informed decision in the USA as discussed in a recent Axios article in the popular press. Why are Americans being forced to turn to countries like south Africa and England? Why is there so much missing information from the worlds superpower that was instrumental in the development of these vaccines? I suspect that in fact the CDC is being dishonest which is supported by the constant misinformation that has been presented in addition to misinformation provided by Anothony Fauci which has been verified by his emails. The FDA's misconduct has been equally egregious as they attack any therapeutic treatment that is not a vaccine. Studies upon studies have been able to show the beneficial effects of hydroxychloroquine, ivermectin, cholesterol lowering statins, and one other drug whose name escapes me. The FDA stance on hydroxychloroquine and ivermectin has been to demonize these drugs and list them as toxic. Both of these drugs have been used for 60 years and are some of the safest on the market. I suspect that approval by the FDA for their use in the treatment would remove the emergency use authorization for the vaccine since an alternative treatment would exist.

My concerns extend well beyond this, but time does not permit further discussion. I urge this board to leave the decision of vaccination up to the individual and not a mandate by the state. 1 in 100,000 is always a risk but ask yourself what if the auto-immune consequences of the COVID 19 vaccine turns out to be 1 in 2 in the future. The Hippocratic oath says do no harm. I thank you for your time.