Cover note

Chairman Overweg, Vice-Chair Howard, and members of the committee:

Thank you for accepting these materials. I submit them in my personal capacity as the author of the South Dakota Republican Party's June 2026 resolution on pandemic-response accountability, in the hope of earning time on a future agenda for a formal presentation. This note is a short guide to what the packet contains.

- **Written submission.** The main document. It describes two structural patterns in how the Sanford SURVIVE study's findings were handled, explains why they bear on the operations of the Department of Health and the executive branch, and makes a specific request: a place on a future agenda, and the committee's help in asking the state what it knew of this study, and when.

- **Adopted Resolution #690.** The resolution the party adopted unanimously at its June 2026 state convention. It names the SURVIVE delay and urges this committee and the Attorney General to examine it. It is the purpose behind this request.

- **Reproduction of the brief to the party's Resolutions Committee.** The background I provided before the convention, which the Resolutions Committee chair said would "assist the committee greatly." It lays out, with links to authoritative public originals, the fourteen documented sources behind this matter, and it is the fastest way to get oriented.

- **Four internal Sanford email screenshots.** The records described in Section 2 of the submission: the July 23, 2020 study announcement, the November 3, 2020 expansion, the February 3, 2021 termination, and the June 23, 2021 internal results summary. I hold these only as leaked screenshots and cannot authenticate them; I offer them as leads for verification, not as proof.

If you have the drive time, one viewing suggestion. The Wall Street Journal documentary "The Lockdown Dissidents" runs only about 37 minutes and features Dr. Jay Bhattacharya of Stanford (MD, PhD), now Director of the National Institutes of Health and acting Director of the CDC, and Dr. Robert Redfield, former Director of the CDC and a member of the White House Coronavirus Task Force. I would argue that South Dakota was the nation's closest adherent to the recommendations of the Great Barrington Declaration, which Dr. Bhattacharya co-authored, and that the SURVIVE study was representative of South Dakota. Watching it with that in mind lays a strong foundation for why this mattered, here and across the country.

Documentary: https://youtu.be/O87Et-w3vdg

Thank you again for your time and consideration.

Chad Bishop
Sioux Falls, South Dakota
(Contact information on request.)

Written submission to the South Dakota Government Operations and Audit Committee

Submitted by: Chad Bishop, Sioux Falls, South Dakota
Re: The operations questions raised by the delay of the Sanford SURVIVE study
For the meeting of: Tuesday, July 21, 2026
Submitted: July 20, 2026

Chairman Overweg, Vice-Chair Howard, and members of the committee:

I write as the author of the resolution on COVID-19 pandemic-response accountability that the South Dakota Republican Party adopted unanimously at its June 2026 state convention. That resolution names the delay of the Sanford SURVIVE study and urges this committee to examine the matter and to coordinate with the Attorney General. I want to be clear about the capacity in which I come to you: I am not here as the party's designated presenter. The resolution as adopted contemplates a formal presentation, and I have not yet heard back from Party Chair Eschenbaum on arranging one. I bring this to you now in my personal capacity, as the resolution's author, in the hope of laying the groundwork for that formal presentation, and to ask the committee for the opportunity to make it.

This is not the first time I have brought this matter before state government. In 2024 I testified before the House Health and Human Services Committee in support of HCR 6012, which called for the release and a comprehensive public understanding of the SURVIVE data. Some members may recall it.

My purpose here is modest: to show you why the matter is worth the committee's time, and to ask for a place on a future agenda to present it in full.

1. Two patterns, and why they are the state's business

Two things happened here that do not have settled names, and both bear on the operations of state government during the pandemic. I have given each a working name so we can discuss the structural questions they raise. I am not asking the committee to determine anyone's motives or to impose any consequence on a private institution. I am asking whether the operations of the Department of Health, and the executive branch to which it answers, were adequate to the circumstances these patterns illustrate.

The first is what I call **the voluntary-steward accountability gap**: when a trusted institution announces, in a crisis, that it is doing research the public urgently needs, that announcement can crowd out others who would otherwise do the same essential work, because everyone assumes it is handled. The institution then becomes the sole holder of the data. Without clear processes at the state level to identify, request, receive, evaluate, and publicly communicate the non-identifying findings, the information can be delayed, narrowed, or never reach the policymakers and the public who needed it while it still mattered.

The second is what I call **stealth-publication-sans-promotion**: an institution that has publicly associated itself with a study publishes the findings in a form, venue, and timeline that satisfies formal disclosure while making the work difficult to locate or to connect to the original public interest. SURVIVE fits the pattern: the paper appeared in February 2022 without the SURVIVE name, without a contemporaneous public announcement I have been able to locate, after the study had ended months earlier, and without delivering the durability and efficacy analyses the study was publicly announced to pursue. On those two questions the paper offers no analysis or discussion - it reports two isolated antibody-persistence figures without interpreting them, and no assessment of protection against reinfection.

Here is why both belong before this committee. This did not happen in a vacuum. It happened during a global pandemic, in the state whose Department of Health is charged, under SDCL 34-22-9, 34-22-12, and 34-22-17, with statewide communicable-disease surveillance, analysis, and control, and with receiving mandatory reports from hospitals and institutions. SURVIVE measured exactly that kind of information: in the study's own published words, "seroprevalence in the cohort increased over 6 months from 25% to 55%" among healthcare workers before vaccine availability.

Sanford's then-leadership stated publicly that the system was in daily contact with state government during this period. In an exclusive KELOLAND interview with Angela Kennecke on November 20, 2020, when asked whether the state's leaders listen to its health systems, Sanford's then-CEO Kelby Krabbenhoft answered, "They do. And we're giving them daily information. Daily." (KELOLAND News, November 20, 2020, https://www.keloland.com/news/healthbeat/coronavirus/exclusive-tv-interview-with-sanford-health-ceo-over-controversial-comments/. For the committee's convenience, the exchange in its surrounding context is also posted at https://x.com/sodakchad/status/2072750994669097426 and https://www.youtube.com/watch?v=LWDRpIokYUU.)

The officials most likely to have been in that daily contact, and whom the committee could ask directly, are the Governor (then Kristi Noem, who has since left state government for federal service), the Lieutenant Governor (then Larry Rhoden, now the Governor), the Governor's

Chief of Staff (then Tony Venhuizen, now the Lieutenant Governor), the Secretary of Health (then Kim Malsam-Rysdon, now at Avera Health), and the State Epidemiologist (Dr. Joshua Clayton, who has held that office continuously since 2017 and holds it still). Three of them, the sitting Governor, the sitting Lieutenant Governor, and the same State Epidemiologist, remain in state government today. The committee does not have to reconstruct anything; the people who could answer are within reach.

One episode makes the stakes concrete. In April 2021, the Secretary of Health, jointly with Sanford Health and the state's other major health systems, urged South Dakotans that "even if you had COVID-19, you should still be vaccinated," because "antibodies wane over time and will not protect like the vaccine does." That guidance rested on a step the evidence at the time did not support: the step from the unremarkable fact that antibody *levels* decline to the conclusion that infection-acquired *immunity* would not protect. It is unfortunate that Sanford's SURVIVE study, which was measuring exactly this in a healthcare workforce, would not be published for another ten months, where it could have informed that statement. And the evidence already public pointed the other way: the State's own Epidemiologist was reporting reinfection as rare, well under one percent of prior cases, and the La Jolla Institute's published work documented durable immune memory after infection. I raise this not to fault the Secretary, who spoke in good faith on the information available to her, but as a point worth the committee's consideration: whether the state spoke past its own data, or lacked Sanford's because it had been withheld, is a question this committee is well placed to answer.

So the threshold question is a state question, and it is one the committee can pursue directly: did the executive branch, the Department of Health, or the State Epidemiologist have this information, and if so, why did it go no further? That is what this committee exists to examine. SDCL 2-6-2 charges the Government Operations and Audit Committee with "inquiry and review of any phase of the operations and the fiscal affairs of any department, institution, board, or agency of the state." SDCL 2-6-35 to 2-6-37 further charge the committee with a performance-management review focused on efficiency, effectiveness, transparency, accountability, and data-based measurements. I ask you to bring these two patterns, and the role of the Department of Health and the State Epidemiologist within them, inside that review.

2. What I can show you, and what only the committee can verify

To show there is substance here, I offer four internal Sanford records. None was publicly distributed; each reached me as a leaked screenshot. **I cannot independently authenticate them, and there is a small chance one is inaccurate or misrepresents something. I present them not as proof, but as leads, so the committee can verify them, and the most direct**

way to verify them is not to examine the pixels but to ask the state what it knew. The first record is a useful measure of the rest: the email itself was internal, but its content matches, point for point, what Sanford stated publicly at the time, which shows these leaked screenshots reflect the institution's actual communications. The next three contain information that was not made public. I did not simply rely on these screenshots: with the assistance of Senator Rounds's office, I sought to broker a meeting with Sanford Health, in part to verify these records and in part to put other questions to the institution, but that meeting did not materialize.

1. The announced design - July 23, 2020. Sanford announced the SURVIVE study on July 23, 2020, in an internal message from its Chief Medical Officer, Dr. Allison Suttle, to the entire workforce. The email itself was not publicly distributed, but its content matches, point for point, what Sanford stated publicly the same day and in the weeks that followed: its own press release (July 23), contemporaneous news coverage quoting Sanford representatives (Forum News Service, July 24; Lakeland PBS, July 30), and a recruitment video featuring the study's lead researcher, Dr. Susan Hoover (August 5). All describe the same study: up to 3,000 employees across South Dakota, North Dakota, and Minnesota; blood drawn seven times, every 60 days, over one year; a referenced participant FAQ; and three stated questions - how prevalent infection was, how long antibodies last, and whether they prevent reinfection. The original design is therefore not in dispute. It is the baseline against which everything that follows should be measured.

2. The expansion - November 3, 2020. An internal message, co-signed by Dr. Suttle and by the President of Innovation, Research and World Clinic, Dr. David Pearce, announced that Sanford was expanding the SURVIVE study to all employees with patient contact across South Dakota, North Dakota, and Minnesota, toward its target of roughly 3,000 participants. It reaffirmed the study's original aims - including learning whether antibodies "predict vulnerability to infection," the protection question - and stated, in Sanford's own words, that the work was meant to help "our organization - and the medical science community - better understand" antibody testing, a purpose fulfilled only by sharing the findings. I have found no public counterpart to this message.

It matters because the data was already accumulating as Sanford announced it. Enrollment had begun in June and draws were taken every 60 days, so by November the study's first two rounds, the rise from twenty-five to forty-two percent seropositive, were in hand, with the earliest participants beginning to reach their third draw. The rising trajectory the study would ultimately report was already forming in Sanford's own data, over the signatures of its two most senior clinical and research officers, at the very time they restated an intent to answer the

protection question and to inform the wider field. And it raises the operations question directly: as that progress accumulated, was the state kept informed of it?

3. The termination - February 3, 2021. The message announcing the study's end came not from the Chief Medical Officer who had announced and expanded it, but from the study's lead investigator, Dr. Susan Hoover. Dr. Suttle had left Sanford on December 9, 2020 - just 36 days after signing the November 3 expansion (reported by the Argus Leader). Writing to participants, Dr. Hoover restated the study's purposes in her own words - "to monitor the persistence of antibody over time and its relationship to prior or new infection" - and then announced its end: "The decision has been made to stop the study. No further participants will be enrolled, and follow-up and blood draws will stop for those currently enrolled." She gave the reason as the rapid arrival of a COVID-19 vaccine and the fact that the antibody test in use could not distinguish infection from vaccination, adding that "while other tests are available on the market, they are not being used by Sanford Laboratories." She closed by promising that Sanford was "evaluating the data we were able to collect and will release our findings via email in the near future." As with the expansion, there was no public announcement.

Two features of this record are worth the committee's inquiry. First, the stated rationale concerns only the antibody test; the study's questionnaire, which tracked diagnosis, exposure, and symptoms, and which the assay limitation does not affect, is not mentioned. Second, the message acknowledges that tests capable of distinguishing infection from vaccination existed but were not used, framing the limitation as Sanford Laboratories' choice rather than a technical impossibility. (Whether a more suitable assay was available is itself a fair question: Dr. Hoover's own NIAID mentor, Dr. Jeffrey Cohen, was the senior author of a 2020 paper demonstrating that a nucleocapsid assay reached far higher sensitivity and specificity for exactly this kind of serial seroprevalence work - a question the committee could pursue, not one I ask it to resolve here.)

4. The results, in hand - dated June 23, 2021. A summary titled "Sanford Clinical Research SURVIVE Study - What did it tell us?", prepared by a Sanford research nurse together with Dr. Hoover and dated June 23, 2021, laid out the study's findings for an internal audience. Its numbers are, within a single participant, the same numbers that would appear in the published paper eight months later - 1,811, 986, and 201 participants across the three visits, and antibody-positive counts of 445, 414, and 111. The analysis behind the February 2022 publication was, in other words, essentially complete by the middle of 2021. And the summary states its own conclusions plainly: a "steady increase in SARS-CoV-2 antibody presence over time," that "at each visit, antibody-positive participants exceeded self-reported COVID-19 diagnoses," and that the rising antibody rate "likely reflects at least short-term immunity after

COVID-19 infection." I hold a screenshot provided by a study participant whose identity I am protecting; I can confirm the June 23, 2021 date the document carries, but not the exact date it was distributed.

This is the record that bears most directly on the operations question, because it shows the findings were analyzed and essentially in hand roughly eight months before publication - so whatever explains the delay, it was not that the data was unavailable. That sequence is worth setting against the calendar of the decisions it bore on: the data was essentially final by June 2021, before full FDA licensure of the vaccine in August 2021 and before the healthcare-worker vaccine mandates took effect that November - yet the paper was not submitted until November 11, 2021, and not published until February 2022. I hold a view about why, which I would argue at a presentation; for this submission I ask only that the committee note the sequence.

A note on the study design. The paper attributes its small final numbers to "rolling enrollment" - a term that appears in none of the 2020 announcements, which described a fixed seven-draw, one-year design. Whether, when, and why the design changed is answerable only from the study's own records: the original protocol and its amendment history, where the design as approved and every change to it would be documented. I mention this not as a demand but to note where the definitive answers live.

Two last observations on significance. The SURVIVE finding was a statistical outlier - a large, early, healthcare-worker seroprevalence signal - and it is highly probable that, published in a timely way, it would have drawn national attention, particularly given how closely South Dakota's policy tracked the approach later associated with the Great Barrington Declaration. The study was also an outlier in how it was published: more than a year after the data stopped being collected, with no preprint, during a once-in-a-century pandemic in which the timely release of information was never more valuable. Meanwhile the federal debate over whether infection-acquired immunity "counts" was still unresolved as late as October 2021 (by one participant's later account, the advisors split evenly, two to two, with no consensus), while a study built to inform exactly that question sat, essentially finished, on a shelf in South Dakota. We are fortunate that the State's own Epidemiologist reported reinfection data throughout the pandemic, right up until the mandates took effect; the question is why the state's largest study of the same phenomenon did not reach the same public record. Why was it not offered in defense of the rights of Health Care Workers? Why was it not offered to provide informed consent to all Health Care Workers - enabling them to truly understand their risk vs. benefit of a mandated medical treatment?

3. What I have attached

- The **adopted Resolution #690**, so the committee has the legislative purpose the party has already articulated.
- A **reproduction of the brief I provided to the party's Resolutions Committee**, which the committee chair said would "assist the committee greatly." It lays out, with links to authoritative public originals, the documented sources behind this matter.
- The four documents described in Section 2 (the four leaked internal records).

4. The specific ask

I respectfully ask the committee to **grant me time on a future agenda to make a formal presentation** of the documented record and the specific operations questions it raises. I would come prepared to answer members' questions and to provide any additional primary materials. In the meantime, the most useful thing the committee could do is the one thing I cannot: ask the state (the Department of Health, the State Epidemiologist, and the executive officials named above) what they knew of this study and its findings, and when.

5. Tone

This is a learn-not-punish request. Nothing here asks the committee to determine guilt or assign blame. It asks only that the state be willing to examine its own operations so that, if information of public value was ever held back or lost during a crisis, we understand how, and prevent it. I also keep two distinct questions separate throughout: the natural-immunity / seroprevalence question that is the subject of this request is not the same as any question of vaccine safety, and I do not conflate them.

Thank you for your service, and for your consideration of this request.

Contact information on request.

Convention Resolution Submission

Title of Resolution

A RESOLUTION IN ROBUST SUPPORT OF THE SOUTH DAKOTA ATTORNEY GENERAL'S PURSUIT OF JUSTICE AND ACCOUNTABILITY FOR COVID-19 PANDEMIC-RESPONSE MALFEASANCE AND FRAUD, PURSUANT TO THE FEBRUARY 2025 STATE ATTORNEYS GENERAL COALITION LETTER

Summary of Resolution

This resolution calls upon the 2026 South Dakota Republican State Convention to commend Attorney General Marty Jackley for joining the February 5, 2025 coalition letter of seventeen state Attorneys General pledging to pursue accountability for COVID-19 pandemic-response malfeasance, and to robustly support him and his successor in office in exercising the state-law authority that letter asserts. It urges the Attorney General to pursue accountability against all bad actors identified in the coalition letter — not only pardon-shielded federal officials — including South Dakota-specific matters such as the thirteen-month delay in publishing the Sanford Health SURVIVE natural-immunity findings, and to coordinate with the Legislature's Government Operations and Audit Committee. It further affirms that no South Dakotan should be compelled to undergo a medical intervention without full and honest disclosure of relevant scientific information, including evidence of natural immunity, as a matter of informed consent.

Whereas Statements

WHEREAS, the Republican Party of South Dakota stands for the rule of law, government transparency, accountability for the abuse of public trust, the right of every citizen to informed medical consent, and justice for those harmed by official malfeasance and fraud; and

WHEREAS, these are the settled commitments of this Party, whose 2024 State Platform provides that "We oppose medical mandates, coercion, and intimidation of individuals" (§3.3) and that "the free flow of information empowers and energizes a republic and serves to keep government accountable" (§5.8), and whose Platform Principles affirm that "Government authority proceeds only from the consent of the People"; consistent, as well, with the 2024 National Republican Platform's pledge to "hold accountable those who have misused the power of Government" and to "declassify Government records, root out wrongdoers"; and

WHEREAS, on February 5, 2025, a coalition of seventeen state Attorneys General — including Attorney General Marty Jackley of South Dakota — wrote jointly to Speaker of the House Mike Johnson and Senate Majority Leader John Thune regarding accountability for the response to the COVID-19 pandemic, declaring that, as state Attorneys General, "we possess the authority to address violations of state law or breaches of public trust" and that they are "fully committed to investigating any malfeasance that may have occurred to the fullest extent of our authority"; and

WHEREAS, at the time the February 5, 2025 coalition letter was sent, Dr. Jay Bhattacharya, MD, PhD — whose scholarship the letter described as among those subjected to a “deliberate campaign to stifle the voices of premier health scholars” — had not yet assumed office as Director of the National Institutes of Health, but has since been confirmed to that office; and

WHEREAS, South Dakota’s senior United States Senator, John Thune — who serves as Senate Majority Leader and was a principal addressee of that coalition letter — and Dr. Bhattacharya, as Director of the National Institutes of Health, are positioned to lend congressional and executive-branch cooperation to the transparency, oversight, and state-law accountability efforts the coalition letter commends; and

WHEREAS, that coalition letter expressly recognized that the preemptive presidential pardon issued to Dr. Anthony Fauci "does not extend to preclude state-level investigations or legal proceedings," and affirmed the signatories' confidence "that state laws may provide a means to hold all actors accountable for their misconduct"; and

WHEREAS, the coalition letter, relying on the findings of the U.S. House Select Subcommittee on the Coronavirus Pandemic, expressly identified serious areas of potential wrongdoing — including misrepresentations concerning the origins of COVID-19, the funding and oversight of gain-of-function research, and "a deliberate campaign to stifle the voices of premier health scholars," which the letter described as having "siloed crucial information from the public" and as "the very definition of propaganda that contributed to serious vaccine injuries — and in some cases, death"; and

WHEREAS, the documentary record supporting this premise has only grown stronger, as reflected in the Wall Street Journal Opinion documentary "The Lockdown Dissidents" (June 2026), featuring National Institutes of Health Director Dr. Jay Bhattacharya, MD, PhD; Dr. Scott Atlas, who served as a Special Advisor to President Trump on the White House Coronavirus Task Force; and Dr. Robert Redfield, who served as Director of the Centers for Disease Control and Prevention from 2018 to 2021 under President Trump, which documents the silencing of scientific dissent and the abandonment of honest, evidence-based public-health policy; and

WHEREAS, these concerns find further support in the ethical arguments of Dr. Aaron Kheriaty, physician and medical ethicist, concerning informed consent, natural immunity, and the integrity of medicine during the pandemic — arguments lent further weight by the March 2026 settlement and consent decree in Missouri v. Biden, in which Dr. Kheriaty was a plaintiff and under which the United States Surgeon General, the Centers for Disease Control and Prevention, and the Cybersecurity and Infrastructure Security Agency agreed to refrain from coercing social-media platforms into suppressing constitutionally protected speech; and

WHEREAS, South Dakota itself bears evidence of this same pattern: Sanford Health, the State's largest health system, conducted a seroprevalence study of its own healthcare workers known as "SURVIVE," which by January 2021 had documented that approximately fifty-five percent (55%) of participating workers possessed natural immunity to COVID-19, yet did not publish those findings for approximately thirteen months, releasing them in February 2022

without the SURVIVE name, without public announcement, and with the study's durability and efficacy endpoints removed — even as South Dakota healthcare workers and patients were being asked, and in many cases required, to be vaccinated without any regard to prior infection or existing immunity; and

WHEREAS, the timing of these events compounds the concern: Sanford Health possessed its SURVIVE natural-immunity findings by January 2021, and required its own employees to be fully vaccinated by November 1, 2021 — earlier and more stringently than any federal requirement then in effect — yet did not publish those findings until February 2022, after the public-comment window for the federal Centers for Medicare & Medicaid Services health-care-worker vaccination rule had closed on January 4, 2022, after that rule's fully-vaccinated compliance deadline, and after the United States Supreme Court's January 13, 2022 decisions concerning the federal vaccination mandates; with the result that Sanford's own data remained unpublished — and therefore unavailable to inform the federal rule-making record, the courts, or state, national, and international policy, or to help defend the bodily autonomy and civil liberties of South Dakotans — at the very moments those decisions were being made; and

WHEREAS, Attorney General Marty Jackley is to be commended for standing shoulder-to-shoulder with sixteen of his fellow state Attorneys General and lending his signature to this coalition letter, thereby pledging the authority of his office to the pursuit of accountability for pandemic-response malfeasance — a commitment the Republican Party of South Dakota proudly and enthusiastically endorses; and

WHEREAS, the people of South Dakota deserve to know the truth about these matters and to see those responsible for malfeasance and fraud held accountable under South Dakota law;

Therefore Statements

NOW, THEREFORE, BE IT RESOLVED, that the 2026 South Dakota Republican State Convention wholeheartedly commends and applauds Attorney General Marty Jackley for joining the February 5, 2025 coalition of state Attorneys General and for his pledge to pursue accountability for COVID-19 pandemic-response malfeasance and fraud to the fullest extent of his authority, and calls upon the assembled delegates to voice their full-throated support for his leadership; and

BE IT FURTHER RESOLVED, that this Convention robustly supports Attorney General Marty Jackley — a signatory to the February 5, 2025 coalition letter — and his successor in office in fully and faithfully exercising the state-law authority that the coalition letter asserts, to investigate and pursue justice for COVID-19 pandemic-response malfeasance and fraud; and

BE IT FURTHER RESOLVED, that this Convention calls upon the Attorney General, present and future, to pursue accountability against all bad actors as identified in the coalition letter — not solely federal officials shielded by presidential pardon — including any persons or institutions whose conduct violated South Dakota law or breached the public trust of South Dakotans; and

BE IT FURTHER RESOLVED, that this Convention encourages the Attorney General to examine South Dakota-specific matters falling within this scope — including the thirteen-month delay in publishing the Sanford Health SURVIVE study findings (approximately 55% natural immunity among participating healthcare workers by early 2021, with durability and efficacy endpoints removed from the eventual publication) — and to coordinate with the South Dakota Legislature's Government Operations and Audit Committee, which this Convention encourages, should it elect to pursue such an investigation, to exercise the full lawful authority vested in it — including its statutory power to subpoena witnesses, records, and testimony from any person or institution it deems necessary — and with the fellow signatory Attorneys General of the coalition letter; and

BE IT FURTHER RESOLVED, that this Convention affirms that no South Dakotan should be compelled to undergo a medical intervention without full and honest disclosure of relevant scientific information — including evidence of natural immunity — as a matter of informed consent and individual liberty; and

BE IT FURTHER RESOLVED, that this Convention calls upon United States Senator John Thune, South Dakota’s senior United States Senator and Senate Majority Leader — a principal addressee of the February 5, 2025 coalition letter — to lend his full cooperation to the coalition’s pursuit of accountability for COVID-19 pandemic-response malfeasance and fraud, including by facilitating congressional oversight, record production, and any legislative support necessary to complement the state Attorneys General’s lawful investigations; and calls upon Dr. Jay Bhattacharya, MD, PhD, Director of the National Institutes of Health — copied on that coalition letter and confirmed to the office he did not yet hold when it was sent — to lend his full cooperation to an honest reckoning with the pandemic-response record, including transparency, declassification, and support for the state Attorneys General coalition’s lawful pursuit of accountability under state law; and

BE IT FURTHER RESOLVED, that copies of this resolution be transmitted to the Governor of South Dakota, the Attorney General of South Dakota, each candidate seeking the Republican nomination for Attorney General, the leadership of the South Dakota Senate and House of Representatives, and the members of the Government Operations and Audit Committee, United States Senator John Thune, Dr. Jay Bhattacharya, Director of the National Institutes of Health, United States Senator Rand Paul, and United States Senator Ron Johnson.

Conclusion

In adopting this resolution, the South Dakota Republican Party affirms that South Dakota has a vital role to play in seeking justice — not only for the people of South Dakota, but for the people of the United States and for healthcare workers everywhere. As Dr. Kheriaty and others have argued, to require a medical intervention of those already protected by the broad and durable immunity that follows recovery from infection — for whom its additional benefit was negligible while its risks were not — without full and honest disclosure was a violation of sound medical ethics and of informed consent; a violation made graver still when material scientific findings that could have enlightened public policy, the courts, and the public were withheld rather than published in a timely manner. The Party affirms its unwavering commitment to government transparency, to the right of every citizen to full and honest informed consent, and to genuine accountability under South Dakota law — and pledges its full and enthusiastic support to Attorney General Marty Jackley and his successor in office in pursuing justice for COVID-19 pandemic-response malfeasance and fraud, to the fullest extent of their authority.

Supporting Document(s)

scag-letter-20250205.pdf

Members Who Also Support This Resolution

Confirmation

✔ I affirm I am an active, registered Republican in the State of South Dakota.

Your Name

Chad Bishop

Email
chad.a.bishop@gmail.com

Phone
(605) 254-4524

Role / Title

Other

County

Lincoln

Organization

Briefing to the SDGOP Resolutions Committee — original public sources for Resolution #690

Reproduction of the email Chad Bishop sent to the Chair of the South Dakota Republican Party Resolutions Committee in support of Resolution #690, with the committee chair's acknowledgment. Provided to the Government Operations and Audit Committee as background.

From: Chad Bishop <chad.a.bishop@gmail.com>
To: Clark Brown, Chair, SDGOP Resolutions Committee
Cc: resolutions@sdgop.com
Date: June 13, 2026
Subject: Re: Convention Resolution Submission from Chad Bishop

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Dear Chairman Brown and Members of the Resolutions Committee,

Thank you, Chairman Brown, for your reply confirming that my resolution (submission #690) has been received and will be reviewed over the weekend and discussed at the committee's June 15 meeting. I also note your point that the committee does not print or distribute supporting documents, and that the supporting material would need to be presented in person at the Resolutions Committee meetings during the Convention. I am glad to make myself available to a regional committee member for any questions about the resolution or its sources.

To assist the committee's review, below are the original public sources for every record and reference in the resolution. All links are to authoritative public originals — government dockets, a peer-reviewed journal, court filings, official party platforms, and institutional press releases.

Original public sources:

1. **February 5, 2025 coalition letter of seventeen state Attorneys General** (including AG Marty Jackley): https://www.scag.gov/media/1jeb3sqw/letter-to-congress-covid-19-response-feb-5-2025.pdf — all language quoted in the resolution is taken directly from this letter, which was uploaded as the supporting document with my submission.
2. **U.S. House Select Subcommittee on the Coronavirus Pandemic, Final Report** (December 4, 2024): https://oversight.house.gov/wp-content/uploads/2024/12/12.04.2024-SSCP-FINAL-REPORT.pdf — relied upon in the coalition letter.

3. **Wall Street Journal Opinion documentary, "The Lockdown Dissidents"** (published June 9, 2026): https://youtu.be/O87Et-w3vdg — features NIH Director Dr. Jay Bhattacharya, MD, PhD; Dr. Scott Atlas (Special Advisor to President Trump on the White House Coronavirus Task Force); and Dr. Robert Redfield (CDC Director, 2018–2021).
4. **Missouri v. Biden — March 2026 settlement and consent decree** (Dr. Aaron Kheriaty, plaintiff): https://nclalegal.org/wp-content/uploads/2026/03/FILING_Missouri-v.-Biden_Exhibit-A-Consent-Decree_03242026-1.pdf — the U.S. Surgeon General, CDC, and CISA agreed to refrain from coercing social-media platforms into suppressing constitutionally protected speech.
5. **Sanford Research launches new COVID-19 antibody study** (press release, July 23, 2020): https://news.sanfordhealth.org/news-release/sanford-research-launches-new-covid-19-antibody-study/ — states the original three questions in lay terms (how prevalent is COVID-19; who develops antibodies and how long they last; whether antibodies prevent reinfection). Spokesperson: Allison Suttle, MD, Sanford Chief Medical Officer. See also the original on-camera announcement — Lakeland PBS, "Sanford Health Research Launches New Antibody Study For COVID-19" (July 30, 2020): https://www.youtube.com/watch?v=hu2QrdzioM0
6. **November 3, 2020 internal Sanford communication announcing the SURVIVE expansion** — co-signed by Allison Suttle, MD (Chief Medical Officer) and David Pearce, PhD (President, Innovation, Research and World Clinic). It states the study was opened to help "our organization — and the medical science community — better understand the usefulness of antibody testing and if it can confirm past infection or even predict vulnerability to infection." (This is an internal employee email; I can provide a copy to the committee on request.)
7. **The Sanford SURVIVE study, as published — Hoover & Reed (2022):** https://doi.org/10.1017/ash.2022.9 — Antimicrobial Stewardship & Healthcare Epidemiology, 2, e21. Approximately fifty-five percent (55%) seropositivity by the final collection point in early 2021. Published in 2022 (received November 11, 2021; accepted December 28, 2021), without the SURVIVE name, without public announcement, and with the durability and efficacy endpoints removed.
8. **Sanford Health to require COVID-19 vaccine for employees** (press release, July 22, 2021): https://news.sanfordhealth.org/news-release/sanford-to-require-covid-19-vaccine-for-employees/ — full vaccination required by November 1, 2021; quotes CEO Bill Gassen and Chief Physician Jeremy Cauwels. This preceded the federal CMS rule by over three months.
9. **Lakeland PBS broadcast, "Top Sanford Health Doctors Explain Employee COVID-19 Vaccination Requirement"** (July 23, 2021): https://www.youtube.com/

watch?v=HWP4nRMRMn8 — Sanford physicians describe the requirement as "a condition of employment at Sanford Health."

10. **CMS Interim Final Rule (health-care-worker vaccination), 86 Fed. Reg. 61555** (November 5, 2021): https://www.govinfo.gov/content/pkg/FR-2021-11-05/pdf/2021-23831.pdf — public-comment window closed January 4, 2022.
11. **U.S. Supreme Court, Biden v. Missouri** (January 13, 2022), No. 21A240: https://www.supremecourt.gov/opinions/21pdf/21a240_d18e.pdf
12. **2024 South Dakota Republican Party Platform:** https://www.sdgop.com/wp-content/uploads/2025/04/The-2024-South-Dakota-Republican-Party-Platform.pdf (§3.3; §5.8; Platform Principles).
13. **2024 Republican National Platform** (official, gop.com): https://prod-static.gop.com/media/RNC2024-Platform.pdf — includes the pledges the resolution quotes, to "hold accountable those who have misused the power of Government" and to "declassify Government records, root out wrongdoers."
14. **My 2024 testimony before the South Dakota House Health and Human Services Committee on HCR6012:** https://www.youtube.com/watch?v=6zhD1D_ipZU (HCR6012: https://sdlegislature.gov/Session/Bill/25287).

In closing, I want to be candid about why I believe this matter merits the committee's and the Attorney General's attention. It appears that Sanford Health held material scientific and medical research that, had it been published in a timely fashion, could have helped defend its own healthcare staff and the people of South Dakota against government overreach and the violation of their civil liberties.

The central question I am asking is whether Sanford was coerced by — or acted in concert with — the federal government to suppress that research, as a continuation of the documented effort by NIH Director Francis Collins and NIAID Director Anthony Fauci to orchestrate "a quick and devastating published take down" of the Great Barrington Declaration and its authors.

My working theory — offered as a theory to be tested, not a proven fact — is that the Sanford SURVIVE study was not only Sanford's data, and not only South Dakota's data, but Great Barrington Declaration data: real-world evidence of natural immunity that was withheld in a manner that served the Collins–Fauci–Biden narrative rather than the people it could have protected.

To be clear, my concern does not depend on federal coercion. It is entirely possible that Sanford acted on its own — that once its chief executive, Kelby Krabbenhoft, had drawn intense national attention to himself and to Sanford with his public statements on natural

immunity, and it became apparent that the SURVIVE data would tend to prove him correct, the institution simply chose to bury the study to protect itself. Whether the cause was federal pressure or institutional self-protection, the result was the same: material scientific information was withheld from the people it could have protected.

If that was indeed the case, it also represents a serious breach of medical ethics: withholding evidence that many of Sanford's own workers and patients already possessed natural immunity deprived them of information material to informed consent — at the very time they were being required to undergo a medical intervention whose additional benefit to the already-immune was negligible, while its risks were not.

I respectfully submit that South Dakota — through this Convention, its Attorney General, and the Government Operations and Audit Committee — has both the standing and the responsibility to find out.

I am happy to provide any additional primary materials or clarification on any point.

With gratitude for your service,

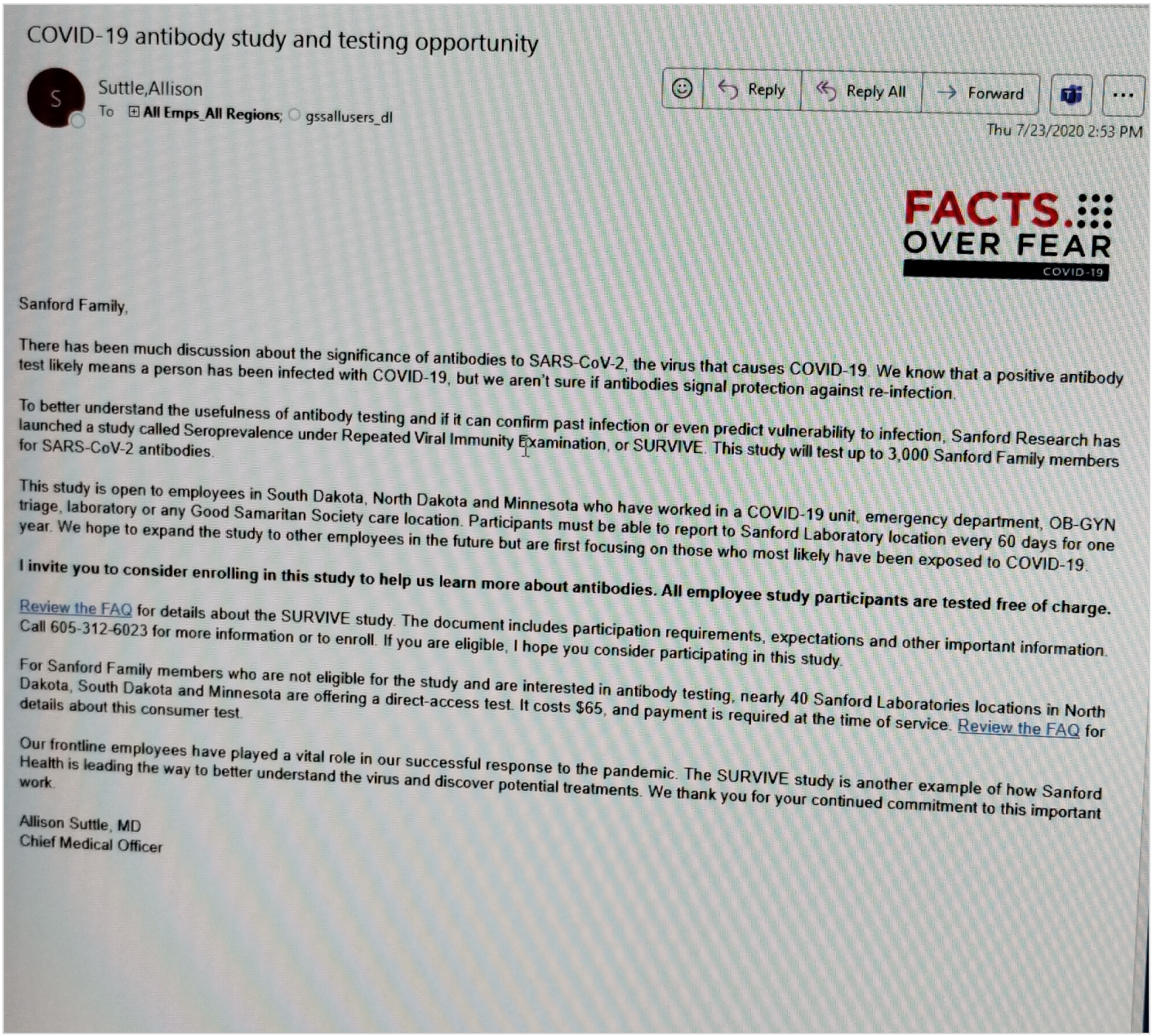
Chad Bishop
Registered Republican, Precinct 1-18, Lincoln County, South Dakota
chad.a.bishop@gmail.com | (605) 254-4524

Resolutions Committee acknowledgment

From: Clark Brown, Chair, SDGOP Resolutions Committee
To: Chad Bishop
Date: June 14, 2026

> Chad,
>
> Thank you for the additional information sources and your expanded perspective. This will assist the committee greatly in both the preliminary review and discussion at the meeting.
>
> V/R
> Clark
>
> Clark Brown
> Chair, SDGOP Resolutions Committee

Attachment 1 - SURVIVE study announcement, July 23, 2020 (internal email, redacted)



COVID-19 antibody study and testing opportunity

Suttle,Allison
To All Emps_All Regions; gssallusers_dl

Reply | Reply All | Forward

Thu 7/23/2020 2:53 PM

FACTS. OVER FEAR COVID-19

Sanford Family,

There has been much discussion about the significance of antibodies to SARS-CoV-2, the virus that causes COVID-19. We know that a positive antibody test likely means a person has been infected with COVID-19, but we aren't sure if antibodies signal protection against re-infection.

To better understand the usefulness of antibody testing and if it can confirm past infection or even predict vulnerability to infection, Sanford Research has launched a study called Seroprevalence under Repeated Viral Immunity Examination, or SURVIVE. This study will test up to 3,000 Sanford Family members for SARS-CoV-2 antibodies.

This study is open to employees in South Dakota, North Dakota and Minnesota who have worked in a COVID-19 unit, emergency department, OB-GYN triage, laboratory or any Good Samaritan Society care location. Participants must be able to report to Sanford Laboratory location every 60 days for one year. We hope to expand the study to other employees in the future but are first focusing on those who most likely have been exposed to COVID-19.

I invite you to consider enrolling in this study to help us learn more about antibodies. All employee study participants are tested free of charge.

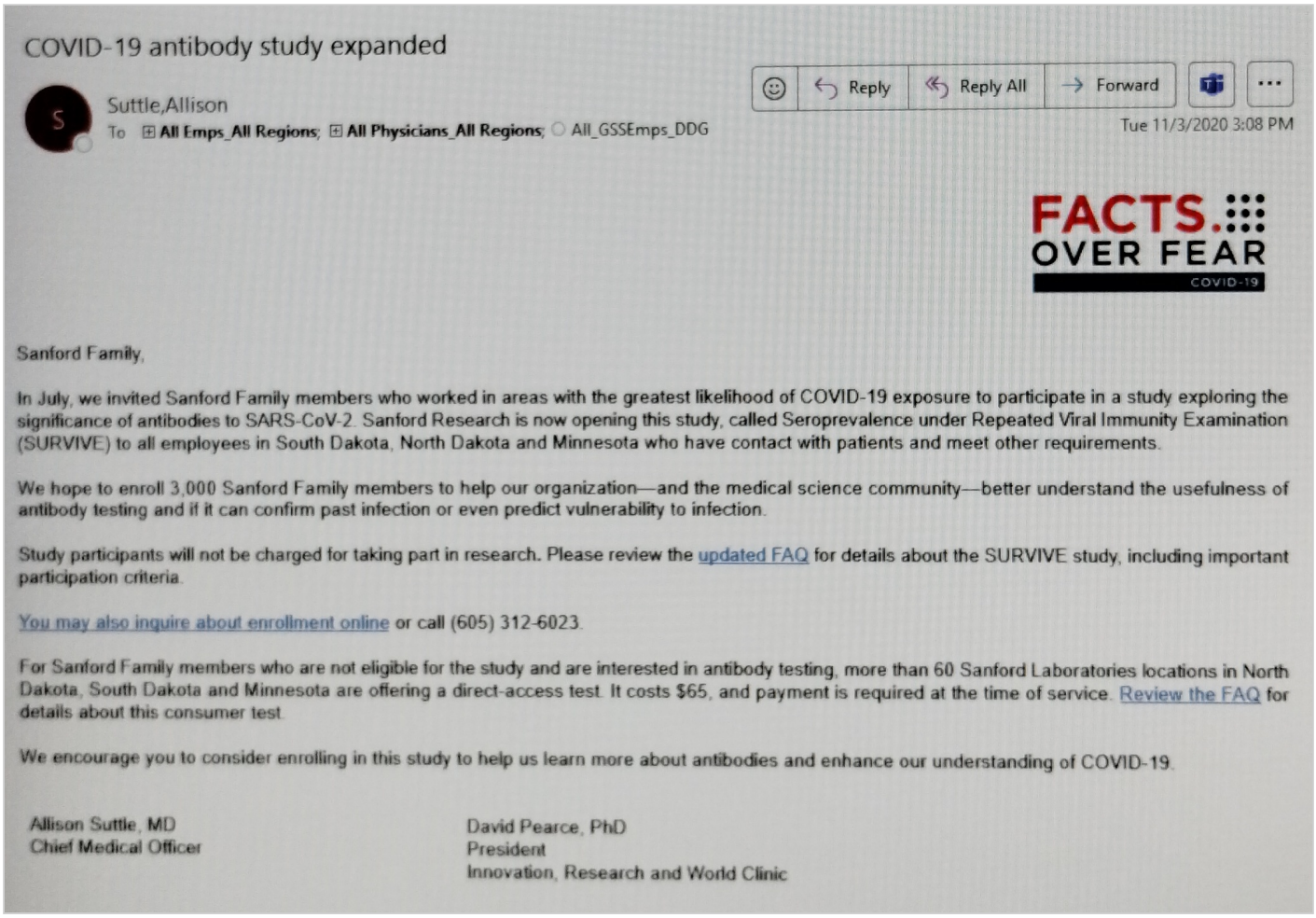
Review the FAQ for details about the SURVIVE study. The document includes participation requirements, expectations and other important information. Call 605-312-6023 for more information or to enroll. If you are eligible, I hope you consider participating in this study.

For Sanford Family members who are not eligible for the study and are interested in antibody testing, nearly 40 Sanford Laboratories locations in North Dakota, South Dakota and Minnesota are offering a direct-access test. It costs $65, and payment is required at the time of service. Review the FAQ for details about this consumer test.

Our frontline employees have played a vital role in our successful response to the pandemic. The SURVIVE study is another example of how Sanford Health is leading the way to better understand the virus and discover potential treatments. We thank you for your continued commitment to this important work.

Allison Suttle, MD
Chief Medical Officer

Attachment 2 - SURVIVE study expansion, November 3, 2020 (internal email, redacted)



COVID-19 antibody study expanded

Suttle,Allison
To All Emps_All Regions; All Physicians_All Regions; All_GSSEmps_DDG

Reply | Reply All | Forward

Tue 11/3/2020 3:08 PM

FACTS. OVER FEAR COVID-19

Sanford Family,

In July, we invited Sanford Family members who worked in areas with the greatest likelihood of COVID-19 exposure to participate in a study exploring the significance of antibodies to SARS-CoV-2. Sanford Research is now opening this study, called Seroprevalence under Repeated Viral Immunity Examination (SURVIVE) to all employees in South Dakota, North Dakota and Minnesota who have contact with patients and meet other requirements.

We hope to enroll 3,000 Sanford Family members to help our organization—and the medical science community—better understand the usefulness of antibody testing and if it can confirm past infection or even predict vulnerability to infection.

Study participants will not be charged for taking part in research. Please review the updated FAQ for details about the SURVIVE study, including important participation criteria.

You may also inquire about enrollment online or call (605) 312-6023.

For Sanford Family members who are not eligible for the study and are interested in antibody testing, more than 60 Sanford Laboratories locations in North Dakota, South Dakota and Minnesota are offering a direct-access test. It costs $65, and payment is required at the time of service. Review the FAQ for details about this consumer test.

We encourage you to consider enrolling in this study to help us learn more about antibodies and enhance our understanding of COVID-19.

Allison Suttle, MD
Chief Medical Officer

David Pearce, PhD
President
Innovation, Research and World Clinic

Attachment 3 - SURVIVE study termination, February 3, 2021 (internal email)

From: Sanford Specialty Research <SanfordSpecialtyResearch@SanfordHealth.org>
Sent: Wednesday, February 03, 2021 10:15 AM
Subject: SURVIVE Study

Greetings:

Thank you for your participation in the Seroprevalence under Repeated Viral Immunity Examination (SURVIVE) Study.

As you know, the purposes of the study were to provide access to SARS-CoV-2 antibody testing for Sanford employees, and to monitor the persistence of antibody over time and its relationship to prior or new infection. During this unprecedented time in the face of a global pandemic, science has moved at a rapid pace thanks to technological advances and funding. This has resulted in the development of a COVID-19 vaccine faster than anyone could expect. While a very good problem to have, this development has caused us to pause and reevaluate the purpose of the SURVIVE study.

The antibody test being used does not distinguish antibody response from infection vs vaccination. While other tests are available on the market, they are not being used by Sanford Laboratories, our partner in this effort. This limits the amount of useful data we are able to gather. The decision has been made to stop the study. No further participants will be enrolled, and follow-up and blood draws will stop for those currently enrolled.

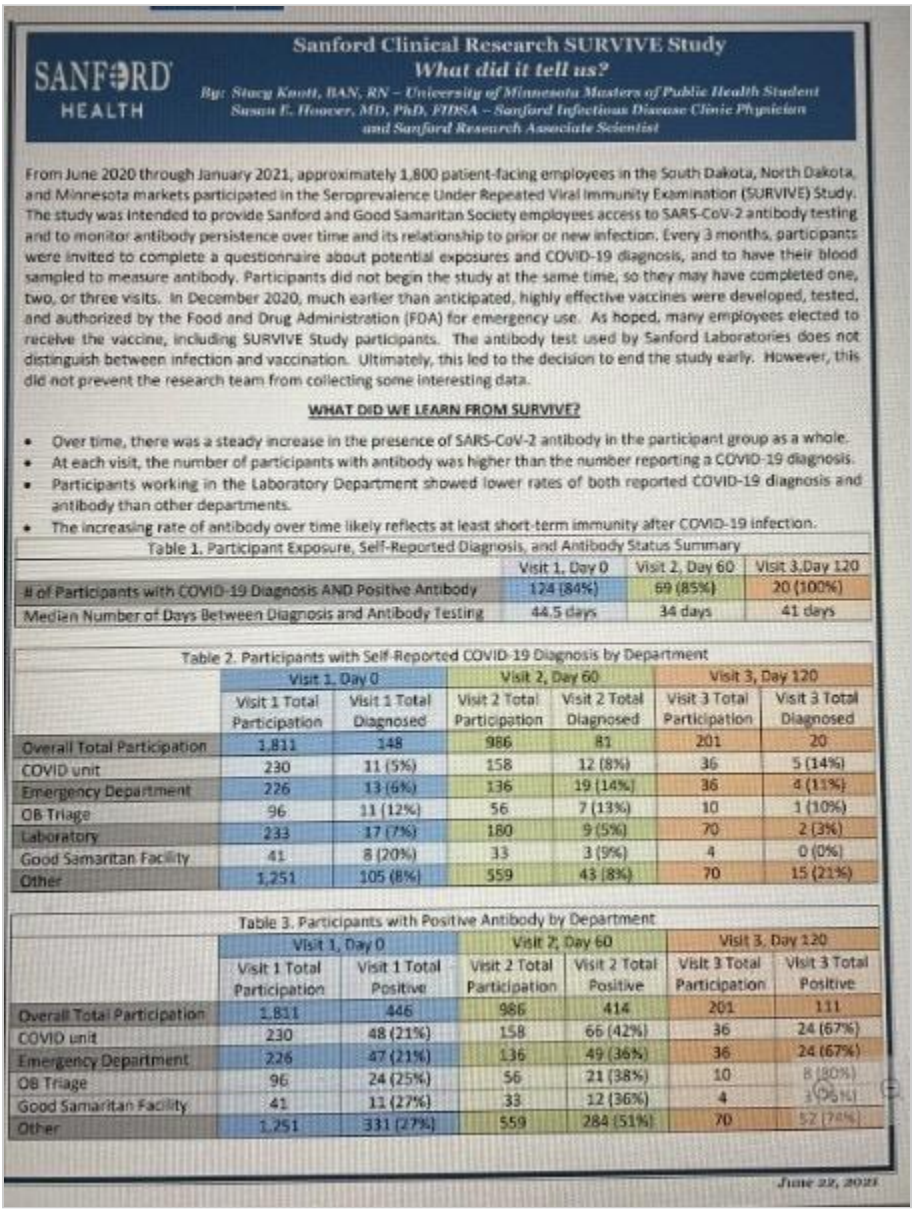
We are currently evaluating the data we were able to collect and will release our findings via email in the near future.

There was tremendous interest in SURVIVE, and we wish we had been able to enroll even more people. We thank you for your participation, and for your work every day on behalf of all our patients and each other.

Sincerely,

Susan E. Hoover, MD, PhD

Attachment 4 - SURVIVE internal results summary, June 23, 2021



SANFORD HEALTH

Sanford Clinical Research SURVIVE Study

What did it tell us?

By: Stacy Knott, BAN, RN – University of Minnesota Masters of Public Health Student
Susan E. Hoover, MD, PhD, FIDSA – Sanford Infectious Disease Clinic Physician and Sanford Research Associate Scientist

From June 2020 through January 2021, approximately 1,800 patient-facing employees in the South Dakota, North Dakota, and Minnesota markets participated in the Seroprevalence Under Repeated Viral Immunity Examination (SURVIVE) Study. The study was intended to provide Sanford and Good Samaritan Society employees access to SARS-CoV-2 antibody testing and to monitor antibody persistence over time and its relationship to prior or new infection. Every 3 months, participants were invited to complete a questionnaire about potential exposures and COVID-19 diagnosis, and to have their blood sampled to measure antibody. Participants did not begin the study at the same time, so they may have completed one, two, or three visits. In December 2020, much earlier than anticipated, highly effective vaccines were developed, tested, and authorized by the Food and Drug Administration (FDA) for emergency use. As hoped, many employees elected to receive the vaccine, including SURVIVE Study participants. The antibody test used by Sanford Laboratories does not distinguish between infection and vaccination. Ultimately, this led to the decision to end the study early. However, this did not prevent the research team from collecting some interesting data.

WHAT DID WE LEARN FROM SURVIVE?

- Over time, there was a steady increase in the presence of SARS-CoV-2 antibody in the participant group as a whole.
- At each visit, the number of participants with antibody was higher than the number reporting a COVID-19 diagnosis.
- Participants working in the Laboratory Department showed lower rates of both reported COVID-19 diagnosis and antibody than other departments.
- The increasing rate of antibody over time likely reflects at least short-term immunity after COVID-19 infection.

Table 1. Participant Exposure, Self-Reported Diagnosis, and Antibody Status Summary

	Visit 1, Day 0	Visit 2, Day 60	Visit 3,Day 120
# of Participants with COVID-19 Diagnosis AND Positive Antibody	124 (84%)	69 (85%)	20 (100%)
Median Number of Days Between Diagnosis and Antibody Testing	44.5 days	34 days	41 days

Table 2. Participants with Self-Reported COVID-19 Diagnosis by Department

	Visit 1, Day 0		Visit 2, Day 60		Visit 3, Day 120	
	Visit 1 Total Participation	Visit 1 Total Diagnosed	Visit 2 Total Participation	Visit 2 Total Diagnosed	Visit 3 Total Participation	Visit 3 Total Diagnosed
Overall Total Participation	1,811	148	986	81	201	20
COVID unit	230	11 (5%)	158	12 (8%)	36	5 (14%)
Emergency Department	226	13 (6%)	136	19 (14%)	36	4 (11%)
OB Triage	96	11 (12%)	56	7 (13%)	10	1 (10%)
Laboratory	233	17 (7%)	180	9 (5%)	70	2 (3%)
Good Samaritan Facility	41	8 (20%)	33	3 (9%)	4	0 (0%)
Other	1,251	105 (8%)	559	43 (8%)	70	15 (21%)

Table 3. Participants with Positive Antibody by Department

	Visit 1, Day 0		Visit 2, Day 60		Visit 3, Day 120	
	Visit 1 Total Participation	Visit 1 Total Positive	Visit 2 Total Participation	Visit 2 Total Positive	Visit 3 Total Participation	Visit 3 Total Positive
Overall Total Participation	1,811	446	986	414	201	111
COVID unit	230	48 (21%)	158	66 (42%)	36	24 (67%)
Emergency Department	226	47 (21%)	136	49 (36%)	36	24 (67%)
OB Triage	96	24 (25%)	56	21 (38%)	10	8 (80%)
Good Samaritan Facility	41	11 (27%)	33	12 (36%)	4	3 (75%)
Other	1,251	331 (27%)	559	284 (51%)	70	52 (74%)

June 22, 2021