

2-12-2020

From: Josh Mazer, 1 Carvel Road, Annapolis, Maryland 21409 301-996-8919

To: Maryland State Senate Finance Committee

RE: Opposed to SB 135 Minor Children Consenting to Vaccination Without Parental Consent

I am opposed to this bill because it would allow minor children including my own to consent to the fraudulent, liability free HPV vaccine that is being pushed throughout Maryland by the state D.O.H.

The evidence is clear that this shot is a fraud. The State D.O.H. is involved in corrupt, pay to play public health policy with regards to this shot.

SB 135 is a corporate sponsored, power and money grab pushed onto Free Staters by the American Legislative Exchange Council. No parent in Maryland will willfully cede their parental right to just say no to pharma marketing.

SB 135 should be renamed the Merck HPV Vaccine Bill- because that is exactly what it is. Stop this corruption now!

Please review this evidence:

MD DMHH Sponsored HPV Vaccine Symposium Ten Oaks Conference Center March 2018:

2:30 – 2:45

Closing Remarks

Clarence Lam, MD, MPH, State Delegate, Maryland General Assembly

- Another tool that we would like to utilize is mandating HPV vaccination as a school requirement.
- Maryland wants to be in the forefront, joining just a few other states by implementing an HPV vaccination requirement for school.
- We understand some systematic preparations are needed to ensure this will be successful.
- This will take some time but the MDH would like to move forward with this in next 1-2 years.
- Stay tuned as the MDH will look to you and your colleagues to help as we move forward.



MARYLAND Department of Health

Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Robert R. Neall, Secretary

June 20, 2019

funding from Merck or any other vaccine manufacturers for research of vaccines. Numerous studies have shown that the HPV vaccine is highly effective at preventing HPV related cancers. Clinical trials have shown that HPV vaccines provide close to 100% protection against cervical pre-cancers and genital warts. Since its introduction in 2006, there has been a significant reduction in vaccine type HPV infections among teen girls in the United States. In other countries like Australia where vaccine rates are higher than in the US, larger decreases in HPV associated outcomes have been observed.

Sincerely,

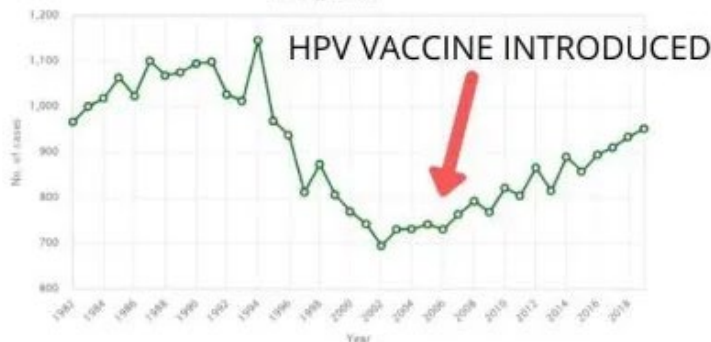
David Blythe, MD, MPH

Bureau Director, Infectious Disease Epidemiology &

Cervical Cancer in Australia

Incidence, by sex, 1982 to 2019

Cancer type: Cervix



Displayed graph groupings

Population groups can be toggled on or off by clicking on the respective names below.

Males Females Persons

©2019 Cancer Australia, NCIS

Filter graph by:

Select the type of variable in order to filter the graph charts above.

Cancer type

Cervix

Notes

• Data sourced from AIHW ACIM books (for 1982 to 2015) and Cancer In Australia 2019 - Supplementary data tables (for 2016 to 2019 estimates).

The Vaccine and Related Biological Products Advisory Committee noted as early as 2006 that the HPV vaccine can increase the risk of cervical lesions and cancer:

44.6% Greater Likelihood of Cervical Lesions in Vaccinated Cohorts: VARBPAC Report:

- 1. Evaluation of the potential of Gardasil™ to enhance cervical disease in subjects who had evidence of persistent infection with vaccine-relevant HPV types prior to vaccination.**

The results of exploratory subgroup analyses for study 013 suggested a concern that subjects who were seropositive and PCR-positive for the vaccine-relevant HPV types had a greater number of CIN 2/3 or worse cases as demonstrated in the following table:




Table 17. Study 013: Applicant’s analysis of efficacy against vaccine-relevant HPV types CIN 2/3 or worse among subjects who were PCR positive and seropositive for relevant HPV types at day 1. [From original BLA, study 013 CSR, Table 11-88, p. 636]

Endpoint	Gardasil™ N=2717				Placebo N=2725				Observed Efficacy	95% CI
	N (subgroup)	Number of cases	PY at risk	Incidence Rate per 100 person years at risk	N (subgroup)	Number of cases	PY at risk	Incidence Rate per 100 person years at risk		
HPV 6/11/16/18 CIN 2/3 or worse	156	31	278.9	11.1	137	19	247.1	7.7	-44.6%	<0.0, 8.5%

“there is compelling evidence that the vaccine lacks therapeutic efficacy among women who have had prior exposure to HPV and have not cleared previous infection (PCR positive and seropositive), which represented approximately 6% of the overall study populations.”

Incentives to medical practices are may be allowable. Incentives to physicians for sales of drugs or biologics are generally prohibited or illegal. This slide presented at MD DMHH March 2018 Ten Oaks Conference Center, Maryland:

Physician Incentives

- Competition 
- Wine 
- Quality Bonus Structure 

More information:

<https://www.eyeonannapolis.net/2019/11/opinion-hpv-vaccine-incentive-payments-need-to-stop/>