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2314 Benson Mill Road
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Oppose HB 1084

Chairwoman Pendergrass, Vice Chair Pena-Melnyk and Committee Members,
I am Emily Tarsell, a mother, therapist and founder of Health Choice Maryland, a grassroots non profit with hundreds of Members across the state. We are united by our belief in our right to health choice, informed medical consent and science based information for informed decisions. SB 840 is an egregious assault on all of these. It is not right that House rules allow only 5 people to oppose the bill orally. We want our voices heard.

HB 1084 piggybacks on a former bill with emergency use authorizations created last year at a time when we had a pandemic. There is no need to extend emergency measures now to 2024. **The pandemic is over and EU authorizations have long expired across the state.**

Last year, the rationale for letting pharmacists give some childhood vaccines as a **temporary measure**, was based on the contention that visits to pediatricians declined due to the pandemic so pharmacists might pick up the slack. But SB840 wants to extend that authority for a pharmacist **and their assistants** to now **ORDER** vaccination for children as young as 3 and it does not state a requirement for written informed parental consent.

Busy pharmacists will not know the child's health history and don't have the time or training to treat children. Furthermore vaccination rates among children in Maryland have been and continue to be among the highest in the nation at 93% [1] which is near prepandemic levels. So doctor's are meeting the need. Pharmacists do not need to fill that role and parents, not pharmacists, should call the shots.

HB1084 conveys the illusion that those who received the Covid 19 vaccine are a special class who deserve admission to certain venues which should be denied to the unvaccinated. The false assumption is that the vaccinated present no public health risk while the unvaccinated do. But even the CDC has said that the vaccinated can both get and spread Covid virus whereas those unvaccinated with natural immunity do not reinfect or spread the virus. The CDC has also said that COVID 19 is long gone and the vaccine is not very effective against the dominant variant Omicron which is also almost gone. **Proof of vaccination is meaningless because COVID 19 is gone as is the efficacy of the vaccine.**

With COVID 19 gone, it is time to let go of the proliferation of sites, providers, authorizations, tests, discrimination and promotions to get an **experimental** Covid 19 shot which is not only unnecessary but according to attached recent public health data has negative efficacy over time and weakens immunity with increased doses. I have family and friends who became seriously ill after COVID 19 vaccinations. **Data clearly show that the vaccinated have a higher rate of Omicron infection than the unvaccinated and one's vulnerability greatly increases after the second dose. Proof of vaccination is therefore meaningless which is why vaccine passports have been withdrawn worldwide.**

Please veto HB1084 - an unnecessary, reckless, divisive and costly bill. Protect our children and our rights.

Thank you.
Emily Tarsell

[1] <https://worldpopulationreview.com/state-rankings/vaccination-rates-by-state>

Here are the 10 states with the highest rates of vaccination:

1. Maryland (0.93%)
2. Vermont (0.92%)
3. Louisiana (0.88%)
4. Nevada (0.88%)
5. Pennsylvania (0.88%)
6. Connecticut (0.87%)
7. South Dakota (0.87%)
8. North Carolina (0.86%)
9. Montana (0.86%)
10. New Jersey (0.86%)

Vaccination Rates by State 2022

Week	Unvaccinated			1 Dose		
	No. tested positive by PCR	Population	Age-standardised case rate per 100,000 with 95% confidence intervals	No. tested positive by PCR	Population	Age-standardised case rate per 100,000 with 95% confidence intervals
18 December - 24 December 2021	5,594	1,006,025	540.82 (518.55 - 563.08)	1,860	357,752	780.31 (733.17 - 827.45)
25 December - 31 December 2021	9,496	998,045	958.52 (926.37 - 990.68)	3,387	348,727	1,409.70 (1,347.89 - 1,471.51)
01 January - 07 January 2022	9,105	988,033	923.27 (893.85 - 952.70)	3,066	341,481	1,393.46 (1,325.60 - 1,461.32)
08 January - 14 January 2022	3,601	979,617	412.77 (390.36 - 435.18)	1,093	340,151	543.98 (497.93 - 590.03)

The above table is taken from that recently published by Public Health Scotland. It compares positive cases of Omicron per 100,000 among those who are Unvaccinated and those who were Vaccinated. **It clearly shows that the vaccinated have a higher rate of Omicron infection than the unvaccinated.**

The chart below is from recent data from the UK. It shows the rate by age category of Omicron cases in the vaccinated depending on the number of COVID vaccine shots received. The bar graphs show sequential doses in the order 3rd dose, 2nd dose, 1st dose.

It clearly shows not only waning efficacy but actual NEGATIVE efficacy. That means that **one is more likely to get Omicron if one is vaccinated and vulnerability greatly increases after the second dose.** There is some benefit initially in the under 18 group because they just got it. But that benefit will also likely wane and actually make the recipient more vulnerable to the variant as suggested by the other data.

