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Oppose SB 808

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Good afternoon Chair, Vice Chair and Senators,

I am Emily Tarsell and I'm here on behalf of Health Choice Maryland to oppose to SB 808. Dentists among others are seizing the pandemic moment to expand revenue sources by seeking authorization to broadly vaccinate. The American Dental Association has sponsored an essay contest titled, "Why your dentist wants you to get the hpv vaccine." [1] One hidden agenda of this bill is to allow dentists to give the **lucrative** HPV vaccine, Gardasil 9, apparently without parental consent. The FDA recently approved Gardasil 9 to allegedly prevent oropharyngeal (oral/throat) cancer even though there is no evidence it would do so.

HPV related cancers are extremely low in the US (see attached charts) especially in the young and are associated with other risk factors like smoking. But if this bill passes, dentists will hype the threat of oral/throat cancers especially to youth (like they did for cervical cancer) and try to scare them into vaccinating. The truth is the real serious risk is the vaccine itself. Adverse outcomes from the vaccine are high - 3x great than all other vaccines combined (see attached chart), with more than 10,000 seriously injured youth and 525 deaths, including the confirmed Gardasil-induced death of my 21 yo daughter 12 years ago.

A recent peer reviewed paper titled "The expanding cocktail of harmful ingredients in human papillomavirus vaccines," documents the presence in Gardasil/Gardasil 9 of a highly toxic chemical used in biological warfare with known side effects congruent with those reported from vaccination.[12] Governments in other counties have withdrawn the vaccine and many law suits are pending worldwide for failure to inform.

<https://www.oatext.com/the-expanding-cocktail-of-harmful-ingredients-in-human-papillomavirus-vaccines.php#gsc.tab=0>

It seems dentists want in on the Gardasil cash cow before the cow is widely known to be deadly. Our kids are the collateral damage from such profiteering . Please protect our children and oppose SB 808. (I have included charts, links and papers to support my testimony) Thank you.

Emily Tarsell

References:

Certain high risk HPV types are associated with (but not proven to be causally related to) vaginal, vulva, penile, throat and anal cancers. [2,3] According to the American Cancer Society and the CDC, all of these cancers are rare in the US ranging between 3.1 per 100,000 for throat cancer to 1 in 100,000 for penile cancer and they occur mainly in older adults between 58 and 70 years. [4,5,6,7,8,9]. Risk factors for all of these cancers include smoking, alcohol, HIV infection and a compromised immune system. . The HPV vaccines were licensed to allegedly prevent cervical cancer not other cancers and the vaccine has not actually been proven to prevent these cancers.[5,6,10]

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<https://www.oatext.com/the-expanding-cocktail-of-harmful-ingredients-in-human-papillomavirus-vaccines.php#gsc.tab=0>

Allini M, Costa J., et al. HPV infection and p53 and p16 expression in esophageal cancer: are they prognostic factors? *Infectious Agents and Cancer* 2017;12:54 <https://doi.org/10.1186/s13027-017-0163-4> 13 October 2017 :

Background

Esophageal squamous cell carcinoma (ESCC) is a highly lethal malignant tumor. Currently, Human papillomavirus (HPV) is suggested as a potential risk factor for esophageal cancer (EC) in addition to the classic risk factors, alcohol and tobacco, but this hypothesis still remains contradictory. We sought to investigate whether HPV and well-known biomarkers (p16 and p53) and patient-related factors that may have impact on survival of ESCC.

Conclusion : HPV infection and p53 and p16 expression are not prognostic factors in ESCC.

Other key features of the ADRs reported with HPV vaccines are the diversity of the symptoms and their development in a multi-layered manner over an extended period of time. The ADRs include (consciousness; systemic pain, including headache, myalgia, arthralgia, back pain and other pain; motor dysfunction, such as paralysis, muscular weakness, exhaustion and involuntary movements including dizziness, hypotension, tachycardia, nausea, vomiting and diarrhoea; respiratory dysfunction, including dyspnoea and asthma; endocrine disorders, such as menstrual disorder and symptoms, such as anxiety, frustration, hallucinations and overeating; higher brain dysfunction and cognitive impairments, including memory impairment, disorientation and loss of concentration. In some cases, these symptoms impair learning and result in extreme fatigue and decreased motivation, having a negative impact on everyday life (8, 9, 10, 11). The situation in Japan is similar to serious and complex symptoms that develop across multiple body systems over an extended period of time (12, 13).

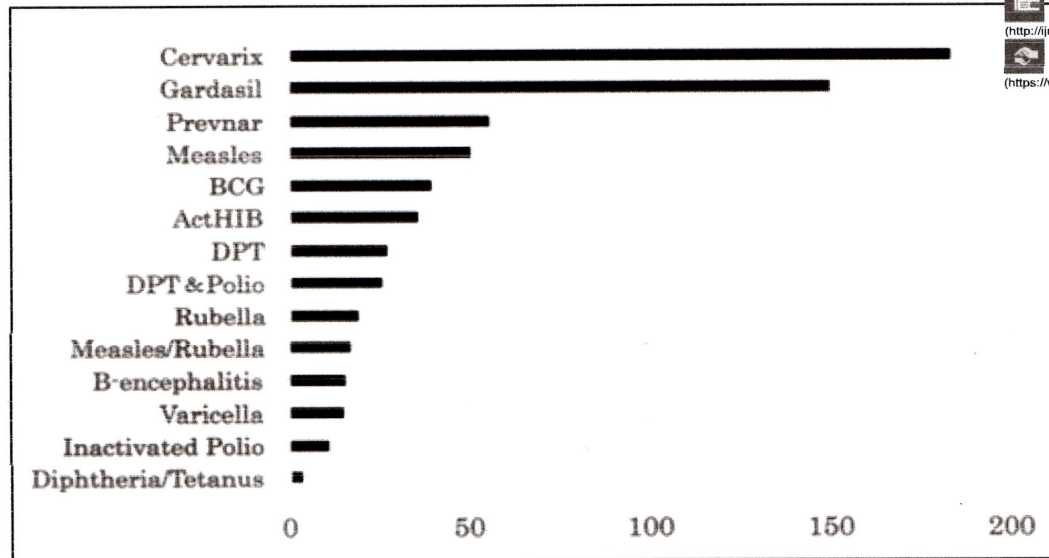


Fig. 1: Severe ADRs from HPV vaccines and other vaccines in Japan. Data sourced from the national adverse events following immunisation (AEFI) registry in 2013–2016. (ADRs/100,000 inoculations, Bacillus Calmette–Guerin; DPT: diphtheria–pertussis–tetanus)

Above chart compares Adverse Event Reports for the HPV vaccines (Cervarix and Gardasil) compared to all other childhood vaccines.

HPV-associated Cancers: Incidence

Rates are per 100,000 and are age-adjusted to the 2000 U.S. Standard Population

** Incidence Rates based on case counts of 1-15 are suppressed per MDH/MCR Data Use Policy

Incidence Source: SEERstat static data as of 01/03/2018.

Cancer	Incidence Count	Incidence Rate
Cervical	228	6.7
Anal	140	2.0
Penile	13	**
Vaginal	31	0.8
Vulvar	95	2.6
Oropharyngeal***	185	2.4

***Oropharyngeal cancer data reflect the incidence rates for Tonsil and Oropharynx cancer.

Note: Cancers have varying levels of association with HPV. Inclusion in this presentation does not imply that each case was associated with HPV infection