

Oppose HB 1040

March 4, 2021

Good afternoon Chair, Vice Chair and Delegates,

I am Emily Tarsell and I oppose HB 1040 because it is unnecessary and dangerous. Unnecessary because childhood and teen vaccination rates are already between 90 and 99%, except for the HPV vaccine. Dangerous because it irresponsibly disregards a child's unique health history, disregards parental consent, disregards the primary care provider, disregards informed consent and disregards responsible administration of vaccines.

Regarding the HPV vaccine, it is one about which I know a lot since researching it following my sweet daughter's death-by-Gardasil vaccination in 2008. I learned too late that there is no evidence that the vaccine prevents any cancer cervical or otherwise, that hpvs clear on their own 95% of the time, that rates of all hpv related cancers in the US are extremely low (less than 1%) and that my daughter never was at risk of getting cervical cancer as long as she did regular pap screening. She was the 23rd death reported and now there are more than 525 deaths and 10,000 seriously injured youth. Think about that. Thousands of youth who were misled to believe they were going to protect themselves who ended up with crippling disabilities or death from a vaccine with no proven benefit.

In March 2018 I attended a meeting called "*HPV Vaccination Symposium, Providers are the Key.*" The message presented there by the MD DOH was NOT about safety or effectiveness, but all about increasing uptake for this lucrative vaccine. Providers were coached how to assertively and deceptively push the vaccine and bribe or shame staff into increasing uptake for bonuses.

We have nothing against pharmacists making a living but not by risking young lives. Please protect our children and veto this reckless bill. Thank you.

Emily Tarsell

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 serious and complex symptoms that develop across multiple body systems over an extended period of time (12, 13).

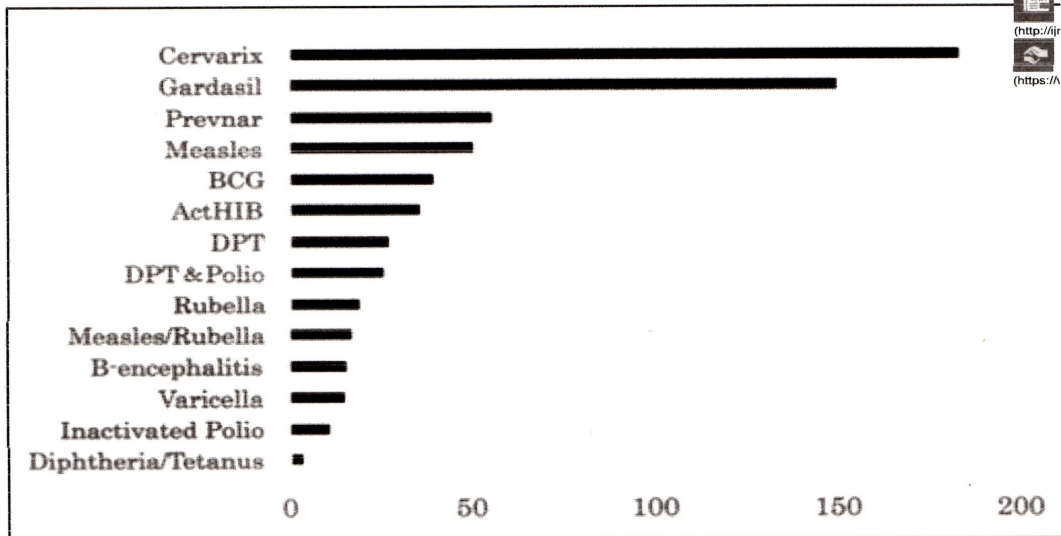


Fig. 1: Severe ADRs from HPV vaccines and other vaccines in Japan. Data sourced from the national adverse events following immunisation (AEFI) registry in 2013–2016. (ADRs/106 inoculations, Bacillus Calmette–Guerin; DPT: diphtheria–pertussis–tetanus)

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

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