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Oppose SB 839

Chairwoman Kelley and Committee Members, I am Emily Tarsell, founder of Health Choice Maryland, a grassroots non profit with hundreds of Members from all stripes and all walks of life across the state. We are united by our belief in our right to health choice, informed medical consent, parental rights and science based information for informed medical decisions. We care about health, both individual health and public health. But SB 839 is detrimental to both.

SB 839 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.**

This bill is grossly misleading in terms of any individual or public health benefit. In fact, recent data from public health agencies attached below shows that one becomes **more vulnerable** to viral infection as the number of COVID jabs received increases. There are also known serious vaccine side effects such as blood clotting, neurological disorders and heart inflammation. I have family and friends who experienced serious adverse reactions to the still **experimental** COVID vaccines. **Therefore the right to chose to vaccinate or not must remain a free choice without stigmatization, discrimination or penalties.**

Finally there is the significant potential for cyber hacking of one's electronic health records and/or invasive governmental overreach regarding private health information. We recall just recently a security breach in the public health department through hacking.

Vaccine passports have been withdrawn in other countries like the UK and other states for good reason. Vaccine passports are unnecessary and would be a total waste of public funds which could be used more productively elsewhere. **Please veto SB 839 - an unnecessary and divisive bill.**

Thank you.

Emily Tarsell

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.

