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OPPOSE HB286

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I am Emily Tarsell, a licensed therapist and concerned citizen of Maryland.

I am testifying to oppose HB 286 which is a bill that has outlived its usefulness and should expire as soon as possible. The bill was created at a time when more providers were needed to vaccinate citizens presumably against getting and spreading COVID. Paramedics were authorized to give the shot under Emergency Use authorization. EU authorizations have long expired across the state. In addition, we have since learned that COVID vaccines neither prevent one from getting COVID nor do they prevent one from spreading it.

Then the argument was vaccines would reduce the severity of the illness. While that may have been true for the original COVID 19 virus, we see in the charts attached from recent publications in Scotland and the UK, that those vaccinated with COVID19 shots are significantly more likely to get Omicron than the unvaccinated. In fact, the vaccine has negative efficacy and the likelihood of getting Omicron **increases** over time with additional inoculations! Let me repeat that: the vaccine now has negative efficacy and the likelihood of getting Omicron **increases** over time with additional inoculations.

Furthermore, the vaccine is widely available everywhere and those who have wanted the shots surely have them by now. Giving further shots only increases ones risk of becoming newly infected through a mechanism known as pathogenic priming. There are also treatments available which are more effective.

Finally, when one is in an emergency, one is less likely able to make an informed decision about vaccination. For these reasons, I therefore urge the Committee to vote UNFAVORABLE for HB296. Thank you.

Emily Tarsell, LCPC

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.

