

Emily Tarsell, LCPC

2314 Benson Mill Road
Sparks, Maryland 21152

March 14, 2023

Testimony Favorable for HB1161 Christina's Law

Good afternoon, I am Emily Tarsell, a licensed therapist, founder of Health Choice Maryland and a mom. I have just 2 minutes -so not enough time to tell the story of how my beloved, bright and beautiful 20 year old daughter, Christina, was shot to death – not by a bullet but by the HPV vaccine, Gardasil. And yes the government ultimately conceded that she died from the vaccine. She is one of tens of thousands of young people of all genders, races and creeds who were seriously wounded or killed by HPV vaccines. These tragedies were preventable. My daughter is here in spirit to beg you to stop the carnage by enacting adequate informed consent laws.

In theory, title 42 of Public Health Law already requires that providers give specific Vaccine Information Statements (VIS) to patients/parents prior to vaccination. We never got a VIS nor did anyone else I know. But even if we had, the VIS for this vaccine does not meet the statutory requirements regarding adequate warnings and information for providers and consumers.[1] There is no legal barrier that would prevent Maryland from providing supplemental information to consumers about the HPV vaccine.

For example, the VIS once warned females to continue to get Pap screening even after HPV vaccinations.[2] The current VIS does not give you that warning.[3] The result: Pap screening has declined, especially among minority populations and cervical cancer has increased in the HPV vaccine-eligible age group **only**. For other age groups, cervical cancer rates remain level at 0.07%. The reason women gave for not screening was “they did not know they needed to be screened for cervical cancer.”[4,5,6,]

Shouldn't you know that according to the National Cancer Institute, rates of hpv related cancers are under 1% and occur mostly in those over age 50 with other risk factors? [7] Why are all youth being targeted for hpv cancers which they are very unlikely to get, especially when hpvs clear on their own spontaneously 90% of the time? [8]

And HPV vaccines are not risk free. Post licensure data from the FDA/CDC stated that there were 3x more adverse event reports for Gardasil than for all other childhood vaccines combined. [9.10] As of 12/2022, VAERS had almost 73,000 reports of injury of which at least 15% (about 11,000) were serious, including over 560 deaths. [11] It is widely known that only about 1% of cases get reported to VAERS so the actual numbers are in the millions. [12] Furthermore, 68% of the VAERS reports came from Merck and almost 90% of those lacked enough information for follow up.[9]

We the people are not told about disorders that are associated with the shots like arrhythmia and autoimmune disorders. A review of VAERS data in 2014 for adverse heart symptoms showed that of 83 vaccines, Gardasil alone accounted for 26% of the reports for decreased heart rate and 35% of all tachycardia reports. So when Chris developed these new onset, post vaccine symptoms including tachycardia, neither we nor the doctors knew to stop administering Gardasil to Chris. Her third shot was fatal.

For all of the youth like Chris, who died needlessly, there is sad irony in the fact that the slogan for the

first Gardasil ad on TV was “Be One Less”. Please pass this bill to inform so that in response to the second TV slogan for Gardasil, “Did you know, Mom, Dad?” we all can say “Yes, now we know.”

Thank you.

Emily Tarsell (and Chris, my beloved mentor)

A link to a short 2+ minute video of some of the youth who were injured or died after Gardasil vaccination: <https://youtu.be/oLj2bDpVHDI>



References:

[1] Title 42 The Public Health and Welfare, 300aa-26. Vaccine Information; (c) Information Requirements; pg 1243.

[2] <https://www.fda.gov/downloads/biologicsbloodvaccines/vaccines/approvedproducts/ucm426457.pdf> Package insert for Gardasil 96.

[3] Current CDC VIS link: <https://www.cdc.gov/vaccines/hcp/vis/vis-statements/hpv.pdf>

[4] *Shahmoradi Z; Damgacioglu H; Clarke MA; et al. Cervical Cancer Incidence Among US Women, 2001-2019, JAMA. 2022;328(22):2267-2269.*

doi:10.1001/jama.2022.17806. <https://jamanetwork.com/journals/jama/article-abstract/2799049> Accessed 1/15/2023.

[5] Schlecht, NF, Diaz A, Nucci-Sack A, Shyhalla K, Shankar V, Guillot M, Hollman D., Strickler HD, Burk RD. Incidence and Types of Human Papillomavirus Infections in Adolescent Girls and Young Women Immunized with the Human Papillomavirus Vaccine. *JAMA Network Open. 2021;4(8):e2121893.*

doi: [10.1001/jamanetworkopen.2021.21893](https://doi.org/10.1001/jamanetworkopen.2021.21893)

- [6] <https://cancerprogressreport.aacr.org/disparities/cdrp22-contents/cdrp22-disparities-in-cancer-screening-for-early-detection> American Association for Cancer Research. AACR Cancer Disparities Progress Report.
- [7] American Cancer Society (2015a). *Cancer Facts and Figures*. 2015. Atlanta, GA. American Cancer Society, Inc. [online] .
- [8] <https://www.fda.gov/downloads/biologicsbloodvaccines/vaccines/approved/products/ucm111263.pdf> Package insert for Gardasil
- [9] Slade BA, Leidel L, Vellozzi C, et al. Postlicensure safety surveillance for quadrivalent human papillomavirus recombinant vaccine. *JAMA*. 2009; 302(7): 750-
- [10] https://www.hopkinsmedicine.org/news/publications/hopkins_medicine_magazine/letters/winter-2017 Caution on Mass HPV Vaccination. Holtzman NA. *Hopkins Medicine*. Winter.2017.
- [11] <https://wonder.cdc.gov/controller/datarequest/D8> VAERS data searches for HPV vaccines US and Territories
- [12] Harvard Pilgrim study on the VAERS reporting system. <https://digital.ahrq.gov/ahrq-funded-projects/electronic-support-public-health-vaccine-adverse-event-reporting-system/final-report>

Over 90 peer reviewed studies about Adverse Events after Gardasil and unethical practices for clinical trials and marketing of HPV vaccines are listed at : <https://www.gardasilhpvtruths.com/links>