



March 10, 2023

Health and Government Operations Committee
Room 241 House Office Building
Annapolis, Maryland 21401

Re: FAVORABLE on House Bill 1161, the Human Papillomavirus Vaccine Information and Informed Consent Bill (Christina's Law)

Dear Committee Members,

On behalf of the 4,770 members of the Organic Consumers Association in Maryland, including myself, my husband, 18-year-old daughter and 10-year-old son in Riverdale Park, I am pleased to express our support for Christina's Law.

When I vaccinated my daughter, I took the Vaccine Information Statements provided very seriously. I read them carefully and asked probing questions of the doctors and nurses. Only when I felt sure that the benefits outweighed the risks did I grant what I believed was informed consent to her vaccinations.

I felt betrayed when I learned that the Vaccine Information Statements lacked critical information and omitted salient facts about the risks and benefits. I realized that I had been misled to incorrectly believe that the vaccines she received were necessary, effective and safe.

The Vaccine Information Statement for Merck's Gardasil Human Papillomavirus (HPV) Vaccine is particularly lacking.

Christina's Law would fix this problem in Maryland by giving our state's residents the information they need to make informed choices about the HPV vaccine.

The bill is named for the daughter of Emily Tarsell. Please take the time to listen to Emily tell her story:

<https://live.childrenshealthdefense.org/chd-tv/shows/good-morning-chd/gardasil-vaccine-on-trial-with-mary-holland-jd/>

<https://childrenshealthdefense.org/defender/right-on-point-wayne-rohde-emily-tarsell-gardasil-hpv-vaccine-death/>

You can learn more at <https://www.gardasilhpvtruths.com/>

Emily's story is also told in the 2018 book *[The HPV Vaccine On Trial: Seeking Justice For A Generation Betrayed](#)*.

Emily's daughter Christina died at age 21 in 2008, 18 days after receiving the third dose of [Merck's Gardasil HPV vaccine](#). Her death was not a coincidence. The government ultimately conceded that she died from her vaccinations. Christina and her parents were misled about the vaccine and had not been adequately informed about its risks or how to identify and treat vaccine injuries caused by Gardasil. This is wrong and illegal. By law, we should be adequately informed about medical procedures that have life-and-death consequences.

Christina is not alone. There are now over 73,000 reports to the Vaccine Adverse Events Reporting Service and at least 15 percent of these are serious, including more than 560 deaths. Only 1 percent of vaccine adverse events get reported so the actual number of Gardasil injuries is in the millions.

Emily believed that when she reported her daughter's death to the Centers for Disease Control, there would be an investigation, but an entire year passed after filing the report with VAERS CDC followed up and requested Christina's medical records.

Instead of working to figure out why Christina died, the CDC attempted to validate the VAERS report that Merck had filed, falsely claiming that Christina had died from a viral infection.

Shocked by this blatant fraud, Tarsell start researching VAERS. She queried thousands of VAERS reports and began to notice a pattern. The CDC was labeling ailments such as cervical cancer, lupus, paralysis of the stomach and autoimmune disorders as "non-serious." Her research became the basis for a [study](#) she co-authored and published in August 2019 in the journal *Science, Public Health Policy and the Law*.

CDC reviewers incorrectly rate VAERS reports as "non-serious" to prevent further investigation in individual cases and to hide the truth that severe symptoms happen

frequently. This is one reason why the Gardasil Vaccine Information Statement is so misleading.

This is what the Gardasil Vaccine Information Statement says about the “Risks of a vaccine reaction”:

- *Soreness, redness, or swelling where the shot is given can happen after HPV vaccination.*
- *Fever or headache can happen after HPV vaccination.*

People sometimes faint after medical procedures, including vaccination. Tell your provider if you feel dizzy or have vision changes or ringing in the ears.

As with any medicine, there is a very remote chance of a vaccine causing a severe allergic reaction, other serious injury, or death.

Christina’s Law would create a Maryland Supplemental Information Sheet that would state:

RISKS ASSOCIATED WITH HPV VACCINES INCLUDE:

1. DEATH;
2. SWOLLEN GLANDS;
3. PULMONARY EMBOLISM;
4. NAUSEA;
5. PANCREATITIS;
6. VOMITING;
7. EXTREME FATIGUE;
8. DIZZINESS;
9. AUTOIMMUNE DISORDERS;
10. BRONCHOSPASM;
11. HIVES;
12. RASH;
13. ANAPHYLACTIC REACTION;
14. JOINT AND MUSCLE PAIN AND WEAKNESS;
15. ENCEPHALOMYELITIS;
16. HEADACHE;
17. GUILLAIN–BARRE SYNDROME;
18. DIFFICULTY BREATHING;

19. HEART ARRHYTHMIA;
20. MOTOR NEURON DISEASE;
21. PARALYSIS;
22. PREMATURE OVARIAN FAILURE;
23. SEIZURES;
24. SYNCOPE;
25. TRANSVERSE MYELITIS;
26. CELLULITIS; AND
27. IDIOPATHIC THROMBOCYTOPENIA.

Christina wasn't given a Vaccine Information Statement before she was given the Gardasil shot as required by law.

Christina's law would ensure that this doesn't happen in our state by requiring a new MARYLAND HPV VACCINE CONSENT FORM to be signed before Gardasil vaccination. This form would include a statement that "THERE IS NO GUARANTEE THAT BY RECEIVING THE VACCINE THE INDIVIDUAL OR THE INDIVIDUAL'S CHILD WILL BE PROTECTED FROM THE DISEASE THE VACCINE IS ALLEGED TO PREVENT."

The CDC Vaccine Information Statement on Gardasil states, "HPV vaccine can prevent over 90% of cancers caused by HPV."

On the CDC website, the claim is, "HPV vaccination could prevent more than 90% of cancers caused by HPV from ever developing."

This is extremely misleading, even beyond the use of the hopeful words "can" and "could".

In truth, there is no firm evidence that Gardasil prevents cervical cancer, while there are studies suggesting **the vaccine could increase the risk of cancer.**

The best support for the CDC claim is a large amount of data on the vaccination status and invasive cervical cancer rates of 1.7 million Swedish women, that the "risk of cervical cancer among participants who had initiated vaccination before the age of 17 years was 88% lower than among those who had never been vaccinated."

Relative risk is often highly misleading, so it is important to look at the actual numbers.

Table 2. HPV Vaccination and Invasive Cervical Cancer.

HPV Vaccination Status	No. of Cases of Cervical Cancer	Crude Incidence Rate per 100,000 Person-Yr (95% CI)	Age-Adjusted Incidence Rate Ratio (95% CI)	Adjusted Incidence Rate Ratio (95% CI)*
Unvaccinated	538	5.27 (4.84–5.73)	Reference	Reference
Vaccinated	19	0.73 (0.47–1.14)	0.51 (0.32–0.82)	0.37 (0.21–0.57)
Status according to age cutoff of 17 yr				
Vaccinated before age 17 yr	2	0.10 (0.02–0.39)	0.19 (0.05–0.75)	0.12 (0.00–0.34)
Vaccinated at age 17–30 yr	17	3.02 (1.88–4.86)	0.64 (0.39–1.04)	0.47 (0.27–0.75)
Status according to age cutoff of 20 yr				
Vaccinated before age 20 yr	12	0.49 (0.28–5.73)	0.52 (0.29–0.94)	0.36 (0.18–0.61)
Vaccinated at age 20–30 yr	7	5.16 (2.46–10.83)	0.50 (0.24–1.06)	0.38 (0.12–0.72)

* The adjusted incidence rate ratios were adjusted for age as a spline term with 3 degrees of freedom, county of residence, calendar year, mother's country of birth, highest parental education level, highest annual household income level, previous diagnosis in mother of CIN3+, and previous diagnosis in mother of cancers other than cervical cancer. The 95% confidence intervals were bias-corrected percentile confidence intervals that were estimated with the use of bootstrapping with a resampling frequency of 2000 times.

First, vaccinated women got invasive cervical cancer, so the vaccine is not always protective. There were even some cases of invasive cervical cancer in the women who got vaccinated earliest.

Second, if you compare rates of cancer among the vaccinated and unvaccinated by age, it is clear that there is no benefit to being vaccinated after age 20. There were 5.27 (4.84-5.73) per 100,000 women who were unvaccinated who got invasive cervical cancer, and basically the same number, 5.16 (2.46-10.83) per 100,000 among those vaccinated between ages 20 and 30.

The study authors admit, “Our study has some limitations. **A small proportion of vaccinated women were misclassified as unvaccinated in the analysis.**”

Was it the vaccinated women who got cancer who were misclassified? Three of the authors work for Merck, so the possibility of fraud can't be discounted, especially given Merck's patently false claim that Christina died from a viral infection.

The authors also admit that they didn't adjust the data for “lifestyle and health factors in the women (such as smoking status, sexual activity, oral contraceptive use, and obesity) ... known to be associated with a risk of cervical cancer.” It is impossible to know from this study whether Gardasil's impact was more significant than any of these other factors. An intervention that carries a known risk of death, like the Gardasil

vaccine, should be carefully weighed against harmless or entirely beneficial interventions like weight loss, alternatives to oral contraception and quitting smoking,

Despite Merck's scientists' claims about the benefits of Gardasil, the incidence of invasive cervical cancers is on the rise in Sweden since the introduction of the vaccine. Cervical cancer incidence in Sweden decreased from 24 per 100,000 in 1965 to 8 per 100,000 in 2011, but then increased to 11 per 100,000 in 2014.

Oddly, the rates of the invasive cervical cancers observed in the Merck scientists' study (5.27 per 100,000 in the unvaccinated and 0.73 per 100,000 in the vaccinated) aren't close to the national rate.

The impact of Gardasil observed by Merck's scientists in Sweden has not been observed in the United States or other countries.

In the U.S. the incidence of deaths from cervical cancer had been steadily declining for years before Gardasil's introduction. In 2006, the rate was 2.4 per 100,000 women. From 2016–2020, it was 2.2 per 100,000 women — essentially unchanged.

Thank you for considering this important bill. Its passage would prevent vaccine injuries and save lives.

Sincerely,

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