

**Emily Tarsell, LCPC**

---

---

**2314 Benson Mill Road  
Sparks, Maryland 21152  
February 15, 2024**

## **Unfavorable SB 332 (HB 84)**

Dear Chairwoman Beidle and Senate Finance Committee Members,

I am Emily Tarsell, a mother, licensed therapist and President of Health Choice Maryland. My heart goes out to the family who lost a child and I understand how they find comfort in this bill. I too lost a child and I too find comfort in raising awareness to prevent others from losing a child. That is what brings me here today.

While it seems reasonable to have protocols for the early recognition and treatment of sepsis, do we really need a law for that? Adequate treatment for sepsis must already exist because the incidence of death from sepsis in the US is very low.[1] Or is it that the pharmaceutical industry sees this as an opportunity to create fear by using “worldwide” data to promote more drugs and/or vaccines by influencing the protocols?

For example, Pharma drove fear of HPV related cancers by hyping “worldwide” statistics to scare us into getting HPV vaccines. Turns out the rates of HPV cancers in the US are less than 1% and we already had safe and effective ways to prevent cervical cancer with Pap screening. They tricked us. My young, healthy daughter got the shots and she died a few days later from a shot she never needed.

So now the incidence of sepsis “worldwide” may be hyped primarily to promote Pharma products here. According to studies, about 85% of sepsis cases occurred in low- income countries, primarily among the elderly and those with compromised immune systems.[1]. So why are we not directing resources toward building stronger immune systems with good nutrition and sanitation especially in these marginalized populations?

The best way to deal with sepsis is to prevent it in the first place with a healthy immune system and education about infection prevention. I don't see anything in this bill about that. I do see here the potential for Pharma to exploit the public, especially the most vulnerable, the poor and disadvantaged with protocols for Pharma products that may not be necessary or treatments that are not individualized with no option to opt out. This bill does not address these underlying issues.

I respectfully ask for an UNFAVORABLE vote for **SB 332**.

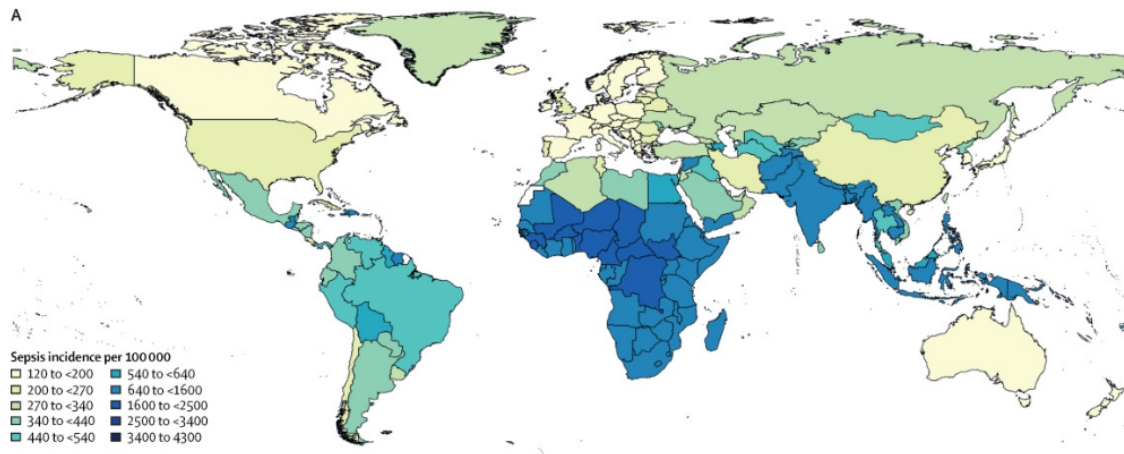
Thank you.  
Emily Tarsell, LCPC

[1] Rudd KE, Johnson SC, Agesa KM, Shackelford KA, Tsoi D, Kievlan DR, et al. Global, regional, and national sepsis incidence and mortality, 1990-2017: analysis for the Global Burden of Disease Study. Lancet (London, England). 2020;395(10219):200-11.

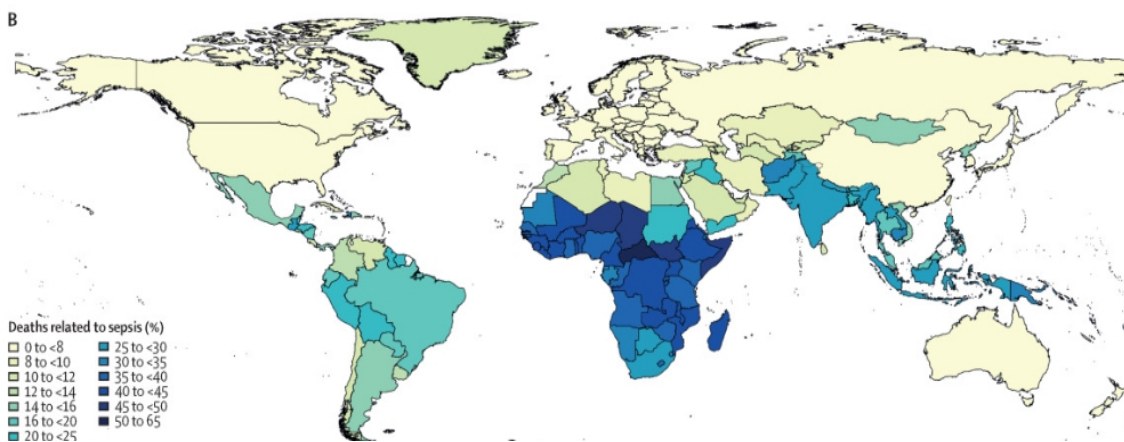
## Global, regional, and national sepsis incidence and mortality

Published in the Lancet

Incidence of sepsis in the US 200 to less than 270 per 100,000. (Compared to Africa with as much as 3,400 to 4,300 per 100,000.)



Deaths in the US from sepsis are less than 1 % per 100,000. In Africa, it is as high as 65% per 100,000.



The World Health Organization is planning a Sepsis Awareness Day for September 13<sup>th</sup> 2024.

While sepsis is clearly a serious problem in low income countries where there are food insecurity and sanitation issues, the US appears to be doing a good job.