

Testimony of Emily Tarsell, LCPC

Submitted to the Senate Subcommittee on Investigations – July 15, 2025

Chairman Johnson, Ranking Member Blumenthal, and members of the subcommittee, thank you for the opportunity to testify. My name is Emily Tarsell. I am a retired psychotherapist and a mom. I was blessed with Christina, a healthy, bright, creative child who grew to be a beautiful, caring person. She was active in her church, Amnesty International, was a Gold award recipient, art editor of two literary magazines, and a gifted athlete, artist and honors scholar. In 2008, my then 20 year old daughter had her first GYN appointment. The doctor recommended the HPV vaccine Gardasil saying that it was “safe and effective and would prevent cervical cancer.” We were not given any literature or told of any possible adverse side effects. Chris had always gotten the recommended childhood vaccines. Ads conveyed a sense of urgency that one should get Gardasil before exposure to the HPVs so Chris agreed to the series of 3 shots over nine months.

After vaccination, my formerly healthy daughter developed new conditions: joint pain, chronic sinus and nasal congestion, intermittent rashes, rapid heartbeat, dizziness on standing, unusual fatigue and arrhythmia. We saw doctors and Chris had an EKG which came back normal. They found no structural problems and we thought that everything was OK. We later learned that this was the wrong test and Chris should have had a Holter monitor. Neither the doctors nor we connected the dots because we were never informed that these symptoms could be related to the vaccine. She continued with the shots and 18 days after the 3rd shot, Chris was found dead in her bed at college. You cannot imagine the hell of seeing your child suddenly lifeless. You struggle with the reality.

How does a healthy young lady with no preexisting conditions suddenly die in her sleep? An extensive autopsy had ruled out drugs, trauma or organ issues and indeed cause of death was “undetermined.” We did not initially connect Chris's symptoms to vaccination until we discovered others with serious symptoms after Gardasil shots.

I called my doctor who advised me to file a VAERS report. I also called the FDA. They did no follow up with me and took a year to obtain Chris's medical records. They did one test for staph infection which was negative. That was the end of their investigation and they concluded cause of death was “undetermined”. It was infuriating for me to go to the CDC website and read statements that said, *“Reports of death have been investigated and have been found to be due to other causes.”* Not only was Chris's case never really investigated, the others I knew about were also never investigated or found to be due to other causes.

Merck, the manufacturer also filed a VAERS report falsely giving a spurious and unsubstantiated explanation for Chris's death. I learned, through a Freedom of Information Act (FOIA) request, that Merck, the manufacturer had posted on VAERS and on their Worldwide Adverse Experience System (WAES) which is accessed by doctors, that Chris died from a viral infection. I knew that the cause of death had not been determined and I spent a year communicating with Merck about their false report. They said that our doctors had given them the information. So I obtained in writing letters from the doctors stating that neither they nor any of their staff ever reported that Chris's death was due to viral infection. That fake news still lives on the site since once it is posted it is never changed.

Finding out what happened became my mission. I connected with other moms, experts and reporters including Dr. Diane Harper, the lead investigator during Gardasil clinical trials. She was critical of the fast track approval of the vaccine and the marketing. I learned too late that hpvs clear on their own naturally 90% of the time and cervical cancer is almost entirely preventable with Pap screening. I learned that the incidence of HPV related cancers is very low at .001 % (visual attached). I learned it has never been proven that the vaccine prevents any cancer.[1,2,3] I also learned that Pharma is protected by law against lawsuits for vaccine injuries; the only industry with that kind of liability protection for their vaccine products. Our only option for investigating Chris's death was to hire an attorney and file a claim in the NVIC program.

I hired a wonderful attorney Mark Sadaka who filed our claim against HHS in March 2010. Our world class experts, immunologist Dr. Yehuda Schoenfeld and cardiologist/electrophysiologist Dr. Michael Eldar were prepared to describe, at the molecular level, how Chris had died from a fatal arrhythmia induced by an autoimmune response to Gardasil which caused antibodies to attack the calcium channel in her heart. After 8 years of litigation, HHS conceded by preponderance of the evidence including challenge/re-challenge that Chris died from her HPV vaccinations. They had no alternative explanation for her death.[4]

The initial adverse decision by Special Master Moran was appealed and was ruled "arbitrary and capricious" by Judge Coster Williams. The Judge paid particular attention as to whether the arrhythmia existed before inoculation with Gardasil. An extensive review of Christina's 20-year medical history including 30 specific medical appointments showed no arrhythmia before HPV vaccination (tabulated on page 22 of the Judge's report). Judge Coster Williams remanded the case back to the Special Master to reconsider his decision based on all of the evidence. On remand, the Special Master reversed his decision. The final judgment stated: *"Ultimately, because of the finding that Christina began to experience arrhythmia after her vaccination, Ms. Tarsell has presented preponderant evidence of a logical sequence of cause and effect, connecting the HPV vaccination to the ensuing arrhythmia."*[4]

Chris died from a vaccine she never needed which was falsely advertised to prevent cervical cancer. [5,6] Chris was the 23rd of 32 deaths reported in 2009; by 2023 there were 73,366 VAERS reports with 555 deaths and only 1% get reported. [7,8] Additionally, 68% of the VAERS reports came from Merck and 89% of them lacked sufficient information for follow up. [9] Even with the serious under reporting of adverse events there were still three times more adverse event reports for Gardasil than all other vaccines combined (before Covid).[8,9]

The public has been misled and misinformed about the risks and benefits of HPV vaccines. Shouldn't consumers know that seizures, severe headache, paralysis, autoimmune disorders, chronic fatigue, thrombosis, arrhythmia, miscarriage, motor neuron disorders, premature ovarian failure and even cervical cancer or death are possible adverse reactions to Gardasil inoculations? Shouldn't consumers know that the vaccine has not been proven to prevent cervical cancer or any other cancer? [5,9,10]

Authorities in some other countries like Japan and India have weighed the risks and benefits of HPV vaccines and subsequently withdrew government recommendations and funding for HPV vaccines. Shouldn't consumers and doctors in the US know why these countries made these decisions? [11,12]

The one thing every parent has said after their child had a serious adverse reaction following vaccination is "I didn't know." To that end, I am here on behalf of Chris to raise awareness to help others. Our website www.gardasilHPVtruths.com has documented information and references to over 90 peer reviewed articles. Thank you for listening.

Emily Tarsell

Addendum:

1. "But the net benefit of the HPV vaccine to a woman is uncertain. Even if persistently infected with HPV, a woman most likely will not develop cancer if she is regularly screened. ... When weighing evidence about risks and benefits, it is also appropriate to ask who takes the risk, and who gets the benefit....If other matters weigh in, such as profit for a company or financial or professional gains for physicians or groups of physicians, the balance is easily skewed. The balance will also tilt if the adverse events are not calculated correctly."

Quoted from: C. Haug. The Risks and Benefits of HPV Vaccination. *Journal of the American Medical Association*, 302 (7): 795-796, August 19, 2009.

2. A report by Dr. David Ayoub and the Prairie Collaborative for Immunization Safety: <https://www.gardasilhpvtruths.com/dr-ayoubreport> To date, there are no long term safety or efficacy studies and no studies of the interaction between Gardasil and other vaccines like Menactra or birth control pills. The pre-licensure clinical studies that were done have been broadly criticized for failing to have a true control group, for testing fewer than 1200 girls 16 years and younger and for lack of efficacy data for this population.

3. Marketing of Gardasil: <https://www.gardasilhpvtruths.com/marketing> "the educational programs strongly promoting HPV vaccination began in 2006, more than a year before the trials with clinically important end points were published. How could anyone be so certain about the effect of the vaccine?"

Quoted from: C. Haug. The Risks and Benefits of HPV Vaccination. *Journal of the American Medical Association*, 302 (7): 795-796, August 19, 2009.

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See attachment.

[4] Ruling by Judge Coster Williams <https://drive.google.com/file/d/1QWjVh6j6APIFeo2aKuKcFuj8BIFU3G4b/view>

Revised ruling by the Special Master

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Papers and Testimony Regarding HPV Viral Replacement, Possible Increased HPV Risk Following Innoculations and Cervical Cancer Risk Co-Factors:

69. Hildesheim A, Herrero R, Wacholder S, Rodriguez A C, Solomon D, Bratti MC, Schiller JT, Gonzalez P, Dubin G, Porras C, Jimenez SE, Lowy DR. HPV vaccine does not have a therapeutic effect in young women with pre-existing human papillomavirus infection. JAMA. 2007 Aug 15; 298 (7): 743-53. PMID:17699008

69. Spinosa JP. Letter to the Editor. *Cancer Letters*. 2011; 304:70. *In a recent letter to the Editor by Dr. Jean Pierre Spinosa which was published in Cancer Letters, Dr. Spinosa discusses the possibility of viral replacement of the targeted HPVs by other high risk HPVs associated with cervical cancer. In addition, there is evidence that for women with positive HPV 16 or 18 at the time of vaccination, there is an increased risk of CIN 2/3 precancerous lesions or cervical cancer itself.*

70. Lee, NC., Associate Director for Science, CDC. Testimony on cervical cancer before the House Committee, Subcommittee on Health and Environment. March 16, 1999. *While the high risk hpvs are necessary, they are not sufficient to cause cervical cancer. According to testimony on cervical cancer given by Dr. Nancy C. Lee*

before a Congressional Committee, cofactors like sexual behaviors, smoking, and immunosuppressive disorders play a role. She also states," the most important risk factor for developing cervical cancer... is the failure to receive regular screening with a Pap smear."

71. VRBPAC Meeting. VRBPAC Background Document. Gardasil HPV Quadrivalent Vaccine. May 18, 2006; 13-14. wayback.archive-it.org/7993/20170405062303/https://www.fda.gov/ohrms/dockets/ac/06/briefing/2006-4222B3.pdf Originally accessed February 20, 2012. Reaccessed 5/31/2022. VRBPAC meeting at which it was disclosed that woman who already had the targeted 16 or 18 HPVs had a 44.6% **increased** risk of developing precancerous lesions or cervical cancer if they received the vaccine.

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Other Papers Regarding HPVs And Cancer

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74. Svahn MF, Munk C, Nielsen TS, von Buchwald C, Frederiksen K, Kjaer SK. Trends in all-cause five-year mortality after head and neck cancers diagnosed over a period of 33 years. Focus on estimated degree of association with human papillomavirus. Acta Oncol. 2016 Aug 23;1-7 Further evidence of the positive role of HPV infection in cancer survival rates. <https://www.ncbi.nlm.nih.gov/pubmed/27550781>

75. Neil Ari Wijetunga NA, Ben-Dayana M, Tozour J, Burk RD, Schlecht NF, Einstein MH, Greally JM. A polycomb-mediated epigenetic field defect precedes invasive cervical carcinoma Epigenetic causes often associated with

environmental triggers, we need to take a closer look at the causes of hpv related cancer. <http://www.impactjournals.com/oncotarget/index.php...>

76. Rivera-Peña B, Ruíz-Fullana FJ, Vélez-Reyes GL, Rodríguez-Benitez RJ, Marcos-Martínez MJ, Trinidad-Pinedo J, Báez A. HPV-16 infection modifies overall survival of Puerto Rican HNSCC patients *Infect Agent Cancer*. 2016; 11(1): 47. Published online 2016 Aug 24 HPV infected cancer patients lived on average two thirds longer than non hpv infected patients with the same types of cancer. It seems these cancers are associated with smoking and drinking, and the presence of hpv 16 keeps them alive on average three and a half years longer. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4995614/>

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84. Verhoeven V, Renard N, Makar A, Van Royen P, Bogers JP, Lardon F, Peeters M, Baay M. Probiotics enhance the clearance of human papillomavirus-related cervical lesions: a prospective controlled pilot study. Eur J Cancer Prev. 2013 Jan;22(1):46-51. doi: 10.1097/CEJ.0b013e328355ed23. <http://www.ncbi.nlm.nih.gov/pubmed/...>
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Papers on Ethical Concerns and Conflicts of Interests Regarding HPV Vaccine Approval:

89. Rees CP, Brhlikova P, Pollock A M. Will HPV vaccination prevent cervical cancer? *Journal of Royal Society of Medicine*; 0 (0) 1-15. DOI 10.1177/0141076819899308.

2020 <https://journals.sagepub.com/doi/pdf/10.1177/0141076819899308> accessed 2/6/2020. *The trials may have overestimated the efficacy of the vaccine as some of the lesions would have regressed spontaneously. Many trials diagnosed persistent infection on the basis of frequent testing at short intervals, i.e. less than six months. There is uncertainty as to whether detected infections would clear or persist and lead to cervical changes.*

90. Tomljenovic L, Shaw CA. Too Fast or Not Too Fast: The FDA's Approval of Merck's HPV Vaccine Gardasil. *Conflicts of Interest in the Practice of Medicine*. Fall 2010; 673-

68 <http://www.ncbi.nlm.nih.gov/pubmed/23061593> Documents how the FDA fast-track approved Gardasil despite the fact that "Gardasil failed (and continues to fail) to met a single one of the four criteria required by the FDA for Fast Track approval. Gardasil is demonstrably neither safer nor more effective than Pap screening combined with LEEP, not can it improve the diagnosis of serious cervical cancer outcomes".

91. Sarojini NB, et al. The HPV Vaccine: Science, Ethics and Regulation. *Economic and Political Weekly* November 27, 2010; XLV (48): 27-34. "A recent civil society-led investigation has highlighted serious ethical violations in a trial of the Human Papilloma Virus vaccine on girls in Khammam district in Andhra Pradesh.they illustrate how the promotional practices of drug companies, pressure from powerful international organizations, and the co-option of, and uncritical endorsement by, India's medical associations are influencing the country's public health priorities."

92. Beppu H, Minaguchi M, Uchide K, Kumamoto K, Sekiguchi M, Yaju Y. Lessons learnt in Japan from adverse reactions to the HPV vaccine: a medical ethics perspective. *Indian Journal of Medical Ethics*. 2017. Online ISSN: 0975-5691/ Print ISSN: 0974-8466. *Paper on breaches of medical ethics re hpv vaccines*. http://www.ijme.in/wp-content/uploads/2017/04/252the82_lessons_learnt.pdf.

<http://ijme.in/articles/lessons-learnt-in-japan-from-adverse-reactions-to-the-hpv-vaccine-a-medical-ethics-perspective/?galley=html>

93. Sarojini N, Deepa V. Trials and tribulations: an expose of the HPV vaccine trials by the 72nd Parliamentary Standing Committee Report. *Indian Journal of Medical Ethics*. October-December 2013; Vol X (4): 220-222.

Links to Articles from Countries That Have Withdrawn Recommendations for HPV Vaccinations:

Japan:

Medscape. Japan withdraws HPV vaccine recommendation for girls. June 25, 2013. http://www.medscape.com/viewarticle/806645#vp_1. Accessed 10 November 2015.

Paralyzed teens, parents demand subsidized HPV vaccine shots be eradicated following severe adverse reactions. The Japanese ministry complied and stopped recommending hpv vaccinations of Gardasil and Cervarix.

<http://www.japantimes.co.jp/news/2013/08/24/national/victims-hit-cervical-cancer-vaccines>

Below is a link to a lawsuit in Japan from 64 young women who became seriously ill after hpv vaccination. Most of the girls were around 18 years of age.

<http://www.japantimes.co.jp/news/2016/07/13/national/crime-legal/64-women-to-sue-over-health-woes-from-cervical-cancer-vaccines/#.V4fO7vkrKM>

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France: Prompted by concerns regarding the safety of HPV vaccines, French medical doctors have called upon the French National Assembly to delist hpv vaccines and suspend approval of Cervarix and Gardasil.

<http://therefusers.com/refusers-newsroom/french-official-study-group-on-vaccination-proposes-removing-aluminum-from-vaccines-and-investigating-gardasil-safety-and-efficacy/#.VmtVoUorKM8>

After a year of study, the French advisory panel recommended a moratorium on aluminum adjuvant vaccines and on the hpv vaccine Gardasil.

India: Following the deaths of seven girls in India, a House panel investigated allegations of corruption and unethical practices regarding trials of Gardasil. They found the international organization PATH to be guilty of "a clear cut violation of human rights a case of child abuse." Vaccinations with hpv vaccines has been suspended in India.

[The Hindu reports on a PATH of violations](#)

<http://medicalxpress.com/news/2012-06-controversial-vaccine-trial-india.html>

<http://vactruth.com/2013/01/08/vaccine-trials-supreme-court/>

The Bill and Melinda Gates Foundation funded the Program for Appropriate Technology in Health (PATH) and invested heavily in the HPV vaccine demonstration programs in India. These programs are reportedly riddled with conflict of interest and unethical practices. A judgment regarding the allegations is pending in the Supreme Court of India. Meanwhile, since April 2017, the Gates Foundation and other foreign entities have been blocked from funding government and non government programs in India.

https://www.nytimes.com/2017/04/20/world/asia/india-health-nonprofit-gates-foundation.html?_r=0