

3146

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IRRC

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From: Vicki Tinsley <victins@gmail.com>
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Independent Regulation Review Committee for PA

To whom it may concern:

My name is Victoria Tinsley, and I am writing today as a concerned citizen. I live in Pennsylvania and I have a child and two grandchildren in Pennsylvania.

I wish to send you my comments regarding the PA Department of Health and Education proposed changes to the vaccination policy. IRRC #3146 and IRRC #3147.

There is much concern over vaccines right now due to the number and type of vaccines that are being given to babies and young children. More and more information and research is coming out every day and people are starting to become educated on what they are injecting into their children.

As our Pennsylvania Professionals in positions of power and decision making, I appeal to you to please slow down the changes and additions to the vaccination policy for young children. We must take responsibility for the safety of our PA children because the Vaccine Manufacturers are not.

Here are my concerns/comments:

Regarding decreasing the provisional period for student enrollment from 240 days to 5 days.

In my opinion, since the pharmaceutical/vaccine industry has already managed to convince the CDC to schedule an unsafe amount of vaccines in just a few years in a child's life (49 vaccine doses by age 6 years old), I believe that shortening any catch up time is just another way of putting children at risk. Please do not punish the children. Expecting a child to receive multiple vaccines in a short period of time puts the child at risk of serious vaccine injury including neurological injury and or diseases, auto-immune diseases and cancers. Catching up on vaccines in 5 days would actually be criminal because you can seriously hurt someone doing that. All vaccines contain carcinogens, neurotoxins, retro viruses and foreign human, animal and insect proteins from a variety of different sources and overloading a child's immune system with too much too fast will most definitely cause some kind of disease process to begin. A body needs time to manage and release all those toxins. Please consider not decreasing the provisional period. We should not put the child at risk when it is not necessary.

Regarding proof of natural immunity for chicken pox through having contracted the disease must now be provided by a doctor, physician's assistant, or nurse practitioner.

When my daughter was growing up she received the chicken pox vaccine when it came out. We were told the kids might actually get a mild case of chicken pox from the vaccine. That is exactly what happened to my daughter. She actually got the disease from the vaccine that was supposed to protect her from the disease. When I called her Doctor's office to bring her in because along with the mild case of pox on her body, the accompanying upper respiratory infection was serious, I was told that I could not bring her in because she was contagious. Now, that is interesting, I could not bring her in and so I could not get medical confirmation in her chart that she actually had Chicken pox. So for the next 10 years, we had to fight every time someone wanted to make her take the chicken pox vaccine booster. You do not get the booster if you have actually had the disease. But I could not prove she had the disease because medical professionals would not let me bring her in for examination. So when it came time for college, I had to prove that she had the disease as a child. We had to pay \$425 out of pocket to get her chicken pox titers (I am sure it is much more expensive now). Her chicken pox titer showed she had a large amount of antigens against the disease proving she did not need the booster. This problem is still going on, demanding proof of natural immunity from medical professional will be difficult if not impossible and everyone will be forced to either "over-vaccinate" their kids or pay for titer testing. Please do not allow/encourage the Pharmaceutical/Vaccine Industry to continue pushing their agenda "money making vaccines" on the general public and forcing parents to cave to unnecessary and unsafe numbers of vaccines because they might not be able to afford to have titers done.

Regarding the addition of Meningococcal vaccine for students entering 12th grade.

The disease is extremely rare according to the CDC website and death happens to an even smaller percent that are colonized. All vaccines come with risk and the risk of injecting all of our teens with yet another vaccine with lots of risks for a disease that they will not get is unfair.

Regarding the inclusion of Pertussis vaccine for kindergarten admission.

There is much scrutiny right now regarding the Pertussis vaccine. The first pertussis vaccine proved to not work. The second vaccine they are giving now has mutated. The outbreaks we are having of pertussis are actually all people vaccinated with the newer pertussis vaccine. And unfortunately, due to the mutation of the virus it became more virulent and people that actually get the disease are getting sicker than previous outbreaks. I feel it would be irresponsible to force yet another skeptical vaccine on innocent children especially when it is another mixed vaccine like the TDaP. As parents and grandparents we must insist on vaccines that are properly tested for longer periods of time by independent organizations and stop forcing overloads of mixed vaccines on infants and children. Currently the testing is done by the vaccine manufacturers (who are not liable or accountable for safety or efficacy).

Regarding the DOH proposes to edit the current regulations by eliminating separate listings for measles, mumps, rubella, tetanus, diphtheria, and pertussis vaccines that are currently most commonly consumed as combination shots. Instead, they will only be listed in the regulations in their combination forms - MMR and TDaP.

I strongly disagree with this proposal and here is why and this information comes straight from the FDA vaccine insert webpage. I do not believe in mixing vaccines and giving them in combination. Changing the listings by eliminating individual vaccines that are still available is not fair and not necessary and only encourages the vaccine manufacturers to eliminate the individual vaccines.

****There is a reason the MMR vaccination has decreased in Pennsylvania.** People are starting to get educated on the dangers over mixing vaccines in one dose. The MMR vaccine is currently under scrutiny by reputable medical professionals and hopefully will someday be removed from the schedule completely. Please help us educate people on what is actually in this vaccine and the dangers listed on the vaccine insert sheet from Merck - This vaccine is 3 different live viruses in one injection. 1) Live Measles Virus cultured in chicken embryo cell culture (chicken DNA) 2) Live Mumps Virus cultured in chicken embryo cells (chicken DNA), 3) Live Rubella Virus cultured in human DNA (aborted fetal lung cells). Like that is not repulsive enough, these cultures are then mixed with growth medium of fetal bovine serum (fetal cow blood). Merck goes on to say in the insert that the cow blood is screened but there is not guarantee that you will not contract Crutzfeld Jacob Disease (mad cow disease). Again, no liability. The Merck insert also clearly states that the MMR vaccine has not been evaluated for carcinogenic or mutagenic potential. Again, no clear studies done, but let's keep injecting babies and do it again as young children.

This makes absolutely no sense to inject a perfectly healthy infant with these diseases all at once in a vaccine filled with toxins and then do it again right before they start school.

Please do not allow the individually listed vaccines to be removed from the list. We are counting on you to please help us keep our PA children safe and to keep the door open for individual vaccines and not "bundling vaccines".

I sincerely thank you for taking the time to read my comments.

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