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ALL PA State Representatives

To Whom It May Concern:

I am writing to inform you of my opinion concerning the changes proposed by the DOH and DOE regarding PA state vaccination policies and procedures.

I am a registered nurse of 16 years and graduate of Pennsylvania State University. I have been actively serving in the hospital setting since graduating. As a citizen of the United States of America and a resident of the state of Pennsylvania, I must defend the U.S. Constitution and the PA State Constitution, and I must hold you each accountable to do the same. You have taken oaths to this end.

All medical professionals have taken oaths to first "DO NO HARM." We have taken oaths to be advocates for TRUTH regarding those individuals we are caring for. If medical personnel compromise and do not defend these oaths, there will be NO LIMIT to the evil and atrocities that will be committed in the name of medicine. Together, we must hold ALL federal, state and local governments accountable to defend the constitutional rights to maintain truth and integrity in the process and conveyance of all medical/scientific information (ALL benefits, risks and alternatives) to obtain an

individual's true "consent" which includes defending a citizen's/resident's right to refuse based on the integrity of these truths.

#1. I support changing the deadline for reporting vaccination status from the present date of October 15th to December 31st.

#2. I oppose the change to decrease the provisional period for student enrollment from 240 days to 5 days.

Comment: Although I support shortening the provisional period in an effort to correct reporting failures and ascertain accurate data, I find this change to be extreme. NO nearby states have such short provisional periods; their average is 58 days. Five days is not enough time to schedule appointments or for students who may be sick to recover before getting vaccinated. Parents will face stress and unnecessary expense as they make appointments and submit paperwork. A 60 day provisional period will give parents and sick children time to meet the requirements without undue stress. Given the later reporting date, a 60 day provisional period would not interfere with school data collection and analysis.

#3. I oppose that proof of immunity for chicken pox through having contracted the disease must now be provided by a doctor, physician's assistant or nurse practitioner.

Comment: This policy item removes the individuals' right to a health care system of their own choosing. Agencies (federal or state or otherwise) cannot constitutionally define or demand how or through what means or entity an individual must receive medical care.

#4. I oppose the addition of the Meningococcal Vaccine for students entering 12th grade.

Comment: **I completely oppose the entire MANDATORY VACCINE requirement of the DOE for ALL school age children. These policies are completely UNCONSTITUTIONAL and are subjecting the DOH, DOE and individual schools to MASSIVE FUTURE LIABILITY as there is increasingly more evidence (past and present) being exposed by individuals across multiple spectrums and disciplines within and without the medical and scientific communities of the injury and death caused by vaccines. By removing individual/parental right to take the responsibility for their own/ their child's health, these entities are taking on FULL RESPONSIBILITY and LIABILITY of this child's health and ANY INJURY or DEATH that may occur due to these MANDATES.**

Additionally, this vaccine is not only unnecessary but would significantly raise costs and risks that far outweigh any possible benefit. The disease is extremely rare; the incidence rate for meningococcal disease, according to the CDC, is 0.3-0.5/100,000. According to the PA Department of Health EDDIE database, in 2014, there were only 16 new cases of meningitis. Vaccinating the estimated 147,040 seniors in 2014, would have cost parents and taxpayers over \$16,000,000. The CDC states that all serogroups of the disease are on the decline, including serogroup B, which is not even included in the vaccine

Earlier this legislative session, a bill was introduced to mandate this vaccine for students entering 12th grade. The legislature did not see the necessity of such a mandate and thus chose not to act. The Department of Health is seeking to circumvent the legislative process in enforcing mandates that are not supported by lawmakers. This vaccine is already available to anyone who wants it.

According to vaccine manufacturer package inserts, post marketing surveillance for the meningitis vaccine has shown the following: hypersensitivity reactions such as anaphylaxis/anaphylactic reaction, wheezing, difficulty breathing, upper airway swelling, urticaria, erythema, pruritus, hypotension, Guillain-Barré syndrome, paraesthesia, vasovagal syncope, dizziness, convulsion, facial palsy, acute disseminated encephalomyelitis, transverse myelitis, and myalgia.

#5. I oppose the inclusion of the Pertussis vaccine for kindergarten admission.

Comment: I have personally studied CDC, FDA, NIH, etc. scientific documents concerning this particular vaccine showing that historically and presently it has been and is a complete failure since its inception. I have watched the rate of pertussis skyrocket since 2005 when the ACIP gave a recommendation for pregnant and post-partum women to receive this vaccine despite the fact that the majority of the physicians opinion was that the safety of this practice had not and still has not been established. Pregnant women are being experimented on without their knowledge. The vaccine manufacturer's clearly state in all their brochures that the pertussis vaccine does not prevent the carrying or transmitting of pertussis. It simply potentially decreases an individuals symptoms to that of the common cold/flu allowing them to further perpetuate this disease unknowingly with extensively delayed diagnosis and treatment of antibiotics. The ACIP also found indicators that when the mother's received the TDAP vaccine it lessened the potential benefit of the pertussis vaccine in their children due to cellular changes. Bordetella Pertussis has a long history of outsmarting the vaccine industry by RNA changes and mutation. Also, due to the fact that there are 32 different strains of bordetella all with similar signs and symptoms it has made it difficult to truly diagnose the particular disease.

#6. I oppose the DOH's proposal 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. Evidence of immunity is different for some of the vaccines and the proposed regulations are unclear.

Comment: It is necessary that all antigens be listed individually. This will simplify the amendment process should these combinations change in the future. We also want to ensure accuracy in data collection and publication. Some of these vaccines are still available singularly, and so listing each antigen individually is best and should not be changed. Each disease should individually list what can be given as evidence of immunity.

#7. I request that standardized language be required in communications regarding vaccine requirements.

Comment: Currently, each school district creates its own language in communicating with parents regarding vaccine requirements, provisional periods, and reporting. We request that the regulations be amended to require all schools to use uniform language provided by the DOH **which will include the text of 28 PA CODE CH.23 stating the accepted exemptions for PA students.**

The DOH, DOE and individual schools for ALL levels of education are placing themselves in an EXTREMELY LIABLE position of not giving parents/ college students TRUE informed consent. The current illegal UNCONSTITUTIONAL practice of the above entities threatening, bullying, coercing, administering vaccines without signed informed consent and even MISINFORMING (deceiving by downplaying/ omitting the risks and alternatives to vaccines) parents/ students into vaccinating in order to attend any educational institution public or private must be STOPPED. Vaccines cause injury and death as even our federal government acknowledges.

#8 –I request a change to Annex A lists enhanced “activated” polio vaccine.

Comment: This is incorrect and should be changed to enhanced “inactivated” polio vaccine.

#9 –I request the removal of Herd Immunity claims given without clarification or verification or the support of the scientific community.

Comment: There is no scientific proof for the theories of vaccine preventable diseases or herd immunity. NO VACCINE has ever prevented a disease it has ONLY lessened the symptoms. The Department of Health bases their reasoning for increasing vaccination mandates on the theory of herd immunity which was first developed when studying individuals who had the wild diseases, not those who had been vaccinated. Disease outbreaks continue to occur in populations that have reached 100% vaccination rates, rendering this theory unreliable for massive vaccination requirements.

Thank you for your time in reviewing my opinions. I ask you be INFORMED and defend the constitutional rights of the citizens of this country and the residents of this state. It is their inalienable right.

I respect science. People lie. Science never lies. People manipulate data. Science never manipulates data. People compromise for gain. Science never compromises for gain.

Respectfully,

Rebecca J. Smith

***“You may choose to look the other way, but you can never say again that
you did not know.”***

— William Wilberforce