

Agenda Item:
4.1 Discussion & Possible Approval of Res No 3233, Mandatory COVID-19
Vaccination for Eligible, Non-Exempt Students & Staff

Sacramento City Unified School District
Board of Education Special Meeting
October 12, 2021 Public Comments

Name:	Alicia Morgan-Hecht
Comment:	The safety of students and staff is crucial during these times. As dangerous misinformation run rampant it is time to push back. We have safe and effective means to stop the spread of COVID-19 in our schools and communities through vaccination and mask use. I urge you to pass vaccine mandates to protect children and staff so that my child will safely be about to attend a SCUSD school next year. Thank you for your time.

Speaking as: Teacher in neighboring district, Oak Park Resident/Community
Member who will have a child enrolled next year for
Kindergarten.

Email

Tel:

Date/time Stamp: 10/11/2021 12:50:14 PM

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Name:	Pedro Peterson
Comment:	I am a parent of a student at David Lubin Elementery and another student who will be a kindergartener next year. I wholeheartedly support the mandate for students and staff (with some narrow exceptions) to be vaccinated as soon as the FDA approves vaccines for the appropriate age ranges. FDA approval means that the vaccine is safer than the alternative, which is a world in which covid-19 continues to kill vulnerable citizens and limit freedoms for the rest of us. I hope the Board will not be swayed by anti-science sentiments and fear-mongering, and allow its decision to be based on the best evidence from science, medicine, and public health.

Speaking as: Parent/Guardian

Email

Tel:

Date/time Stamp: 10/11/2021 2:16:45 PM

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Name:	Jennifer Malone
Comment:	<p>October 11, 2021</p> <p>Sacramento City Unified School District</p> <p>Dear Board Members,</p> <p>We are writing this letter to implore you to vote yes for “Option 1”, do nothing, or “Option 2” which calls for COVID-19 vaccination OR weekly testing for all Sacramento City Unified School District (SCUSD) students. We do not think there is a parent out there that doesn't try to do what they believe to be best for their child. Not every parent believes the vaccine is the right decision for their child at this time. Currently 57% of Sacramento County is vaccinated. Based on that data it is safe to assume that 18,900 current SCUSD students are unvaccinated. This is not an insignificant portion of the population. We - as our child's parents - do not feel the COVID-19 vaccine is in the best interest of their health and safety at this time. We are not anti-vaxers, in fact our child is fully vaccinated. We are following science and have valid concerns that it is too soon to give this vaccine to our child. Comirnaty is the first vaccine that utilizes mRNA technology to be approved by the FDA. It does not have demonstrated long-term safety. According to Pfizer, they will “monitor participant's health for two years after they receive the second dose of the vaccine”. Until the manufacturer can demonstrate long-term safety it is unreasonable and irresponsible to mandate a vaccine upon the children in our community. The most recent mandated vaccine for schools in the State of California is the Varicella (Chicken Pox) vaccine. This vaccine was FDA approved in 1995 and not added to the mandated vaccine list until 2001, where long-term studies were completed, providing assurance to parents. You view our unvaccinated child as a danger. We view a vaccine that is still being evaluated for it's long-term effects as a danger. We know your response – it is our choice to not vaccinate, but there are consequences. Trust us when we tell you, we know. We would like you to understand what those consequences look like. And then as parents, tell us how you would respond? What is more important? How would you decide? Would you stand with what you believe is the right thing for your child? Or would you make sure that both their health AND education are equally considered? Our child is a Senior at CK McClatchy High School. A member of the City of Sacramento Police Department Criminal Justice Academy (CJA). Our child is completing the 4th year of an extremely difficult foreign language program. Our child has performed hours of Community Service with CJA ranging from traffic and safety control at community events to feeding and caring for the homeless in our community representing SCUSD and the Sacramento City Police department. With the foreign language program, our child proudly represented CK McClatchy and SCUSD when participating in the International Day of Peace. Our child is looking forward to graduating with their CJA peers and the benefits that come from graduation from the Academy for employment and college opportunities. Our child anticipates receiving the State Seal of Biliteracy for work and dedication and mastery of foreign language studies. Mandating</p>

the COVID-19 vaccination and not providing an option for testing in lieu of vaccination means that if we, given our rights, choose not to have our child vaccinated at this time, all the hard work disappears. Our child would be shuffled off to Independent Study, which is defined as "standards-aligned content" with a weekly meeting with a teacher. As a student with a 504 Plan in place – this is not only unacceptable, it is devastating. Our child would be removed from CJA and the foreign language program. The ramifications of this impact future career, collegiate options and their mental health. • Current SCUSD Enrollment: 43,000 • Estimated Unvaccinated Students (Based upon Sacramento County Data): 18,900 • Anticipated vaccine conversions: 80% • Remaining Students who will receive a "standards-aligned content" education without daily interaction with teachers, no additional support, no social interaction, no access to on-campus supports such as counselors, student mentors, libraries, and sometimes even a warm meal: 3,780 How can you, as educators, parents and community leaders agree this is the right thing to do for an estimated 3,780 students? Today those students matter. Under "Option 3" they are discarded and receive a sub-par education. Superintendent Aguilar has indicated concerns about the district's ability to staff the independent study program sufficiently. We urge you to consider the parents that choose to take a more conservative approach to their child's long-term health. There are options that are not being considered. 1. Testing. It is well documented that none of the COVID-19 vaccines prevent infection. Instead they lessen the chance of serious illness. In a quote from the CDC's Sample Letter for Parents, dated August 25, 2021, which was encouraged to be distributed to parents: "Regular testing will help protect our students, staff, family members and others who are not vaccinated against COVID-19 or are otherwise at risk for getting seriously sick from COVID-19. Through this program we will be able to identify COVID-19 cases quickly and early, which can help us stop an outbreak before it happens." Clearly the CDC sees regular testing as an acceptable means to keep our kids safe. Now SCUSD Board of Education members know more than the CDC? If you choose "Option 3", that is the message you are sending. 2. True Distance-Learning. There is no reason that children should receive a sub-par education through independent studies. Let the 3,780 children continue in their current enrolled school, programs, and academies via remote participation. Based upon the comments of the SCUSD Board of Education members, the decision is already made. SCUSD is not listening to the valid concerns of all parents, only those that agree with their point of view. We also urge the board to take SB277, SEC.3.120388 into consideration and determine the ramifications of a mandating a vaccine that has not gone through the State of California Legislative Process, that does not offer an exemption for personal beliefs. Given the Governor's announcement surrounding vaccine mandates that will allow for personal belief exemption until it goes through the Legislative Process. When you are casting your vote we hope our child and the other 3,780 students who all have their own story, whose parents have their own decision making process, whose future opportunity for success is at risk guides your vote. Ask yourself if you are TRULY following the stated Guiding Principle of Equity, Access and Social Justice? Sincerely, Jennifer & Scott Malone Cc: Governor Gavin Newsom, Mayor Darrell Stienberg, City of Sacramento Chief of Police Daniel Hahn

Speaking as: Parent/Guardian

Email

Tel:

Date/time Stamp: 10/11/2021 5:19:58 PM

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Name:	Sara Bailey
Comment:	<p>I am the parent of 2 children in this district and I am a classified IA. I want to be able to put my full support behind mandated vaccines for all eligible students and staff. However, I don't think it is fair to those folks that opt out of mandated testing if their is not a legitimate IS option. You all need to find a way to provide a real educational alternative for folks that are currently not ready to return to in person and for those that may choose not to get vaccinated if there is a mandate. Mandated vaccines are our path forward to creating the safest learning environment for the most folks. Please prioritize IS so we can move forward on this path. Thank you for your time. Sara Bailey</p>

Speaking as: Parent/Guardian

Email

Tel:

Date/time Stamp: 10/11/2021 9:20:58 PM

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Name:	Aimee Hernandez
Comment:	I do not support the state mandate for COVID-19 vaccinations for students, staff, or ANYONE. I will find alternate means of education for my child if the mandate stands.

Speaking as: Parent/Guardian
Email: aimee@aimeehernandezdesign.com
Tel: (916)718-2950
Date/time Stamp: 10/11/2021 11:05:48 PM

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Sacramento City Unified School District
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Name:	Janessa & Cory Stewart
Comment:	<p>Our son is a freshman at Rosemont High, and we'd like to express our strong opposition to a vaccine mandate for COVID-19.</p> <p>COVID is not like other childhood diseases that our children has been immunized for thus far...in fact it is the opposite of many, in that children are the least at risk of severe illness or hospitalization. Additionally, this type of vaccine and technology has never before been used in children, and isn't even FDA approved yet. The Pfizer shot on the other hand has some very alarming risks, especially for male children. Current data from the CDC V-safe program, that has followed 129,000 kids aged 12-17, has shown over 7% reported side effects. Of those reports, nearly 10% were serious (863 children), the majority experienced by males, with over half of them being myocarditis or other cardiac adverse events. 14 children in the program also died. Based on case rate data from the CDC itself, our healthy son has a 10-20 x's higher risk of experiencing a serious side effect from the vaccine, then from COVID itself...the hospitalization rate for kids aged 12-17 has been anywhere from 0.06%- 0.02% since the start of the pandemic (variance based on case peaks and declines), and since we have a family history of adverse reactions on one side of our son's family tree, that may even increase his risk of a serious vaccine side effect even more. Based on these stats, it is unconscionable to me that our district would consider any kind of mandate at this time. More time is needed to determine the safety and benefit of this for students. It is not the place of the School Board to be mandating this. This is a decision that should be left between us families and our health care providers. Additionally, the district and our state leaders have apparently completely disregarded natural immunity. How many of our families already have had COVID and have immunity? More and more studies are coming out to show natural immunity is likely not only AS GOOD as the shot, but BETTER for many. For healthy kids like ours; who have no comorbidity factors, COVID poses very little to no risk. This shot on the other hand has some very real dangers and far too many unknowns. It's simple math really... the risks of this shot are greater for our family then any potential benefit. For families that want the shot for their kids, they can get it... or will in due time once eligible, but you cannot disregard the legitimate concerns of families like ours as well. And even if you did have the vast majority of students and staff vaccinated, how do we know it will stop the spread of COVID? The CDC isn't even tracking breakthrough cases in vaccinated individuals unless they require hospitalization, so all the folks who are getting COVID now and are 'fully immunized' and recovering at home aren't being taken into account. That should raise a red flag to anyone concerned with learning the science and facts about COVID and the Delta variant in particular. Vaccinated individuals also are spreading COVID too, so that needs to be looked into more as well. Just a few weeks ago, the Harvard School of Business had to stop in-person learning and resume distance learning due to rising COVID cases DESPITE having a campus-wide vaccination rate for students and staff of over 95%! Duke University also just reported a surge of positive cases (over 360) despite having a campus-wide vaccination rate of 98% for students and 92% for staff. So how do you know that mandating this will solve anything? You don't. No one does yet... and we refuse to have our son be a guinea pig. LAUSD and SFUSD are both experiencing over 6% decline in enrollment due to their mandates and extreme COVID measures, can SCUSD even afford to follow in their footsteps? If you want testing done, fine - have the kids get tested, but to mandate this district-wide for all is completely inappropriate, premature, based out of fear (not facts) and would be disastrous for families and this district</p>

	<p>alike. Leave this choice to the parents, or you will give thousands of parents like ourselves no choice but to pull our kids! Thank you.</p>
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Speaking as: Parent/Guardian

Email

Tel:

Date/time Stamp: 10/12/2021 9:56:44 AM

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Name:	Brian Barnes
Comment:	I do not support the state mandate for COVID-19 vaccinations for students, staff, or ANYONE. I will find alternate means of education for my child if the mandate stands.

Speaking as: Parent/Guardian
Email Bbarnes624@yahoo.com
Tel: 916-768-9771
Date/time Stamp: 10/12/2021 10:42:26 AM

Agenda Item:
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Name:	Kearsten Shepherd
Comment:	<p>I am writing today in support of Mandatory COVID-19 vaccination for eligible, non-exempt students and staff. The COVID-19 vaccine is already approved and available for those 12 years and older, and is proven to be both safe and the best way to limit the spread and severity of Covid for our kids. My family supports a vaccine mandate for all age groups with an Emergency Use Approval or higher so our kids can get back to in person learning safely. Exemptions should be made for those with a verified medical issue, and those students should be required to do mandatory testing twice a week at their school site. No other exemptions should be allowed. But most importantly, right now, until vaccinations are mandatory, and students have the time needed to get the shots, every person on campus should at the bare minimum currently receive on-site weekly mandatory tests.</p>

Speaking as: Parent/Guardian

Email

Tel:

Date/time Stamp: 10/12/2021 11:11:29 AM

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Name:	Jay Singh
Comment:	<ul style="list-style-type: none">A safe and effective COVID-19 vaccine will soon receive emergency use authorization (EUA) for children 5 years old and up, and is already available under EUA for kids 12 years or older. The vaccine is proven to limit the spread and severity of COVID for our kids and is a key element to keeping students safe. My family supports a vaccine mandate for all age groups with an Emergency Use Approval or higher so our kids can get back to in person learning safely.

Speaking as: Community Member

Email

Tel:

Date/time Stamp: 10/12/2021 11:30:50 AM

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Name:	Tiffany Colasanti
Comment:	I support this resolution. I look forward to having the vaccine available to those under 12 and support being ready to implement a requirement as soon as it is available. We need to do everything we can to protect our community.

Speaking as: Parent/Guardian

Email

Tel:

Date/time Stamp: 10/12/2021 11:30:52 AM

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Name:	Michael Absher
Comment:	A safe and effective COVID-19 vaccine will soon receive emergency use authorization (EUA) for children 5 years old and up, and is already available under EUA for kids 12 years or older. The vaccine is proven to limit the spread and severity of COVID for our kids and is a key element to keeping students safe. My family supports a vaccine mandate for all age groups with an Emergency Use Approval or higher so our kids can get back to in person learning safely.

Speaking as: Community Member

Email

Tel:

Date/time Stamp: 10/12/2021 11:32:04 AM

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Name:	Javier Sanchez
Comment:	A safe and effective COVID-19 vaccine will soon receive emergency use authorization (EUA) for children 5 years old and up, and is already available under EUA for kids 12 years or older. The vaccine is proven to limit the spread and severity of COVID for our kids and is a key element to keeping students safe. My family supports a vaccine mandate for all age groups with an Emergency Use Approval or higher so our kids can get back to in person learning safely.

Speaking as: Community Member

Email

Tel:

Date/time Stamp: 10/12/2021 11:33:18 AM

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Name:	Gurinder Pundhar
Comment:	A safe and effective COVID-19 vaccine will soon receive emergency use authorization (EUA) for children 5 years old and up, and is already available under EUA for kids 12 years or older. The vaccine is proven to limit the spread and severity of COVID for our kids and is a key element to keeping students safe. My family supports a vaccine mandate for all age groups with an Emergency Use Approval or higher so our kids can get back to in person learning safely.

Speaking as: Community Member

Email

Tel:

Date/time Stamp: 10/12/2021 11:35:14 AM

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Name:	Joshua Clark
Comment:	<p>I am a parent of two children at Caleb Greenwood Elementary, and I strongly support mandatory vaccines for staff and students at SCUSD.</p> <p>I'm grateful to the board for implementing universal masking requirements at the schools, which has made this school year so far a bit less stressful. I hope that the board will take the step to require vaccines as well. Anyone who needed to "do their own research" should have gotten it done by now. Vaccines are our best tool for ending the pandemic. Thank you!</p>

Speaking as: Parent/Guardian

Email

Tel:

Date/time Stamp: 10/12/2021 11:37:31 AM

Agenda Item:
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Vaccination for Eligible, Non-Exempt Students & Staff

Sacramento City Unified School District
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Name:	Bikramjit Singh
Comment:	A safe and effective COVID-19 vaccine will soon receive emergency use authorization (EUA) for children 5 years old and up, and is already available under EUA for kids 12 years or older. The vaccine is proven to limit the spread and severity of COVID for our kids and is a key element to keeping students safe. My family supports a vaccine mandate for all age groups with an Emergency Use Approval or higher so our kids can get back to in person learning safely.

Speaking as: Community Member

Email

Tel:

Date/time Stamp: 10/12/2021 11:38:20 AM

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October 12, 2021 Public Comments

Name:	Families Concerned About School Safety and Independent Study 300 Local SCUSD families
Comment:	<p>A safe and effective Covid vaccine will soon receive emergency authorization for children 5 years old and up. The vaccine is already available for those 12 years and older. The vaccine is proven to limit the spread and severity of Covid for our kids and is a key element of the "swiss cheese" safety model often cited by the District. Our families support a vaccine mandate for all age groups with an Emergency Use Approval or higher so our kids can get back to in person learning safely. Exemptions should be made for those with a verified medical issue, and those students should be required to do mandatory testing twice a week at their school site. No other exemptions should be allowed. But most importantly, right now, until vaccinations are mandatory, and students have the time needed to get the shots, every person on campus should at the bare minimum currently receive on site weekly mandatory tests. If a family chooses not to vaccinate their child for any reason other than a verified medical exemption, that student has the option to receive their learning through Independent Study to allow the majority of students to learn in person safely. Although the Independent Study program is currently overburdened, it is not a reason to jeopardize children's safety by leaving unvaccinated students in the classroom when a safe and effective vaccine is available. The District should not put financial concerns ahead of educational access and student safety. We are asking the District and School Board to join other school districts around the State in being on the right side of history in requiring vaccines for all who are eligible in order to create a safe learning environment for the majority of our students and staff.</p>

Speaking as: 300 SCUSD families

Email

Tel:

Date/time Stamp: 10/12/2021 11:43:08 AM

Agenda Item:
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Vaccination for Eligible, Non-Exempt Students & Staff

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Name:	Jenny Pierre
Comment:	Please implement the vaccination requirement for eligible staff and students right away. Mandates implemented across the nation are saving lives. Additionally, the more people vaccinated, the less hectic the winter will be as cold and flu season arrives and will ensure the most stable school environment possible.

Speaking as: Parent/Guardian

Email

Tel:

Date/time Stamp: 10/12/2021 11:51:40 AM

From: Jean Shanley
Sent: Tuesday, October 12, 2021 12:38 PM
To: SCUSD Public Comment
Subject: COVID Gene Therapy Injection Mandate - October 12, 2021 Board Meeting Public Comment #6

Warning! This message originates from OUTSIDE the District's email system. Please verify the sender and contents before opening attachments or clicking any links. Contact the Technology Services Help Desk at 916-643-9445 with any questions.

Attention: SCUSD Board Members:

I submit this public comment in opposition to the premature mandate of COVID gene therapy injections for SCUSD children for the reasons stated below:

COVID Early Treatment Options are Being Suppressed and SCUSD Families are Being Harmed

Did you know that the COVID-19 medical care in places like India and El Salvador is better than the United States?

I'm writing to provide you with information about COVID-19 treatment, or rather the lack thereof, in our town, our state and our country. None of the health advisers who you are relying on to make your assessments about the COVID gene therapy mandate for our children address early outpatient treatment for COVID-19. This is against the science and is unconscionable. COVID is an easily treated illness. To mandate dangerous, short-lived, unproven, unapproved gene therapy injections for an easily treated illness is contrary to sound science available to you today. To proceed in defiance of the science is an assault on our children. Fear is a significant driver to experimental injection mandates. However, when knowledge about effective treatment is gained, it is very empowering, and it becomes obvious that dangerous experimental injections are not necessary when simple early outpatient treatments can be obtained, as proven by the many countries and physicians around the world who are successfully providing it.

Since CDC Director Walensky touched off a media barrage with her inflammatory characterization of the "pandemic of the unvaccinated," there has been myopic and unscientific pressure on the public to believe that injections are the only or best way to achieve herd immunity. Director Walensky alarms the public by stating she has a hospitalization problem. However, other countries don't have her "problem." An example is El Salvador. They have had widespread outbreaks, but very little serious disease, hospitalizations and deaths. This is because they treat it early.

They treat it EARLY.

Dr. Walensky does not promote early outpatient treatment of COVID-19. The NIH has specifically instructed doctors NOT to treat COVID-19 on an outpatient basis. They tell doctors to ignore their patients in the early disease process (except for maybe suggesting they take a Tylenol), and to wait for their patients to descend into a state of severe illness, at which point they are instructed to send the patients to the ER so that ER staff become overwhelmed. Never before in our history has our government been so negligent and abusive in their advice. NIH Director Francis Collins is now "stepping down" from his long-term position, presumably in connection with this incompetence and/or deliberately abusive advice that has caused a "pandemic of the medically ignored."

It is incumbent on the SCUSD Board to educate themselves about successful early outpatient treatments for COVID-19, since they are planning to get into the "health advice" business. This is not a "pandemic of the unvaccinated." It is a pandemic of willful ignorance, medical malpractice, and censorship of effective treatments. **Why do the people of El Salvador and India have better COVID-19 healthcare than Americans or Sacramento residents?** It is incumbent on the SCUSD Board to ask questions of its health advisers why there is no early outpatient treatment offered to SCUSD

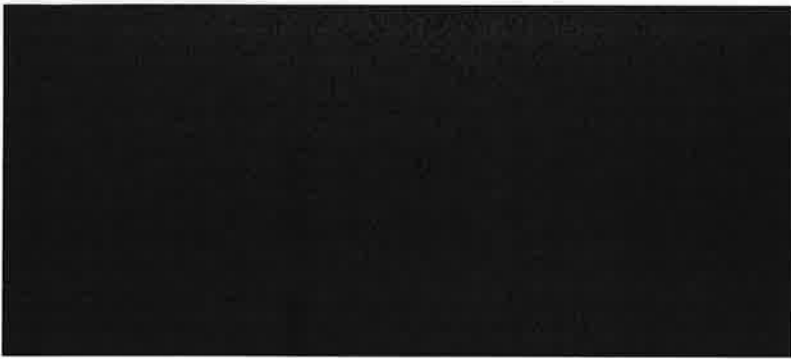
families, like in other countries that are successfully managing COVID? Why? Surely SCUSD families deserve healthcare that is at least as good as third world countries like El Salvador. And if treatment is available, the cry for mass injections is hardly compelling.

Both injected and non-injected people alike can catch and spread COVID. Vaccines are simply not the answer to spread, by the CDC's own admission. But early outpatient treatment is an answer, not only for saving lives but also for achieving real, robust, durable herd immunity over the long term. Indeed, that is the ONLY thing that will promote uninterrupted education for our children long term. Where treatment is available, and proves to be even more effective and safer than injections, public health policy not only justifies but DEMANDS focusing on treatment, not experimental non-FDA approved injections. Our families deserve the best. You can still offer injections for those who want them, but they certainly won't end the pandemic. But effective treatment will return our schools to normal.

EL SALVADOR

The following video provides a useful overview of the life-saving home treatments being provided to the people of El Salvador. Ivermectin is a critical component in their early outpatient treatment kit. <https://www.bitchute.com/video/j5Lm2SRWegK0/>

[What We Can Learn From El Salvador | Dr. Larry Miller](#)



What We Can Learn From El Salvador | Dr. Larry Miller

Here is a brief video from Dr. Larry Miller showing what the people of El Salvador receive when they are struck ...

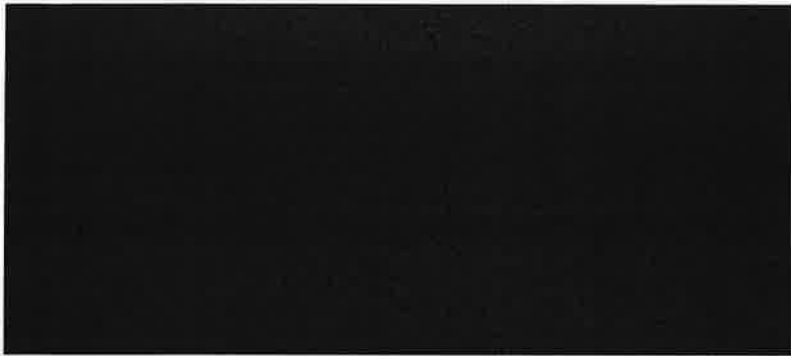


What We Can Learn From El Salvador | Dr. Larry Miller

Here is a brief video from Dr. Larry Miller showing what the people of El Salvador receive when they are struck ...

Additionally, in this video from the WHO spotlighting the success of El Salvador, they specifically talk about "treatment" and they show video footage of one of these home treatment kits being delivered to a person's home (see 2:30 minute mark). We can all be fairly confident that El Salvador has not been stocking up on expensive supplies of Remdesivir and ventilators as a pandemic treatment strategy. They use Ivermectin. By contrast, Americans are ignored by their government and their health care providers until they become severely ill, and then they are given expensive hospital treatments like Remdesivir and ventilators, both of which have a very poor track record. Be like El Salvador. <https://www.youtube.com/watch?v=76WdxGKcLZA>

Sharing COVID-19 experiences: The El Salvador response



Sharing COVID-19 experiences: The El Salvador response



Sharing COVID-19 experiences: The El Salvador response

INDIA

India has also used Ivermectin with astonishing success. The fraud by India's chief health advisers has been so appalling that the India Bar Association is suing a lead WHO scientist for misleading the Indian public about the success of Ivermectin. Be like India.

https://www.thedesertreview.com/opinion/columnists/indian-bar-association-sues-who-scientist-over-ivermectin/article_f90599f8-c7be-11eb-a8dc-0b3cbb3b4dfa.html

Indian Bar Association sues WHO scientist over Ivermectin



Indian Bar Association sues WHO scientist over Ivermectin

Justus R. Hope, MD

The Indian Bar Association (IBA) sued WHO Chief Scientist Dr. Soumya Swaminathan on May 25, accusing her in a 71...

And here is another report on the success of Ivermectin in India:

https://www.thedesertreview.com/news/national/ivermectin-obliterates-97-percent-of-delhi-cases/article_6a3be6b2-c31f-11eb-836d-2722d2325a08.html

Ivermectin obliterates 97 percent of Delhi cases



Ivermectin obliterates 97 percent of Delhi cases

Justus R. Hope, MD

A 97% decline in Delhi cases with Ivermectin is decisive - period. It represents the last word in an epic strugg...

JAPAN

The Chairman of the Metropolitan Medical Association in Japan also has endorsed the use of Ivermectin in treatment for COVID-19. And many doctors are using it there. This video has been censored by Youtube:

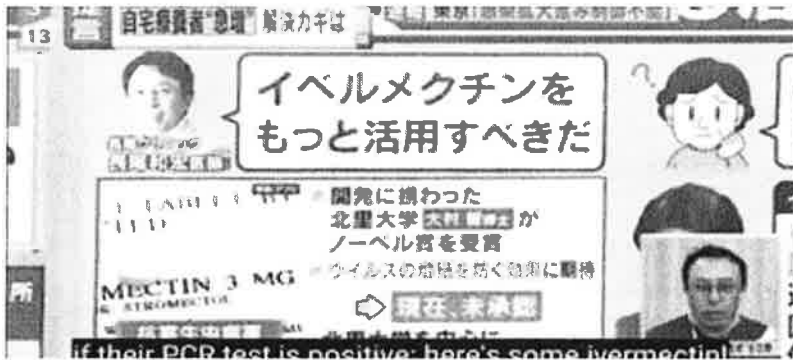
<https://www.bitchute.com/video/iAYIzLkkukob/>

However, the Youtube censorship is not stopping Japanese physicians from successfully treating with Ivermectin:
<https://www.bitchute.com/video/J8pm0VjGKnYM/>
Dr Treats over 500 Covid Patients With Ivermectin



Dr Treats over 500 Covid Patients With Ivermectin

Dr Nagao said he had 100% success in early treatment. I know Ivermectin is a broad spectrum medication (Having V...



Dr Treats over 500 Covid Patients With Ivermectin

Dr Nagao said he had 100% success in early treatment. I know Ivermectin is a broad spectrum medication (Having V...

Be like Japan.

MEDIA CON JOB

Unfortunately, the media has served as a special interest mouthpiece to demonize Ivermectin in treatment for COVID. After all, many are aware by now that Ivermectin is a very **CHEAP** successful drug, which precludes trillions and billions in profits for the pharmaceutical industry. Rachel Maddow's famous derogatory "hit-piece" on this effective treatment was well publicized by the special-interest-funded media, but sadly this "Open Letter" from Diane Perlman, PhD, setting the record straight with many citations to research and science did not get the same level of attention or distribution. Hmmm, I wonder why? I encourage you to educate yourselves on the mass-media-mistakes (or deliberate scientific sabotage) with regard to Ivermectin that has cost many American lives. All the research cited by Dr. Perlman is incorporated herein by reference. Please take note of it.

<https://coronawise.substack.com/p/open-letter-and-challenge-for-rachel>
Open Letter and Challenge for Rachel Maddow



Open Letter and Challenge for Rachel Maddow

Diane Perlman, PhD

IVERMECTIN: Truth or Consequences



Open Letter and Challenge for Rachel Maddow

Diane Perlman, PhD

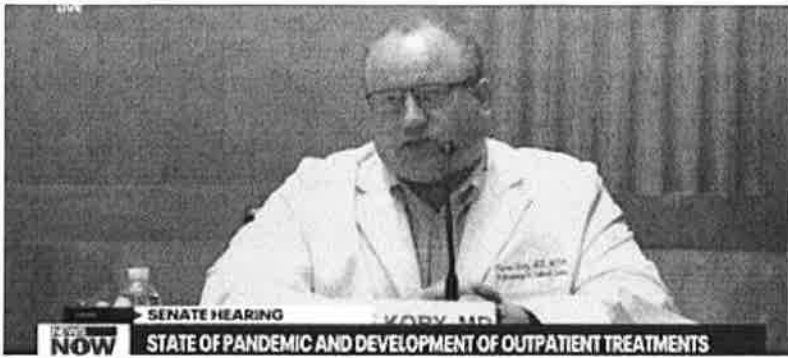
IVERMECTIN: Truth or Consequences

EARLY OUTPATIENT TREATMENT PROTOCOLS

It is indisputable that early outpatient treatment for COVID is very successful, using a variety of treatment therapies including Ivermectin, Budesonide, Hydroxychloroquine, and others. Leading expert physicians on early outpatient COVID treatment like Dr. Peter McCullough and Dr. Pierre Kory, are highly esteemed and they promote Ivermectin in particular as highly effective.

Here is a video of Dr. Pierre Kory speaking on the issue of the use of Ivermectin, and his frustration over the NIH inexplicable "blind spot" in recognizing such obvious science regarding Ivermectin effectiveness:

<https://www.bitchute.com/video/LjpPLsuU3kMP/>
Is Ivermectin a Wonder Drug from Japan?



Is Ivermectin a Wonder Drug from Japan?

Yes, I know. There is no such thing as covid-19. Personally, I don't know what's going on for sure. I try to kee...

Interestingly, Dr Kory has again been spotlighted in the news, as he recently tweeted that he has become aware that hundreds of Congress members and their families have been getting Ivermectin treatment for COVID on the sly. Even as SCUSD families suffer. Do you intend to do anything about the neglect of SCUSD families in meeting their early outpatient COVID treatment needs? Volumes of information can be found on ivermectin on Dr. Kory's

website: <https://covid19criticalcare.com/>

[Home - FLCCC | Front Line COVID-19 Critical Care Alliance](#)



Home - FLCCC | Front Line COVID-19 Critical Care Alliance

The 'I-MASK+ Prophylaxis and Early Outpatient Treatment Protocol for COVID-19' and the 'MATH+ Hospital Treatment..

And <https://teamtuckercarlson.com/news/reports-lawmakers-and-their-families-are-secretly-being-treated-with-ivermectin/>

[Reports: Lawmakers and Their Families Are Secretly Being Treated with Ivermectin](#)



Reports: Lawmakers and Their Families Are Secretly Being Treated with Iv...

Team Tucker Carlson

A new claim is making the rounds of the media that members of Congress and their staff members are being treated...

It seems the entire mainstream medical establishment has some accountability to answer for in the area of Ivermectin suppression and medical malpractice.

BOARD RESPONSIBILITIES

The Board has a responsibility to make informed decisions, particularly with respect to the health of SCUSD students. The Board should be asking local, state and federal health officials about early outpatient treatment, including Ivermectin. Have you done so? The public is becoming aware of Ivermectin. Doctors are aware of Ivermectin, and other effective treatments. For some time now, and certainly at a minimum from this point forward, it is simply not accurate or rational for School Boards, including this one, to insist that COVID is a death sentence, or even a reason to close down schools. Such a position can only be held by those who are **willfully ignorant** of "wonder drug" treatments like Ivermectin and how easily it can be managed for those with minds and hearts open to see it.

One final observation -- The efforts of pharma-giant Merck and Dr. Fauci to scramble to push out some shiny new, expensive patented anti-viral drug on the heels of a global awakening to the effectiveness of Ivermectin, are duly noted. The fiscal responsibility teams of the Board, the District, and the state Medi-Cal staff should definitely conduct some cost-benefit analysis on these patented pharma/Fauci efforts versus inexpensive, proven, successful Ivermectin. Medi-Cal is always trying to provide the most services for the least cost. In fact they have an obligation to do so. So this financial cost-comparison research needs to be done, to comply with the Medicaid program.

Thank you for your consideration.

Sincerely,

Jean Shanley
SCUSD parent

From: Jean Shanley <[redacted]>
Sent: Tuesday, October 12, 2021 12:10 PM
To: SCUSD Public Comment
Subject: COVID Gene Therapy Injection Mandate - October 12, 2021 Board Meeting Public Comment #5

Warning! This message originates from OUTSIDE the District's email system. Please verify the sender and contents before opening attachments or clicking any links. Contact the Technology Services Help Desk at 916-643-9445 with any questions.

Attention: SCUSD Board Members:

I submit this public comment in opposition to the premature mandate of COVID gene therapy injections for SCUSD children for the reasons stated below:

Vaccination Exacerbates the Pandemic

There is a new study from the European Journal of Epidemiology showing that highly vaccinated countries have more ongoing infection problems. The more heavily a country pushes vaccination, the more the pandemic in that country seems to spiral onward and upward. This is a disturbing trend, that I hope you will consider with gravity.

[Increases in COVID-19 are unrelated to levels of vaccination across 68 countries and 2947 counties in the United States - European Journal of Epidemiology](#)



Increases in COVID-19 are unrelated to levels of vaccination across 68 c...

Subramanian, S. V.
European Journal of Epidemiology -

The results of this study are not surprising. Top scientists have been warning for months that the data out of Israel, and other countries, which has been out for several months now, demonstrated a

massive vaccine failure rate, and an even intensifying pandemic problem, despite the country's hardline stance on mandatory vaccination.

Strong evidence is emerging that “antigenic escape” is occurring, which means the variants are not being addressed by the vaccine or the boosters. Numerous scientists worldwide are warning against mass vaccination programs during an active pandemic, due to the evidence that this causes more mutations. This issue requires serious comprehensive consideration by the State of California, prior to instituting a mass vaccination program for low risk populations such as children. See the following for a sampling of this emerging science:

Japan:

[COVID Delta Variant May Become Completely Resistant To Vaccines Says Japanese Study - GreatGameIndia](#)



COVID Delta Variant May Become Completely Resistant To Vaccines Says Jap...

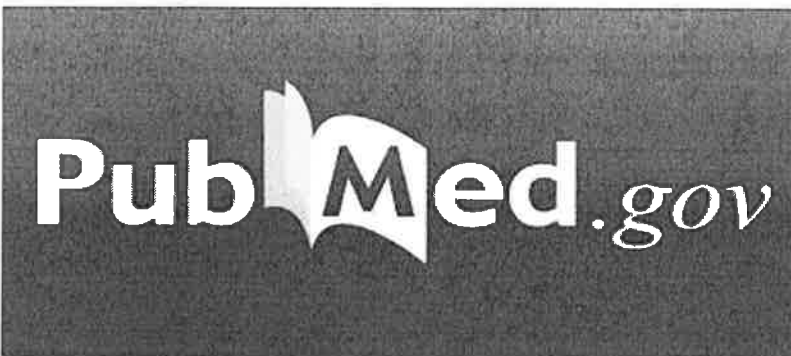
According to a Japanese study, the COVID Delta variant may soon acquire complete resistance to vaccines.

Chile:

<https://www.medrxiv.org/content/10.1101/2021.06.28.21259673v1.full.pdf>

Massachusetts:

[Multiple SARS-CoV-2 variants escape neutralization by vaccine-induced humoral immunity - PubMed \(Mass General Hospital\)](#)



Multiple SARS-CoV-2 variants escape neutralization by vaccine-induced hu...

Vaccination elicits immune responses capable of potentially neutralizing SARS-CoV-2. However, ongoing surveillance ...

What is the CDC doing about all these new “breakthrough” infections in vaccinated people? They are taking actions to suppress knowledge about it. These actions undermine the public trust in the CDC, expose the CDC to allegations of fraud, and call into question the SCUSD Board's blind reliance on guidance from the CDC. In May 2021, the CDC declared it was going to **stop tracking the vaccine failure rate** by tracking only breakthrough hospitalizations and deaths. <https://www.cdc.gov/vaccines/covid-19/health-departments/breakthrough-cases.html> This means that the community has many vaccinated people infected with the Delta variant, causing widespread disease proliferation, and nobody knows.

In addition, in April 2021, the CDC changed its recommendations to laboratories regarding the PCR testing cycle threshold value, **but only for vaccinated people, to reduce the incidence of positive test results**. This automatically results in fewer positive test results for vaccinated people. You may read more on these confusing, unscientific and disparate policies by the CDC here:

<https://childrenshealthdefense.org/defender/cdc-changes-rules-counting-breakthrough-cases/>
<https://childrenshealthdefense.org/wp-content/uploads/Information-for-laboratories-COVID-vaccine-breakthrough-case-investigation.pdf>

Prominent medical professionals, such as **Dr. Scott Gottlieb, have publicly criticized the CDC** for failing to track the failure rate of the vaccines. [CDC needs to start tracking all Covid breakthrough infections, Gottlieb says](#) Without this data, it is impossible for the SCUSD Board to conclude that vaccination is a clear, scientifically sound and vetted path to herd immunity. On the contrary, the data coming out of other countries indicates otherwise.



CDC needs to start tracking all Covid breakthrough infections, Gottlieb ...

Rich Mendez

The Centers for Disease Control and Prevention doesn't have enough resources to properly track Covid-19 "breakth...

Therefore, there is evidence that a mandatory vaccine roll-out by the SCUSD Board, albeit illegal, will only prolong and worsen the pandemic. The Board should decline to mandate, albeit illegally, the COVID vaccines for school. The science does not justify it at this time.

Thank you for your consideration.

Sincerely,

Jean Shanley
SCUSD parent

From: Jean Shanley
Sent: Tuesday, October 12, 2021 11:49 AM
To: SCUSD Public Comment
Subject: COVID Gene Therapy Injection Mandate - October 12, 2021 Board Meeting Public Comment #4

Warning! This message originates from OUTSIDE the District's email system. Please verify the sender and contents before opening attachments or clicking any links. Contact the Technology Services Help Desk at 916-643-9445 with any questions.

Attention: SCUSD Board Members:

I submit this public comment in opposition to the premature mandate of COVID gene therapy injections for SCUSD children for the reasons stated below:

Lack of Proof of Efficacy

There is emerging data indicating **significant efficacy failure** of these gene therapy injections. They do not stop transmission. They are not designed to stop transmission. They are sold with the marketing pitch that they will reduce symptoms. Therefore, they do not reduce spread and are not justified from an infectious disease standpoint.

In Israel, where the Pfizer vaccine has been exclusively used, the vaccine has a staggering failure rate. In late July, Israel's Health Minister reported a mere **16% efficacy rate in the Pfizer** product, leading to a flood of new infections in the vaccinated, including severe hospitalizations and deaths.

https://www.timesofisrael.com/liveblog_entry/health-ministry-says-covid-vaccine-is-only-40-effective-at-halting-transmission/

In addition, a new study from the Mayo Clinic in August 2021 reported that the Pfizer vaccine **efficacy rate is only 42%** as early as 6 months post-vaccination.

<https://www.medrxiv.org/content/10.1101/2021.08.06.21261707v1>

A CDC study found a drop in mRNA vaccine **effectiveness to a mere 53%** by the end of July 2021. https://www.cdc.gov/mmwr/volumes/70/wr/mm7034e3.htm?s_cid=mm7034e3_w

An Oxford University study published (preprint) in the Lancet on August 10th 2021 (Chau Study) demonstrated a **high viral load of vaccinated health care workers** during a Ho Chi Min, Vietnam hospital lockdown, measured at 251 times higher than the viral load that was being measured for infections prior to the vaccination program. The study indicates that vaccinated health care workers got infected, and they were extremely contagious, all despite their vaccination. This study involved the Astra-Zeneca vaccine product.

https://papers.ssrn.com/sol3/papers.cfm?abstract_id=3897733

<https://www.cbsnews.com/news/covid-vaccine-delta-variant-infections-carry-same-virus-load-unvaccinated/>

Because the COVID gene therapy injections unnaturally suppress symptoms, vaccinated individuals may also be spreading the virus more than the unvaccinated, because they don't realize how infectious they are (ie. **superspreaders**). It is this realization that caused the CDC to advise vaccinated individuals to continue to

mask, because it is apparent the vaccinated are still significant contributors to disease spread. Masking was a way to communicate to the vaccinated “you are still at risk of infection and at risk of spreading.” The increased level of infectiousness of Delta is clearly not the reason for the CDC masking recommendations, as an effective vaccine would stop it nonetheless. Clearly, the CDC did not have confidence in the efficacy of the Alpha-based vaccine products to stop newly spreading Delta infections, even among the vaccinated.

Recent reports out of Massachusetts indicate a **significant vaccine failure problem** is emerging there as well: <https://www.cdc.gov/mmwr/volumes/70/wr/mm7031e2.htm>

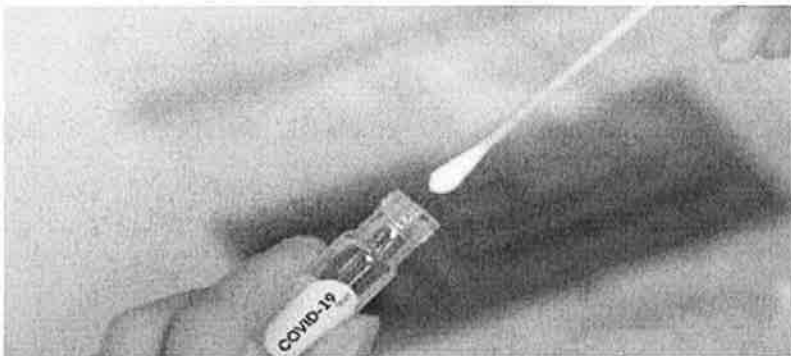
<https://www.wvlp.com/news/massachusetts/over-12000-breakthrough-covid-19-cases-reported-in-massachusetts-as-of-august-14/>

<https://www.boston.com/news/coronavirus/2021/09/21/massachusetts-new-breakthrough-cases-september-21/>

See also:

<https://www.independent.co.uk/news/uk/home-news/hms-queen-elizabeth-covid-royal-navy-b1883699.html> (Royal Navy outbreak among 100% vaccinated sailors); and

[151 Dead, 563 Hospitalized in Illinois Breakthrough COVID Cases \(Illinois\)](#)



151 Dead, 563 Hospitalized in Illinois Breakthrough COVID Cases

A total of 151 people have died and more than 500 have been hospitalized in Illinois due to COVID-19 in “breakth..

What minimum efficacy rate is needed for a vaccine to be deemed acceptable for distribution? Dr. Peter McCullough, in his recent interview with Robert F. Kennedy Jr. states that a vaccine **should have at least 50% efficacy to be justifiable**. In addition, the vaccine **should last at least a year**. These experimental COVID gene therapy injections are proving to fail both of these minimum standards. This means these injections are not even minimally acceptable for distribution in the population, within a few short months.

https://open.spotify.com/episode/27CRxt52ntiS79YsLI4b4V?si=IQcDoa5GQjmwutpL3aiUAg&dl_branch=1

A vaccine that is already calling for boosters at 6 months, cannot credibly be labelled an “effective” vaccine. **Indeed, it would not even last the full school year**. The vaccine program is proving to be a failure. Even success of the booster program is questionable. Although it is too early to judge the efficacy of Israel’s booster program, early data indicates **people are still getting infected after the third booster shot**. <https://www.timesofisrael.com/tv-14-israelis-who-got-3rd-shot-later-infected-with-covid-19/>

Based on the foregoing, the Board should decline to issue any mandates, albeit illegal, for COVID gene therapy injections for any school children at this time. It is premature.

Thank you for your consideration.

Sincerely,

Jean Shanley
SCUSD parent

From: Jean Shanley
Sent: Tuesday, October 12, 2021 11:49 AM
To: SCUSD Public Comment
Subject: COVID Gene Therapy Injection Mandate - October 12, 2021 Board Meeting Public Comment #4

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https://www.timesofisrael.com/liveblog_entry/health-ministry-says-covid-vaccine-is-only-40-effective-at-halting-transmission/

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https://papers.ssrn.com/sol3/papers.cfm?abstract_id=3897733

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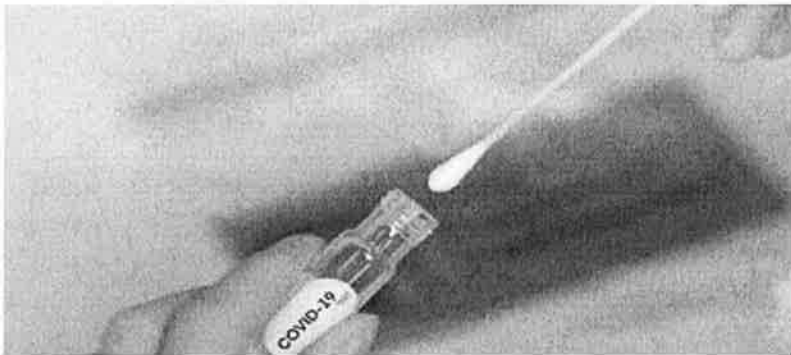
<https://www.wvlp.com/news/massachusetts/over-12000-breakthrough-covid-19-cases-reported-in-massachusetts-as-of-august-14/>

<https://www.boston.com/news/coronavirus/2021/09/21/massachusetts-new-breakthrough-cases-september-21/>

See also:

<https://www.independent.co.uk/news/uk/home-news/hms-queen-elizabeth-covid-royal-navy-b1883699.html>
(Royal Navy outbreak among 100% vaccinated sailors); and

151 Dead, 563 Hospitalized in Illinois Breakthrough COVID Cases (Illinois)



151 Dead, 563 Hospitalized in Illinois Breakthrough COVID Cases

A total of 151 people have died and more than 500 have been hospitalized in Illinois due to COVID-19 in “breakth...

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https://open.spotify.com/episode/27CRxt52ntiS79YsLI4b4V?si=IQcDoa5GQjmwutpL3aiUAg&dl_branch=1

A vaccine that is already calling for boosters at 6 months, cannot credibly be labelled an “effective” vaccine. **Indeed, it would not even last the full school year**. The vaccine program is proving to be a failure. Even success of the booster program is questionable. Although it is too early to judge the efficacy of Israel’s booster program, early data indicates **people are still getting infected after the third booster shot**. <https://www.timesofisrael.com/tv-14-israelis-who-got-3rd-shot-later-infected-with-covid-19/>

Based on the foregoing, the Board should decline to issue any mandates, albeit illegal, for COVID gene therapy injections for any school children at this time. It is premature.

Thank you for your consideration.

Sincerely,

Jean Shanley
SCUSD parent

From: Jean Shanley ✓
Sent: Tuesday, October 12, 2021 8:35 AM
To: SCUSD Public Comment
Subject: COVID Gene Therapy Injection Mandate - October 12, 2021 Board Meeting Public Comment #2

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Attention: SCUSD Board Members:

I submit this public comment in opposition to the premature mandate of COVID gene therapy injections for SCUSD children for the reasons stated below:

SCUSD Lacks Legal Authority

The SCUSD Board does not have legal authority to mandate COVID gene therapy injections.

1. EUA Status Prohibits Mandates on Public School Children

The COVID gene therapy injections are all under Emergency Use Authorization (EUA) status with the FDA for children, as well as adults. This means the products do not have final FDA approval. This is because the proper clinical research on safety and effectiveness has not been completed. The recent FDA approval of BionTech's Comirnaty gene therapy product does not apply here, as that product is not manufactured for sale in the US. There are no "FDA-approved" COVID gene therapy products available in the US. They are all EUA.

Section 564 of the Food, Drug, and Cosmetic Act ("FDCA"), 21 U.S.C. § 360bbb-3 outlines the parameters of EUA status. Specifically, section 564(e)(1)(A)(ii)(III) directs the FDA to impose conditions on an EUA "designed to ensure that individuals to whom the product is administered are **informed** . . . of the **option to accept or refuse** administration of the product, of the consequences, if any, of refusing administration of the product, and of the alternatives to the product that are available and of their benefits and risks." Therefore, public school children K-12 must, by law, have the **option to accept or refuse** the injections.

If this Board mandates the injections in the district and a student refuses them, what are their alternatives? It is not adequate to suggest that K-12 students can simply seek education elsewhere. They have a right to an equal education opportunity, under the Equal Protection clause of the Fourteenth Amendment to the Constitution. As state actors, public school districts may not deny students the "equal protection of the laws." Since they have a right to access education equally, they cannot be barred from the classroom for not agreeing to participate in an ongoing medical gene therapy experiment. Given the low case rates in the county, and in the district, and given the low risk of students for infection or transmission, and given the ineffectiveness of the injections, and given the existence of effective treatments, and given the alarming adverse events reported to CMS and VAERS, as well as globally, and given the recommendation of the WHO that it is too early to recommend these injections for all children, and given the recommendations of the JCVI committee in the UK to "take a precautionary approach" to these injections for children, and given that Governor Newsom has stated that the California

Department of Public Health (CDPH) won't mandate these injections statewide prior to full FDA approval, it is not "rational" to mandate these injections prior to further research and prior to FDA approval.

In an Attorney General slip opinion dated July 6, 2021 this issue was addressed, (<https://www.justice.gov/sites/default/files/opinions/attachments/2021/07/26/2021-07-06-mand-vax.pdf>), and the AG Opinion states that a mandate for an EUA product is legal where the individual has options to go elsewhere. For example, an employee may seek employment elsewhere. Or a university student may seek higher education elsewhere. In fact, the AG Opinion refers to university and employment as "desirable activities." But this does not apply in the situation of K-12 public school children. K-12 education is not a "desirable" activity, but rather it is **compulsory**. Students cannot be turned away. They can't skip school; they would be truants. If they are barred from free and equal access to public school education, they would be denied equal protection under the law, even under a "rational" basis of review, as explained above. The circumstances (safety, efficacy, lack of scientific consensus, low infection risk, etc) do not even meet the rational review standard.

Nor is it reasonable to force students who refuse to participate in an EUA gene therapy medical experiment to become "independent study" students. SCUSD acknowledged in its Return Together communications that "in-person instruction is important for students' academic, social and emotional growth and mental health." Just as it is not appropriate to tell disabled students that they have to do independent study, it is not appropriate to force students who desire to await FDA approval that they have to do independent study. Independent study is an option for families who **choose** that option, for reasons best known to them. Independent study is not to be used as a "solitary confinement" penalty for those who desire to exercise their rights under section 564(e)(1)(A)(ii)(III) to refuse to participate in an EUA medical experiment. Solitary confinement is a form of torture and it is not "rational" to impose that on students who believe it is sensible to follow the policy of CDPH to elect to wait for the EUA medical experiments to be completed, and final FDA approval granted, before they consent to receive gene therapy injections. Therefore, it is not "rational" for the SCUSD Board to banish students from classrooms who merely seek to comply with CDPH policy regarding these injections. In fact, it is so irrational one wonders what manner of political manipulation, pressure and profiteering could be underlying such a steamrolling of individual rights.

2. School Districts Do Not Have Authority to Add *New School Shots*

The California Health & Safety Code (HSC) states very clearly what shots kids need for school. HSC §120325 provides for 10 specifically enumerated immunizations in §120325(a)(1)-(10). Section 120325(a)(11) states that new immunizations may be added for "Any other disease deemed appropriate **by the department**, taking into consideration the recommendations of the Advisory Committee on Immunization Practices of the United States Department of Health and Human Services, the American Academy of Pediatrics, and the American Academy of Family Physicians." The HSC defines the department to mean CDPH. By statute, new immunizations may only be added by the CDPH.

Accordingly, there is a very specific process for adding new immunizations to the schedule set forth by the statute and regulations. This has not been followed. CDPH has not added the COVID-19 gene therapy injection immunization. On the contrary, Governor Newsom clearly announced that CDPH has no plans to add the COVID gene therapy injections to the schedule until final FDA approval, which of course makes sense.

By contrast, the process being followed here in Sacramento County has been rather peculiar. First, the Prosecutor decided to call a Grand Jury. In August, a Sacramento Grand Jury proceeding was held and a report was issued, which purported to draw a number of scientific conclusions based on newspaper articles, COVID case dashboards, school district reports and data from the AAP. Paradoxically, the report also claimed to rely on the Sacramento County Health Department order dated July 29, 2021 requiring all vaccinated people to mask

because the injections are ineffective at stopping transmission and they can still spread COVID despite having received the injections. Finally, the report referenced other county prevention programs and checklists. The report can be found here: <https://www.saccourt.ca.gov/grand-jury/docs/edu-covid-vaccine-mandate-investigation-report-210827.Pdf>

This report contains a number of flaws, including false and misleading statements and conclusions. The following are some highlights:

- a) The report wrongly states “On August 23, 2021, the FDA granted full approval to the Pfizer vaccine for those 16 and older.” This is false. All COVID gene therapy injections available in the US are still EUA. The FDA approved a BioNTech Comirnaty product that is not available for sale in the US, and may never come to market here because it would carry product liability for the manufacturer.
- b) Most disturbingly, the report contains no information or data whatsoever on either the safety or the efficacy of the COVID gene therapy injections for children, or any cost-benefit analysis that one would normally find as part of a competent public health analysis. The report declared the injections to be “highly effective”, without any reference to the growing body of evidence that there is significant vaccine failure, nationwide and globally. The report completely ignores safety.
- c) The report focuses heavily on “infection rates”, “cases”, and “positivity rates”, without discussion of severity of the cases. Sniffles and a cough do not warrant forcing children to participate in experimental medical trials.
- d) Incongruously, the report acknowledges hospitalization data from Sacramento County that indicates we were not anywhere near capacity and there was no basis for alarm or the immediate mandate of experimental medical trials for children.
- e) Regarding children in California, the report relied heavily on infection rates, but did not cover the more important information on hospitalizations or deaths. To date, the AAP data referenced indicates only 36 deaths in California children have been attributed to COVID, out of a total of 655,305 cases cumulatively since the beginning of the pandemic. This supports the general scientific consensus that, while we mourn these deaths and seek to find ways to support medically compromised children, this is not generally a worrisome illness for the overwhelming population of children. Nonetheless, the report then bizarrely concluded, with no data support, that children are uniformly a “vulnerable population” and that we must “keep them safe from serious illness.” Where is the data that there is any serious COVID illness in children? The AAP data referenced in the report does not support this:
<https://downloads.aap.org/AAP/PDF/AAP%20and%20CHA%20-%20Children%20and%20COVID-19%20State%20Data%20Report%209.30%20FINAL.pdf>
- f) The report stated herd immunity would only be reached through vaccination or natural immunity, but then summarily dismissed natural immunity without any analysis. The report contained no information on the number of people who have natural immunity. Then, the report weirdly concluded that injections were a better path to herd immunity than masks, although masks are not relevant to herd immunity.
- g) The report concluded that COVID infections in children were caused by lack of vaccination. It is not clear what science was used to draw this conclusion. On the contrary, a recent global study says highly vaccinated countries have higher rates of infection. And data from Israel, Iceland, Singapore support this conclusion as well.

See [Increases in COVID-19 are unrelated to levels of vaccination across 68 countries and 2947 counties in the United States - European Journal of Epidemiology](#); and

https://childrenshealthdefense.org/defender/fully-vaccinated-countries-highest-number-new-covid-cases/?utm_source=salsa&eType=EmailBlastContent&eId=465a4a08-cb61-4a94-849c-fb0368276918



Increases in COVID-19 are unrelated to levels of vaccination across 68 c...

Subramanian, S. V.

European Journal of Epidemiology -

h) The report wrongly concluded that injections would “significantly reduce transmission and slow disease spread by providing a significant portion of the population immunity from the disease.” But this gene therapy injection technology is **not designed** to stop or reduce transmission. It is only supposed to reduce symptoms. This statement is contrary to the science of these novel therapies. There are many scientists who will attest to this. Here is one – Dr. Christine Parks, who testified before the Michigan Senate. [Dr Christina Parks testimony for Michigan HB4471 on 8 19 21](#)



Dr Christina Parks testimony for Michigan HB4471 on 8 19 21

i) The report concluded that sports can't be played with masks on, so the “only solution” to ensure sports are provided safely is injections. But there was no discussion of the risks of injecting athletes with novel gene therapy injections that are not FDA approved. Where is the data that is “safe” for athletes, many of whom will want to compete in sports for college entry, and beyond. Peak physical condition is important for this population, and surely they have an interest in waiting for FDA approval of these novel products. Again, safety discussion was ignored.

j) Finally, the report wrongly concluded that remote classes are “an option” for students who choose not to undergo medical experimentation with non-FDA approved, non-CDPH approved gene therapy injections. This is ludicrous. This point is discussed in more detail in section 1 above.

To the extent the Board believes there are other statutory provisions that somehow usurp the fundamental California process of adding new immunizations for school, there is no statute that could be rationally construed to repeal or overrule HSC §120325. Other statutes such as HSC §120175.5 pertaining to local health officer authority in the event of communicable disease outbreaks, or Education Code §49403, could be construed to provide some authority to local health officers and school boards with regard to communicable disease management, including assistance with vaccination programs. But that is very different from fundamentally altering the list set forth in HSC §120325 by adding a new experimental childhood vaccine to the school schedule without FDA approval or CDPH participation or sanction. This end run around the rule of law cannot stand.

Any other statute should be construed **consistent with** HSC §120325, not as an implied repeal of the approval process that continues to reside with the CDPH, which clearly involves more attention to science and data than the Sacramento Grand Jury or the SCUSD Board are capable of performing.

Accordingly, for the reasons set forth above, the SCUSD Board should have no confidence that it has the legal authority to mandate non-FDA approved COVID gene therapy injections for all public school children. It does not.

Thank you for your consideration.

Jean Shanley
SCUSD parent

From: Jean Shanley
Sent: Monday, October 11, 2021 12:17 PM
To: SCUSD Public Comment
Subject: COVID Gene Therapy Injection Mandate - October 12, 2021 Board Meeting Public Comment #1

Warning! This message originates from OUTSIDE the District's email system. Please verify the sender and contents before opening attachments or clicking any links. Contact the Technology Services Help Desk at 916-643-9445 with any questions.

Attention: SCUSD Board Members:

I submit this public comment in opposition to the premature mandate of COVID gene therapy injections for SCUSD children for the reasons stated below:

LACK OF PUBLIC HEALTH AUTHORITY SUPPORT

Mandating this COVID gene therapy for all healthy children is CONTRARY to the advice of the World Health Organization (WHO) and the United Kingdom Joint Committee on Vaccination and Immunisation (JCVI).

World Health Organization (WHO)

Currently, the WHO does NOT recommend mandates of COVID gene therapy injections for healthy children. They state kids have mild disease. They state more evidence is needed, as clinical trials are not completed. They state that this therapy may be offered to HIGH RISK 12-15 year olds, and they will update their recommendations when clinical trials are completed.

Specifically, the WHO website specifically states:

"Children and adolescents tend to have milder disease compared to adults, so unless they are part of a group at higher risk of severe COVID-19, it is less urgent to vaccinate them than older people, those with chronic health conditions and health workers."

"More evidence is needed on the use of the different COVID-19 vaccines in children to be able to make general recommendations on vaccinating children against COVID-19."

"Children aged between 12 and 15 who are at HIGH RISK may be offered this vaccine alongside other priority groups for vaccination. Vaccine trials for children are ongoing and WHO will update its recommendations when the evidence or epidemiological situation warrants a change in policy."

The link to the relevant webpage is here:

**<https://www.who.int/emergencies/diseases/novel-coronavirus-2019/covid-19-vaccines/advice>
COVID-19 Vaccines Advice**



COVID-19 Vaccines Advice

United Kingdom Joint Committee on Vaccination and Immunisation (JCVI)

The JCVI issued a statement on September 3, 2021 that generally recommended AGAINST routine injection of healthy children because the RISK OF HARM is currently OUTWEIGHED by any marginal benefit the injections might offer. The JCVI only recommends these injections only for vulnerable children, in specific health compromised categories.

The JCVI explained:

"As evidence shows that COVID-19 rarely causes severe disease in children without underlying health conditions, at this time the JCVI's view is that the minimal health benefits of offering universal COVID-19 vaccination to children do not outweigh the potential risks."

"Almost all children and young people are at very low risk from COVID-19. Symptoms, when seen, are typically mild and fewer than 30 children have died because of COVID-19 in the UK as of March 2021."

The JCVI also questions the effectiveness of the injection against the Delta variant: "the committee is of the view that any impact on transmission may be relatively small, given the lower effectiveness of the vaccine against infection with the Delta variant."

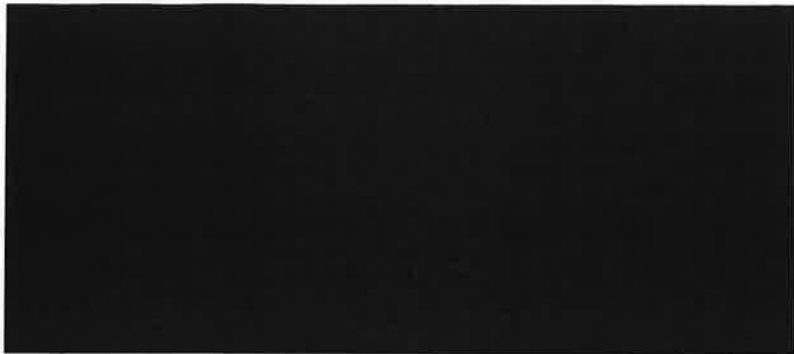
The JCVI referenced reports of heart inflammation and stated : "Until more safety data is available and has been evaluated, a precautionary approach is preferred."

The press release can be found here:

<https://www.gov.uk/government/news/jcvi-issues-updated-advice-on-covid-19-vaccination-of-children-aged-12-to-15>

The full report can be found at this link:

<https://www.gov.uk/government/publications/jcvi-statement-september-2021-covid-19-vaccination-of-children-aged-12-to-15-years/jcvi-statement-on-covid-19-vaccination-of-children-aged-12-to-15-years-3-september-2021?fbclid=IwAR3YXvEFEXgwlvXyoSSnvnFuSL2f3sW8I9hc1gAveObQwAbL1EKJdiELHYQ>
JCVI statement on COVID-19 vaccination of children aged 12 to 15 years: 3 September 2021



JCVI statement on COVID-19 vaccination of children aged 12 to 15 years: ...



JCVI statement on COVID-19 vaccination of children aged 12 to 15 years: ...

Accordingly, it is unreasonable to mandate these injections for all healthy children. Leading experts have stated there is insufficient scientific evidence to justify this at this time. While it may be advisable for vulnerable, at risk children to opt for the injections, there is no justification to mandate this for all healthy children at this time. More research is needed. The FDA has not approved these injections yet for children. They are still under Emergency Use Authorization. Children have mild disease. Any adults who come in contact with SCUSD children may protect themselves by receiving the injections. That is their reasonable remedy and path to "safety" for themselves. Adults should not use children as a "shield" against their own health concerns.

Thank you for your consideration.

**Jean Shanley
SCUSD parent**

From: thai le
Sent: Tuesday, October 12, 2021 12:05 AM
To: SCUSD Public Comment; Dr. Tiffany Smith-Simmons; David Van Natten; David Fisher
Subject: INCIDENT AT JFK HIGH SCHOOL REGARDING MISUNDERSTANDING AND FALSE ALLEGATION

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October 11, 2021

Dear Everyone,

I was a long-term substitute teacher at JFK HIGH for Ms. Samantha Walker. About three weeks ago, an unfortunate incident happened and a parent accused me of calling a student in my Period 3 Math 1 the N-word. The student is Shawn Hall. I talked with JFK principal Mr. VanNatten this morning and found out that it was not Shawn Hall's parent who called to complain about me but the parent of another student in the class who made the call. No one, especially the parent who made that call, had the right to complain without knowing the full story of exactly what happened that day. On that day, during Period 3, I handed a worksheet to Shawn Hall to do in class. He said something regarding the classwork; I can't remember what he said. But he included the N-word at the end of his sentence. I said to him, "Stop using that word 'nigger'" I realized I made a mistake in repeating the word he said. I did not call him the N-word; he probably misunderstood me. Immediately, he slammed a sealed package of Math 1 workbooks onto the floor and threatened to beat me up if I said that word again. I asked the campus monitor to take Shawn to the office. By the way, when I discussed the incident with Mr. VanNatten and Ms. Tiffany-Smith-Simmons, Director II of Human Resource Services, I forgot to mention one thing Shawn said to me a few days later. He said, "You don't like Black people huh?" He should ask some other Black students in my other periods to see if they agree with him. I have never used ethnic slurs towards anyone. I feel it is not right that I was released from my long-term assignment and also have not been able to sub at any other school in the district. I did not do anything wrong. The punishment I received was unjustified. I should still be able to work for the district. And if I don't get to work for SCUSD again, it's NOT like my teaching career is over. I don't need and I certainly don't want to work for any school district and people who don't value and support their hard-working, caring employees and decide to lay them off without finding out the truth of the matter.

Thai Le

From: Jean Shanley
Sent: Tuesday, October 12, 2021 2:39 PM
To: SCUSD Public Comment
Subject: COVID Gene Therapy Injection Mandate - October 12, 2021 Board Meeting Public Comment #7

Warning! This message originates from OUTSIDE the District's email system. Please verify the sender and contents before opening attachments or clicking any links. Contact the Technology Services Help Desk at 916-643-9445 with any questions.

Attention: SCUSD Board Members:

I submit this public comment in opposition to the premature mandate of COVID gene therapy injections for SCUSD children for the reasons stated below:

Evidence Emerging that COVID Vaccine Causes Innate Immune System Dysfunction

COVID gene therapy injections are very new, and they have not been studied adequately yet. Studies have not been conducted on the downstream consequences of the injections. For example, proper research should address whether unintended health consequences are resulting from the product. Even if a product is "successful" in preventing an infection as intended, this benefit may be outweighed by downstream negative consequences that are more severe than was the original infection risk. That is why extensive research is required to allow opportunity for any hidden negative consequences to express.

Research studies are now emerging that conclude that the mRNA technology is causing Toll Like Receptors to be suppressed in order to "trick" the body into accepting the new foreign synthetic genetic code insertion technology. The mRNA technology deliberately, by design, suppresses the natural immune system. These "Toll Like" receptors function as the "alarm signal" for the innate immune system. If they are shut down, the immune system will not naturally express when it should, allowing foreign invaders to enter the body and cause harm. If this resulting harm is greater than the risk of the original infection risk, the product is not justified. And since COVID is an easily treated illness, provided effective treatments are not suppressed for profiteering or political reasons, the risk of COVID infection for most people, especially children, would not outweigh the risk of shutting down the natural immune system permanently through genetic code tampering.

One study from Denmark concluded that the mRNA vaccine technology induces complex functional reprogramming of the innate immune system. The gene therapy injections cause the disruption of the natural immune system's ability to make cytokines, etc. to mount a response to a virus, cancer, etc. In the aftermath of this natural immune system reprogramming, cancers or viruses, etc. may emerge that otherwise would have stayed dormant and unexpressed.

This is very concerning research and vaccines should not be mandated while this research is ongoing. This is why it normally takes several years to bring a vaccine to market. This is even more true with novel "genetic reprogramming" technologies.

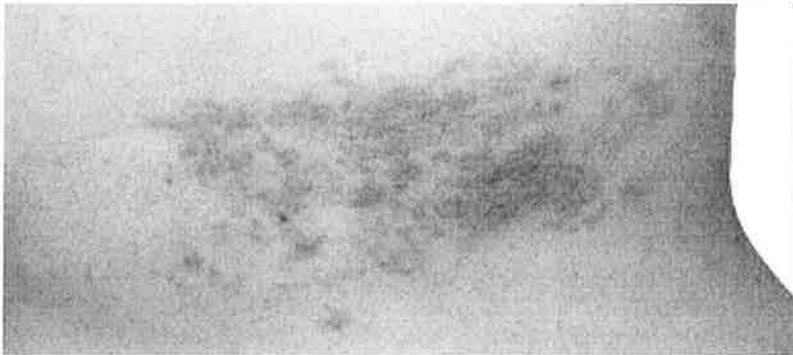
Europe PMC

Europe PMC

Europe PMC is an archive of life sciences journal literature.

In another study from JAMA, it found that shingles outbreaks were associated with Pfizer's product post-vaccination.

<https://www.rheumatologyadvisor.com/home/general-rheumatology/herpes-zoster-reactivation-covid19-vaccination-autoimmune-inflammatory-rheumatic/>
Herpes Zoster Reactivation After COVID-19 Vaccination Reported in Some Patients With Autoimmune Inflammatory Rheumatic Diseases



Herpes Zoster Reactivation After COVID-19 Vaccination Reported in Some P...

Study authors reported on the reactivation of herpes zoster following mRNA COVID-19 vaccination in some patients...

There is also an emerging body of observational data from physicians that they are seeing an increase in cancer diagnoses, and cancer reactivation, post vaccination. This data needs to be gathered and studied. The long term safety data for these vaccines needs to be explored and assessed prior to any mandate. Mandates are grossly premature.

Additionally, this immune system dysfunction post-injection could be the cause of, or a contributing factor for, why highly vaccinated countries have more upward spiraling pandemic infection problems. The population has a steadily declining natural immune system function.

Children should be entitled to receive an equal opportunity education, without being required to submit to experimental non-FDA approved COVID genetic modification injections. More research is needed to answer these questions. Once again, banishing children to solitary confinement" independent study is not a reasonable alternative for students who seek proper research studies.

Thanks you for your consideration.

Sincerely,

Jean Shanley
SCUSD parent