

Agenda Item:  
8.3 Update on Mandatory COVID-19 Vaccine for Eligible, Non-Exempt  
Students and Staff

Sacramento City Unified School District  
**Board of Education Meeting**

**November 4, 2021 Public Comments**

Name:	Katie Sinetos
Comment:	<p>My name is Katie Sinetos, I have been a parent of Sacramento City Unified School District since 2017. This is the first time I am reaching out, as it is the first time that I have questioned the reasonableness of the school board's decisions. This is also the first time that I have questioned administering a recommended vaccine to my child. With that said, my husband and I have never once worried about our child contracting the Measles at school or contracting Chickenpox at school; our child is vaccinated against these diseases, so it has not mattered whether or not the child next to her was also vaccinated. The COVID 19 "vaccine" does not offer us the same piece of mind as these previously mandated vaccines. We now know that the COVID 19 "vaccine" does not stop contraction or transmission of SARS-CoV-2. We also know that it has limited efficacy against the variants that we are now seeing. To mandate something that has proven to be nothing better than a Flu Shot for our children, which does not protect them from contracting or transmitting the virus begs the question: why mandate this now?</p> <p>The answer that I have received is, it limits their symptoms if they contract the virus. About contracting SARS-CoV-2, the CDC estimates that 40% of school aged children have already contracted the virus at some point, leaving them with the natural immunity they need to combat it in the future. Yet these children are still expected to vaccinate against something that they can already fight on their own. I don't know about you, but I grew up in the age of Chickenpox and if you had already had Chickenpox, you never worried about getting it again; our parents even had parties so the other kids in our neighborhood could just get it over with. When did the science of our natural immunity change?</p> <p>Recently, the FDA approved the COVID 19 "vaccine" for Emergency Use Authorization for school children. The CDC has estimated that 1 in 100,000 children have died from COVID 19. I agree with all parents, when I say even one child death is too many, however, this is less than the number of children that die each year from the Flu/Pneumonia, drowning and motor vehicles. For me, the best way to understand the risk of something I don't understand is to compare it to something I do understand; by these numbers, it shows that my child is more likely to die in a car accident on the way to school than of contracting SARS-CoV-2 at school. Given the unlikeliness of a child dying from COVID and the rareness of them developing MIS-C, does this virus constitute an emergency? I understand that for some children with underlying conditions, it may, but for most children it does not, so it becomes an abuse of the system to mandate it for all.</p>

VAERS shows that approximately 1 in 25,000 children are experiencing severe adverse events from the COVID 19 “vaccine”, including paralysis, Myocarditis, and death. This is the four times higher than the number of children that die from COVID. The difference is, if a child dies from the vaccine, especially if the family was coerced into administering it to the child, you can’t help but blame yourself for that decision. All our hearts must go out to families like that of Maddie De Garay, whose family believed they were making the right decision by getting her vaccinated, only to have their lives changed forever by the adverse events that followed. It is easy to look at that instance and claim how rare it is, until it happens to your child. Additionally, these are only the short-term adverse events that we are aware of. It is literally impossible for us to know the long-term effects that could be realized from this understudied vaccine. Only 5200 children (2200 in the 12-15 age group and 3000 in the 5-11 age group) participated in the not yet completed Pfizer clinical trials. Only about half of these children actually received the vaccine, the other half received a placebo. An additional 30% of the vaccinated children did not even receive the 2nd dose, why? We won’t know until the clinical trials have completed in 2023. After six months of data, the FDA approved this for our children. AFTER ONLY SIX MONTHS... on a group that would only equate to 6% of the size of our School District. Taking this data into consideration, if we forgo the mandates and every child in our district contracted SARS-CoV-2, zero of them would die. Alternatively, if every child in our district were mandated to receive the vaccine, two of them would have a severe adverse effect, including possibly death. Pfizer is not liable for deaths or adverse reactions to their vaccine. Pfizer is also not mandating the vaccine for their own employees. If the board continues with mandating this vaccine for our children, is the Sacramento City Unified School District, willing to be liable for these events and deaths? Which two children are you willing to sacrifice for the cause?

Some believe that if mandated, Federal Law, Title 21 U.S.C. Section 360bbb-3(e)(1)(A)(ii)(I-III) of the Federal Food, Drug, and Cosmetic Act is violated. I believe that the board has found a loophole by forcing mandatory testing for the unvaccinated in lieu of the vaccine or by offering long term distance learning for the unvaccinated. The problem with this logic is two-fold: First, if we factually know that both the vaccinated and unvaccinated can contract and transmit the virus, then all students should be tested not just the unvaccinated. If not required by all, despite both groups causing risk of transmission, the testing becomes merely a punishment to the unvaccinated students rather than a solution to the “problem”; something to annoy them weekly until they succumb to the pressure of being vaccinated against all logic and reason. Additionally, the testing itself is only authorized under EUA, so forcing it on our children is a violation of federal law and I will refuse weekly testing for my child. Second, the teachers, the district, and the board, have all advocated for our children to return to in person learning; stating it is better for our children’s emotional and educational well-being. To offer the unvaccinated an alternative that provides only a lesser education is concerning and disheartening to say the least. As educators, you should be ashamed to offer these forms of segregation to the unvaccinated. Have we not learned through our history, the impacts of separating the “clean” from the “unclean”? Is this not the very logic that we fought so hard to break away from more than 60 years ago?

Kaiser Permanente recently did a survey resulting in only 1/3 of parents stating they are willing to vaccinate their children with Pfizer’s COVID “vaccine”. After seeing firsthand, the turn-out at the capital on October 18, 2021, I believe this is an accurate account of parents against mandating this particular “vaccine”, if not an understatement.

If the district goes forward with the segregation and coercion of our children, in relation to mandating the COVID “vaccine”, we will pull them from the Sacramento City Unified School District. This will result in a loss of funding and faculty jobs, that will be detrimental to your survival. As educators, you need to ask yourself if you are willing to sacrifice 2/3 of your student body and potentially your jobs, for your political stance or for your alliance to your Governor, as this decision is nothing more than that. It does not “follow the science”, it is not supported by data, it is a gross overreach of control, it is attacking the medical freedoms of your community and it is putting your so-called beloved students at a greater risk across the board. Please stand with us and stop mandating the COVID “vaccine” until we have the needed information and data to make an informed consensual decision for our children’s health.

**FACTS TO CONSIDER:**

We cannot continue to make decisions based on information from 2019/2020; we must make evidence-based decisions with the current information we have now in 2021, which includes:

- More children have had COVID since Delta become predominant in July 2021
- The rate of serious disease has NOT increased even with Delta:
  - o Hospitalization rates are still 0.8%
  - o Death rates are still 0.01%
  - o MIS-C remains rare
- Child COVID cases have dropped since 9/2/21 – BEFORE most kids were eligible for the vaccine
- Because hospitalizations and deaths are so rare in kids, the vaccine could NOT show it was effective in reducing serious disease
- Of the 3000 vaccinated 5–11-year-olds in the trial, 1518 were followed for 2 months. 1500 for just 2.4 weeks. Long term adverse events are unknown. It was not until millions of doses were given to young males that Myocarditis was seen. If COVID-19 is not an emergency for most children, short- and long-term adverse vaccine effects must NOT be more serious than the infection itself.

	<p>- Natural immunity protects at least as well as vaccines but may increase the risk of adverse vaccine reactions. The 6.3 million US kids who have had COVID may be at increased risk for serious post-vaccine events. Natural immunity MUST count.</p>
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Speaking as: Parent/Guardian

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