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20 Attorneys for Plaintiffs

21 **UNITED STATES DISTRICT COURT**
22 **FOR THE CENTRAL DISTRICT OF CALIFORNIA**

23 AMERICA’S FRONTLINE
24 DOCTORS; Carly Powell;
25 Deborah Choi; L.O.; and A.B.,

26 *Plaintiffs,*

27 v.

28 KIM A. WILCOX, in his official
capacity as CHANCELLOR OF
THE UNIVERSITY OF

**First Amended Complaint for
Declaratory and Injunctive Relief**

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CALIFORNIA RIVERSIDE;
HOWARD GILLMAN, in his
official capacity as
CHANCELLOR OF THE
UNIVERSITY OF CALIFORNIA
IRVINE; CYNTHIA LARIVE, in
her official capacity as
CHANCELLOR OF
UNIVERSITY OF CALIFORNIA
SANTA CRUZ; GENE BLOCK,
in his official capacity as
CHANCELLOR OF
UNIVERSITY CALIFORNIA
LOS ANGELES; THE REGENTS
OF THE UNIVERSITY OF
CALIFORNIA, a Corporation;
MICHAEL V. DRAKE, in his
official capacity as President of the
UNIVERSITY OF CALIFORNIA;
and John and Jane Does 1-100,

Defendants.

Federal Jurisdiction pursuant to 28 U.S.C. §§ 1331, 1337, and 1343(a).

INTRODUCTION

Plaintiffs are students enrolled with the University of California (“UC”), which recently mandated Covid-19 vaccination upon them (even though Plaintiffs have already recovered swiftly from Covid-19 with natural immunity), and upon all other students attending UC. Plaintiffs continue to have robust natural immunity superior to the vaccine-induced immunological response now mandated by State Defendants.

Plaintiffs, and others similarly situated, can work with their healthcare providers to prove their natural immunity through accepted clinical definition and laboratory testing where indicated (“Prescreening”), including, but not

1 limited to, patient history, or a T-cell test. While Defendants recognize titers
2 prescreening for other viral infections targeted by vaccines (allowing naturally
3 immune students a medical exemption to vaccination)¹, Defendants arbitrarily
4 reject titers prescreening for Covid-19.

5 Covid-19 vaccination is classified as genetic medical intervention.² It
6 carries both known and unknown risk of harm to Plaintiffs and others, such as
7 serious illness and death.

8 Mandatory vaccination is a failed public health policy that fails every level
9 of judicial scrutiny. Together with the American people, Plaintiffs observe
10 Covid-19 vaccination actively harms public health. Covid-19 vaccines are gene
11 therapy, a type of medical treatment that has proven harmful. Covid-19 vaccines
12 do not prevent transmission of Covid-19. Defendants do not possess clear and
13 unquestionable authority of law to require that Plaintiffs be injected with this
14 biotechnology.

15 Natural immunity is a successful public health strategy that is currently
16 working in many other countries, and in many communities within the United
17 States.

18 Plaintiffs seek the issuance of an order to show cause, shifting the burden
19 to Defendants to prove that Defendants' decision to reject scientifically accepted
20 Prescreening methods meets a compelling State interest, and that such decision
21 to reject accepted Prescreening science is narrowly tailored to avoid unnecessary

22 ¹ See e.g., University of California (2017). *Medical Exemption Request*
23 *Form.* [https://www.ucop.edu/uc-](https://www.ucop.edu/uc-health/files/Medical%20Exemption%20Request%20Form%204-Vaccine.pdf)
24 [health/ files/Medical%20Exemption%20Request%20Form%204-Vaccine.pdf](https://www.ucop.edu/uc-health/files/Medical%20Exemption%20Request%20Form%204-Vaccine.pdf)
25 (“Titers for immunity to this disease”).

26 ² For clarity of reference, Plaintiffs are using the names given to the medical
27 products by their manufacturers and Defendants. However, Plaintiffs reject the
28 highly misleading use of the term "vaccine" to describe these medical products,
since they are not vaccines within the settled meaning of the term and, instead,
are more precisely described as a form of experimental genetic manipulation.

1 infringement upon Plaintiffs’ constitutional rights.

2 Plaintiffs further seek declaratory relief that Defendants’ unscientific
3 decision to reject Prescreening science, in order to unscientifically propagate
4 Defendants’ one-size-fits-all vaccine mandate, imminently threatens the lives of
5 Plaintiffs, and others, and unlawfully segregates them based on their Covid-19
6 Recovered medical condition and natural mRNA genetic status, which is an
7 unlawful infringement by Defendants upon Plaintiffs’ constitutional rights that
8 places Plaintiffs’ lives and public health in jeopardy.

9 Plaintiffs seek an injunction to restrain Defendants’ from utilizing the
10 discredited tools of coercion and segregation of natural peoples in violation of
11 federal law, including, but not limited to, Defendants’ unscientific one-size-fits-
12 all vaccine mandate where Defendants reject scientifically accepted Prescreening
13 methods, and, therefore, place Plaintiffs’ lives and public health in jeopardy.

14 **JURISDICTION AND VENUE**

15 **1.** This action asserts federal claims pursuant to 42 U.S.C. § 1983. This
16 Court has subject matter jurisdiction under 28 U.S.C. §§ 1331, 1337, and 1343(a).
17 The Court has additional remedial authority under 28 U.S.C. §§ 2201(a) and 2202.

18 **2.** Venue of this civil action in the Judicial District for the Central
19 District of California is proper pursuant to 28 U.S.C. § 1391 (b) (1) and (2). The
20 majority of Plaintiffs reside and attend higher education with the UC in this
21 district. Defendants maintain offices, exercise their authority in their official
22 capacities, and have taken the actions at issue in this matter in the Judicial District
23 for the Central District of California.

24 **PARTIES**

25 **3.** Plaintiff AMERICA’S FRONTLINE DOCTORS (“AFLDS”) is a
26 non-partisan, not-for-profit organization of hundreds of member physicians that
27 come from across the country (including California), representing a range of
28 medical disciplines and practical experience on the front lines of medicine.

1 AFLDS’s programs focus on a number of critical issues including:

- 2 • Providing Americans with science-based facts about COVID-19;
- 3 • Protecting physician independence from government overreach;
- 4 • Combating the “pandemic” using evidence-based approaches
- 5 without compromising constitutional freedoms;
- 6 • Fighting medical cancel culture and media censorship;
- 7 • Advancing healthcare policies that protect the physician-patient
- 8 relationship;
- 9 • Expanding COVID-19 treatment options for all Americans who
- 10 need them; and
- 11 • Strengthening the voices of frontline doctors in the national
- 12 healthcare conversation.

13 4. AFLDS’s core beliefs, shared by each of its member health care
14 professionals, include the following:

- 15 • That the American people have the right to accurate information
- 16 using trusted data derived from decades of practical experience, not
- 17 politicized science and Big Tech-filtered public health information.
- 18 • That critical public health decision-making should take place away
- 19 from Washington and closer to local communities and the
- 20 physicians that serve them. They are steadfastly committed to
- 21 protecting the physician-patient relationship.
- 22 • That frontline and actively practicing physicians should be
- 23 incorporated into the nation’s healthcare policy conversation.
- 24 • That safe and effective, over-the-counter Covid-19 preventative
- 25 and early treatment options should be made available to all
- 26 Americans who need them. They reject mandatory government
- 27 lockdowns and restrictions not supported by scientific evidence.
- 28 They support focused care for the nation’s at-risk population,

1 including seniors and the immunocompromised.

2 **5.** AFLDS, through its member physicians, is deeply committed to
3 maintaining the physician-patient relationship in the face of government
4 encroachment. AFLDS member physicians provide care to UC students (including
5 for example in Riverside County) directly impacted by the UC's Covid-19 vaccine
6 mandate, which is impairing physician-patient relationships, and the ability of the
7 patients to exercise informed consent/refusal without duress caused by the UC.

8 **6.** Each of AFLDS's member physicians is also deeply committed to the
9 guiding principle of medicine, "FIRST, DO NO HARM". They take gravely their
10 ethical obligations to their patients. It is axiomatic that a physician's duty is to his
11 or her patient.

12 **7.** AFLDS holds sacrosanct the relationship between doctor and patient
13 where truly informed decisions are to be made, taking into consideration all of the
14 factors relating to the patients' health, risks, co-morbidities and circumstances.

15 **8.** It is critical to point out that for AFLDS member physicians, the
16 practice of medicine is not simply a job. Neither is it merely a career. Rather, it is
17 a sacred trust. It is a true high calling that often requires a decade or more of highly
18 focused sacrificial dedication to achieve.

19 **9.** The types of harm the AFLDS member physicians are inevitably
20 subjected to by the UC's mandate to inject young people with the experimental
21 Covid-19 vaccine is truly irreparable. Such harm strikes at the moral and ethical
22 underpinnings of their calling as a physician and drives irreparable wedges into
23 the sacred doctor-patient relationship that cannot be healed and certainly cannot
24 be addressed with monetary damages.

25 **10.** Plaintiff Carly Powell ("Carly") is enrolled as an undergraduate
26 student at University of California, Riverside campus. She lives in a campus
27 apartment in Riverside. Carly is a Covid-19 Recovered person, having contracted
28 the virus in December 2020. Carly has joined her local chapter of AFLDS as a

1 non-physician Citizen Corps member. UC Riverside's implementation of the UC's
2 Covid-19 vaccine mandate has put Carly under duress and impaired her ability to
3 exercise informed consent/refusal of the Covid-19 vaccine with physicians of her
4 choice.

5 **11.** Plaintiff Deborah Choi ("Deborah") is enrolled as a law student at
6 University of California, Irvine campus. Deborah resides in Irvine, California,
7 which is located in Orange County. Deborah is a Covid-19 Recovered person,
8 having contracted the virus in November 2020. Deborah has joined her local
9 chapter of AFLDS as a non-physician Citizen Corps member. UC Irvine's
10 implementation of the UC's Covid-19 vaccine mandate has put Deborah under
11 duress and impaired her ability to exercise informed consent/refusal of the Covid-
12 19 vaccine with physicians of her choice.

13 **12.** Plaintiff L.O. ("LO") is enrolled as a graduate student at University
14 of California, Los Angeles campus. While attending school she lives in Los
15 Angeles. LO is a Covid-19 Recovered person, having recently contracted the virus.
16 LO has joined her local chapter of AFLDS as a non-physician Citizen Corps
17 member. UCLA's implementation of the UC's Covid-19 vaccine mandate has put
18 LO under duress and impaired her ability to exercise informed consent/refusal of
19 the Covid-19 vaccine.

20 **13.** Plaintiff A.B. ("AB") is enrolled as an undergraduate student at
21 University of California, Santa Cruz campus. She lives in Solano County. AB has
22 been exposed to Covid-19 and it stands to reason (see e.g., paragraph 38) she may
23 already be immune. She does not know yet whether she has natural immunity, but
24 she would choose to retain natural immunity rather than vaccinate. In that sense,
25 she is or will be a Covid-19 Recovered person. AB has joined her local chapter of
26 AFLDS as a non-physician Citizen Corps member. UC Santa Cruz's
27 implementation of the UC's Covid-19 vaccine mandate has put AB under duress
28 and impaired her ability to exercise informed consent/refusal of the Covid-19

1 vaccine.

2 **14.** Plaintiffs plead for relief, to be freed from Defendants’ tactics of
3 coercion and discrimination amounting to duress as a consequence of their
4 choice *not* to submit to the myriad risks of Covid-19 vaccine injury that
5 Defendants are unable to quantify.

6 **15.** Defendant Kim A. Wilcox (“Wilcox”) is the Chancellor of
7 University of California Riverside campus. Wilcox implements the Covid-19
8 vaccine mandate of the UC at the Riverside campus, including also Wilcox’s
9 approved coercion policies that he targets to the UC Riverside community. He is
10 being sued in his official capacity.

11 **16.** Defendant Howard Gillman (“Gillman”) is the Chancellor of
12 University of California Irvine campus. Gillman implements the Covid-19
13 vaccine mandate of the UC at the Irvine campus, including also Gillman’s
14 approved coercion policies that he targets to the UC Irvine community. He is
15 being sued in his official capacity.

16 **17.** Defendant Gene Block (“Block”) is the Chancellor of University of
17 California Los Angeles campus. Block implements the Covid-19 vaccine
18 mandate of the UCLA campus, including also Block’s approved coercion
19 policies that he targets to the UCLA community. He is being sued in his official
20 capacity.

21 **18.** Defendant Cynthia Larive (“Larive”) is the Chancellor of University
22 of California Santa Cruz campus. Larive implements the Covid-19 vaccine
23 mandate of the UC Santa Cruz campus, including also Larive’s approved
24 coercion policies that she targets to the UC Santa Cruz community. She is being
25 sued in her official capacity.

26 **19.** Defendant The Regents of the University of California (“UC”) is a
27 public legal entity, operating as a public university system in California with 10
28 campuses and more than 280,000 students. UC is a state-created, state-financed,

1 and state-run public trust education system, and, as such, it is subject to the
2 Fourteenth Amendment of the United States Constitution and Article IX, Section
3 9 of the California Constitution.

4 **20.** Defendant Michael V. Drake (“Drake”) is the president of the
5 University of California. He is being sued in his official capacity.

6 **21.** Defendants John and Jane Does 1-100 are, as yet, unknown persons.

7 **DEFENDANTS HARM PLAINTIFFS**

8 **22.** Defendants’ vaccination mandates, as referenced herein, constitute
9 state action taken under color of law. Defendants’ inability to quantify the
10 myriad risks of Covid-19 vaccine injury is not evidence of safety, but, rather, is
11 evidence of human medical experiment.

12 **23.** Plaintiffs have experienced concrete and particularized injuries-in-
13 fact that are both actual and imminent, including, but not limited to the
14 following: (a) Defendants are unconstitutionally coercing and segregating
15 Plaintiffs without scientific justification because Plaintiffs are exercising their
16 constitutional, and statutory, rights to decline involuntary injection of harmful
17 experimental drugs; (b) Defendants are engaged in unmitigated coercion to
18 subvert Plaintiffs’ absolute right to refuse to serve as subjects to unnecessary
19 medical experiments which are known to be dangerous, and even life-
20 threatening, and to be free of discrimination for exercising this right; and (c)
21 Plaintiffs experience certain and palpable threat of mandatory vaccination as
22 Defendants push unscientific fear (rather than mathematical and clinical facts)
23 upon Plaintiffs, and upon the public at large.

24 **24.** Just as Defendants performed a bait and switch in April and July
25 2021 (first claiming EUA vaccines would not be mandatory, then flip flopping to
26 make them mandatory), so too Defendants have laid the foundation for a bait and
27 switch in 2021-22 with religious exemptions, as follows on information and
28 belief: Defendants are presently offering some students a religious exemption to

1 vaccination that Defendants plan to unilaterally remove from students at
2 Defendants' earliest strategic opportunity, *after* Defendants have forced students
3 with religious exemptions to submit multiple Covid-19 test results to Defendants.
4 Defendants are heavily invested in a Covid-19 propaganda narrative that requires
5 and benefits from Defendants generating false positive test results (i.e., high
6 cycle PCR results known to be false positives)³ that Defendants can claim are
7 genuine positives (i.e., to justify Defendants' ongoing separate but equal school
8 policy).

9 **25.** Defendants' unscientific discrimination against unvaccinated Covid-
10 19 recovered students with superior immunity foreseeably places such students,
11 including Plaintiffs, under duress with respect to their exercise of informed
12 consent/refusal of Covid-19 vaccination. Among the duress techniques utilized
13 by Defendants are the following examples, which techniques are a pattern and
14 practice that Defendants tweak rapidly and dictate forcefully:

- 15 • Dictating that Covid-19 vaccinated students may breathe freely, but
16 unvaccinated Covid-19 recovered students with superior immunity can
17 only breathe as the UC and Chancellor authorize.
- 18 • Dictating that Covid-19 vaccinated students are presumed healthy, but
19 unvaccinated Covid-19 recovered students with superior immunity must
20 submit to PCR genetic testing (performed for example by forceful
21 penetration of the student's nasal cavity creating risk of serious harm) and
22 miscellaneous health examinations intruding student medical privacy.
- 23 • Dictating that Covid-19 vaccinated students may physically access classes
24 on campus, but unvaccinated Covid-19 recovered students with superior
25 immunity are denied access to the education (and the rights and services
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27 ³ Kostoff, R et al (2021). *Why are we vaccinating children gainst COVID-*
28 *19?* Toxicology Reports, Vol. 8, pp. 1665-1684, ISSN 2214-7500.
<https://www.sciencedirect.com/science/article/pii/S221475002100161X>.

1 that come with it, including healthcare) for which they have prepaid and
2 invested their livelihoods.

- 3 • Dictating Covid-19 vaccinated students may congregate normally, but
4 unvaccinated Covid-19 recovered students with superior immunity must
5 maintain 6-foot distancing from others, and be subjected to various
6 physical barriers.
- 7 • Distributing gifts, prizes, and incentives to Covid-19 vaccinated persons,
8 but isolating unvaccinated Covid-19 recovered students with superior
9 immunity.

10 All of the above techniques create an educational environment that is
11 separate, unequal, and discriminatory based on medical condition and genetic
12 status.

13 **26.** The unscientific rapid tweaking of Defendants’ vaccine mandates
14 also causes direct and unnecessary disruption of Plaintiffs’ doctor-patient
15 relationships, bodily integrity, education, and livelihood.

16 **COVID-19 VACCINATION RISK AND PRESCREENING**

17 **27.** The typical timeline of so-called ‘successful’ vaccine trials is 10-15
18 years, and most fail, such as an AIDS vaccine that unsuccessfully took about 35
19 years.⁴ That is not all ‘red tape’; rather, there are sequential steps that are
20 performed, including, for example, long term animal testing, fertility testing,
21 teratogenicity testing, and monitoring post-release. The first three datapoints
22 (listed immediately above) are not even known yet for the new vaccines, but the
23 post-release monitoring in the CDC database, the Vaccine Adverse Event
24 Reporting System (“VAERS”) already shows an exponential increase in vaccine-

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26 ⁴ National Institute of Allergy and Infectious Diseases (2018). *History of*
27 *HIV Vaccine Research*. [https://www.niaid.nih.gov/diseases-conditions/hiv-](https://www.niaid.nih.gov/diseases-conditions/hiv-vaccine-research-history)
28 [vaccine-research-history](https://www.niaid.nih.gov/diseases-conditions/hiv-vaccine-research-history).

1 related deaths over the previous year.⁵ Plaintiffs highlight this to emphasize that,
 2 in the strict scrutiny balancing test, the burden of proof must belong on the party
 3 calling for the medical intervention, or the deviation from the normal process,
 4 and all the more so if the medical intervention is brand new and still in medical
 5 trials (such as Covid-19 vaccines are).

6 **28.** Those individuals who have had, and, knowingly or unknowingly,
 7 recovered from the SARS-CoV-2 virus, or those individuals who currently have
 8 the virus, are herein collectively referred to as the “Covid-19 Recovered”. The
 9 medical trials for the Pfizer⁶, Moderna⁷, and Johnson & Johnson⁸ Covid-19

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 11
 12 ⁵ US Centers for Disease Control and Prevention. (2021). *Covid-19: Vaccine*
 13 *Adverse Event Reporting System*. <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/safety/vaers.html>

14 ⁶ <https://www.fda.gov/media/144412/download>
 15 <https://www.fda.gov/media/144246/download>
 16 <https://www.fda.gov/media/144245/download>
 17 <https://www.fda.gov/media/144413/download>
 18 <https://www.fda.gov/media/148542/download>
 19 [https://cdn.pfizer.com/pfizercom/2020-](https://cdn.pfizer.com/pfizercom/2020-11/C4591001_Clinical_Protocol_Nov2020.pdf)
 20 [11/C4591001_Clinical_Protocol_Nov2020.pdf](https://www.fda.gov/emergency-preparedness-and-response/coronavirus-disease-2019-covid-19/comirnaty-and-pfizer-biontech-covid-19-vaccine)
[https://www.fda.gov/emergency-preparedness-and-response/coronavirus-](https://www.fda.gov/emergency-preparedness-and-response/coronavirus-disease-2019-covid-19/comirnaty-and-pfizer-biontech-covid-19-vaccine)
[disease-2019-covid-19/comirnaty-and-pfizer-biontech-covid-19-vaccine](https://www.fda.gov/emergency-preparedness-and-response/coronavirus-disease-2019-covid-19/comirnaty-and-pfizer-biontech-covid-19-vaccine)

21 ⁷ <https://www.fda.gov/media/144434/download>
 22 <https://www.fda.gov/media/144452/download>
 23 [https://www.cdc.gov/vaccines/acip/recs/grade/covid-19-moderna-](https://www.cdc.gov/vaccines/acip/recs/grade/covid-19-moderna-vaccine.html)
 24 [vaccine.html](https://www.modernatx.com/sites/default/files/content_documents/Final%20mRNA-1273-P301%20Protocol%20Amendment%206%20-%2023Dec2020.pdf)
 25 [https://www.modernatx.com/sites/default/files/content_documents/Final%](https://www.modernatx.com/sites/default/files/content_documents/Final%20mRNA-1273-P301%20Protocol%20Amendment%206%20-%2023Dec2020.pdf)
[20mRNA-1273-P301%20Protocol%20Amendment%206%20-](https://www.modernatx.com/sites/default/files/content_documents/Final%20mRNA-1273-P301%20Protocol%20Amendment%206%20-%2023Dec2020.pdf)
[%2023Dec2020.pdf](https://www.modernatx.com/sites/default/files/content_documents/Final%20mRNA-1273-P301%20Protocol%20Amendment%206%20-%2023Dec2020.pdf)

26 ⁸ <https://www.fda.gov/media/146217/download>
 27 <https://www.fda.gov/media/146338/download>
 28 <https://www.fda.gov/media/146303/download>
<https://www.fda.gov/media/146219/download>

1 vaccines excluded the Covid-19 Recovered and many top publishing physicians⁹
 2 are proactively Prescreening patients to protect them if they are Covid-19
 3 Recovered. See, e.g., from Pfizer trial:

4 “5.2. Exclusion Criteria Participants are excluded from
 5 the study if any of the following criteria apply: ...
 6 Previous clinical (based on COVID-19 symptoms/signs
 7 alone, if a SARS-CoV-2 NAAT result was not available)
 8 or microbiological (based on COVID-19 symptoms/signs
 9 and a positive SARS-CoV-2 NAAT result) diagnosis of
 10 COVID-19.”

11 **29.** Emphasizing the importance of shifting the proof of safety burden to
 12 the State, emerging data establishes that vaccinating the Covid-19 Recovered
 13 causes an immediately higher death rate worldwide for no benefit¹⁰, as there is a
 14 much stronger (10-20x)¹¹ antibody response to the Covid-19 vaccine,

15 ⁹ <https://pubmed.ncbi.nlm.nih.gov/?term=Hooman+Noorchashm>
 16 <https://pubmed.ncbi.nlm.nih.gov/?term=+McCullough+PA>
 17 Siri, A (May 28, 2021). *Letter to CDC re CDC recommendations*
 18 *regarding the fully vaccinated.* [https://www.icandecide.org/wp-](https://www.icandecide.org/wp-content/uploads/2021/06/Letter-to-CDC-re-recovered-superior-to-vaccinated_2021_05_28.pdf)
 19 [content/uploads/2021/06/Letter-to-CDC-re-recovered-superior-to-](https://www.icandecide.org/wp-content/uploads/2021/06/Letter-to-CDC-re-recovered-superior-to-vaccinated_2021_05_28.pdf)
 20 [vaccinated_2021_05_28.pdf](https://www.icandecide.org/wp-content/uploads/2021/06/Letter-to-CDC-re-recovered-superior-to-vaccinated_2021_05_28.pdf).

21 ¹⁰ Our World in Data (2021). *Coronavirus: Data explorer.*
 22 <https://ourworldindata.org/explorers/coronavirus-data-explorer>

23 Bruno, R et al (2021). *SARS-CoV-2 mass vaccination: Urgent questions on*
 24 *vaccine safety that demand answers from international health agencies,*
 25 *regulatory authorities, governments and vaccine developers.* Authorea.
 26 <https://authorea.com/doi/full/10.22541/au.162136772.22862058>

27 Goldberg, Y (2021). *Protection of previous SARS-CoV-2 infection is*
 28 *similar to that of BNT162b2 vaccine protection: A three-month nationwide*
 29 *experience from Israel.* MedRxiv.
 30 <https://www.medrxiv.org/content/10.1101/2021.04.20.21255670v1>

31 ¹¹ Raw, R et al (2021). *Previous COVID-19 infection, but not Long-COVID,*
 32 *is associated with increased adverse events following BNT162b2/Pfizer*
 33 *vaccination.* J Infect 2021 Sep; 83(3): 381-412.
 34 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8164507/>

1 overwhelming the immune system, if a person has previously had the virus.
 2 Scientists and clinicians observing patients in real time are reporting the same
 3 phenomenon all over the world, as this representative example highlights:
 4 “People with prior COVID-19 illness appear to experience significantly
 5 increased incidence and severity of side effects after receiving the COVID-19
 6 vaccine”¹² Some of these increased side effects include: blood clots, hemorrhage,
 7 thrombocytopenia, heart attack, and strokes; reproductive issues, including
 8 menstrual irregularities, reduced fertility, miscarriages; transmission of spike
 9 protein from vaccinated individuals, such as through breast milk and associated
 10 risk in neonates and infants; neurological disorders, including Guillain-Barré
 11 syndrome, Bell’s Palsy, transverse myelitis and unspecified neurologic damage.

12 **30.** Despite the foregoing, Defendants issued an unscientific statewide
 13 UC mandate of Covid-19 vaccination without any accommodation for
 14 Prescreening. Defendants’ dogmatic reliance upon ‘CDC recommendations’ is
 15 not based on real time data, or on actual numbers. This explains why scientists
 16 and clinicians monitoring patients in real time are achieving superior health
 17 outcomes outside CDC recommendations, utilizing therapeutic protocols (such as
 18 ivermectin), and emphasizing the robustness of natural immunity. An example of
 19 this came recently from Dr. Marty Makary, a professor at the Bloomberg School
 20 of Public Health, who stated publicly that because “half the country” likely
 21 already have natural lifelong immunity to Covid-19, “I never thought I’d say
 22 this, but please ignore the CDC guidance.”¹³

23 _____
 24 ¹² Mathioudakis, A et al (2021). *Self-Reported Real-World Safety and*
 25 *Reactogenicity of COVID-19 Vaccines: A Vaccine Recipient Survey*. Life
 (Basel). 2021 Mar 17; 11(3):249. <https://pubmed.ncbi.nlm.nih.gov/33803014/>.

26 ¹³ Shiver, P (May 27, 2021). *John Hopkins professor says ‘ignore the CDC’*
 27 *– ‘natural immunity works’*. Blaze Media.
 28 <https://www.theblaze.com/news/johns-hopkins-professor-ignore-cdc-natural-immunity-works> (“Natural immunity works... We've got to start respecting

1 **31.** Whilst Defendants behave unscientifically (pretending that ‘science
2 is settled’ because the CDC ‘always knows best’), real scientists in this country,
3 as well as in other countries, are achieving consistently superior health outcomes
4 for patients by doing the opposite of the one-size-fits-all approach mandated by
5 Defendants. Indeed, Defendants’ position is novel and radical. Scientifically
6 accepted virology and immunology precepts¹⁴ hold that immunity from natural
7 infection is the best, most robust, and longest lasting way to deal with epidemics
8 such as Covid 19. **Defendants’ statements to the contrary are categorically**
9 **false**, and courts must not defer to false statements simply because some
10 government scientists argue for them, but, rather, courts must apply strict
11 scrutiny. See e.g., *Roman Catholic Diocese v. Cuomo*, No. 20A87, 2020 U.S.
12 LEXIS 5708, at *16 (Nov. 25, 2020) (Justice Gorsuch concurring, “Why have
13 some mistaken this Court’s modest decision in *Jacobson* for a towering authority
14 that overshadows the Constitution during a pandemic? In the end, I can only
15 surmise that much of the answer lies in a particular judicial impulse to stay out of
16 the way in times of crisis. But if that impulse may be understandable or even
17 admirable in other circumstances, we may not shelter in place when the
18 Constitution is under attack. Things never go well when we do.”) Plaintiffs’
19 constitutional rights are not subject to the luxury and disposal of the gaggle of
20 government scientists who have proven unable to actually follow the scientific
21 method requiring genuine study of unvaccinated control groups.

22 **32.** Early evidence supports that natural immunity with SARS-CoV-2 in
23 the unvaccinated will be lifelong. In still more emerging data, The Cleveland
24 _____
25 individuals who choose not to get the vaccine, instead of demonizing them.
26 There is more data on natural immunity than there is on vaccinated immunity,
because natural immunity has been around longer.”)

27 ¹⁴ Delves, P et al (2017). *Roitt’s Essential Immunology, 13th Edition*. Wiley-
28 Blackwell. [https://www.wiley.com/en-
us/Roitt%27s+Essential+Immunology%2C+13th+Edition-p-9781118415771](https://www.wiley.com/en-us/Roitt%27s+Essential+Immunology%2C+13th+Edition-p-9781118415771)

1 Clinic found the following: “Individuals who have had SARS-CoV-2 infection
 2 are unlikely to benefit from COVID-19 vaccination.”¹⁵ And no evidence about
 3 SARS-CoV-2 exists that suggests a deviation from the accepted science of
 4 natural immunity, let alone a radical departure from same. Natural immunity is
 5 routinely demonstrated by antibody testing as well as humoral immunity (i.e., T-
 6 cell, plasma). Evidence includes prior infection¹⁶ with SARS-CoV-1¹⁷
 7 (approximately 18 years ago¹⁸), which is approximately 78% identical to SARS-
 8 Cov-2, whereby natural immunity is still robust against current SARS-CoV-2.
 9 There is **NO** evidence to support the argument that the Covid-19 Recovered lose
 10 their immunity. In fact, there is evidence of the opposite.¹⁹ Lifetime immunity²⁰
 11 is anticipated. In a top scientific journal, the Lancet, we read about the well-

12
 13 ¹⁵ Shrestha, N (June 19, 2021). *Necessity of COVID-19 vaccination in*
 14 *previously infected individuals*. MedRxiv.
<https://www.medrxiv.org/content/10.1101/2021.06.01.21258176v3>.

15 ¹⁶ Doshi, P (2020). *Covid-19: Do many people have pre-existing immunity?*
 16 *BMJ* 2020;370:m3563. <https://www.bmj.com/content/370/bmj.m3563>.

17 ¹⁷ Le Bert, N (2020). *SARS-CoV-2-specific T cell immunity in cases of*
 18 *COVID-19 and SARS, and uninfected controls*. *Nature* 2020 Aug;584(7821):457-
 19 462. <https://pubmed.ncbi.nlm.nih.gov/32668444/>.

20 ¹⁸ UW Medicine (2020). *Antibody neutralizes SARS and COVID-19*
 21 *coronaviruses*. News Release. [https://newsroom.uw.edu/news/antibody-](https://newsroom.uw.edu/news/antibody-neutralizes-sars-and-covid-19-coronaviruses)
[neutralizes-sars-and-covid-19-coronaviruses](https://newsroom.uw.edu/news/antibody-neutralizes-sars-and-covid-19-coronaviruses).

22 ¹⁹ Haveri, A (2021). *Persistence of neutralizing antibodies a year after*
 23 *SARS-CoV-2 infection in humans*. *Eur. J. Immunol.* 2021. 0: 1-12.
 24 <https://onlinelibrary.wiley.com/doi/epdf/10.1002/eji.202149535>.

25 ²⁰ Block, J. (2021). *Vaccinating people who have had covid-19: why doesn't*
 26 *natural immunity count in the US?* *BMJ* 2021;374:n2101.
<https://www.bmj.com/content/374/bmj.n2101>.

27 ²⁰ Callaway, E (May 26, 2021). *Had COVID? You'll probably make*
 28 *antibodies for a lifetime*. *Nature*. [https://www.nature.com/articles/d41586-021-](https://www.nature.com/articles/d41586-021-01442-9)
[01442-9](https://www.nature.com/articles/d41586-021-01442-9).

1 powered SIREN study: “The findings of the authors suggest that infection and
 2 the development of an antibody response provides protection similar to or even
 3 better than currently used SARS-CoV-2 vaccines. ... The SIREN study adds to a
 4 growing number of studies which demonstrate that infection does protect against
 5 reinfection.”²¹ Defendants can cite to no statistically significant evidence that
 6 Covid-19 Recovered persons are at any risk whatsoever of reinfection or
 7 transmission, let alone greater risk than Covid-19 vaccinated persons.

8 **33.** Public health has always acknowledged this basic fact of
 9 immunology²² - that immunity from natural infection is the best, most robust, and
 10 longest lasting. By screening for prior immunity, the Covid 19 Recovered will be
 11 protected from the medical harm caused by unnecessary vaccinations. Examples
 12 of this include measles, mumps, rubella, hepatitis B, hepatitis A, chickenpox, and
 13 others. If a prior immunity exists, then no shot is indicated, because risk without
 14 reward is not good medicine. Medical practice in general prescreens to determine
 15 risk versus reward. Medicine does not (or should not) push one-size-fits-all with
 16 drugs, such that any attempt to force one-size-fits-all vaccination upon Plaintiffs
 17 does not satisfy logic, proper medical procedures, or constitutional strict scrutiny.

18 **34.** While Defendants recognize titers prescreening for other viral
 19 infections targeted by vaccines (allowing naturally immune students a medical
 20 exemption to vaccination)²³, Defendants arbitrarily reject titers prescreening for

21 _____
 22 ²¹ Krammer, F (April 17, 2021). *Comment: Correlates of protection from*
 23 *SARS-CoV-2 infection*. The Lancet. Vol 397, Issue 10283, P1421-1423.
 24 [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(21\)00782-0/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(21)00782-0/fulltext).

25 ²² Delves, P et al (2017). *Roitt's Essential Immunology, 13th Edition*. Wiley-
 26 Blackwell. <https://www.wiley.com/en-us/Roitt%27s+Essential+Immunology%2C+13th+Edition-p-9781118415771>.

27
 28 ²³ See e.g., University of California (2017). *Medical Exemption Request Form*. <https://www.ucop.edu/uc->

1 Covid-19.

2 **35.** Once natural immunity is present, artificial immunity (vaccination)
3 is not indicated because it poses risk to vaccinate the immune. Besides being
4 unduly taxing on the body, there is the potential to dangerously induce Antibody
5 Dependent Enhancement (ADE).²⁴ Defendants' one-size-fits-all vaccine mandate
6 completely ignores this accepted science that protects Plaintiffs.²⁵

7 **36.** Because vaccinating the immune is well known to be both
8 unnecessary and potentially dangerous, public health vaccination programs have
9 always included a standardized prescreening process. This same process should
10 be all the more indicated with the new Covid-19 vaccines, which have, in
11 addition to the above general risks, definite and specific heightened risk,
12 including death, as stated above for Covid-19 Recovered individuals.

13 **37.** Prescreening must be instituted at once. Because there is evidence
14 of severe higher risk, and because Covid-19 vaccination is a new agent,
15 prescreening must be as robust as possible, including ruling out: current
16 infection, recent past infection (i.e., antibody testing), and older past infection
17 (i.e., T-detect, humoral immunity). This is accomplished by doctors in all the

18 _____
19 [health/ files/Medical%20Exemption%20Request%20Form%204-Vaccine.pdf](#)
20 (“Titers for immunity to this disease”).

21 ²⁴ Morens DM (1994). *Antibody-dependent enhancement of infection and the*
22 *pathogenesis of viral disease*. Clin Infect Dis. 1994 Sep;19(3):500-12.
23 <https://pubmed.ncbi.nlm.nih.gov/7811870/>.

24 ²⁵ For example, antibodies to a specific portion of a pathogenic complex can
25 be enhanced and activated when exposed in high concentration in the future. This
26 phenomenon is common in such infections as Dengue, HIV, SARS, and Ebola.
27 In the case of human coronaviruses, the worst-case scenario, immunologically,
28 would be when cross-reactive memory antibodies to related coronaviruses would
not only be non-protective but would worsen the infection and the clinical
course. Such a phenomenon of antibody dependent enhancement (ADE) has
already been described in several viral infections.

1 traditional ways, such as taking a thorough patient history, and blood testing
 2 where indicated. The journal Nature²⁶ states: “A detrimental effect linked to pre-
 3 existing immunity is eminently testable and would be revealed by the same
 4 COVID-19 cohort and vaccine studies proposed above.”

5 **38.** According to Physicians for Informed Consent, “As of July 1, 2021,
 6 about 53.8% of the 330 million people living in the U.S. have been infected with
 7 SARS-CoV-2. Because the COVID-19 IFR is 0.35%, and at that time there were
 8 621,000 COVID-19 deaths, that equates to 177.4 million SARS-CoV-2
 9 infections (621,000/0.35%).”²⁷ Now that we’re in October 2021, this number
 10 exceeds 200 million people.

11 MANDATORY VACCINATION FAILS

12 **39.** Mandatory vaccination is a failed public health policy that fails
 13 every level of judicial scrutiny.

14 **a.** For the affected student Plaintiffs in this case, the survival rate for Covid-
 15 19 is as follows: age 18-49 (99.97%).²⁸

16
 17 ²⁶ Sette, A., Crotty, S. (2020). *Pre-existing immunity to SARS-CoV-2: the*
 18 *knowns and unknowns*. Nat Rev Immunol 20, 457–458.
 19 <https://www.nature.com/articles/s41577-020-0389-z>.

20 ²⁷ Physicians for Informed Consent (2021). *SARS-CoV-2 COVID-19: What*
 21 *You Need To Know*. [https://physiciansforinformedconsent.org/wp-](https://physiciansforinformedconsent.org/wp-content/uploads/2021/08/PIC-COVID-19-Disease-Information-Statement-DIS-August-2021.pdf)
 22 [content/uploads/2021/08/PIC-COVID-19-Disease-Information-Statement-DIS-](https://physiciansforinformedconsent.org/wp-content/uploads/2021/08/PIC-COVID-19-Disease-Information-Statement-DIS-August-2021.pdf)
 23 [August-2021.pdf](https://physiciansforinformedconsent.org/wp-content/uploads/2021/08/PIC-COVID-19-Disease-Information-Statement-DIS-August-2021.pdf).

24 ²⁸ Reese, H. et al (November 25, 2020). *Estimated Incidence of Coronavirus*
 25 *Disease 2019 (COVID-19) Illness and Hospitalization—United States,*
 26 *February–September 2020*. Clinical Infectious Diseases, Volume 72, Issue 12,
 27 15 June 2021, Pages e1010–e1017. <https://doi.org/10.1093/cid/ciaa1780>.

28 US Centers for Disease Control and Prevention (2021). *Weekly updates by*
select demographic and geographic characteristics: provisional death counts for
coronavirus disease (COVID-19).
https://www.cdc.gov/nchs/nvss/vsrr/covid_weekly/index.htm#AgeAndSex.

- 1 **b.** These naturally immune students are in the class of persons who are least
 2 likely to transmit the virus to others. Vaccinated students are more likely
 3 to transmit the virus to others.²⁹
- 4 **c.** Data from multiple nations shows Covid-19 vaccines are failing against
 5 the Delta strain of SARS-CoV-2,^{30,31} which is the dominant (>99%) strain
 6 throughout the United States.³²
- 7 **d.** The CDC Director acknowledged that the Covid-19 vaccines do not
 8 prevent infection or transmission of Covid-19: “what the vaccines can’t do
 9 anymore is prevent transmission.”³³ Regarding clinical trial data showing
 10 absolute risk reduction of the vaccine to Covid-19, a vaccinated person is
 11 still 99% as likely to catch Covid-19 as they were before being vaccinated
 12 (99.2% in the case of Pfizer).³⁴ The government’s claimed benefit of the

13 _____
 14 ²⁹ Keehner, J et al (2021). *Resurgence of SARS-CoV-2 Infection in Highly*
 15 *Vaccinated Health System Workforce*. N Engl J Med 2021; 385:1330-1332.
 16 <https://www.nejm.org/doi/full/10.1056/NEJMc2112981>.

17 ³⁰ Liu, Y et al (2021). *The SARS-CoV-2 Delta variant is poised to acquire*
 18 *complete resistance to wild-type spike vaccines*. BioRxiv.
 19 <https://www.biorxiv.org/content/10.1101/2021.08.22.457114v1.full.pdf>.

20 ³¹ Delaney, P (October 6, 2021). *Brief video illustrates dramatic spikes in*
 21 *COVID-19 deaths after jabs in 40 nations*. LifeSite News.
 22 [https://www.lifesitenews.com/news/brief-video-illustrates-dramatic-spikes-in-](https://www.lifesitenews.com/news/brief-video-illustrates-dramatic-spikes-in-covid-19-deaths-following-jabs-in-40-nations/)
 23 [covid-19-deaths-following-jabs-in-40-nations/](https://www.lifesitenews.com/news/brief-video-illustrates-dramatic-spikes-in-covid-19-deaths-following-jabs-in-40-nations/).

24 ³² US Centers for Disease Control and Prevention (2021). *COVID Data*
 25 *Tracker*. <https://covid.cdc.gov/covid-data-tracker/#variant-proportions>.

26 ³³ CNN (August 5, 2021). *The Situation Room, interview with CDC Director*
 27 *Walensky*. <https://twitter.com/CNNSitRoom/status/1423422301882748929>.

28 ³⁴ Olliaro P et al (July 2021). *COVID-19 vaccine efficacy and effectiveness-*
 the elephant (not) in the room. Lancet Microbe. 2021;2(7):e279-e280.
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8057721/>.

1 Covid-19 vaccine is that it may reduce symptoms of those who are
 2 infected by SARS-CoV-2, but not transmission of the virus. Therefore,
 3 Covid-19 vaccines are treatments, explaining why the CDC changed its
 4 definition of “vaccine” in August 2021 from “the act of introducing a
 5 vaccine into the body to produce immunity to a specific disease” to “the
 6 act of introducing a vaccine into the body to produce protection to a
 7 specific disease.”³⁵

8 **40.** In our system of law, the government’s claimed power to mandate
 9 vaccination was derived from (and remains subservient to) the police power,
 10 which itself was derived from (and remains subservient to) the right of self-
 11 defense that the American people gave to government. As objectively viewed
 12 data shows vaccination actively harms public health, the State also logically
 13 lacks police power to mandate vaccination under color of law, there being no
 14 ‘self-defense’ justification for actively harming the American people. The right
 15 of self-defense is invoked in this case to further inform the right to 14th
 16 Amendment bodily integrity, a right that is squarely oriented in favor of the
 17 unvaccinated.

18 **41.** Natural immunity is a successful public health strategy that is
 19 currently working in many other countries, and in many communities within the
 20 United States.

21 PANDEMIC OF THE VACCINATED

22 **42.** Together with the American people, Plaintiffs observe Covid-19
 23 vaccination actively harms public health. Some representative examples:

- 24 **a.** “Based on this data it is all but a certainty that mass COVID-19
 25 immunization is hurting the health of the population in general. Scientific
 26

27 ³⁵ Attkisson, S (September 8, 2021). *CDC changes definition of “vaccines”*
 28 *to fit Covid-19 vaccine limitations.* <https://sharylattkisson.com/2021/09/read-cdc-changes-definition-of-vaccines-to-fit-covid-19-vaccine-limitations/>.

1 principles dictate that the mass immunization with COVID-19 vaccines
 2 must be halted immediately because we face a looming vaccine induced
 3 public health catastrophe.”³⁶

- 4 **b.** “As a dedicated virologist and vaccine expert I only make an exception
 5 when health authorities allow vaccines to be administered in ways that
 6 threaten public health, most certainly when scientific evidence is being
 7 ignored. The present extremely critical situation forces me to spread this
 8 emergency call. As the unprecedented extent of human intervention in the
 9 Covid-19- pandemic is now at risk of resulting in a global catastrophe
 10 without equal, this call cannot sound loudly and strongly enough....
 11 Sufficient scientific evidence has been brought to the table. Unfortunately,
 12 it remains untouched by those who have the power to act. How long can
 13 one ignore the problem when there is at present massive evidence that
 14 viral immune escape is now threatening humanity? We can hardly say we
 15 didn't know - or were not warned. In this agonizing letter I put all of my
 16 reputation and credibility at stake.”³⁷
- 17 **c.** A study of a Covid-19 outbreak in July 2021 published in Eurosurveillance
 18 observed that 100% of severe, critical, and fatal cases of Covid-19
 19 occurred in vaccinated individuals. The authors stated that the study
 20 "challenges the assumption that high universal vaccination rates will lead
 21

22 ³⁶ Classen B (August 25, 2021). *US COVID-19 Vaccines Proven to Cause*
 23 *More Harm than Good Based on Pivotal Clinical Trial Data Analyzed Using the*
 24 *Proper Scientific Endpoint, “All Cause Severe Morbidity”*. Trends Int Med.
 25 2021; 1(1): 1-6. [https://www.scivisionpub.com/pdfs/us-covid19-vaccines-](https://www.scivisionpub.com/pdfs/us-covid19-vaccines-proven-to-cause-more-harm-than-good-based-on-pivotal-clinical-trial-data-analyzed-using-the-proper-scientific--1811.pdf)
[proven-to-cause-more-harm-than-good-based-on-pivotal-clinical-trial-data-](https://www.scivisionpub.com/pdfs/us-covid19-vaccines-proven-to-cause-more-harm-than-good-based-on-pivotal-clinical-trial-data-analyzed-using-the-proper-scientific--1811.pdf)
[analyzed-using-the-proper-scientific--1811.pdf](https://www.scivisionpub.com/pdfs/us-covid19-vaccines-proven-to-cause-more-harm-than-good-based-on-pivotal-clinical-trial-data-analyzed-using-the-proper-scientific--1811.pdf).

26 ³⁷ Vanden Bossche, G (2021). *Mass infection prevention and mass*
 27 *vaccination with leaky Covid-19 vaccines in the midst of the pandemic can only*
 28 *breed highly infectious variants*. Open Letter to World Health Organization.
<https://www.geertvandenbossche.org/>.

1 to herd immunity and prevent COVID-19 outbreaks."³⁸

2 **d.** In the heavily vaccinated State of Vermont, 76% of deaths are among the
3 vaccinated.³⁹

4 **e.** A CDC investigation of an outbreak in Barnstable County, Massachusetts,
5 between July 6 through July 25, 2021, found 74% of those who received a
6 diagnosis of Covid-19, and 80% of hospitalizations, were among the fully
7 vaccinated, as most (but not all), had the Delta variant of the virus (note:
8 since the County did not have a population that was 74% fully Covid-19
9 vaccinated, this would mean the vaccines *increase* the odds of being
10 infected with Covid-19).⁴⁰

11 **f.** Scientists and clinicians monitoring patients in real time are achieving
12 superior health outcomes than CDC recommendations, utilizing
13

14 ³⁸ Pnina, S. et al (September 23, 2021). *Nosocomial outbreak caused by the*
15 *SARS-CoV-2 Delta variant in a highly vaccinated population, Israel, July*
16 *2021*. Euro Surveill. 2021;26(39):pii=2100822. [https://doi.org/10.2807/1560-](https://doi.org/10.2807/1560-7917.ES.2021.26.39.2100822)
17 [7917.ES.2021.26.39.2100822](https://doi.org/10.2807/1560-7917.ES.2021.26.39.2100822).

18 ³⁹ Page, G. (September 30, 2021). *76% of September Covid-19 deaths are*
19 *vax breakthroughs*. The Vermont Daily
20 Chronicle. [https://vermontdailychronicle.com/2021/09/30/76-of-september-](https://vermontdailychronicle.com/2021/09/30/76-of-september-covid-19-deaths-are-vaxxed-breakthroughs/)
21 [covid-19-deaths-are-vaxxed-breakthroughs/](https://vermontdailychronicle.com/2021/09/30/76-of-september-covid-19-deaths-are-vaxxed-breakthroughs/) ("Just eight of the 33 Vermonters
22 who died of Covid-19 in September were unvaccinated, the Vermont Department
23 of Heath said Wednesday.")

24 ⁴⁰ Brown CM, et al. (July 2021). *Outbreak of SARS-CoV-2 Infections,*
25 *Including COVID-19 Vaccine Breakthrough Infections, Associated with Large*
26 *Public Gatherings — Barnstable County, Massachusetts, July 2021*. MMWR
27 Morb Mortal Wkly Rep 2021;70:1059-
28 1062. [https://www.cdc.gov/mmwr/volumes/70/wr/mm7031e2.htm?s_cid=mm70](https://www.cdc.gov/mmwr/volumes/70/wr/mm7031e2.htm?s_cid=mm7031e2_w)
[31e2_w](https://www.cdc.gov/mmwr/volumes/70/wr/mm7031e2.htm?s_cid=mm7031e2_w).

Lovelace, B (July 30, 2021). *CDC study shows 74% of people infected in*
Massachusetts Covid outbreak were fully vaccinated. CNBC
News. [https://www.cnbc.com/2021/07/30/cdc-study-shows-74percent-of-people-](https://www.cnbc.com/2021/07/30/cdc-study-shows-74percent-of-people-infected-in-massachusetts-covid-outbreak-were-fully-vaccinated.html)
[infected-in-massachusetts-covid-outbreak-were-fully-vaccinated.html](https://www.cnbc.com/2021/07/30/cdc-study-shows-74percent-of-people-infected-in-massachusetts-covid-outbreak-were-fully-vaccinated.html).

1 therapeutic protocols (such as ivermectin)⁴¹, and emphasizing the
 2 robustness of natural immunity. An example of this came recently from
 3 Dr. Marty Makary, a professor at the Bloomberg School of Public Health,
 4 who stated publicly that because “half the country” likely already have
 5 natural lifelong immunity to Covid-19, “I never thought I’d say this, but
 6 please ignore the CDC guidance.”⁴²

7 **g.** On August 1, 2021, the director of Israel’s Public Health Services
 8 announced half of all Covid-19 infections were among the fully
 9 vaccinated.⁴³

10 **h.** On August 5, 2021, the director of the Herzog Hospital in Jerusalem
 11 appeared on Channel 13 News, reporting that 95% of severely ill Covid-19
 12 patients are fully vaccinated, and that they make up 85% to 90% of Covid-
 13 19 related hospitalizations overall.⁴⁴

14 **i.** In Scotland, official data on hospitalizations and deaths show 87% of those
 15 who have died from Covid-19 in the third wave that began in early July

16 ⁴¹ CovidAnalysis (October 13, 2021). *COVID-19 early treatment: real-time*
 17 *analysis of 1,017 studies*. <https://c19early.com/>.

18 ⁴² Shiver, P. (May 2021). *John Hopkins professor says 'ignore the CDC' -*
 19 *'natural immunity works'*. Blaze Media. [https://www.theblaze.com/news/johns-](https://www.theblaze.com/news/johns-hopkins-professor-ignore-cdc-natural-immunity-works)
 20 [hopkins-professor-ignore-cdc-natural-immunity-works](https://www.theblaze.com/news/johns-hopkins-professor-ignore-cdc-natural-immunity-works) (“Natural immunity
 21 works... We've got to start respecting individuals who choose not to get the
 22 vaccine, instead of demonizing them. There is more data on natural immunity
 23 than there is on vaccinated immunity, because natural immunity has been around
 longer.”)

24 ⁴³ Bloomberg News (August 1, 2021). *Israel sees waning coronavirus*
 25 *vaccine effectiveness*. [https://www.bostonglobe.com/2021/08/01/nation/israel-](https://www.bostonglobe.com/2021/08/01/nation/israel-sees-waning-coronavirus-vaccine-effectiveness/)
 sees-waning-coronavirus-vaccine-effectiveness/.

26 ⁴⁴ Fleetwood, J. (August 8, 2021). *Vaxxed Make Up '85-90% of the*
 27 *Hospitalizations' from Covid Infection in Israel: Dr. Kobi Haviv*. American
 28 Faith. [https://americanfaith.com/vaxxed-make-up-85-90-of-the-hospitalizations-](https://americanfaith.com/vaxxed-make-up-85-90-of-the-hospitalizations-from-covid-infection-in-israel-dr-kobi-haviv/)
 from-covid-infection-in-israel-dr-kobi-haviv/.

1 were vaccinated.⁴⁵

2 **j.** Project Veritas continues to expose undercover video and emails from US
3 health agencies and vaccine manufacturers confirming⁴⁶ that (1) vaccine
4 injuries are underreported because vested interests want to “shove it under
5 the mat”,⁴⁷ (b) vaccine tracking is implemented in a fascist manner, (c)
6 vaccination is both unnecessary and harmful, (d) natural immunity is
7 superior to vaccination, and (e) vaccine manufacturers actively conceal
8 from the public the use of aborted fetuses to develop vaccines.

9 **k.** Emerging evidence from independent laboratory scientists reveals
10 undisclosed harmful ingredients in vaccine vials. Independent scientists
11 are also publishing real time reports on the catastrophic injury and death
12 rates caused by Covid-19 vaccination,⁴⁸ proving that the real threat to

13
14 ⁴⁵ Daily Expose (July 29, 2021). *Exclusive - Covid-19 are rising and official*
15 *data shows 87% of the people who have died were vaccinated.* Daily Expose.
16 [https://dailyexpose.co.uk/2021/07/29/87-percent-covid-deaths-are-vaccinated-](https://dailyexpose.co.uk/2021/07/29/87-percent-covid-deaths-are-vaccinated-people/)
17 [people/](https://dailyexpose.co.uk/2021/07/29/87-percent-covid-deaths-are-vaccinated-people/); see also Daily Expose (September 8, 2021). *80% of Covid-19 deaths in*
18 *August were people who had been vaccinated according to Public Health*
19 *data.* Daily Expose. [https://theexpose.uk/2021/09/08/exclusive-80-percent-of-](https://theexpose.uk/2021/09/08/exclusive-80-percent-of-covid-19-deaths-in-august-were-people-who-had-been-vaccinated/)
20 [covid-19-deaths-in-august-were-people-who-had-been-vaccinated/](https://theexpose.uk/2021/09/08/exclusive-80-percent-of-covid-19-deaths-in-august-were-people-who-had-been-vaccinated/).

21 ⁴⁶ Project Veritas (2021). *COVID-19 Vaccine Exposed.*
22 <https://www.projectveritas.com/>.

23 ⁴⁷ This observation is also corroborated by (a) the Lazarus report from
24 Harvard Pilgrim evidencing that less than 1% of vaccine adverse events are
25 reported to VAERS
26 ([https://digital.ahrq.gov/sites/default/files/docs/publication/r18hs017045-lazarus-](https://digital.ahrq.gov/sites/default/files/docs/publication/r18hs017045-lazarus-final-report-2011.pdf)
27 [final-report-2011.pdf](https://digital.ahrq.gov/sites/default/files/docs/publication/r18hs017045-lazarus-final-report-2011.pdf)), and (b) in another case filed by Plaintiff AFLDS, see the
28 declaration of a whistleblower who compared the high number of vaccine deaths
in private CMS medical claims to the low number of vaccine deaths reported to
VAERS. *America’s Frontline Doctors, et al. v. Becerra et al.* Case 2:21-cv-
00702-CLM, United States District Court (Northern District of Alabama), Dkt.
15-4 (Declaration filed 07/19/21).

⁴⁸ See e.g., Delaney, P (October 6, 2021). *Brief video illustrates dramatic*

1 public health is the vaccine.

2 **UC RIVERSIDE COVID-19 VACCINE MANDATE**

3 **43.** Defendant Wilcox regularly publishes the Covid-19 vaccine policies
4 that he enforces at UC Riverside. See e.g., <https://ehs.ucr.edu/coronavirus>. Such
5 policies and their enforcement constitute a pattern and practice of UC Riverside
6 discriminating against unvaccinated persons who are Covid-19 recovered
7 compared to persons who are Covid-19 vaccinated.

8 **UC IRVINE COVID-19 VACCINE MANDATE**

9 **44.** Defendant Gillman regularly publishes the Covid-19 vaccine
10 policies that he enforces at UC Irvine. See e.g., <https://uci.edu/coronavirus/>. Such
11 policies and their enforcement constitute a pattern and practice of UC Irvine
12 discriminating against unvaccinated persons who are Covid-19 recovered
13 compared to persons who are Covid-19 vaccinated.

14 **45.** Regarding students claiming the religious exemption, a strange
15 webpage has emerged from UC Irvine (<https://shc.uci.edu/immunization-requirements/religious-belief-exception-educational-resources>) where UCI
16 presumes to give supposedly authoritative teachings about vaccines from various
17 religions, and makes reading them a condition of submitting a religious
18 exemption request.
19

20 **UCLA COVID-19 VACCINE MANDATE**

21 **46.** Defendant Block regularly publishes the Covid-19 vaccine policies
22 that he enforces at UCLA. See e.g., <https://covid-19.ucla.edu/>. Such policies and
23 their enforcement constitute a pattern and practice of UCLA discriminating
24 against unvaccinated persons who are Covid-19 recovered compared to persons
25 who are Covid-19 vaccinated.

26

27 *spikes in COVID-19 deaths after jabs in 40 nations*. LifeSite News.
28 <https://www.lifesitenews.com/news/brief-video-illustrates-dramatic-spikes-in-covid-19-deaths-following-jabs-in-40-nations/>.

1 **UC SANTA CRUZ COVID-19 VACCINE MANDATE**

2 **47.** Defendant Larive regularly publishes the Covid-19 vaccine policies
3 that she enforces at UC Santa Cruz. See e.g., <https://slugstrong.ucsc.edu/>. Such
4 policies and their enforcement constitute a pattern and practice of UC Santa Cruz
5 discriminating against unvaccinated persons who are Covid-19 recovered
6 compared to persons who are Covid-19 vaccinated.

7 **UC STATEWIDE POLICY**

8 **48.** On or about July 15, 2021, Defendants UC and Drake published a
9 policy (republished by the other Defendants) to mandate Covid-19 vaccination
10 for all UC students, as follows:

11 “The deadline for initial implementation of the Program, which
12 is two (2) weeks before the first day of instruction at any
13 University campus or school for the Fall 2021.

14 ...

15 **“Exception:** An approved exception to COVID-19 vaccination
16 based on a Medical Exemption, Disability, or Religious
17 Objection.

18 ...

19 **“Non-Pharmaceutical Intervention (NPI):** An action, other
20 than getting vaccinated or taking medicine, that members of the
21 University community can take to help prevent or slow the
22 spread of COVID-19 and other contagious illnesses. NPIs
23 include, for example, staying home, especially when a person is
24 sick or when a member of the person’s family or household is
25 sick; quarantining when an unvaccinated person has been
26 exposed to someone else with the illness; avoiding large
27 gatherings; physical/social distancing; wearing personal
28 protective equipment or face coverings; frequent handwashing

1 and cleaning; and asymptomatic (surveillance) and
2 symptomatic testing.

3 ...

4 “As a condition of Physical Presence at a Location or in a
5 University Program, all Covered Individuals must Participate in
6 the COVID-19 Vaccination Program by providing proof of Full
7 Vaccination or submitting a request for Exception or Deferral
8 no later than the Implementation Date. This requirement will be
9 subject to implementation guidelines and any local procedures
10 for enforcement. Alternative remote instructional programming
11 is not expected to be available in most cases and the availability
12 of alternative remote work arrangements will depend on
13 systemwide guidance and any local policies or procedures, as
14 well as the nature of the work to be performed.

15 ...

16 “Students who fail to provide proof of vaccination or apply for
17 an Exception or Deferral by the Implementation Date may,
18 therefore, be subject to a registration hold.

19 ...

20 “Each campus is responsible for: (i) assuring any necessary
21 updates are made to its local Infectious Diseases/Infection
22 Prevention and Control Programs; (ii) establishing deadlines for
23 COVID-19 Vaccination Program Participation on an annual or
24 ongoing basis, in consultation with epidemiology and infection
25 prevention experts and occupational health representatives as
26 applicable and consistent with any supply limitations; and (iii)
27 assuring implementation of the COVID-19 Vaccination
28 Program at all sites.... Chancellors, Laboratory Directors, and

1 the Vice President ANR are responsible for implementing this
2 policy.

3 ...

4 “[FAQ #9] I was recently diagnosed with COVID-19, and/or I
5 had an antibody test that shows that I have natural immunity.

6 Does this support a Medical Exemption?

7 You may be eligible for a temporary Medical Exemption (and,
8 therefore, a temporary Exception), for up to 90 days after your
9 diagnosis and certain treatments. According to the US Food and

10 Drug Administration, however, “a positive result from an
11 antibody test does not mean you have a specific amount of
12 immunity or protection from SARS-CoV-2 infection ...

13 Currently authorized SARS-CoV-2 antibody tests are not
14 validated to evaluate specific immunity or protection from
15 SARS-CoV-2 infection.” For this reason, individuals who have
16 been diagnosed with COVID-19 or had an antibody test are not
17 permanently exempt from vaccination.

18 ...

19 “Those Covered Individuals who fail to Participate by being
20 Vaccinated or requesting an Exception or Deferral on or before
21 the Implementation Date will be barred from Physical Presence
22 at University Facilities and Programs, and may experience
23 consequences as a result of non-Participation, up to and
24 including dismissal from educational programs or
25 employment.”

26 And Appendix A to the UC Policy contains a medical exemption form that
27 requires a healthcare provider to certify: “I certify that one or more of the
28 Contraindications or Precautions recognized by the CDC or by the vaccines’

1 manufacturers for each of the currently available COVID19 vaccines applies to
2 the patient listed above. For that reason, COVID-19 vaccination using any of the
3 currently available COVID-19 vaccines is inadvisable for this patient in my
4 professional opinion.”

5 **49.** The UC policy refers to the CDC webpage entitled, “Interim
6 Clinical Considerations for Use of COVID-19 Vaccines Currently Authorized in
7 the United States”, which contains the following excerpt:

8 “People should be offered vaccination regardless of their
9 history of symptomatic or asymptomatic SARS-CoV-2
10 infection; this includes people with prolonged post-COVID-19
11 symptoms. Data from clinical trials indicate that the currently
12 authorized COVID-19 vaccines can be given safely to people
13 with evidence of a prior SARS-CoV-2 infection. Viral testing to
14 assess for acute SARS-CoV-2 infection or serologic testing to
15 assess for prior infection is not recommended for the purposes
16 of vaccine decision-making.

17 “Vaccination of people with known current SARS-CoV-2
18 infection should be deferred until the person has recovered from
19 the acute illness (if the person had symptoms) and they have
20 met criteria to discontinue isolation. This recommendation
21 applies to people who experience SARS-CoV-2 infection
22 before receiving any vaccine dose and those who experience
23 SARS-CoV-2 infection after the first dose of an mRNA vaccine
24 but before receipt of the second dose.

25 “While there is no recommended minimum interval between
26 infection and vaccination, current evidence suggests that the
27 risk of SARS-CoV-2 reinfection is low in the months after
28

1 initial infection but may increase with time due to waning
2 immunity.”

3 [https://www.cdc.gov/vaccines/covid-19/clinical-](https://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html)
4 [considerations/covid-19-vaccines-us.html](https://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html)

5 Moreover, on such CDC webpage for the moment, a person’s previous
6 history of SARS-CoV-2 infection is not a contraindication or precaution to
7 Covid-19 vaccination.

8 **50.** Defendants also publish policies that treat Covid-19 recovered
9 students as if their natural immunity is insufficient, such that these unvaccinated
10 Covid-19 recovered students are threatened with unnecessary medical procedures
11 and interventions without their consent (i.e., PCR testing).

12 **51.** Defendants’ novel theories for the novel coronavirus and its
13 experimental vaccine are expressly based on conjecture that fails strict scrutiny
14 when applied as a healthcare mandate, as Defendants *suggest* without confirmed
15 data, for example:

16 **a.** Covid-19 vaccines ‘could’ ‘may’ ‘possibly’ ‘ideally’ create a
17 larger immune response⁴⁹ and therefore perhaps hypothetically
18 create superior immunity that just hasn’t been observed yet but
19 might be observed in the unknown future by some unknown
20 institution.

21 **b.** Sars-Cov-2 ‘could’ ‘may’ ‘possibly’ be more likely to mutate in
22 the bodies of unvaccinated persons rather than vaccinated
23

24 ⁴⁹ [https://mediasources.ucr.edu/articles/2021/03/03/what-uc-riverside-](https://mediasources.ucr.edu/articles/2021/03/03/what-uc-riverside-scientists-have-say-about-vaccines-variants-and-antibodies)
25 [scientists-have-say-about-vaccines-variants-and-antibodies](https://mediasources.ucr.edu/articles/2021/03/03/what-uc-riverside-scientists-have-say-about-vaccines-variants-and-antibodies) (“ideally”);
26 [https://campusreturn.ucr.edu/sites/g/files/rcwecm4671/files/2021-04/COVID-](https://campusreturn.ucr.edu/sites/g/files/rcwecm4671/files/2021-04/COVID-19%20Vaccine%20education%20slide%20deck_UCLA_UCR%20%281%29.pdf)
27 [19%20Vaccine%20education%20slide%20deck_UCLA_UCR%20%281%29.pdf](https://campusreturn.ucr.edu/sites/g/files/rcwecm4671/files/2021-04/COVID-19%20Vaccine%20education%20slide%20deck_UCLA_UCR%20%281%29.pdf)
28 , page 31 (“There is not enough information” “suggests”);
<https://uci.edu/coronavirus/testing-response/covid-19-vaccine.php> (“usually”).

1 persons⁵⁰, even though that too hasn't been observed yet but only
 2 might be observed in the unknown future by some unknown
 3 institution.

4 Defendants' pattern and practice of unsubstantiated conjecture has already
 5 been authoritatively rebutted by overwhelming scientific evidence, and therefore
 6 the CDC will (or *should*) correct its guidance imminently.⁵¹

7 EMERGENCY USE AUTHORIZATION

8 **52.** Presently all Covid-19 vaccines available to the Plaintiffs are
 9 authorized only for emergency use. And the federal law governing such
 10 authorization, 21 U.S.C. § 360bbb-3(e)(1)(A)(ii)(I-III), grants the patient
 11 explicitly "the option to accept or refuse administration of the [EUA] product".

12 **53.** Every FDA fact sheet for a Covid-19 vaccine available to Plaintiffs
 13 states the same disclaimer, "It is your choice to receive or not receive the [Pfizer-
 14 BioNTech, Moderna, Janssen] COVID-19 Vaccine. Should you decide not to
 15 receive it, it will not change your standard medical care." This precise language
 16 is required by federal statute because available Covid-19 vaccines are *not* FDA
 17 approved but rather are Emergency Use Authorization (EUA) only. The same
 18 precise statutory language also applies for all Covid-19 tests and face coverings –
 19 they too are EUA and so pursuant to federal statute if an individual declines these
 20 EUA products, it cannot change the individual's standard medical care.

21 **54.** And yet, as the Plaintiffs in this case respectfully decline these EUA
 22 products, Defendants openly threaten to disenroll them and remove their standard
 23

24 ⁵⁰ <https://www.universityofcalifornia.edu/news/are-we-stuck-covid-19-forever> ("may be").
 25

26 ⁵¹ Siri, A (May 28, 2021). *Letter to CDC re CDC recommendations regarding the fully vaccinated*. https://www.icandecide.org/wp-content/uploads/2021/06/Letter-to-CDC-re-recovered-superior-to-vaccinated_2021_05_28.pdf.
 27
 28

1 healthcare offered through Student Health Services.⁵² Therefore, Defendants are
 2 openly violating federal law (in a field preempted by federal law) in their zeal to
 3 rush a vaccine mandate to promote Defendants' highly suspect 'separate but
 4 equal' campus segregation policies. Students with natural immunity are treated
 5 like second class citizens (weekly swabs up the nose, daily masks on the face,
 6 and more).

7 **55.** The previously referenced section (21 U.S.C. § 360bbb-3) of the
 8 Federal Food, Drug, and Cosmetic Act governing medical products approved for
 9 emergency states that the FDA-approved fact sheet must state "the consequences,
 10 if any, of refusing administration of the product." Nowhere in an FDA fact sheet
 11 for vaccines, face masks, or Covid-19 tests, does it specify that a person may be
 12 denied education, denied student health services, disciplined, required to seek
 13 religious belief accommodation, or otherwise discriminated against for refusal.
 14 Nor does any fact sheet state that people declining will be forced to use still other
 15 EUA products.

16 **FIRST CAUSE OF ACTION AGAINST DEFENDANTS**
 17 **Declaratory Relief Under 28 U.S.C. § 2201**
 18 **United States Constitution 14th Amendment Bodily Integrity**

19 **56.** Plaintiffs incorporate by reference the paragraphs above as if set
 20 forth in full herein.

21 **57.** Plaintiffs have fundamental constitutional rights to bodily integrity,
 22 including, especially, to be free from human medical experimentation. The
 23 FDA's classification of Covid-19 vaccination (as emergency use or approved) is
 24 not determinative of the experimental status of the vaccination, as, for example,

25 ⁵² See e.g., "Student Health Insurance Plan (SHIP). All registered UCR
 26 students are automatically enrolled in the SHIP, a comprehensive and affordable
 27 insurance plan that is covered by financial aid.... All UCR students have access
 28 to SHS [Student Health Services], even if you aren't covered by SHIP."
https://studentdocs.ucr.edu/studenthealth/uc-riverside_student-health_services-brochure.pdf

1 with the complete absence of any long-term safety data and the novel status of
2 mRNA and adenovirus vaccines in humans.

3 **58.** The Constitutional Right to Bodily Integrity is well settled in law
4 and ethics:

5 **A.** “It cannot be disputed that the Due Process Clause protects
6 an interest in life as well as an interest in refusing [] medical treatment.”
7 *Cruzan v Director, Missouri Dept of Health* (1990) 497 US 261, 279. In
8 *Washington v. Harper*, 494 U.S. 210, 221-22, the Supreme Court stated
9 “The forcible injection of medication into a nonconsenting person's body
10 represents a substantial interference with that person's liberty.
11 Cf. *Winston v. Lee*, 470 U.S. 753 (1985); *Schmerber v. California*, 384
12 U.S. 757, 772 (1966).” Federal courts have long maintained that strict
13 scrutiny even applies to non-dangerous prisoners and detainees when
14 government attempts to inject them with medication. See e.g., *United*
15 *States v. Brandon*, 158 F.3d 947 (6th Cir. 1998). And strict scrutiny is
16 currently being applied to Covid-19 vaccine mandates in an increasing
17 number of jurisdictions within the US.

- 18 i. Naturally immune individuals are not dangerous. They are
19 statistically safer and healthier than vaccinated individuals.
20 ii. Covid-19 vaccines do not prevent transmission of Covid-19.
21 iii. Covid-19 vaccination is gene therapy, a type of medical
22 treatment that has proven harmful to individual health and
23 public health.

24 **B.** “Informed consent to medical treatment is fundamental in
25 both ethics and law. Patients have the right to receive information and ask
26 questions about recommended treatments so that they can make well-
27 considered decisions about care. Successful communication in the patient-
28 physician relationship fosters trust and supports shared decision

1 making.”⁵³

2 C. “As with all forms of medical therapy, informed consent must
3 precede vaccination administration.”⁵⁴

4 D. Coerced consent to a medical procedure violates the medical
5 ethics of informed consent and informed refusal, as for example where an
6 individual who has been coerced to consent to injection of biotechnology,
7 due to governmental threat of loss of access to basic necessities of life
8 such as food and medical care, cannot be presumed to have provided
9 lawful informed consent to the injection.⁵⁵

10 **59.** Plaintiffs are the only competent persons able to provide
11 consent/refusal to the injection of Covid-19 vaccines into themselves. Neither
12 Defendants nor third parties (such as the FDA) are able to provide such
13 consent/refusal on behalf of Plaintiffs, nor can Defendants or third parties waive
14 Plaintiffs’ rights to informed consent/refusal of Covid-19 vaccines. Because
15 Defendants have indicated that consent to injection of a Covid-19 vaccine is an
16 imminent condition of their ongoing college participation (and, hence, future
17 livelihood), Plaintiffs fundamental rights are in jeopardy. Plaintiffs seek
18 declaratory relief to clarify their rights, and thereby prevent immediate harm.

19 **60.** This real and concrete controversy exists between Plaintiffs and

20 ⁵³ American Medical Association (2021). *AMA Principles of Medical Ethics: I, II, V, VIII. Informed Consent*. <https://www.ama-assn.org/delivering-care/ethics/informed-consent>.
21
22

23 ⁵⁴ The American College of Obstetricians and Gynecologists, Committee on
24 Ethics, Ethical Issues With Vaccination for the Obstetrician–Gynecologist,
25 Committee Opinion Number 564, May 2013, (*Reaffirmed 2016*).

26 ⁵⁵ Bi, S. and Klusty, T (2015). *Forced Sterilizations of HIV-Positive Women: A Global Ethics and Policy Failure*. *AMA J Ethics* 17(10):952-957.
27 doi:10.1001/journalofethics. 2015.17.10.pfor2-1510. <https://journalofethics.ama-assn.org/article/forced-sterilizations-hiv-positive-women-global-ethics-and-policy-failure/2015-10>.
28

1 Defendants, in that Defendants contend that they have the right, the power, and
2 the authority to require Plaintiffs' coerced vaccination as a condition of
3 continuing participation at the public college (and hence control over Plaintiffs'
4 future livelihoods), and Plaintiffs maintain that such coercion is duress, because
5 Plaintiffs have the fundamental constitutional and statutory right to refuse
6 vaccination without disruption of their education and future livelihoods.

7 **61.** Plaintiffs seek declaratory relief that (a) Defendants' vaccine
8 mandate rejecting Prescreening is an unscientific infringement upon Plaintiffs'
9 constitutional rights, and (b) Defendants lack the lawful authority to mandate
10 vaccine biotechnology injection into Plaintiffs. "No right is held more sacred, or
11 is more carefully guarded, by the common law, than the right of every individual
12 to the possession and control of his own person, free from all restraint or
13 interference of others, unless by clear and unquestionable authority of law. As
14 well said by Judge Cooley, 'The right to one's person may be said to be a right of
15 complete immunity: to be let alone.'" Union P. R. Co. v. Botsford, 141 U.S. 250,
16 251 (1891). Defendants do not possess clear and unquestionable authority of law
17 to require that Plaintiffs be injected with biotechnology.

18 **62.** This actual controversy between Defendants and Plaintiffs centers
19 upon the lives and health of Covid-19 recovered persons.

20 **63.** Defendants have asserted in published documents that there is no
21 need to screen individuals before receiving Covid-19 vaccines, as Defendants
22 claim the vaccines are safe for administration to such people, despite the lack of
23 any testing of said individuals as part of the various trials regarding the various
24 vaccines.

25 **64.** Defendants' policy is a gross departure from its own long-standing
26 vaccination policy to reduce life-threatening harm by prescreening.

27 **65.** Prescreening can be accomplished in exactly the same way as for all
28 other viruses, by clinical definition, and by blood immunity test where indicated.

1 (It is to be noted that physician members of Congress specifically endorse such
2 immunity testing as lifesaving.)

3 **66.** Abundant scientific medical evidence exists showing that the
4 vaccination of individuals who have had the virus and have recovered, or who
5 currently have the virus, will result in serious health issues, including death to
6 certain individuals and that due process considerations require allowance for
7 prescreening, in order to protect the lives and health of said individuals.

8 **67.** Defendants' vaccine mandate that unscientifically rejects
9 Prescreening is the direct cause for the immediate and unnecessary threat of
10 injury and death to Plaintiffs.

11 **68.** Defendants' unscientific decision to reject Prescreening will
12 increase the short-term and long-term vaccine injury rate thereby making UC
13 campuses less safe from SARS-CoV-2, and other pathogens. Defendants' direct
14 attack, under color of law, on Plaintiffs' bodily integrity is an unconstitutional
15 abuse of power that is harming public health, not advancing it.

16 **69.** Defendants are engaged in a pattern and practice of downplaying
17 and suppressing information that Covid-19 vaccination is experimental, does not
18 prevent SARS-CoV-2 transmission, and that Covid-19 vaccine injury is
19 widespread and harming public health. Defendants' propaganda has become so
20 extreme as to irrationally disregard data and scientists exposing the propaganda.
21 The hallmark of Defendants' propaganda is Defendants' failure to cite credible
22 data in support of the propaganda, but rather to rely upon a 'quasi pyramid
23 scheme' or 'echo chamber' of continual deference to authority that also fails to
24 cite credible data in support of the propaganda.

25 **70.** Defendants' Covid-19 vaccination mandate actively harms public
26 health. Defendants' lack the lawful authority to mandate vaccination under color
27 of law.

28

SECOND CAUSE OF ACTION AGAINST DEFENDANTS
Injunctive Relief Under 42 U.S.C. § 1983
United States Constitution 14th Amendment Bodily Integrity

1
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3 **71.** Plaintiffs incorporate by reference the paragraphs above as if set
4 forth in full herein.

5 **72.** For Plaintiffs, Covid-19 vaccination is experimental, ineffective,
6 and dangerous.

7 **73.** Plaintiffs cannot lawfully be coerced under duress to participate in
8 the human medical experiment that is Operation Warp Speed, on which
9 Defendants have piggybacked their vaccine mandate. Plaintiffs' protected right
10 to bodily integrity is secured by the Due Process Clause of the United States
11 Constitution, allowing Plaintiffs to navigate the UC campuses free from forced
12 medical experimentation and segregation based on medical condition and genetic
13 status.

14 **74.** Defendants are state actors, and have instituted a Covid-19 vaccine
15 mandate under color of law.

16 **75.** Defendants' Covid-19 vaccination mandate actively harms public
17 health. Defendants' lack the lawful authority to mandate vaccination under color
18 of law.

19 **76.** The forcible administration of the Covid-19 vaccines, on penalty
20 of exclusion from campus, deprives Plaintiffs of their substantive due
21 process rights as described herein.

22 **77.** The harm to Plaintiffs is increasingly irreversible, and causes daily
23 harm, the more that the Covid-19 vaccination mandate is carried out.

24 **78.** Unless Defendants are enjoined, Plaintiffs will be irreparably
25 harmed, which harm includes, but not by way of limitation, death, or other
26 serious illness, and the loss of fundamental constitutionally protected rights.

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THIRD CAUSE OF ACTION AGAINST DEFENDANTS
Injunctive Relief Under 42 U.S.C. § 1983
United States Constitution 14th Amendment Freedom from State Created
Danger

79. Plaintiffs incorporate by reference the paragraphs above as if set forth in full herein.

80. Plaintiffs have the 14th Amendment Due Process right to be free from Defendants placing Plaintiffs in a situation of involuntary vaccination, a position of actual, particularized danger based upon the deliberate indifference of Defendants to a known and obvious danger of Covid-19 vaccine injury.

81. Defendants’ deliberate indifference to the known and obvious danger of vaccine injury (including but not limited to Defendants’ inability to quantify the risks of the medical procedure they mandate) creates and exposes Plaintiffs to health dangers, the intensity of which Plaintiffs would not have otherwise faced. Defendants’ rejection of science (i.e., Defendants’ failure to objectively analyze data) makes Plaintiffs at risk of vaccine injury.

82. Plaintiffs’ current and future injuries as herein stated are reasonably foreseeable to Defendants.

83. Plaintiffs are in a special relationship with Defendants, in that Plaintiffs are students enrolled at UC campuses.

FOURTH CAUSE OF ACTION AGAINST DEFENDANTS
Injunctive Relief Under 42 U.S.C. § 1983
United States Constitution 4th Amendment Privacy

84. Plaintiffs incorporate by reference the paragraphs above as if set forth in full herein.

85. Plaintiffs allege that their fundamental right to privacy is infringed by Defendants’ practices of publicly segregating students into two separate groups based on student’s genetic status in relation to the Covid-19 genetic therapy. Group 1 receives Covid-19 gene therapy and Group 2 remains natural.

1 Defendants classified Plaintiff students in Group 2. Defendants' demand that
2 Group 2 students publicly display their status by such pseudo-science methods as
3 covering their faces with masks not designed to stop viruses. Defendants'
4 insistence and enforcement that Plaintiffs may only breathe as authorized by the
5 Chancellor is a violation of Plaintiffs' privacy.

6 **86.** Defendants further subject Group 2 students to invasion of privacy
7 by mandating that Group 2 students give weekly samples of their DNA-
8 containing bodily fluid to Defendants for laboratory testing. Defendants utilize
9 PCR genetic testing (performed for example by forceful penetration of the
10 student's nasal cavity creating risk of serious harm) and miscellaneous health
11 examinations intruding student medical privacy. These forced tests are unlawful.

12 **87.** Defendants utilize their positions of power over Plaintiffs to
13 threaten contact tracing, quarantine, and isolation techniques if any of
14 Defendants' unlawful tests come back positive using the undisclosed criteria that
15 Defendants pre-instruct the laboratories selected by Defendants. Defendants have
16 been repeatedly cautioned that PCR and similar lab results routinely return false
17 positives, but Defendants are committed to invading the privacy of Group 2
18 students.

19 **88.** Defendants' conduct alleged herein are a direct and proximate cause
20 of Plaintiffs' loss of privacy.

21 **89.** Unless Defendants are enjoined, Plaintiffs will be irreparably
22 harmed, which harm includes, but not by way of limitation, bodily injury, false
23 imprisonment, and the loss of fundamental State and Federal constitutionally
24 protected rights.

25 **90.** Defendants' Covid-19 vaccination mandate actively harms public
26 health. Defendants' lack the lawful authority to mandate vaccination under color
27 of law.
28

**FIFTH CAUSE OF ACTION AGAINST DEFENDANTS
Injunctive Relief Under 42 U.S.C. § 1983**

United States Constitution 1st Amendment Freedom of Religion

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3 **91.** Plaintiffs incorporate by reference the paragraphs above as if set
4 forth in full herein.

5 **92.** Defendants are engaged in a pattern and practice of exploiting
6 Plaintiffs' religious freedom, by coercing students to make an unnatural false
7 choice between either quickly injecting themselves unnecessarily with new
8 genetic material (a Covid-19 vaccine) presenting an emerging risk of injury and
9 death, or else disclosing under duress their religious beliefs to Defendants'
10 religious exemption approval panels.

11 **93.** As set forth in paragraph 25, Defendants prejudicially segregate
12 religious people in order to subject them to harmful and invasive testing.

13 **94.** Defendants' conduct alleged herein is a direct and proximate cause
14 of Plaintiffs' loss of religious freedom.

15 **95.** Unless Defendants are enjoined, Plaintiffs' religious freedom will
16 be irreparably harmed, by for example: the vaccine infringes upon the sanctity of
17 the body and forces students to inject biotechnology derived from aborted fetal
18 cell lines. For those students with religious exemption to vaccination, the so-
19 called 'alternative' of mandatory DNA specimen collection by the government
20 and mandatory face covering constitute dehumanizing bodily intrusions that
21 substantially interfere with students' religious practices of prayer, speech, and
22 deed.

23 **96.** Defendants' Covid-19 vaccination mandate actively harms public
24 health. Defendants' lack the lawful authority to mandate vaccination under color
25 of law.

26 **REQUEST FOR JURY TRIAL**

27 **97.** Plaintiffs request a jury trial on factual matters.

28 //

REQUEST FOR RELIEF

98. Plaintiffs request the Court grant the following relief:

A. Issue an order to show cause shifting the burden to Defendants to prove that Defendants’ decision to reject scientifically accepted Prescreening meets a compelling State interest, and that such decision to reject accepted Prescreening science is narrowly tailored to avoid unnecessary infringement upon Plaintiffs’ constitutional rights

B. Issue a declaratory judgment that Defendants’ unscientific decision to reject Prescreening science, in order to unscientifically propagate Defendants’ one-size-fits-all vaccine mandate, imminently threatens the lives of Plaintiffs, and others, and unlawfully segregates them based on their Covid-19 Recovered medical condition and natural genetic status, which is an unlawful infringement by Defendants upon Plaintiffs’ constitutional rights, that places Plaintiffs’ lives and public health in jeopardy.

C. Issue a temporary restraining order, and a preliminary injunction to restrain Defendants’ from utilizing the discredited tools of coercion and segregation of natural/unvaccinated peoples in violation of federal and state law, including but not limited to Defendants’ unscientific one-size-fits-all vaccine mandate, where Defendants reject scientifically accepted Prescreening, and, therefore, place Plaintiffs’ lives and public health in jeopardy.

D. Issue a permanent injunction to restrain Defendants’ from utilizing the discredited tools of coercion and segregation of natural/unvaccinated peoples in violation of federal and state law, including but not limited to Defendants’ unscientific one-size-fits-all vaccine mandate where Defendants reject scientifically accepted Prescreening and therefore place Plaintiffs’ lives and public health in jeopardy.

E. Issue an order awarding Plaintiffs costs of suit and reasonable attorneys’ fees and expenses.

1 F. Issue such other and further relief as this Court deems equitable,
2 just, and proper.

3 Dated this October 14, 2021

4
5 *s/ Christina Gilbertson*

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24 (Subject to pro hac vice admission)

25 Attorneys for Plaintiffs

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