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18 Attorneys for Plaintiffs

19 **UNITED STATES DISTRICT COURT**  
20 **FOR THE CENTRAL DISTRICT CALIFORNIA**

21 AMERICA'S FRONTLINE  
22 DOCTORS; Carly Powell; and  
23 Deborah Choi,

24 *Plaintiffs,*

25 v.

26  
27 KIM A. WILCOX, in his official  
28 capacity as CHANCELLOR OF  
THE UNIVERSITY OF

**Complaint for Declaratory and  
Injunctive Relief**

1 CALIFORNIA RIVERSIDE;  
2 HOWARD GILLMAN, in his  
3 official capacity as  
4 CHANCELLOR OF THE  
5 UNIVERSITY OF CALIFORNIA  
6 IRVINE; THE REGENTS OF  
7 THE UNIVERSITY OF  
8 CALIFORNIA, a Corporation;  
9 MICHAEL V. DRAKE, in his  
10 official capacity as President of the  
11 UNIVERSITY OF CALIFORNIA;  
12 and John and Jane Does 1-100,

*Defendants.*

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

## INTRODUCTION

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

20 Plaintiffs, and others similarly situated, can work with their healthcare  
21 providers to prove their natural immunity through accepted clinical definition  
22 and laboratory testing where indicated (“Prescreening”), including, but not  
23 limited to, patient history, or a T-cell test.

24 Covid-19 vaccination is classified as genetic medical intervention.<sup>1</sup> It

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26 <sup>1</sup> 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 carries both known and unknown risk of harm to Plaintiffs and others, such as  
2 serious illness and death.

3 Plaintiffs seek the issuance of an order to show cause, shifting the burden  
4 to Defendants to prove that Defendants’ decision to reject scientifically accepted  
5 Prescreening methods meets a compelling State interest, and that such decision  
6 to reject accepted Prescreening science is narrowly tailored to avoid unnecessary  
7 infringement upon Plaintiffs’ Constitutional rights.

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

15 Plaintiffs seek an injunction to restrain Defendants’ from utilizing the  
16 discredited tools of coercion and segregation of natural peoples in violation of  
17 Federal and State law, including, but not limited to, Defendants’ unscientific  
18 one-size-fits-all vaccine mandate where Defendants reject scientifically accepted  
19 Prescreening methods, and, therefore, place Plaintiffs’ lives and public health in  
20 jeopardy.

21 **JURISDICTION AND VENUE**

22 **1.** This action asserts federal claims pursuant to 42 U.S.C. § 1983. This  
23 Court has subject matter jurisdiction under 28 U.S.C. §§ 1331, 1337, and  
24 1343(a). The Court has additional remedial authority under 28 U.S.C. §§ 2201(a)  
25 and 2202.

26 **2.** Venue of this civil action in the Judicial District for the Central  
27 District of California is proper pursuant to 28 U.S.C. § 1391 (b) (1) and (2).  
28 Plaintiffs reside and attend higher education with the UC in this District.

1 Defendants maintain offices, exercise their authority in their official capacities,  
2 and have taken the actions at issue in this matter in the Judicial District for the  
3 Central District of California.

4 **3.** This Court has jurisdiction over the claims asserting violations of  
5 the laws and Constitution of the State of California through its supplemental  
6 jurisdiction under 28 U.S.C. section 1367(a), as those claims are so closely  
7 related to the Plaintiffs’ federal question and Section 1983 claims that they form  
8 part of the same case or controversy under Article III of the United States  
9 Constitution.

### 10 **PARTIES**

11 **4.** Plaintiff AMERICA’S FRONTLINE DOCTORS (“AFLDS”) is a  
12 non-partisan, not-for-profit organization of hundreds of member physicians that  
13 come from across the country (including California), representing a range of  
14 medical disciplines and practical experience on the front lines of medicine.  
15 AFLDS’ programs focus on a number of critical issues including:

- 16 • Providing Americans with science-based facts about COVID-19;
- 17 • Protecting physician independence from government overreach;
- 18 • Combating the “pandemic” using evidence-based approaches  
19 without compromising Constitutional freedoms;
- 20 • Fighting medical cancel culture and media censorship;
- 21 • Advancing healthcare policies that protect the physician-patient  
22 relationship;
- 23 • Expanding COVID-19 treatment options for all Americans who  
24 need them; and
- 25 • Strengthening the voices of front-line doctors in the national  
26 healthcare conversation.

27 **5.** AFLDS’ core beliefs, shared by each of its member health care  
28 professionals, include the following:

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- That the American people have the right to accurate information using trusted data derived from decades of practical experience, not politicized science and Big Tech-filtered public health information.
- That critical public health decision-making should take place away from Washington and closer to local communities and the physicians that serve them. They are steadfastly committed to protecting the physician-patient relationship.
- That front-line and actively practicing physicians should be incorporated into the nation’s healthcare policy conversation.
- That safe and effective, over-the-counter COVID preventative and early treatment options should be made available to all Americans who need them. They reject mandatory government lockdowns and restrictions not supported by scientific evidence. They support focused care for the nation’s at-risk population, including seniors and the immune-compromised.

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

**7.** Each of AFLDS’ member physicians is also deeply committed to the guiding principle of medicine, “FIRST, DO NO HARM”. They take gravely their ethical obligations to their patients. It is axiomatic that a physician’s duty is to his or her patient.

**8.** AFLDS has recommended that the experimental Covid-19 vaccines be prohibited for use in the under-20 age category, and strongly discouraged for

1 use in the healthy population above the age of 20 through the age of 69. These  
2 recommendations have sound and broadly scientific foundations upon which  
3 they are based.

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

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

12 **11.** The types of harm the AFLDS member physicians are inevitably  
13 subjected to by the UC's mandate to inject young people with the experimental  
14 COVID-19 vaccine is truly irreparable. Such harm strikes at the moral and  
15 ethical underpinnings of their calling as a physician and drives irreparable  
16 wedges into the sacred doctor-patient relationship that cannot be healed and  
17 certainly cannot be addressed with monetary damages.

18 **12.** Plaintiff Carly Powell ("Carly") is enrolled as an undergraduate  
19 student at University of California, Riverside campus. She lives in a campus  
20 apartment in Riverside. Carly is a Covid-19 Recovered person, having contracted  
21 the virus in December 2020. Carly has joined her local chapter of AFLDS as a  
22 non-physician Citizen Corps member. UC Riverside's implementation of the  
23 UC's Covid-19 vaccine mandate has put Carly under duress and impaired her  
24 ability to exercise informed consent/refusal of the Covid-19 vaccine with  
25 physicians of her choice.

26 **13.** Plaintiff Deborah Choi ("Deborah") is enrolled as a law student at  
27 University of California, Irvine campus. Deborah resides in Irvine, California,  
28 which is located in Orange County. Deborah is a Covid-19 Recovered person,

1 having contracted the virus in November 2020. Deborah has joined her local  
2 chapter of AFLDS as a non-physician Citizen Corps member. UC Irvine’s  
3 implementation of the UC’s Covid-19 vaccine mandate has put Deborah under  
4 duress and impaired her ability to exercise informed consent/refusal of the  
5 Covid-19 vaccine with physicians of her choice.

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

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

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

20 **17.** Defendant The Regents of the University of California (“UC”) is a  
21 public legal entity, operating as a public university system in California with 10  
22 campuses and more than 280,000 students. UC is a state-created, state-financed,  
23 and state-run public trust education system, and, as such, it is subject to the  
24 Fourteenth Amendment of the United States Constitution and Article IX, Section  
25 9 of the California Constitution.

26 **18.** Defendant Michael V. Drake (“Drake”) is the President of the  
27 University of California. He is being sued in his official capacity.

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

**DEFENDANTS HARM PLAINTIFFS**

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2           **20.** Defendants’ vaccination mandates, as referenced herein, constitutes  
3 state action taken under color of law. Defendants’ inability to quantify the  
4 myriad risks of Covid-19 vaccine injury is not evidence of safety, but, rather, is  
5 evidence of human medical experiment.

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

18           **22.** Defendants’ unscientific discrimination against unvaccinated Covid-  
19 19 recovered students with superior immunity foreseeably places such students,  
20 including Plaintiffs, under duress with respect to their exercise of informed  
21 consent/refusal of Covid-19 vaccination. Among the duress techniques utilized  
22 by Defendants are the following examples, which techniques are a pattern and  
23 practice that Defendants tweak rapidly and dictate forcefully:

- 24           • Dictating that Covid-19 vaccinated students may breathe freely, but  
25           unvaccinated Covid-19 recovered students with superior immunity can  
26           only breathe as the UC and Chancellor authorize.
- 27           • Dictating that Covid-19 vaccinated students are presumed healthy, but  
28           unvaccinated Covid-19 recovered students with superior immunity must



1 submit to PCR genetic testing (performed by forceful penetration of the  
2 student's nasal cavity creating risk of serious harm) and miscellaneous  
3 health examinations intruding student medical privacy.

- 4 • Dictating that Covid-19 vaccinated students may physically access classes  
5 on campus, but unvaccinated Covid-19 recovered students with superior  
6 immunity are denied access to the education (and the rights and services  
7 that come with it, including healthcare) for which they have prepaid and  
8 invested their livelihoods.
- 9 • Dictating Covid-19 vaccinated students may congregate normally, but  
10 unvaccinated Covid-19 recovered students with superior immunity must  
11 maintain 6-foot distancing from others, and be subjected to various  
12 physical barriers.
- 13 • Distributing gifts, prizes, and incentives to Covid-19 vaccinated persons,  
14 but isolating unvaccinated Covid-19 recovered students with superior  
15 immunity.

16 All of the above techniques create an educational environment that is  
17 separate, unequal, and discriminatory based on medical condition and genetic  
18 status.

19 **23.** The unscientific rapid tweaking of Defendants' vaccine mandates  
20 also causes direct and unnecessary disruption of Plaintiffs' doctor-patient  
21 relationships, bodily integrity, education, and livelihood.

### 22 **COVID-19 VACCINATION RISK AND PRESCREENING**

23 **24.** The typical timeline of so-called 'successful' vaccine trials is 10-15  
24 years, and most fail, such as an AIDS vaccine that unsuccessfully took about 35  
25 years.<sup>2</sup> That is not all 'red tape'; rather, there are sequential steps that are  
26 performed, including, for example, long term animal testing, fertility testing,  
27 teratogenicity testing, and monitoring post-release. The first three datapoints

28 <sup>2</sup> <https://www.niaid.nih.gov/diseases-conditions/hiv-vaccine-research-history>

1 (listed immediately above) are not even known yet for the new vaccines, but the  
 2 post-release monitoring in the CDC database, the Vaccine Adverse Event  
 3 Reporting System (“VAERS”) already shows an exponential increase in vaccine-  
 4 related deaths over the previous year.<sup>3</sup> Plaintiffs highlight this to emphasize that,  
 5 in the strict scrutiny balancing test, the burden of proof must belong on the party  
 6 calling for the medical intervention, or the deviation from the normal process,  
 7 and all the more so if the medical intervention is brand new and still in medical  
 8 trials (such as the 3 main Covid vaccines are).

9 **25.** Those individuals who have had, and, knowingly or unknowingly,  
 10 recovered from the SARS-CoV-2 virus, or those individuals who currently have  
 11 the virus, are herein collectively referred to as the “Covid-19 Recovered”. The  
 12 medical trials for the Pfizer<sup>4</sup>, Moderna<sup>5</sup>, and Johnson & Johnson<sup>6</sup> Covid-19  
 13 vaccines excluded the Covid-19 Recovered and many top publishing physicians<sup>7</sup>

14 <sup>3</sup> <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/safety/vaers.html>

15 <sup>4</sup> <https://www.fda.gov/media/144412/download>

16 <https://www.fda.gov/media/144246/download>

17 <https://www.fda.gov/media/144245/download>

18 <https://www.fda.gov/media/144245/download>

19 <https://www.fda.gov/media/144413/download>

20 <https://www.fda.gov/media/148542/download>

21 [https://cdn.pfizer.com/pfizercom/2020-11/C4591001\\_Clinical\\_Protocol\\_Nov2020.pdf](https://cdn.pfizer.com/pfizercom/2020-11/C4591001_Clinical_Protocol_Nov2020.pdf)

22 <sup>5</sup> <https://www.fda.gov/media/144434/download>

23 <https://www.fda.gov/media/144452/download>

24 <https://www.cdc.gov/vaccines/acip/recs/grade/covid-19-moderna-vaccine.html>

25 [https://www.modernatx.com/sites/default/files/content\\_documents/Final%20mRNA-1273-P301%20Protocol%20Amendment%206%20-%2023Dec2020.pdf](https://www.modernatx.com/sites/default/files/content_documents/Final%20mRNA-1273-P301%20Protocol%20Amendment%206%20-%2023Dec2020.pdf)

26 <sup>6</sup> <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>

<sup>7</sup> <https://pubmed.ncbi.nlm.nih.gov/?term=Hooman+Noorchashm>

<https://pubmed.ncbi.nlm.nih.gov/?term=+McCullough+PA>

[https://www.icandecide.org/wp-content/uploads/2021/06/Letter-to-CDC-recovered-superior-to-vaccinated\\_2021\\_05\\_28.pdf](https://www.icandecide.org/wp-content/uploads/2021/06/Letter-to-CDC-recovered-superior-to-vaccinated_2021_05_28.pdf)

1 are proactively Prescreening patients to protect them if they are Covid 19  
2 Recovered. See, e.g., from Pfizer trial:

3 “5.2. Exclusion Criteria Participants are excluded from  
4 the study if any of the following criteria apply: ...  
5 Previous clinical (based on COVID-19 symptoms/signs  
6 alone, if a SARS-CoV-2 NAAT result was not available)  
7 or microbiological (based on COVID-19 symptoms/signs  
8 and a positive SARS-CoV-2 NAAT result) diagnosis of  
9 COVID-19.”

10 **26.** Emphasizing the importance of shifting the proof of safety burden to  
11 the State, emerging data establishes that vaccinating the Covid-19 Recovered  
12 causes an immediately higher death rate worldwide for no benefit<sup>8</sup>, as there is a  
13 much stronger (10-20x)<sup>9</sup> antibody response to the Covid-19 vaccine,  
14 overwhelming the immune system, if a person has previously had the virus.  
15 Scientists and clinicians observing patients in real time are reporting the same  
16 phenomenon all over the world, as this representative example highlights:  
17 “People with prior COVID-19 illness appear to experience significantly  
18 increased incidence and severity of side effects after receiving the COVID-19  
19 vaccine”<sup>10</sup> Some of these increased side effects include: blood clots,  
20 hemorrhage, thrombocytopenia, heart attack, and strokes; reproductive issues,  
21 including menstrual irregularities, reduced fertility, miscarriages; transmission of  
22 spike protein from vaccinated individuals, such as through breast milk and  
23 associated risk in neonates and infants; neurological disorders, including  
24 Guillain-Barré syndrome, Bell’s Palsy, transverse myelitis and unspecified

25 \_\_\_\_\_  
26 <sup>8</sup> <https://ourworldindata.org/explorers/coronavirus-data-explorer>

27 <https://authorea.com/doi/full/10.22541/au.162136772.22862058>

28 <https://www.medrxiv.org/content/10.1101/2021.04.20.21255670v1>

<sup>9</sup> <https://www.medrxiv.org/content/10.1101/2021.04.15.21252192v1>

<sup>10</sup> <https://www.medrxiv.org/content/10.1101/2021.02.26.21252096v1>

1 neurologic damage.

2       **27.** Despite the foregoing, Defendants issued an unscientific statewide  
3 UC mandate of Covid-19 vaccination without any accommodation for  
4 Prescreening. Defendants' dogmatic reliance upon 'CDC recommendations' is  
5 not based on real time data, or on actual numbers. This explains why scientists  
6 and clinicians monitoring patients in real time are achieving superior health  
7 outcomes than CDC recommendations, utilizing therapeutic protocols (such as  
8 Ivermectin), and emphasizing the robustness of natural immunity. An example of  
9 this came recently from Dr. Marty Makary, a professor at the Bloomberg School  
10 of Public Health, who stated publicly that because "half the country" likely  
11 already have natural lifelong immunity to Covid-19, "I never thought I'd say  
12 this, but please ignore the CDC guidance."<sup>11</sup>

13       **28.** Whilst Defendants behave unscientifically (pretending that 'science  
14 is settled' because the CDC 'always knows best'), real scientists in this country,  
15 as well as in other countries, are achieving consistently superior health outcomes  
16 for patients by doing the opposite of the one-size-fits-all approach mandated by  
17 Defendants. Indeed, Defendants' position is novel and radical. Scientifically  
18 accepted virology and immunology precepts<sup>12</sup> hold that immunity from natural  
19 infection is the best, most robust, and longest lasting way to deal with epidemics  
20 such as Covid 19. **Defendants' statements to the contrary are categorically**  
21 **false**, and courts must not defer to false statements simply because some  
22 government scientists argue for them, but, rather, courts must apply strict  
23 scrutiny. See e.g., *Roman Catholic Diocese v. Cuomo*, No. 20A87, 2020 U.S.

24 <sup>11</sup> [https://www.theblaze.com/news/johns-hopkins-professor-ignore-cdc-natural-](https://www.theblaze.com/news/johns-hopkins-professor-ignore-cdc-natural-immunity-works)  
25 [immunity-works](https://www.theblaze.com/news/johns-hopkins-professor-ignore-cdc-natural-immunity-works) (Dr. Makary emphasized "Natural immunity works... We've  
26 got to start respecting individuals who choose not to get the vaccine, instead of  
27 demonizing them. There is more data on natural immunity than there is on  
28 vaccinated immunity, because natural immunity has been around longer.")

<sup>12</sup> [https://www.wiley.com/en-](https://www.wiley.com/en-us/Roitt%27s+Essential+Immunology%2C+13th+Edition-p-9781118415771)  
[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 LEXIS 5708, at \*16 (Nov. 25, 2020) (Justice Gorsuch concurring, “Why have  
2 some mistaken this Court’s modest decision in *Jacobson* for a towering authority  
3 that overshadows the Constitution during a pandemic? In the end, I can only  
4 surmise that much of the answer lies in a particular judicial impulse to stay out of  
5 the way in times of crisis. But if that impulse may be understandable or even  
6 admirable in other circumstances, we may not shelter in place when the  
7 Constitution is under attack. Things never go well when we do.”) Plaintiffs’  
8 constitutional rights are not subject to the luxury and disposal of the gaggle of  
9 government scientists who have proven unable to actually follow the scientific  
10 method requiring genuine study of unvaccinated control groups.

11 **29.** Early evidence supports that natural immunity with SARS-CoV-2 in  
12 the unvaccinated will be lifelong. In still more emerging data, The Cleveland  
13 Clinic found the following: “Individuals who have had SARS-CoV-2 infection  
14 are unlikely to benefit from COVID-19 vaccination.”<sup>13</sup> And no evidence about  
15 SARS-CoV-2 exists that suggests a deviation from the accepted science of  
16 natural immunity, let alone a radical departure from same. Natural immunity is  
17 routinely demonstrated by antibody testing as well as humoral immunity (i.e., T-  
18 cell, plasma). Evidence includes prior infection<sup>14</sup> with SARS-CoV-1<sup>15</sup>  
19 (approximately 18 years ago<sup>16</sup>), which is approximately 78% identical to SARS-  
20 Cov-2, whereby natural immunity is still robust against current SARS-CoV-2.  
21 There is **NO** evidence to support the argument that the Covid-19 Recovered lose  
22 their immunity. In fact, there is evidence of the opposite. Lifetime immunity<sup>17</sup> is  
23 anticipated. In a top scientific journal, the *Lancet*, we read about the well-

24  
25 <sup>13</sup> <https://www.medrxiv.org/content/10.1101/2021.06.01.21258176v3>

26 <sup>14</sup> <https://www.bmj.com/content/370/bmj.m3563>

27 <sup>15</sup> <https://pubmed.ncbi.nlm.nih.gov/32668444/>

28 <sup>16</sup> <https://newsroom.uw.edu/news/antibody-neutralizes-sars-and-covid-19-coronaviruses>

<sup>17</sup> <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.”<sup>18</sup> 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 **30.** Public health has always acknowledged this basic fact of  
9 immunology<sup>19</sup> - that immunity from natural infection is the best, most robust, and  
10 longest lasting - by screening for prior immunity, the Covid 19 Recovered will  
11 be protected from the medical harm caused by unnecessary vaccinations.  
12 Examples of this include measles, mumps, rubella, hepatitis B, hepatitis A,  
13 chickenpox, and others. If a prior immunity exists, then no shot is indicated,  
14 because risk without reward is not good medicine. Medical practice in general  
15 prescreens to determine risk versus reward. Medicine does not (or should not)  
16 push one-size-fits-all with drugs, such that any attempt to force one-size-fits-all  
17 vaccination upon Plaintiffs does not satisfy logic, proper medical procedures, or  
18 constitutional strict scrutiny.

19 **31.** Once natural immunity is present, artificial immunity (vaccination)  
20 is not indicated because it poses risk to vaccinate the immune. Besides being  
21 unduly taxing on the body, there is the potential to dangerously induce Antibody  
22 Dependent Enhancement (ADE).<sup>20</sup> Defendants’ one-size-fits-all vaccine mandate  
23 completely ignores this accepted science that protects Plaintiffs.<sup>21</sup>

24 <sup>18</sup> [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(21\)00782-  
25 0/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(21)00782-0/fulltext)

26 <sup>19</sup> [https://www.wiley.com/en-  
27 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)

28 <sup>20</sup> <https://pubmed.ncbi.nlm.nih.gov/7811870/>

<sup>21</sup> For example, antibodies to a specific portion of a pathogenic complex can be enhanced and activated when exposed in high concentration in the future. This

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

7           **33.** Prescreening must be instituted at once. Because there is evidence  
8 of severe higher risk, and because Covid-19 vaccination is a new agent,  
9 prescreening must be as robust as possible, including ruling out: current  
10 infection, recent past infection (i.e., antibody testing), and older past infection  
11 (i.e., T-detect, humoral immunity). This is accomplished by doctors in all the  
12 traditional ways, such as taking a thorough patient history, and blood testing  
13 where indicated. The Journal Nature<sup>22</sup> states: “A detrimental effect linked to pre-  
14 existing immunity is eminently testable and would be revealed by the same  
15 COVID-19 cohort and vaccine studies proposed above.”

### 16                                   **UC RIVERSIDE COVID-19 VACCINE MANDATE**

17           **34.** Defendant Wilcox regularly publishes the Covid-19 vaccine policies  
18 that he enforces at UC Riverside. See e.g.,  
19 [https://insideucr.ucr.edu/announcements/2021/06/23/campus-and-workplace-](https://insideucr.ucr.edu/announcements/2021/06/23/campus-and-workplace-covid-update)  
20 [covid-update](https://insideucr.ucr.edu/announcements/2021/06/23/campus-and-workplace-covid-update) and [https://news.ucr.edu/articles/2021/07/20/deadline-provide-](https://news.ucr.edu/articles/2021/07/20/deadline-provide-vaccination-proof-aug-16)  
21 [vaccination-proof-aug-16](https://news.ucr.edu/articles/2021/07/20/deadline-provide-vaccination-proof-aug-16) (“Deadline to provide vaccination proof is Aug. 16”).  
22 Such policies and their enforcement constitute a pattern and practice of UC  
23 Riverside discriminating against unvaccinated persons who are Covid-19

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

<sup>22</sup> <https://www.nature.com/articles/s41577-020-0389-z>

1 recovered compared to persons who are Covid-19 vaccinated.

## 2 UC IRVINE COVID-19 VACCINE MANDATE

3 **35.** Defendant Gillman regularly publishes the Covid-19 vaccine  
4 policies that he enforces at UC Irvine. See e.g.,  
5 <https://uci.edu/coronavirus/testing-response/covid-19-vaccine.php> and  
6 <https://uci.edu/coronavirus/messages/210716-uc-covid19-vaccine-policy.php>  
7 (“For UCI, the compliance dates are...School of Law - Aug. 3...Main campus -  
8 Sept. 6”). Such policies and their enforcement constitute a pattern and practice of  
9 UC Irvine discriminating against unvaccinated persons who are Covid-19  
10 recovered compared to persons who are Covid-19 vaccinated.

## 11 UC STATEWIDE POLICY

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

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

18 ...

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

22 ...

23 **“Non-Pharmaceutical Intervention (NPI):** An action, other  
24 than getting vaccinated or taking medicine, that members of the  
25 University community can take to help prevent or slow the  
26 spread of COVID-19 and other contagious illnesses. NPIs  
27 include, for example, staying home, especially when a person is  
28 sick or when a member of the person’s family or household is



1 sick; quarantining when an unvaccinated person has been  
2 exposed to someone else with the illness; avoiding large  
3 gatherings; physical/social distancing; wearing personal  
4 protective equipment or face coverings; frequent handwashing  
5 and cleaning; and asymptomatic (surveillance) and  
6 symptomatic testing.

7 ...

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

19 ...

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

23 ...

24 “Each campus is responsible for: (i) assuring any necessary  
25 updates are made to its local Infectious Diseases/Infection  
26 Prevention and Control Programs; (ii) establishing deadlines for  
27 COVID-19 Vaccination Program Participation on an annual or  
28 ongoing basis, in consultation with epidemiology and infection

1 prevention experts and occupational health representatives as  
2 applicable and consistent with any supply limitations; and (iii)  
3 assuring implementation of the COVID-19 Vaccination  
4 Program at all sites.... Chancellors, Laboratory Directors, and  
5 the Vice President ANR are responsible for implementing this  
6 policy.

7 ...

8 *“[FAQ #9] I was recently diagnosed with COVID-19, and/or I*  
9 *had an antibody test that shows that I have natural immunity.*  
10 *Does this support a Medical Exemption?*

11 You may be eligible for a temporary Medical Exemption (and,  
12 therefore, a temporary Exception), for up to 90 days after your  
13 diagnosis and certain treatments. According to the US Food and  
14 Drug Administration, however, “a positive result from an  
15 antibody test does not mean you have a specific amount of  
16 immunity or protection from SARS-CoV-2 infection ...

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

22 ...

23 “Those Covered Individuals who fail to Participate by being  
24 Vaccinated or requesting an Exception or Deferral on or before  
25 the Implementation Date will be barred from Physical Presence  
26 at University Facilities and Programs, and may experience  
27 consequences as a result of non-Participation, up to and  
28

1 including dismissal from educational programs or  
2 employment.”

3 And Appendix A to the UC Policy contains a medical exemption form that  
4 requires a healthcare provider to certify: “I certify that one or more of the  
5 Contraindications or Precautions recognized by the CDC or by the vaccines’  
6 manufacturers for each of the currently available COVID19 vaccines applies to  
7 the patient listed above. For that reason, COVID-19 vaccination using any of the  
8 currently available COVID-19 vaccines is inadvisable for this patient in my  
9 professional opinion.”

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

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

22 “Vaccination of people with known current SARS-CoV-2  
23 infection should be deferred until the person has recovered from  
24 the acute illness (if the person had symptoms) and they have  
25 met criteria to discontinue isolation. This recommendation  
26 applies to people who experience SARS-CoV-2 infection  
27 before receiving any vaccine dose and those who experience  
28

1 SARS-CoV-2 infection after the first dose of an mRNA vaccine  
2 but before receipt of the second dose.

3 “While there is no recommended minimum interval between  
4 infection and vaccination, current evidence suggests that the  
5 risk of SARS-CoV-2 reinfection is low in the months after  
6 initial infection but may increase with time due to waning  
7 immunity.”

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

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

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

17 **39.** Defendants’ novel theories for the novel coronavirus and its  
18 experimental vaccine are expressly based on conjecture that fails strict scrutiny  
19 when applied as a healthcare mandate, as Defendants *suggest* without confirmed  
20 data, for example:

- 21 a. Covid-19 vaccines ‘could’ ‘may’ ‘possibly’ ‘ideally’ create a  
22 larger immune response<sup>23</sup> and therefore perhaps hypothetically  
23 create superior immunity that just hasn’t been observed yet but  
24

25 <sup>23</sup> [https://mediasources.ucr.edu/articles/2021/03/03/what-uc-riverside-scientists-  
26 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”);  
27 [https://campusreturn.ucr.edu/sites/g/files/rcwecm4671/files/2021-04/COVID-  
28 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)  
, page 31 (“There is not enough information” “suggests”));  
<https://uci.edu/coronavirus/testing-response/covid-19-vaccine.php> (“usually”)

1                    might be observed in the unknown future by some unknown  
2                    institution.

3                    b. Sars-Cov-2 ‘could’ ‘may’ ‘possibly’ be more likely to mutate in  
4                    the bodies of unvaccinated persons rather than vaccinated  
5                    persons<sup>24</sup>, even though that too hasn’t been observed yet but only  
6                    might be observed in the unknown future by some unknown  
7                    institution.

8                    Defendants’ pattern and practice of unsubstantiated conjecture has already  
9                    been authoritatively rebutted by overwhelming scientific evidence, and therefore  
10                    the CDC will (or *should*) correct its guidance imminently. See,  
11                    [https://www.icandecide.org/wp-content/uploads/2021/06/Letter-to-CDC-re-](https://www.icandecide.org/wp-content/uploads/2021/06/Letter-to-CDC-re-recovered-superior-to-vaccinated_2021_05_28.pdf)  
12                    [recovered-superior-to-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).

13                    **FIRST CAUSE OF ACTION AGAINST DEFENDANTS**  
14                    **Declaratory Relief Under 28 U.S.C. § 2201**  
15                    **United States Constitution 14<sup>th</sup> Amendment Bodily Integrity**

16                    **40.** Plaintiffs incorporate by reference the paragraphs above as if set  
17                    forth in full herein.

18                    **41.** Plaintiffs have fundamental constitutional rights to bodily integrity,  
19                    including, especially, to be free from human medical experimentation. The  
20                    FDA’s classification of Covid-19 vaccination (as emergency use or approved) is  
21                    not determinative of the experimental status of the vaccination, as, for example,  
22                    with the complete absence of any long-term safety data and the novel status of  
23                    mRNA and adenovirus vaccines in humans.

24                    **42.** The Constitutional Right to Bodily Integrity is well settled in law  
25                    and ethics:

26                    **A.** “It cannot be disputed that the Due Process Clause protects

27 \_\_\_\_\_  
28 <sup>24</sup> <https://www.universityofcalifornia.edu/news/are-we-stuck-covid-19-forever>  
 (“may be”)

1 an interest in life as well as an interest in refusing [] medical treatment.”  
2 *Cruzan v Director, Missouri Dept of Health (1990) 497 US 261, 279.*

3 **B.** “Informed consent to medical treatment is fundamental in  
4 both ethics and law. Patients have the right to receive information and ask  
5 questions about recommended treatments so that they can make well-  
6 considered decisions about care. Successful communication in the patient-  
7 physician relationship fosters trust and supports shared decision making.”  
8 Citation: American Medical Association (2020). AMA Principles of  
9 Medical Ethics: I, II, V, VIII. Informed Consent. [https://www.ama-](https://www.ama-assn.org/delivering-care/ethics/informed-consent)  
10 [assn.org/delivering-care/ethics/informed-consent](https://www.ama-assn.org/delivering-care/ethics/informed-consent).

11 **C.** As with all forms of medical therapy, informed consent must  
12 precede vaccination administration.” Citation: The American College of  
13 Obstetricians and Gynecologists, Committee on Ethics, Ethical Issues  
14 With Vaccination for the Obstetrician–Gynecologist, Committee Opinion  
15 Number 564, May 2013, (*Reaffirmed 2016*)  
16 [https://www.acog.org/Clinical-Guidance-and-Publications/Committee-](https://www.acog.org/Clinical-Guidance-and-Publications/Committee-Opinions/Committee-on-Ethics/Ethical-Issues-With-Vaccination-for-the-Obstetrician-Gynecologist)  
17 [Opinions/Committee-on-Ethics/Ethical-Issues-With-Vaccination-for-the-](https://www.acog.org/Clinical-Guidance-and-Publications/Committee-Opinions/Committee-on-Ethics/Ethical-Issues-With-Vaccination-for-the-Obstetrician-Gynecologist)  
18 [Obstetrician-Gynecologist](https://www.acog.org/Clinical-Guidance-and-Publications/Committee-Opinions/Committee-on-Ethics/Ethical-Issues-With-Vaccination-for-the-Obstetrician-Gynecologist).

19 **D.** ‘Coerced consent to a medical procedure violates the medical  
20 ethics of informed consent and informed refusal, as for example where an  
21 individual who has been coerced to consent to injection of biotechnology,  
22 due to governmental threat of loss of access to basic necessities of life  
23 such as food and medical care, cannot be presumed to have provided  
24 lawful informed consent to the injection.’ Citation: Bi, S. and Klusty, T  
25 (2015). Forced Sterilizations of HIV-Positive Women: A Global Ethics  
26 and Policy Failure. *AMA J Ethics* 17(10):952-957.  
27 doi:10.1001/journalofethics. 2015.17.10.pfor2-1510.  
28 <https://journalofethics.ama-assn.org/article/forced-sterilizations-hiv->

1 positive-women-global-ethics-and-policy-failure/2015-10.

2 **43.** Plaintiffs are the only competent persons able to provide  
3 consent/refusal to the injection of Covid-19 vaccines into themselves. Neither  
4 Defendants nor third parties (such as the FDA) are able to provide such  
5 consent/refusal on behalf of Plaintiffs, nor can Defendants or third parties waive  
6 Plaintiffs' rights to informed consent/refusal of Covid-19 vaccines. Because  
7 Defendants have indicated that consent to injection of a Covid-19 vaccine is an  
8 imminent condition of their ongoing college participation (and, hence, future  
9 livelihood), Plaintiffs fundamental rights are in jeopardy, and, so, Plaintiffs seek  
10 declaratory relief to clarify their rights, and to, thereby, prevent immediate  
11 harm.

12 **44.** This real and concrete controversy exists between Plaintiffs and  
13 Defendants, in that Defendants contend that they have the right, the power, and  
14 the authority to require Plaintiffs' coerced vaccination as a condition of  
15 continuing participation at the public college (and hence control over Plaintiffs'  
16 future livelihoods), and Plaintiffs maintain that such coercion is duress, because  
17 they have the fundamental constitutional and statutory right to refuse vaccination  
18 without disruption of their education and future livelihoods.

19 **45.** Plaintiffs seek declaratory relief that Defendants' vaccine mandate  
20 rejecting Prescreening is an unscientific infringement upon Plaintiffs'  
21 constitutional rights.

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

24 **47.** Defendants have asserted in published documents that there is no  
25 need to screen individuals before receiving the various vaccines, as Defendants  
26 claim the vaccines are safe for administration to such people, despite the lack of  
27 any testing of said individuals as part of the various trials regarding the various  
28 vaccines.

1           **48.** Defendants’ policy is a gross departure from its own long-standing  
2 vaccination policy to reduce life-threatening harm by prescreening.

3           **49.** Prescreening can be accomplished in exactly the same way as for all  
4 other viruses, by clinical definition, and by blood immunity test where indicated.  
5 (It is to be noted that physician members of Congress specifically endorse such  
6 immunity testing as lifesaving.)

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

12           **51.** Defendants’ vaccine mandate that unscientifically rejects  
13 Prescreening is the direct cause for the immediate and unnecessary threat of  
14 injury and death to Plaintiffs.

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

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



1                   **SECOND CAUSE OF ACTION AGAINST DEFENDANTS**  
2                   **Injunctive Relief Under 42 U.S.C. § 1983**  
3                   **United States Constitution 14<sup>th</sup> Amendment Bodily Integrity**

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

6           **55.** For Plaintiffs, COVID-19 vaccination is experimental, ineffective,  
7 and dangerous.

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

14           **57.** Defendants are state actors, and have instituted or imminently intend  
15 to institute the Covid-19 vaccine mandate under color of law.

16           **58.** The forcible administration of the COVID-19 vaccines, on penalty  
17 of exclusion from campus, would deprive Plaintiffs of their substantive due  
18 process rights as described herein.

19           **59.** The harm to Plaintiffs cannot be adequately redressed in the event  
20 that the Covid-19 vaccination mandate is carried out.

21           **60.** Unless Defendants are enjoined, Plaintiffs will be irreparably  
22 harmed, which harm includes, but not by way of limitation, death, or other  
23 serious illness, and the loss of fundamental State and Federal constitutionally  
24 protected rights.

25                   **THIRD CAUSE OF ACTION AGAINST DEFENDANTS**  
26                   **Injunctive Relief Under 42 U.S.C. § 1983**  
27                   **United States Constitution 14<sup>th</sup> Amendment Freedom from State Created**  
28                   **Danger**

**61.** Plaintiffs incorporate by reference the paragraphs above as if set

1 forth in full herein.

2 **62.** Plaintiffs have the 14<sup>th</sup> Amendment Due Process right to be free  
3 from Defendants placing Plaintiffs in a situation of involuntary vaccination, a  
4 position of actual, particularized danger based upon the deliberate indifference of  
5 Defendants to a known and obvious danger of Covid-19 vaccine injury.

6 **63.** Defendants’ deliberate indifference to the known and obvious  
7 danger of vaccine injury (including but not limited to Defendants’ inability to  
8 quantify the risks of the medical procedure they mandate) creates and exposes  
9 Plaintiffs to health dangers, the intensity of which Plaintiffs would not have  
10 otherwise faced. Defendants’ rejection of science makes Plaintiffs more  
11 vulnerable to vaccine injury.

12 **64.** Plaintiffs’ current and future injuries as herein stated are reasonably  
13 foreseeable to Defendants.

14 **65.** Plaintiffs are in a special relationship with Defendants, in that  
15 Plaintiffs are students enrolled at UC campuses.

16 **FOURTH CAUSE OF ACTION AGAINST DEFENDANTS**  
17 **Unruh Act – Prohibiting Discrimination Based on Medical Condition and**  
18 **Genetic Status**

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

21 **67.** Plaintiffs invoke the Court’s supplemental jurisdiction to find that  
22 Defendants’ actions violate the Unruh Civil Rights Act, California Civil Code  
23 Section 51 *et seq.*, which provides in part:

24 “All persons within the jurisdiction of this state are free  
25 and equal, and no matter what their [] medical condition  
26 [and] genetic information [] are entitled to the full and  
27 equal accommodations, advantages, facilities, privileges,  
28

1 or services in all business establishments of every kind  
2 whatsoever....

3 “‘Genetic information’ includes any request for, or  
4 receipt of, genetic services, or participation in clinical  
5 research that includes genetic services, by an individual  
6 or any family member of the individual....

7 “‘Medical condition’ means [] Genetic characteristics.  
8 For purposes of this section, “genetic characteristics”  
9 means [] Any scientifically or medically identifiable gene  
10 or chromosome, or combination or alteration thereof, that  
11 is known to be a cause of a disease or disorder in a  
12 person or that person’s offspring, or that is determined to  
13 be associated with a statistically increased risk of  
14 development of a disease or disorder, and that is  
15 presently not associated with any symptoms of any  
16 disease or disorder.”

17 **68.** Defendants’ decision to mandate experimental gene therapy upon  
18 Plaintiffs is a direct violation of the Unruh Civil Rights Act, because it denies  
19 Plaintiffs full and equal access to their UC campuses on the basis of Plaintiffs’  
20 medical conditions and genetic information.

21 **69.** The UC System, and each Defendant UC campus individually, is a  
22 business establishment within the meaning of Cal. Civ. Code section 51, *et seq.*  
23 within the jurisdiction of this filing Court. For example, Defendant UC is one of  
24 the largest employers in the State of California, receiving approximately \$1.7B  
25 annually in revenue from Auxiliary Businesses, and includes campus services  
26 that charge fees for goods and services and therefore are self-supporting, such as  
27 housing, meals and bookstores, all three of which affect Plaintiffs Carly and  
28 Deborah. As the UC states on its website, “Besides world-class classrooms and

1 labs, UC has dozens of museums, concert halls, art galleries, botanical gardens,  
2 observatories and marine centers — academic resources, but also exciting  
3 gathering places for the community.”

4 **70.** Defendants allow Covid-19 vaccinated persons the right to access  
5 the UC campuses, but make no such accommodation to Covid-19 recovered  
6 persons, who, to protect themselves from serious injury, or death, refuse to be  
7 vaccinated.

8 **71.** Defendants’ violations of the Unruh Civil Rights Act must be  
9 enjoined. These violations are imminent and ongoing. Defendants’ failure and  
10 refusal to correct constitutes intentional discrimination against Plaintiffs and  
11 those similarly situated.

12 **72.** Defendants’ violations of the Unruh Civil Rights Act have harmed  
13 and will continue to harm Plaintiffs.

14 **73.** Because Defendants’ discriminatory conduct is ongoing, declaratory  
15 and injunctive relief are appropriate remedies.

16 **74.** Plaintiffs are entitled to declaratory and injunctive relief as well as  
17 reasonable attorneys’ fees and costs incurred in bringing this action, together  
18 with statutory damages.

19 **FIFTH CAUSE OF ACTION AGAINST DEFENDANTS**  
20 **Cal. Gov. Code section 11135 – Prohibiting Discrimination Based on**  
21 **Medical Condition and Genetic Status**

22 **75.** Plaintiffs incorporate by reference the paragraphs above as if set  
23 forth in full herein.

24 **76.** California Government Code Section 11135 is California’s civil  
25 rights analogue to Title VI of the Federal Civil Rights Act. Section 11135 states  
26 that:

27 “[n]o person in the State of California shall, on the basis  
28

1 of [] genetic information [] be unlawfully denied full and  
2 equal access to the benefits of, or be unlawfully subjected  
3 to discrimination under, any program or activity that . . .  
4 is funded directly by the state, or receives any financial  
5 assistance from the state[.]”

6 Cal. Gov. Code. § 11135(a).

7 **77.** Section 11139 provides a private right of action for enforcement,  
8 stating: “This article and regulations adopted pursuant to this article may be  
9 enforced by a civil action for equitable relief, which shall be independent of any  
10 other rights and remedies.”

11 **78.** Section 11139 also prohibits the statute from being “interpreted in a  
12 manner that would frustrate its purpose.”

13 **79.** Defendants’ vaccination mandate is the product of Defendants’  
14 intentional pattern and practice to unlawfully deny full and equal access to UC  
15 campuses on the basis of genetic information.

16 **80.** Defendants have and continue to violate section 11135, by  
17 unlawfully denying Plaintiffs the benefits of, and unlawfully subjecting Plaintiffs  
18 to discrimination under, Defendants’ vaccination mandate for the reasons set  
19 forth above.

20 **81.** Defendants have refused and failed to provide Plaintiffs with full  
21 and equal access to its facilities, programs, services and activities as required by  
22 section 11135, et seq.

23 **82.** Defendants’ violations of section 11135 have harmed and will  
24 continue to harm Plaintiffs.

25 **83.** Because Defendants’ discriminatory conduct is ongoing, declaratory  
26 and injunctive relief are appropriate remedies.

27 **84.** Plaintiffs are entitled to declaratory and injunctive relief as well as  
28 reasonable attorneys’ fees and costs incurred in bringing this action.

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**REQUEST FOR JURY TRIAL**

**85.**Plaintiffs request a jury trial on factual matters.

**REQUEST FOR RELIEF**

**86.**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.

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

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

Dated this July 26, 2021

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