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13		
14	UNITED STATES DIST DISTRICT OF N	
15	_	NE V ADA
	Jonah Gold,	Case Number:
16	Plaintiff,	Case Number.
17	v.	Complaint for Declaratory and
18	BRIAN SANDOVAL, in his official capacity as	Injunctive Relief
19	PRESIDENT OF THE UNIVERSITY OF	
	NEVADA, RENO; MELODY ROSE, in her	
20	official capacity as Chancellor of BOARD OF REGENTS OF THE NEVADA SYSTEM OF	
21	HIGHER EDUCATION, a political subdivision	JURY TRIAL REQUESTED
22	of the State of Nevada; LISA SHERYCH, in her	
23	official capacity as Administrator of DEPARTMENT OF HEALTH AN HUMAN	
	SERVICES NEVADA DIVISION OF PUBLIC	
24	AND BEHAVIORAL HEALTH; STEVE	
25	SISOLAK, in his official capacity as GOVERNOR OF THE STATE OF NEVADA;	
26	and John and Jane Does 1-100,	
27	Defendants.	
28		
	1 Complaint for Declaratory a	nd Injunctive Police
	Complaint for Declaratory a	nd injunctive Kener

Plaintiff Jonah Gold brings this action to challenge the Covid-19 vaccine mandate upon students at the University of Nevada, Reno. Plaintiff alleges as follows:

INTRODUCTION

- 1. The entire worldwide scientific consensus is that Covid-19 vaccination does <u>not</u> prevent infection or transmission of the coronavirus. Therefore, as a matter of law, Covid-19 vaccination cannot be considered a public health measure, lest public health be redefined to support an unprecedented power grab. The fact that the CDC literally changed the definition of the word "vaccine" in August 2021 to attempt to include these injections under a "vaccination" branding, certainly to manipulate public sentiment, and likely to also avoid the proper standard of judicial review, does not permit the judiciary to defer to the State with anything less than strict scrutiny. Indeed, the *Jacobson* Court limited its holding to vaccine mandates that were "adapted to prevent the spread of contagious diseases[.]" *Jacobson v. Massachusetts*, 197 U.S. 11, 35 (1905).
- 2. All credible scientific experts and sources have found that these injections do not in fact prevent the transmission or acquisition of the coronavirus. Thus the injections are a personal health measure only. A partial list of prominent scientists and persons who have stated this publicly include: the CDC Director Dr. Walensky, the Director of the NIAID Dr. Fauci, Harvard Professor Dr. Haseltine, Harvard Professor of Medicine Dr. Kulldorff, University of Oxford Professor of Infectious Disease Epidemiology Dr. Gupta, Professor of Medicine at Stanford University Medical School Dr. Bhattacharya, the Chief Medical Officer of Moderna Dr. Zaks, the Chief Scientist of the WHO Dr. Swaminathan, the Prime Minister of

United States Securities and Exchange Commission (August 6, 2020). *Moderna Form 10Q*. https://www.sec.gov/Archives/edgar/data/1682852/000168285220000017/mrna-20200630.htm.

Nakagami H. (September 2021). *Development of COVID-19 vaccines utilizing gene therapy technology*. Int Immunol. 2021 Sep 25;33(10):521-527. https://pubmed.ncbi.nlm.nih.gov/33772572/.

FDA (October 2021). *Comirnaty*. Vaccines, Blood, and Biologics. https://www.fda.gov/vaccines-blood-biologics/comirnaty.

¹ See e.g., Moderna (November 2021). *Program Patents*. https://www.modernatx.com/patents.

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1	the United Kingdom the Honorable Boris Johnson, the President of the United States Joe
2	Biden, the Leader of the Oxford Vaccine Team Professor Sir Andrew Pollard, EU research
3	scientists Drs. Bhakdi, Hockertz, Palmer, Wodarg, Surgeon General State of Florida Dr.
4	Ladapo, Public Health England, CDC, Nobel Prize Winner in Medicine Dr. Luc Montagnier
5	and prominent physician-scientist-Professor Dr. McCullough. All these, and many others, have
6	stated the injections do not stop transmission.
7	3. An enormous amount of independent data proves that Covid-19 vaccination is
8	actively harming the public health generally and some individuals specifically.
9	a. The vaccinated carry a very high viral load. ² Vaccinated people are more likely
10	to spread coronavirus. ³ The vaccinated acquire and transmit the virus as readily
11	– or more readily – than the unvaccinated. ⁴
12	b. Vaccinated people had extremely brief and transient immunity for only a
13	handful of months from the original variant. According to the CDC Director,
14	they have no protection whatsoever from acquiring the only variant of concern,
15	the Delta variant. ⁵
16	
17 18	Chau, N.V.V., et al. (October 11, 2021). <i>Transmission of SARS-CoV-2 Delta Variant Among Vaccinated Healthcare Workers, Vietnam,</i> Preprints with The Lancet. https://ssrn.com/abstract=3897733 .
19	See e.g., Delaney, P (October 6, 2021). Brief video illustrates dramatic spikes in
20	COVID-19 deaths after jabs in 40 nations. LifeSite News. https://www.lifesitenews.com/news/brief-video-illustrates-dramatic-spikes-in-covid-19-
21	deaths-following-jabs-in-40-nations/. The Expose (November 2, 2021). Pandemic of the Vaccinated – Worldwide data on
22	188 countries proves the highest Covid-19 case rates are in the most vaccinated countries.
23	https://theexpose.uk/2021/11/02/worldwide-data-proves-the-highest-covid-19-case-rates-are-in-the-most-vaccinated-countries/.
24	Subramanian SV, et al. (September 30, 2021). <i>Increases in COVID-19 are unrelated to</i>
2526	levels of vaccination across 68 countries and 2947 counties in the United States. Eur J Epidemiol. 2021;1-4. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8481107/.
27	Holcombe, M, et al. (August 6, 2021). Fully Vaccinated People Who Get a CoVID-19 Breakthrough Infection Transmit the Virus, CDC Chief Says. CNN Health.
28	https://www.cnn.com/2021/08/05/health/us-coronavirus-thursday/index.html.

1	c. There is much data to show that vaccinated people are more likely to expose the
2	community to variants. ⁶ , ⁷ McCullough Decl ⁸ And vaccinated people become
3	dependent on vaccine boosters for life. Parks Decl.
4	d. Unvaccinated Covid-19 Recovered persons acquire lifelong natural immunity
5	that is the most robust, most complete, and most durable.
6	e. It is counterproductive and risky to vaccinate people who are Covid-19
7	Recovered because they are placed at greater risk of harm in the short term and
8	in the long term. Parks Decl.
9	f. National data from the United States government databases (VAERS and VSD)
10	show vaccinated people are suffering permanent disability and death from
11	Covid-19 vaccination in staggering and unprecedented numbers. Rose Decl.
12	g. Countries with the lowest vaccination rates experience the lowest number of
13	coronavirus cases. Counties with lower vaccination numbers have far fewer
14	cases than areas with higher vaccination rates. ⁹
15	h. The current worldwide trend (i.e., Japan, Sweden, Finland, Denmark, Norway,
16	India, and most countries on the African continent) is to stop aggressively
17	pushing vaccination and start respecting natural immunity and proven cures like
18	Ivermectin and HCQ. ¹⁰
19	Keehner, J, et al. (September 1, 2021). <i>Resurgence of SARS-CoV-2 Infection in a</i>
20	Highly Vaccinated Health System Workforce (letter to the editor). N Engl J Med 2021; 385:1330-1332. https://www.nejm.org/doi/full/10.1056/NEJMc2112981.
21	
22	See Toothote 2.
23	Expert declarations referenced in this Complaint (styled "Name Decl.") refer to the concurrently filed (November 2021) declarations of Plaintiff's experts in support of
24	declaratory and injunctive relief, which declarations are hereby incorporated by reference.
25	9 See footnote 4.
26	See e.g., Turner, H. (October 27, 2021). <i>Japan drops vax rollout, goes to Ivermectin</i> ,
27	ENDS COVID almost overnight. News Desk.

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- 4. Plaintiff is an 18-year-old student enrolled with the University of Nevada, Reno ("UNR"), which recently mandated Covid-19 vaccination upon him (even though Plaintiff has already recovered swiftly from Covid-19 with natural immunity), and upon all other students attending UNR because of an ill-prepared emergency regulation passed by Nevada's Governor and Department of Public Health, who are named as Defendants in this lawsuit together with the college.
- **5.** Defendants do not possess any legal authority to require that Plaintiff be injected with this biotechnology because the injections are personal treatment only.
- 6. Covid-19 vaccination mandates are an unconstitutional intrusion on natural immunity and bodily integrity. As a Covid-19 Recovered healthy young male college student, Plaintiff is indisputably at substantially heightened risk from the injection in two ways. The first risk is that young males are at very high risk of developing life-threatening myocarditis or

Public officials are declaring openly that America is suffering because of vaccine mandates. See e.g., Los Angeles County Sherriff's Department (November 2, 2021). *Imminent Threat to Public Safety Due to Vaccine Mandates*. Press Conference. https://lasd.org/imminent-threat-to-public-safety-due-to-vaccine-mandates/.

Note also the following excerpt from Oklahoma's Governor and Attorney General in their Complaint *Oklahoma v. Biden* (November 4, 2021), "Here are some related and non-exhaustive considerations that compel the conclusion that this [vaccine] mandate is arbitrary and capricious:... Defendants' failure to exempt those who have a natural immunity to COVID-19.... Oklahoma seeks to protect its residents' health and well-being from the vaccine mandate; consequently, the State has standing to bring this cause of action in federal court.... Being vaccinated does not stop anyone from being a carrier of COVID-19.... This mandate forcibly intrudes into the physical person of the federal contractor's employee; it penetrates not just into the individual's skin but into her bloodstream—and becomes a component of her body. See Skinner, 489 U.S. at 616; Schmerber, 384 U.S. at 767–68. This involves the person's privacy, bodily integrity, and dignity. Society certainly recognizes the right to avoid such a compelled intrusion as reasonable."

Plaintiff's constitutional rights that places Plaintiff's life and public health in jeopardy.

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9. Plaintiff seeks an injunction to restrain Defendants' from utilizing the discredited tools of coercion and segregation of natural people in violation of federal law, including, but not limited to, Defendants' unscientific one-size-fits-all vaccine mandate where Defendants reject scientifically accepted natural immunity, and, therefore, place Plaintiff's life and public health in jeopardy.

JURISDICTION AND VENUE

- 10. This action asserts federal claims pursuant to 42 U.S.C. § 1983. This Court has subject matter jurisdiction under 28 U.S.C. §§ 1331, 1337, and 1343(a). The Court has additional remedial authority under 28 U.S.C. §§ 2201(a) and 2202.
- 11. Venue of this civil action in the Judicial District of Nevada is proper pursuant to 28 U.S.C. § 1391 (b) (1) and (2). Plaintiff resides in and attends higher education with UNR in this district. Defendants maintain offices, exercise their authority in their official capacities, and have taken the actions at issue in this matter in this district.

PARTIES

12. Plaintiff Jonah Gold ("Jonah") is enrolled as an undergraduate student at University of Nevada, Reno. He lives in a campus dormitory. Jonah is a Covid-19 Recovered person, having contracted the coronavirus and speedily recovered without complications. Jonah declines Covid-19 testing as an intrusive bodily intrusion, one that would subject Jonah to the unreasonable risk of a false positive with resulting draconian contact tracing and isolation. Thus, as a consequence of exercising rational thought and legal rights, Jonah is currently being prohibited by UNR from normal physical interaction with other students. Jonah has already paid for the Spring 2022 semester (including room and board). Jonah has been unable to register for in person classes (see paragraph 27) since November 1, 2021, so his education and livelihood are being hindered, including for example as in-person classes are expected to be full by December 2021, whilst online only classes are limited and segregationist. Because of Defendants' vaccine mandate, Jonah has not been able to enroll in each class recommended to

him by UNR's academic advisor.

- 13. Plaintiff pleads for relief, to be freed from Defendants' tactics of coercion and discrimination amounting to duress as a consequence of his choice *not* to submit to the myriad risks of Covid-19 vaccine injury that Defendants are unable to quantify.
- 14. Defendant Brian Sandoval ("Sandoval") is the President of University of Nevada, Reno. Sandoval implements the Covid-19 vaccine mandate of the UNR, including also Sandoval's preferred coercion policies that he targets to the UNR community. He is being sued in his official capacity.
- 15. Defendant Melody Rose is the Chancellor of Board of Regents of the Nevada System of Higher Education (NSHE), a political subdivision of the State of Nevada, operating as a public university system in Nevada with multiple campuses (including UNR) and more than 100,000 students. NSHE is a state-created, state-financed, and state-run education system, and, as such, it is subject to the Fourteenth Amendment of the United States Constitution.
- **16.** Defendants Sandoval and NSHE are referred to collectively herein as "College Party Defendants".
- 17. Defendant Lisa Sherych is the Administrator of Department of Health and Human Services Nevada Division of Public and Behavioral Health (DPBH).
 - **18.** Defendant Steve Sisolak ("Sisolak") is the Governor of the State of Nevada.
- **19.** Defendants DPBH and Sisolak are referred to collectively herein as "Administrative Defendants".
 - **20.** Defendants John and Jane Does 1-100 are, as yet, unknown persons.

DEFENDANTS HARM PLAINTIFF

- **21.** Defendants' vaccination mandate, as referenced herein, constitutes state action taken under color of law.
- **22.** Defendants' deference to false statements of there being a public health benefit, is unsupported by science and national data, and subordinate to constitutional rights.
 - 23. Plaintiff has experienced concrete and particularized injuries-in-fact that are

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both actual and imminent, including, but not limited to the following: (a) Defendants are
unconstitutionally coercing and segregating Plaintiff without scientific justification because
Plaintiff is exercising constitutional, and statutory rights to decline an involuntary injection;
(b) Defendants are engaged in unmitigated coercion to subvert Plaintiff's absolute right to
refuse to participate in an unnecessary worldwide medical experiment and to be free of
discrimination for exercising this right; and (c) Plaintiff experiences certain and palpable threat
of mandatory vaccination as Defendants push unscientific fear upon Plaintiff.

- **24.** Defendants' unscientific discrimination against unvaccinated Covid-19 Recovered students with superior immunity foreseeably places such students, including Plaintiff, under duress with respect to his exercise of informed refusal of Covid-19 vaccination.
- **25.** The discriminatory techniques create an educational environment that is separate and unequal based on medical condition and genetic status. Among the duress techniques utilized by Defendant College Parties are the following examples:
 - a. Covid-19 vaccinated students may breathe freely outdoors, but unvaccinated Covid-19 Recovered students with superior immunity can only breathe as the Defendant College Parties authorize.
 - b. Covid-19 vaccinated students are presumed healthy, but unvaccinated Covid-19 Recovered students with *superior* immunity are presumed unhealthy, and irrationally humiliated and segregated and submit to EUA tests intruding on student medical privacy, in order to congregate with others in the dorms.
 - c. Distributing gifts, prizes, and incentives to Covid-19 vaccinated persons, but isolating unvaccinated Covid-19 Recovered students with superior immunity.
- **26.** These policies cause direct and unnecessary disruption of Plaintiff's doctor-patient relationships, bodily integrity, education, and livelihood.

UNR COVID-19 VACCINE MANDATE

27. Defendant Sandoval regularly publishes the Covid-19 policies that he enforces

1	at UNR. See e.g., https://www.unr.edu/coronavirus , which states the following policies:
2	"All undergraduate and graduate students are required to provide
3	documentation of a completed vaccination series against COVID-19 before enrolling for the Spring 2022 semester. This means students must
4	receive both doses of the Pfizer-BioNTech or Moderna vaccine, or the single
5	dose of Johnson & Johnson (Janssen) COVID-19 vaccine before they can enroll when enrollment times begin on November 1."
6	"Students, employees, and members of the public, who have not been fully
7	vaccinated against COVID-19, are also still required to wear face
8	coverings outdoors while on campus , irrespective of whether other individuals are present."
9	"Contact tracing for positive COVID-19 cases will continue"
10	"What if I've had COVID-19 and carry antibodies? Do I still have to get
11	vaccinated? Yes, according to the Centers for Disease Control and Prevention, a person should be vaccinated regardless of whether they have already had
12	COVID-19 because of the following: • "Research has not yet shown how long you are protected from getting
13	COVID-19 again after you recover from COVID-19
14	"Vaccination helps protect you even if you've already had COVID- 19"
15	"If all courses are offered 100% web-based, the student may still enroll into those
16	classes. Students enrolled into 100% web-based courses who have not provided immunization documentation will need to complete enrollment requests for manual enrollment into each class."
17	
18	See also specific to dormitories:
19	"For a guest to check-in, they must present an ID at the Front Desk or to the
20	Residential Life Staff Member. If the front desk is closed, the resident must call the Resident Assistant on Duty to check-in their guest. Guests must follow
21	all established health guidelines as suggested by the University, CDC, Washoe County Public Health Department, NSHE, and the State of Nevada. This
22	includes, but is not limited to, proof of COVID-19 vaccination or proof of a
23	negative COVID-19 test result, administered within 72 hours prior to entering the building. The test results must include the date administered and
24	identifiable information." https://www.unr.edu/housing/resources/student-handbook/residence-hall-standards-of-conduct
25	
26	28. Such policies and their enforcement constitute a pattern and practice of
27	Defendant College Parties discriminating against unvaccinated persons who are Covid-19
28	Recovered compared to persons who are Covid-19 vaccinated.

- STATEWIDE POLICIES 29. Defendant NSHE regularly publishes the Covid-19 policies enforced throughout its college system including UNR. See e.g., https://nshe.nevada.edu/covid-19- information-center/, which declares mandates for vaccines, testing, and masking. Certain of these mandates are derived from the Administrative Defendants, such that the Defendant College Parties and the Administrative Defendants cooperate in their violations of constitutional rights, as alleged herein. 30. On August 20, 2021, Defendant DPBH adopted "an emergency regulation amending the Nevada Administrative Code (NAC) 441A.755 to require individuals enrolling in any Nevada university, community college, or state college, beginning November 1, 2021,
- 10 to provide proof of a completed COVID-19 vaccination series to the educational institution." 11 12 See https://gov.nv.gov/uploadedFiles/govnewnvgov/Content/News/Press/2021_docs/2021-08-
 - 20_BOH_Regulation.pdf.
 - 31. Defendant Sisolak "signed emergency regulations that require state universities, colleges and community colleges to implement a COVID-19 vaccine requirement for enrollment after Nov. 1, 2021."
 - https://gov.nv.gov/News/Press/2021/Governor_Sisolak_signs_emergency_regulation_related_t o_COVID-19_vaccine/.
 - Defendants' novel theories¹⁷ for the coronavirus and its experimental vaccine 32. are based on conjecture that fails strict scrutiny when applied as a healthcare mandate. Defendants' pattern and practice of unsubstantiated conjecture has already been authoritatively rebutted by overwhelming scientific evidence, and therefore health authorities will (or *should*) correct their guidance imminently.¹⁸
 - See e.g., Immunize Nevada (November 4, 2021). Covid-19 FAQ. https://www.nvcovidfighter.org/covid-19-faq.
 - Siri, A. (October 21, 2021). Prelitigation communications with CDC to lift restrictions on the naturally immune. https://www.icandecide.org/wp-content/uploads/2021/10/Reply-to-CDC-Re-Natural-Immunity-v-Vaccine-Immunity.pdf.

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1 DEFENDANTS IGNORE NATURAL IMMUNITY AND FAIL TO IMPLEMENT **PRESCREENING** 2 33. Those individuals who have had, and, knowingly or unknowingly, recovered 3 from the SARS-CoV-2 virus, or those individuals who currently have the virus, are herein 4 collectively referred to as the "Covid-19 Recovered". The medical trials for the Pfizer¹⁹, 5 Moderna²⁰, and Johnson & Johnson²¹ Covid-19 vaccines excluded the Covid-19 Recovered 6 and many top publishing physicians²² are proactively prescreening patients to protect them 7 from unnecessary risk of injection if they are Covid-19 Recovered. See, e.g., from Pfizer trial: 8 "5.2. Exclusion Criteria Participants are excluded from the study if 9 any of the following criteria apply: ... Previous clinical (based on 10 COVID-19 symptoms/signs alone, if a SARS-CoV-2 NAAT result was not available) or microbiological (based on COVID-19 11 symptoms/signs and a positive SARS-CoV-2 NAAT result) diagnosis of COVID-19." 12 34. Emphasizing the importance of shifting the proof of safety burden to the State, 13 emerging data establishes that vaccinating the Covid-19 Recovered causes an immediately 14 15 16 17 18 19 https://www.fda.gov/media/144412/download 19 https://cdn.pfizer.com/pfizercom/2020-11/C4591001_Clinical_Protocol_Nov2020.pdf https://www.fda.gov/emergency-preparedness-and-response/coronavirus-disease-2019-20 covid-19/comirnaty-and-pfizer-biontech-covid-19-vaccine 21 https://www.fda.gov/media/144434/download https://www.cdc.gov/vaccines/acip/recs/grade/covid-19-moderna-vaccine.html 22 https://www.modernatx.com/sites/default/files/content_documents/Final%20mRNA-1273-P301%20Protocol%20Amendment%206%20-%2023Dec2020.pdf 23 21 https://www.fda.gov/media/146217/download 24 22 25 https://pubmed.ncbi.nlm.nih.gov/?term=Hooman+Noorchashm https://pubmed.ncbi.nlm.nih.gov/?term=+McCullough+PA 26 Siri, A. (October 21, 2021). Prelitigation communications with CDC to lift restrictions on the naturally immune. https://www.icandecide.org/wp-content/uploads/2021/10/Reply-to-27 CDC-Re-Natural-Immunity-v-Vaccine-Immunity.pdf. 28

higher death rate worldwide for no benefit ²³ , as there is a much stronger $(10-20x)^{24}$ antibody
response to the Covid-19 vaccine, overwhelming the immune system, if a person has
previously had the virus. Scientists and clinicians observing patients in real time are reporting
the same phenomenon all over the world, as this representative example highlights: "People
with prior COVID-19 illness appear to experience significantly increased incidence and
severity of side effects after receiving the COVID-19 vaccine". 25 Some of these increased side
effects include: blood clots, hemorrhage, thrombocytopenia, heart attack, and strokes;
reproductive issues, including menstrual irregularities, reduced fertility, miscarriages;
transmission of spike protein from vaccinated individuals, such as through breast milk and
associated risk in neonates and infants; neurological disorders, including Guillain-Barré
syndrome, Bell's Palsy, transverse myelitis and unspecified neurologic damage.
35. Despite the foregoing, Defendants issued an unscientific statewide mandate of
Covid-19 vaccination without any accommodation for prescreening. Defendants' dogmatic
reliance upon 'CDC recommendations' is not based on real time data, or on actual numbers.
This explains why scientists and clinicians caring for real patients in real time are achieving
superior health outcomes by ignoring CDC recommendations in favor of standard medical
practice which is to acknowledge the robustness of natural immunity. An example of this came
recently from Dr. Marty Makary, a professor at the Bloomberg School of Public Health, who
23 Over World in Data (2021) Community Data and James

Our World in Data (2021). *Coronavirus: Data explorer*. https://ourworldindata.org/explorers/coronavirus-data-explorer Bruno, R et al (2021).

Bruno, R, et al. (May 24, 2021). SARS-CoV-2 mass vaccination: Urgent questions on vaccine safety that demand answers from international health agencies, regulatory authorities, governments and vaccine developers. Authorea.

https://authorea.com/doi/full/10.22541/au.162136772.22862058

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

See footnote 16.

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

stated publicly that because "half the country" likely already have natural lifelong immunity to Covid-19, "I never thought I'd say this, but please ignore the CDC guidance."²⁶

- 36. Defendants' position is novel and radical. Universal principles of virology and immunology²⁷ hold that immunity from natural infection is the best, most robust, and longest lasting way protection to manage epidemics such as Covid-19. Defendants' statements to the contrary are categorically false, and courts must not defer to false statements simply because some government scientists argue for them, but, rather, courts must apply strict scrutiny. See e.g., *Roman Catholic Diocese v. Cuomo*, 141 S. Ct. 63, 71 (2020) (Justice Gorsuch concurring, "Why have some mistaken this Court's modest decision in *Jacobson* for a towering authority that overshadows the Constitution during a pandemic? In the end, I can only surmise that much of the answer lies in a particular judicial impulse to stay out of the way in times of crisis. But if that impulse may be understandable or even admirable in other circumstances, we may not shelter in place when the Constitution is under attack. Things never go well when we do.")
- 37. The evidence supports that natural immunity with SARS-CoV-2 in the unvaccinated will be complete and lifelong.²⁸ Urso Decl., Yeadon Decl. Indeed, The Cleveland Clinic found the following: "Individuals who have had SARS-CoV-2 infection are unlikely to benefit from COVID-19 vaccination."²⁹ Defendants can cite **NO** statistically significant

Shiver, P (May 27, 2021). *John Hopkins professor says 'ignore the CDC' – 'natural immunity works'*. Blaze Media. https://www.theblaze.com/news/johns-hopkins-professor-ignore-cdc-natural-immunity-works ("Natural immunity works... We've got to start respecting individuals who choose not to get the vaccine, instead of demonizing them. There is more data on natural immunity than there is on vaccinated immunity, because natural immunity has been

around longer.")

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

Alexander, PE (October 17, 2021). *91 Research Studies Affirm Naturally Acquired Immunity to Covid-19: Documented, Linked, and Quoted.* Brownstone Institute. https://brownstone.org/articles/79-research-studies-affirm-naturally-acquired-immunity-to-covid-19-documented-linked-and-quoted/.

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

1	evidence that Covid-19 Recovered persons are at any risk whatsoever of reinfection or
2	transmission, let alone greater risk than vaccinated persons.
3	38. There is NO evidence to support the argument that the Covid-19 Recovered
4	lose their immunity. In fact, there is substantial evidence suggesting it will be lifelong. ³⁰ , ³¹
5	Such evidence includes: University of Washington scientists discovered that prior infection ³²
6	with the original SARS-CoV-1 ³³ (which is approximately 78% identical to SARS-Cov-2)
7	conferred natural immunity that is robust against the current SARS-CoV-2 eighteen years
8	later; ³⁴ The Lancet reporting: evidence that "demonstrates that infection does protect
9	against reinfection;" ³⁵ SCIENCE reporting "Substantial immune memory is generated after
10	natural infection with COVID-19, involving all four major types of immune memory"; ³⁶ and
11	Nature reporting: "SARS-CoV-2 infection induces long-lived bone marrow plasma cells in
12	
13	Haveri, A (2021). Persistence of neutralizing antibodies a year after SARS-CoV-2
14	infection in humans. Eur. J. Immunol. 2021. 0: 1-12. https://onlinelibrary.wiley.com/doi/epdf/10.1002/eji.202149535.
15	Block, J. (2021). Vaccinating people who have had covid-19: why doesn't natural immunity count in the US? BMJ 2021;374:n2101.
16	https://www.bmj.com/content/374/bmj.n2101.
17	Callaway, E (May 26, 2021). Had COVID? You'll probably make antibodies for a
18	lifetime. Nature. https://www.nature.com/articles/d41586-021-01442-9. Doshi, P (2020). Covid-19: Do many people have pre-existing immunity? BMJ
19	2020;370:m3563. https://www.bmj.com/content/370/bmj.m3563.
20	Le Bert, N (2020). SARS-CoV-2-specific T cell immunity in cases of COVID-19 and SARS, and uninfected controls. Nature 2020 Aug;584(7821):457-462.
21	https://pubmed.ncbi.nlm.nih.gov/32668444/.
22	UW Medicine (2020). Antibody neutralizes SARS and COVID-19 coronaviruses. News
23	Release. https://newsroom.uw.edu/news/antibody-neutralizes-sars-and-covid-19-coronaviruses.
24	
25	infection. The Lancet. Vol 397, Issue 10283, P1421-1423.
26	https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(21)00782-0/fulltext.
27	Dan, J. M., et al. (2021). Immunological memory to SARS-CoV-2 assessed for up to 8 months after infection. SCIENCE (New York. N.Y.), 371(6529).

https://doi.org/10.1126/science.abf4063.

humans."37

- 39. Public health has always acknowledged this basic fact of immunology³⁸ that immunity from natural infection is the best, most robust, and longest lasting. By screening for prior immunity, the Covid 19 Recovered will be protected from the medical harm caused by unnecessary vaccinations. If a prior immunity exists, then no shot is indicated, because risk without reward violates all medical ethics. Any attempt to force one-size-fits-all vaccination upon Plaintiff does not satisfy logic, medical ethics, or constitutional strict scrutiny.
- 40. Defendants continue to use prescreening for *other* viral infections (allowing naturally immune students a medical exemption to vaccination for measles, mumps, rubella, hepatitis B, hepatitis A, chickenpox, and others)³⁹. Defendants arbitrarily reject titers just for Covid-19 and as the Covid-19 injections are personal treatment only, under the strict scrutiny line of federal precedents, this is not narrowly tailored. See e.g., "rights to determine one's own medical treatment, and to refuse unwanted medical treatment," are "fundamental[,]" and individuals also have "a fundamental liberty interest in medical autonomy." *Coons v. Lew*, 762 F.3d 891, 899 (9th Cir. 2014) (as amended) (internal cites omitted), cert. denied in *Coons v. Lew*, 575 US 935 (2015).
- **41.** Because vaccinating the immune is well known to be both unnecessary and potentially dangerous, public health vaccination programs have *always* included a standardized prescreening process. Defendants' one-size-fits-all vaccine mandate completely ignores this

Turner, J.S., et al. (2021). *SARS-Co V-2 infection induces long-lived bone marrow plasma cells in humans*. NATURE 595, 421-425. https://pubmed.ncbi.nlm.nih.gov/34030176/.

See footnote 26.

See e.g., University of Nevada, Reno (2021). *Immunizations, Titers and Infection Screening*. Student Health Center. https://med.unr.edu/student-health-center/services/immunizations-titers-and-infection-screening.

University of Nevada, Las Vegas (2021). *Immunizations*. Office of the Registrar. https://www.unlv.edu/registrar/immunizations ("Acceptable Proof of Immunization...Lab report that indicates immunity (titer test for MMR)").

DPBH (2021). *Nevada School Immunization Requirements*. https://dpbh.nv.gov/uploadedFiles/dpbhnvgov/content/Programs/SIP/Docs/NVSchoolImmunizationRequirements.pdf.

decades-old accepted science that protects Plaintiff.⁴⁰ The new Covid-19 vaccines have, in addition to the above general risks, definite and specific heightened risk, including death, and the possibility of later Antibody Dependent Enhancement (ADE).⁴¹

- **42.** Prescreening must be recognized immediately because more than half the American population is Covid-19 Recovered. "As of July 1, 2021, about 53.8% of the 330 million people living in the U.S. have been infected with SARS-CoV-2...." In November 2021, this number exceeds 200 million people.
- 43. Because there is evidence of severe higher risk, and because Covid-19 vaccination is a new agent, prescreening must be as robust as possible, including ruling out: current infection, recent past infection (i.e., antibody testing), and older past infection (i.e., T-detect, humoral immunity). This is accomplished by doctors in all the traditional ways, such as taking a thorough patient history, and blood testing where indicated. The journal Nature states: "A detrimental effect linked to pre-existing immunity is eminently testable and would be revealed by the same COVID-19 cohort and vaccine studies proposed above." ⁴³

DEFENDANTS IGNORE THAT THE VACCINES DO NOT STOP TRANSMISSION OF THE VIRUS

- Physicians for Informed Consent (2021). *SARS-CoV-2 COVID-19: What You Need To Know*. https://physiciansforinformedconsent.org/wp-content/uploads/2021/08/PIC-COVID-19-Disease-Information-Statement-DIS-August-2021.pdf.
- Sette, A., et al. (2020). *Pre-existing immunity to SARS-CoV-2: the knowns and unknowns*. Nat Rev Immunol 20, 457–458. https://www.nature.com/articles/s41577-020-0389-2.

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 phenomenon is common in such infections as Dengue, HIV, SARS, and Ebola. In the case of human coronaviruses, the worst-case scenario, immunologically, 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.

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

- 51. The claimed benefit of the Covid-19 vaccine is solely that it may reduce *symptoms* of the virus, but not *transmission* of the virus. Therefore, Covid-19 vaccines are personal treatment choices only, explaining why the CDC changed its definition of "vaccine" in August 2021 from "the act of introducing a vaccine into the body to produce immunity to a specific disease" to "the act of introducing a vaccine into the body to produce protection to a specific disease."
- **52.** In total contrast to the smallpox vaccine, the Covid-19 injections cannot be claimed to stop the spread of contagious disease. Rather, they are *increasing* the spread of a contagious disease. This distinguishes the finding in *Jacobson* which specifically stated and relied upon a vaccine mandate working "to prevent the spread of contagious disease." *Jacobson*, *supra*, 197 US at 35.
- **53.** As well, the stated public health goal of *Jacobson* was to reduce mortality from a highly lethal 30% viral infection, whereas Covid-19 is not lethal at all to healthy college students.

DEFENDANTS IGNORE THE SCIENCE: PANDEMIC OF THE VACCINATED

- **54.** All ordinary persons including Plaintiff can directly observe that Covid-19 vaccination does not stop transmission and is harming some individuals. Thousands of scientists and physicians and politicians from all political sides and all around the globe have repeatedly stated this publicly. For example:
 - a. NIAID Director Dr. Anthony Fauci to NPR: "We know now as a fact that [vaccinated people with Covid-19] are capable of transmitting the infection to

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8057721/.

Attkisson, S (September 8, 2021). *CDC changes definition of "vaccines" to fit Covid-19 vaccine limitations*. https://sharylattkisson.com/2021/09/read-cdc-changes-definition-of-vaccines-to-fit-covid-19-vaccine-limitations/.

See footnote 4.

1	someone else." ⁵⁷
2	b. WHO Chief Scientist Dr. Soumya Swaminathan: "At the moment I don't
3	believe we have the evidence of any of the vaccines to be confident that it's
4	going to prevent people from actually getting the infection and therefore being
5	able to pass it on." ⁵⁸
6	c. Chief Medical Officer of Moderna Dr. Tal Zaks: "There's no hard evidence that
7	it stops them from carrying the virus transiently and potentially infecting others
8	who haven't been vaccinated."59
9	d. The Prime Minister of the United Kingdom, the Honorable Boris Johnson: "
10	but it doesn't protect you against catching the disease and it doesn't protect you
11	against passing it on"60
12	e. The Surgeon General of the State of Florida, Dr. Joseph Ladapo, MD, PhD: "
13	the infections can still happen whether people are vaccinated or not. That's very
14	obvious."61
15	
16 17	Stieg, C (July 28, 2021). <i>Dr. Fauci on CDC mask guidelines: 'We are dealing with a different virus now</i> . https://www.cnbc.com/2021/07/28/dr-fauci-on-why-cdc-changed-guidelines-delta-is-a-different-virus.html .
18	Colson, T. (December 29, 2020). <i>Top WHO scientist says vaccinated travelers should</i>
19	still quarantine, citing lack of evidence that COVID-19 vaccines prevent transmission. Business Insider. https://www.businessinsider.com/who-says-no-evidence-coronavirus-
20	vaccine-prevent-transmissions-2020-12?op=1.
21	Manskar, N (November 24, 2020). <i>Moderna boss says COVID-19 vaccine not proven to</i>
22	stop spread of virus. New York Post. https://nypost.com/2020/11/24/moderna-boss-says-covid-shot-not-proven-to-stop-virus-
23	spread/.
24	Jones, W (October 24, 2021). Boris Admits the Vaccine "Doesn't Protect You Against
25	Catching the Disease, and It Doesn't Protect You Against Passing it On. The Daily Sceptic. https://dailysceptic.org/2021/10/24/boris-admits-the-vaccine-doesnt-protect-you-against-
26	catching-the-disease-and-it-doesnt-protect-you-against-passing-it-on/.
27	WFLA News (October 24, 2021). <i>Desantis, Moody Speak Out Against Vaccine Mandates in Clearwater</i> . Twitter Repost.
28	https://twitter.com/4patrick7/status/1452309002021388296?s=21.

- f. Professor Sir Andrew Pollard who led the Oxford vaccine team: "We don't have anything that will stop transmission, so I think we are in a situation where herd immunity is not a possibility and I suspect the virus will throw up a new variant that is *even better* at infecting vaccinated individuals." 62
- g. "Based on this data it is all but a certainty that mass COVID-19 immunization is hurting the health of the population in general. Scientific principles dictate that the mass immunization with COVID-19 vaccines must be halted immediately because we face a looming vaccine induced public health catastrophe."
- h. 2008 Nobel Prize winner in Medicine Dr. Luc Montagnier (and the French National Order of Merit and 20 other major international awards): "The vaccines don't stop the virus, they do the opposite they "feed the virus," and facilitate its development into stronger and more transmissible variants... You see it in each country, it's the same: the curve of vaccination is followed by the curve of deaths ... the vaccines Pfizer, Moderna, Astra Zeneca do not prevent the transmission of the virus person-to-person and the vaccinated are just as transmissive as the unvaccinated."
- i. Dr. Vanden Bossche, international vaccinologist formerly with the Bill &
 Melinda Gates Foundation: "As a dedicated virologist and vaccine expert I only

Curzon, M (August 10, 2021). *Vaccines Don't Stop Transmission and Won't Give Us Herd Immunity, So Let's Stop Mass Testing, Experts Tell MPs.* Rights and Freedoms. https://rightsfreedoms.wordpress.com/2021/08/14/vaccines-dont-stop-transmission-and-wont-give-us-herd-immunity-so-lets-stop-mass-testing-experts-tell-mps/.

Classen B (August 25, 2021). US COVID-19 Vaccines Proven to Cause More Harm than Good Based on Pivotal Clinical Trial Data Analyzed Using the Proper Scientific Endpoint, "All Cause Severe Morbidity". Trends Int Med. 2021; 1(1): 1-6. 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.

RAIR Foundation USA (2021). Video with *Nobel Laureate Luc Montagnier*. https://rairfoundation.com/tag/luc-montagnier/.

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make an exception [to vaccines] when health authorities allow vaccines to be administered in ways that threaten public health, most certainly when scientific evidence is being ignored. The present extremely critical situation forces me to spread this emergency call. As the unprecedented extent of human intervention in the Covid-19 pandemic is now at risk of resulting in a global catastrophe without equal, this call cannot sound loudly and strongly enough.... In this agonizing letter I put all of my reputation and credibility at stake ... continued mass vaccination, together with the predominant circulation of more infectious variants (as facilitated by mass vaccination!), will inevitably lead to relatively higher morbidity and mortality rates in vaccinees than in the nonvaccinated."65

- j. A study of a Covid-19 outbreak in July 2021 published in Eurosurveillance observed that 100% of severe, critical, and fatal cases of Covid-19 occurred in vaccinated individuals. The authors stated that the study "challenges the assumption that high universal vaccination rates will lead to herd immunity and prevent COVID-19 outbreaks."
- k. Dr. Jay Bhattacharya, MD, PhD, Professor of Health Policy, Stanford University: "There's no public health reason for a mandate. ... bad for public health because it causes people not to trust health officials." 67
- 1. Dr. Martin Kulldorff, Professor of Medicine at Harvard Medical School: "The

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

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

Hill, ZK (July 21, 2021). *Stanford Doc Jay Bhattacharya Calls Vaccine Mandates 'Unethical,' Says Patients Can Choose*. Newsweek. https://www.newsweek.com/stanford-doc-jay-bhattacharya-calls-vaccine-mandates-unethical-says-patients-can-choose-1611938

1	vaccinated against Covid are more susceptible to the Delta variant." ⁷⁵
2	55. On August 1, 2021, the director of Israel's Public Health Services announced
3	half of all Covid-19 infections were among the fully vaccinated. ⁷⁶
4	56. On August 5, 2021, the director of the Herzog Hospital in Jerusalem appeared
5	on Channel 13 News, reporting that 95% of severely ill Covid-19 patients are fully vaccinated,
6	and that they make up 85% to 90% of Covid-19 related hospitalizations overall. ⁷⁷
7	57. 21 Israeli physicians, scientists advise FDA of 'severe concerns' regarding
8	reliability and legality of official Israeli COVID vaccine data: "We are aware that the state of
9	Israel is perceived as 'the world laboratory' regarding the safety and efficacy of the Pfizer-
10	BioNTech COVID-19 vaccine, as reflected by statements made by Dr. Albert Bourla, Dr.
11	Anthony Fauci. We thus see it of utmost importance to convey a message of warning and raise
12	our major concerns regarding potential flaws in the reliability of the Israeli data with respect to
13	the Pfizer-BioNTech COVID-19 vaccine, as well as many significant legal and ethical
14	violations that accompany the data collection processes." ⁷⁸
15	58. In Scotland, official data on hospitalizations and deaths show 87% of those who
16	have died from Covid-19 in the third wave that began in early July were vaccinated. ⁷⁹
17	75 See footnote 2
18	See Toothlote 2.
19	Bloomberg News (August 1, 2021). <i>Israel sees waning coronavirus vaccine effectiveness</i> . https://www.bostonglobe.com/2021/08/01/nation/israel-sees-waning-
20	coronavirus-vaccine-effectiveness/.
21	Fleetwood, J. (August 8, 2021). Vaxxed Make Up '85-90% of the Hospitalizations'
22	from Covid Infection in Israel: Dr. Kobi Haviv. American Faith. https://americanfaith.com/vaxxed-make-up-85-90-of-the-hospitalizations-from-covid-
23	infection-in-israel-dr-kobi-haviv/.
24	Sones, M. (October 22, 2021). BREAKING: Israeli physicians, scientists advise FDA of 'severe concerns' regarding reliability and legality of official Israeli COVID vaccine data.
25	America's Frontline Doctors.
26	https://americasfrontlinedoctors.org/2/frontlinenews/breaking-israeli-physicians-scientists-advise-fda-of-severe-concerns-regarding-reliability-and-legality-of-official-israeli-covid-
27	vaccine-data/.
28	Daily Expose (July 29, 2021). Exclusive - Covid-19 are rising and official data shows

1	59.	Undercover video and emails from US health agencies and vaccine	
2	manufacture	rs confirm ⁸⁰ that (1) vaccine injuries are underreported because vested interests	
3	want to "sho	ve it under the mat", 81 (b) vaccine tracking is implemented in a fascist manner, (c)	
4	vaccination i	s both unnecessary and harmful, (d) natural immunity is superior to vaccination,	
5	and (e) vacci	ne manufacturers actively conceal from the public the use of aborted fetuses to	
6	develop vaccines.		
7	THE UNDERLYING STATISTICS SURROUNDING COVID-19 ARE FLAWED		
8	60.	On January 30, 2020, the World Health Organization declared a public health	
9	emergency of	f international concern due to the SARS-CoV-2 virus.	
10	61.	On January 31, 2020, President Trump first issued a public health state of	
11	emergency ir	the United States under the Public Health Service Act due to Covid-19.	
12	62.	Also on January 31, 2020, Secretary of Health and Human Services Alex M.	
13	Azar II, issue	ed a Declaration of a Public Health Emergency effective as of January 27, 2020.	
14	This declarat	ion has been renewed thereafter on April 21, 2020, July 23, 2020, October 2,	
15	2020, Januar	y 7, 2021, April 15, 2021, July 19, 2021, and October 15, 2021.	
16	63.	President Trump issued a subsequent declaration of emergency under the	
17			
18	87% of the p	eople who have died were vaccinated. Daily Expose.	
19	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 August were people who had been vaccinated according to Public Health data. Daily Expose. https://theexpose.uk/2021/09/08/exclusive-80-percent-of-covid-19-deaths-in-august-		
20			
21		who-had-been-vaccinated/.	
22	80 Project	ct Veritas (2021). COVID-19 Vaccine Exposed. https://www.projectveritas.com/.	
23	81 This	observation is also corroborated by (a) the Lazarus report from Harvard Pilgrim	
24	evidencing that less than 1% of vaccine adverse events are reported to VAERS		
25	(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 declaration of a		
26	whistleblower who compared the high number of vaccine deaths in private CMS medical claims to the low number of vaccine deaths reported to VAERS. <i>America's Frontline Doctors</i> ,		
27		<i>rra et al.</i> Case 2:21-cv-00702-CLM, United States District Court (Northern labama), Dkt. 15-4 (Declaration filed 07/19/21).	
28			

1	c. Dr. Fauci has stated that a test conducted at a Ct of over 35 is useless. ⁸³
2	d. At Ct \geq 35 the accuracy of the test drops to 3% ⁸⁴ or 97% false positive
3	e. The World Health Organization agreed and in December 2020 stated that labs
4	should (at the very least) report the cycle threshold (Ct value) to the healthcare
5	provider ⁸⁵ which still does not happen.
6	f. The inventor of the PCR test, 1993 Nobel Prize winner in Chemistry, Professor
7	
8	
9	Fauci, A (October 30, 2020). <i>PCR cycles</i> . This Week In Virology. https://www.youtube.com/watch?v=A867t1JbIrs .
	New York Times (August 29, 2020 and updated July 3, 2021). Your Coronavirus Test
10	Is Positive. Maybe It Shouldn't Be. https://www.nytimes.com/2020/08/29/health/coronavirus-testing.html .
11	Jaafar, R, et al. (2020). Correlation Between 3790 Quantitative Polymerase Chain
12	Reaction—Positives Samples and Positive Cell Cultures, Including 1941 Severe Acute
13	Respiratory Syndrome Coronavirus 2 Isolates. Clinical Infectious Diseases, Volume 72, Issue 11, 1 June 2021, Page e921. https://academic.oup.com/cid/article/72/11/e921/5912603
14	Borger, P, et al. (2020). External peer review of the RTPCR test to detect SARS-CoV-2
15	reveals 10 major scientific flaws at the molecular and methodological level: consequences for false positive results. Corman-Drosten Review Report.
16	https://cormandrostenreview.com/report/ (80% false positives). Mina, M, et al. (February 17, 2021). Clarifying the evidence on SARSCoV-2 antigen
17	rapid tests in public health responses to COVID-19. The Lancet.
18	https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(21)00425-6/fulltext#%20' of https://doi.org/10.1016/S0140-6736(21)00425-6 ("This suggests that 50–75% of the time an
19	individual is PCR positive, they are likely to be post-infectious.")
20	Arzteeitung (July 4, 2020). Second week of June: 80 Percent of Positive Corona Rapid Tests False-Positive. https://www.aerztezeitung.de/Wirtschaft/80-Prozent-der-positiven-
21	Corona-Schnelltests-falsch-positiv-421053.html (The fact that the high rate of false positive
	tests in large-scale testing in the population occurs at a time of low viral incidence is demonstrated in the article from the German Ärztezeitung. At the end of the regular cold
22	season (May), about 50% of rapid tests were already reported as false positive, and this rate increased until it reached 80% false positive tests); and compare, Corman, V et al. (July 2021).
23	Comparison of seven commercial SARS-CoV-2 rapid point-of-care antigen tests: a single-
24	centre laboratory evaluation study. Lancet Microbe. 2021 Jul; 2(7): e311–e319. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8026170/ ("false-positives do occur with
25	AgPOCTs at a higher rate than with RT-rtPCR.")
26	WHO (December 2020). Nucleic acid testing (NAT) technologies that use real-time
27	polymerase chain reaction (RT-PCR) for detection of SARS-CoV-2. WHO News.

There is no reason to test perfectly healthy asymptomatic people absent the belief that asymptomatic people can spread Covid-19.

- **72.** However, the assumption that people with no symptoms can spread the disease is false. As Dr. Fauci stated September 9, 2020: "[E]ven if there is some asymptomatic transmission, in all the history of respiratory borne viruses of any type, asymptomatic transmission has never been the driver of outbreaks. The driver of outbreaks is always a symptomatic person, even if there is a rare asymptomatic person that might transmit, an epidemic is not driven by asymptomatic carriers." In addition there have been innumerable studies during Covid disproving the "asymptomatic spread" myth, including a massive study published in the British Medical Journal of 10,000,000 PCR + asymptomatic persons who *did not spread the virus to a single other person.* 94
- 73. Due to the incorrect assumption that asymptomatic people could spread the disease, mass testing has been instituted of the population at large. Due to the numerous flaws in the PCR test stated above, this mass testing has resulted in dramatically inflated case numbers that do not reflect reality and falsely overstate the number of Covid-19 cases. On college campuses being labelled with a false positive test is much harsher than a non-campus life, resulting in loss of meals, family, classes and confined to a small dorm room for 14 days.
 - 74. As a result, the data regarding Covid-19 cases being used to shape public policy

infants, and bacterial infections in the general population, as described below.... Prolonged use of N95 and surgical masks by healthcare professionals during COVID-19 has caused adverse effects such as headaches, rash, acne, skin breakdown, and impaired cognition in the majority of those surveyed... Aiello and colleagues described a study in which 1437 university students were randomized by dormitory to three arms: control, surgical masks alone, and surgical masks plus hand hygiene[;] the study could not distinguish the relative contributions of each intervention.")

Spitzer M (2020). *Masked education? The benefits and burdens of wearing face masks in schools during the current Corona pandemic*. Trends in Neuroscience and 16 Education. 2020;20:100138. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7417296/.

Griffin, S (2020). *COVID-19: Asymptomatic cases may not be infectious, Wuhan Study Indicates*. BMJ 2020;371:m4695. https://www.bmj.com/content/371/bmj.m4695.

⁹⁴ *Id.*

is highly inflated.

iii. The Covid-19 Recovered Enjoy Robust and Durable Natural Immunity

75. Those who recover from infection from Covid-19, which is >99.9% of persons in Plaintiff's age group who are infected, and >99.6% overall, 95 enjoy robust and durable natural immunity. Natural immunity is superior to vaccine-induced immunity, which do not prevent re-infection or transmission of Covid-19, and do not prevent infection, re-infection or transmission of the current Delta strain. Yeadon Decl.

iv. Mandatory Covid-19 Vaccines Are Contrary to Public Policy: VAERS

- **76.** As part of the 1990 Public Readiness and Emergency Preparedness Act, the FDA and CDC created the Vaccine Adverse Event Reporting System (VAERS) to receive reports about suspected adverse events that may be associated with vaccines. VAERS is intended to serve as an early warning system to safety issues.
- 77. It is estimated that about 1% of adverse events are reported. This is known as the "Under-Reporting Factor". While many reported adverse events are mild, about 15% of total adverse events are found to be serious adverse events. 97

Kessler DA (1993). *Introducing MEDWatch. A new approach to reporting medication and device adverse effects and product problems*. JAMA. 1993 Jun 2;269(21):2765-8. https://pubmed.ncbi.nlm.nih.gov/8492403/.

Doshi, P (2017). The unofficial vaccine educators: are CDC funded non-profits sufficiently independent? BMJ 2017; 359:j5104. http://www.bmj.com/content/359/bmj.j5104; Miller, S (2017). *Response to article*. https://www.bmj.com/content/359/bmj.j5104/rr-13.

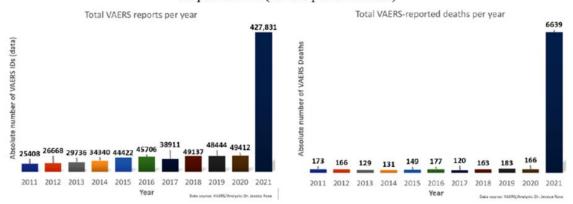
97 HHS (2020). *VAERS Data Use Guide (Revised November 2020)*. VAERS. https://vaers.hhs.gov/docs/VAERSDataUseGuide November 2020.pdf.

Physicians for Informed Consent (August 2021). *COVID-19 Disease Information Statement*. https://physiciansforinformedconsent.org/wp-content/uploads/2021/08/PIC-COVID-19-Disease-Information-Statement-DIS-August-2021.pdf.

Lazarus, R et al. (2011). *Electronic Support for Public Health–Vaccine Adverse Event Reporting System (ESP:VAERS)*. Agency for Healthcare Research and Quality (AHRQ). https://digital.ahrq.gov/sites/default/files/docs/publication/r18hs017045-lazarus-final-report-2011.pdf.

78. VAERS reports regarding the Covid-19 vaccines are unusually high.

Figure 1: Bar plots showing the number of VAERS reports (left) and reported deaths (right) per year for the past decade. (2021 is partial data set.)



- **79.** Covid-19 vaccines are not traditional vaccines. ⁹⁸ Instead they cause cells to reproduce one portion of the SARS-CoV-2 virus, the spike protein. The vaccines thus induce the body to create spike proteins. A person only creates antibodies against this one limited portion (the spike protein) of the virus. This has several downstream deleterious effects.
- **80.** First, these vaccines "mis-train" the immune system to recognize only a small part of the virus (the spike protein). Variants that differ, even slightly, in this protein, such as the Delta variant, are able to escape the narrow spectrum of antibodies created by the vaccines.
- **81.** Second, the vaccines create "vaccine addicts," meaning persons become dependent upon regular booster shots, because they have been "vaccinated" only against a tiny portion of a mutating virus. The Australian Health Minister Dr. Kerry Chant has stated that Covid-19 will be with us forever and people will "have to get used to" taking vaccines perpetually. "This will be a regular cycle of vaccination and revaccination." ⁹⁹
- **82.** Third, the vaccines do not prevent infection in the nose and upper airways, and vaccinated individuals have been shown to have much higher viral loads in these regions. This leads to the vaccinated becoming "super-spreaders" as they are carrying extremely high viral

See footnote 44.

See footnote 49.

loads. 100 Parks Decl.

83. In addition, the vaccinated become more clinically ill than the unvaccinated. Scotland reported that the infection fatality rate in the vaccinated is 3.3 times the unvaccinated and the risk of death if hospitalized is 2.15 times the unvaccinated. ¹⁰¹

v. Effective Treatments are Available

- **84.** Ivermectin--a cheap, safe, widely available generic medication, whose precursor won the Nobel Prize in Medicine in 2015--treats and cures SARS-CoV-2 infection, both while in the early infectious stage and later stages. The evidence is both directly observed in multiple randomized controlled trials and epidemiological evidence worldwide. There are now more than sixty (60) studies demonstrating its efficacy as well as noting that nations that use ivermectin see their death rates plummet to 1% of the death rates of nations that do not.
- **85.** Hydroxychloroquine (HCQ) is a cheap, safe, widely available generic medication used billions of times annually in all countries around the world including the United States. It is typically prescribed for rheumatoid arthritis and lupus. HCQ treats and cures SARS-CoV-2 infection effectively in the early infectious stage. HCQ also provides substantial reduction in mortality in later stages. ¹⁰³ There are now more than 300 studies demonstrating its efficacy and nations that use HCQ have 1-10% of the death rate of nations that do not. HCQ is on the WHO's List of Essential Medications that all nations should always have available. Chloroquine (an earlier version of HCQ) has been in continuous use for SARS-CoV-2 in

See footnote 2.

Public Health Scotland (August 4, 2021). *Covid-19 Statistical Report as of 02 August 2021*. https://publichealthscotland.scot/media/8631/21-08-04-covid19-publication_report.pdf.

Ivm-meta (November 5, 2021). *Ivermectin for COVID-19: Real-Time Meta Analysis of 65 Studies*. https://ivmmeta.com/ivm-meta.pdf.

HCQ Meta (November 5, 2021). *HCQ for COVID: Real-Time Meta Analysis of 296 Studies*. https://hcqmeta.com/; especially F. Taieb, et al. (October 2020). *Hydroxychloroquine and Azithromycin Treatment of Hospitalized Patients Infected with SARS-CoC-2 in Senegal from March to October 2020*, Papers on Early Treatment and Prophylaxis with HCQ, Vitamin D, Zinc, Nitazoxanide, Ivermectin.

1	China since February 2020.		
2	86. Budesonide, a cheap, safe, widely available generic inhaler medication used		
3	commonly in the United States, typically for emphysema, effectively treats SARS-CoV-2		
4	infection while in the early infectious stage. 104 This was published in The Lancet in April		
5	2021. ¹⁰⁵ The trial at ClinicalTrials.gov was stopped early because steroids were shown to be so		
6	effective.		
7	87. Monoclonal antibodies are approved for Covid-19 early treatment and are highly		
8	effective and universally safe.		
9	88. The evidence is overwhelming that low Vitamin D levels are linked to poor		
10	outcomes in Covid-19. 106 Vitamin D therapies are being evaluated in trials by		
11	ClinicalTrials.Gov.		
12	EMERGENCY USE AUTHORIZATION ITEMS CANNOT BE MANDATED		
13	89. Contrary to popular belief, all Covid-19 vaccines available to the Plaintiff are		
14	still authorized only for emergency use. 107 And the federal law governing such authorization,		
15	21 U.S.C. § 360bbb-3(e)(1)(A)(ii)(I-III), grants the patient explicitly "the option to accept or		
16	refuse administration of the [EUA] product".		
17			
18	Ramakrishnan, S et al. (February 8, 2021). <i>Budesonide Dosing for Outpatient COVID per the Oxford RCT</i> , University of Oxford, England.		
19	https://www.medrxiv.org/content/10.1101/2021.02.04.21251134v1.		
20	Ramakrishnan, S et al. (July 1, 2021). Inhaled Budesonide in the treatment of early		
21	COVID-19 (STOIC): a phase 2, open-label randomized controlled trial. Respiratory Medicine, The Lancet, Vol 9, Issue 7, P763-772. https://www.thelancet.com/article/S2213-		
22	2600(21)00160-0/fulltext.		
23	Vassiliou, A et al. (December 2020). Low 25-Hydroxyvitamin D Levels on Admission		
24	to the Intensive Care Unit May Predispose COVID-19 Pneumonia Patients to a higher 28-Day Mortality Risk: A Pilot Study on a Greek ICU Cohort, National Library of Medicine, National		
25	Institute of Health. https://pubmed.ncbi.nlm.nih.gov/33316914/ . Bychinin, M (August 7, 2021). Low Circulating Vitamin D in Intensive Care Unit-		
26	Admitted COVID-19 Patients as a Predictor of Negative Outcomes. J Nutr 2021 Aug 7;151(8):2199-2205. https://pubmed.ncbi.nlm.nih.gov/33982128/.		
2728	FDA (October 2021). <i>Comirnaty</i> . Vaccines, Blood, and Biologics. https://www.fda.gov/vaccines-blood-biologics/comirnaty .		

- **90.** This is not mere semantics. ClinicalTrials.gov clearly states that the Moderna clinical trials are ongoing through October 27, 2022, ¹⁰⁸ and the Pfizer clinical trials are ongoing through May 2, 2023. ¹⁰⁹
- 91. Every FDA fact sheet for a Covid-19 vaccine available to Plaintiff states the same disclaimer, "It is your choice to receive or not receive the [Pfizer-BioNTech, Moderna, Janssen] COVID-19 Vaccine. Should you decide not to receive it, it will not change your standard medical care." This precise language is required by federal statute because available Covid-19 vaccines are *not* FDA approved but rather are Emergency Use Authorization (EUA) only.
- **92.** The same precise statutory language also applies for all Covid-19 tests and face coverings they too are EUA and so pursuant to federal statute if an individual declines these EUA products, it cannot change the individual's standard medical care.
- 93. Plaintiff in this case declines all these EUA products and Administrator Defendants openly threaten to disenroll them and remove their standard healthcare offered through Student Health Center Services. Therefore, Administrator Defendants are openly violating federal law (in a field preempted by federal law) in pursuit of Defendants' highly suspect 'separate but equal' campus segregation policies wherein students with natural immunity are treated like second class citizens.

Moderna (updated June 10, 2021). A Study to Evaluate Efficacy, Safety, and Immunogenicity of mRNA-1273 Vaccine in Adults Aged 18 Years and Older to Prevent COVID-19. ClinicalTrials.gov Identifier: NCT04470427. https://clinicaltrials.gov/ct2/show/NCT04470427.

Pfizer BioNTech SE (updated October 27, 2021). Study to Describe the Safety, Tolerability, Immunogenicity, and Efficacy of RNA Vaccine Candidates Against COVID-19 in Healthy Individuals. ClinicalTrials.gov Identifier: NCT04368728. https://clinicaltrials.gov/ct2/show/NCT04368728.

See e.g., University of Nevada, Reno (November 5, 2021). *Insurance and Fees*. Student Health Center. https://med.unr.edu/student-health-center/welcome/insurance-and-fees ("If you have paid your student health fee, there is no charge for your primary care office visit... If you are enrolled in 1 or more credits, you have automatically been assessed the Student Health Fee.")

- **94.** Nowhere in an FDA fact sheet for vaccines, face masks, or Covid-19 tests, does it specify that a person may be denied education, denied student health services, disciplined, required to seek religious belief accommodation, or otherwise discriminated against for refusal. Nor does any fact sheet state that people declining will thus be forced to use additional EUA products.
- 95. It is a statistical certainty that a person who is Covid recovered is **not** at risk of reacquiring Covid. Yeadon Decl. But should such a person undergo repeated PCR testing at a lab which uses a cycle threshold >30, it is inevitable that sooner or later this person will have a false positive result. Kammerer Decl. The popular commercial labs near UNR use a Ct >40, guaranteeing false results. A false positive result will force the Plaintiff into a wholly unnecessary and punitive quarantine which is very punitive for a person living on campus.
- 96. It is perverse that a Covid-19 Recovered unvaccinated student who is at zero risk of reinfection but a vaccinated student without natural immunity who is at high risk of what is euphemistically called "breakthrough" (it's not "breaking through" anything the shots simply don't stop transmission) infection does not have to be tested. Naturally immune students are the class of persons who are least likely to transmit the virus to others. Vaccinated students are more likely to transmit the virus to others. ¹¹¹ This type of segregation is apartheid, plain and simple. It is unequal application of the law, and a violation of the Equal Protection clause.

JACOBSON IS NOT RELEVANT PRECEDENT, AS COVID VACCINES DO NOT PREVENT THE SPREAD OF CONTAGIOUS DISEASE AND ARE PERSONAL TREATMENT ONLY, STRICT SCRUTINY APPLIES

97. The presumption of some courts that vaccine mandates are subject to a deferential review traces its roots to *Jacobson*. See e.g., *Roman Catholic Diocese v. Cuomo*, 141 S Ct 63, 70-71 (2020) (Gorsuch and Kavanaugh concurrences). While it is arguable

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

whether *Jacobson* really established a deferential standard, *Id*,¹¹² it is clear that Jacobson was addressed to a vaccine "adapted to prevent the spread of contagious diseases[.]" (emphasis added) *Jacobson*, *supra*, 197 US at 35.

- **98.** Accordingly, courts that have found Covid-19 "vaccine" mandates are subject to more lenient scrutiny have done so on the mistaken assumption that the Covid "vaccines" being mandated "prevent the spread of Covid-19[.]" See e.g., *Norris v. Stanley*, No. 1:21-cv-756, 2021 US Dist LEXIS 198388, at *10 (WD Mich Oct. 8, 2021), see also *Valdez v. Grisham*, No. 21-cv-783 MV/JHR, 2021 US Dist LEXIS 173680, at *6 (DNM Sep. 13, 2021) ("the refusal to receive the Covid-19 vaccine not only endangers the individual but the entire community[.]").
- **99.** Unlike *Jacobson's* smallpox vaccines, it is universally acknowledged by all credible scientific experts, that the Covid-19 injections do not stop the transmission or acquisition of the virus that causes Covid-19. Strict scrutiny due to forced treatment is appropriate.
- **100.** The right to refuse treatment is a fundamental right subject to strict scrutiny and as such the Defendant's vaccine mandate must be struck down unless it is narrowly tailored to serve a compelling state interest, *Gateway City Church v. Newsom*, 516 F Supp 3d 1004, 1017 (ND Cal 2021), and "advance[s] [that] compelling state interest by the least restrictive means available." *Bernal v. Fainter*, 467 U.S. 216, 219 (1984).
- 101. Defendant's mandate is not narrowly tailored, both because less restrictive alternatives are available, and because it applies to individuals who have natural immunity. "Governmental actions that infringe upon a fundamental right receive strict scrutiny." Fields v. Palmdale Sch. Dist., 427 F.3d 1197, 1208 (9th Cir. 2005), as amended by 447 F.3d 1187 (9th Cir. 2006). Accordingly, Defendants' vaccine mandate is subject to strict scrutiny and must be

In *Jacobson*, individuals could accept the vaccine, pay the fine, or identify a basis for exemption. The imposition on Mr. Jacobson's claimed right to bodily integrity, thus, was avoidable and relatively modest. It easily survived rational basis review, and might even have survived strict scrutiny, given the opt-outs available to certain objectors.

struck down unless it "advance[s] a compelling state interest by the least restrictive means available." Bernal v. Fainter, 467 U.S. 216, 219 (1984); see also, Sable Comme'ns of Cal. v. FCC, 492 U.S. 115, 126 (1989). Defendants' mandates are not narrowly tailored both because less restrictive means of accomplishing the same goals are available, and because the mandates apply to individuals who have natural immunity.

- 102. The Attorney General for the State of Arizona is also requesting strict scrutiny in pending litigation challenging President Biden's Covid-19 vaccine mandate for federal employees and contractors. See *Arizona v. Biden*. No. 2:21-cv-01568-MTL (United States District Court, District of Arizona), Dkt. 34 (Request for TRO), pages 36-38. See also emerging legal precedents applying strict scrutiny to Covid-19 vaccine mandates:
 - **a.** *Magliulo v. Edward Via Coll. of Osteopathic Med.*, No. 3:21-CV-2304, 2021 U.S. Dist. LEXIS 159265, at *18 (W.D. La. Aug. 17, 2021) (agreeing with State attorney general and granting TRO for student challenging college vaccine mandate because "VCOM can likely show a compelling state interest (safety of students, employees, and patients), but is unlikely to meet the second prong, that it used the least restrictive means of compelling that interest.")
 - **b.** *Dahl v. Bd. of Trs. of W. Mich. Univ.*, No. 1:21-cv-757, 2021 U.S. Dist. LEXIS 167041, at *5 (W.D. Mich. Aug. 31, 2021) (granting TRO for student challenging college vaccine mandate because "Plaintiffs have established a likelihood of success on the merits of the Free Exercise Claims. Plaintiffs have established that WMU's vaccination requirement is subject to strict scrutiny."
- 103. Many state courts are also applying strict scrutiny. See e.g., *Michalski et al. v. St. John Fisher College, et al.* (State of New York, Supreme Court: County of Onondaga, Index No. 8063/2021). Emergency Order to Show Cause With Temporary Restraining Order, dated September 21, 2021 (granting TRO and Burden Shifting for students asserting strict scrutiny in challenge to college vaccine mandate); *Friend et al. v. City of Gainesville* (State of Florida, Circuit Court: Alachua County, Case No. 01-2021-CA-2412). Order Granting

Plaintiffs' Petition for Temporary Injunction, dated September 22, 2021 (applying strict scrutiny to grant TRO for city employees challenging city's vaccine mandate).

IF JACOBSON IS RELEVANT, THE LEGAL STANDARD OF PROTECTING THE PUBLIC HEALTH IS NOT MET AND THE IMPLICIT SACRIFICE OF THE INDIVIDUAL TO THE COLLECTIVE IS ARCHAIC

- 104. Jacobson provides that a mandate "enacted to protect the public health" will be struck down as unconstitutional if it "has no real or substantial relation to those objects, or is, beyond all question, a plain, palpable invasion of rights secured by the fundamental law[.]." Jacobson, 197 U.S. at 31. Jacobson held that to the extent the government should be given deference, it was only if the vaccine reduced the spread of contagious disease and also protected public health without unreasonable risk of harm to the individual. That is not the instant situation on either element.
- 105. All experts, including the CDC, state that the Covid-19 vaccines do not stop the spread of Covid-19. As there is no causal relationship between the mandate (shots) and the protection of public health (lest everything under the sun becomes a matter of public health), we are left only with a palpable invasion of fundamental rights and forced acceptance of known and unknown risks. And on top of that invasion of rights, Plaintiff's evidence shows Covid-19 vaccination actively harms public health.
- drugs. *Jacobson* concerned a smallpox outbreak in Massachusetts around 1900. In a 7-2 decision applying the 14th Amendment to an individual born in Sweden who immigrated to the United States, the *Jacobson* Court upheld the right of local public health authorities to require that persons over age 21 who were fit subjects for vaccination either (1) submit to vaccination, (2) pay a \$5 fine to avoid vaccination, or (3) leave the jurisdiction. Given the practical options available to avoiding forced medical treatment (i.e., paying a fine or leaving the jurisdiction), the case has been cited both in favor of forced medical treatment, and against it. What is certain is that later cases upholding *Jacobson* also upheld forced sterilization of human beings.

1 Buck v. Bell, 274 U.S. 200 (1927) (later overturned). Jacobson was decided decades prior to 2 the more enlightened SCOTUS findings of Constitutional bodily privacy rights, and well 3 before the days of strict scrutiny analysis. 113 Jacobson has been referenced to justify the sacrifice of the individual's body 4 **107.** 5 for the perceived benefit of the masses. Indeed, the official syllabus to Jacobson refers to 6 "sacrifice" explicitly, "That the legislature has large discretion to determine what personal 7 sacrifice the public health, morals and safety require from individuals is elementary." 8 Jacobson, supra, 197 U.S. at 22. Compelled sacrifice under Jacobson has increasingly been 9 found archaic. 108. 10 To be perfectly clear, one hundred and fifteen years after *Jacobson*, the law 11 and justice confirm that the government does not have the right to sacrifice an individual, in this case, one Jonah Gold. And Plaintiff requests declaratory relief stating exactly that fact. 12 13 109. "No right is held more sacred, or is more carefully guarded, by the common 14 law, than the right of every individual to the possession and control of his own person, free 15 from all restraint or interference of others, unless by clear and unquestionable authority of law. As well said by Judge Cooley, 'The right to one's person may be said to be a right of complete 16 17 immunity: to be let alone." *Union P. R. Co. v. Botsford*, 141 U.S. 250, 251 (1891). 18 19 20 21 22 23 113 Roman Catholic Diocese v. Cuomo, No. 20A87, 2020 U.S. LEXIS 5708, at *16 (Nov. 24 25, 2020) (Justice Gorsuch concurring, "Why have some mistaken this Court's modest 25 decision in Jacobson for a towering authority that overshadows the Constitution during a pandemic? In the end, I can only surmise that much of the answer lies in a particular judicial 26 impulse to stay out of the way in times of crisis. But if that impulse may be understandable or even admirable in other circumstances, we may not shelter in place when the Constitution is 27 under attack. Things never go well when we do.")

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IF JACOBSON IS RELEVANT, THE FACTS IN THE INSTANT CASE ARE DISTINGUISHED

110. It was foundational to *Jacobson* that the vaccine was to halt the transmission of a virus with 30% mortality. In contrast, Covid-19 has 99.997% survivability in plaintiff age group and >99.6% survivability overall for the American population of all ages. ¹¹⁴ The average age of death from Covid <u>exceeds</u> a person's life expectancy (age 82 vs. age 79.) It is manifestly unjust and unlawful to compel the sacrifice of young people, especially in order to hypothetically protect individuals already exceeding average life expectancy.

COVID-19
Survival Rates by Age Group
0-19: 99.997%
20-49: 99.98%
50-69: 99.5%
70+: 94.6%
Source: CDC (Estimated Infection Fatality Rates for COVID-19)

111. And it cannot be whitewashed that modern vaccination is nothing like traditional vaccines which relied on decades old technology and the attenuated virus itself. In contrast, the modern Covid-19 vaccine relies on aborted tissue samples, DNA manipulation, and technology that has never been used in vaccines. Indeed, as the US Supreme Court had cautioned only three years earlier, "[i]t should ever be the care of courts of justice to guard human life and liberty against being sacrificed by public prejudice or excitement."

Plaintiff just turned 18, his risk is the 0–18-year-old. Reese, H. et al (November 25, 2020). *Estimated Incidence of Coronavirus Disease 2019 (COVID-19) Illness and Hospitalization—United States, February—September 2020.* Clinical Infectious Diseases, Volume 72, Issue 12, 15 June 2021, Pages e1010–e1017. https://doi.org/10.1093/cid/ciaa1780. 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.

Dreyer v. Ill., 187 U.S. 71, 76 (1902).

- 112. These technologies were unknown to the 1905 Supreme Court. Plaintiff submits this biotechnology revolution cannot be ignored. The time has already come to remember Justice Harlan's caveat on his 1905 case holding in *Jacobson*, "There is, of course, a sphere within which the individual may assert the supremacy of his own will, and rightfully dispute the authority of any human government, especially of any free government existing under a written constitution, to interfere with the exercise of that will." *Jacobson*, *supra*, at 29.
- 113. Unlike their other medicinal products¹¹⁵ (for which pharmaceutical companies have paid hundreds of <u>b</u>illions of dollars in tort claims), vaccines are shielded from liability. Big Pharma is financially incentivized to mislabel their products as vaccines to avoid the proper level of both medical and judicial scrutiny. As stated above, these products are classified by the FDA as therapeutics in the category of "CBER-Regulated Biologics". ¹¹⁶ It is marketing that has permitted the use of the word vaccine and marketing is not a judicial standard. The overwhelming economic power and political influence includes a revolving door with public health officials writing the rules regarding the biotech from which they profit.
- 114. Just one example is that since its founding, Moderna has had 44 straight quarters of financial losses, but for the first time ever became profitable in Q2 2021 and

See e.g., *McCormick v. Stalder*, 105 F.3d 1059, 1061-62 (5th Cir. 1997) (citing *Jacobson* and applying strict scrutiny to a prisoner's right to decline medical treatment that would prevent the spread of tuberculosis, a highly contagious disease). As prisoners are afforded strict scrutiny review for declining personal medical treatment that prevents transmission of a contagious disease, certainly free Americans must be afforded the highest level of scrutiny for declining personal medical treatment that does *not* prevent transmission of a contagious disease.

FDA (2021). *Coronavirus (COVID-19) | CBER-Regulated Biologics*. https://www.fda.gov/vaccines-blood-biologics/industry-biologics/coronavirus-covid-19-cber-regulated-biologic.

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reached 4.4B revenues and \$2.8B earnings. ¹¹⁷, ¹¹⁸ Of course, last year's FDA Chief (the single person most responsible for permitting the vaccines to come to market years ahead of schedule by denying early treatment exists) is this year's Moderna's Venture Capital Chief Medical Officer ¹¹⁹

115. Covid-19 is not Big Pharma's first catastrophe, but it will be its most televised. Consider that President Ford halted the premature rollout of the Swine Flu vaccine due to 50 unexpected deaths; Covid vaccines deaths now exceed, conservatively, 10,000. *Jacobson* was not intended to become an open door to unlimited technological advancements so long as the government attaches its (mis)behavior to the word "vaccine".

FIRST CAUSE OF ACTION AGAINST DEFENDANTS Violation of the Fourteenth Amendment Substantive Due Process Pursuant to 42 USC § 1983

- 116. Plaintiff refers to all paragraphs stated above and realleges all matters contained therein as though fully set forth at this place.
- 117. Defendants' vaccine mandates, together with the Defendant College Parties' additional bodily intrusion mandates based expressly thereon (namely forced testing and masking), violate the liberty protected by the Fourteenth Amendment to the U.S. Constitution, which includes the right of self-determination, personal autonomy and bodily integrity, as well as the right to reject medical treatment.
- 118. The ability to decide whether to accept or refuse medical treatment is a fundamental right. As mandated medical treatments are a substantial burden, Defendant must

- Moderna (August 5, 2021). *Moderna Reports Second Quarter Fiscal Year* 2021 Financial Results and Provides Business Updates. Press Release. https://investors.modernatx.com/news-releases/news-release-details/moderna-reports-second-quarter-fiscal-year-2021-financial.
- Diamond, D (June 14, 2021). *Trump's FDA commissioner takes job at Moderna backer*. Washington Post. https://www.washingtonpost.com/health/2021/06/14/hahn-job-talks-flagship/.

United States Securities and Exchange Commission (August 6, 2020). *Moderna Form 10Q*. https://www.sec.gov/Archives/edgar/data/1682852/000168285220000017/mrna-20200630.htm.

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prove that their mandates are narrowly tailored to meet a compelling interest.

- 119. No such compelling interest exists because, as alleged above, the Covid-19 vaccines are not effective against the now dominant Delta variant of Covid-19 in that they do not prevent the recipient from becoming infected, getting reinfected, or transmitting Covid-19 to others. Indeed, evidence shows that vaccinated individuals have more Covid-19 in their nasal passages than unvaccinated people do, and vaccinated people are more likely to spread Covid-19. The Delta variant is the current variant and accounts for over 99% of the Covid infections in the United States at this time.
- **120.** But even if one assumed there was a compelling interest in mandating the Covid-19 vaccinations, the mandates are not narrowly tailored to achieve such an interest. The blanket mandates ignore individual factors increasing or decreasing the risks that the plaintiff—indeed, all students—pose to himself or to others. The Covid-19 Recovered student poses the least risk of any person, far less than the vaccinated who is not Covid-19 Recovered.
- 121. "It cannot be disputed that the Due Process Clause protects an interest in life as well as an interest in refusing [] medical treatment." Cruzan v Director, Missouri Dept of Health (1990) 497 US 261, 279. In Washington v. Harper, 494 U.S. 210, 221-22, the Supreme Court stated "The forcible injection of medication into a nonconsenting person's body represents a substantial interference with that person's liberty. Cf. Winston v. Lee, 470 U.S. 75 (1985); Schmerber v. California, 384 U.S. 757, 772 (1966)." Federal courts have long maintained that strict scrutiny even applies to non-dangerous prisoners and detainees when government attempts to inject them with medication. See e.g., United States v. Brandon, 158 F.3d 947 (6th Cir. 1998). And strict scrutiny is currently being applied to Covid-19 vaccine mandates in an increasing number of jurisdictions within the US.
- 122. Plaintiff is the only competent person able to provide consent/refusal to the injection of Covid-19 vaccines into himself. Neither Defendants nor third parties (such as the FDA) are able to provide such consent/refusal on behalf of Plaintiff, nor can Defendants or third parties waive Plaintiff's rights to informed refusal of Covid-19 vaccines. Because

Defendants have mandated that consent to injection of a Covid-19 vaccine is a condition of Plaintiff's ongoing college participation (and, hence, livelihood), Plaintiff's fundamental rights are in jeopardy. Plaintiff seeks declaratory relief to clarify his rights, and thereby prevent immediate harm.

- 123. Defendants' vaccine mandate is a "vaccine" mandate in name only. Merely asserting the branding "vaccine" does not implicate the *Jacobson* analysis to "prevent the spread of contagious diseases[.]" *Jacobson*, *supra*, 197 US at 35. The Covid-19 vaccine "has no real or substantial relation" to protecting public health because according to all credible scientific experts the Covid-19 vaccine neither prevents individuals from getting nor spreading Covid-19. Defendants' vaccine mandates violate Plaintiff's constitutional right to decisional privacy with regard to medical treatment.
- 124. The Covid-19 vaccines may have been somewhat effective against the original Covid-19 strain, but that strain has come and gone, and the Covid-19 vaccines—designed to fight yesterday's threat—are simply ineffective against today's Delta variant. Since the Covid-19 vaccines are ineffective against the Delta variant, there can be no compelling interest to mandate their use at this time.
- 125. Abundant scientific medical evidence exists showing that this vaccination is known to be extraordinarily risky when judged by vaccine standards. VAERS already reports 7,674 deaths with the COVID treatments in the first ten months. For the previous 30 years, VAERS reported only half that total number (3,885), so Covid-19 vaccination represents a sudden 61 times increase. 120
- 126. Plaintiff highlights this to emphasize that, in the strict scrutiny balancing test, the burden of proof must belong on the party calling for the medical intervention, or the deviation from the normal process, and all the more so if the medical intervention is brand new.
 - 127. Defendants' policies to treat unvaccinated Covid-19 Recovered persons as

CDC (2021). *Covid-19: Vaccine Adverse Event Reporting System*. https://www.cdc.gov/coronavirus/2019-ncov/vaccines/safety/vaers.html.

second-class citizens, on penalty of exclusion from campus activities including in person classes, causes daily and increasing harm, including inability to proceed with a normal education in a timely manner, to navigate the campus free from segregation based upon medical condition and genetic status, and to proceed in his daily life without subjection to other intolerable bodily intrusions. Defendant requires invasive testing of Covid-19 Recovered unvaccinated students at zero risk of infection. This violates the Due Process Clause.

128. Plaintiff seeks declaratory relief that

- a. Defendants' unscientific decision to reject Prescreening science, in order to unscientifically propagate Defendants' one-size-fits-all vaccine mandate, imminently threatens the life of Plaintiff, and others, and unlawfully segregates Plaintiff based on his Covid-19 Recovered medical condition and natural genetic status, which is an unlawful infringement by Defendants upon Plaintiff's constitutional rights, that places Plaintiff's life and public health in jeopardy.
- b. Defendants do not possess clear and unquestionable authority of law to require that Plaintiff be injected with biotechnology as a public health sacrifice, and
- c. Applied to Plaintiff, Defendants' vaccine mandate violates, and is preempted by, federal law governing emergency use authorization; and Defendants shall not mandate other EUA products, such as testing and face coverings, upon Plaintiff for his lawful exercise of his right to decline an EUA vaccine.
- 129. Pursuant to 42 U.S.C. § 1983, Plaintiff is entitled to temporary, preliminary, and permanent injunctive relief restraining all Defendants from enforcing their vaccine mandates, and restraining Defendant College Parties from enforcing their additional bodily intrusion mandates based expressly thereon (namely forced testing and masking).

SECOND CAUSE OF ACTION AGAINST DEFENDANTS Violation of the Fourteenth Amendment Equal Protection Clause Pursuant to 42 USC § 1983

130. Plaintiff refers to all paragraphs stated above and realleges all matters contained

therein as though fully set forth at this place.

- **131.** The Equal Protection Clause prohibits classifications that affect some groups of citizens differently than others. *Engquist v. Or. Dept. of Agric.*, 553 U.S. 591, 601 (2008). The touchstone of this analysis is whether a state creates disparity between classes of individuals whose situations are arguably indistinguishable. *Ross v. Moffitt*, 417 U.S. 600, 609 (1974).
- 132. Defendants' vaccine mandates create two classes of students: vaccinated and unvaccinated. The members of one class, the unvaccinated, get treated in a punitive way, unable to enjoy normal campus life, activities and schooling and subjected to irrational testing and masking. The other class, the vaccinated, gets to enjoy all the normal rights and privileges.
- 133. This is despite the fact that the situations of these students are indistinguishable from each other, because vaccinated students can become infected with Covid-19 and can transmit Covid-19 to any other person, vaccinated or not, who is not already Covid-19 Recovered. The vaccines make no difference in this respect. Their only claimed function is to make symptoms less severe.
- **134.** This actual controversy between Defendants and Plaintiff centers upon the life and health of a Covid-19 Recovered person who is entitled to equal protection under the law.
 - **135.** Plaintiff seeks declaratory relief that:
- (a) Defendants' vaccine mandate rejecting prescreening is an unscientific and unlawful infringement upon Plaintiff's constitutional rights of equal protection under the law,
- (b) Defendants have asserted in published documents that there is no need to screen individuals before receiving Covid-19 vaccines as Defendants claim the vaccines are safe for administration to such people, despite the lack of any testing of said individuals as part of the various trials regarding the various vaccines.
- (c) Prescreening can be accomplished in exactly the same way as for all other viruses, by clinical definition, and by blood immunity test where indicated. (It is to be noted that physician members of Congress specifically endorse such immunity testing as lifesaving.)
 - (d) Defendants' policy is a gross departure from their own long-standing vaccination

policy to reduce life-threatening harm by Prescreening and that this gross departure is exacerbated due to the fact that the Covid-19 vaccines have been marketed years or decades ahead of schedule, bypassing safety steps that can only be performed sequentially.

- (e) Abundant scientific medical evidence exists showing that the vaccination of individuals who have had the virus and have recovered or who currently have the virus, will result in serious health issues, including death to certain individuals, and that due process considerations require allowance for Prescreening, in order to protect the lives and health of said individuals.
- (f) Defendants' vaccine mandate that unscientifically rejects Prescreening is the direct cause for the immediate and unnecessary threat of injury and death to Plaintiff.
- (g) Defendants are engaged in a pattern of downplaying and suppressing information that Covid-19 vaccination does not prevent SARS-CoV-2 infection or transmission, and that Covid-19 vaccines are *particularly* harmful for college aged young men. The hallmark of Defendants' propaganda is Defendants' failure to cite credible data in support of the propaganda, but rather to rely upon a 'quasi pyramid scheme' or 'echo chamber' of continual deference to authority that also fails to cite credible data in support of the propaganda.
- (h) Defendants' policies to treat unvaccinated Covid-19 Recovered persons as secondclass citizens is a violation of the Equal Protection Clause. Defendant College Parties require testing of Covid-19 Recovered unvaccinated students at zero risk of reinfection, but vaccinated students without natural immunity at high risk of what is called "breakthrough" infection do not have to be tested. This unequal application of the law violates the Equal Protection Clause.
- **136.** Discriminating against the unvaccinated controverts the goals of the Equal Protection Clause i.e., to abolish barriers presenting unreasonable obstacles to advancement on the basis of individual merit.
- 137. Defendants entirely disregard whether students have already obtained natural immunity despite the fact that natural immunity does actually provide immunity whereas the Covid-19 vaccines do not. Such knowing disregard demonstrates discriminatory intent.

- **138.** Giving preferential status to vaccinated students regardless of their individual medical status and risk factors, and treating Covid-19 Recovered students with superior immunity as second-class citizens, is not narrowly tailored.
- 139. Pursuant to 42 U.S.C. § 1983, Plaintiff is entitled to temporary, preliminary, and permanent injunctive relief restraining all Defendants from enforcing their vaccine mandates, and restraining Defendant College Parties from enforcing their additional bodily intrusion mandates based expressly thereon (namely forced testing and masking).

THIRD CAUSE OF ACTION AGAINST DEFENDANTS Violation of the Fourth Amendment Privacy Clause Pursuant to 42 U.S.C. § 1983

- **140.** Plaintiff refers to all paragraphs stated above and realleges all matters contained therein as though fully set forth at this place.
- 141. Plaintiff alleges that his 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 personal genetic intervention. Group A receives Covid-19 personal genetic intervention and Group B remains natural. Defendants have classified Plaintiff in Group B. Defendants' irrationally demand that Group B students publicly display their status by covering their faces with masks not capable of stopping a tiny respiratory virus that is 1/1000 the size of a hair (0.1-micron size). Defendants' insistence and enforcement that Plaintiff may only breathe normally outdoors as authorized by the government is a violation of Plaintiff's right to be secure in his person.
- 142. Defendants further subject Group B students to invasion of privacy by mandating that Group B students give routine samples of their DNA-containing bodily fluid to Defendants for laboratory testing. Defendants utilize PCR genetic testing currently under EUA and up to 97% inaccurate as performed.
- (a) The testing is universally acknowledged to be inaccurate as commercial labs, including those near the UNR campus, set the Ct too high. As a Covid-19 Recovered person, Plaintiff is not at risk of reacquiring Covid-19. By contrast, vaccinated students are at high risk

of reacquiring Covid-19. Should Plaintiff undergo regular Covid-19 testing he is at very high likelihood of being forced into unnecessary and punitive quarantine. It is thus wholly irrational for him to undergo such testing, however Defendants force this for Plaintiff to live a normal student life.

- (b) Defendants utilize their positions of power over Plaintiff to threaten contact tracing, quarantine, and isolation techniques if any of Defendants' unlawful tests come back positive using the undisclosed criteria that Defendants pre-instruct the laboratories selected by Defendants. Defendants have been repeatedly cautioned that PCR and similar lab tests routinely return false positives, but Defendants are committed to invading the privacy of Group B students.
- **143.** Defendants' conduct alleged herein is a direct and proximate cause of Plaintiff's loss of privacy, the right to be secure in his person, papers, and effects.
- **144.** Unless Defendants are enjoined, Plaintiff will be irreparably harmed, which harm includes, but not by way of limitation, bodily injury, false imprisonment, and the loss of fundamental State and Federal constitutionally protected rights.

REQUEST FOR RELIEF

- **145.** Plaintiff requests the Court grant the following relief:
- A. Issue an order to show cause shifting the burden to Defendants to prove that (1) 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 Plaintiff's constitutional rights, and (2) Defendants' mandates upon Plaintiff that changes his standard medical care when he declines Covid-19 products is not a violation of Federal law warranting injunctive relief.
 - **B.** Issue a declaratory judgment as requested in paragraphs 128 and 135.
- **C.** Issue a temporary restraining order, preliminary injunction, and permanent injunction, to restrain Defendants' from utilizing the discredited tools of coercion and segregation of natural/unvaccinated peoples in violation of federal law, including but not

1	limited to Defendants' unscientific one-size-fits-all vaccine mandate, where Defendants reject
2	scientifically accepted Prescreening, and, therefore, place Plaintiff's life and public health in
3	jeopardy.
4	D. Issue a temporary restraining order, preliminary injunction, and permanent
5	injunction, to restrain Defendants' from violating Plaintiff's Constitutional right to bodily
6	autonomy, bodily integrity, bodily sovereignty, due to the fact that Defendants' mandates are
7	mislabeled as "public health" measures when in fact all experts agree that the Covid-19
8	vaccines do not reduce transmission of the virus but may both reduce personal symptoms and
9	increase personal risk, and there is no legal authority to mandate personal treatment only.
10	E. Issue an order awarding Plaintiff costs of suit and reasonable attorneys' fees
11	and expenses.
12	F. Issue such other and further relief as this Court deems equitable and just.
13	Dated: November 8, 2021 /s/ Adam Fulton
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