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10 SUPERIOR COURT OF THE STATE OF CALIFORNIA
11 COUNTY OF ALAMEDA

12 CHRISTOPHER RAKE, M.D., on behalf)
13 of himself and a class of similarly)
situated individuals,)

14 Plaintiff)

15 vs.)

16 REGENTS OF THE UNIVERSITY OF)
17 CALIFORNIA,)

18 Defendant)

Case No.

CLASS ACTION COMPLAINT
(VIOLATION OF RIGHT TO
PRIVACY AND BODILY
AUTONOMY, WRONGFUL
TERMINATION)

DEMAND FOR JURY TRIAL

19 **INTRODUCTION**

20
21 1. This is a class action on behalf of University of California employees whose
22 employment was adversely impacted by the University’s systemwide SARS-CoV-2
23 (COVID-19) Vaccination Program (“Mandatory Injection Policy” or “Policy”). Named
24 plaintiff Dr. Christopher Rake is a board-certified specialist in anesthesiology who was
25 suspended and physically removed from UCLA medical campus and ultimately terminated
26 from his employment because – like numerous other University employees – he did not
27 consent to be injected as mandated by the University’s mandatory Policy. Adverse actions
28 taken by the University under the Policy violated Dr. Rake’s inalienable right to privacy and
bodily autonomy, including the right to make an informed decision to decline the Covid

1 injection. Because the University violated Dr. Rake’s rights to informed consent in the same
2 fashion that it violated the rights of numerous other University employees suspended or
3 terminated due to the Mandatory Injection Policy, Dr. Rake seeks declaratory relief and
4 damages for himself and all similarly situated class members.

5 2. Application of the University’s Mandatory Injection Policy to Dr. Rake and the
6 class offends peremptory norms. Medical experimentation on human subjects may only take
7 place with absolute free power of choice, without intervention of any element of force,
8 fraud, duress or other forms of coercion. The mandated injections are based on new, genetic
9 modification technology never been shown safe or effective. FDA approval of Pfizer’s
10 Comirnaty product – a biologic generally unavailable in California or the United States –
11 does not alter the experimental nature of the Pfizer BNT 162b2 injection or other Covid
12 biologic injections, which remain under investigation.

13 3. Even absent an “experimental” designation, University employees have reasonable
14 bases to exercise their fundamental right to refuse consent to the mandatory injections. An
15 ever-increasing body of medical evidence and medical opinions provides sufficient
16 information upon which Dr. Rake and other employees could reasonably conclude that:

- 17 a. The premise of mass biologic injections to prevent or treat coronavirus
18 infections is flawed;
- 19 b. Initial study data demonstrated that the plan to treat Covid through the
20 injections would fail to prevent infection, transmission or serious illness;
- 21 c. Spike-protein based injections cause severe harm – including death – in an
22 unacceptable number of individuals who undergo the treatment;
- 23 d. All-cause mortality and serious signals of morbidity are frighteningly high in
24 the populations which received injections;
- 25 e. There is a rising tide of countries, institutions and individuals who have
26 refused to undergo the injections; and
- 27 f. Emergency Use Authorizations and Mandatory Injection Policy were secured
28 through corruption, fraud and conflicts of interests.

1 Because of this body of evidence, the University of California lacked constitutional power
2 to mandate employees undergo the injections.

3 4. The University of California further violated the rights of Dr. Rake and all class
4 members by mandating injections while simultaneously failing to provide medical
5 information necessary for the individuals to make informed decisions. “Informed consent”
6 requires complete disclosure of information relevant to the medical decision. The University
7 of California is comprised of six Academic Health Centers, multiple health professional
8 schools and a global health institute. As the largest healthcare system in California, the
9 University has ready access to leading biochemical scientists and laboratory facilities, as
10 well as a treasure-trove of electronic patient data on which to investigate medical facts
11 associated with the mandated injections. Patients, employees and people from around the
12 world look to the University for information about safety and efficacy and public health
13 consequences of mass injection campaigns. When the University assumes the role of
14 medical advisor, it must disclose information it possesses on the lack of effectiveness and
15 harms associated with the injections. Here, facts known or readily knowable to the
16 University of California suggested the Mandatory Injection Policy is fundamentally flawed.
17 Despite this, to protect its financial interests and those of compromised administrators, the
18 University failed to disclose and suppressed medical evidence indicating that the Mandatory
19 Injection Policy violates the fundamental precept of informed consent; that the Covid
20 injections remain experimental; that mass vaccination campaigns have been doomed to fail
21 and often lead to worse health outcomes; that autopsies of individuals who have died after
22 receiving Covid injections demonstrate that the injections were a significant cause of the
23 deaths; and that individuals who receive the injections suffer statistically significant higher
24 rates of heart and blood disorders (including myocarditis, pericarditis, pleural effusion and
25 congestive heart failure), autoimmune diseases (including rheumatoid arthritis, vasculitis,
26 encephalitis, neuropathy and demyelination), immune dysfunction and cancers, infertility
27 and serious women’s health conditions, and prion and prion-like diseases (such as
28 Creutzfeldt-Jakob Disease and Alzheimer’s Disease).

1 **THE PARTIES**

2 5. Plaintiff Christopher Rake, M.D., is a board certified specialist in anesthesiology
3 who – until March 1, 2022 – was employed under a per diem appointment by the University
4 of California at its UCLA campus. He is a California resident and an individual fully
5 capable of learning medical facts and of making his own autonomous decisions regarding
6 whether to undergo any particular medical treatment.

7 6. Defendant Regents of the University of California is a body having corporate
8 powers under the Constitution and laws of the State of California. The University is a public
9 corporation organized into different campuses, laboratories and corporate headquarters. It
10 operates 10 campuses, 5 medical centers, and 3 national laboratories, employing over
11 227,000 faculty and staff. One of its medical campuses is the UCLA medical center where
12 Dr. Rake was employed.

13 **JURISDICTION AND VENUE**

14 7. Jurisdiction exists under Article VI, Section 10, of the California Constitution and
15 Code of Civil Procedure § 410.10 because the action involves issues of state law.

16 8. Venue is proper under Code of Civil Procedure § 395(a) because defendant
17 Regents of the University of California resides in Alameda County.

18 **FACTUAL ALLEGATIONS**

19 9. Starting on or about October 4, 2021, and leading up to termination of his
20 employment on March 1, 2022, Dr. Rake was subjected to a continuous course of related
21 adverse actions taken against him under the University’s Mandatory Injection Policy.

22 10. Prior to October 4, 2021, Dr. Rake was informed that, in response to the reported
23 health crisis of Covid-19, the University of California would impose a blanket policy of
24 mandatory medical injections into all University employees. Although compromised
25 University and other public health officials said that the mandated injections were safe and
26 effective in preventing serious disease resulting from exposure to the SARS-COV-2 virus,
27 Dr. Rake exercised his inalienable right to make up his own mind regarding whether to
28 undergo such medical treatment.

1 11. Based on his own medical knowledge, as well as information available to him
2 and the general public, Dr. Rake refused to consent to the medical treatment. In his mind,
3 “informed consent” was a foundational precept for the practice of medicine, protecting both
4 patients and health care providers during the process of medical decision-making.
5 Moreover, the Covid injections were not actual “vaccines” as that term was used before its
6 redefinition to encompass the Covid injections. Dr. Rake considered the injections to be
7 experimental, and further safety and efficacy investigation must happen before he would
8 willingly undergo the treatment. Based on the limited information available to him, Dr.
9 Rake questioned whether the initial clinical trials were designed to accurately determine
10 whether the injections were effective in producing immunity to viral infection or whether
11 the injections were safe for humans. After considering available medical information, Dr.
12 Rake concluded that the injections would not stop or slow the spread of disease, nor prevent
13 serious illness, and that they would carry certain risks of serious medical harm.

14 12. Dr. Rake informed colleagues and officials at the University regarding his views
15 over the Covid injections. Before October 4, 2021, Dr. Rake participated in group meetings
16 and communications with others interested in information regarding the safety and efficacy
17 of the medical treatments, and he spoke at a rally opposed to mandatory injections. Dr. Rake
18 approached the hospital administration and stated that the injections were still under
19 emergency use authorization (“EUA”) and could not be mandated on individuals against
20 their informed consent. When hospital officials stated that the injections were required
21 because of “policy,” Dr. Rake stated that he considered any mandatory policy to be contrary
22 to international norms, including the Nuremberg Code. Just as “following orders” provided
23 no defense to Nazi doctors who forced medical experimentation on individuals, Dr. Rake
24 believed that “following policy” provided no basis to require injections on University
25 employees without their fully informed and freely-given (*i.e.*, non-coerced) consent.

26 13. On or about October 4, 2021, Dr. Rake appeared at UCLA hospital for work.
27 Plaintiff could fully perform his professional duties and he posed no threat to the health or
28 safety of any of his colleagues or patients. Instead of being allowed to work, however, Dr.

1 Rake was met in the physicians' lounge, where he was informed that he had been placed on
2 administrative leave due to his non-compliance with the Mandatory Injection Policy and
3 that he could not enter the hospital unless he complied with that Policy. After several hours
4 attempting to perform his work, Dr. Rake was confronted by the Chair of his department,
5 Maxime Cannesson, and two University security officers, Edward Galvin and Andrea
6 Eggins. These individuals threatened Dr. Rake with arrest, and even though he was
7 complying with their demand, one security officer grabbed his arm and together they
8 forcibly removed him from the premises.

9 14. After October 4, 2021, the University continued to subject Dr. Rake to a
10 continuous course of adverse employment actions. Plaintiff was placed on administrative
11 leave without pay, and he was sent repeated messages regarding "symptom tracking"
12 requiring him to provide information about his health status. He was also confronted with
13 repeated demands that he submit to injection of a biologic product to which he did not
14 consent, did not believe was safe or effective, and unnecessary for the performance of his
15 job. During this time period, through implementation of the Policy, the University
16 knowingly permitted, encouraged and ratified a hostile work environment, consisting of
17 severe and pervasive harassment and shaming by managers and co-workers over his
18 personal medical choices. This conduct continued until March 1, 2022, when Dr. Rake's
19 employment was terminated.

20 15. As a direct consequence of the actions taken by the University, Dr. Rake was
21 ultimately deprived of his employment at UCLA as an anesthesiologist – a highly skilled
22 profession which required substantial time and investment to be credentialed and obtained.
23 He suffered severe economic losses, including loss of income and benefits at a crucial time
24 when many in the health profession struggled to find security and plan a course of economic
25 recovery. In addition, as a direct consequence of the University's actions and the hostile
26 work environment it created under the Policy, Dr. Rake suffered severe emotional distress
27 and injury to his reputation as a medical provider. These damages will be determined at
28 trial.

1 **ADMINISTRATIVE PROCESS**

2 16. To prompt the University to investigate the unlawful and harmful nature of its
3 Mandatory Injection Policy and provide an opportunity for the University to remedy the
4 wrongful actions taken against him, plaintiff timely filed an internal administrative
5 complaint. Exhibit A. Therein, Dr. Rake challenged the adverse employment actions and
6 application of the Mandatory Injection Policy for himself and for all similarly situated
7 employees whose employment was adversely impacted by the Policy.

8 17. When the local decision of the University refused to accept plaintiff’s internal
9 complaint for review – on the basis that the complaint and requested relief were outside the
10 scope of the University’s policy – Dr. Rake appealed to the University’s Office of the
11 President. Exhibit B. Since the Mandatory Injection Policy originated out of the Office of
12 the President, that office was best positioned to determine that, as applied to Dr. Rake’s
13 employment and the employment of all similarly situated employees, the Policy was
14 unlawful, unconstitutional and unethical. Rather than investigate the complaint or provide a
15 remedy consistent with the University’s legal obligations, the Office of the President –
16 through the Director of Systemwide Employee Relations – denied the appeal. Exhibit C.

17 **CLASS ALLEGATIONS**

18 **The Class at Issue**

19 18. Plaintiff sues under Code of Civil Procedure §382 on behalf of a class of all
20 persons employed by the University of California who were suspended or terminated
21 because of the Mandatory Injection Policy.

22 19. The members of the class are ascertainable, and are sufficiently numerous that
23 joinder of all members is impracticable.

24 20. There is a community of interests among members of the class, in that there are
25 predominant questions of law and fact; Dr. Rake’s claims represents claims typical of the
26 class; and plaintiff and putative class counsel can adequately represent the class. Because
27 the University of California violated Dr. Rake’s constitutional right to privacy, bodily
28 autonomy and informed consent in the same fashion and for the same reasons it violated

1 each class member, adjudication of Dr. Rake’s constitutional claim is an appropriate vehicle
2 for the adjudication of the same or common claims by each class member, and class
3 treatment is therefore appropriate in this employment action.

4 21. Predominant common questions of law and fact include, among others:

- 5 a. Whether application of the mandatory Policy to University employees
6 violates the fundamental precept of informed consent, embodied in the
7 constitutional right to privacy.
- 8 b. Whether the Covid injections are to be considered “experimental” such
9 that application of the Policy to University employees violated
10 peremptory international norms as exemplified by the Nuremberg Code
11 (1947) and other international guidelines.
- 12 c. Whether a reasonable basis exists in medical facts and medical
13 opinions to withhold consent to the required injections because the
14 campaign for mass biologic agent injections is a failed approach to
15 protect against the harms of the Covid disease.
- 16 d. Whether a reasonable basis exists in medical facts and medical
17 opinions to withhold consent to the required injections because clinical
18 studies conducted before marketing demonstrated that the injections
19 would cause harm and would fail to protect against the Covid disease.
- 20 e. Whether a reasonable basis exists in medical facts and medical
21 opinions to withhold consent to the required injections based on data
22 showing injections create pathogenic spike proteins causing significant
23 injuries to biological systems including death.
- 24 f. Whether a reasonable basis exists in medical facts and medical
25 opinions to withhold consent to the required injections because public
26 health data indicated the injection campaign has likely caused historic
27 levels of all-cause mortality and serious morbidity among those who
28 have undergone the injections.

- 1 g. Whether a reasonable basis exists to withhold consent to the required
2 injections because a growing number of countries, institutions and
3 individuals have rejected the injections as neither safe nor effective.
- 4 h. Whether a reasonable basis exists to withhold consent to the required
5 injections because the mass injection campaign and its factual
6 predicates were obtained through individuals, government agencies and
7 institutions – including administrators at the University of California –
8 compromised by financial interests, corruption and fraud.
- 9 i. Whether the University of California has violated the fundamental
10 right to informed consent by withholding information it knows or
11 deliberately ignores demonstrating that the mass injection campaign is
12 neither safe nor effective.

13 22. Class certification is appropriate because the University of California’s Policy
14 was adopted by the Office of the President and generally applies to the class making
15 declaratory relief regarding plaintiff and the class as a whole appropriate. The members of
16 the class and subclasses are entitled to declaratory relief over the University’s common,
17 uniform, and unconstitutional application of the Policy to University employees.

18 23. Class certification is appropriate because common questions of fact and law
19 predominate over any questions affecting only individual class members, and because a
20 class action is superior to other available methods for the fair and efficient adjudication of
21 rights at issue. The members of the class have been damaged and are entitled to recovery
22 because of the adverse actions taken by the University under the blanket Policy.

23 **REASONABLE GROUNDS EXIST TO WITHHOLD CONSENT**

24 24. An overwhelming body of medical facts and respected medical opinions support
25 the individual’s right to decline to comply with the University’s Mandatory Injection
26 Policy. Even absent specific indications of harm, the fundamental precept of medical care
27 and the foundation of medical/legal ethics require that the decision to undergo a treatment
28 rests with the patient. Doctors – but not hospital administrators and certainly not employers

1 – are trained and expected to give their best medical advice to patients, and to recommend a
2 course of action for the patient to follow. But the decision to undergo or reject such
3 treatment rests with the patient. The University’s Mandatory Injection Policy eviscerates
4 this fundamental principle. As even the University’s own medical ethicists know well,
5 patient autonomy is paramount. The University is without legitimate power or authority to
6 override that precept to achieve even the most noble of public health purposes, let alone to
7 further the institutional goals of the Mandatory Injection Policy.

8 25. By overriding the right to informed consent, the University’s Policy disrupts
9 legal expectations regarding civil rights and responsibilities in the context of medical
10 decision-making. Principles of informed consent exist not merely to protect patient health
11 and autonomy. The right to medical self-determination is the foundation for a system of
12 medical ethics and legal norms which allocates responsibility for harm caused by medical
13 care as between the health care provider and the patient. In that context, physicians may be
14 held liable under civil law for giving advice below the standard of care, but they are
15 otherwise not responsible for medical harms simply because such harms resulted from the
16 care they provide. Giving the patient the right to choose to undergo the medical treatment
17 goes hand-in-hand with the rule placing responsibility on the patient for harm resulting from
18 care which meets minimal standards. The Policy disrupts those principles of liability by
19 mandating the injections, thus depriving the employee of choice, while simultaneously
20 making the employee bear the risks and burdens of medical harm. This alteration to
21 historical medical/legal norms provides a sufficient basis to withhold consent.

22 26. Application of the University’s Policy also violates peremptory international
23 norms because the Covid injections are gene-based therapies never shown to be safe and
24 effective, and they are still experimental. These new therapies are entirely new technology,
25 never before tested successfully in a vaccine format. Before release and after marketing, no
26 teratogenicity, oncogenicity, mutagenicity, or long-term immunogenicity studies were done.
27 FDA has not approved of them and they remain experimental EUAs. As exemplified by the
28 Nuremburg Code: “The voluntary consent of the human subject is absolutely essential.”

1 This means that the person involved . . . should be situated as to be able to
2 exercise free power of choice, without the intervention of any element of force,
3 fraud, deceit, duress, over-reaching, or other ulterior form of constraint or
4 coercion, and should have sufficient knowledge and comprehension of the
5 elements of the subject matter involved as to enable him to make an
6 understanding and enlightened decision. This latter element requires that before
7 the acceptance of an affirmative decision by the experimental subject there
8 should be made known to him the nature, duration, and purpose of the
9 experiment; the method and means by which it is to be conducted; all
10 inconveniences and hazards reasonably to be expected; and the effects upon his
11 health or person which may possibly come from his participation in the
12 experiment. The duty and responsibility for ascertaining the quality of the
13 consent rests upon each individual who initiates, directs or engages in the
14 experiment. It is a personal duty and responsibility which may not be delegated
15 to another with impunity. [“Permissible Medical Experiments.” Trials of War
16 Criminals before the Nuremberg Military Tribunals under Control Council Law
17 No. 10. Nuremberg October 1946 – April 1949, Washington. U.S. Government
18 Printing Office (n.d.), vol. 2., pp. 181-182.]

19 *And see* United Nations International Covenant on Civil and Political Rights (1966) Article
20 7, UNESCO Universal Declaration of Bioethics and Human Rights (2005) Article 6.1,
21 Parliamentary Assembly of the Council of Europe (2021) Resolution 2361, 7.3.2, the World
22 Medical Association International Code of Medical Ethics, and the rules of the Medical
23 Protection Society.

24 27. Approval of Pfizer’s Comirnaty is insignificant to whether the injections are in
25 an experimental stage. FDA’s approval process was infected by corruption, compromise and
26 conflicts of interests. Approval was for a biologic generally unavailable to the public in
27 California or the United States. As an indicator of fraud by FDA and Pfizer, on page 2 of
28 the same document in which FDA approved Comirnaty, the agency extended the emergency
use authorization of the BNT162b2 vaccine candidate. Approval of unavailable Comirnaty
coupled with simultaneous extension of experimental EUA on supposedly the same product
reveals the fraud perpetrated by a captured regulatory agency and the capturing
manufacturer. The two created a false impression that the so-called “vaccines” had been
approved when they had not.

29 28. Although the maker claims the two products are chemically similar, Pfizer and
30 FDA admit that they are legally-distinct. This legal distinction between Pfizer’s BioNTech

1 injection and Comirnaty is significant, as legal liability would affix damages caused by
2 Comirnaty on Pfizer. Since only the Pfizer BNT162b2 vaccine candidate (and not
3 Comirnaty) was administered, the manufacturer would not be held liable for the harm. Legal
4 responsibility for adverse events is central to the right of informed consent. Liability for
5 injury is a core aspect of the ban on mandates for experimental treatments, and thus the
6 purported approval of Comirnaty provides no refuge for the Mandatory Injection Policy.

7 29. Substantial reasons exist to suspect that the Pfizer BNT162b2 product being
8 injected into patients is a different physical product than the one submitted for FDA
9 approval. A review of analysis of the Vaccine Adverse Events Reporting System (VAERS)
10 demonstrates a 30-40% variation in toxicity based on the particular batch or lot injected.
11 Given this wide range of adverse events, it is undeniable that the manufacturing process
12 produces material for injections in some large portion of the supply is physically different
13 from the material in other portions, and thus physically different than the material submitted
14 for approval. Moreover, several investigations and studies have demonstrated (1) material
15 flaws in the manufacturing process causing great variation in the quality of the product, and
16 (2) evidence of material contaminants present in some batches. Given these facts, approval
17 of Comirnaty provides no safe harbor for the mandate of experimental biologic products.

18 30. An ever-increasing overwhelming body of medical evidence and respected
19 medical opinions provide sufficient basis upon which individuals reasonably could conclude
20 that the required injections fail to stop the spread of Covid (if anything, they demonstrate
21 negative efficacy), they do not prevent serious disease, and they cause injury and death.

22 31. Medical evidence and respected medical opinions support the conclusion that the
23 very premise of the mandatory Policy is irrational and logically unjustifiable. As the term
24 has been customarily used and understood, vaccines are supposed to create immunity in a
25 person targeted towards the illness or disease for which the vaccination was created. That
26 immunological response is supposed to stop the person from getting the infection and
27 prevent that person from giving it to someone else. Traditionally, vaccines have been
28 designed around dead or attenuated viruses or portions of pathogenic antigen expressions,

1 which are injected into persons along with an adjuvant to facilitate the creation of an
2 immune response. Because traditional vaccines use dead or disabled viruses, or mere pieces
3 of the pathogens, in theory they are supposed to trigger an immune response without
4 causing the underlying disease in the person receiving the inoculation.

5 32. The novel biologic therapies required by the Mandatory Injection Policy cannot
6 be classified as vaccines under the traditional definition. For example, Pfizer and Moderna
7 use recombinant messenger RNA encased in nano-lipids, designed to find their way into the
8 person’s cells, including the cells of vital organs. In theory, once inside, the mRNA “hacks”
9 into the protein-making machinery of the cells, turning them into bio-manufacturers of the
10 “spike protein.” These spike proteins are believed to be the antigen expression of the SARS-
11 CoV-2 virus. This process is supposed to code the person’s body to make spike proteins,
12 which then trigger the immune system to make antibodies against the SARS-CoV-2 virus.
13 Rather than exposing the person to dead or harmless antigenic expression as a traditional
14 vaccine would do, medical evidence and respected medical opinions indicate the mRNA
15 vaccines ineffectively and harmfully expose the injected person to a barrage of
16 immunological dysfunction, serious disease and a growing risk of death.

17 33. Medical evidence and respected medical opinions support the conclusion that the
18 injections do not stop contraction of Covid nor transmission of the disease. Anthony Fauci
19 (NIH), Rochelle Walensky (CDC), Joe Biden (President of the United States), Boris
20 Johnson (Prime Minister of the UK), and Tedros Ghebreyesus (Director of the W.H.O.)
21 have all admitted this. Even Moderna and Pfizer have admitted as much, both explicitly, in
22 statements they have made, and implicitly, in their agreement to develop injections to fight
23 new variants of the disease. A reasonable basis exists to conclude that, since the Covid
24 injections do not protect the public from getting the disease, there is no public health basis
25 for the Mandatory Covid Vaccination Policy. The University has no rational basis – let
26 alone a compelling interest – to compel employees to be injected just to improve their
27 chances of faring better should they contract a potential disease. Without an anchor lodged
28 in principles of public health, there can be no rational justification for the mandatory Policy.

1 34. Medical evidence and respected medical opinions strongly indicate that the
2 Covid biologics lead to *more* Covid-19 infections, not less. Data indicate some waning
3 efficacy in the first few months following the injection – an expected result from any
4 inflammation of the immune system – but as time goes on, the Covid biologics demonstrate
5 “negative efficacy,” subjecting the injected population to more infections by SARS-CoV-2
6 and other illnesses. An independent study from Harvard showed that, after looking at 68
7 countries and 2,947 counties in the United States, there was no decrease of infection rates in
8 areas with higher injection rates. Instead, the trend suggested “positive association such that
9 countries with higher percentage of population fully vaccinated have higher COVID-19
10 cases per 1 million people.”

11 35. Several factors suggest explanations for this negative efficacy. Experts have long
12 understood that mass vaccination with a “leaky vaccine” – one unable to neutralize the
13 infection – can lead to a more severe health crisis called “Antibody Dependent
14 Enhancement,” or ADE. As more people get vaccinated with a leaky vaccine, infection rates
15 increase because viruses are not blocked from entering the cells by the injection-induced
16 antibodies. In fact, medical evidence and respected medical opinions indicate that the
17 injection-induced antibodies themselves can assist SARS-CoV-2's entry into the cells, by
18 bridging between the virus and the cell receptors. Scientific evidence also shows that
19 mRNA injections can cause long term T-cell dysfunction, which can lead to “Vaccine
20 Acquired Immune Deficiency Syndrome” or VAIDS. The results are more infections with
21 Covid and other illnesses, including cancer malignancies.

22 36. Manufacturers, regulators and the University of California knew from the start
23 that proposed mRNA treatments would not stop the spread of the virus. Design of the initial
24 clinical trials for these biologics did not even include measurements for immunity in the
25 study participants. This was obvious to any scientist, physician or institution to examine
26 documentation submitted for EUA, including the University. Instead, manufacturers sought
27 EUAs based on purported reductions in serious disease and hospitalization. Data from
28 health ministers around the globe, however, demonstrate that even these modified goals

1 have not been met. To the contrary, medical evidence and respected medical opinions
2 indicate that severe symptoms of the disease, hospitalizations and death related to the
3 disease are significantly higher in the persons injected by the biologic products as compared
4 to those individuals who remained injection free.

5 37. Medical evidence and respected medical opinions indicate that manufacturers,
6 regulators and the University of California knew that pre-marketing study data indicated
7 that the injections would fail to produce immunity and would cause tremendous harm.
8 Prizer’s 6-month report showed no all-cause morbidity or mortality benefit, and that more
9 people who got the injection died and were injured than those who got the placebo. Over
10 99% of the population other than those over 70 years old survive SARS-CoV-2 infection.
11 One study of twenty five seroprevalence surveys representing 14 countries shows median
12 infection fatality rates of 0.0013% for ages 0 to 19; 0.0088% for ages 20 to 29; 0.021% for
13 ages 30 to 39; 0.042% for ages 40 to 49; 0.14% for ages 50 to 59; and 0.65% for ages 60 to
14 69. Even for the elderly, the infection fatality rate had a mean of 2.9%, with a range
15 between 0.2% and 16.8%. In light of the human body’s ability to fight an infection on its
16 own, Pfizer had to inject 22,000 study participants to avoid one Covid death. This means
17 that, assuming such data to be accurate, injecting 220 million Americans might avoid
18 10,000 possible Covid-related deaths.

19 38. Medical evidence and respected medical opinions indicate that adverse events
20 and deaths associated with the mass Covid-injection campaign are staggering. This is not
21 surprising to anyone familiar with the history of coronavirus vaccines. There has never been
22 a successful coronavirus vaccine – despite multiple past attempts. In pre-clinical animal
23 studies of the mRNA technology on ferrets and “humanized mice,” the biologic therapies
24 led to “pathogenic priming,” where the study animals died after exposure to the wild virus
25 or other pathogens. Combined with ADE and VAIDS, the injections have been shown to
26 cause blood clots, neurological diseases, auto-immune disorders, increases in metastatic
27 cancers and a host of other life-threatening or disabling conditions. Thus, initial trial data
28 indicated that in the 22,000 injections required to avoid one Covid death, there was a

1 fivefold increase in excess fatal cardiac arrests and congestive heart failures for injected
2 individuals. Pfizer's own initial study showed the injections kill five individuals from these
3 cardiac conditions in the first three months for every Covid death avoided. Subsequently,
4 under Court order, FDA released some of Pfizer's post-marketing safety data, including a
5 long list of over 1,290 adverse events of special interest. Expert analysis of such trial data
6 confirm that the injections are hurting the health of the population by far in excess over
7 those purportedly helped.

8 39. Medical evidence and respected medical opinions indicate the number of deaths
9 connected to the Covid biologics in the first 6 months alone eclipsed the number of deaths
10 associated with all other vaccines reported in VAERS in 30 years combined! As of March
11 29, 2022, VAERS shows over two million adverse events and more than 26,000 deaths
12 associated with these injections in the United States. These data are the tip of the iceberg. A
13 Harvard study before the pandemic revealed only about 1% of adverse events from vaccines
14 are reported. Since the start of the disastrous campaign, reliability on VAERS to present a
15 comprehensive view of harm caused is even more doubtful, as the pharmaceutical industry,
16 hospital administrators and government regulators have worked together to undermine
17 reporting and investigation, and to hide the clear safety signals present in the VAERS data.

18 40. Although health officials have declined to conduct appropriate follow up,
19 qualified independent experts (including pathologist Prof. Dr. Arne Burkhardt and
20 colleagues) have performed autopsies on individuals who died post-injection, where the
21 reported cause of death made no reference to vaccination status. Based on these autopsies,
22 experts determined the injections were as the likely cause of death in most patients studied.
23 The autopsies revealed that vital organs had come under auto-immune attacks by killer
24 lymphocytes. Auto-immune diseases are to be expected, since the very theory behind the
25 mRNA injections is to cause one's cells to express antigens to trigger the body's immune
26 response. The injections themselves are designed to cause auto-immunity.

27 41. Other data and reliable expert opinions indicate that the injections cause severe
28 rise in all-cause mortality, myocarditis and other heart/blood disorders, immune dysfunction

1 and rising cancer rates, infertility in both men and women and other damage to women's
2 health issues, auto-immunity, prion diseases and others.

3 42. Health Data from countries and states with high levels of vaccination show a
4 steep rise in "all-cause mortality" after the injections. These include Israel, Australia,
5 Portugal, Gibraltar, England, Wales, Scotland, Vermont and Massachusetts, among others.
6 Testimony by a former life insurance executive whistleblower revealed the industry sits on
7 gold mine of statistical data, including proof of a 40% rise in all-cause mortality above
8 expected actuarial calculations. Strikingly, death struck age groups and individuals *not* at
9 risk from dying from SARS-CoV-2 infection. The United States Social Security Death
10 Master File indicates a 60% increase in death rate in September 2021 versus September
11 2020. Moreover, disability in the United States rose dramatically soon after the injections
12 were rolled out, with a 3-sigma increase in reported disabilities.

13 43. Data also indicates that an ever-growing portion of the world's population have
14 refused to consent to the Covid injections, despite the mandates, fraud and propaganda
15 designed to drive injection rates. For example, in Israel – one of the first nations to embrace
16 the injections on a large scale – only 2.4% of the population will take the most recent
17 injections. This dramatic rejection of the Covid injections coincides with information leaked
18 from the Israeli Ministry of Health demonstrating that officials covered up safety data
19 showing serious, long-lasting harm caused by the injections.

20 44. Evidence of corruption, conflicts of interest and fraud provide additional basis to
21 support University employees' decision to withhold consent to the mandated injections. For
22 example, systematic suppression of studies and data demonstrating that well known, safe
23 and effective early treatments exist for individuals with SARS-CoV-2 infections, including
24 Ivermectin and Hydroxychloroquine. Such medications are used by doctors and patients
25 around the world, and where they are used, Covid infection rates and deaths are low or non-
26 existent. These medications are no longer under patents, however, and the pharmaceutical
27 industry and interested institutions – including the University of California – cannot make
28 huge profits off of them. As such, the mandates are more about generating profits from

1 biologics and other newly patented drugs designed to treat Covid infections (and the
2 harmful conditions that result from the injections). Under EUA laws, makers of the
3 biologics could not gain authorization if the truth about about alternative treatments were
4 revealed and/or considered by a non-corrupted agency.

5 45. Pharmaceutical makers committed scientific and legal fraud in the design of
6 studies for authorization and approval. Among other acts, they unblinded and then cherry
7 picked participants to include persons completely healthy in the treatment group, and to
8 exclude reports of adverse results from that group after injections. These companies then
9 further unblinded group status to the placebo group, taking measures to inject those
10 individuals with the biologic. This effectively eliminated the control group. In this fashion,
11 the companies hid the waning efficacy and the long term harms of the injections.

12 46. The University’s Mandatory Injection Policy amounts to false advertising and
13 fraud. Because the biologics were authorized through the EUA process, makers are not
14 permitted to advertise their experimental products. Fraudulent arrangements were reached,
15 however, with governments and universities – including the University of California – to
16 create a public promotional campaign on behalf of the industry’s products. The challenged
17 Policy is an example of false advertising, as it falsely promotes experimental treatment as
18 safe and effective without objective evidence and contrary to known facts.

19 47. Conflicts of interest permeate the pharmaceutical giants, government regulators
20 and academic institutions. While officials and employees of FDA, CDC and NIH engage in
21 a “revolving door” with the pharmaceutical industries, the institutions themselves have
22 direct ties to the products, in grants, patent rights, fees and other arrangements. Moreover,
23 the captured agencies expanded that corruption by granting significant funds to the
24 University through NIAID funds and other foundation contributions. After allowing itself to
25 be infected by the influence of money through its partnership with corporations, the
26 University of California became a conflicted institution, unable to fill its traditional role of
27 developing medical technology to benefit public health. On these facts, University
28 employees had a reasonable basis to refuse to comply with the mandatory Policy.

1 48. In contrast to this vast body of medical evidence and expert medical opinions,
2 the University of California has eviscerated informed consent by mandating injections while
3 failing to provide medical information necessary to make informed decisions. As one of the
4 largest healthcare provider in California and a leading medical academic institution, the
5 University of California has ready access to leading biochemical scientists and laboratory
6 facilities, and a treasure-trove of electronic patient data on which to investigate medical
7 facts associated with the mandated injections. Facts known or readily knowable to the
8 University of California suggested the Mandatory Injection Policy is fundamentally flawed,
9 but to protect its conflicted financial interests and those of its compromised administrators,
10 the University has failed to disclose – and has even suppressed – medical evidence which
11 reasonably would have made employees and others to hesitate before getting the injection.
12 This information includes the University’s own medical ethics rules and guidelines which
13 had previously elevated the fundamental precept of informed consent. It includes the grant
14 applications and study proposals showing that mRNA technology remains experimental. It
15 includes evidence showing mass vaccination campaigns – even non-Covid injections with
16 similar adjuvants and other impurities – have led to serious health outcomes in vaccinated
17 groups, including autism, auto-immunity, sudden deaths, and emotional and developmental
18 disorders. It includes autopsies of individuals who have died after receiving injections that
19 demonstrate the injections were a significant cause of the deaths. And it includes health data
20 showing that individuals who receive the injections suffer statistically significant higher
21 rates of heart and blood disorders (including myocarditis, pericarditis, pleural effusion and
22 congestive heart failure), autoimmune diseases (including rheumatoid arthritis, vasculitis,
23 encephalitis, neuropathy and demyelination), immune dysfunction and cancer malignancies,
24 infertility in men and women and serious detriment to women’s health, and prion and prion-
25 like diseases (such as Creutzfeldt-Jakob Disease and Alzheimer’s Disease). The University
26 of California possesses the very information necessary to make an informed decision
27 regarding the injections, but it fails to reveal or report this information to employees or the
28 general public.

1 **DENIAL OF FREE SPEECH**

2 49. The University’s mandatory Policy silenced physicians, other health care workers
3 and University employees who refused to comply with compulsory injections. These
4 physicians and health care workers are more likely to question the safety and efficacy of the
5 Covid biologics, to protect the privacy, bodily autonomy and fundamental precept of
6 informed consent of patients, to acknowledge the injections as experimental, and to counter
7 the narrative which officials and hospital administrators deem acceptable. The University’s
8 first action to enable compulsory injections was to rid itself of health care workers who
9 would protect patient health, safety and rights.

10 50. These rights of physicians and health care workers to develop and express their
11 views are also for the persons who hear the speech. In the University’s health care system,
12 the patients’ interests in hearing diverse medical opinions is essential. By firing doctors and
13 nurses who refused the injection, the Policy drastically limited the right and ability of the
14 patients to get “second opinions.” This also stripped the collaborative process – central to
15 the provision of medical care and patient dignity – by removing providers who would
16 influence the recommendations and the medical decision-making processes of others
17 through the expression of their views.

18 **RELIEF ALLEGATIONS**

19 51. Defendant’s actions caused and continue to cause plaintiff and all class members
20 substantial damages – including losses in earnings, promotional opportunities and
21 employment benefits, and injury to reputations and emotional distress – in an amount to be
22 determined at trial according to proof.

23 52. Defendant’s actions were taken intentionally and for an improper purpose, and
24 taken with malice, oppression and fraud.

25 53. Defendant’s actions were taken under color of state law, using force or the threat
26 of force, to deprive plaintiff of his constitutional rights.

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FIRST CAUSE OF ACTION
(Violation of *Jus Cogens* Norms, Right to Bodily Autonomy and Informed Consent)
(On Behalf of Plaintiff and the Class)

54. Plaintiff realleges and incorporates herein the allegations of paragraphs 1 through 53 of this complaint, as though fully set forth herein.

55. This claim is brought on behalf of plaintiff and the entire class.

56. University of California is a public employer and a State entity.

57. Compelling international standards and fundamental norms accepted by international community – including those expressed in the California Constitutional and common law right to privacy – establish a peremptory right of individuals to participate in medical experimentation only upon free power of choice, without the intervention of any element of force, fraud, deceit, duress or other form of coercion. Voluntary consent of human subjects in experimentation is paramount. Before obtaining that consent, each human subject must be fully advised as to the inconveniences and hazards reasonably to be expected, and the effects upon his or her health or person which may come from participation. Everyone who initiates, directs or engages in human experimentation must ascertain the quality of the subjects’ informed consent. Regardless of such consent, individuals with authority over human experimentation are compelled to terminate the experiment at any stage upon reasonable cause to believe that it is likely to cause injury, disability or death.

58. These *jus cogens* norms cannot be outweighed even by the most compelling of state interests. They are established in the work of jurists, general usage, practice of nations and judicial decisions. They are recognized by a body of international law materials addressing application of the right to bodily integrity. Such materials include but are not limited to the Nuremberg Code, United Nations International Covenant on Civil and Political Rights (1966) Article 7, UNESCO Universal Declaration of Bioethics and Human Rights (2005) Article 6.1, Parliamentary Assembly of the Council of Europe (2021) Resolution 2361, 7.3.2, the World Medical Association International Code of Medical Ethics, and the rules of the Medical Protection Society.

1 59. There is no question that the mass Covid injection campaign, including the
2 University's Mandatory Injection Policy, is experimental. Justification for the "warp speed"
3 development of biologic therapies was based expressly on the purported need for
4 emergency intervention in a global pandemic. The injections were marketed under EAUs
5 which permitted their use on the requirement that Stage 3 Clinical Trials would continue
6 until years after their authorization. As has long been recognized by health officials, the
7 normal course of safety and efficacy testing for vaccines usually requires years of clinical
8 study. Such study is necessary before the experimental injections can be declared safe and
9 effective, since gene based therapies can have drastic consequences which do not appear
10 until 5 or 10 years after injection.

11 60. Only a fraction of the necessary testing for safety and efficacy was conducted
12 before marketing. As alleged herein, the little testing performed was rife with fraud and
13 design failure, including the unblinding of participants to those in control of the study,
14 excluding persons vulnerable to adverse events caused by the injections, and the injection of
15 the control group to prevent analysis of "vaccinated versus unvaccinated" data. Medical
16 evidence and respected medical opinions demonstrate that even the little testing performed
17 on the injections indicated that the injections do not prevent infection (in fact, there is more
18 Covid in the injected), do not protect against serious disease (in fact, there is more
19 hospitalization and Covid related deaths in the injected), and carry significant risk of harm
20 (with elevated all-cause mortality and specific forms of morbidity in the injected).

21 61. As alleged herein, the University knows, and has ready access to, material data
22 indicating the failure of the injections to do good and the substantial harms they cause, and
23 yet it withholds these data from the employees, all of whom are subject to the Policy. Such
24 failure to disclose strips these individuals of the right to "informed consent" over the very
25 injections required by the Policy.

26 62. The University's Mandatory Injection Policy uses coercion to nudge participation
27 in large scale ongoing clinical trials, where manufacturers, government officials and
28 University administrators track their use and the health consequences of the human subjects.

1 Although such data demonstrates that the technology has failed, this information has not
2 been disclosed to the subjects, employees or general public. Instead, the University uses
3 such data to justify further use of the dangerous Covid injections, and a future array of
4 biologic agents proposed using the same platform.

5 63. Plaintiff and class members are not free to decline participation in the
6 experimentation, as their freedom of choice is limited by coercion, fraud, and failure to
7 disclose adverse consequences, as alleged herein.

8 64. FDA approval of the Comirnaty does not remove the University's Mandatory
9 Injection Policy from these peremptory norms. Comirnaty is not available anywhere in
10 California or the United States. Approval of that biologic was part of "smoke and mirror"
11 tactic designed to cover for compulsory human experimentation. As alleged herein,
12 reasonable bases exists for individuals to question the integrity of the FDA, CDC, NIH and
13 the University of California regarding EAUs and approvals. Even if Comirnaty was both
14 approved and available, illegitimate declarations that the injections are "safe and effective,"
15 or that they are no longer experimental – when good cause exists for the person to fear such
16 claims are false and injections actually risk serious bodily injury or even death – would not
17 exempt forced injections from *jus cogens* norms.

18 65. Comirnaty is not the same biologic agent as those mandated by the Policy. As
19 alleged herein, good cause exists to believe that the Covid injections have significant
20 impurities and were made under different processes, such that the product being injected
21 differs from the product which was subject to approval. In light of the central role which
22 liability for medical harm plays in the doctrine of informed consent, the legal differences
23 between Comirnaty and the other Covid injections is significant, providing a basis for
24 individuals to recognize the injections as still under investigation.

25 66. Plaintiff and the class are entitled to damages and attorneys' fees. Further, under
26 Code of Civil Procedure § 1060, and at common law, they are entitled to declaratory relief
27 that application of the Mandatory Injection Policy violates peremptory international norms.

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SECOND CAUSE OF ACTION

(Violation of California Constitutional Right to Privacy – Invasion of Bodily Autonomy and Right to Informed Consent) (On Behalf of Plaintiff and the Class)

67. Plaintiff realleges and incorporates herein the allegations of paragraphs 1 through 66 of this complaint, as though fully set forth herein.

68. This claim is brought on behalf of plaintiff and the entire class.

69. University of California is a public employer and a State entity.

70. The California Constitution, Article I, Section I provides that “(a)ll people are by nature free and independent and have inalienable rights. Among these are enjoying and defending life and liberty, acquiring, possessing property, and pursuing and obtaining safety, happiness and privacy.”

71. The fundamental right to pursue and obtain safety, happiness, and privacy, as expressed through public policies of this State, is protected against all state action. The right of individual to determine what is done to his or her own body is one such expressed public policy of this State; and is an inalienable autonomy privacy right protected under the California Constitution and common law.

72. In addition, the right to exercise informed consent to accept, or not accept, novel and unproven medical treatments without force, fraud, deceit, duress, coercion, or undue influence is another expressed public policy of this State; and is an inalienable autonomy privacy right protected under the California Constitution, Article I, Section I, and at common law.

73. Plaintiff and putative class members have a legally protected privacy interest in their bodily integrity and their right to choose which medical treatment they receive. They also have a legally protected privacy interest that they will not be required to disclose private medical information – including injection status and health status – and such information will not be disclosed either directly or indirectly as a result of the Policy.

74. Plaintiff and putative class members have a reasonable expectation that they will not be required, coerced or nudged into taking the injection through fraud and deceit. They similarly have a reasonable expectation that they will not have to disclose their private

1 health information, and that such information will not be disclosed to others without their
2 consent. These expectations are not diminished by the circumstances of employment at the
3 University.

4 75. Reasonable expectations of privacy regarding bodily autonomy are even greater,
5 given the medical evidence and reasonable medical opinions indicating that the mandated
6 injections do not prevent infection (in fact, they demonstrate negative efficacy), do not
7 protect against serious disease (same) and carry significant risk of harm (with elevated all-
8 cause mortality and specific forms of morbidity in the injected).

9 76. Because of circumstances alleged herein, the University's subjecting plaintiff and
10 putative class members to its Mandatory Injection Policy constitutes a serious invasion of
11 privacy and violates the California Constitution.

12 77. Because of existing reasonably available responses to the Covid disease that may
13 be presented at the time of hearing or trial in this matter, the University has no legitimate
14 employer interest in mandating injections on its employees.

15 78. There is no compelling state interest justifying the violation of plaintiff's and
16 class members' Constitutionally protected rights.

17 79. Under Cal. Code of Civil Procedure § 1060, and at common law, plaintiff and the
18 class are entitled to declaratory relief that application of the Mandatory Injection Policy to
19 University employees violates inalienable autonomous privacy rights possessed by these
20 individuals to (1) determine what is done to their own bodies, (2) to be fully informed
21 before consenting to the treatment, and (3) to be free from force, fraud, deceit, duress,
22 coercion or undue influence.

23 80. Plaintiff and putative class members are entitled to damages caused by
24 application of the University's mandatory policy, including economic losses and
25 compensation for emotional distress. They are also may be awarded reasonable attorneys'
26 fees and costs under Code of Civil Procedure § 1021.5.

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1 **THIRD CAUSE OF ACTION**

2 (Wrongful Termination in Violation of Public Policy, Right to Privacy – Invasion of Bodily
3 Autonomy and Right to Informed Consent) (On Behalf of Plaintiff and the Class)

4 81. Plaintiff realleges and incorporates herein the allegations of paragraphs 1 through
5 80 of this complaint, as though fully set forth herein.

6 82. This claim is brought on behalf of plaintiff and the entire class.

7 83. University of California is a public employer and a State entity.

8 84. There exists in California a strong public policy protecting the right to privacy,
9 including the right to autonomy over medical decisions and the right to informed consent to
10 undergo medical treatments. For example, the California Constitution, Article I, Section I
11 provides that “(a)ll people are by nature free and independent and have inalienable rights.
12 Among these are enjoying and defending life and liberty, acquiring, possessing property,
13 and pursuing and obtaining safety, happiness and privacy.”

14 85. The fundamental right to pursue and obtain safety, happiness, and privacy, as
15 expressed through public policies of this State, is protected against all state action. The right
16 of individual to determine what is done to his or her own body is one such expressed public
17 policy of this State; and is an inalienable autonomy privacy right protected under
18 the California Constitution and common law.

19 86. In addition, the right to exercise informed consent to reject novel and unproven
20 medical treatments without force, fraud, deceit, duress, coercion, or undue influence is
21 another expressed public policy of this State; and is an inalienable autonomy privacy right
22 protected under the California Constitution, Article I, Section I, and at common law.

23 87. The University’s termination of plaintiff and putative class members because of
24 their refusal to comply with the Mandatory Injection Policy violated clear public policy, and
25 is the actual and proximate cause of plaintiff’s and class members’ injuries, as described
26 herein. Such termination constituted unlawful retaliation for the employees’ exercise of the
27 right to privacy, including the right to bodily autonomy and informed consent. Plaintiff and
28 the class are entitled to declaratory relief and damages for such wrongful termination, as
well as reasonable attorneys’ fees.

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FOURTH CAUSE OF ACTION

(Civil Code § 52.1, The Tom Bane Civil Rights Act) (On Behalf of Plaintiff and the Class)

88. Plaintiff realleges and incorporates herein the allegations of paragraphs 1 through 66 of this complaint, as though fully set forth herein.

89. This claim is brought on behalf of plaintiff and the entire class.

90. The actions taken by the University under the Mandatory Injection Policy, and the failure to disclose material information regarding failure of the mass injection campaign, constituted unlawful interference with rights secured by the Constitutions and laws of the United States and of California, by use of threats, intimidation and/or coercion, as defined under The Tom Bane Civil Rights Act, California Civil Code § 52.1. Through the Policy, the University used threats of termination, intimidation through shaming and disruption to the careers of employees, and coercion to nudge employees to undergo the required injections without informed consent. In the case of Dr. Rake, he was physically seized and escorted off campus as a result of the exercise of his constitutional right to decline the injection. The University undertook the actions as alleged herein to interfere with plaintiff's constitutional and statutory rights.

91. As a direct and proximate result of these actions, plaintiff has suffered and will continue to suffer economic losses and physical and psychological injuries, in an amount to be proven at trial. Plaintiff and class members are entitled under the Bane Act to an award of treble damages, penalties up to \$25,000, and attorneys fees.

FIFTH CAUSE OF ACTION

(Unlawful Retaliation – Violation of Labor Code § 1102.5)
(On Behalf of Plaintiff)

92. Plaintiff realleges and incorporates herein the allegations of paragraphs 1 through 53 of this complaint, as though fully set forth herein.

93. This claim is brought on behalf of plaintiff.

94. The University of California is an employer within the meaning of Labor Code § 1102.5(b). Plaintiff is an employee under the definition of § 1106.

95. Plaintiff's discussions, complaints, objections and statements made to his superiors at the UCLA hospital and other individuals with responsibility to act under the

1 circumstances, as described herein, were intended to disclose information to the government
2 regarding his reasonable belief of violations of state statutes and constitutions, and violation
3 or noncompliance with state and federal regulations, as alleged herein.

4 96. The University's suspension and termination of plaintiff in retaliation for his
5 disclosures violated California's Labor Code § 1102.5, and was contrary to the public
6 interest. Under § 1102.5, plaintiff has the right to bring a cause of action against the
7 perpetrator of unlawful retaliation directly in this court, without first exhausting any
8 administrative procedures. Plaintiff is entitled to damages and reasonable attorneys' fees.

9 **SIXTH CAUSE OF ACTION**
10 (Unlawful Retaliation – Violation of Labor Code § 6310(b))
11 (On Behalf of Plaintiff)

12 97. Plaintiff realleges and incorporates herein the allegations of paragraphs 1 through
13 53 of this complaint, as though fully set forth herein.

14 98. This claim is brought on behalf of plaintiff.

15 99. The University of California is an employer within the meaning of Labor Code §
16 6310. Plaintiff is an employee under the same section.

17 100. Plaintiff's discussions, complaints, objections and statements made to his
18 superiors at the UCLA hospital and other individuals with responsibility to act under the
19 circumstances, as described herein, were bona fide oral or written complaint with reference
20 to employee safety or health of unsafe working conditions, or work practices, in their
21 employment or place of employment.

22 101. The University's suspension and termination of plaintiff in retaliation for his
23 disclosures violated California's Labor Code § 6310(b), and was contrary to the public
24 interest. Under § 6310(b), plaintiff has the right to bring a cause of action against his
25 employer for unlawful retaliation directly in this court, without first exhausting any
26 administrative procedures. Plaintiff is entitled to back pay and reasonable attorneys' fees.

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SEVENTH CAUSE OF ACTION
(Unlawful Retaliation – Violation of Health and Safety Code § 1278.5)
(On Behalf of Plaintiff)

102. Plaintiff realleges and incorporates herein the allegations of paragraphs 1 through 53 of this complaint, as though fully set forth herein.

103. This claim is brought on behalf of plaintiff.

104. The University of California is an employing health facility and an operator of a health facility within the meaning of Health and Safety Code § 1278.5(b). Plaintiff was an employee, member of a medical staff and health care worker under the same section.

105. Plaintiff’s discussions, complaints, objections and statements made to his superiors at the UCLA hospital and other individuals with responsibility to act under the circumstances, as described herein, was the presentment of a grievance, complaint, or report to the facility, to the medical staff of the facility, or to another governmental entity related to the quality of care, services, or conditions at the facility.

106. The University’s suspension and termination of plaintiff in retaliation for his disclosures violated California’s Health and Safety Code § 1278.5(b), and was contrary to the public interest. Under § 1278.5(b)(3), plaintiff has the right to bring a cause of action against his employer for unlawful retaliation directly in this court, without first exhausting any administrative procedures, and he is entitled to appropriate relief, including penalties up to \$25,000.

EIGHTH CAUSE OF ACTION
(Due Process and Free Speech – California Constitution, Article I, §§ 2 and 7)
(On Behalf of Plaintiff)

107. Plaintiff realleges and incorporates herein the allegations of paragraphs 1 through 53 of this complaint, as though fully set forth herein.

108. This claim is brought on behalf of plaintiff.

109. University of California is a public employer and a State entity.

110. The California Constitution, Article I, § 2 provides that “Every person may freely speak, write and publish his or her sentiments on all subjects, being responsible for the abuse of this right.” Section 7 of the same article provides that “A person may not be

1 deprived of life, liberty, or property without due process of law.” Combined, these
2 Constitutional provisions create a substantial right for employees of all state entities to be
3 protected from the deprivation of their employment in retaliation for, or as an effort to
4 restrict, the right of the public employee to free speech.

5 111. The University of California is a public institution which employs persons and
6 which is subject to the California constitutional rights to Due Process and Free Speech.
7 Plaintiff was an employee entitled to the protections afforded by these constitutional rights.
8 Patients are entitled to the protections afforded by free speech rights given to University
9 health care workers, so that they may access the information and good faith opinions of
10 such employees.

11 112. The California Constitution protects the right of plaintiff to discuss, complain,
12 object and make statements regarding: the right to privacy, bodily autonomy and informed
13 consent; the experimental nature of the mandated injections; the failure of the injections to
14 protect against the spread of Covid; the failure of the injections to protect against serious
15 symptoms of the disease; and the suspected causal connection between the injections and
16 rising mortality and morbidity in the injected.

17 113. The University’s development of the Mandatory Injection Policy and the actions
18 taken pursuant to that Policy were taken with the purpose and intent of rid its health care
19 facility of individuals such as Dr. Rake who might communicate his concerns and
20 objections to others. Actions taken under the Policy eliminated those who would speak on a
21 narrative counter to the Mandatory Injection Policy and to deprive patients of their ability to
22 hear opinions contrary to that narrative.

23 114. The University’s suspension and termination of plaintiff was to prevent Dr.
24 Rake’s speech and to retaliate against him for his dissenting views on the wisdom of mass
25 Covid injections, in violation of the constitutional right to Free Speech and Due Process,
26 and they were contrary to the public interest. Plaintiff sues for damages caused by these
27 constitutional violations, and reasonable attorneys’ fees and costs.

28

1 **PRAYER FOR RELIEF**

2 Wherefore, plaintiff and the class and subclasses pray for relief as follows:

- 3 1. Certification of the class as a class action on behalf of the proposed plaintiff
4 class and designation of plaintiff as representatives of the class and counsel of
5 record as Class Counsel;
- 6 2. All damages which plaintiff and the class have sustained because of
7 defendants' conduct, including back pay, front pay, general and special
8 damages for lost compensation and job benefits that they would have received
9 but for the unlawful practices of defendant, and for emotional distress,
10 humiliation, embarrassment, injury to reputation and anguish, according to
11 proof;
- 12 3. For plaintiff, all damages sustained because of defendant's conduct, including
13 back pay, front pay, general and specific damages for lost compensation and
14 job benefits he would have received but for the unlawful practices of
15 defendants, and damages for emotional distress and injury to reputation,
16 according to proof;
- 17 4. Exemplary and punitive damages in an amount consistent with the law;
- 18 5. A declaratory judgment that the practices complained of herein are unlawful
19 and violative of constitutional and preemptory international norms.
- 20 6. An adjustment of the wage rates, benefits, and seniority rights for plaintiff and
21 the class to that level which plaintiffs and the class would enjoy but for
22 defendant's unlawful practices;
- 23 7. For prejudgment interest to the extent permitted by law;
- 24 8. For costs and expenses of suit, including reasonable attorneys' fees to the
25 extent available by law (*e.g.*, Code of Civil Procedure § 1021.5); and
- 26 9. For such other and further legal and equitable relief as the Court may deem
27 just and proper.
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Respectfully submitted,

Dated: October 3, 2022

MENDENHALL LAW GROUP
LAW OFFICE OF JEREMY L. FRIEDMAN

By: /s/Jeremy L. Friedman
Jeremy L. Friedman
Attorneys for plaintiff Christopher Rake, M.D.,

DEMAND FOR JURY TRIAL

Plaintiff hereby demands a jury trial on all issues.

Dated: October 3, 2022

MENDENHALL LAW GROUP
LAW OFFICE OF JEREMY L. FRIEDMAN

By: /s/Jeremy L. Friedman
Jeremy L. Friedman
Attorneys for plaintiff Christopher Rake, M.D.

EXHIBIT A

**PERSONNEL POLICIES FOR STAFF MEMBERS
COMPLAINT FORM**

An employee filing a formal complaint must complete Parts I and II of this form and submit it (and all attachments) either by U.S. mail, personal delivery, facsimile (310-794-0865) or email (labor.relations@chr.ucla.edu) to Campus Human Resources - Employee and Labor Relations (10920 Wilshire Boulevard, **Suite 200**) or to Health System Human Resources (10920 Wilshire Boulevard, **Suite 890**) within 30 calendar days of incident. All information requested below must be completed.

PART I - EMPLOYEE INFORMATION						
Name (Last)	(First)	(M.I.)	Hire	Month	Day	Year
Rake	Christopher	B	Date:	09	21	2009
Payroll Title Per Diem Examining Physician, Anesthesiologist						
Department Department of Anesthesiology						
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City						
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Home Phone		Cell Phone		Work Phone		
		619.665.6283				
Supervisor's Name				Supervisor's Office Phone		
Maxime Cannesson, MD				310.206.6766		


If represented please complete the following:

Representative's Name	Attorney	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Warner Mendenhall, Esq., and Jeremy L. Friedman, Esq.			
Representative's Address			
See attachment			
Street			
City			
Zip Code			
Representative's Organization		Representative's Phone	
		(330) 535-9160 / (510) 530-9060	

PART II - EMPLOYEE'S STATEMENT OF COMPLAINT (Attach additional sheets as necessary)

- A) 1. Briefly describe the specific actions requested for review, including the date, place, and participants.
Termination on March 1, 2022; and continuing course of actions taken starting on or before October 4, 2021. See Attachment, Section II.A.1.
2. Describe any provisions of PPSM Policy Sections or Procedures alleged to be improperly applied.
SARS-CoV-2 (COVID-19) Vaccination Program; PPSM-64 Section III. B.1; PPSM-64 Section III.C.4. See Attachment, Section II.A.2.
3. Describe the manner in which they were improperly applied.
See Attachment, Sections II.A.3 and III.
- B) Identify (including the number, if appropriate) PPSM Policies and Procedures, departmental regulations or working conditions alleged to have been violated or improperly applied.
Termination, stripping of hospital privileges, other working conditions, University and PPSM Policies identified above. For a full statement, see Attachment, Section II.B.
- C) Briefly describe how you were adversely affected by the actions listed under Part II, Section A.
Loss of employment, loss of hospital privileges, other injuries as described in Attachment, Section II.C.
- D) Specify remedy requested. (Remedy which seeks to exceed the pay, benefits, or rights lost as a result of the action, and/or retribution towards others are not available under PPSMs.)
Reinstatement, back pay and other compensatory damages. See Attachment, Section II.C.

PLEASE NOTE: Sufficient documentation must be attached (counseling memorandum, notice of dismissal or layoff, performance evaluation, warning letter, etc.) to permit determination of timeliness and appropriateness of the remedy.

Employee's Signature (Substitute signature not acceptable)	Date:	Month	Day	Year
		03	31	2022

Attachment: Attachment of Christopher Rake, M.D. (19 pages)

PRIVACY NOTICE

Attachment: 4/1/2022 Notice of Per Diem Release (2 pages)

The California Information Practices Act of 1977 requires the University to provide the following information to individuals who are asked to supply information:

1. The principal purpose for requesting the information on this form and subsequent forms is to facilitate the resolution of employee complaints in a prompt and equitable manner.
2. This information is solicited in accordance with University policy adopted pursuant to Article IX, Section 9 of the California Constitution.
3. Furnishing each item of information requested on this form and any attachments is mandatory. Failure to provide the requested information will delay and may prevent processing of your complaint.
4. Information furnished on the attached form may be used by various University departments as required in the regular course of business, and may be transmitted to State and Federal government agencies if required by law.
5. You have the right to review personal information obtained about you in accordance with PPSM Policy 80. Information on this policy can be obtained from the Campus Human Resources Office. You may contact the office of record maintaining such information or the Campus Counsel, 2241A Murphy Hall, for more information concerning your rights.

PERSONNEL POLICIES FOR STAFF MEMBERS COMPLAINT FORM ATTACHMENT

Attachment of Christopher Rake, M.D.

I. Representatives for Dr. Christopher Rake

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Attorneys for Christopher Rake, M.D.

II.A.1. Specific Actions Requested for Review

In this internal administrative complaint, Dr. Rake seeks review of the termination of his employment pursuant to the unlawful, unconstitutional and unethical University of California Policy: SARS-CoV-2 (COVID-19) Vaccination Program (hereinafter the “Mandatory Covid Vaccination Policy” or “Policy”).

Dr. Rake seeks review of a continuing course of related actions taken against him pursuant to the Mandatory Covid Vaccination Policy, starting on or before October 4, 2022, leading up to and including termination on March 1, 2022.

On March 1, 2022 – the date of the most recent adverse action – Dr. Rake received notification from Maxime Cannesson, MD PhD, Chair of Department of Anesthesiology, that he was no longer eligible to be scheduled as a per diem Examining Physician in the UCLA Department of Anesthesiology & Perioperative Medicine, and that the University would be processing his separation effective March 1, 2022. that his employment would be terminated for non-compliance with the Mandatory Covid Vaccination Policy, effective March 1, 2022. A copy of the March 1 communication by Dr. Cannesson is attached.

On or before October 4, 2021, due to the University's application of the Mandatory Covid Vaccination Policy, Dr. Rake was deprived of his hospital privileges. On that day, Dr. Rake was forcibly removed from the UCLA hospital premises by Maxime Cannesson, accompanied by University security officers Edward Galvin and Andrea Eggins.

The continuing course of adverse actions taken against Dr. Rake as a result of the University's Policy include repeated demands that he be injected with unsafe, ineffective and unapproved biological product and that he disclose personal medical information unrelated to his ability to perform his job. During this time period, through implementation of the Policy, the University knowingly permitted, encouraged and ratified a hostile work environment, consisting of severe and pervasive harassment and shaming by managers and co-workers over his personal medical choices.

Dr. Rake complains for himself and similarly employed individuals at University of California impacted by the Policy.

II.A.2. Policies and Procedures Improperly Applied

Dr. Rake identifies the entire Mandatory Covid Vaccination Policy as a policy and procedure unlawfully, unconstitutionally and unethically applied to him and similarly situated health care workers employed at the University. A full statement of why it was improper to apply the Policy and how it was improperly applied is in Section III below.

In addition, Dr. Rake identifies the following PPSM policy sections improperly applied to him at the time of his termination: PPSM-64 III. B.1. – Dr. Rake neither engaged in misconduct nor failed to maintain appropriate work performance standards; PPSM-64 III.C.4. – Dr. Rake was not provided with any remuneration in lieu of advance notice.

II.A.3. Manner in Which the Policies were Improperly Applied

A full statement of why it was improper to apply the Policy and how it was improperly applied is stated in Section III below.

II.B. PPSM Policies, Regulations and Working Conditions Violated

Dr. Rake identifies the following policies, procedures, regulations and working conditions as violated or improperly applied:

Application of the Policy materially effected Dr. Rake's working conditions, including stripping him of his hospital privileges, terminating his employment, depriving him of access to his work account, invasion of his privacy and creation of a hostile work environment, consisting of severe and pervasive harassment and shaming by managers and co-workers over his personal medical choices.

PPSM Policies and Procedures wrongfully applied or violated: **the University's Mandatory Covid Vaccination Policy; PPSM-64.**

Dr. Rake further claims that application of the Mandatory Covid Vaccination Policy violates the California Constitution, including: Article 1, Sections 1, 2, 3, 4, 7, 8; the United States Constitution, including the First, Fourth and Fourteenth Amendment; the statutes of the California, including Civil Code Section 51; the statutes of the United States, including 42 U.S.C. Section 1983; and international norms and codes, including the Nuremberg Code (1947), United Nations International Covenant on Civil and Political Rights (1966) Article 7, UNESCO Universal Declaration of Bioethics and Human Rights (2005) Article 6.1, Parliamentary Assembly of the Council of Europe (2021) Resolution 2361, 7.3.2, the World Medical Association International Code of Medical Ethics, and the rules of the Medical Protection Society, and the foundational principle of medical ethics (patient autonomy).

II.C. Brief Description of Adverse Effects

Dr. Rake was severely and negatively impacted by application of the Policy, including: loss of employment, loss of hospital privileges, invasion of privacy and personal autonomy, chilling of his freedom on speech, loss of freedom of movement (including wrongful arrest), damage to reputation, slander and psychological damages and emotional distress.

II.D Requested Remedy

For himself, Dr. Rake seeks reinstatement and restoration of his hospital privileges, back pay, damages for personal injury arising from constitutional violations, and compensation for personal injury, psychological injury and emotional distress. For similarly situated individuals, Dr. Rake seeks a declaration that the Mandatory Covid Vaccination Policy is null and void, retraction of the Policy, and reinstatement and compensation for all similarly situated individuals.

III. Statement of Allegations for Internal Administrative Complaint

A. Scope of this Complaint

In this internal administrative complaint, Dr. Rake claims that the Mandatory Covid Vaccination Policy is unlawful, unconstitutional and unethical, as applied to himself and all similarly situated health care workers disciplined or terminated for non-compliance. Under the laws and norms identified in Section II.B above, and others, it is improper and inappropriate to take adverse actions against employees – including health care workers – based upon their medical choices or medical history, to coerce employees to undergo any medical treatment against their fully informed and free consent, or to compel employees to use a product which has not been approved, remains experimental, is under emergency use authorization (EUA), or is thought by the employee to be unsafe and ineffective.

Excluded from this internal administrative complaint are the following:

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- (1) Discrimination on the basis of disability, perceived disability, religion or other rights protected under FEHA and ADA.

Although the Regents should consider conflicts between the Mandatory Covid Vaccination Policy and laws protecting against discrimination and improper employer inquiries, Dr. Rake does not include a claim here for discrimination under FEHA or Title VII. Filing a discrimination complaint through the University's internal Human Resources processes is optional, not mandatory. Dr. Rake intends to file a complaint with the Department of Fair Employment and Housing and/or the Equal Employment Opportunity Commission; and he intends to pursue administrative remedies in those fora. Omission of said discrimination claims from this internal administrative complaint is without prejudice to or waiver of those claims made in any proceeding before FEHA and/or EEOC.

- (2) Whistleblower Protection

Although the Regents should consider conflicts between the Mandatory Covid Vaccination Policy and laws protecting individuals who blow the whistle on government misconduct, and/or on medical health practices affecting the health and safety of patients and employees, Dr. Rake does not include a claim in these proceedings regarding unlawful retaliation under the California Whistleblower Protection Act. As amended, California law requires exhaustion of administrative procedures for such claims by filing a complaint with the whistleblower protection office established by the University to determine if a remedy can be provided to his satisfaction within the time allowed. Dr. Rake intends to pursue administrative remedies under whistleblower protection laws through a separate filing. Omission of said claims from this internal administrative complaint is without prejudice to or waiver of those claims made in any proceedings before the whistleblower protection office.

B. Allegations of the Complaint

Facts known or readily knowable to the University of California demonstrate the Mandatory Covid Vaccination Policy is fundamentally flawed, violating the most compelling California, national and international norms.

1. Human Right to Privacy and Bodily Autonomy

Respect for human right to privacy and bodily autonomy is integral to ethical mission of physicians and other health care workers. Patient autonomy is a foundational principle of law and medical ethics. Physicians and other health care workers know and understand their role to provide information and advice on prospective treatment or medical procedures so that the patients themselves may make informed decisions. Preserving patient autonomy is paramount. Public health considerations play an important role in the information and advice a physician may provide to his or her patient, but such considerations do not take priority over the patient's right to privacy and bodily integrity.

The Mandatory Covid Vaccination Policy violates this foundational precept. It was developed by University officials and hospital administrators, who have no right to decide for University employees that they disclose private medical status or undergo any particular treatment. These administrators and officials, by their very positions in the medical system, are not in the same relationship with the patients as are physicians and other health care workers. They do not and cannot provide information or assist patients in making their individual choices. And yet, in the challenged Policy, University officials and hospital administrators place institutional interests above the privacy and autonomy interests of the individual. By requiring physicians and other University health care officials to be injected without regard individual choice, the Policy upends the fundamental human rights to privacy and bodily autonomy.

In response to this complaint, the University could and should retain independent medical ethics experts to thoroughly and independently review the codes, practices, customs, and norms applicable to health care providers with respect to privacy and autonomy, and any conflicts between those codes, practices, customs and norms with the challenged the Policy. Such a review could and should including a review of internal documents, practices and customs of University health care providers and workers that existed before adoption of the policy, and their implications for the University's adoption of the challenged Policy. Such a review would demonstrate that the Mandatory Covid Vaccination Policy is incompatible with legal, Constitutional and international norms of privacy and bodily integrity, as embodied in the codes, practices, customs and norms of health care providers in the University system.

2. Experimental Therapies Must Not be Mandated

Mandates to undergo an experimental drug treatment violate peremptory national and international norms. The Covid "vaccines" are gene-based therapies never shown to be safe and effective, and are still experimental. These new "vaccines" are entirely new technology, never before tested successfully in a vaccine format. Prior to their release, no studies were done on teratogenicity, oncogenicity, mutagenicity, or long-term immunogenicity FDA has not approved of these products, and they remain experimental under the EUAs. Submissions to the FDA by the pharmaceutical companies demonstrate their products remain under investigation.

Approval of Pfizer's Comirnaty product by the FDA is without significance to the question of whether the so-called "vaccines" are in an experimental stage. First, FDA's approval process was infected by corruption, compromise and conflict of interests, and has does not affect the lawfulness of the Policy. Approval was for a

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biologic (Comirnaty) that is not available anywhere in California or throughout the United States. As an indicator of fraud by FDA and Pfizer, on page 2 of the same document in which FDA approved Comirnaty, the agency also extended the emergency use authorization of the BNT162b2 vaccine candidate. The approval of Comirnaty, which is not available, coupled with the simultaneous extension of the experimental EUA on what is supposed to be the same product, reveals the fraud perpetrated by a captured regulatory agency and the capturing manufacturer. The two created a false impression that the so-called “vaccines” had been approved when, in fact, they had not.

Second, although the maker claims the two products are chemically similar, Pfizer and FDA admit that they are legally-distinct. This legal distinction between Pfizer’s BioNTech “vaccine” and Comirnaty is significant, as legal liability would affix damages caused by Comirnaty on Pfizer. Since only the Pfizer BNT162b2 vaccine candidate (and not Comirnaty) is being administered, no entity is liable for harm caused by experimental injections. Legal responsibility for adverse events is on the recipients of the injections, who were misled into believing the FDA approved the product as “safe and effective.” The legal distinction between the two products is a core aspect of the ban on mandates for experimental treatments, and thus the purported approval of Comirnaty provides no refuge for the Mandatory Covid Vaccination Policy.

Third, there are substantial reasons to suspect that the Pfizer BNT162b2 product being injected into patients is a different physical product than the one submitted for FDA approval. A review of analysis of the Vaccine Adverse Events Reporting System (VAERS) demonstrates a 30-40% variation in toxicity based on the particular batch or lot being injected. Given this wide range of adverse events, it is undeniable that the manufacturing process produces material for injections in

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some large portion of the supply that is physically different from the material in other portions, and thus physically different than the material submitted for approval. Moreover, several investigations and studies have demonstrated (1) material flaws in the manufacturing process causing great variation in the quality of the product, and (2) evidence of material contaminants present in some of the batches. Given these facts, FDA's approval of Comirnaty has no bearing on the experimental nature of the biologic product mandated by the University's Policy.

In response to this complaint, the University could and should investigate important questions related to the experimental nature of the treatments mandated by the Policy. As the largest healthcare system in California, comprised of brilliant, world-leading physicians and researchers, the University has likely examined the FDA's simultaneous "approval" of the not-available Comirnaty and extension of experimental EUA. For example, Dr. Rake raised the question with Dr. Cannesson on August 27, 2021 during a meeting in Dr. Cannesson's office. An independent investigation could determine the extent to which these matters were considered during the adoption of the contested Policy.

Moreover, the University has access to leading biochemical scientists and laboratory facilities. Patients, employees and people from around the world look to the University's Policy as an indication that the injections are no longer considered experimental. These individuals assume that, if the University of California has mandated the biologics, the injections must have been approved as safe and effective. Given its stature in this arena, the University could and should lead the world on an inquiry into the variations, flaws in the manufacturing process and contaminants in the products they are mandating for its health care workers.

3. No Compelling or Rational Reason Exists to Mandate a Treatment Which is Neither Safe Nor Effective

The very premise of the Mandatory Covid Vaccination Policy is irrational and logically unjustifiable. As the term has been customarily used and understood, vaccines are supposed to create immunity in a person targeted towards the illness or disease for which the vaccination was created. That immunological response is supposed to stop the person from getting the infection and prevent that person from giving it to someone else. Traditionally, vaccines have been designed around dead or attenuated viruses or portions of pathogenic antigen expressions, which are injected into persons along with an adjuvant to facilitate the creation of an immune response. Because traditional vaccines use dead or disabled viruses, or mere pieces of the pathogens, in theory they are supposed to trigger an immune response without causing the underlying disease in the person receiving the inoculation.

The novel biologic therapies required by the Mandatory Covid Vaccination Policy, however, cannot be classified as vaccines under the traditional definition. For example, Pfizer and Moderna use recombinant messenger RNA encased in nano-lipids, designed to find their way into the person's cells, including the cells of vital organs. In theory, once inside, the mRNA "hacks" into the protein-making machinery of the cells, turning them into bio-manufacturers of the "spike protein." These spike proteins are believed to be the antigen expression of the SARS-CoV-2 virus. This process is supposed to code the person's own body to make the spike proteins, and to then trigger the immune system and make antibodies against the SARS-CoV-2 virus. Rather than exposing the person to dead or harmless antigenic expression as a traditional vaccine would do, the mRNA vaccines ineffectively and harmfully expose the injected person to a barrage of immunological dysfunction, serious disease and a growing risk of death.

a. The “Vaccines” Do Not Stop the Spread of Covid; if Anything, They Demonstrate Negative Efficacy

There is no vaccine available for Covid-19. Anthony Fauci (NIH), Rochelle Walensky (CDC), Joe Biden (President of the United States), Boris Johnson (Prime Minister of the UK), and Tedros Ghebreyesus (Director of the W.H.O.) have all admitted: the so-called “vaccines” do not stop contraction of Covid nor transmission of the disease. Even Moderna and Pfizer have admitted as much, both explicitly, in statements they have made, and implicitly, in their agreement to develop a vaccine to fight Omicron. Since the Covid injections do not protect the public from getting the disease, there is no public health basis for the Mandatory Covid Vaccination Policy. The University has no rational basis – let alone a compelling interest – to compel health care workers to be injected just to improve their chances of faring better should they contract a potential disease. Without an anchor lodged in principles of public health, there can be no rational justification for the mandatory Policy.

If anything, there is a strong indication that the Covid biologics lead to *more* Covid-19 infections, not less. Data indicate some waning efficacy in the first few months following the injection – an expected result from any inflammation of the immune system – but as time goes on, the Covid biologics demonstrate “negative efficacy,” subjecting the injected population to more infections by SARS-CoV-2 and other illnesses. An independent study from Harvard showed that, after looking at 68 different countries and 2,947 counties in the United States, there was no decrease of infection rates in areas with higher injection rates. Instead, the trend suggested “positive association such that countries with higher percentage of population fully vaccinated have higher COVID-19 cases per 1 million people.”

Several factors suggest explanations for this negative efficacy. Experts have long understood that mass vaccination with a “leaky vaccine” – one that is unable to completely neutralize the infection – can lead to a more severe health crisis called “Antibody Dependent Enhancement,” or ADE. As more people get vaccinated with a leaky vaccine, infection rates increase because viruses are not blocked from entering the cells by the vaccine-induced antibodies. In fact, there is some indication that the vaccine-induced antibodies themselves can assist SARS-CoV-2's entry into the cells, by bridging between the virus and the cell receptors. Scientific evidence also shows that mRNA injections can cause long term T-cell dysfunction, which can lead to “Vaccine Acquired Immune Deficiency Syndrome” or VAIDS. The results are more infections with Covid and other illnesses.

With six Academic Health Centers, multiple health professional schools and a global health institute, the University has ready access to expertise and data to determine these facts for itself. In response to this complaint, and for the benefit of the entire University community, the University could and should perform its studies on the efficacy of the Covid biologics.

b. The “Vaccines” Do Not Prevent Serious Disease

Manufacturers and regulators knew from the start the Covid vaccine candidates would not stop the spread of the virus. Design of the initial clinical trials for these biologics did not even include measurements for immunity in the study participants. This fact was obvious to any scientist, physician or institution to examine documentation submitted for EUA, including the University. Instead, manufacturers sought EUA on the basis of purported reductions in serious disease and hospitalization. Data from health ministers around the globe, however, demonstrate that even these modified goals have not been obtained.

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Pfizer claimed efficacy in reducing serious illness based on initial clinical data. But even accepting those data as true, the “vaccines” fail to have a significant impact on improving health of the injected. Nearly all – more than 99% – of the population for all age groups other than those over 70 years old survive the SARS-CoV-2 infection. One study of twenty five seroprevalence surveys representing 14 countries shows median infection fatality rates of 0.0013% for ages 0 to 19; 0.0088% for ages 20 to 29; 0.021% for ages 30 to 39; 0.042% for ages 40 to 49; 0.14% for ages 50 to 59; and 0.65% for ages 60 to 69. Even for the elderly, the infection fatality rate had a mean of 2.9%, with a range between 0.2% and 16.8%. In light of the human body’s ability to fight an infection on its own, Pfizer had to inject 22,000 study participants to avoid a single Covid death.

Even this “efficacy” demonstrably waned over time. This was admitted by Anthony Fauci himself in a November 12, 2021, interview with the New York Times, where he stated: “we’re starting to see waning immunity against infection and waning immunity ... against hospitalization... a waning of immunity, not only against infection, but against hospitalizations and ... death.” In light of these and other data, and health officials’ own admissions, the University’s Mandatory Covid Vaccination Policy impermissibly forces healthy people to undergo medical treatment that has no appreciable benefit to their health.

As with the failure of the Covid biologics to stop the spread of the disease, the University has access to a vast amount of data on vaccination status, covid infections, serious illness, hospitalizations and deaths. The University could and should study those data itself, and it could retain a non-compromised, independent scientific review to determine the lack of health benefits. Such a determination would compel the conclusion that termination of Dr. Rake and other University health care workers for refusing to comply with the Policy was inappropriate.

c. The “Vaccines” Injure and Cause Mortality

Adverse events and deaths associated with the mass Covid-injection campaign are staggering. This is not surprising to anyone who is familiar with the history of coronavirus vaccines. There has never been a successful coronavirus vaccine – despite multiple attempts in the past. In pre-clinical animal studies of the mRNA technology on ferrets and “humanized mice,” the biologic therapies led to “pathogenic priming,” where the study animals died after exposure to the wild virus or other pathogens. Combined with ADE and VAIDS, discussed above, the injections have been shown to cause blood clots, neurological diseases, autoimmune disorders, increases in metastatic cancers and a host of other life-threatening or disabling conditions.

Pfizer’s initial trial data indicated that in the 22,000 injections required to avoid a single Covid death, there was a fivefold increase in excess fatal cardiac arrests and congestive heart failures in injected individuals. Pfizer’s own initial study thus showed the injections kill five individuals from these cardiac conditions in the first three months for every Covid death avoided. Subsequently, under Court order, FDA released some of Pfizer’s post-marketing safety data, including a long list of more than 1,290 adverse events of special interest.

The number of deaths connected to the Covid biologics in the first 6 months alone eclipsed the number of deaths associated with all other vaccines reported in VAERS ... in 30 years ... combined! As of March 29, 2022, VAERS shows over two million adverse events and more than 26,000 deaths associated with these injections in the United States. These data are only the tip of the iceberg. A Harvard study prior to the pandemic revealed only about 1% of adverse events from vaccines are reported. Since the start of the disastrous campaign, reliability on VAERS to present a comprehensive view of harm caused is even more doubtful, as

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the pharmaceutical industry, hospital administrators and government regulators have worked together to undermine reporting and investigation, and to hide the clear safety signals present in the VAERS data.

Although health officials have declined to conduct appropriate follow up, qualified independent experts (including pathologist Prof. Dr. Arne Burkhardt and colleagues) have performed autopsies on individuals who died post-injection, where the reported cause of death made no reference to vaccination status. On the basis of these autopsies, the experts determined the injection was the likely cause of death in most of the patients studied. The autopsies revealed that vital organs had come under auto-immune attacks by killer lymphocytes. Auto-immune diseases are to be expected, since the very theory behind the mRNA injections is to cause one's cells to express antigens to trigger the body's immune response. The injections themselves are designed to cause auto-immunity.

Data from countries and states with high levels of vaccination show a steep rise in "all-cause mortality" after the injections. These include Gibraltar, England, Wales, Scotland, Israel, Vermont and Massachusetts, among others. Testimony by a former life insurance executive whistleblower revealed the industry sits upon a gold mine of statistical data, including proof of a 40% rise in all-cause mortality above expected actuarial calculations. Strikingly, death struck age groups and individuals who were *not* at risk from dying from SARS-CoV-2 infection.

Using its own data, the University could readily determine the extent to which the mass vaccination program has caused harm in the injected. It holds a vast body of information related to vaccination status, hospital usage and mortality rates. Moreover, the University could and should require autopsies at its hospitals of individuals who die within two months of an injection. An honest review of such medical evidence would put an immediate end to the mandatory Policy.

4. The Policy Violates Rights to Freedom of Speech

The University's mandatory Policy was designed to silence physicians and other health care workers who refuse to comply with compulsory injections. These physicians and health care workers are more likely to question the safety and efficacy of the Covid biologics, to protect the privacy, bodily autonomy and fundamental precept of informed consent of patients, to acknowledge the product getting injected into individuals as experimental, and to counter the narrative which officials and hospital administrators deem acceptable at the University. Comparable to what Shakespear wrote in reference to lawyers during the time of revolution, the first things the University thought to do during a time of compulsory injections was to get rid of all the doctors and health care workers who would otherwise protect the health, safety and rights of patients.

These rights to freedom of speech by physicians and other health care workers to develop and express their own views do not exist merely for the employee subject to the Policy. Freedom of speech is protected not only for the speaker, but also for the person who hears the speech. In the context of the University's health care system, the patients' interests in hearing diverse medical opinions from doctors with different views is essential. By firing all doctors and nurses who refuse to get the injection, the Policy essentially eliminates the right and ability of the patients to get "second opinions." This also strips the collaborative process – central to the provision of medical care – by removing providers who would influence the decision-making process through expression of their views.

An independent investigation could and should be undertaken by the University to determine the extent to which such considerations played a role when it adopted the Policy, and any impact on available differing opinions regarding the vaccination campaign since its adoption.

5. The Policy Compels Participation in a Mass Vaccination Campaign Secured through Fraud

Application of the Policy and termination of Dr. Rake pursuant to the policy are improper because of systematic fraud by the industry, regulators and officials in connection with the authorization of the subject biologics. Such fraud includes:

- Systematic suppression of studies and data demonstrating that well known, safe and effective early treatments exist for individuals with SARS-CoV-2 infections, including Ivermectin and Hydroxychloroquine. Such medications are used by doctors and patients around the world, and where they are used, Covid infection rates and deaths are low or even non-existent. These medications are no longer under patents, and the pharmaceutical industry is unable to make huge profits off of them like they do with biologics and other newly patented drugs designed to treat Covid infections (and the harmful conditions that result from the injections). Under the EUA laws, the makers of the biologics would be unable to gain authorization if truths about these treatments were revealed.
- Pharmaceutical makers committed scientific and legal fraud in the design of studies submitted for authorization and approval. Among other acts, they unblinded and then cherry picked the participants during the studies, to include persons that were completely healthy in the treatment group, and to exclude reports of adverse results from that group after injections. These companies then further unblinded group status to the placebo group, taking measures to inject those individuals with

the biologic. This effectively eliminating the control group. In this fashion, the companies were able to hide the waning efficacy or long term harms of the injections.

- Mandates and public campaign to promote the injections amount to false advertizing and fraud. Because the biologics were authorized through the EUA process, makers are not permitted to advertize their experimental products. Fraudulent arrangements were reached, however, with governments and universities to create a public promotional campaign on behalf of the industry's products. This is why we don't see any advertisements by Pfizer, Moderna or any of the other manufacturers, but we do see tens of millions of public dollars promoting the campaign. The challenged Policy is an example of this false advertizing, as it falsely promotes experimental treatment as safe and effective without objective evidence and contrary to known facts.
- Conflicts of interest permeate the pharmaceutical giants, government regulators and academic institutions. While officials and employees of FDA, CDC and NIH engage in a "revolving door" with the pharmaceutical industries, the institutions themselves have direct ties to the products, in the forms of grants, patent rights, fees and other arrangements. The University could and should examine its own ties to private industry and determine the conflict of interests between the Policy and the University's mission of public health.

6. Slander

In addition to these public health and human rights issues, implementation of the Policy and its application to Dr. Rake and similarly situated individuals amount to slander against each individual targeted by the Policy. Under California Civil Code § 46, it is slander to “impute” in a person “the present existence of an infectious, contagious, or loathsome disease.” In the absence of a confirmatory history, physical, or laboratory evidence demonstrating that a person carries the disease, it is improper and unlawful to assume an individual has the SARS-CoV-2 infection. And, if there is an objective basis to believe that the employee is infected with the virus, accepted protocol – for good reason – precludes administration of the injection. Thus, application of the University’s Policy to healthy individuals without any objective basis to believe they carry the transmissible disease imputes a false statement about the employee, with a direct and significant impact on his or her reputation. Termination of Dr. Rake on the basis of the policy is slander *per se*.

C. Request for Opportunity to Submit Additional Information

This complaint explains briefly the bases for Dr. Rake’s claim that application of the Policy is improper. He is prepared to submit documentation, studies, data and reports to substantiate the claims herein. He is also prepared to work with the University and to consult with experts in the field to design or help in the inquiries, investigations, reviews and analysis suggested herein. The University has an opportunity to focus its resources and expertise on important questions raised by this complaint, to lead other states and institutions on the road to truth, and to join the many governments and institutions elsewhere who have wisely abandoned Covid vaccination mandates. Dr. Rake expressly requests an opportunity to contribute to that endeavor.



DEPARTMENT OF ANESTHESIOLOGY
DAVID GEFKEN SCHOOL OF MEDICINE AT UCLA
RONALD REAGAN UCLA MEDICAL CENTER
757 WESTWOOD PLAZA
LOS ANGELES, CALIFORNIA 90095-7403

Date: March 1, 2022
To: Christopher Rake, MD
From: Maxime Cannesson, MD, PhD, Chair, Department of Anesthesiology
Subject: Release from Contract Employment

A handwritten signature in black ink, appearing to be 'Maxime Cannesson'.

Dear Dr. Rake,

This letter is to inform you that effective March 1, 2022 you are no longer eligible to be scheduled as a Per Diem Examining Physician in the UCLA Department of Anesthesiology & Perioperative Medicine. As a result, we will be processing your separation effective March 1, 2022.

Please return your identification badge, keys, uniforms, and any other University property in your possession. If applicable, please be sure to cancel your parking permit.

cc: Personnel File
Employee Relations Manager

Attachment: Proof of Service

DECLARATION OF SERVICE BY U.S. MAIL DELIVERY

I declare that I am over the age of eighteen years and not a party to the action. My work address is:

10833 LeConte Ave
Los Angeles, CA 90095

On March 1, 2022 I placed the attached enclosed in a sealed envelope and placed it in a US Mailbox receptacle to the following:

Christopher Rake
3528 Bear Creek CT
Newbury Park, CA 91320

I declare under penalty of perjury that the foregoing is true and correct and that this declaration was executed on March 1, 2022 at Los Angeles, California

Monica Bolanos
Staff Human Resources
Department of Anesthesiology


Signature

EXHIBIT B

Jeremy L. Friedman
Attorney at Law

2801 Sylhowe Road
Oakland, CA 94602
510-530-9060 - Fax 530-9087

May 5, 2022

Office of the President
Human Resources
University of California
1111 Franklin Street
Oakland, CA 94607

VIA ELECTRONIC COMMUNICATION ONLY

**RE: Appeal in PPSM Complaint No. SOM-GR 22-02 PPSM
(Christopher Rake – Per Diem Release)**

Attention: Cheryl Lloyd – Vice President, Human Resources

Dear Office of the President:

This is an appeal of an internal administrative complaint filed by Dr. Christopher Rake following termination of his per diem employment on March 1, 2022, under the President's systemwide SARS-CoV-2 (COVID-19) Vaccination Program ("Mandatory Covid Vaccination Policy" or "Policy").

Dr. Rake is represented by the law office identified in the above letterhead and Warner Mendenhall, Esq., of Mendenhall Law Group. Attached to this letter are:

- (1) Dr. Rake's internal administrative complaint (filed March 31, 2022), which includes a 19-page attachment and one-page exhibit; and
- (2) April 15, 2022, letter from Noheми Rosales-Salazar, Employee/Labor Relations, Coordinator, UCLA Health, constituting the local decision on Dr. Rake's internal administrative complaint.

Dr. Rake seeks review of a continuing course of related actions taken against him under the Mandatory Covid Vaccination Policy, starting on or before October 4, 2022, leading up to and including termination on March 1, 2022. Because the President's Policy – as applied to Dr. Rake's employment and that of all similarly situated employees – is unlawful, unconstitutional and unethical, it is appropriate for the Office of the President to receive this appeal, take action to investigate the internal complaint, and provide a remedy consistent with the University's legal obligations.

Office of the President, Human Resources
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In the internal administrative complaint, Dr. Rake complains that, due to application of the Mandatory Covid Vaccination Policy, he was unlawfully deprived of his hospital privileges, forcibly removed from the UCLA hospital premises, and subjected to a continuing course of adverse actions leading to his termination. His complaint cites independent constitutional and statutory provisions and international legal norms violated by the President's Policy, including:

Article 1, Sections 1, 2, 3, 4, 7, 8; the United States Constitution, including the First, Fourth and Fourteenth Amendment; the statutes of the California, including Civil Code Section 52.1;¹ the statutes of the United States, including 42 U.S.C. Section 1983; and international norms and codes, including the Nuremberg Code (1947), United Nations International Covenant on Civil and Political Rights (1966) Article 7, UNESCO Universal Declaration of Bioethics and Human Rights (2005) Article 6.1, Parliamentary Assembly of the Council of Europe (2021) Resolution 2361, 7.3.2, the World Medical Association International Code of Medical Ethics, and the rules of the Medical Protection Society, and the foundational principle of medical ethics (patient autonomy).

Dr. Rake states that facts known or readily knowable to the University demonstrate the Mandatory Covid Vaccination Policy is fundamentally flawed, in violation of these California, national and international norms. Application of the Policy (1) violates fundamental right to privacy and bodily integrity; (2) mandates participation in medical experimentation in derogation of peremptory international norms; (3) is unsupported by compelling need or even a rational basis, since the mandated injections do not stop the spread of Covid disease (they demonstrate negative efficacy), they do not prevent serious disease, and they injure and cause mortality; (4) denies free speech, to the medical personnel who are silenced, and to the patients who depend upon the medical personnel and the University for care; (5) compels participation in a mass program secured through fraud; and (6) slanders physicians and other medical personnel who object or decline to comply. Dr. Rake identifies important questions in specific factual areas where the University could, and should, focus its resources and expertise, so that it may lead other universities, states and communities and join the many governments and institutions elsewhere who have wisely abandoned Covid vaccination mandates.

¹This is a correction to the citation stated in the internal complaint.

In the local decision, Dr. Rake was informed that his complaint and requested remedy were outside the scope of PPSM-70 policy. In particular, Ms. Rosales-Salazar's letter states (1) Dr. Rake's per diem appointment under PPSM 3 may end at any time, at the sole discretion of the University; (2) PPSM 64 and 70 do not apply to Dr. Rake as a per diem appointee; (3) management action taken under the Mandatory Covid Vaccination Policy is not subject to review unless there is an allegation of discrimination; and (4) the requested remedy, including reinstatement and compensation, is outside the scope of PPSM-70. Essentially, the local decision ignores the fundamental basis for Dr. Rake's internal administrative complaint – to challenge the lawfulness of the University's application of the Mandatory Covid Vaccination Policy – and determines that Dr. Rake has no access to an internal administrative review of the termination decision.

Although Dr. Rake cited to PPSM policies which he believed may have been violated in the adverse actions taken against him – including PPSM 64 – by no means should his complaint be limited to only a review of University policies. In the form and PPSM 70 procedures, the complaining party is to identify all policies, regulations and *working conditions* violated and/or improperly applied. Dr. Rake assumes – correctly, we believe – that the Constitutions and statutes of the United States and California, and international legal norms, apply to actions taken by the University, when those actions affect or otherwise impact the employment of persons at the University campuses and medical centers. That Dr. Rake is a per diem appointee does not mean that the University may violate his rights.

A review of PPSM 3 underscores the appropriateness of review by the Office of the President in Dr. Rake's case. Therein, the University provides that a per diem position is subject to only certain PPSMs; but then it lists several University policies that provide for rights parallel to those provided in statutes, including Fair Labor Standards Act, Family and Medical Leave, and disability accommodations. Moreover, PPSM 3 states: “an appointee in a per diem position is also subject to the provisions of current and/or amended policies **including, but not limited to** the following:

- Discrimination, Harassment, and Affirmative Action in the Workplace
- Reporting Child Abuse and Neglect
- Sexual Violence and Sexual Harassment
- Substance Abuse
- Whistleblower Protection” (emphasis supplied).

Thus, it would seem the University, in PPSM 3 itself, recognizes per diem appointees may rely upon the University's policies to the extent those policies embody independent legal responsibilities imposed on the University as an employer and as a state entity. To say Dr. Rake may not rely on the University's internal review procedures to keep the University in check with the state, national and international law, is to say the University may violate these laws and norms without internal review, and thus with no consequences.

On this last point, Dr. Rake respectfully disagrees. We anticipate the courts, too, will disagree. We have presented Dr. Rake's complaint over the unlawful, unconstitutional and unethical application of the Mandatory Covid Vaccination Policy to the University first, before suing, to give the University, the Office of the President and/or the Regents, an opportunity to remedy the violations voluntarily. To say University policies deny Dr. Rake the chance to raise these issues internally is to say only the courts can provide a remedy. That may be the result reached under the University's policies, but even a policy determination that laws do not apply to the University will not insulate the University from application of those laws.

In this context, Dr. Rake asks: why wouldn't state, national and international law apply to the University in its employment decisions? And why wouldn't the University take the opportunity to apply its own knowledge and expertise, to end the harm and despair caused by the unlawful Policy? While Dr. Rake's complaint provides a framework for analyzing the legal flaws to the Policy, every day more information comes out to support the arguments pressed. This includes publication of Pfizer's own data on safety and efficacy – data the pharmaceutical company and FDA sought to suppress – and the undeniable impact on all-cause mortality of those that have been injected. More and more universities and governments realize this and are withdrawing their mandates.

In this moment, the University of California should lead the charge. It has the ability and responsibility to eliminate conflicts of interest that have corrupted decisions underlying the Policy. It has medical and ethics experts who identify the Policy failures. With the local decision leaving Dr Rake no recourse under the Policy, the Office of the President must investigate and remedy the complaint to avoid legal proceedings over an utterly failed Policy.

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We hope the Office of the President addresses the challenge presented by Dr. Rake's internal administrative complaint. Dr. Rake and his counsel are willing and able to work with the University, to provide or refer experts on the topics raised, to point out ways the University could make fair and lawful decisions regarding employment of persons who refuse to comply with the Mandatory Covid Vaccination Policy, and to avoid litigation.

Respectfully submitted,

Mendenhall Law Group
Law Office of Jeremy L. Friedman

By: /s/Jeremy L. Friedman
Jeremy L. Friedman

Attorneys for Christopher Rake, MD

cc: UCLAHealthLaborRelations@mednet.ucla.edu, with attachments
JLF:wp

EXHIBIT C



OFFICE OF THE VICE PRESIDENT
Systemwide Human Resources

Marie-Ann Hairston
Director, Systemwide Employee Relations
(510) 987-0606; (510) 987-0894 Fax

OFFICE OF THE PRESIDENT
1111 Franklin Street, 5TH Floor
Oakland, California 94607-5200

Sent via Electronic Mail

July 21, 2022

Jeremy L. Friedman
Law Office of Jeremy L. Friedman
Email: jfried@comcast.net

Subject: PPSM 70 Appeal - PPSM Complaint SOM-GR 22-02 (Christopher Rake – Per Diem Release)

Dear Mr. Friedman:

I am writing in response to your letter appealing the decision made by UCLA Health Employee and Labor Relations (ELR) to not accept for review the complaint filed by Dr. Christopher Rake under the University Complaint Resolution Process, Personnel Policy for Staff Members 70 (PPSM 70).

In the original complaint, Dr. Rake alleges violations of the following:

- PPSM 64 – Termination and Job Abandonment: On March 1, 2022, Dr. Rake received notice that his employment with the University would be terminated as of March 1, 2022 for noncompliance with the University of California Policy: SARS-CoV-2 (COVID-19) Vaccination Program.
- University of California Policy: SARS-CoV-2 (COVID-19) Vaccination Program: Dr. Rake was deprived of hospital privileges “on or before October 4, 2021” due to the University’s implementation of the University of California Policy: SARS-CoV-2 (COVID-19) Vaccination Program.

Based on my review of the information and documents related to this appeal, I agree with the determination made by UCLA Health ELR to not accept for review Dr. Rake’s complaint. Per Section III.B.3 Eligibility, neither current nor former per-diem employees are eligible to file a complaint under PPSM 70. In addition, PPSM 3 – Types of Appointment Section III.A.7, “a per diem appointee’s eligibility for scheduling may end at any time without notice and without cause at the sole discretion of the University and without recourse to the complaint resolution procedures.” As Dr. Rake was classified as a per-diem employee with UCLA Health, he is not eligible to file a complaint through PPSM 70.

Therefore, this appeal is denied. This concludes the review process for this appeal.

Sincerely,

Marie-Ann Hairston, MA, SPHR

Marie-Ann Hairston
Director, Systemwide Employee Relations

cc: Vice President Lloyd, UC Systemwide Human Resources
Manager Samuels, UCLA Health Employee/Labor Relations
Coordinator Rosales-Salazar, UCLA Health Employee/Labor Relations