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10 Kelly Brink, R.N. Jan Maisel, M.D., Ph.D.,
Angela Wulbrecht, R.N., and putative class members
11

12 SUPERIOR COURT OF THE STATE OF CALIFORNIA
13 COUNTY OF ALAMEDA

14 CHRISTOPHER RAKE, M.D., TARA
15 VAFAEENIA, R.N., MICHAEL
PALLADINO, N.D., KELLY BRINK, R.N.,
16 JAN MAISEL, M.D., Ph.D., and ANGELA
WULBRECHT, R.N., on behalf of
17 themselves and a class of similarly situated
individuals,

18 Plaintiffs

19 vs.

20 REGENTS OF THE UNIVERSITY OF
21 CALIFORNIA,

22 Defendant

) Case No. 22CV019075

) **SECOND AMENDED CLASS**
) **ACTION COMPLAINT (Corrected)**
) **(VIOLATION OF RIGHT TO**
) **PRIVACY AND BODILY**
) **AUTONOMY, WRONGFUL**
) **TERMINATION, IMPERMISSIBLE**
) **INQUIRY AND RETALIATION)**

) **DEMAND FOR JURY TRIAL**

FILED
Superior Court of California
County of Alameda
07/14/2023
Clad Fluke, Executive Officer/Clerk of the Court
By: C. Huang Deputy

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INTRODUCTION

1
2 1. This is a class action on behalf of employees and employment applicants who
3 were subjected to the University of California’s system-wide SARS-CoV-2 (COVID-19)
4 Vaccination Program (“Mandatory Injection Policy” or “Policy”). Named plaintiffs were
5 University employees and/or applicants who were required to receive Covid injections as a
6 condition of their employment and access to the hospitals and campuses in which they
7 worked. In this action, plaintiffs claim that application of the Policy to them and all
8 similarly situated individuals constituted unlawful invasions of inalienable rights to privacy
9 and bodily autonomy – including the right to make an informed decision to decline the
10 Covid injection. The University’s invasions of this privacy right was compounded by its
11 withholding of information known to it about the true risks and lack of benefit of the Covid
12 vaccines, information the University suppressed in order to protect its own financial
13 interests and complicity in the damage caused by its mass Covid vaccination campaign.
14 Plaintiffs sue for declaratory relief and damages under preemptory international norms
15 (codified into California statutes) banning any form of coercion of experimental medicine,
16 under the inalienable right to privacy expressly protected in the California Constitution,
17 under the Fair Employment and Housing Act, and other provisions of law.

18 2. The rights of each named plaintiff and those of the class were violated in the same
19 fashion by the University’s uniform Mandatory Injection Policy. While the amount of
20 damages caused to each individual varied from person to person, all plaintiffs and class
21 members stand on an identical set of facts showing the illegality of the University’s actions.
22 Plaintiffs Christopher Rake, Tara Vafaenia, and Michael Palladino, exercised their
23 inalienable right and refused to receive a Covid injection, and each was terminated, denied
24 access to hospital privileges and forcibly removed from campuses because of the exercise of
25 that right. Plaintiff Kelly Brink was suspended for refusing the Covid injection, she was
26 required to seek an exemption from the Policy (three times) on religious grounds, and she
27 was constructively discharged for the exercise her rights. Plaintiffs Jan Maisel and Angela
28 Wulbrecht received a Covid injection and suffered severe, disability and life-threatening

1 vaccine injuries because the University withheld and suppressed the information known to it
2 that was necessary to obtain informed consent. Whether plaintiffs and members of the
3 class received a Covid injection, sought exemption from the Mandatory Injection Policy or
4 were terminated for refusing to comply, application of the University's Policy to each
5 individual constituted violations of peremptory, constitutional and statutory rights.

6 3. Application of the Mandatory Injection Policy offends peremptory norms barring
7 intrusion into the right of informed consent involving experimental medicine. Medical
8 experimentation on human subjects may only take place with absolute free power of choice,
9 without intervention of any element of force, fraud, duress or other forms of coercion. The
10 mandated injections are based on new, genetic modification technology never shown safe or
11 effective. The University of California – which receives the most National Institutes of
12 Health (NIH) funding of any entity, and more than twice as much as the institutions with the
13 second-highest amount of funding – is heavily invested in the development of the
14 technology promoted through the Policy. It is heavily invested in development of the
15 experimental modified RNA technology, with substantial involvement in the work
16 performed at Wuhan Institute of Technology and elsewhere. It knows well that the
17 injections mandated by the Policy are in an investigational stage, and will remain so for
18 many years. Under peremptory international norms, codified into state law at Health and
19 Safety Code § 24171 *et seq.*, each named plaintiff and class member is entitled to penalties
20 between \$500 and \$10,000 per violation, in addition to actual damages.

21 4. Even absent the “experimental” designation, University employees and applicants
22 have an inalienable constitutional right to privacy regarding their medical choices, including
23 access to known information impacting their medical decisions, and the right to autonomy
24 over their own bodies. The Policy fails constitutional standards because no compelling state
25 interest justifies the intrusion on the right to privacy, and the balance of the administrative
26 interests are far outweighed by the privacy rights of the individuals. It would fail under even
27 a lower substantive Due Process standard, as an overwhelming, ever-increasing body of
28 medical evidence and opinion known to the University demonstrates that:

- 1 a. The premise of mass biologic injections to prevent or treat Covid disease is
- 2 flawed;
- 3 b. Clinical trial data demonstrated that the plan to treat Covid through the
- 4 injections would fail to prevent infection, transmission or serious illness;
- 5 c. Spike-protein generating injections pose an unacceptable risk of severe harm
- 6 – including death – in the individuals who undergo the injection, as supported
- 7 by extensive expert descriptions of the mechanism of injury;
- 8 d. All-cause mortality and serious signals of morbidity are frighteningly high in
- 9 the populations which received injections, including health data in the
- 10 possession of the University showing severe changes to the health of injected
- 11 over the un-injected individuals across all age groups and demographics,
- 12 demonstrating massive harms caused by the Covid vaccine mandates;
- 13 e. A rising tide of countries, Universities, institutions and individuals have
- 14 criminalized, banned and/or refused to adhere to mandatory policies; and
- 15 f. Emergency Use Authorizations and the Mandatory Injection Policy were
- 16 secured through corruption, fraud and conflicts of interests.

17 Because of this body of evidence, the University of California lacked constitutional power
18 to mandate that employees undergo the injections.

19 5. The University of California violated the rights of plaintiffs and class members by
20 promoting and mandating injections while simultaneously failing to provide medical
21 information necessary for the individuals to make informed decisions. “Informed consent”
22 requires complete disclosure of information relevant to the medical decision. The University
23 of California is comprised of six Academic Health Centers, multiple health professional
24 schools and a global health institute. As the largest healthcare system in California, the
25 University has ready access to leading biochemical scientists and laboratory facilities, as
26 well as a treasure-trove of electronic patient data on which to investigate medical facts
27 associated with the mandated injections. Patients, employees and people from around the
28 world look to the University for information about safety and efficacy and public health

1 consequences of mass injection campaigns. The University assumed the role of the state, the
2 employer and the medical advisor, and it had a duty to disclose information it possessed on
3 the lack of effectiveness and harms associated with the injections. In this case, the
4 University represented that it was conducting clinical trials of the safety and efficacy of the
5 Covid injections. Using its own medical health records, it could and did perform informal
6 retrospective epidemiological comparisons of health data between Covid vaccinated and
7 Covid unvaccinated populations. Combined with expert knowledge on the mechanisms of
8 injury caused by spike proteins and other aspects of the Covid injections, this information
9 demonstrated to administrators at the University and elsewhere that the harms far
10 outweighed any potential benefit. Despite this knowledge, to protect its financial interests
11 and those of compromised administrators, the University failed to disclose and ignored
12 medical evidence indicating that the Mandatory Injection Policy violates the fundamental
13 precept of informed consent; that the Covid injections remain experimental; that mass
14 vaccination campaigns have been doomed to fail and often lead to worse health outcomes;
15 that autopsies of individuals who have died after receiving Covid injections demonstrate
16 that the injections were a significant cause of the deaths; and that individuals who receive
17 the injections suffer statistically significant higher rates of heart and blood disorders
18 (including myocarditis, pericarditis, pleural effusion and congestive heart failure),
19 autoimmune diseases (including rheumatoid arthritis, vasculitis, encephalitis, neuropathy
20 and demyelination), prion-like diseases (such as Creutzfeldt-Jakob Disease and Alzheimer's
21 Disease) other neurological diseases (such as strokes, seizures, multiple sclerosis, neuritis,
22 Guillain-Barre syndrome, meningitis), immune dysfunction and cancers (including IgG4-
23 induced tolerance), and fertility, pregnancy and menstrual disorders (including spontaneous
24 abortions, premature birth with neonatal death, fetal demises, abnormal uterine bleeding,
25 vaginal hemorrhaging and post-menopausal bleeding, breast pain and swelling, genital pain
26 and dysfunction, and low sperm counts and mobility).

27 6. Application of the Mandatory Injection Policy to University employees, and
28 adverse employment actions taken against those who opposed the Policy, violate the Fair

1 Employment and Housing Act, Government Code § 12940(f) and (h). The California statute
2 defines “unlawful employment practice” to include a medical inquiry made to an employee
3 without a showing by the employer of job-relatedness and business necessity. Under
4 express statutory and regulatory guidance, a medical inquiry cannot be made without a
5 reasonable belief based on objective evidence that the employee is unable to perform the
6 essential functions of the job or poses a direct threat to the health and safety of others. The
7 employer must show that a general policy applicable to a class of employees is based on
8 objective information consistent with business necessity, and that the policy is generally
9 justified with respect to the class affected. The employer must also show that the “business
10 necessity” is vital to the business, that the inquiry genuinely serves the asserted “business
11 necessity” and that the inquiry is tailored to be no broader or intrusive than necessary. In
12 addition to medical inquiries, FEHA imposes these requirements on all requests that an
13 employee submit to a medical examination, all inquiries into physical disability or medical
14 condition of an employee, and all inquiries regarding the nature or severity of a physical
15 disability or medical condition. FEHA makes it separately actionable as retaliation for an
16 employer to discharge, expel, or otherwise discriminate against any person because the
17 person has opposed practices forbidden under FEHA. In this case, the Policy itself is
18 centered around an improper medical inquiry, requiring each employee to disclose his or her
19 medical status with respect to the Covid injections. Mandating the injection also necessarily
20 required employees to undergo physical examinations, and to reveal information regarding
21 real or perceived physical disabilities, genetic expression and/or medical conditions. The
22 University did not genuinely believe, and there was no objective indication, that named
23 plaintiffs or similarly situated employee were unable to perform essential job functions on
24 the basis of their Covid injection status. Nor did the University have a genuine belief or
25 reasonable basis to show that a policy of class-wide requirement for mandatory injections
26 was tailored to job-relatedness and business necessity. Actual data in the possession or
27 control of the University demonstrated that “injected” employees, compared to “non-
28 injected” employees, were far more likely to get sick, require medical leave and/or die

1 suddenly. Application of the Policy to each employee thus constituted an unlawful
2 employment practice, as the University lacked a genuine justification based on actual belief
3 and reasonable basis, it was unable to show a vital business necessity for employees to be
4 injected, and the Policy was not shown to be tailored to be no broader in scope than
5 necessary to meet business necessity. The University engaged in unlawful retaliation under
6 FEHA when it suspended, terminated or forced the resignation of named plaintiffs and any
7 member of the subclass of persons who suffered adverse employment consequences for
8 resisting or opposing application of the unlawful Policy.

9 THE PARTIES

10 7. Plaintiff Christopher Rake, M.D., is an individual and a board certified
11 anesthesiologist who was – until March 1, 2022 – employed on a per diem appointment by
12 the University of California at its UCLA campus. He was a California resident at times
13 relevant herein. Dr. Rake believes all individuals have the inalienable right to be fully
14 informed regarding proposed medical interventions and to make their own autonomous
15 decisions about whether to undergo any particular medical treatment. Due to his principles
16 and his objections to the Mandatory Injection Policy, he was deprived of hospital privileges,
17 escorted off campus by security, and terminated from his job upending his life and career.

18 8. Plaintiff Tara Vafaenia, R.N., is a registered nurse who – until November 2, 2021
19 – was employed by the University as a per diem Intensive Care Unit (ICU) float nurse at
20 UCLA campuses. She is an individual and California resident. After winning recognition
21 for her work with Covid patients in 2020, starting in August 2021, Ms. Vafaenia was
22 subjected to a continuous course of actions by the University compelling her to submit to a
23 Covid injection and/or comply with unreasonable, burdensome and arbitrary measures.
24 When she declined to comply, she was suspended without pay, escorted off the premises of
25 the Santa Monica Medical Center. and terminated from her employment.

26 9. Plaintiff Michael Palladino, N.D., is a naturopathic doctor who – until January 7,
27 2022 – was employed full time at the UC Irvine Susan Samueli Integrative Health Institute
28 (“SSIHI”). His is an individual and a California resident. As a naturopathic doctor, he was

1 opposed to the Mandatory Injection Policy. Dr. Palladino’s oath to patients includes respect
2 for informed consent and individual cost/benefit analysis, including consideration of natural
3 immunity and various early treatment options including re-purposed drugs. As Covid
4 injections were administered to University employees in early 2021, he saw many patients
5 at his clinic with severe adverse events after receiving injections. Because of his refusal to
6 comply with the Mandatory Injection Policy, Dr. Palladino was suspended and his
7 employment at the University was terminated.

8 10. Plaintiff Kelly Brink, R.N. is an individual and registered nurse who – until
9 October 19, 2021 – worked as Research Coordinator and Infusion Nurse at UC Irvine’s
10 SSIHI. At all times relevant herein she was a resident of California. At the time of the
11 University’s Mandatory Injection Policy, Ms. Brink had over 32 years of experience – 20
12 years in high acuity hospitals and 12 years in Integrative Medicine, Research and
13 Education. In 2019, she was recognized with the “Nursing Excellence Award UCI Health –
14 Procedure Nurse of the Year.” In 2021, however, the University subjected her to a
15 continuous course of action under the Mandatory Injection Policy. Ms. Brink tried to obtain
16 a medical exemption from her doctor and medical director, but her request was rejected
17 outright due to the University’s Policy without consideration of risks to her health. She also
18 submitted two applications for religious exemption, but both were denied. On October 19,
19 2021, she was told she was a danger to her patients, suspended from work and escorted off
20 campus. Ms. Brink submitted a third religious exemption request, which was granted, and
21 Ms. Brink returned to work on November 2, 2021. After her return, however, she found the
22 University had removed from her research studies, cut her hours and imposed unreasonable
23 and onerous testing requirements, resulting in her constructive discharge on May 11, 2022.

24 11. Plaintiff Jan Maisel, M.D., Ph.D., is an individual and a primary care pediatric
25 physician who – until January 6, 2021 – served as Associate Clinical Professor at UCSF-
26 affiliated Marin Health Medical Center (“Marin Health”). She is a California resident. Dr.
27 Maisel received a Moderna injection at Marin Health on December 28, 2020, and eight days
28 later she began to experience severe disabling symptoms, including episodic malignant

1 hypertension, dysautonomia, chronic daily headaches, and abdominal pain. An extensive
2 multi-symptom evaluation including a hospital admission at UCSF revealed her conditions
3 were the result of a single Moderna injection. She would have declined the injection had she
4 been told information known to the University regarding the risks associated with the covid
5 injections. The University was aware of Dr. Maisel's adverse reaction to the shot, in
6 addition to severe reactions by other injected employees and their families. Dr. Maisel
7 declined to comply with the Policy or undergo a second shot, and as a result, her privileges
8 at Marin Health were suspended on August 23, 2021. She was granted a medical exemption
9 on August 25, 2021, but her injuries prevented her from returning to work or performing her
10 chosen career practicing pediatrics and teaching medicine at any other medical center.

11 12. Plaintiff Angela Wulbrecht, R.N., is an individual and a registered nurse who
12 until October 2017 had been employed as one of the top nurses at UCSF/Marin Health. She
13 is a California resident. Ms. Wulbrecht was a devoted and highly-valued nurse at UCSF,
14 where she worked for 17 years. She took a leave of absence in 2017 and by the start of
15 2021, she intended to return to her employment at UCSF. In order to do so, she received a
16 Covid-19 vaccine on January 19, 2021. Within 12 minutes of the injection, she began to
17 suffer severe, debilitating symptoms, including a hypertensive crisis, inability to breathe,
18 uncontrollable shaking, numbness, and tachycardia. In the months that followed, her
19 condition worsened and further neurological injuries manifested, and she required repeated
20 visits for emergency care. Her UCSF doctors concluded she had suffered a severe, disabling
21 injury from the vaccine. They privately acknowledged they had seen a stark rise of similar
22 injuries since the vaccine rollout. Because she was a highly recognized nurse who
23 previously had supported the vaccination campaign, Ms. Wulbrecht and her injuries
24 received significant attention in the California press. Not so with University administrators
25 and public health officials at the CDC, FDA and NIH. Although her story was told to these
26 institutions, with promises of investigation, she and her injuries were ignored, leaving
27 others at the University and elsewhere without information needed to understand the risks
28 of severe injuries from the vaccines. Had the University informed Ms. Wulbrecht of the true

1 risks, she would not have received one. After recovering from her injury, Ms. Wulbrecht
2 began working as a nurse at Vaccine Safety Research Foundation, where she and a team of
3 other professionals advance Covid-19 vaccine safety and support the vaccine injured
4 through scientific research, public education, and advocacy.

5 13. Defendant Regents of the University of California is a body having corporate
6 powers under the Constitution and laws of the State of California. The University is a public
7 corporation organized into different campuses, laboratories and corporate headquarters. It
8 operates 10 campuses, 5 medical centers, and 3 national laboratories, employing over
9 227,000 faculty and staff. Among others, its medical campuses include UCLA, UCSF and
10 UCI, where named plaintiffs were employed.

11 **JURISDICTION AND VENUE**

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

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

16 **ALLEGATIONS OF NAMED PLAINTIFFS**

17 **Dr. Christopher Rake**

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

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

28

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

14 19. Dr. Rake informed colleagues and officials at the University regarding his views
15 of Covid injections. Before October 4, 2021, Dr. Rake participated in group meetings and
16 communications with others interested in information regarding the safety and efficacy of
17 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 by
21 “policy,” Dr. Rake stated that he considered any mandatory policy contrary to international
22 norms, including the Nuremberg Code. Just as “following orders” provided no defense to
23 Nazi doctors who forced medical experimentation on individuals, Dr. Rake believed that
24 “following policy” provided no basis to require injections on University employees without
25 their fully informed and freely-given (*i.e.*, non-coerced) consent.

26 20. Although Dr. Rake holds sincere religious beliefs in the Christian faith, and he
27 understood the University’s Policy to be contrary to those beliefs, he concluded that it
28 would inconsistent with his religious convictions for him to seek an exemption from the

1 University's Policy at that time on religious grounds. To Dr. Rake, it would be "un-
2 Christian" to claim exemption for himself as a Christian while the University's unlawful
3 and immoral Policy was forced on others who did not hold his deep religious convictions.

4 21. On or about October 4, 2021, Dr. Rake appeared at UCLA hospital for work.
5 Plaintiff could fully perform his professional duties and he posed no threat to the health or
6 safety of his colleagues or patients. However, instead of being allowed to work, Dr. Rake
7 was met in the physicians' lounge, where he was informed that he had been placed on
8 administrative leave due to non-compliance with the Mandatory Injection Policy and that he
9 could not enter the hospital unless he complied with that Policy. After several hours trying
10 to perform his work, Dr. Rake was confronted by the Chair of his department, Maxime
11 Cannesson, and two University security officers, Edward Galvin and Andrea Eggins. These
12 individuals threatened Dr. Rake with arrest, and even though he was complying with their
13 demand, one security officer grabbed his arm and together they forcibly removed him from
14 the premises.

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

26 23. As a direct consequence of the actions taken by the University, Dr. Rake was
27 ultimately deprived of his employment at UCLA as an anesthesiologist – a highly skilled
28 profession which required substantial time and investment to be credentialed and obtained.

1 As a result, he suffered economic losses, including loss of income and benefits at a crucial
2 time when many struggled to find security and plan a course of economic recovery. In
3 addition, as a direct consequence of the University's actions and the hostile work
4 environment it created under the Policy, Dr. Rake suffered severe emotional distress and
5 injury to his reputation as a medical provider. These damages will be determined at trial.

6 **Nurse Tara Vafaenia**

7 24. For almost six years before her termination on November 2, 2021, plaintiff Tara
8 Vafaenia worked as a per diem ICU float pool nurse for UCLA medical center. During her
9 employment, Ms. Vafaenia performed her work bravely and admirably, providing excellent
10 service to her patients in the intensive care setting. She won recognition for her work with Covid
11 patients during 2020, and around July of 2021, she received an annual performance evaluation
12 outlining that she had performed well as a registered nurse.

13 25. Starting around August of 2021, Ms. Vafaenia was subjected to a continuous course of
14 unreasonable demands to comply with the University's Policy, which required a mandatory
15 injection, regular intrusive nasal swabbing using a fraudulent and invalid PCR test and daily
16 surveys of symptoms before each shift. Because of her religious and personal convictions, she
17 believed it to be inappropriate to require her to submit to unknown risks associated with these
18 measures. That month, she received an email from her manager challenging her as non compliant
19 and informing her that she would be subject to adverse employment actions if she fails to comply.
20 For about two months thereafter, Ms. Vafaenia received multiple written communications and had
21 several interactions with her manager and director and was threatened with termination.

22 26. In approximately October of 2021, Ms. Vafaenia was working at the UCLA Santa
23 Monica Medical Center, when she was pulled off the ICU and sent to the unit manager's office.
24 There, she spoke with the unit manager in person, with the manager and director on the speaker
25 phone. In that meeting, she was informed that, due to her non-compliance, she would be placed on
26 unpaid suspension. Plaintiff protested that the University was accusing her of being disabled – *i.e.*,
27 being infectious and posing a risk to those around her – without a medical assessment or other
28 work-up from an actual doctor.

1 27. Ms. Vafaecinia told her manager and director that she had come to work as outlined in
2 her professional contract, that she did not want to be harassed for not doing something to her body
3 she did not wish to do, and that she wanted to continue caring for her patients. In response, the
4 managers called campus security, confiscated her badge and removed her from the building under
5 physical threat.

6 28. After Ms. Vafaecinia spoke publicly about the unethical treatment of her by the
7 University, her exit was expedited and she was fired effective November 2, 2021. Ms. Vafaecinia
8 had repeated interactions with HR regarding compliance with anti-disability discrimination laws.
9 HR eventually scheduled a meeting with plaintiff, but then cancelled it because plaintiff intended to
10 include an ADA advocate for her during the meeting.

11 29. Because of defendant's conduct, Ms. Vafaecinia suffered deep emotional distress and
12 severe economic losses. At the time of termination, she felt her life and work were spiraling out of
13 control, and the psychological stress grew so severe that she broke out into a full-body rash,
14 requiring treatment with low-dose steroids.

15 **Dr. Michael Palladino**

16 30. For five years before his termination, Dr. Palladino worked as naturopathic
17 doctor in a clinical setting at UC Irvine's Susan Samueli Integrative Health Institute.
18 Treating patients with complex chronic health conditions and performing his work under the
19 traditions of integrative medicine, Dr. Palladino was skeptical of the plan to promote
20 immunization embodied in the University's campaign. He knew and believed that the
21 University's pathogen-focused approach to Covid contradicted principles of integrative
22 medicine, and he was aware of potential adverse consequences of mass inoculation.

23 31. As part of his oath to patients, Dr. Palladino committed to the principles of
24 informed consent, including the right of his patients to receive or decline medical
25 interventions and his own duty to discuss treatment options. In treating chronically ill
26 patients who had been exposed or feared exposure to the SARS-Cov-2 pathogen, Dr.
27 Palladino discussed alternatives to the inoculations, including natural immunity (which
28 provides a more robust and longer lasting protection from infections) and re-purposed

1 proven-safe medications (such as Ivermectin and Hydroxychloriquine, shown to effectively
2 reduce the symptoms and even prevent the onset of the Covid disease). Through his
3 approach, Dr. Palladino and his patients successfully responded to the health risks posed to
4 his patient population by Covid, all while preserving the patients' right to make their own
5 informed decisions about their health and treatment options.

6 32. Dr. Palladino understood the University's Policy on Covid inoculations to be
7 predicated an unlawful invasion into human rights. From his perspective as a naturopathic
8 doctor with a successful practice of treating chronically ill patients, he saw the policies and
9 demands of the University, the CDC and the WHO to be geared towards social control
10 rather than health and treatment. Those policies and demands were about stopping him from
11 having an open discussion with his patients over the risks of Covid and the potential risks
12 and benefits of the inoculations.

13 33. Starting in approximately January 2021, as the covid vaccines were being
14 administered, Dr. Palladino saw patients after they received a Covid inoculation. From then
15 until his termination a year later, he had significant first-hand experience with vaccine-
16 related injuries. He saw many patients who had adverse events following inoculation
17 including strokes, transient ischemic attacks (TIA's), autoimmune conditions, abnormal
18 uterine bleeding, irregular menses, chronic headaches/migraines, chronic fatigue, autonomic
19 dysregulation, postural orthostatic tachycardia syndrome (POTS), mast cell activation
20 syndrome (MCAS), and others.

21 34. In about August 2021, Dr. Palladino learned that the University was imposing
22 guidelines, orders and mandates requiring employees to receive an inoculation despite the
23 employees' wishes, among other arbitrary compulsory measures. He considered such
24 policies an abuse of executive authority counter to his inalienable human and constitutional
25 rights. On August 25, 2021, Dr. Palladino sent a letter by registered mail to the Provost and
26 Executive Vice Chancellor at UC Irvine, pointing out the University's violation of the law.
27 Plaintiff wrote to the University to provide notice of its violations of law, to provide it with
28 an opportunity to correct its violations and to respond to points he raised. In his letter, Dr.

1 Palladino claimed the University lacked authority to enforce unlawful executive orders or
2 create health guidelines for the general public. He noted that no statute had been passed by
3 the California State Assembly requiring individuals to undergo “vaccinations.” He noted
4 that guidelines coming from a University executive officer – “an unelected public employee
5 without lawmaking authority” – did not constitute law.

6 35. Although Dr. Palladino sent several more communications by registered mail to
7 the University regarding its Covid mandates, he received no response. Instead, starting
8 about September 7, 2021, the University engaged in a continuous course of conduct against
9 Dr. Palladino, providing multiple notices of non-compliance, and a referral to UC Irvine
10 contact tracing and vaccination services. On October 27, 2021, Dr. Palladino was suspended
11 without pay. Plaintiff’s medical director, Dr. Kim Hecke, called him and informed him he
12 had to leave the premises immediately. On December 7, 2021, the University sent a notice
13 of intent to terminate, and on January 7, 2022, his employment was ended.

14 36. When the University took these adverse actions against him, Dr. Palladino was
15 fully qualified for his profession and his position and he was performing his work well. The
16 University had no basis to believe he could not perform his work or that he posed a danger
17 to others. Dr. Palladino provided needed care to individuals with some of the most
18 challenging chronic conditions, 8 patients per day, 5 days per week, with good results. His
19 patients were pleased with his services and there was no objective sign his medical health
20 choices vis-a-vis the Covid inoculation affected his abilities.

21 37. Because of the University’s actions, plaintiff was deprived of his ability to pursue
22 the career of his choice, and he suffered economic losses and emotional distress.

23 **Nurse Kelly Brink**

24 38. After becoming a Registered Nurse in August 1992, plaintiff Kelly Brink spent
25 20 years in high acuity hospitals doing work in Oncology/Renal/Endocrine, Adult ICU,
26 Pediatric ICU, and Neonatal ICU. Nearly 12 years ago, she transitioned her career to
27 Integrative Medicine, Research, and Teaching. In June 2016, she began working at the UC
28 Irvine Susan Samuel Institute of Integrative Medicine, and by August 2021, she had worked

1 herself into the position of Research Coordinator and Infusion Nurse. In that position. Ms.
2 Brink: launched and conducted UC Irvine’s IV Nutrient Therapy Research Program in
3 2016; launched and conducted its NIH Sponsored TACT2 Research Study in 2018; and
4 launched and conducted their sponsored Chronic Pain Cannabis Study in 2021. In May
5 2019, she was honored with: “2019 Nursing Excellence Award UCI Health – Procedure
6 Nurse of the Year.” In that same month, she was a guest speaker at the Annual Nursing
7 Symposium, where she lectured to all UCI Health Nurses on Mitochondrial Function and IV
8 Nutrient Therapy. Ms. Brink was considered an expert in her field. She trained providers
9 locally and globally, and the medical doctors, osteopathic doctors and naturopathic doctors
10 at UC Irvine relied on her for guidance on their shared patients.

11 39. After being informed of the University’s Mandatory Injection Policy in or about
12 August of 2021, Ms. Brink determined that she was opposed to it. She believed she was at
13 risk of severe neurological injury if she got the injection, based on her history of developing
14 Guillain-Barré Syndrome, following an earlier flu shot. Ms. Brink informed her doctor, Kim
15 Hecht, D.O., who was also the Medical Director, but she was told that she could not get a
16 medical exemption for the University’s policy, as there was no “box” to check on the form
17 provided by the University. Still, on August 8, 2021, Ms. Brink submitted a form asking for
18 an exemption based on religious grounds, attaching a seven page letter plus exhibits. She
19 stated several reasons for her opposition to the Policy, including:

- 20 • She has authority over her body, and mandating an injection against her will
21 violated her religious beliefs.
- 22 • There was a risk of harm from the experimental injection.
- 23 • She had spent the past 20 months healing from nerve damage, and her doctors
24 at UCI agreed Guillain-Barré was a valid concern with this vaccine.
- 25 • The law protects her right to sincerely held ethical and moral beliefs.
- 26 • To be forced to do something which violates her beliefs is to sin against God.
27 For many Christians, including herself, the body is the temple of God.
- 28

- 1 • She has authority over her own body. She has the right to refuse this vaccine.
2 She asked: “**If I am mistaken, please show me the law that gives you**
3 **authority to violate this right.**” [Original emphasis.]
- 4 • The shots were not approved and were administered under “emergency use
5 authorization,” “which places them in a category of **medical experiment.**”
6 [Original emphasis.]
- 7 • Using the body for medical experimentation requires informed consent, and
8 the right to consent or not consent, and not being forced against one’s will.
- 9 • Under international and federal law, she had the right not only to refuse, but
10 the right to refuse without being discriminated or retaliated against.
- 11 • “The right to avoid the imposition of human experimentation is fundamental,
12 rooted in the **Nuremberg Code of 1947**, has been ratified by the 1964
13 Declaration of Helsinki, and further codified in the **United States Code of**
14 **Federal Regulations**. In addition to the United States regarding itself as
15 bound by these provisions, these principles were adopted by the FDA in its
16 regulations requiring the informed consent of human subjects for medical
17 research. It is unlawful to conduct medical research, even in the case of an
18 emergency, unless steps are taken to secure informed consent of all
19 participants.” [Original emphasis.]
- 20 • In her diligent effort to understand what they are, she concluded that the
21 Covid vaccine is an Injection, not a vaccine, and a form of genetic
22 manipulation. She saw the injection as a genetic manipulation, because she
23 believed that it introduced synthetic mRNA into cells that integrate into
24 nuclear DNA. This is a process known as reverse integration and has been
25 shown to occur with the wild type COVID-19 virus. She believed that,
26 perhaps, it is best called a “**GENE THERAPY.**” She had found no credible
27 scientific research - **SO NOBODY KNOWS** the short-term and long-term
28 consequences of this genetic manipulation.

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- “So, **if what is being injected alters the genetic makeup of the Temple of the Holy Spirit, [her] religious and sincerely held beliefs will not allow [her] to agree to having [her] genetics altered,** especially without knowing the long-term consequences.” [Original emphasis.]
- Any attempt to force a Covid-19 vaccine violates law and conditions under which the vaccine has been authorized for use. The law is clear, experimental medical treatment cannot be mandated or forced against her will.
- “Also, under the 2005 PREP Act enacted by congress, pharmaceutical companies that manufacture EUA vaccines are shielded from liability related to injuries and damages caused by their experimental agents. However, **any employer, public school, or any other entity or person who mandates experimental vaccines on any human being is not protected from liability for any resulting harm.** While vaccine manufacturers may be shielded from liability, this institution is not protected.” [Original emphasis.]
- The Nuremberg Code is respected and sets a standard worldwide, including at the University itself. In her opinion and sincerely held ethical beliefs, all 10 of the Code principles are violated by the Policy, including detailed statements as to the lack of: voluntary consent, fruitful results, history of prior animal studies, avoidance of unnecessary suffering and injury, ruling out of serious injury or death, benefits that exceed risks, preparations for possibilities of injuries, scientists qualified to perform human experimentation, and experiment termination upon probable cause of injury or death.
- There is no evidence she carried an infectious disease, so she could not be a “direct threat” to anyone.
- “No emergency, pandemic, health orders, executive orders, employment or business policies, rules, recommendations, regulations, guidelines, directives, or measures suspends my Constitutional Rights.”

1 40. Ms. Brink’s request for exemption was denied 11 days later, on August 19, 2021.
2 On September 21, 2021, Ms. Brink was notified of her non-compliance and threatened with
3 discharge. The following day, the office manager cut her hours to 16/month. She submitted
4 a second religious exemption request on September 24, 2021, but, on September 27, that
5 request too was denied. Multiple non-compliance notices were sent thereafter, and on
6 October 19, 2021, Ms. Brink was told to “leave and not come back” by her Medical
7 Director, Dr. Kim Hecht. Ms. Brink was placed on unpaid leave and instructed she was “not
8 allowed to be onsite for work.”

9 41. Because Ms. Brink was essential to important research projects, the University
10 determined to bend its Mandatory Policy in a secret and underhanded way. Dr. Hecht
11 pleaded with her to re-submit a religious exemption request, which she did on October 24,
12 2021. That request was approved on October 29. Ms. Brink saw Dr. Hecht as her doctor on
13 November 1, and even though she explained that the stress of her treatment by the
14 University had caused her neck and back to lock up, leaving her barely able to move, the
15 Medical Director told Ms. Brink that she should “Go to work!” Ms. Brink returned on
16 November 2, 2021, only to discover she had been removed from her research projects and
17 had been assigned to train her replacement.

18 42. Ms. Brink continued to suffer in the hostile environment of her limited
19 employment at UC Irvine, including demands that she comply with intrusive, onerous,
20 unnecessary, and unreasonable asymptomatic testing requirements because of her
21 “unvaccinated” status. On February 2, 2022, her hours were reduced again to 12/month, and
22 while her testing requirements continued, she was forced to resign on April 11, 2022,
23 effective 30 days later on May 11.

24 43. Because of the University’s continuing course of conduct, Ms. Brink was
25 deprived of the career of her choice, she suffered severe emotional distress and significant
26 financial loss. To her, the University’s Mandatory Injection Policy had upended the moral,
27 ethical and legal code of the once-revered academic institution, leading to the death and
28 injury of many employees, members of their family and the University’s patient population.

1 **Dr. Jan Maisel**

2 44. Throughout her entire career spanning more than 40 years in the practice of
3 pediatric medicine, Dr. Jan Maisel had consistently and confidently recommended vaccines
4 to her patients as she trusted in the FDA approval process and recommendations
5 subsequently issued by the CDC. Dr. Maisel steadfastly believed that UCSF was devoted to
6 the health of its patients and the general population until she was injured by the Covid
7 vaccine and witnessed first-hand how the University not only failed to acknowledge her
8 injuries and but also failed to open an investigation into the safety of the Covid vaccinations
9 they forced upon their community members. After experiencing devastating life-threatening
10 and career-ending consequences of the Covid vaccine, she reluctantly accepted the
11 realization that public health officials had closed their eyes to the vaccine injured. She
12 believes that, had the University not suppressed what it knew about the risks of serious
13 adverse events, Dr. Maisel and numerous other University employees and members of the
14 public would reasonably have declined the injections that were pushed upon them.

15 45. Dr. Maisel earned her medical degree in 1980, and worked continuously in the
16 field of pediatric medicine until she was forced to retire because of severe adverse reactions
17 to her first Covid vaccine. In 1994, she joined a primary care pediatric practice in Marin
18 County with hospital privileges at UCSF-affiliated Marin General Hospital (which in 2019
19 became Marin Health). As an Associate Clinical Professor at UCSF, she took on
20 responsibility to teach UCSF medical students as they rotated through her clinical practice,
21 gaining the ability to submit claims through the UCSF billing system.

22 46. In December 2020, in her capacity as a clinical professor with hospital privileges
23 at Marin Health, Dr. Maisel was offered access to Covid injections. At that time, Dr. Maisel
24 worked remotely through “tele-medicine,” and she expressed reservations as to whether she
25 should take the vaccine early, believing that it should be saved for in-person hospital staff.
26 After being told by the hospital that there was sufficient supply for all active staff, and in
27 light of assurances she received from Marin Health/UCSF regarding the safety and efficacy
28 of the vaccines, she took her first Covid injection on December 28, 2020 at Marin Health.

1 47. Eight days later – on January 6, 2021 – while at home, Dr. Maisel suffered a
2 major hypertensive crisis, with blood pressure reading at 230/115 and horrible abdominal
3 pain and headache. She called 911 and was taken by ambulance to Marin Health. Although
4 her symptoms gradually subsided and she returned home, the doctors at Marin Health said
5 they were unable to diagnose her condition or describe its etiology. In the days that
6 followed, Dr. Maiser continued to suffer multiple similar crises, resulting in hospitalization
7 and an extensive multi-symptom evaluation 10 days later after her first trip to Marin Health
8 as a patient. Approximately 3 months after her first Covid injection, she suffered severe
9 headaches on a daily basis; and six months later, she experienced worsening abdominal pain
10 and hair loss. Her doctors described her condition as an onset of multiple, severely disabling
11 symptoms, including episodic malignant hypertension, dysautonomia, chronic daily
12 headaches, abdominal pain, but they offered no explanation as to cause.

13 48. Another physician in Dr. Maisel’s department suffered two life-threatening
14 cardiac events, one after his first injection, and the second event after the second shot,
15 which he was required to get to be considered “fully vaccinated.” That same physician lost
16 his son to a cardiac arrest, after the son received his Covid shot. Providers at Marin Health
17 were absolutely forbidden from speaking about vaccine injuries, but in private
18 conversations with the director and other healthcare providers, they would discuss the
19 severe reactions and deaths they were witnessing in some individuals post-Covid injections.
20 In other words, physicians at UCSF/Marin Health were aware of the injuries and deaths
21 caused by the Covid vaccines.

22 49. Dr. Maisel eventually received treatment for her vaccine injuries from Stanford
23 University. Stanford developed a practice for treating persons who had reported “Long
24 Covid” – also known as Chronic Covid Disease, a sustained inflammatory condition caused
25 by the proliferation of spike proteins thought to be characteristic of the SARS-CoV-2
26 pathogen. Quietly, Stanford also developed a practice to treat persons with vaccine injuries,
27 which are also thought to include sustained inflammatory conditions caused by spike
28 proteins. Dr. Maisel learned that the proportion of Stanford’s patient population seeking

1 treatment for vaccine injuries quickly surpassed the proportion of patients seeking treatment
2 for Long Covid. Indeed, since the Covid vaccines are designed to cause individuals to
3 produce spike proteins in their own cells, and thus prompt an antibody response to spike
4 proteins, the treatments for “Long Covid” and vaccine injuries often cover the same paths,
5 with the antibody and spike protein loads being on an order of a magnitude or more higher
6 from the vaccine than from the “wild” virus. Physicians and specialists eventually
7 confirmed Dr. Maisel’s vaccine injuries through independent blood tests looking for certain
8 inflammatory markers, and she was diagnosed with small fiber neuropathy and
9 hyperadrenergic autonomic neuropathy, with damage to the vagus nerve.

10 50. Despite the severe adverse events suffered by Dr. Maisel and many other
11 employees (including the death of some family members), the University imposed its
12 Mandatory Injection Policy in August 2021. Dr. Maisel was required to submit to a second
13 Covid injection and become “fully vaccinated” so that she would not put her patients and
14 students at risk of contracting Covid, even though it had become clear that Covid vaccines
15 did not prevent infection or transmission. Dr. Maisel declined to comply with the Policy,
16 and she submitted a request for a medical exemption on August 11, 2021, supported by a
17 letter by a physician at Sutter Health. Her hospital and teaching privileges at Marin Health
18 were suspended on August 23, 2021. Although her medical exemption request was
19 approved on August 25, 2021, her injuries and the onerous, unnecessary measures imposed
20 on her because she was not “fully vaccinated” prevented her from returning to work at
21 Marin Health or any other University medical center.

22 51. As a result of the University’s conduct, Dr. Maisel suffered the end of her chosen
23 career, one in which she had happily engaged for over 40 years. She also suffered severe
24 physical and psychological injuries, loss of income, and invasion of her right to privacy and
25 bodily autonomy.

26 **Nurse Angela Wulbrecht**

27 52. Prior to January of 2021, Nurse Angela Wulbrecht was an active, healthy 46-year
28 old person with no medical problems, living a happy and productive life. In her long tenure

1 at UCSF/Marin Health, she had become a highly respected nurse, serving as charge nurse
2 for pediatrics, labor and delivery, postpartum, antepartum, NICU, antenatal testing center
3 and on the trauma team. Doctors with whom she worked described her as “accomplished,”
4 “passionate,” “exceptional,” “extremely valued,” a “unit leader in critical situations” and a
5 “role model both to students and peers.” When it came to vaccines, she “trusted the
6 science,” or more accurately, what she was told was science by academic and medical
7 professionals. This trust ended when she was injured by the Covid vaccine and she
8 witnessed first-hand the suppression of vital and life-saving information by University and
9 other health officials.

10 53. In 2017, Ms. Wulbrecht suffered an injury while fleeing her home during the
11 devastating Santa Rosa fire. At that point in time, she had been working at UCSF/Marin for
12 17 years. She was placed on medical leave while she recovered from her injury, but the the
13 hospital could only hold her position for one year. After that year passed, Ms. Wulbrecht
14 had to let go of her position, with an intent to return to her employment when she had fully
15 recovered and the timing was right for her family. By the beginning of 2021, she determined
16 that the timing was right to reapply. Understanding that vaccination against Covid was
17 required, Ms. Wulbrecht received a Moderna vaccine on January 19, 2021. At the 12 minute
18 mark after receiving her Covid injection, she experienced severe adverse reactions. She
19 could not breathe and her chest hurt; her vitals were critically unstable; her body was limp,
20 numb and shaking; and she was transported to the nearest hospital by ambulance. In the
21 following two months, she called 911 five times, could not eat, lost about 20 lbs and was
22 gravely ill. Unsure whether she would survive, she made a living will to protect her 12-
23 year-old daughter, and she sought extensive and repeated treatment from the UCSF doctors
24 who, for the most part, believed she had been injured from the vaccine. It was hard to argue
25 against an adverse reaction to a vaccine when severe symptoms manifest while still at the
26 vaccination site. The UCSF treating physicians knew of Ms. Wulbrecht’s excellent health
27 prior to taking the Covid vaccine, and they were terrified of what was happening to her.
28 Despite rarely needing time off from work for health issues, after the injection plaintiff

1 received continuing and extensive care for a period of six months to one year, including
2 several hospitalizations, visits with many different allergist, immunologist, cardiologist,
3 endocrinologist, neurologist, functional medicine doctors, and others. One year after the
4 injection, she received treatment from Stanford for cardiac and neurological issues, and was
5 diagnosed with mast cell disorder, hyperadrenergic POTS and autonomic dysfunction.
6 Cardiac and neurological medications were required to keep her stable, as she had
7 developed numbness and tingling in her legs, a “heavy right leg/arm,” tremors, jerky
8 movements, brisk reflexes, weakness and an inability to do hardly any physical exertion.

9 54. While her colleagues and doctors at UCSF and Stanford quietly agreed that she –
10 like many others – had been injured by the Covid vaccines, they refused to document it or
11 petition the University to conduct an investigation into the safety of the mandatory
12 injections. Ms. Wulbrecht was contacted by newspaper reporters who wanted to tell her
13 story. Soon after, she contacted health officials at the CDC, FDA and NIH. Although the
14 CDC and FDA met with plaintiff (and several experts on spike protein disease), and
15 plaintiff was assured that her injuries would be investigated, the health officials never
16 reviewed her files as they had promised. At one point, Ms. Wulbrecht had several email
17 exchanges with the Section Chief and Clinical Director for Infections of the Nervous
18 System at the National Institute of Neurological Disorders and Stroke (NINDS), part of
19 NIH. She explained that, as a nurse, she wanted to be proactive and seek every workup
20 possible. She knew that there were more people suffering from injuries just as she was, and
21 hoped the Chief would provide insight to the etiology and recommendation of treatment.
22 Without any public acknowledgment of the obvious serious adverse events caused by the
23 injection, the Chief expressed his sorrow for plaintiff’s “illness” and said they were
24 “mystified” about these complications. He offered some unexplained guidance on measures
25 to counter auto-immunity, but after further exchanges concerning vaccine injuries, he
26 ceased communications, and referred all other inquiries to the NINDS information office.

27 55. In subsequent interactions with UCSF physicians and health care professionals,
28 Ms. Wulbrecht has learned there has been a deep but silent awakening of medical

1 professionals as to the nature and extent of adverse events caused by the Covid vaccines.
2 For example, she learned that ever since the vaccine rollout, professionals at the Marin
3 Health Campus of UCSF were seeing an unusual rise in people reporting tachycardia and
4 chest pain associated with the vaccines. She learned that a majority of people in the
5 radiology departments were aware of vaccine injuries, and many had applied for a religious
6 exemptions to avoid having to take a booster vaccine which was also made mandatory. She
7 learned that cardiologists and neurologists at UCSF knew what was going on, but they were
8 not allowed to talk about Covid vaccines in a negative way. She learned that many women
9 were seeking care for menstrual problems at rates never seen in the tenure of the current
10 hospital employees. Had the University informed Ms. Wulbrecht of the true potential risks
11 of the Covid injections, she never would have received one, and she would not have
12 experienced her adverse reaction.

13 56. Ms. Wulbrecht suffered severe physical damage and emotional distress because
14 of the University's Covid Vaccine policies and its failure to give employees and/or
15 prospective employees informed consent and allow them to conduct individual risk/benefit
16 analysis. After recovering from her injuries, Ms. Wulbrecht has returned to her career as a
17 nurse, but not at UCSF, where she had previously loved to work, and where she had –
18 before 2017 – made a big difference in patient care. At the time of this filing, she is working
19 as a nurse at Vaccine Safety Research Foundation, where she and a team of other
20 professionals work to raise awareness around COVID-19 vaccine safety and support the
21 vaccine injured through scientific research, public education, and advocacy.

22 ADMINISTRATIVE PROCESSES

23 57. To prompt the University to investigate the unlawful and harmful nature of its
24 Mandatory Injection Policy and provide an opportunity for the University to remedy the
25 wrongful actions taken against him, plaintiff timely filed an internal administrative
26 complaint. Exhibit A. Therein, Dr. Rake challenged the adverse employment actions and
27 application of the Mandatory Injection Policy for himself and for all similarly situated
28 employees whose employment was adversely impacted by the Policy.

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

10 59. As described herein, plaintiffs Palladino, Brink and Maisel also provided the
11 University with an opportunity to review and rescind its unconstitutional and unethical
12 Mandatory Injection Policy. Dr. Palladino provided the University with multiple notices and
13 statements depicting the bases for his claim that the Policy was unconstitutional, but the
14 University failed to respond. Ms. Brink wrote three times to the University seeking a
15 religious exemption, for herself but also pointing out the illegality of the Policy as it applied
16 to all employees. Dr. Maisel submitted documentation demonstrating that the Covid vaccine
17 had caused a disabling injury. Although she was granted an exemption – unceremoniously
18 and without a letterhead or logo – the University determined to institute and maintain its
19 Mandatory Injection Policy while preventing disclosure of the facts.

20 60. All named plaintiffs filed timely charges of discrimination, retaliation and
21 harassment with the California Civil Rights Department. Each charge was on behalf of each
22 plaintiff and “all similarly situated employees” (and in the case of Ms. Wulbrecht, all
23 returning employees and applicants). Each named plaintiff received a right-to-sue letter on
24 the same day the charge was filed. Dr. Rake filed his charge and received his right-to-sue
25 letter on February 15, 2023 (CRD Matter No. 202302-19696015). The other five named
26 plaintiffs filed their charges and received their right-to-sue letters on May 25, 2023 (CRD
27 Matter Numbers 202305-20794526 (Vafaeinia); 202305-20794926 (Palladino); 202305-
28 20795126 (Brink); 202305-20795326 (Maisel); and 202305-20795426 (Wulbrecht)).

1 **THE UNETHICAL AND UNLAWFUL MANDATORY INJECTION POLICY**

2 61. An overwhelming body of medical facts known to the University, and respected
3 medical opinions held throughout the non-conflicted medical community, support the right
4 to decline a Covid injection and reveal the University’s Policy to be unethical and unlawful.

5 **Ethical Standards**

6 62. Medical and legal norms grew out of a deep, dark history of unethical medical
7 experimentation and coerced medical treatments. Even in the modern era, public and private
8 actors have secretly and coercively violated human dignity in the name of science, often
9 justified by a claimed need for urgent action, and always asserted as measures to protect the
10 human subjects and/or the population at large. The University of California knows of these
11 horrific events, and has been directly implicated in some. Throughout the 1900's, in the
12 name of science against disease, United States researchers infected prisoners with plague,
13 cholera, Pellagra, and a host of other diseases. They intentionally infected hospital patients
14 and mentally ill children with syphilis, tuberculin, Radium-266, Plutonium and other
15 radioactive tracers. In one instance, research held children in refrigerated cabinets for 120
16 hours at 30 degrees Fahrenheit. Scientists and health officials have also experimented
17 secretly on large portions of the population. As part of the bioweapon programs, for
18 example, from 1953 to 1975, United States Army officials experimented with a variety of
19 human and animal diseases and toxins by testing biological agents on uninformed subjects
20 (almost exclusively Seventh-Day Adventists) at Fort Detrick in Maryland. In 1950, officials
21 carried out a trial of biological warfare on hundreds of thousands of unsuspecting residents
22 of the San Francisco Bay Area. Six experimental biological warfare attacks in the form of
23 bacterial aerosols, along with zinc cadmium sulfide fluorescent particles, were launched
24 from ships so that scientists could test the offensive possibilities of attacking a seaport city.
25 Multiple individuals developed related bacterial infections as a result of the experiment,
26 leading to hospitalizations and death. Other horrific acts committed for the purpose of
27 studying the intersection of disease and genetic traits of the population. In the Tuskegee
28 Syphilis Study, the Public Health Service diagnosed 400 poor, African-American

1 sharecroppers with syphilis, but never told them or treated their illness. The subjects were
2 not told that they were being used as human guinea pigs, while scientists and health officials
3 tracked the course of their symptoms for over four decades. They all died from syphilis and
4 their families were never told that they could have been treated. Similarly, officials have
5 forcibly sterilized women against their will, based on medical, mental, racial and genetic
6 characteristics This widespread practice in the United States was used as a model for
7 development of Germany's Nazi-era policies, and it was cited by the defense during the
8 Nuremberg trials. This included the forced sterilization of Carrie Buck of Charlottesville, a
9 17-year old girl who had given birth to a child out of wedlock. Carrie Buck was the
10 daughter of a mentally ill mother at Virginia Colony Home for the Mentally Infirm. It was
11 insinuated that Carrie Buck had a low IQ and had been engaged in sexual promiscuity, but
12 in fact, she was mentally normal and the child was the result of a rape. Eugenics programs
13 persisted throughout the country, including California. In 2003, the California Legislature,
14 Governor Gray Davis, and Attorney General Bill Lockyer all issued formal apologies for
15 the 1909-1979 eugenics sterilization program that forcibly sterilized patients in state
16 hospitals and homes without true consent. Some of the historic medical atrocities were
17 knowingly committed by the University of California. For example, in 1963, the University
18 of California Department of Pediatrics used 113 newborns ranging in age from one hour to
19 three days old in a series of experiments involving blood pressure and blood flow. In one
20 study, doctors insert a catheter through the newborns' umbilical arteries and into their aortas
21 and then immerse the newborns' feet in ice water while recording aortic pressure. In another
22 experiment, doctors strapped 50 newborns to a circumcision board, tilted the table so that all
23 the blood rushed to their heads and then measured their blood pressure. The list goes on.¹

24 63. The medical community's answer to these practices was to develop the concept
25 of informed consent as a fundamental precept for the ethical practice of medicine. Even
26

27 ¹See, e.g., Golizsek "In the Name of Science: a history of secret programs, medical
28 research, and human experimentation" (St. Martin's Press, 2003); "A Short History of US
Government's Respect for Human Life," What Really Happened Blog, available online at:
<https://whatreallyhappened.com/WRHARTICLES/biowar.html>.

1 absent specific indications of harm from any particular measure or study, informed consent
2 is the foundation of medical/legal ethics, requiring that decisions to undergo a treatment rest
3 with the patients. Doctors – but not hospital administrators and certainly not employers –
4 are trained and expected to give their best medical advice to patients, and to recommend a
5 course of action for the patient to follow. But the decision to undergo or reject such
6 treatment is vested in the patient. The University knows and understands these principles,
7 and prior to its involvement with private, corporate interests, it studied and heralded them as
8 central to its mission. After entangling itself with the modified RNA technology, however,
9 the University quietly abandoned those ethics. The Mandatory Injection Policy eviscerates
10 this fundamental principle. As even the University’s own medical ethicists know well,
11 patient autonomy is paramount. The University is without legitimate power or authority to
12 override that precept to achieve even the most noble of public health purposes, let alone to
13 further the self-serving institutional goals of the Mandatory Injection Policy.

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

28

1 **Peremptory International Norms**

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

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

28 These very principles are now codified in the California Health and Safety Code, § 24171 *et*
seq. And see 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.

 66. Although FDA purported to approve of Pfizer’s Comirnaty vaccine, such action
fails to undermine what is true and what is known to the University: that the injections are

1 experimental, and will remain in an investigational stage for years to come . FDA approval
2 in this instance is insignificant, as its process was infected by corruption, compromise and
3 conflict of interests. Approval was for a biologic generally unavailable to the public in
4 California or the United States. As an indicator of fraud, on page 2 of the same document in
5 which FDA approved Comirnaty, the agency extended emergency use authorization of the
6 BNT162b2 vaccine candidate. Approval of unavailable Comirnaty coupled with
7 simultaneous extension of experimental EUA on supposedly the same product reveals the
8 fraud perpetrated by a captured regulatory agency and the capturing industry. This created a
9 false impression that so-called “vaccines” had been approved when they had not.

10 67. Although the maker claims the two products are chemically similar, Pfizer and
11 FDA admit that they are legally-distinct. This legal distinction between Pfizer’s BioNTech
12 injection and Comirnaty is significant, as legal liability would affix damages caused by
13 Comirnaty on Pfizer. Since only the Pfizer BNT162b2 vaccine candidate (and not
14 Comirnaty) was administered, the manufacturer would not be held liable for the harm. Legal
15 responsibility for adverse events is central to the right of informed consent. Liability for
16 injury is a core aspect of the ban on mandates for experimental treatments, and thus the
17 purported approval of Comirnaty provides no refuge for the Mandatory Injection Policy.

18 68. Substantial reasons exist to suspect that the Pfizer BNT162b2 product being
19 injected into patients is a different physical product than the one submitted for FDA
20 approval. A review of analysis of the Vaccine Adverse Events Reporting System (VAERS)
21 demonstrates a 30-40% variation in toxicity based on the particular batch or lot injected.
22 Given this wide range of adverse events, it is undeniable that the manufacturing process
23 produces material for injections in some large portion that is physically different from the
24 material in other portions, and thus physically different than the material submitted for
25 approval. Several investigations and studies have demonstrated (1) material flaws in the
26 manufacturing process causing great variation in the quality of the product, and (2) evidence
27 of material contaminants present, e.g., DNA-based plasmids, in some batches. Approval of
28 Comirnaty thus provides no safe harbor for the mandate of experimental biologic products.

1 **The Lack of Benefit to Public Health**

2 69. An overwhelming body of medical evidence and respected medical opinions
3 provide sufficient bases upon which individuals reasonably could conclude that the required
4 injections fail to stop the spread of Covid, and if anything, the injections demonstrate
5 negative efficacy in a short period of time. There is no possible public health rationale for
6 the Policy as injections do not prevent serious disease and are shown to cause injury and
7 death. Confirming data establishing these facts are coming to light nearly every day.

8 70. Medical evidence and respected medical opinions support the conclusion that the
9 very premise of the mandatory Policy is irrational and logically unjustifiable. As the term
10 has been customarily used and understood, vaccines are supposed to create immunity in a
11 person targeted towards the illness or disease for which the vaccination was created. That
12 immunological response is supposed to stop the person from getting the infection and
13 prevent that person from giving it to someone else. Traditionally, vaccines have been
14 designed around dead or attenuated viruses or portions of pathogenic antigen expressions,
15 which are injected into persons along with an adjuvant to facilitate the creation of an
16 immune response. Because traditional vaccines use dead or disabled viruses, or mere pieces
17 of the pathogens, in theory they are supposed to trigger an immune response without
18 causing the underlying disease in the person receiving the inoculation.

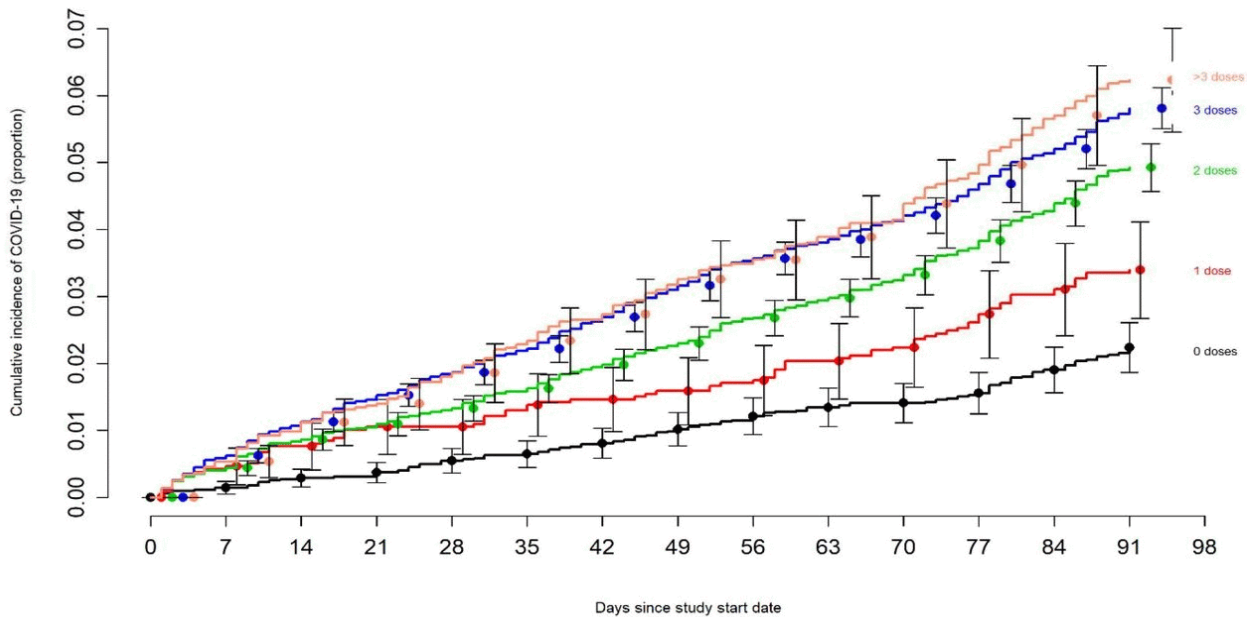
19 71. The novel biologic therapies required by the Mandatory Injection Policy cannot
20 be classified as vaccines under the traditional definition. For example, Pfizer and Moderna
21 use recombinant RNA encased in nano-lipids, designed to find their way into the person's
22 cells, including the cells of vital organs. In theory, once inside, the modRNA "hacks" into
23 the protein-making machinery of the cells, turning them into bio-manufacturers of the
24 "spike protein." These spike proteins are believed to be the antigen expression of the SARS-
25 CoV-2 virus. This process is supposed to code the person's body to make spike proteins,
26 which then trigger the immune system to make antibodies against the SARS-CoV-2 virus.
27 Rather than exposing the person to dead or harmless antigenic expression as a traditional
28 vaccine would do, medical evidence and respected medical opinions indicate the modRNA

1 vaccines ineffectively and harmfully expose the injected person to a barrage of
2 immunological dysfunction, serious disease and a growing risk of death.

3 72. Even at the start of the Covid vaccinations, authorities at the University and
4 elsewhere knew the injections would not stop contraction of Covid nor transmission of the
5 disease. Anthony Fauci (NIH), Rochelle Walensky (CDC), Joe Biden (President of the
6 United States), Boris Johnson (Prime Minister of the UK), and Tedros Ghebreyesus
7 (Director of the W.H.O.) had all admitted this. Even Moderna and Pfizer admitted as much,
8 both explicitly, in statements they made, and implicitly, in their development of injections
9 to fight new variants of the disease. A reasonable basis exists to conclude that, since the
10 Covid injections do not protect the public from getting the disease, there is no public health
11 basis for the Mandatory Covid Injection Policy. The University has no rational basis – let
12 alone a compelling interest – to mandate employees be injected just to improve their
13 chances of faring better should they contract a potential disease. Without an anchor lodged
14 in principles of public health, there can be no rational justification for the mandatory Policy.

15 **Negative Efficacy**

16 73. Medical evidence and respected medical opinions strongly indicate that the
17 Covid biologics lead to *more* Covid-19 infections, not less. Some data analyses indicate a
18 possibility of waning efficacy in the first few months following the injection, although this
19 could be a product of manipulation of the definition of unvaccinated. As time goes on, the
20 Covid biologics demonstrate “negative efficacy,” subjecting the injected population to more
21 infections by SARS-CoV-2 and other illnesses. An independent study from Harvard showed
22 that, after looking at 68 countries and 2,947 counties in the United States, there was no
23 decrease of infection rates in areas with higher injection rates. Instead, the trend suggested
24 “positive association such that countries with higher percentage of population fully
25 vaccinated have higher COVID-19 cases per 1 million people.” S. V. Subramanian, 36 *Eur.*
26 *J. Epidemiol.* 1237-1240 (2021). Similarly, a study by the Cleveland Clinic, Shrestha, *et al.*,
27 available at <https://doi.org/10.1101/2022.12.17.22283625>, demonstrated a direct correlation
28 between the cumulative incidents of Covid-19 cases and the number of Covid injections.



74. Several factors suggest explanations for this negative efficacy. Experts have long understood that mass vaccination with a “leaky vaccine” – one unable to 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 injection-induced antibodies. In fact, medical evidence and respected medical opinions indicate that the injection-induced antibodies themselves can assist SARS-CoV-2's entry into the cells, by bridging between the virus and the cell receptors. Moreover, studies have confirmed a long-feared process of immune tolerance caused by a class switch towards non-inflammatory IgG4 antibodies, which rose in one study, on average, from 0.04% shortly after the second injection to 19.27% late after the third injection. This class switch was associated with a reduced capacity of the antibodies to mediate antibody-dependent cellular phagocytosis and complement deposition. Pascal Irrgang *et al.*, *Sci Immunol.* (2023 Jan 27), available at <https://pubmed.ncbi.nlm.nih.gov/36548397/>. These and other studies show that modRNA injections can cause long term T-cell and B-Cell dysfunction, which can lead to “Vaccine Acquired Immune Deficiency Syndrome” or VAIDS. The results are more infections with Covid and other illnesses, including malignancies.

1 75. Manufacturers, regulators and the University of California have long known
2 that proposed modRNA treatments would not stop the spread of the virus. Design of the
3 initial clinical trials for these biologics did not even include measurements for immunity in
4 the study participants. This was obvious to any scientist, physician or institution to examine
5 documentation submitted for EUA, including the University. Instead, EUAs were based on
6 purported reduction in serious disease and hospitalization. Health data from around the
7 globe, however, demonstrate the mass injection campaign has utterly failed to meet even
8 these modified goals. Medical evidence and respected medical opinions indicate that severe
9 symptoms, hospitalizations and death are significantly higher in the persons injected by the
10 biologic products as compared to those individuals who remained injection free.

11 **Vaccine Injuries and Spike Protein Diseases**

12 76. Since the rollout of the Covid injections, and the mandates that required them, a
13 growing field of doctors and scientists have devoted their time and careers to looking into
14 the mechanisms of injury caused by the Covid injections, and the spike proteins that are
15 generated thereby. Medical evidence and respected medical opinions indicate that
16 manufacturers, regulators and the University of California knew that pre-marketing study
17 data indicated the injections would fail to produce immunity and would cause tremendous
18 harm. Pfizer's 6-month report showed no all-cause morbidity or mortality benefit, and more
19 people who got the injection died and were injured than those who got the placebo. Over
20 99% of the population other than those over 70 years old survive SARS-CoV-2 infection.
21 One study of twenty five seroprevalence surveys representing 14 countries shows median
22 infection fatality rates of 0.0013% for ages 0 to 19; 0.0088% for ages 20 to 29; 0.021% for
23 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
24 69. Even for the elderly, the infection fatality rate had a mean of 2.9%, with a range
25 between 0.2% and 16.8%. In light of the human body's ability to fight an infection on its
26 own, Pfizer had to inject 22,000 study participants to avoid one Covid death. This means
27 that, assuming such data to be accurate, injecting 220 million Americans might avoid
28 10,000 possible Covid-related deaths.

1 77. Medical evidence and respected medical opinions indicate that adverse events
2 and deaths associated with the mass Covid-injection campaign are staggering. This is not
3 surprising to anyone familiar with the history of coronavirus vaccines. There has never been
4 a successful coronavirus vaccine – despite multiple past attempts. In pre-clinical animal
5 studies of the modRNA technology on ferrets and “humanized mice,” the biologic therapies
6 led to “pathogenic priming,” where the study animals died after exposure to the wild virus
7 or other pathogens. Combined with ADE and VAIDS, the injections have been shown to
8 cause blood clots, neurological diseases, auto-immune disorders, increases in cancers and a
9 host of other life-threatening or disabling conditions. Thus, initial trial data indicated that in
10 the 22,000 injections required to avoid one Covid death, there was a fivefold increase in
11 excess fatal cardiac arrests and congestive heart failures for injected individuals. Pfizer’s
12 own initial study showed the injections kill five individuals from these cardiac conditions in
13 the first three months for every Covid death avoided. Subsequently, under Court order, FDA
14 released some of Pfizer’s post-marketing safety data, including a long list of over 1,290
15 adverse events of special interest. Expert analysis of such trial data confirm the injections
16 are hurting the health of the population by far in excess over those purportedly helped.

17 78. Medical evidence and respected medical opinions indicate the number of deaths
18 connected to the Covid biologics in the first 6 months alone eclipsed the number of deaths
19 associated with all other vaccines reported in VAERS in 30 years combined. As of March
20 29, 2022, VAERS showed over two million adverse events and more than 26,000 deaths
21 associated with these injections in the United States. These data are the tip of the iceberg. A
22 Harvard study conducted before the pandemic revealed that only about 1% of adverse
23 events from vaccines are reported. Since the start of the disastrous campaign, reliability on
24 VAERS to present a comprehensive view of harm caused is even more doubtful, as the
25 pharmaceutical industry, hospital administrators – including those at the University of
26 California – and government regulators have worked together to undermine reporting and
27 investigation, and to hide the clear safety signals present in the VAERS data. CDC belatedly
28 began its public review of these data, showing clear safety signals for death and a range of

1 highly concerning thrombo-embolic, cardiac, neurological, hemorrhagic, hematological,
2 immune-system and menstrual adverse events (AEs) among U.S. adults.

3 79. Although health officials have declined to conduct appropriate follow up,
4 qualified independent experts have performed autopsies on individuals who died post-
5 injection, including by the late-Dr. Arne Burkhardt, and a recent systematic review of 678
6 studies including 44 papers containing 325 autopsy cases by scientists at University of
7 Michigan and elsewhere. These studies that the injections were as the likely cause of death
8 in most patients studied (73.9% of those in the systematic review). The autopsies revealed
9 that vital organs had come under auto-immune attacks by killer lymphocytes. Auto-immune
10 diseases are to be expected, since the very theory behind the modRNA injections is to cause
11 one's cells to express antigens to trigger the body's immune response. The injections
12 themselves are designed to cause auto-immunity.

13 80. Other data and reliable expert opinions indicate that the injections cause severe
14 rise in all-cause mortality, myocarditis and other heart/blood disorders, immune dysfunction
15 and rising cancer rates, infertility in both men and women and other damage to women's
16 health issues, auto-immunity, prion diseases and others. Doctors, scientists and others who
17 are devoted to helping the vaccine injured have studied and gone a long way towards
18 determining the precise mechanisms of the injuries.

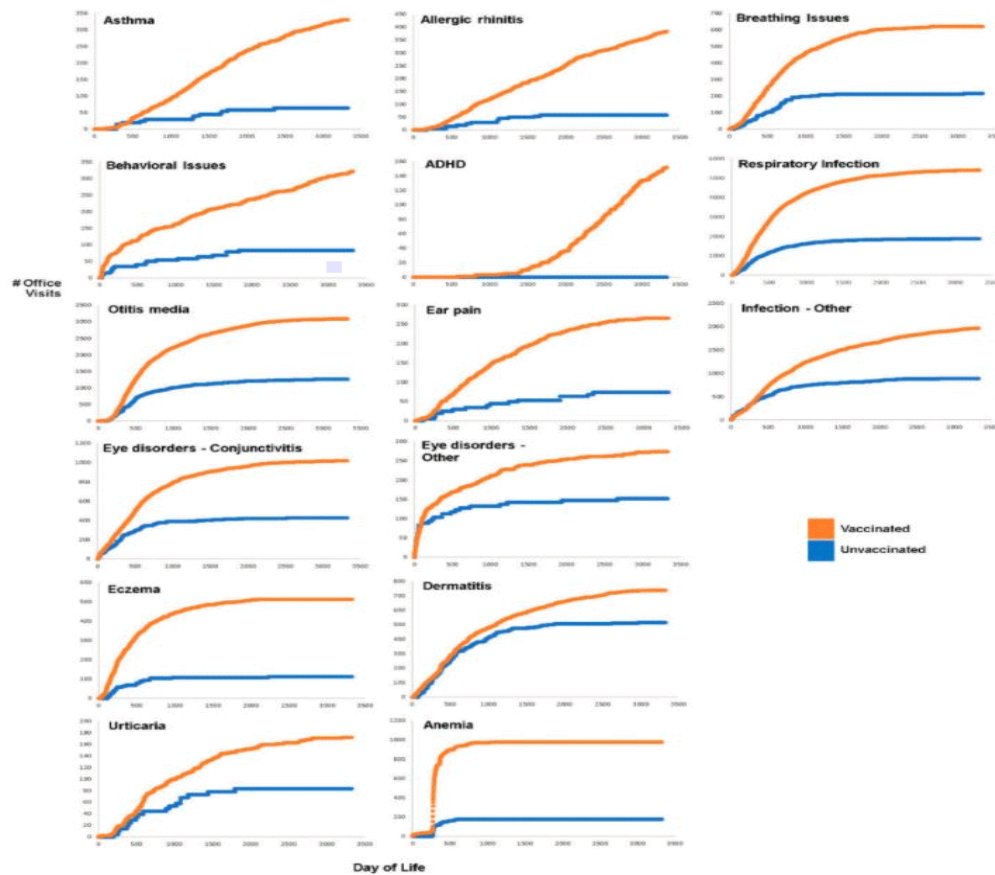
19 81. Health Data from countries and states with high levels of vaccination show a
20 steep rise in "all-cause mortality" after the injections. These include Israel, Australia,
21 Portugal, Gibraltar, England, Wales, Scotland, Vermont and Massachusetts, among others.
22 Testimony by a former life insurance executive whistleblower revealed the industry sits on
23 gold mine of statistical data, including proof of a 40% rise in all-cause mortality above
24 expected actuarial calculations. Strikingly, death struck age groups and individuals *not* at
25 risk from dying from SARS-CoV-2 infection. The United States Social Security Death
26 Master File indicates a 60% increase in death rate in September 2021 versus September
27 2020. Moreover, disability in the United States rose dramatically soon after the injections
28 were rolled out, with a 3-sigma increase in reported disabilities.

1 **University Possesses Retrospective Epidemiological Data Showing Causation**

2 82. Combined with medical data and expert opinions showing the mechanisms for
3 Covid vaccine injuries, the University possesses and controls the medical health data to
4 conduct both formal and informal epidemiological observations studies that proves the
5 Covid vaccines are causing massive harms. As one of the largest healthcare provider in
6 California and a leading medical academic institution, the University of California has
7 ready access to leading biochemical scientists and laboratory facilities, and a treasure-trove
8 of electronic patient data on which to investigate medical facts associated with the
9 mandated injections. As part of the experimental investigation into the modRNA
10 technology, the University conducts formal and informal analyses of the medical health data
11 in its possession in relation to patient population and vaccinated status, demonstrating to the
12 University that the Covid injections correlate with serious health outcomes sufficient to
13 establish causation. This includes health data showing that individuals who received the
14 injections suffer statistically significant higher rates of heart and blood disorders (including
15 myocarditis, pericarditis, pleural effusion and congestive heart failure), autoimmune
16 diseases (including rheumatoid arthritis, vasculitis, encephalitis, neuropathy and
17 demyelination), immune dysfunction and cancers, infertility in men and women and serious
18 detriment to women’s health, and prion and prion-like diseases (such as Creutzfeldt-Jakob
19 Disease and Alzheimer’s Disease). The University of California possesses the very
20 information necessary to make an informed decision regarding the injections, but it fails to
21 reveal or report this information to employees or the general public.

22 83. Administrators and officials at the University know that analyses of these data
23 show the negative health consequences of vaccines, including the Covid injections, but also
24 of vaccines in general. It conducts formal and informal analysis of patient health data data,
25 but it does not disclose them to the public, as such analyses and studies show that mass
26 vaccination campaigns have led to serious health outcomes in vaccinated groups,
27 particularly children. This includes instances of autism, auto-immunity, sudden deaths, and
28 emotional and developmental disorders developed in children whose parents have followed

1 the CDC vaccination schedule. One example of the type of analysis that can be performed
2 on its medical health data was demonstrated by the evaluation of patient health data Dr.
3 Paul Thomas, a non-University of California pediatrician whose practice includes many
4 children who delayed or avoided the CDC schedule.² His study demonstrated with statistical
5 significance that vaccinated children fared much worse than unvaccinated children with
6 respect to objective, measurable outcomes (clinic visits) for asthma, behavior issues, eye
7 disorders, eczema, otitis media, urticaria, allergic rhinitis, ADHD, ear pain, dermatitis,
8 anemia, breathing issues, and respiratory and other infections.



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28 ²An interview of Dr. Thomas discussing these data analyses can be accessed online at:
<https://rumble.com/v1q97z9-dr.-paul-thomas-vaccinated-vs.-unvaccinated.html>.

1 The University is able to perform similar analysis of its own health data, both formally and
2 informally, demonstrating similar objective evidence of damage caused by mass vaccination
3 for Covid and other diseases.

4 **Covid Vaccine Mandates Have Been Rejected by Many**

5 84. Data also indicate that an ever-growing portion of the world's population refuses
6 to consent to the Covid injections, despite the mandates, fraud and propaganda designed to
7 drive injection rates. For example, in Israel – one of the first nations to embrace the
8 injections on a large scale – only 2.4% of the population were willing to take recent
9 injections. This dramatic rejection of the Covid injections coincides with information leaked
10 from the Israeli Ministry of Health demonstrating that officials covered up safety data
11 showing serious, long-lasting harm caused by the injections. Based on this information,
12 several other countries and states have banned, or are in the process of banning, injections
13 for certain age and demographic groups. A large majority of United States colleges and
14 universities that implemented Covid-19 vaccine mandates no longer require students,
15 faculty and staff to take these vaccines as a condition of enrollment or employment.
16 Recently, even the University of California now allows all community members to opt-out
17 of the Covid-19 mandate, underscoring the lack of a public health rationale or business
18 necessity for the Policy. Allowing an opt-out going forward does not, however, compensate
19 for the harm caused to lives and livelihoods of those who were subjected to it in the past.

20 **Corruption, Conflicts of Interest and Fraud**

21 85. Evidence of corruption, conflicts of interest and fraud provides additional bases
22 to support University employees' decisions to withhold consent to the mandated injections,
23 as well as the lack of a genuine rationale for the policy. For example, systematic
24 suppression of studies and data demonstrating that well known, safe and effective early
25 treatments exist for individuals with SARS-CoV-2 infections, including Ivermectin and
26 Hydroxychloroquine. Such medications are used by doctors and patients around the world,
27 and where they are used, Covid infection rates and deaths are low or non-existent. These
28 medications are no longer under patents, however, and the pharmaceutical industry and

1 interested institutions – including the University of California – cannot make huge profits
2 off of them. As such, the mandates are more about generating profits from biologics and
3 other newly patented technology designed to treat Covid infections (and the harmful
4 conditions that result from the injections). Under EUA laws, makers of the biologics could
5 not gain authorization if the truth about alternative treatments were revealed and/or
6 considered by a non-corrupted agency.

7 86. Health officials at the pharmaceutical makers and other institutions, including the
8 University, committed scientific and legal fraud in the design of vaccine studies, including
9 those used for authorization. Among other acts, they unblinded and then cherry picked
10 participants to include persons completely healthy in the treatment group, and to exclude
11 reports of adverse results from that group after injections. These companies then further
12 unblinded group status to the placebo group, taking measures to inject those individuals
13 with the biologic. This effectively eliminated the control group. In this fashion, the
14 companies hid the waning efficacy and the long term harms of the injections. This design
15 underlies the very core of the University’s Mandatory Injection Policy, which seeks to
16 reduce or eliminate the public’s view of “non-injected” individuals, whose comparative
17 health demonstrates the lack of safety and efficacy of the injections.

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

25 88. Conflicts of interest permeate the pharmaceutical giants, government regulators
26 and academic institutions. While officials and employees of FDA, CDC and NIH engage in
27 a “revolving door” with the pharmaceutical industries, the institutions themselves have
28 direct ties to the products, in grants, patent rights, fees and other arrangements. Moreover,

1 the captured agencies expanded that corruption by granting significant funds to the
2 University through NIAID funds and other foundation contributions. The University of
3 California is currently receiving substantial funds from pharmaceutical industries funneled
4 through NIAID, as well as through its own Intellectual Property rights, with more than
5 5,000 active United States patents and more than 5,000 active foreign patents. The
6 University's health research is a major part of its research enterprise, with more than \$7
7 billion spent each year on research, more NIH funding than any other institution (more than
8 twice the funding of institutions with the second-most funding) and nearly 10% of academic
9 research output in the United States. Based on its economic interests, which override its
10 interests in ethics and public health, the University is heavily invested in the modRNA
11 technology. Funding includes Phase 3 clinical data on adverse events, which would require
12 the University to research and determine the harms caused by these injections. The
13 University is also committed to the development of future modRNA therapies, including
14 grant funds from defense agencies to conduct research on biomedical warfare, and edible
15 "vaccinations" bio-engineered into lettuce. These commitments carry particular risks of
16 impacting persons, by subjecting them to therapies without their informed consent and a
17 host of other ethical problems. After allowing itself to be infected by the influence of
18 money, the University is conflicted, unable to fill its role of developing medical technology
19 to benefit public health.

20 89. In contrast to this vast body of medical evidence and expert medical opinions,
21 the University of California has eviscerated informed consent by mandating injections while
22 failing to provide medical information necessary to make informed decisions. Facts known
23 or readily knowable to the University of California suggested the Mandatory Injection
24 Policy is fundamentally flawed, but to protect its conflicted financial interests and those of
25 its compromised administrators, the University has failed to disclose – and has even
26 suppressed – medical evidence which reasonably would have made employees and others to
27 hesitate before getting the injection. This information includes the University's own medical
28 ethics rules and guidelines which had previously elevated the fundamental precept of

1 informed consent. It also includes the grant applications and study proposals showing that
2 modRNA technology remains experimental.

3 **Lack of Job Relatedness**

4 90. Throughout the relevant time period, the University did not genuinely doubt that
5 named plaintiffs and other employees subjected to the Mandatory Injection Policy were able
6 to perform essential job functions due to the employee’s “injection” status. Nor was there
7 any reasonable justification based on objective evidence to believe that employees were
8 unable to perform their work due to the lack of a Covid injection. The University could not
9 and cannot show: (a) a business necessity for a Mandatory Injection Policy, (b) justification
10 for class-wide application of the Policy; (c) evidence indicating the Policy was a reasonably
11 effective method of achieving the employer’s lawful goals; or (d) tailoring of the policy so
12 that it is no broader or more intrusive than necessary. Dr. Rake opposed to the Policy based
13 on a good faith belief that it was an unlawful employment practice to subject employees to
14 the mandatory Policy.

15 **Denial of Free Speech**

16 91. The University’s Mandatory Injection Policy was designed and implemented to
17 silence doctors, nurses, other health care workers and University employees who refused to
18 comply with the mass vaccination program. These individuals are more likely to question
19 the safety and efficacy of the Covid biologics, to protect the privacy, bodily autonomy and
20 fundamental precept of informed consent, to acknowledge the injections as experimental,
21 and to counter the narrative which officials and hospital administrators deem acceptable.
22 The University’s decision to implement a policy of compulsory injections was for the
23 purposes of preemptively ridding itself of workers who would protect patient health, safety
24 and rights, and who would resist enforcement of the unlawful policy.

25 92. These rights of physicians and health care workers to develop and express their
26 views are also for the persons who hear the speech. In the University’s health care system,
27 the patients’ interests in hearing diverse medical opinions is essential. By firing doctors and
28 nurses who refused the injection, the Policy drastically limited the right and ability of the

1 patients to get “second opinions.” This also stripped its enterprise of the collaborative
2 process – central to the provision of medical care and patient dignity – by removing
3 providers who would influence the recommendations and the medical decision-making
4 processes of others through the expression of their views.

5 **CLASS ALLEGATIONS**

6 93. Plaintiffs sue under Code of Civil Procedure §382 on behalf of a class of all
7 persons who were employed by the University of California, or who intended to return or
8 apply for employment, and who were subjected to the University’s conduct pursuant to the
9 Mandatory Injection Policy as described herein. They also sue on behalf of subclasses of
10 University employees and intended applicants who (1) suffered adverse employment actions
11 or adverse employment consequences as a result of the University’s application of the
12 Mandatory Injection Policy; and (2) suffered vaccine injuries as a result of the Policy or the
13 University’s failure to provide information known to it necessary for informed consent.

14 94. The members of the class and subclasses are ascertainable, and are sufficiently
15 numerous that joinder of all members is impracticable.

16 95. There is a community of interests among members of the class and of the
17 subclasses, in that there are predominant questions of law and fact; named plaintiffs’ claims
18 represents claims typical of the class and subclass; and plaintiffs and putative class counsel
19 are adequate representatives. Because the University of California violated plaintiffs’ right
20 to privacy, bodily autonomy and informed consent in the same fashion and for the same
21 reasons it violated the rights of class and subclass members, adjudication of plaintiffs’
22 privacy claims is an appropriate vehicle for the adjudication of the same or common claims
23 by each class and subclass member. Class treatment is also appropriate for plaintiffs’ claims
24 of unlawful employment practices under FEHA, since the unlawful Policy applied generally
25 to the class, classwide impermissible medical inquiries were made, and retaliatory actions
26 were imposed on all subclass members through the same mandatory Policy.

27 96. Predominant common questions of law and fact include, among others:
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- a. Whether application of the mandatory Policy to University employees violates the fundamental precept of informed consent, embodied in the constitutional right to privacy.
- b. Whether the Covid injections are to be considered “experimental,” such that application of the Policy violated peremptory international norms as exemplified by the Nuremberg Code (1947), other international guidelines and Health and Safety Code § 24171 *et seq.*
- c. Whether a reasonable basis exists in medical facts and medical opinions to withhold consent to the required injections because the campaign for mass biologic agent injections is a failed approach to protect against the harms of the Covid disease.
- d. Whether a reasonable basis exists in medical facts and medical opinions to withhold consent to the required injections because clinical trials conducted before marketing demonstrated that the injections would cause harm and would fail to protect against the Covid disease.
- e. Whether a reasonable basis exists in medical facts and medical opinions to withhold consent to the required injections based on data showing injections create pathogenic spike proteins and other medical problems causing significant injuries, including death.
- f. Whether a reasonable basis exists in medical facts and medical opinions to withhold consent to the required injections because public health data indicated the injection campaign has likely caused historic levels of all-cause mortality and serious morbidity among those who have undergone the injections.
- g. Whether a reasonable basis exists to withhold consent to the required injections because a growing number of countries, institutions and individuals have rejected the injections as neither safe nor effective.

- 1 h. Whether a reasonable basis exists to withhold consent to the required
2 injections because the mass injection campaign and its factual
3 predicates were obtained through individuals, government agencies and
4 institutions – including administrators at the University of California –
5 compromised by financial interests, corruption and fraud.
- 6 i. Whether the University of California has violated the fundamental
7 right to informed consent by withholding information it knows or
8 deliberately ignores, including its own data and observational
9 retrospective epidemiology studies, demonstrating that the mass
10 injection campaign is neither safe nor effective.
- 11 j. Whether the University had a genuine belief and reasonable basis to
12 believe that employees who refused, declined or opposed the injections
13 were unable to perform essential functions of their jobs;
- 14 k. Whether the University had a genuine belief and reasonable basis to
15 believe that a mandatory policy of class-wide injections was justified
16 for a vital business necessity or was tailored to meet its genuine job-
17 related concerns and business necessity.
- 18 l. Whether actual data in the possession or control of the University
19 demonstrated that “injected” employees, compared to “non-injected”
20 employees, were far more likely to get sick, require medical leave
21 and/or die suddenly.
- 22 m. Whether application of the Policy to the class of University employees
23 constituted unlawful employment practices and impermissible medical
24 inquiries under FEHA.
- 25 n. Whether the University engaged in unlawful retaliation under FEHA
26 when it disciplined, suspended, terminated or caused the resignation of
27 subclass members due to application of the Mandatory Injection
28 Policy, or due to the employees’ resistance or opposition to the Policy.

1 o. Whether the University caused physical damage to subclass members
2 by mandating the Covid injection and/or withholding or suppressing
3 information known to it that would have led subclass members to
4 reasonably decline the Covid injection.

5 97. Class certification is appropriate because the University of California's Policy
6 was adopted by the Office of the President and generally applied to the class and subclasses,
7 making appropriate the declaratory relief requested regarding plaintiff and the class or
8 subclasses as a whole. The members of the class and subclasses are entitled to declaratory
9 relief over the University's common, uniform, and unconstitutional application of the
10 Mandatory Injection Policy to University employees.

11 98. Class certification is appropriate because common questions of fact and law
12 predominate over any questions affecting only individual class members, and because a
13 class action is superior to other available methods for the fair and efficient adjudication of
14 rights at issue. The members of the class and subclasses have been damaged and are entitled
15 to recovery because of the adverse actions taken by the University under the blanket Policy.

16 **RELIEF ALLEGATIONS**

17 99. Defendant's actions caused and continue to cause plaintiffs and class members
18 devastating damages. Many University employees were forced out of their jobs, lost their
19 healthcare, lost their pensions, drained their retirements, lost their homes and in many cases
20 had to uproot their families so that they could try continue their professions in their chosen
21 careers. Other University employees sustained severe, life threatening physical damages,
22 life changing psychological injuries, and even death. This is readily seen in the shocking
23 data showing doctors, nurses and other healthcare workers – who were the first to be
24 coerced and misled into receiving injections, and who are now suffering higher levels of
25 chronic health conditions and death. Still others – who applied for religious and disability
26 exemptions and have avoided the more immediate and direct damages to their jobs or their
27 health – had their privacy invaded by the imposition of the Mandatory Injection Policy. This
28 included the requirement that they unnecessarily disclose intimate and sensitive facts about

1 their religious convictions and medical conditions. In addition to the penalties for invasion
2 of informed consent to medical experimentation in violation of international and statutory
3 provisions, plaintiffs and class members are entitled to compensation for losses in earnings,
4 promotional opportunities and employment benefits, injury to reputations and emotional
5 distress, and to reinstatement – in amounts to be determined at trial according to proof.

6 100. As described herein, defendant’s actions were taken intentionally, for an
7 improper purpose, with full knowledge of the potential risks to the health, safety and
8 privacy of University employees. Such actions constituted malice, oppression and fraud,
9 entitling plaintiffs and class members to exemplary damages.

10 101. Defendant’s actions were taken under color of state law, using force or the
11 threat of force, to deprive plaintiffs and class members of their constitutional rights.

12 CLAIMS

13 FIRST CAUSE OF ACTION

14 (Violation of *Jus Cogens* Norms, Right to Bodily Autonomy and Informed Consent)
(On Behalf of Plaintiffs and the Class and Subclasses)

15 102. Plaintiffs reallege and incorporate herein the allegations of paragraphs 1 through
16 101 of this complaint, as though fully set forth herein.

17 103. This claim is brought on behalf of plaintiffs, the entire class and the subclasses.

18 104. University of California is a public employer and a State entity.

19 105. Compelling international standards and fundamental norms accepted by
20 international community – including those expressed in the California Constitution, statutes
21 and common law right to privacy – establish a preemptory right of individuals to participate
22 in medical experimentation only upon free power of choice, without the intervention of any
23 element of force, fraud, deceit, duress or other form of coercion. Voluntary consent of
24 human subjects in experimentation is paramount. Before obtaining that consent, each human
25 subject must be fully advised as to the inconveniences and hazards reasonably to be
26 expected, and the effects upon his or her health or person which may come from
27 participation. Everyone who initiates, directs or engages in human experimentation must
28 ascertain the quality of the subjects’ informed consent. Regardless of such consent,

1 individuals with authority over human experimentation are compelled to terminate the
2 experiment at any stage upon reasonable cause to believe that it is likely to cause injury,
3 disability or death.

4 106. These *jus cogens* rights were codified by the California legislature and
5 incorporated into California’s Health and Safety Code, § 24171 *et seq.* Under these
6 provisions, “experimentation shall be undertaken with due respect to the preciousness of
7 human life and the right of individuals to determine what is done to their own bodies.” *Id.*, §
8 24171. Each employee and applicant who was subject to the experimental Covid injections
9 was entitled to be provided with the “experimental subject’s bill of rights,” as delineated
10 under § 24172. The University decided not to provide the bill of rights to the employees, in
11 no small part because it would have foreclosed the mandate, as the bill of rights states
12 clearly that: the subject was to “Be given the opportunity to decide to consent or not to consent
13 to a medical experiment without the intervention of any element of force, fraud, deceit, duress,
14 coercion, or undue influence on the subject’s decision.” The Policy itself constituted force,
15 fraud, deceit, duress, coercion and undue influence. As such, application of the policy
16 violated §§ 24173 and 24175. Application of the policy without true informed consent of
17 University employees creates liability on the part of the University for each employee under
18 § 24176 in an amount between \$500 and \$10,000, not including the right of injured parties
19 to recover damages under any other applicable law.

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

1 108. There is no question that the mass Covid injection campaign, including the
2 University's Mandatory Injection Policy, involves experimental research on human
3 subjects. Justification for the "warp speed" development of biologic therapies was based
4 expressly on the purported need for emergency intervention in a global pandemic. The
5 injections were marketed under EAUs which permitted their use on the requirement that
6 Stage 3 Clinical Trials would continue until years after their authorization. As has long been
7 recognized by health officials, the normal course of safety and efficacy testing for vaccines
8 requires years of clinical study. The University itself knows that the injections and
9 modRNA technology are experimental, and it is in the business of conducting those
10 experiments to further its own intellectual property interests, as well as the interests of
11 institutional executives including analysis of electronic health data. Study is necessary for
12 the experimental injections to be declared safe and effective, since gene based therapies can
13 have drastic consequences which do not appear until 5 or 10 years after injection.

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

24 110. As alleged herein, the University knows, and has ready access to, material data
25 indicating the failure of the injections to do good and the substantial harms they cause, and
26 yet it withholds this information from employees and those in the community, all of whom
27 are humans subject to the experiment. Such failure to disclose strips these individuals of the
28 right to "informed consent" over the very injections required by the Policy.

1 111. The University uses coercion to nudge participation in large scale ongoing
2 clinical trials, where manufacturers, government officials and University administrators
3 track their use and the health consequences of the human subjects. Although such data
4 demonstrate that the technology has failed, this information has not been disclosed to the
5 subjects, employees or general public. Instead, the University uses such data to justify
6 further use of the dangerous Covid injections and modRNA technology, and a future array
7 of biologic agents proposed using the same platform.

8 112. Plaintiffs and class members are not free to decline participation in the
9 experimentation, as their freedom of choice is limited by coercion, fraud, and failure to
10 disclose adverse consequences, as alleged herein.

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

21 114. Comirnaty is not the same biologic agent as those mandated by the Policy. As
22 alleged herein, good cause exists to believe that the Covid injections have significant
23 impurities and were made under different processes, such that the product being injected
24 differs from the product which was subject to approval. Such impurities include DNA-based
25 plasmids, which have been proven to cause significant harm to humans and their biomes. In
26 light of the central role which liability for medical harm plays in the doctrine of informed
27 consent, legal differences between Comirnaty and the other Covid injections is significant,
28 providing a basis for individuals to recognize the injections as still under investigation.

1 115. Plaintiffs and the members of the class and subclasses are entitled to physical
2 damages, emotional distress damages, damages and penalties allowed under § 24176,
3 exemplary damages, other general and specific damages, and attorneys' fees under Code of
4 Civil Procedure § 1021.5. Further, under Code of Civil Procedure § 1060, they are entitled
5 to declaratory relief that application of the Mandatory Injection Policy violates peremptory
6 norms and California Health and Safety Code provisions.

7 **SECOND CAUSE OF ACTION**

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

10 116. Plaintiffs reallege and incorporate herein the allegations of paragraphs 1 through
11 115 of this complaint, as though fully set forth herein.

12 117. This claim is brought on behalf of plaintiffs, the entire class and the subclasses.

13 118. University of California is a public employer and a State entity.

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

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

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

27 122. Plaintiffs and putative class members have a legally protected privacy interest in
28 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

1 private medical information – including injection status and health status – and that such
2 information will not be disclosed either directly or indirectly as a result of the Policy.

3 123. Plaintiffs and putative members of the class and subclasses have a reasonable
4 expectation that they will not be required, coerced or nudged into taking the injection
5 through fraud and deceit. They similarly have a reasonable expectation that they will not
6 have to disclose their private health information, and that such information will not be
7 disclosed to others without their consent. These expectations are not diminished by the
8 circumstances of employment at the University.

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

14 125. Because of circumstances alleged herein, the University’s subjecting plaintiffs
15 and putative class members to its Mandatory Injection Policy constitutes a serious invasion
16 of privacy and violates the California Constitution.

17 126. Because of existing reasonably available responses to the Covid disease that
18 may be presented at the time of hearing or trial in this matter, the University has no rational
19 or legitimate interest in mandating injections on its employees.

20 127. There is no compelling state interest justifying the violation of plaintiffs’ and
21 class members’ Constitutionally protected rights.

22 128. Under Cal. Code of Civil Procedure § 1060, and at common law, plaintiffs and
23 the class are entitled to declaratory relief that application of the Mandatory Injection Policy
24 to University employees and persons intending to apply for employment violates inalienable
25 autonomous privacy rights possessed by these individuals to (1) determine what is done to
26 their own bodies, (2) to be fully informed before consenting to the treatment, and (3) to be
27 free from force, fraud, deceit, duress, coercion or undue influence.

28

1 129. Plaintiffs and the members of the class and subclasses are entitled to physical
2 damages, emotional distress damages, damages for injury to right to privacy, exemplary
3 damages, other general and specific damages, and attorneys' fees under Code of Civil
4 Procedure § 1021.5. Further, under Code of Civil Procedure § 1060, and at common law,
5 they are entitled to declaratory relief that application of the Mandatory Injection Policy
6 violates inalienable rights embodied in the California Constitution.

7 **THIRD CAUSE OF ACTION**
8 (Civil Code § 52.1, The Tom Bane Civil Rights Act) (On Behalf of Plaintiffs and the Class
and Subclasses)

9 130. Plaintiffs reallege and incorporate herein the allegations of paragraphs 1 through
10 129 of this complaint, as though fully set forth herein.

11 131. This claim is brought on behalf of plaintiffs and the entire class and subclasses.

12 132. The actions taken by the University under the Mandatory Injection Policy, and
13 the failure to disclose material information regarding failure of the mass injection campaign,
14 constituted unlawful interference with rights secured by the Constitutions and laws of the
15 United States and of California, by use of threats, intimidation and/or coercion, as defined
16 under The Tom Bane Civil Rights Act, California Civil Code § 52.1. Through the Policy,
17 the University used threats of termination, intimidation through shaming and disruption to
18 the careers of employees, and coercion to nudge employees to undergo the required
19 injections without informed consent. Plaintiffs Dr. Rake, Ms. Vafaeeinia and Ms. Brink
20 were physically seized and escorted off campus as a result of the exercise of their
21 constitutional and statutory right to decline the injection, and all plaintiffs and members of
22 the class were threatened with the same. The University undertook the actions as alleged
23 herein to interfere with plaintiffs' constitutional and statutory rights.

24 133. As a direct and proximate result of these actions, plaintiffs and members of the
25 class and subclasses have suffered and will continue to suffer economic losses and physical
26 and psychological injuries, in amounts to be proven at trial. Plaintiff and class members are
27 entitled under the Bane Act to an award of treble damages, penalties up to \$25,000, and
28 attorneys fees.

1 **FOURTH CAUSE OF ACTION**

2 (Impermissible Medical Inquiry in Violation of FEHA, Gov't Code §12940(f)) (On Behalf
3 of Plaintiff and the Class)

4 134. Plaintiffs reallege and incorporate herein the allegations of paragraphs 1 through
5 101 of this complaint, as though fully set forth herein.

6 135. This claim is brought on behalf of plaintiffs and the entire class.

7 136. University of California is a public employer and a State entity, and it is an
8 employer as defined in FEHA.

9 137. In FEHA, Government Code § 12940(f), the California legislature defined
10 "unlawful employment practice" to include any medical inquiry made by an employer to an
11 employee without a showing by the employer of job-relatedness and business necessity.
12 Under express statutory and regulatory guidance, a medical inquiry cannot be made without
13 a reasonable belief based on objective evidence that the employee is unable to perform the
14 essential functions of the job or poses a direct threat to the health and safety of others. The
15 employer must show that a general policy applicable to a class of employees is based on
16 objective information consistent with business necessity, and that the policy is generally
17 justified with respect to the class affected. The employer must also show that the "business
18 necessity" is vital to the business, that the inquiry genuinely serves the asserted "business
19 necessity" and that the inquiry is tailored so that it is no more broad or intrusive than
20 necessary. In addition to medical inquiries, FEHA imposes these requirements on all
21 requests that an employee submit to a medical examination, all inquiries into physical
22 disability or medical condition of an employee, and all inquiries regarding the nature or
23 severity of a physical disability or medical condition.

24 138. Application of the University's Mandatory Injection Policy to plaintiffs and all
25 class members constituted an impermissible medical inquiry under § 12940(f), requiring
26 each employee to disclose his or her medical status with respect to the Covid injections.
27 Mandating the injection also necessarily required employees to undergo physical
28 examinations, and to reveal information regarding real or perceived physical disabilities,
genetic expression and/or medical conditions.

1 139. The University was and is unable to meet its high burden of showing job-
2 relatedness or business necessity for the impermissible medical inquiry or other unlawful
3 employment practices defined in § 12940(f). The University did not genuinely believe that
4 named plaintiffs or any class members were unable to perform essential job functions due to
5 their Covid injection status. And even if University personnel subjectively believed that the
6 Policy was based on business necessity, there was no objective indication that plaintiffs or
7 any class members were unable to perform work due to the lack of an injection. Nor did the
8 University have a genuine belief or reasonable basis to show that a policy of class-wide
9 requirement for mandatory injections was tailored to job-relatedness and business necessity.

10 140. Actual data in the possession or control of the University demonstrated that
11 “injected” employees, compared to “non-injected” employees, were far more likely to get
12 sick, require medical leave and/or die suddenly. On this basis, the University could not
13 show that it had a genuine justification based on actual belief and reasonable basis for the
14 medical inquiries and examinations made or imposed by the Policy. It further is unable to
15 show a vital business necessity for employees to be injected, or that the Policy was tailored
16 to be no broader in scope than that necessary to meet business necessity.

17 141. The University’s determination to impose the Mandatory Injection Policy on
18 plaintiffs and all class members constituted an unlawful employment practice under §
19 12940(f). Pursuant to FEHA, plaintiffs and all class members are entitled to declaratory
20 relief that application of the Policy was an unlawful employment practice, as well as
21 damages for the imposition of the mandatory Policy and any adverse consequences flowing
22 from that application.

23 **FIFTH CAUSE OF ACTION**

24 (Retaliation for Opposition to Unlawful Employment Practice, in Violation of FEHA, Gov’t
Code §12940(h)) (On Behalf of Plaintiffs and a Subclass)

25 142. Plaintiffs reallege and incorporate herein the allegations of paragraphs 1 through
26 101, and 134 through 141, of this complaint, as though fully set forth herein.

27 143. This claim is brought on behalf of plaintiffs and a subclass of persons who
28 suffered adverse employment actions or consequences as described herein.

1 144. University of California is a public employer and a State entity, and it is an
2 employer as defined in FEHA.

3 145. Under FEHA, Government Code § 12940(h), it is an “unlawful employment
4 practice” for any employer to discharge, expel, or otherwise discriminate against any person
5 because the person has opposed any practices based upon a reasonable good-faith belief that
6 the practices were forbidden under FEHA.

7 146. The University engaged in unlawful retaliation under FEHA when it determined
8 to discipline, suspend, terminate or force the resignation of plaintiffs or any member of the
9 subclass of persons who suffered adverse employment consequences for their good faith
10 belief that the Policy was unlawful, or for otherwise resisting or opposing application of the
11 unlawful Policy to their employment.

12 147. Adverse employment actions and adverse employment consequences on
13 plaintiffs and putative subclass class members because of their refusal to comply with, or
14 opposition to, the Mandatory Injection Policy constituted an unlawful employment practice.
15 This practice was and is the actual and proximate cause of plaintiffs’ and subclass members’
16 injuries, as described herein. Such adverse employment actions constituted unlawful
17 retaliation for the employees’ exercise of the rights under FEHA, including the right to
18 oppose impermissible medical inquiries. Plaintiffs and members of the subclass are entitled
19 to declaratory relief and damages for such wrongful actions, as well as reasonable attorneys’
20 fees, pursuant to FEHA, § 12940(h).

21 **SIXTH CAUSE OF ACTION**

22 (Due Process and Free Speech – California Constitution, Article I, §§ 2 and 7)
(On Behalf of Plaintiffs the Classes and a Subclass)

23 148. Plaintiffs reallege and incorporate herein the allegations of paragraphs 1 through
24 101 of this complaint, as though fully set forth herein.

25 149. This claim is brought on behalf of plaintiffs, the entire class and a subclass of
26 persons who suffered adverse employment actions or consequences as described herein..

27 150. University of California is a public employer and a State entity.
28

1 151. The California Constitution, Article I, § 2 provides that “Every person may
2 freely speak, write and publish his or her sentiments on all subjects, being responsible for
3 the abuse of this right.” Section 7 of the same article provides that “A person may not be
4 deprived of life, liberty, or property without due process of law.” Combined, these
5 Constitutional provisions create a substantial right for employees of all state entities to be
6 protected from the deprivation of their employment in retaliation for, or as an effort to
7 restrict, the right of the public employee to free speech.

8 152. The University of California is a public institution which employs persons and
9 which is subject to the California constitutional rights to Due Process and Free Speech.
10 Plaintiffs and members of the subclass were employees and employment applicants entitled
11 to the protections afforded by these constitutional rights. Patients are entitled to the
12 protections afforded by free speech rights given to University health care workers, so that
13 they may access the information and good faith opinions of such employees.

14 153. The California Constitution protects the right of plaintiffs, the class and subclass
15 members to discuss, complain, object and make statements regarding: the right to privacy,
16 bodily autonomy and informed consent; the experimental nature of the mandated injections;
17 the failure of the injections to protect against the spread of Covid; the failure of the
18 injections to protect against serious symptoms of the disease; and the suspected causal
19 connection between the injections and rising mortality and morbidity in the injected.

20 154. The University’s development of the Mandatory Injection Policy and the actions
21 taken pursuant to, and in support of, that Policy were made with the purpose and intent of
22 rid its health care facility of individuals such as named plaintiffs who might communicate
23 their knowledge, opinions, concerns and objections to others. Actions taken under the
24 Policy removed those who would speak against the Mandatory Injection Policy, with the
25 purpose and effect of limiting or restricting the right of plaintiffs, the entire class and
26 subclass to speak, and to deprive patients of facts and opinions that were contrary to what
27 the University wanted to be said and heard.

28

1 155. Imposition of the Mandatory Injection Policy on plaintiffs and the entire class,
2 and suspension and termination of plaintiffs and the subclass, were to prevent their speech
3 and to retaliate preemptively against them for their dissenting views on the safety, efficacy
4 and ethics of mass Covid injections, in violation of the constitutional right to Free Speech
5 and Due Process, and they were contrary to the public interest. Plaintiffs, the entire class
6 and subclass sue for damages caused by these constitutional violations, and reasonable
7 attorneys' fees and costs pursuant to Code of Civil Procedure § 1021.5.

8 **PRAYER FOR RELIEF**

9 Wherefore, plaintiffs and the class and subclasses pray for relief as follows:

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

1 9. For such other and further legal and equitable relief as the Court may deem
2 just and proper.

3 Respectfully submitted,

4 Dated: May 26, 2023
5 (Corrected July 14, 2023)

MENDENHALL LAW GROUP
LAW OFFICE OF JEREMY L. FRIEDMAN

6 By: /s/Jeremy L. Friedman
7 Jeremy L. Friedman
8 Attorneys for plaintiffs Christopher Rake, M.D.,
9 Tara Vafaenia, R.N., Michael Palladino, N.D.,
10 Kelly Brink, R.N. Jan Maisel, M.D., Ph.D.,
11 Angela Wulbrecht, R.N., and putative class members

DEMAND FOR JURY TRIAL

12 Plaintiffs hereby demand a jury trial on all issues.

13 Dated: February 21, 2023
14 (Corrected July 14, 2023)

MENDENHALL LAW GROUP
LAW OFFICE OF JEREMY L. FRIEDMAN

15 By: /s/Jeremy L. Friedman
16 Jeremy L. Friedman
17 Attorneys for plaintiffs Christopher Rake, M.D.,
18 Tara Vafaenia, R.N., Michael Palladino, N.D.,
19 Kelly Brink, R.N. Jan Maisel, M.D., Ph.D.,
20 Angela Wulbrecht, R.N., and putative class members

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PROOF OF SERVICE

Jeremy L. Friedman declares and states:

I have an office in Alameda county. I am over the age of eighteen years. My business address is 2801 Sylhowe Road, Oakland, CA, 94602.

I declare that on this day I served a copy of:

SECOND AMENDED COMPLAINT (Corrected)

by electronic transmission on this date to:

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1111 Franklin Street, 8th Floor
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I declare under penalty of perjury that the foregoing is true and correct. Executed this 14th day of July, 2023.

/s/Jeremy L. Friedman
Jeremy L. Friedman

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						
Home Address						
3528 Bear Creek Ct						
Street						
Newbury Park						
City						
91320						
Zip Code						
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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Mendenhall Law Group
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jlfried@comcast.net

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.

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 Nohemi 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