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6 **UNITED STATES DISTRICT COURT**
7
8 **EASTERN DISTRICT OF CALIFORNIA**

9 Free Now Foundation, Brave And Free
Santa Cruz, D.Q., by his Next Friend, Alix
10 Mayer, A.R., by his Next Friend, Alix
Mayer, T.E., by his Next Friend, Kathleen
11 Lynch, and N.D., by his Next Friend,
Kathleen Lynch;

12 Plaintiffs

13 vs.

14 Erica Pan In Her Official Capacity As
Director Of The California Department Of
15 Public Health;

16 Defendant

CASE NO. 2:24-cv-03523-DJC-SCR

**SECOND AMENDED COMPLAINT FOR
DECLARATORY AND INJUNCTIVE
RELIEF**

DEMAND FOR JURY TRIAL

FIRST CAUSE OF ACTION: Infringement Of The
Fundamental Substantive Due Process Right Of
Plaintiffs, And All Other Innocent California Minor
Children, To Be Free From Mandated, Potentially
Lethal, Injections That Can Cause Death Or Serious
Permanent Illnesses, Such As Autism And Sudden
Infant Death Syndrome, U.S. Constitution,
Fourteenth Amendment, 42 U.S.C. § 1983

SECOND CAUSE OF ACTION: Infringement Of
The Fundamental Substantive Due Process Right Of
Plaintiffs, And All Other California Minor Children,
To Be Free From Mandated Medical Injections
Where The Injections Have Not Been Shown To
Serve A Public Health Purpose By Preventing The
Transmission Of Infection, U.S. Constitution,
Fourteenth Amendment, 42 U.S.C. § 1983

THIRD CAUSE OF ACTION: Infringement Of
The Fundamental Substantive Due Process Right Of
Plaintiff Children, And All Other California Minor
Children, To Attend School, U.S. Constitution,
Fourteenth Amendment, 42 U.S.C. § 1983

FOURTH CAUSE OF ACTION: Unconstitutional
Conditioning Of The Rights Of Plaintiffs, And All
Other California Minor Children, To Their California
Benefit Of A Free Public Education On Condition
That Plaintiffs Give Up Their Fundamental Right To
Be Free Of Mandated Injections, 42 U.S.C. § 1983

FIFTH CAUSE OF ACTION: Failure To Afford
Strict Scrutiny Procedural Due Process To Plaintiffs,
And All Other California Minor Children, Who Wish
To Exercise Their Fundamental Substantive Due
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Injections Required For School Attendance, 42
U.S.C. § 1983

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1 COME NOW Plaintiffs Free Now Foundation, Brave and Free Santa Cruz, minor children
2 D.Q., A.R., T.E., and N.D., by their attorney, and hereby allege against the Defendants as follows:

3 **1. INTRODUCTION**

4 1. This Second Amended Complaint seeks to permanently enjoin the Director of the
5 California Department of Public Health (CDPH) from enforcing, as to the named plaintiffs and all
6 other California children, the immunizations mandated under California Health and Safety Code
7 Section 120335(b) for children attending schools, both public and private, pre-schools, and day care
8 centers because:

9 (a) the U.S. Congress found, when it passed the National Childhood Vaccine Injury Act
10 (NCVIA), that those vaccines often cause permanent injury and death such that mandating those
11 vaccines infringes upon the child's fundamental right to be free of physical harm inflicted by the
12 government and the parents' fundamental right to determine the child's medical care, and

13 (b) the President has directed Department of Health and Human Services Secretary
14 Kennedy to determine the cause(s) of the childhood autism epidemic and eliminate them, and

15 (c) childhood vaccines do not prevent transmission of their respective infections and thus
16 cannot be mandated under the public health rationale of *Jacobson v. Massachusetts*.

17 2. Heretofore, the courts have deferred to laws mandating these deadly vaccines under the
18 Supreme Court's 1905 decision in *Jacobson v. Massachusetts* permitting Massachusetts to require
19 smallpox vaccinations for adults under its police powers on the basis that those vaccinations were
20 known: (1) **to be safe**, and (2) **to prevent the transmission of the infection to the public**. As
21 explained below, *Jacobson* does not apply to California's vaccine mandates because those vaccines
22 are not safe and do not prevent the transmission of the relevant infections to the public.

23 **1.1 *Jacobson v. Massachusetts* Is Not Authority For California's Vaccine Mandates**
24 **For School Children Because Government Data Show That Those Vaccines Are**
Not Safe And, Instead, Cause Widespread Injury And Death

25 3. The two most common serious vaccine injuries are autism and Sudden Unexpected
26 Infant Death (SUID).

27 4. The U.S. Centers for Disease Control (CDC) reports that autism now strikes one in
28 thirty-one U.S. children, with vaccine-mandating California leading the nation with a rate of one in

1 twenty. For California boys, the rate is one in twelve.

2 5. Most are regressive autism cases in which a previously normally developing child
3 suddenly becomes autistic within hours or a few days of an immunization.

4 6. With California having a population of about 8,680,000 children, as many as 400,000
5 of them may be autistic, with many more autistic adults.

6 7. The CDC reports that nearly 40% have IQ's less than or equal to 70 and are considered
7 intellectually disabled. They need life-long custodial care, with most of that burden falling on the
8 parents, especially mothers.

9 8. Those of school age require expensive special education services. California has about
10 850,000 students in special education classes. About 170,000 (20%) are autistic.

11 9. California receives almost \$15 billion in federal funds for special education. Twenty
12 percent of that would be \$3 billion per year.

13 10. In a recent meeting of President Trump's Cabinet, U.S. Department of Health and
14 Human Services Secretary Kennedy announced that the nation's autism rate has increased from
15 one in ten thousand, when he was a child, to now one in thirty-one:

16 DHHS Secretary Kennedy to President Trump: We're trying to refocus the press to get them
17 to pay attention to the chronic disease epidemic as you've asked us to. We have now thirty
18 eight percent of American youth are prediabetic. This was unknown thirty years ago. Every
19 child that becomes diabetic, there should be a headline about them. We have a hundred million
20 adults who are prediabetic or diabetic. And, and we have as you, we have now the autism rates
21 have gone from now most recent numbers we think are gonna be about one in thirty one. One
in twelve, so they're going up again from one in ten thousand when I was a kid. And we are
going at your direction. We are gonna know by September. We've launched a massive, testing
and research effort that's gonna involve hundreds of scientists from around the world. By
September, we will know what has caused the autism epidemic, and we'll be we'll be able to
eliminate those exposures.

22 President Trump: Think of that. So it was one in ten thousand children had autism, and now
23 it's one in thirty one. Not thirty one thousand, thirty one. That is a that's a horrible statistic, isn't
24 it? And there's gotta be something artificial out there that's doing this. So you think you're
gonna have a pretty good idea?

25 Secretary Kennedy: We will know by September.

26 President Trump: There there will be no bigger news conference than that. So that's that's it.
27 If you can come up with that answer where you stop taking something, you stop eating
28 something, or maybe it's a shot, but something's causing it. It can't be it can't be, from 10,000

1 to can you imagine that, Marco? That's a big that's a big number. Thank you very much. You're
2 doing great. Thank you, Bobby.¹

3 11. Quite clearly, this effort to identify and **eliminate** the causes of autism is a very high
4 priority for the Trump administration, up to and including the President himself.

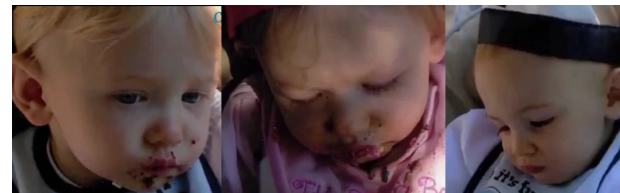
5 12. Given that Secretary Kennedy has already published a book² describing the connection
6 of childhood vaccines with regressive autism, there is little question that vaccines will be found to be
7 at least a risk factor for regressive autism for at least some children. The only remaining question is
8 how many more California children, **one in every twelve boys**, and families will be devastated by
9 these vaccines until that reality is acknowledged by California by repealing its vaccine mandates?

10 13. The rebuttal argument is that
11 autism is genetic, and, indeed, it is more common
12 in some sibships than in others, such as the well-
13 known and tragic case of the McDowell triplets,
14 where all three became autistic, lost in their own
15 little worlds. However, all three became autistic **on**
16 **the same day within six hours of their**
17 **vaccinations** at nine months of age.



McDowell Triplets Before Vaccines

18 <https://rumble.com/v6riho3-mcdowells-triplets-sh>
19 [ut-down-after-routine-injections-later-diagnosed-w](https://rumble.com/v6riho3-mcdowells-triplets-sh)
20 [ith-.html](https://rumble.com/v6riho3-mcdowells-triplets-sh). This was no coincidence.



McDowell Triplets, Three Months Post-Vaccines

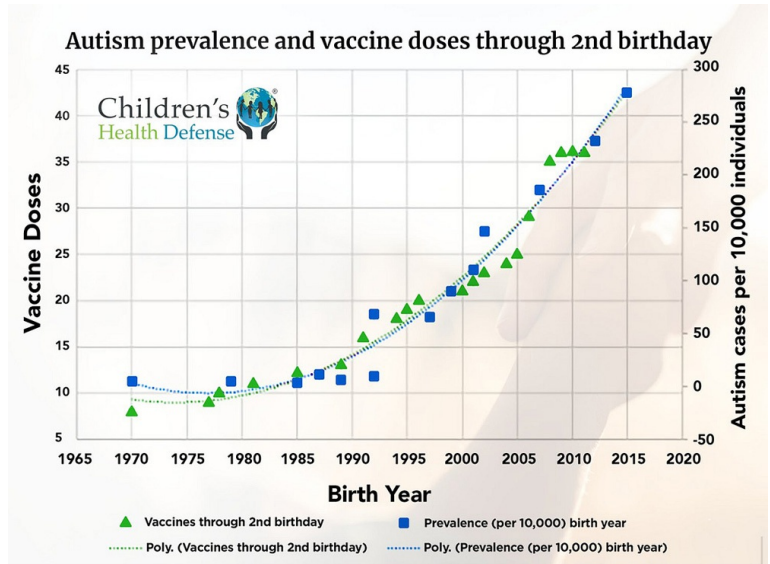
21 14. Thus, while genetics may be an underlying cause that cannot be changed, it only
22 loads the gun. Vaccines are often the proximate cause, that can be changed, that pull the trigger.

23 15. Nor does California allow any exceptions to its vaccination requirements for a child
24 who already has a sibling with autism, or **even for the autistic child himself!**

25
26
27 ¹ RFK Jr. says Trump administration will identify and eliminate cause of autism 'by September'.
28 PBS, April 10, 2025, at: <https://www.youtube.com/watch?v=w9D-9INV5JY>.

² Vax-Unvax. Robert F. Kennedy, Jr. and Brian Hooker. Skyhorse Publishing, 2023.
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1
 2 16. There is also a very
 3 close relationship between the
 4 increased childhood vaccines
 5 recommended by the CDC and the
 6 increased number of autistic children
 7 between 1970 and 2015, as seen in this
 8 graphic.



9 17. The recently released
 10 report of the U.S. Centers For Disease
 11 Control in their Morbidity and Mortality Weekly Report, entitled “Prevalence and Early
 12 Identification of Autism Spectrum Disorder Among Children Aged 4 and 8 Years — Autism and
 13 Developmental Disabilities Monitoring Network, 16 Sites, United States, 2022,” was shocking.³

14 Among children aged 8 years in 2022, ASD prevalence was 32.2 per 1,000 children (one in
 15 31) across the 16 reporting sites, ranging from 9.7 in Texas (Laredo) to 53.1 in California.
 16 The overall observed prevalence estimate was similar to estimates calculated using
 17 Bayesian hierarchical and random effects models. ASD was 3.4 times as prevalent among
 18 boys (49.2) than girls (14.3). Overall, ASD prevalence was lower among non-Hispanic
 19 White (White) children (27.7) than among Asian or Pacific Islander (A/PI) (38.2),
 20 American Indian or Alaska Native (AI/AN) (37.5), non-Hispanic Black or African
 21 American (Black) (36.6), Hispanic or Latino (Hispanic) (33.0), and multiracial children
 22 (31.9).
 23 Among 5,292 (61.4% of 8,613) children aged 8 years with ASD with information on
 24 cognitive ability, 39.6% were classified as having an intellectual disability. Intellectual
 25 disability was present among 52.8% of Black, 50.0% of AI/AN, 43.9% of A/PI, 38.8% of
 26 Hispanic, 32.7% of White, and 31.2% of multiracial children with ASD.

27 18. The reported rate of 53.1 per thousand in California is one in every nineteen. Given
 28 that ASD is 3.4 times more common in boys, the odds of ASD for California boys is one in every
 29 twelve.

30 19. The prevalence of intellectual disability, *i.e.*, I.Q. less or equal to 70, was

³ Morbidity and Mortality Weekly Report (MMWR), Prevalence and Early Identification of Autism Spectrum Disorder Among Children Aged 4 and 8 Years — Autism and Developmental Disabilities Monitoring Network, 16 Sites, United States, 2022, Surveillance Summaries, April 17, 2025 / 74(2);1–22.
https://www.cdc.gov/mmwr/volumes/74/ss/ss7402a1.htm?utm_source=substack&utm_medium=email.

1 particularly shocking at 39.6% overall. Thus, the rate of severe ASD (intellectual disability) for
2 California boys would be one in every thirty. These are children who will typically not have a
3 vocabulary of more than a few dozen words, will never be continent, will always require special
4 education, never be employable, and will require custodial care for their entire lives at great
5 personal and public expense. Individual children and parents should not have to, themselves, bear
6 the personal and financial costs of public health measures.

7 20. The CDC reports that Sudden Unexpected Infant Death (SUID) strikes about 3,700
8 otherwise healthy U.S. infants per year, about ten every day. About one in ten of those is a
9 California infant, about one every day. A veteran police SUID investigator estimates that about
10 half of SUID occur within 72 hours of an immunization and, overall, about 85% were likely due to
11 immunization.

12 21. It is unconscionable for California to continue to mandate vaccine-related death,
13 literally lethal injections, for all these innocent children.

14 **1.2 *Jacobson v. Massachusetts* Is Not Authority For California's Vaccine Mandates**
15 **For School Children Because Those Vaccines Do Not Prevent Transmission Of**
16 **The Relevant Infections**

17 22. Heretofore, the courts have deferred to laws mandating these deadly vaccines under
18 the Supreme Court's 1905 decision in *Jacobson v. Massachusetts* permitting Massachusetts to
19 require smallpox vaccinations for adults under its police powers on the basis that those
20 vaccinations were known: (1) **to be safe**, and (2) **to prevent the transmission of the infection to**
21 **the public.**

22 23. However, the Ninth Circuit Court of Appeals recently ruled, in *Health Freedom*
23 *Def. Fund v. Carvalho*, that *Jacobson* would not apply to COVID-19 immunization requirements
24 under *Jacobson*'s public health rationale if COVID-19 vaccines **did not prevent transmission of**
25 **COVID-19 infections.**

26 24. Here, California does not have data to show that the vaccines that it requires for
27 schoolchildren do actually prevent transmission of the relevant infections and the VICP data,
28 above and below, show that California's mandated immunizations do often cause injury and death.

25. Besides the *Health Freedom Def. Fund* decision, *Jacobson*, decided 120 years ago

1 under rational basis review, has long been superseded by two developments, (1) the line of
2 decisions by the U.S. Supreme Court setting forth the doctrine of strict scrutiny for the invasions of
3 fundamental rights, and (2) the enactment by Congress of the National Childhood Vaccine Injury
4 Act establishing a multi-billion dollar fund to provide compensation for at least some of the
5 vaccine injuries.

6 26. In 1986 the Congress recognized that newer vaccines, developed since 1905, can
7 have serious, permanent, and even fatal, complications when it enacted the Nation Childhood
8 Vaccine Injury Act (NCVIA). The NCVIA established the National Vaccine Injury Compensation
9 Program to compensate the victims of vaccine injury as the sole means of compensation for such
10 injuries in lieu of tort claims asserted against vaccine makers, who now enjoy statutory immunity
11 under that Act.

12 27. The enormity of vaccine-related injury and death from these often mandated
13 immunizations is staggering. Since 1988, over 28,292 petitions have been filed with the National
14 Vaccine Injury Compensation Program (NVICP). Over that 30-year time period, 24,602 petitions
15 have been adjudicated, with 11,671 of those determined to be compensable, while 12,931 were
16 dismissed. Total compensation paid over the life of the program is approximately \$5.3 billion.⁴ As
17 of December 1, 2011 the NVICP had paid awards for 390 deaths. Furthermore, the NCVIA does
18 not generally cover autism and Sudden Unexpected Infant Death cases.

19 28. All these vaccine injuries and deaths requiring all this compensation has put many
20 states, including California, in the position of requiring children to be immunized with vaccines
21 that California knows full well will seriously and permanently injure, and even kill, some of them,
22 with its courts still relying upon *Jacobson* for the authority to do so.⁵

23 29. **However, by mandating immunizations that it knows full well will**
24 **permanently injure and kill some children, California has crossed a red line that forbids the**
25

26 ⁴ National Vaccine Injury Compensation Program, Monthly Statistics Report, February 2025, as
27 downloaded at:
28 <https://www.hrsa.gov/sites/default/files/hrsa/advisory-committees/vaccines/vicp-stats-02-01-25.pdf>

⁵ *Love v. State Dep't of Educ*, 29 Cal.App.5th 980, 985, 240 Cal.Rptr.3d 861 (2018).
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1 **state to harm some for the benefit of others.**

2 30. That bedrock principle of Anglo-Saxon law was cogently expressed in *McFall v.*
3 *Shimp*.⁶ In that case McFall suffered from a rare bone marrow disease with a very dim prognosis
4 for survival unless he received a bone marrow transplant from a compatible donor. A cousin,
5 Shimp, was the only compatible donor but refused to donate the necessary bone marrow. McFall
6 then sought an order from the court to require Shimp to donate the necessary bone marrow but the
7 court refused to issue such an order, stating that:

8 The common law has consistently held to a rule which provides that one human being is
9 under no legal compulsion to give aid or to take action to save another human being or to
10 rescue. A great deal has been written regarding this rule which, on the surface, appears to
11 be revolting in a moral sense. Introspection, however, will demonstrate that the rule is
12 founded upon the very essence of our free society. It is noteworthy that counsel for plaintiff
13 has cited authority which has developed in other societies in support of plaintiff's request in
14 this instance. Our society, contrary to many others, has as its first principle, the respect for
15 the individual, and that society and government exist to protect the individual from being
16 invaded and hurt by another. Many societies adopt a contrary view which has the individual
17 existing to serve the society as a whole. In preserving such a society as we have, it is bound
18 to happen that great moral conflicts will arise and will appear harsh in a given instance. In
19 this case, the chancellor is being asked to force one member of society to undergo a
20 medical procedure which would provide that part of that individual's body would be
21 removed from him and given to another so that the other could live. Morally, this decision
22 rests with defendant, and, in the view of the court, the refusal of defendant is morally
23 indefensible. **For our law to compel defendant to submit to an intrusion of his body
24 would change every concept and principle upon which our society is founded. To do
25 so would defeat the sanctity of the individual, and would impose a rule which would
26 know no limits, and one could not imagine where the line would be drawn.**⁷

27 31. Shimp was not asked to submit to anything known to the Congress to cause severe
28 injury and death, such as childhood vaccines, but only to donate some of his bone marrow which
would have caused him little harm in the short term and none in the long term.

32. *McFall v. Shimp* is an unusual case, not because the need to procure organs from
donors is uncommon, the need is very common. What was uncommon about the *McFall* case is
that McFall thought that he could get a court to order it, that's the unusual part. Everyone knows
that, in this country, the government and the courts do **not order** people to give up their organs for
the benefit of others, even if the donation would not seriously harm them. Indeed, reports of forced

⁶ *McFall v. Shimp*, 10 Pa. D. & C. 3d 90 - Pa: Court of Common Pleas 1978

⁷ *Id.*, at 91 (emphasis added.)

1 organ donation in China are universally condemned in this country.

2 33. Many years before *McFall* the *Jacobson* court labored to find a legal principle upon
3 which it could justify the mandated smallpox vaccination policies that were enacted in that era. It
4 settled on the existing power of quarantine, analogizing that compulsory vaccination was just
5 another police powers measure for controlling the spread of infection. However, neither the
6 *Jacobson* court nor subsequent courts have considered that: (1) whereas quarantine is merely a
7 temporary inconvenience with no lasting physical harms, mandated immunizations often do cause
8 permanent harm and death, (2) whereas quarantine is only applied for a short time to those few
9 who are known to pose an imminent threat to the public, mandated immunizations are applied long
10 term to multitudes of healthy people who pose no imminent threat to anyone, (3) whereas those
11 subjected to quarantine are entitled to due process of law to challenge the medical necessity for
12 their quarantine,⁸ those subjected to mandated immunizations are entitled to no due process as to
13 the medical necessity for their immunizations.

14 34. The *Jacobson* court more broadly construed mandated vaccination as being among
15 the police powers of the state to “enact quarantine laws and health laws of every
16 description...[a]ccording to settled principles, the police power of a state must be held to embrace,
17 at least, such reasonable regulations established directly by legislative enactment as will protect the
18 public health and the public safety.”

19 35. The *Jacobson* court then inquired as to whether “...any right given or secured by the
20 Constitution is invaded by the statute as interpreted by the state court.” *Id.*, at 25-26. The Court
21 held that, “[t]he possession and enjoyment of all rights are subject to such **reasonable** conditions
22 as may be deemed by the governing authority of the country essential to the safety, health, peace,
23 good order, and morals of the community. *Id.*, at 26, emphasis added. Thus, under *Jacobson* in
24 1905, such mandated vaccination was reviewed under a deferential rational basis standard of
25 review.

26 36. The *Jacobson* court considered the objections that Jacobson raised as to potential
27

28 ⁸ *Jew Ho v. Williamson*, 103 F. 10 (1900)(finding that quarantine was simply a pretext to confine the Chinese population in San Francisco.)

1 beneficial and harmful effects of smallpox vaccination in light of the medical opinion of the day
2 and specifically limited its holding to that immunization and the understanding of the time that it
3 was safe: “We now decide only that the statute covers the present case, and that nothing clearly
4 appears that would justify this court in holding it to be unconstitutional and inoperative in its
5 application to the plaintiff in error.”⁹

6 37. Thus, *Jacobson* is not authority for the power of the state to mandate, without
7 infringing upon any constitutional rights, *any and all current or future* vaccines, for all persons,
8 adults or children, regardless of their harms or effectiveness, especially now that the U.S. Congress
9 has found that childhood vaccines **do cause injuries and deaths** and the federal government has
10 paid out \$5.3 billion for those injuries and deaths under that legislation.

11 38. The other key *post-Jacobson* development was the Supreme Court’s adoption of the
12 “strict scrutiny” standard of review in 1942 for state-mandated medical procedures in *Skinner v.*
13 *Oklahoma*.¹⁰ Given that the federal government has already determined that at least 11,000 have
14 been injured or killed by childhood vaccines, there is no real room left to debate whether the
15 vaccines mandated by the State of California for school attendance can cause serious, permanent,
16 physical injury, just as in *Skinner*. Clearly, strict scrutiny applies.

17 39. The requirements for strict scrutiny review are well known and accepted: the
18 measures under review must serve a “compelling government interest” and must do so “using the
19 least restrictive means available.”¹¹ But, what if the government *does* have a “compelling interest”
20 and it *is* using the “least restrictive means available” can the government still then go ahead and
21 impose hazardous conditions or treatments upon individuals or infringe on fundamental rights in
22 order to achieve that greater, compelling government interest? Clearly, under *McFall*, the answer is
23 **no.**

24 _____
25 ⁹ *Henning Jacobson v. Commonwealth of Massachusetts*, 197 U.S. 11, 39, 25 S.Ct. 358, 49 L.Ed.
26 643 (1905).

27 ¹⁰ *Skinner v. State of Oklahoma Williamson*, 316 U.S. 535, 62 S.Ct. 1110, 86 L.Ed. 1655 (1942).
28 The High Court has since expanded strict scrutiny review to many other cases where the state proposes
to restrict or eliminate fundamental constitutional rights.

¹¹ *Church of Lukumi Babalu Aye, Inc. v. Hialeah*, 508 US 520 (1993).

1 40. Indeed, the Congress has already found that the risk of harm from those mandated
2 immunizations is so constant and foreseeable as to require legislation to provide for it. This clearly
3 violates *McFall's* “first principle, the respect for the individual, and that society and government
4 exist to protect the individual from being invaded and hurt by another,” especially being
5 intentionally hurt by the government itself.

6 41. The objection to this argument is that the parents are not forced to vaccinate their
7 children if they are willing to forfeit their *Meyer-Pierce* right to educate their children. This, of
8 course, is an unconstitutional conditions violation.¹² The state cannot require a child to give up one
9 fundamental right in order to enjoy another.

10 42. Yet another objection is that healthy children should not have to sit next to
11 infectious children in school. The simple solution is that children with fevers should not be sent to
12 school and, if in school, should be dismissed, similar to the quarantine approved in *Jacobson*.
13 Quarantine is a temporary solution that causes no harm other than temporary inconvenience,
14 focused on actually infectious persons, whereas vaccination broadly affects an entire population,
15 infectious or not, permanently and often without full knowledge of the long term effects of such
16 immunizations. Furthermore, if persons wish themselves or their children to be vaccinated with
17 approved vaccines, they may do so. But, if those vaccines are, indeed, effective, then there is no
18 risk of infection regardless of whether the children sitting next to their children are immunized or
19 not. As held in *McFall*, children do not have a duty to put themselves in harm's way for the
20 supposed benefit of other children who should be protected by their own immunizations anyway if
21 the parents wish for the child to be so protected.

22 43. Finally, there is a great problem in this case with the allocation of the burden of
23 proof, which, under strict scrutiny, belongs to the state. Congress has already found childhood
24 vaccines to be harmful such that Congress has given the manufacturers robust immunity from
25 damage claims. Furthermore, those vaccines are all under investigation by the Department of
26 Health and Human Services as possible causes of the autism epidemic. Yet, California insists that

27 _____
28 ¹² *Perry v. Sindermann*, 408 U.S. 593, 597, 92 S.Ct. 2694, 33 L.Ed.2d 570 (1972)(government
... may not deny a benefit to a person on a basis that infringes his constitutionally protected interests.)

1 it is the parents who should bear the burden of proof as to whether their children are at risk from
2 those vaccines by being required to get exemption letters from doctors, doctors who are then
3 stripped of their medical licenses for writing more than five in a year out of the thousands of
4 children that they see.¹³ It is as if the FAA mandated that people must fly in airplanes that are under
5 investigation for causing crashes, yet the FAA insists that they are safe, ignoring all evidence to the
6 contrary, that the burden of proving otherwise rests upon the lay passengers to prove that the
7 airplane are unsafe for themselves and their children to fly in, that any airplane inspectors who
8 report any hazards will be investigated and likely fired, that the airplane manufacturers enjoy
9 statutory immunity, and the children whose parents refuse to accept such risks may then never
10 leave home. Seriously, how does such a law survive strict, or even rational basis, scrutiny?

11 44. Far more importantly, this is not a strict scrutiny case where competing interests
12 must be balanced “in the least restrictive” way. No, this is a *McFall* case where California has
13 crossed a bright red line forbidding the state to compel innocent little infants and children to risk,
14 and even lose, their lives and health for the benefit of others, a line that must be strictly enforced or
15 no one will be free from government oppression.

16 **2. JURISDICTION AND VENUE**

17 **2.1 Subject Matter Jurisdiction**

18 45. This court has jurisdiction over this action because it arises under the laws of the
19 United States, 28 U.S.C. §§ 1331, 1343, and 1346, with the claims arising under 42 U.S.C. § 1983
20 (deprivation of civil rights).

21 46. This Court has authority to grant the requested injunctive relief under 28 U.S.C.
22 Section 1343; the requested declaratory relief under 28 U.S.C. Sections 2201 and 2202, and costs
23 and attorneys and expert’s fees under 42 U.S.C. section 1988 (b)-(c).

24 **2.2 Personal Jurisdiction**

25 47. Personal jurisdiction as to defendant Erica Pan, in her official capacity as Director
26 of the California Department of Public Health (“CDPH”), arises under Fed.R.Civ.P., Rule 4(j).

27
28 ¹³ California Health and Safety Code Section 120372(d)(2)(B).

1 **2.3 Venue**

2 48. Venue is appropriate in this court, under 28 U.S.C. § 1391, because a substantial
3 part of the acts giving rise to this lawsuit occurred in this district, specifically the acts of Tomás
4 Aragón, former Director of the California Department of Public Health, and Erica Pan, current
5 Director of the California Department of Public Health.

6 **3. THE PLAINTIFFS**

7 **3.1 Plaintiff Free Now Foundation**

8 49. Plaintiff Free Now Foundation was incorporated as a non-profit corporation on
9 April 7, 2023 and operates principally in California. It maintains a website at
10 <https://freenowfoundation.org/>.

11 50. The main caption on that page is, “Defending Medical Freedom.” The sub-caption
12 on that page is, “Because Parents Call the Shots.”

13 51. One of the primary stated purposes of Free Now Foundation is to protect civil
14 liberties and health rights for all, especially children.

15 52. To this date, Free Now Foundation has approximately 30,000 members, with social
16 media followings in the tens of thousands. The Foundation included a “Legal Warrior Club.”
17 Members of the Legal Warriors Club contribute funds monthly or as one time gifts to support the
18 Foundation’s litigation activities.

19 53. A substantial number of Free Now Foundation’s membership includes individuals
20 who question the constitutionality of CA Health & Safety Code Section 120335, and what right
21 any governmental or legislative body has to mandate that an individual forego one fundamental
22 right for another.

23 54. The members and followers of Free Now Foundation include significant numbers of
24 parents and grandparents of California children who wish to attend California schools, pre-schools,
25 and daycare centers without regard to their immunization status.

26 **3.2 Minor Child D.Q. And His Next Friend, Alix Mayer**

27 55. Minor Child D.Q. is 15 years old.

28 56. D.Q. attended high school in the Ventura Unified School District until the school

1 went on vacation break at the end of calendar year 2024.

2 57. In December of 2024 the VUSD requested D.Q.'s immunization records from his
3 mother, which she submitted on December 20, 2024. It was her understanding at that time, and still
4 is, that those records met the requirements of both SB277 and CA Code of Regulations Title 17,
5 Division 1 Chapter 4 Article 4 Records as Evidence of Immunization.

6 58. When D.Q. returned to high school on January 7, 2025 to resume his classes he was
7 summoned to the school's administrative offices and informed that he could not return to school
8 until he complied with the school district's immunization policies.

9 59. At that time his mother was summoned to the school to take D.Q. home with her
10 until she could produce school immunization records that were satisfactory to the school.

11 60. An email to D.Q.'s mother later that day informed her that the school would review
12 the materials that she had provided to the school but that D.Q. would continue to be excluded until
13 that review was complete.

14 61. The VUSD submitted D.Q.'s immunization records to the Ventura County
15 Department of Public Health and the Immunization Branch of the California Department of Public
16 Health (CDPH). The VUSD was advised by the CDPH that D.Q.'s immunization records were not
17 sufficient to allow him to attend school in California.

18 62. On the basis of the position of the CDPH, VUSD advised D.Q.'s mother that D.Q.
19 would continue to be excluded from his school.

20 63. D.Q.'s mother has asked her friend, Alix Mayer, to serve as D.Q.'s Next Friend for
21 the purposes of this lawsuit and Alix Mayer has agreed to so serve, subject to the modification or
22 termination of that Next Friend status by D.Q.'s mother at any time.

23 64. Alix Mayer is a member of plaintiff Free Now Foundation.

24 **3.3 Minor Child A.R.. And His Next Friend, Alix Mayer**

25 65. Minor child A.R. is 11 years of age. He is a Hispanic American.

26 66. A.R. attends a private church school in Santa Cruz County.

27 67. The adult brother of A.R. was informed by the secretary of that school that she had
28 been contacted by Lauren Tranchitia, BSN, RN, the Immunization Coordinator for the County of

1 Santa Cruz Department of Public Health, and told by nurse Tranchita that his brother (A.R.) must
2 show that he has all the immunizations on the schedule that Ms. Tranchita left with the secretary,
3 and which the secretary forwarded to the adult brother of A.R. in order to remain enrolled at the
4 church school. The secretary stated to the adult brother of A.R. that nurse Tranchita had stated that
5 the immunizations should be completed within ten days.

6 68. Nurse Tranchita was at A.R.'s school to do an audit of the school's immunization
7 records pursuant to California immunization law. Once her audit was complete she sent the
8 documented findings to schools with students out of compliance. She will also sent a copy upon
9 request to the California Department of Public Health. Additionally, her findings recommended
10 that the school send a 10 day notice to out of compliance students. This recommendation was in
11 accordance with the requirements of the California School Immunization Law, Health and Safety
12 Code sections 120325-120375.

13 69. The parents and adult brother of A.R. have asked that Alix Mayer serve as A.R.'s
14 Next Friend for the purposes of this lawsuit and Alix Mayer has agreed to so serve, subject to the
15 modification or termination of that Next Friend status by the parents and/or the adult brother of
16 A.R. at any time.

17 **3.4 Minor Child T.E. And His Next Friend, Kathleen Lynch**

18 70. Minor Child T.E. resides in Santa Cruz County. T.E. is 16 years of age.

19 71. On the first day back from winter break 1/5/2022, T.E. was sent to the office of the
20 Junior High School he then attended and told that he had to be picked up by his parents. He was no
21 longer allowed to attend that school due to the fact that his immunizations were not up to date.

22 72. T.E. was, at the time, a straight A student in accelerated classes. He was a member
23 of the Junior Scholars Federation. He had many friends and participated in multiple clubs. He was
24 devastated and humiliated having to leave and ultimately be excluded from in-person education.
25 The school district actually sent his parents an exclusion letter.

26 73. T.E.'s parents do not wish him to have those immunizations because they believe
27 that those immunizations could be harmful to their son and do not wish him to be thus harmed.

28 74. T.E. and his parents wish that T.E. could return to a public high school in his area

1 but are barred from doing so by the vaccination requirements imposed upon T.E. by the California
2 Department of Public Health.

3 75. The parents of T.E. have asked that Kathleen Lynch serve as T.E.'s Next Friend for
4 the purposes of this lawsuit and Kathleen Lynch has agreed to so serve, subject to the modification
5 or termination of that Next Friend status by the parents of T.E. at any time.

6 76. Kathleen Lynch is a member of Brave and Free Santa Cruz.

7 **3.5 Minor Child N.D. And His Next Friend, Kathleen Lynch**

8 77. Minor Child N.D. resides in Santa Cruz County. N.D. is 13 years of age.

9 78. N.D. wishes to attend the same school he has gone to since he was 2 years old. It is
10 a small school and he has life long friends that go there.

11 79. N.D. did not need any vaccines to attend until he started 7th grade. He is now
12 attending that school even though he is out of compliance with the immunization requirements
13 enforced upon him by the California Department of Public Health (CDPH).

14 80. Thus, N.D. is at risk of being excluded from his school by the CDPH for that non-
15 compliance.

16 81. N.D. has been on the basketball team for the last three years, excels in math and is
17 loved by all his teachers, staff, faculty and friends. He has rarely been sick in his lifetime, maybe 2
18 ear aches (due to swimming), 2 fevers and COVID one time. He did not go to any doctors for
19 those, and healed nicely, he was over COVID after a one hour nap.

20 82. N.D. did not get the recommended vaccines or the COVID vaccines and has been a
21 healthy boy and is fine. All off his friends and classmates get the vaccines and are sick and miss
22 school often. His parents strongly believe the vaccines would make his immune system weaker in
23 the short term and possibly deadly in the long term.

24 83. The parents of N.D. have asked that Kathleen Lynch serve as N.D.'s Next Friend
25 for the purposes of this lawsuit and Kathleen Lynch has agreed to so serve, subject to the
26 modification or termination of that Next Friend status by the parents of N.D. at any time.

27 **3.6 Plaintiff Free Now Foundation Has Associational Standing In This Case**

28 84. Alix Mayer has standing in her own right as the Next Friend of D.Q. and A.R.

1 85. Alix Mayer is also the Founder, Chair, and Member of the Free Now Foundation.

2 86. Because a member of Free Now Foundation, Alix Mayer, has the right and ability to
3 sue in her own capacity as Next Friend of D.Q. and A.R., she has elected to have her interests, and
4 those of D.Q. and A.R., represented by plaintiff Free Now Foundation in this case.

5 87. For these reasons, Free Now Foundation has associational standing in this
6 proceeding.

7 88. The primary purpose of this lawsuit, to stop any and all further enforcement of
8 Section 120335 by the State of California as applied to all California children, is specifically in line
9 with and germane to the purpose of Free Now Foundation's existence.

10 89. Free Now Foundation's primary mission is to raise money to fund litigation to
11 advance medical freedom.

12 90. Free Now Foundation, formerly the California Chapter of Children's Health
13 Defense, has filed numerous lawsuits to advance medical freedom in California for many years
14 prior to commencing this action, including:

- 15 (a) CHD-CA v. Loyola Marymount, suit over medical segregation for COVID
- 16 (b) CHD-CA v. Santa Clara University, suit over mandated COVID shots
- 17 (c) CHD-CA v. LAUSD, suit over mandated COVID shots
- 18 (d) CHD-CA v. Piedmont School District, suit over mandated COVID shots
- 19 (e) CHD-CA v. Placentia Yorba Linda School District, suit over mandated COVID
20 masks
- 21 (f) CHD-CA v. OC Board of Supervisors, abuse of COVID CARES Act funds
- 22 (g) CHD-CA v. Newsom, suit over COVID lockdowns
- 23 (h) CHD-CA & Hoang, suit over AB 2098 COVID doctor gag act.

24 102. For these reasons, Free Now Foundation has organizational standing in this
25 proceeding.

26 **3.7 Plaintiff Brave And Free Santa Cruz Has Associational Status In This Case**

27 91. Kathleen Lynch has standing in her own right as the Next Friend of T.E. and N.D.

28 92. Kathleen Lynch is also the Co-Chair, and Member of Brave and Free Santa Cruz.

1 93. Because a member of Brave and Free Santa Cruz, Kathleen Lynch, has the right and
2 ability to sue in her own capacity as Next Friend of T.E. and N.D., she has elected to have her
3 interests, and those of T.E. and N.D. represented by plaintiff Brave and Free Santa Cruz in this
4 case.

5 94. For these reasons, Brave and Free Santa Cruz has associational standing in this
6 proceeding.

7 95. Plaintiff Brave And Free Santa Cruz is an unincorporated freedom advocacy group
8 that was organized on July 4, 2022 with its principal activities in Santa Cruz County, California. It
9 meets regularly in Santa Cruz County. It maintains a website at braveandfreesantacruz.org/.

10 96. The group meets monthly with attendance that varies between 20 and 100,
11 depending on the speaker. It has 365 people on its email list. The group has a steering committee
12 comprised of eight members that meets once a month. The group does a weekly outreach literature
13 table at the Santa Cruz Farmer's Market.

14 97. The members of Brave and Free Santa Cruz include significant numbers of parents
15 and grandparents of children who attend California schools, preschools, and daycare centers
16 without regard to their immunization status.

17 98. Those members of Brave and Free Santa Cruz who are the parents and grandparents
18 of children who wish to attend California schools, preschools, and daycare centers without regard
19 to their immunization status, such as T.E. and N.D., would have standing in their own right in this
20 case: (1) as advocates for the rights of their minor children and grandchildren to attend California
21 schools, pre-schools, and daycare centers without regard to their immunization status, (2) because
22 those parents and grandparents of children who forego their rights to refuse those mandated
23 immunizations in order to attend California schools under Health and Safety Code Section 120335
24 are at risk of bearing the personal and financial costs of caring for any of those children who
25 become injured as a result of any immunizations mandated for those children under California law,
26 and (3) because they may have to bear the personal and financial burdens of home-schooling the
27 children excluded from public and private schools under Health and Safety Code 120335 who
28 choose not to comply with those immunization mandates.

1 99. Because a member of Brave and Free Santa Cruz, such as Kathleen Lynch, has the
2 right and ability to sue in her own capacity, she has elected to have her interests represented by
3 plaintiff Brave and Free Santa Cruz in this case on behalf of all such members.

4 100. The primary purpose of this lawsuit, to stop any and all further enforcement of
5 Section 120335 by the State of California as applied to all California children, is specifically in line
6 with and germane to the purpose of Brave and Free Santa Cruz's existence, which is set forth in the
7 group's Mission Statement:

8 **MISSION STATEMENT**

9 Our mission is to build a large people's movement in Santa Cruz County to fight the World
10 Economic Forum's "Great Reset." Our movement will reach a critical mass strong enough
11 to maintain our freedoms, our health choices, and our economic well-being. We are active
12 locally to stop the damaging and unconstitutional mandates occurring under the pretext of
13 the Covid-19 pandemic, part of the Globalist's "Great Reset" plan for totalitarian control
14 and population reduction. We will resist and not cooperate with coercion and censorship.
15 We will not be subject to any form of dangerous injections and medical tyranny. We
16 employ powerful nonviolent strategies and educate ourselves to defeat the diabolical "Great
17 Reset." We strive to create a community that is based on loving cooperation and service to
18 each other, so that we may all thrive in a world that we are proud to pass on to future
19 generations.

20 101. For all these reasons, Brave and Free Santa Cruz has associational standing in this
21 proceeding.

22 **4. DEFENDANT, ERICA PAN, IN HER OFFICIAL CAPACITY AS DIRECTOR OF
23 THE CALIFORNIA DEPARTMENT OF PUBLIC HEALTH**

24 102. The California Department of Public Health oversees the enforcement of California
25 Health and Safety Code Section 120335 as applied to all California educational and child care
26 facilities.

27 103. All California schools, public and private, and all pre-schools are required to file
28 annual reports with the California Department of Public Health as to the immunization status of all
their students.

104. Defendant Erica Pan, in her official capacity as Director of the California
Department of Public Health, has overall authority for the enforcement of California immunization
requirements for all of California public and private schools, pre-schools, and daycare centers.

105. Defendant Erica Pan, in her official capacity as Director of the California
Department of Public Health, has direct oversight responsibility for the California Immunization

1 Registry Medical Exemption (CAIR-ME) Web Site.

2 106. Defendant Erica Pan, in her official capacity as Director of the California
3 Department of Public Health, is, by virtue of his office, also the State Registrar of Vital Statistics
4 under Health and Safety Code Section 102175. As the State Registrar, he has supervisory powers
5 over the local registrars in each county. Health and Safety Code Section 102185, including as to
6 the registration of Sudden Unexpected Infant Deaths.

7 **5. STATEMENT OF FACTS**

8 **5.1 California's Mandated Immunizations Under Health And Safety Code Section**
9 **120335**

10 107. California Health and Safety Code Section 120335, subsection (b) provides that:

11 (a) As used in this chapter, "governing authority" means the governing board of each
12 school district or the authority of each other private or public institution responsible for the
13 operation and control of the institution or the principal or administrator of each school or
14 institution.

15 (b) The governing authority shall not unconditionally admit any person as a pupil of any
16 private or public elementary or secondary school, child care center, day nursery, nursery
17 school, family day care home, or development center, unless, prior to his or her first
18 admission to that institution, he or she has been fully immunized. The following are the
19 diseases for which immunizations shall be documented:

- 20 (1) Diphtheria.
- 21 (2) Haemophilus influenzae type b.
- 22 (3) Measles.
- 23 (4) Mumps.
- 24 (5) Pertussis (whooping cough).
- 25 (6) Poliomyelitis.
- 26 (7) Rubella.
- 27 (8) Tetanus.
- 28 (9) Hepatitis B.
- (10) Varicella (chickenpox).

21 **5.2 Congress Finds That California's Mandated Immunizations Cause Permanent,**
22 **Compensable, Injury Under The National Childhood Vaccine Injury Act**
23 **(NCVIA) Of 1986**

24 108. In 1986 Congress enacted the National Childhood Vaccine Injury Act ("NCVIA"),
25 now codified as 42 U.S.C. §§ 300aa-1 to 300aa-34.

26 109. 42 U.S.C. § 300aa-22, subsection (b)(1) of the NCVIA provides that:

27 No vaccine manufacturer shall be liable in a civil action for damages arising from a
28 vaccine-related injury or death associated with the administration of a vaccine after October
1, 1988, if the injury or death resulted from side effects that were unavoidable even though
the vaccine was properly prepared and was accompanied by proper directions and
warnings.

1 110. Thus, when a child sustains a “vaccine-related injury or death associated with the
 2 administration of a vaccine” due to “side effects that were unavoidable,” the manufacturer is
 3 immune from suit for damages resulting from that “vaccine-related injury or death.”

4 111. Instead, the child or surviving family must turn to the National Vaccine Injury
 5 Compensation Fund (“NVICF”)(42 U.S.C. §§ 300aa-10 to 19) for compensation for damages.

6 112. That process is initiated by the filing of a petition for compensation with the U.S.
 7 Court of Federal Claims, which then forwards the petition to a court-appointed special master for
 8 adjudication. (42 U.S.C. § 300aa-11.)

9 113. The special master then determines, by a preponderance of the evidence, whether
 10 the claimed injury or death was vaccine-related and thus compensable. (42 U.S.C. § 300aa-13.)

11 114. In doing so, the special master is guided by the Vaccine Injury Table, as set forth
 12 under 42 U.S.C. (I)(J) § 100.3:

13 In accordance with section 312(b) of the National Childhood Vaccine Injury Act of 1986,
 14 title III of Public Law 99-660, 100 Stat. 3779 (42 U.S.C. 300aa-1 note) and section 2114(c)
 15 of the Public Health Service Act, as amended (PHS Act) (42 U.S.C.300aa-14(c)), the
 16 following is a table of vaccines, the injuries, disabilities, illnesses, conditions, and deaths
 17 resulting from the administration of such vaccines, and the time period in which the first
 18 symptom or manifestation of onset or of the significant aggravation of such injuries,
 19 disabilities, illnesses, conditions, and deaths is to occur after vaccine administration for
 20 purposes of receiving compensation under the Program. Paragraph (b) of this section sets
 21 forth additional provisions that are not separately listed in this Table but that constitute part
 22 of it.

23 115. The current, as of December 4, 2024, Vaccine Injury Table recognizes the following
 24 vaccine-related injuries as compensable under the NCVIA:

Vaccine	Illness, disability, injury or condition covered	Time period for first symptom or manifestation of onset or of significant aggravation after vaccine administration
I. Vaccines containing tetanus toxoid (e.g., DTaP, DTP, DT, Td, or TT)	A. Anaphylaxis	≤4 hours.
	B. Brachial Neuritis	2-28 days (not less than 2 days and not more than 28 days).
	C. Shoulder Injury Related to Vaccine Administration	≤48 hours.
	D. Vasovagal syncope	≤1 hour.

1	II. Vaccines containing whole cell pertussis bacteria, extracted or partial cell pertussis bacteria, or specific pertussis antigen(s) (e.g., DTP, DTaP, P, DTP-Hib)	A. Anaphylaxis	≤4 hours.
2		B. Encephalopathy or encephalitis	≤72 hours.
3		C. Shoulder Injury Related to Vaccine Administration	≤48 hours.
4		D. Vasovagal syncope	≤1 hour.
5	III. Vaccines containing measles, mumps, and rubella virus or any of its components (e.g., MMR, MM, MMRV)	A. Anaphylaxis	≤4 hours.
6		B. Encephalopathy or encephalitis	5-15 days (not less than 5 days and not more than 15days).
7		C. Shoulder Injury Related to Vaccine Administration	≤48 hours.
8		D. Vasovagal syncope	≤1 hour.
9	IV. Vaccines containing rubella virus (e.g., MMR, MMRV)	A. Chronic arthritis	7-42 days (not less than 7 days and not more than 42 days).
10			
11	V. Vaccines containing measles virus(e.g., MMR, MM, MMRV)	A. Thrombocytopenic purpura	7-30 days (not less than 7 days and not more than 30days).
12		B. Vaccine-Strain Measles Viral Disease in an immunodeficient recipient	
13		—Vaccine-strain virus identified	Not applicable.
14		—If strain determination is not done or if laboratory testing is inconclusive	≤12 months.
15	VI. Vaccines containing polio live virus(OPV)	A. Paralytic Polio	
16		—in a non-immunodeficient recipient	≤30 days.
17		—in an immunodeficient recipient	≤6 months.
18		—in a vaccine associated community case	Not applicable.
19		B. Vaccine-Strain PolioViral Infection	
20		—in a non-immunodeficient recipient	≤30 days.
21		—in an immunodeficient recipient	≤6 months.
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1		—in a vaccine associated community case	Not applicable.
2	VII. Vaccines containing polio inactivated virus (e.g., IPV)	A. Anaphylaxis	≤4 hours.
3		B. Shoulder Injury Related to Vaccine Administration	≤48 hours.
4		C. Vasovagal syncope	≤1 hour.
5	VIII. Hepatitis B vaccines	A. Anaphylaxis	≤4 hours.
6		B. Shoulder Injury Related to Vaccine Administration	≤48 hours.
7		C. Vasovagal syncope	≤1 hour.
8	IX. Haemophilus influenzae type b (Hib) vaccines	A. Shoulder Injury Related to Vaccine Administration	≤48 hours.
9		B. Vasovagal syncope	≤1 hour.
10	X. Varicella vaccines	A. Anaphylaxis	≤4 hours.
11		B. Disseminated varicella vaccine-strain viral disease	
12		—Vaccine-strain virus identified	Not applicable.
13		—If strain determination is not done or if laboratory testing is inconclusive	7-42 days (not less than 7days and not more than 42days).
14		C. Varicella vaccine-strain viral reactivation	Not applicable.
15		D. Shoulder Injury Related to Vaccine Administration	≤48 hours.
16	E. Vasovagal syncope	≤1 hour.	
17	XI. Rotavirus vaccines	A. Intussusception	1-21 days (not less than 1day and not more than 21days).
18	XII. Pneumococcal conjugate vaccines	A. Shoulder Injury Related to Vaccine Administration	≤48 hours.
19		B. Vasovagal syncope	≤1 hour.
20	XIII. Hepatitis A vaccines	A. Shoulder Injury Related to Vaccine Administration	≤48 hours.
21		B. Vasovagal syncope	≤1 hour.
22	XIV. Seasonal influenza vaccines	A. Anaphylaxis	≤4 hours.
23		B. Shoulder Injury Related to Vaccine Administration	≤48 hours.
24			
25			
26			
27			
28			

1		C. Vasovagal syncope	≤ 1 hour.
2	XV. Meningococcal vaccines	A. Anaphylaxis	≤ 4 hours.
3		B. Shoulder Injury Related to Vaccine Administration	≤ 48 hours.
4		C. Vasovagal syncope	≤ 1 hour.
5	XVI. Human papillomavirus (HPV) vaccines	A. Anaphylaxis	≤ 4 hours.
6		B. Shoulder Injury Related to Vaccine Administration	≤ 48 hours.
7		C. Vasovagal syncope	≤ 1 hour.
8	XVII. Any new vaccine recommended by the Centers for Disease Control and Prevention for routine administration to children and/or pregnant women, after publication by the Secretary of a notice of coverage	A. Shoulder Injury Related to Vaccine Administration	≤ 48 hours.
9		B. Vasovagal syncope	≤ 1 hour.
10			
11			
12			

13 116. Paragraph (b) of Section 100.3 above (the Vaccine Injury Table) provides that:

14 (b) Provisions that apply to all conditions listed.
 15 (1) Any acute complication or sequela, including death, of the illness, disability, injury, or
 16 condition listed in paragraph (a) of this section (and defined in paragraphs (c) and (d) of
 17 this section) qualifies as a Table injury under paragraph (a) except when the definition in
 18 paragraph (c) requires exclusion...

19 117. If the special master determines that the claimed injury or death is compensable,
 20 then compensation is awarded from the Vaccine Injury Compensation Trust Fund, funded by a levy
 21 on vaccines. (42 U.S.C. § 300aa-14.)

22 118. When any of the adverse events listed in the Vaccine Injury Table occur, the health
 23 care provider(s) who administered the vaccine must report the adverse event to the Secretary of
 24 Health and Human Service. (42 U.S.C. § 300aa-25.) Those reports are then tabulated into the
 25 Vaccine Adverse Event Reporting System (VAERS).

26 119. As of November 29, 2024 there were 3,091 post-vaccination deaths in the U.S.
 27 reported to the VAERS system, with about two thirds of them in infants less than six months of
 28 age.

120. As of November 29, 2024 there were 262 post-vaccination deaths in California
 reported to the VAERS system, with about two thirds of them in infants less than six months of

1 age.

2 **5.3 Most Injuries And Deaths Due To California’s Mandated Immunizations Are**
3 **Not Compensable Under The NCVIA**

4 121. Neither of the most common serious side effect of childhood vaccine
5 administration, regressive autism spectrum disorder (“ASD”), nor Sudden Unexpected Infant
6 Death Syndrome (“SUID”) are even mentioned in the Vaccine Injury Table, much less
7 compensated.

8 122. Autism Spectrum Disorder now causes long term disability in about 1 in every 22
9 California children, with 80% of the affected being boys. About one fourth are profoundly affected,
10 meaning that they have a vocabulary of only a few dozen words and will require supervision for
11 their whole lives, usually borne by their families, especially their mothers.

12 123. The most common cause of death in infants between the ages of one month and
13 twelve months of age is Sudden Unexpected Infant Death (“SUID”), now about 3,300 per year in
14 the U.S., with more than half occurring within the first 72 hours after an immunization and more
15 than 70% within the first week.

16 124. Nor are vaccine manufacturers required to warn parents of the dangers of ASD or
17 SUID since all they are required to provide for warnings are those developed by the Secretary of
18 the U.S. Department of Health and Human Services, known as Vaccine Information Sheets
19 (“VIS”). (42 U.S.C. § 300aa-26.) None of those Vaccine Information Sheets even mention Autism
20 Spectrum Disorder or Sudden Unexpected Infant Death.

21 **5.4 California’s Mandated Immunizations Have Many Unavoidable Adverse**
22 **Effects, Including Neuro-Developmental Delay And Learning Disability**

23 **5.4.1 The Many Immunizations Required To Attend School In California**

24 125. Thirty-two immunizations for ten different infectious diseases are mandated for
25 children to be allowed to enter kindergarten in California, as shown below.¹⁴
26
27

28 ¹⁴ Shots Required For TK-12 and 7th Grade. California Department of Public Health.
<https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Immunization/School/tk-12-immunizations.aspx>

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Shots Required for TK–12 and 7th Grade



En Español

Students Admitted at TK/K–12 Need Records of:

- **Diphtheria, Tetanus, and Pertussis (DTaP, DTP, Tdap, or Td) — 5 doses**
(4 doses OK if one was given on or after 4th birthday. 3 doses OK if one was given on or after 7th birthday.)
For 7th–12th graders, at least 1 dose of pertussis-containing vaccine is required on or after 7th birthday.
- **Polio (OPV or IPV) — 4 doses**
(3 doses OK if one was given on or after 4th birthday)
- **Hepatitis B — 3 doses**
(Required at admission to any grade except 7th grade)
- **Measles, Mumps, and Rubella (MMR) — 2 doses**
(Both given on or after 1st birthday)
- **Varicella (Chickenpox) — 2 doses**

The TK/K–12 immunization requirements apply to new admissions and transfers for all grades, including 7th grade, and students whose exemptions are no longer valid.

Students Advancing to 7th Grade Need Records of:

- **Tetanus, Diphtheria, Pertussis (Tdap) — 1 dose**
(Whooping cough booster usually given at 11 years and up)
- **Varicella (Chickenpox) — 2 doses**
(Usually given at ages 12 months and 4–6 years)

California schools are required to check immunization records for all new student admissions at transitional kindergarten (TK)/Kindergarten through 12th grade and all students advancing to 7th grade before entry. Parents must show their child’s Immunization Record as proof of immunization.

126. The CDC recommends that the following twenty eight immunizations be given within the first fifteen months of life, including fifteen immunizations within the first six month of life when children are most vulnerable to Sudden Unexplained Death Syndrome:¹⁵

¹⁵ Child and Adolescent Immunization Schedule by Age. CDC. <https://www.cdc.gov/vaccines/schedules/hcp/imz/child-adolescent.html>

Birth to 15 Months

These recommendations must be read with the notes that follow. For those who fall behind or start late, provide catch-up vaccination at the earliest opportunity as indicated by the green bars. To determine minimum intervals between doses, see the catch-up schedule (Table 2).

Vaccine and other immunizing agents	Birth	1 mo	2 mos	4 mos	6 mos	9 mos	12 mos	15 mos	
Respiratory syncytial virus ⓘ (RSV-mAb [Nirsevimab])	1 dose depending on maternal RSV vaccination status, See notes					1 dose (8 through 19 months), See notes			
Hepatitis B ⓘ (HepB)	1 st dose	--2 nd dose--			--3 rd dose--				
Rotavirus (RV) ⓘ RV1 (2-dose series); RV5 (3-dose series)			1 st dose	2 nd dose	See notes				
Diphtheria, tetanus, & acellular pertussis ⓘ (DTaP: <7 yrs)			1 st dose	2 nd dose	3 rd dose	--4 th dose--			
Haemophilus influenzae type b ⓘ (Hib)			1 st dose	2 nd dose	See notes	--3 rd or 4 th dose, See notes --			
Pneumococcal conjugate ⓘ (PCV15, PCV20)			1 st dose	2 nd dose	3 rd dose	--4 th dose--			
Inactivated poliovirus ⓘ (IPV: <18 yrs)			1 st dose	2 nd dose	--3 rd dose--				
COVID-19 ⓘ (1vCOV-mRNA, 1vCOV-aPS)						1 or more doses of updated (2023–2024 Formula) vaccine (See notes)			
Influenza (IIV4) ⓘ						Annual vaccination 1 or 2 doses			
Or Influenza (LAIV4) ⓘ									
Measles, mumps, rubella ⓘ (MMR)						See notes	--1 st dose--		
Varicella ⓘ (VAR)						--1 st dose--			
Hepatitis A ⓘ (HepA)						(See notes)	--2-dose series, See notes --		
Tetanus, diphtheria, & acellular pertussis ⓘ (Tdap: ≥7 yrs)									
Human papillomavirus ⓘ (HPV)									
Meningococcal ⓘ (MenACWY-CRM ≥2 mos, MenACWY-TT ≥2years)						See notes			
Meningococcal B ⓘ (MenB-4C, MenB-FHbp)									
Respiratory syncytial virus vaccine ⓘ (RSV [Abrysvo])									
Dengue ⓘ (DEN4CYD: 9-16 yrs)									
Mpox ⓘ									

5.4.2 Neither California Nor The CDC Have Reported Studies Comparing The Adverse Events In Vaccinated Children Versus Those In Unvaccinated Children (“VU Studies”, Similar To Placebo-Controlled

Studies) To Prove The Safety And Effectiveness Of Their Vaccines

127. The VU studies shown below raise substantial questions about the safety of the

1 vaccines mandated by California and recommended by the CDC. Plaintiffs offer these VU studies
2 to raise the issue of the safety of the vaccines that California mandates for children and that the
3 CDC recommends. While the merits of these various VU studies can and should be debated, the
4 larger and more important point of presenting these VU studies is to make the point that neither
5 California nor the CDC have ever reported any of their own VU studies to refute them. The failure
6 of California and the CDC to report any refuting VU studies of their own should be taken as an
7 adverse admission by California and the CDC that the VU studies presented below are generally
8 valid. Such VU studies are, as Dr. Fauci once told the Congress,¹⁶ the “gold standard” for clinical
9 research studies. The CDC should have done them many years ago before recommending these
10 vaccines for general use, including for school children in California.

11 **5.4.3 Unofficial Studies Show That The Immunizations Mandated Under**
12 **Health and Safety Code Section 120335 Cause Serious, Irreparable,**
Injury And Death

13 **5.4.3.1 Comparison Of Autism Rates Between Vaccinated And**
14 **Unvaccinated Children (“VU Studies”) Show That Mandated**
15 **Immunizations Are The Likely Cause Of Many Cases Of**
16 **Childhood Autism, Especially Among African-American Boys**

17 128. As noted above, the CDC also continues, to this day, to represent that, “Any hint of
18 a problem with a vaccine prompts the CDC and FDA to carry out further investigations.”

19 129. As shown next, there are a lot more than just a few hints. In fact, there are ample
20 data from VU studies to show that many of the immunizations mandated under Health and Safety
21 Code Section 120335 are not safe, that they have numerous, serious adverse effects, up to and
22 including death.

23 130. Prospective randomized clinical trials (RCT’s) are ideal for identifying adverse
24 events caused by drugs. Some retrospective, epidemiological studies can also be valid, such as
25 studies in which a population of interest is identified wherein some subjects have already used the
26 drug under study whereas other “control” subjects have not. The incidence of adverse events in the
27 drug-treated population is then compared to the incidence in the control group and excess adverse

28 ¹⁶ Fauci testifies on coronavirus response. CNN Politics, July 31, 2020.
<https://www.cnn.com/politics/live-news/fauci-coronavirus-testimony-07-31-20/index.html>.

1 events in the treated group are ascribed to the drug under study unless some other confounding
2 factor(s) are identified to explain the differences.

3 131. Retrospective studies where vaccinated and unvaccinated groups occur naturally are
4 referred to as “VU studies.”

5 **5.4.3.1.1 Vaccinated Florida Children On Medicaid Have**
6 **Far Higher Rates of Neuro-developmental Delay,**
7 **Including Autism, Than Those Who Are**
8 **Unvaccinated**

9 132. On January 23, 2025 Mawson and Jacob reported the prevalence of neuro-
10 developmental delay among Florida children cared for under Florida’s Medicaid Program was 3.12
11 times higher for those fully vaccinated as compared to those unvaccinated, and 3.58 times higher
12 among the subset of those born pre-term:¹⁷

13 The analysis of claims data for 47,155 nine-year-old children revealed that: 1) vaccination
14 was associated with significantly increased odds for all measured NDDs; 2) among children
15 born preterm and vaccinated, 39.9% were diagnosed with at least one NDD compared to
16 15.7% among those born preterm and unvaccinated (OR 3.58, 95% CI: 2.80, 4.57); and 3)
17 the relative risk of ASD increased according to the number of visits that included
18 vaccinations. Children with just one vaccination visit were 1.7 times more likely to have
19 been diagnosed with ASD than the unvaccinated (95% CI: 1.21, 2.35) whereas those with
20 11 or more visits were 4.4 times more likely to have been diagnosed with ASD than those
21 with no visit for vaccination (95% CI: 2.85, 6.84).

22 **5.4.3.1.2 Two VU Studies Found Lower Than Expected**
23 **Rates Of Autism In The Amish Community That**
24 **Has Low Rates Of Vaccination**

25 133. In 2010, Robinson *et. al.* studied autism rates in an Old Order Amish community,
26 where immunization is much less common, and reported that the incidence of Autism Spectrum
27 Disorder in that community was 1 in 271 children and compared to the rate then prevailing
28 generally in the United States of 1 in 91.¹⁸

134. In 2005 journalist Dan Olmsted looked into the question of, “Where are the autistic

25 ¹⁷ Mawson A R., Jacob B. Vaccination and Neurodevelopmental Disorders: A Study of
26 Nine-Year-Old Children Enrolled in Medicaid. Science, Public Health Policy and the
27 Law. 2025 Jan 23; v6.2019-2025.
<https://publichealthpolicyjournal.com/vaccination-and-neurodevelopmental-disorders-a-study-of-nine-year-old-children-enrolled-in-medicaid/>.

28 ¹⁸ Prevalence Rates of Autism Spectrum Disorders Among the Old Order Amish. Robinson, J.L.,
et al., <https://imfar.confex.com/imfar/2010/webprogram/Paper7336.html>.

1 Amish?”¹⁹ He calculated, based on the then prevailing incidence of autism, that there should be
2 about 50 children with classic, full-blown autism, easily recognized autism among the Amish
3 population living in Lancaster County, Pennsylvania. (*Id.*) Despite diligently searching, even
4 among classes for “special needs” children, he could only identify three such children. (*Id.*)

5 **5.4.3.1.3 Autism And Other Neurodevelopmental Disorders**
6 **Are Four Times More Common Among**
7 **Vaccinated Homeschooled Children Than Among**
8 **Those Homeschooled That Are Unvaccinated, And**
9 **Even More Common Among Non-White Boys**

10 135. In 2017 Mawson *et. al.* reported, in two published reports, Mawson I²⁰
11 and Mawson II²¹, a study of 666 children who were home-schooled, of whom 261 (39%) were
12 unvaccinated, 208 (31%) were partially vaccinated, and 197 (30%) were fully vaccinated. As a
13 group the children were similar, mostly white (88%), with a slight preponderance of females
14 (52%), and averaged 9 years of age. (*Id.*)

15 136. The first Mawson report (Mawson I) described the incidence of several acute and
16 chronic conditions in both the vaccinated and unvaccinated groups.

17 137. The Mawson I paper presented its data in tabular format, more precise but less
18 readable. In their book, *Vax-Unvax*, Robert Kennedy Jr. and Brian Hooker transformed the
19 Mawson tabular data into graphic form, which is more readily comprehended, as presented next.

20 138. Vaccinated children had far more chronic diseases than did those not vaccinated,
21 including allergic rhinitis, allergy, attention deficit disorder, autism, eczema, learning disability,
22 and neuro-developmental disorders, as illustrated below:²²

23 ¹⁹ The Age of Autism, The Amish anomaly. Dan Olmstead, April 18, 2005. Available at
24 <https://drive.google.com/file/d/1BCJfmWLMrjSuZ8vRYa6LL4slSnhXdfk3/view>.

25 ²⁰ Mawson AR, Ray BD, Bhuiyan AR, Jacob B (2017) Pilot comparative study on the health of
26 vaccinated and unvaccinated 6- to 12-year-old U.S. children. *J Transl Sci* 3: [DOI: 10.15761/JTS.1000186](https://doi.org/10.15761/JTS.1000186) (Mawson I).

27 ²¹ Mawson AR, Bhuiyan A, Jacob B, Ray BD (2017) Preterm birth, vaccination and
28 neurodevelopmental disorders: a cross-sectional study of 6- to 12-year-old vaccinated and unvaccinated
children. *J Transl Sci* 3: [DOI: 10.15761/JTS.1000187](https://doi.org/10.15761/JTS.1000187) (Mawson II).

²² Robert Kennedy Jr, Brian Hooker. *Vax-Unvax*, Figure 2.1 (data of Mawson).

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Odds Ratios of Chronic Diseases for Vaccinated vs. Unvaccinated Children

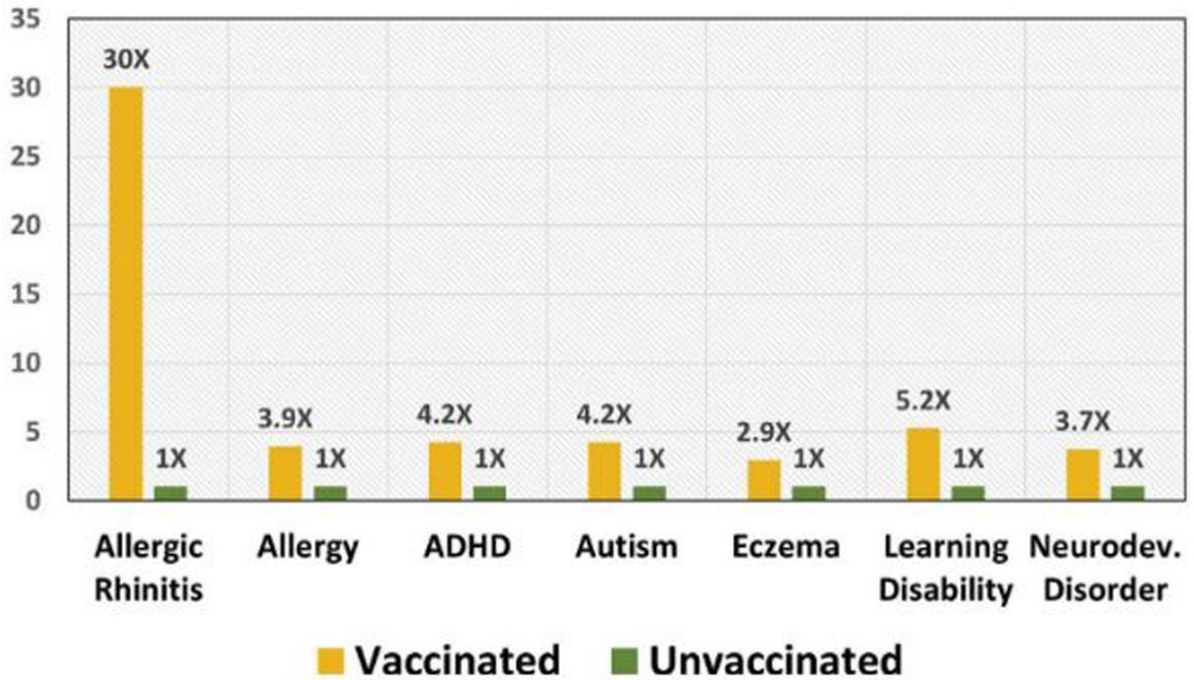


Figure 2.1—The odds ratios of chronic diseases for vaccinated versus unvaccinated children (Mawson et al. 2017a).

139. According to the CDC, the incidence of autism in eight year old U.S. children is higher among African-American and Hispanic children.²³

²³ Autism Spectrum Disorder (ASD) Identification among 8-year-old Children. CDC. <https://www.cdc.gov/ncbddd/autism/addm-community-report/spotlight-on-racial-ethnic-differences.html>

Prevalence of Autism Spectrum Disorder in 8-year-olds (2020) Data Courtesy of CDC ¹			
		Prevalence ²	Percent ²
Overall		27.6 per 1,000	2.8%
Sex	Boys	43.0 per 1,000	4.3%
	Girls	11.4 per 1,000	1.1%
Race/Ethnicity	White	24.3 per 1,000	2.4%
	Black	29.3 per 1,000	2.9%
	Asian/Pacific Islander	33.4 per 1,000	3.3%
	Hispanic³	31.6 per 1,000	3.2%
	American Indian or Alaska Native (AI/AN)	26.5 per 1,000 ⁴	2.7%
	Two or more races	22.9 per 1,000	2.3%

¹The percent (i.e., rate per 100) was calculated by NIMH.

²Please see the measurement caveats regarding age below.

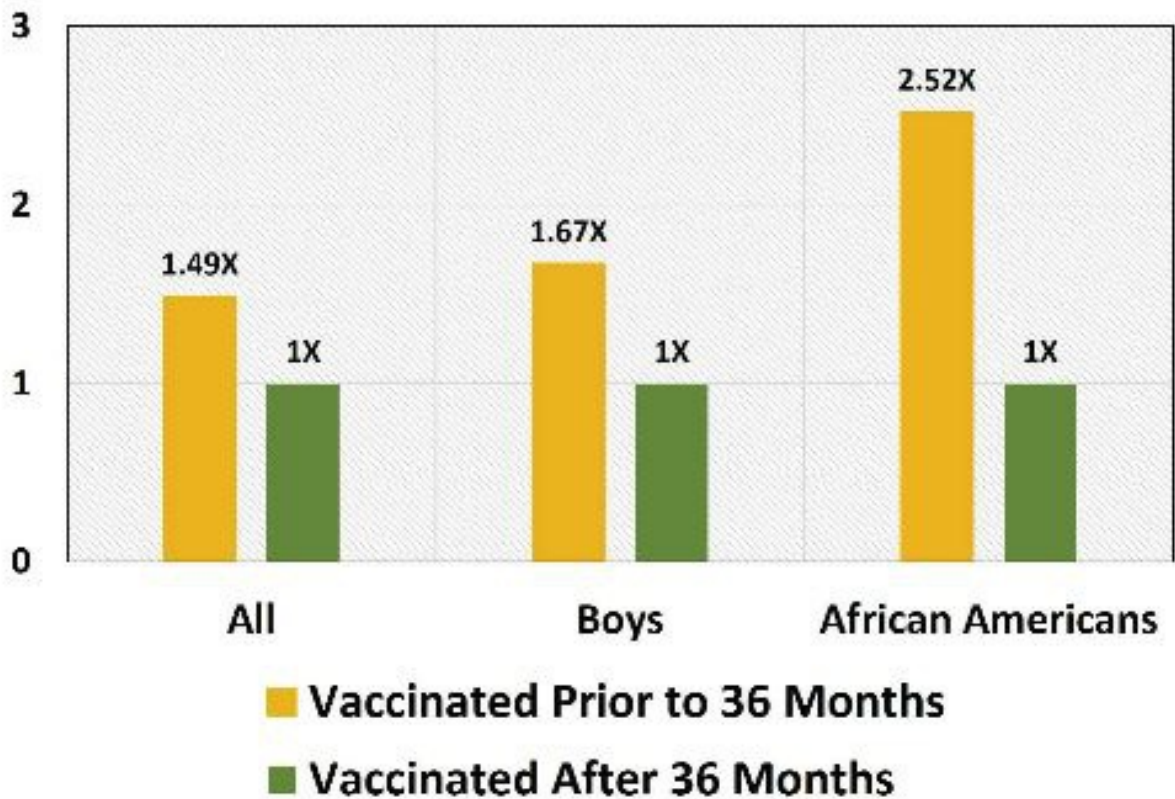
³All other groups are non-Hispanic.

⁴Arizona was the only Autism and Developmental Disabilities Monitoring Network site meeting the threshold for statistical precision for AI/AN autism spectrum disorder prevalence in 2020; the Arizona site-specific prevalence was 26.8 per 1,000. Please see the ADDM publication for more information.

140. What the CDC has found but never publicly disclosed is that children vaccinated with the MMR (measles-mumps-rubella) vaccine before the age of 36 months are more likely to develop autism than those vaccinated after 36 months of age, with the difference being much more striking among African-American children.²⁴

²⁴ Robert Kennedy Jr, Brian Hooker. Vax-Unvax, Figure 4.1 (data of DeStefano *et al*, 2004).
SECOND AMENDED COMPLAINT - PAGE 37

Odds of Autism with MMR Vaccine Before and After 36 Months of Age



141. The CDC concealed the data about the increased autism rate among the African-American children for many years until CDC whistle-blower William W. Thompson revealed it in 2014. Dr. Thompson released, through his attorney, a public statement on his role in publishing a research paper from the CDC on the relationship of immunization with the Measles/Mumps/Rubella (MMR) vaccine and the subsequent development of childhood autism:

I regret that my coauthors and I omitted statistically significant information in our 2004 article published in the journal Pediatrics. The omitted data suggested that African American males who received the MMR vaccine before age 36 months were at increased risk for autism. Decisions were made regarding which findings to report after the data were collected, and I believe that the final study protocol was not followed.²⁵

142. It took ten years for this information to get to the public, and then not from the CDC

²⁵ Statement of William W. Thompson, Ph.D., Regarding the 2004 Article Examining the Possibility of a Relationship Between MMR Vaccine and Autism. August 27, 2014.

1 itself but only from one lone whistle blower, Dr. William Thompson. During that time untold
2 numbers of African-American boys developed autism following CDC-recommended
3 immunizations. Even after Dr. Thompson revealed the CDC’s concealment of this important
4 information from the public, and especially from African-American parents of infant boys, the
5 CDC still made no attempt to get the word out to African-American parents. Instead, the CDC told
6 parents, including African-American parents, that “[a]dditional studies and a more recent rigorous
7 review by the Institute of Medicine have found that MMR vaccine does not increase the risk of
8 autism,²⁶ even though the Institute of Medicine review did not include African-American
9 children.²⁷

10 **5.4.3.1.4 According To The CDC’s Vaccine Adverse Event**
11 **Reporting System (VAERS), The Most Common**
12 **Age For The Onset Of Autism Spectrum Disorder**
13 **Is Age One To Three Years And It Most**
14 **Commonly Strikes On The Very Same Day As A**
15 **Vaccination**

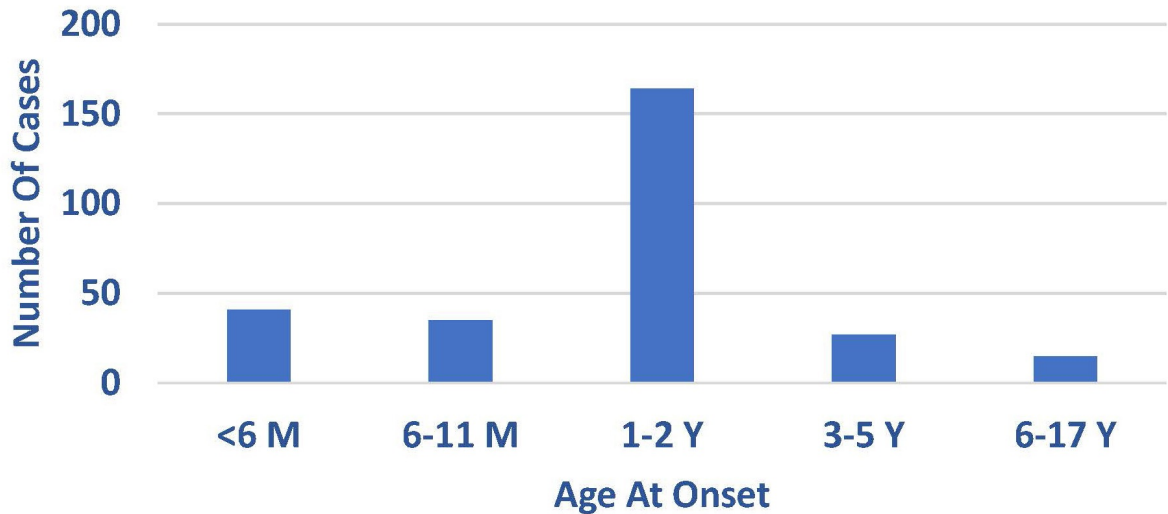
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143. According to the CDC’s VAERS database, the most common age for the onset of
Autism Spectrum Disorder (ASD) is age one to three years:

²⁶ CDC Statement: 2004 MMR and Autism Study.
<https://www.cdc.gov/vaccinesafety/concerns/autism/cdc2004pediatrics.html>.

²⁷ Adverse Effects of Vaccines: Evidence and Causality [Institute of Medicine. 2012], pp. 145-148. <https://www.nap.edu/catalog/13164/adverse-effects-of-vaccines-evidence-and-causality>

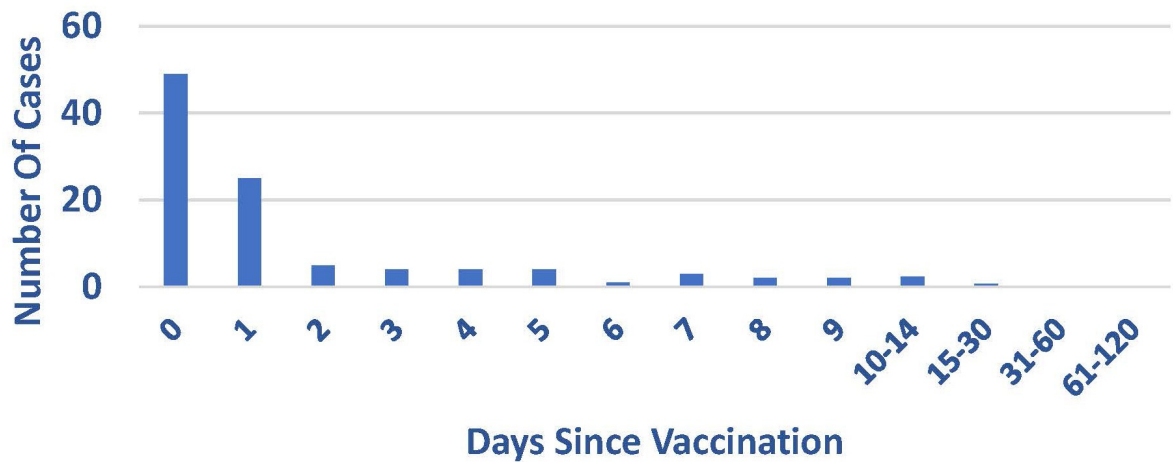
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Age At Onset Of Autism Spectrum Disorder As Reported To VAERS, 1990 To Present



144. Among those one to three year old children who had the onset of ASD, it **most commonly occurred on the same day as a vaccination:**

Onset Of Autism Spectrum Disorder By Number Of Days Since Any Vaccination, Age 1-2 Years, As Reported To VAERS, 1990 To Present



145. As can be seen below on Table 2 of Mawson I, vaccinated children were less likely

1 than unvaccinated children to have had the acute illnesses chickenpox (varicella, 74% less),
 2 whooping cough (pertussis, 70% less), and rubella (84% less) while the vaccinated were more
 3 likely than the unvaccinated to have had otitis media (middle ear infection, 3.8 times more likely)
 4 and pneumonia (5.9 times more likely).²⁸

5 **Table 2.** Vaccination status and health outcomes – Acute Conditions

	Vaccinated (n=405)	Unvaccinated (n=261)	Total (n=666)	Chi-square	P-value	Odds Ratio (95% CI)
Chickenpox						
Yes	32 (7.9%)	66 (25.3%)	98 (14.7%)	38.229	< 0.001	0.26 (0.2 - 0.4)
No	373 (92.1%)	195 (74.7%)	568 (85.3%)			
Otitis media						
Yes	80 (19.8%)	16(5.8%)	96 (14.4%)	26.643	< 0.001	3.8 (2.1 - 6.6)
No	325 (80.2%)	245 (94.2%)	507 (85.6%)			
Pneumonia						
Yes	26 (6.4%)	3 (1.2%)	29 (4.4%)	10.585	< 0.001	5.9 (1.8 - 19.7)
No	379 (93.6%)	258 (98.8%)	637 (95.6%)			
Whooping cough						
Yes	10 (2.5%)	22 (8.4%)	32 (4.8%)	12.326	< 0.001	0.3 (0.1 - 0.6)
No	395 (97.5%)	239 (91.6%)	634 (95.2%)			
Rubella						
Yes	1 (0.3%)	5 (1.9%)	6 (0.9%)	4.951	0.037	0.1 (0.01 - 1.1)
No	404 (99.6%)	256 (98.1%)	660 (99.1%)			

12 146. As can be seen below on Table 3 of Mawson I,²⁹ vaccinated children were more
 13 likely than unvaccinated children to have had the chronic illnesses: (a) allergic rhinitis (30 times
 14 more likely), (b) allergies (3.9 times more likely), (c) attention deficit hyperactivity disorder
 15 (ADHD, (d) 4.2 times more likely), (e) autism spectrum disorder (ASD, 4.2 times more likely), (f)
 16 eczema (2.9 times more likely), (g) learning disability (5.2 times more likely), (h) neuro-
 17 developmental disorder (3.7 times more likely), and (i) any chronic condition (2.4 times more
 18 likely):

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²⁸ Mawson, Table 2.

²⁹ Mawson Table 3.

Table 3. Vaccination status and health outcomes – Chronic Conditions

Chronic Disease	Vaccinated (n=405)	Unvaccinated (n=261)	Chi-square	P-value	Odds Ratio (95% CI)
Allergic rhinitis					
Yes	42 (10.4%)	1 (0.4%)	26.21	< 0.001	30.1 (4.1 - 219.3)
No	363 (89.6%)	260 (99.6%)			
Allergies					
Yes	90 (22.2%)	18 (6.9%)	29.44	< 0.001	3.9 (2.3 - 6.6)
No	315 (77.9%)	243 (93.1%)			
ADHD					
Yes	19 (4.7%)	3 (1.0%)	6.23	0.013	4.2 (1.2 - 14.5)
No	386 (95.3%)	258 (99.0%)			
ASD					
Yes	19 (4.7%)	3 (1.0%)	6.23	0.013	4.2 (1.2 - 14.5)
No	386 (95.3%)	258 (99.0%)			
Eczema (atopic dermatitis)					
Yes	38 (9.5%)	9 (3.6%)	8.522	0.035	2.9 (1.4 - 6.1)
No	367 (90.5%)	252 (96.4%)			
Learning Disability					
Yes	23 (5.7%)	3 (1.2%)	8.6803	0.003	5.2 (1.6 - 17.4)
No	382 (94.3%)	258 (98.9%)			
Neurodevelopment Disorder					
Yes	42 (10.5%)	8 (3.1%)	12.198	< 0.001	3.7 (1.7 - 7.9)
No	313 (89.5%)	253 (96.9%)			
Any Chronic Condition					
Yes	178 (44.0%)	65 (24.9%)	24.8456	< 0.001	2.4 (1.7 - 3.3)
No	227 (56.0%)	196 (75.1%)			

147. Mawson I also reported, in Table 8, significant differences in neuro-developmental delay (NDD) outcomes based on the child's vaccination status (vaccinated 3.1 times more likely than unvaccinated), race (non-white 2.3 times more likely than white), sex (males 2.3 times more likely than females), and gestational age (preterm 5.0 times more likely than term).

Table 8. Adjusted logistic regression analyses of risk factors and NDD*

	Adjusted Model (Model 1)	Adjusted Model with Interaction (Model 2)
Vaccination Status		
Vaccinated	3.1 (1.4 - 6.8)	2.5 (1.1 - 5.6)
Not Vaccinated	Ref	Ref
Race		
Non-White	2.3 (1.0 - 5.2)	2.4 (1.1 - 5.4)
White	Ref	Ref
Child's Gender		
Male	2.3 (1.2 - 4.3)	2.3 (1.2 - 4.4)
Female	Ref	Ref
Preterm birth		
Yes	5.0 (2.3 - 11.1)	NS
No	Ref	
Preterm birth and Vaccination interaction		
No interaction		Ref
Preterm and Vaccinated	Not in the model	6.6 (2.8 - 15.5)

*Number of observation read 666, number of observations used 629. NDD=47, Not NDD = 582

148. The Mawson II report looked in more detail and at the interactions of preterm birth and vaccination in the incidence of neurodevelopmental delay (NDD). It found that, as compared to unvaccinated children born at term, preterm unvaccinated children were only about 1.14 times as likely to develop NDD, term and vaccinated children about 2.7 times as likely to develop NDD, preterm and vaccinated children about 14.5 times more likely to develop NDD, as shown below:³⁰

³⁰ Mawson II, Table 5.

Table 3. Vaccination status and types of NDD

Condition	Vaccination Status	n (%)	OR (95% CI)	P-value*
ADHD	Vaccinated (N=405)	19 (4.69)	4.3 (1.3, 14.5)	0.013
	Unvaccinated (n=261)	3 (1.15)		
ASD	Vaccinated (N=405)	19 (4.69)	4.3 (1.2, 14.5)	0.013
	Unvaccinated (n=261)	3 (1.15)		
Learning Disability	Vaccinated (N=405)	23 (5.68)		
	Unvaccinated (n=261)	3 (1.15)	5.2 (1.5, 17.5)	0.003
Any NDD	Vaccinated (N=405)	42 (10.37)	3.7 (1.7, 7.9)	0.005
	Unvaccinated (n=261)	8 (3.03)		

* From Fisher’s exact test.

Not Preterm and Unvaccinated (P-/V-)	8	241		
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* From Fisher’s exact test.

** Calculated by adding 0.5 to each cell because of zero count.

149. Table 3 in Mawson II broke down the subtypes of NDD reported. Attention Deficit Hyperactivity Disorder (ADHD) was 4.3 times more common in vaccinated children as compared to those unvaccinated; Autism Spectrum Disorder was 4.3 times more common in vaccinated children as compared to those unvaccinated; Learning Disability was 5.2 times more common in vaccinated children as compared to those unvaccinated; any neurodevelopmental delay (NDD) was 3.7 times more common in vaccinated children as compared to those unvaccinated; all as shown below:³¹

5.4.3.1.5 Autism Is More Common Among Ethiopian And Somali Children Born In Western Countries Than Among Those Born In Their Native Countries

150. A 2004 Israeli study compared the incidence of Pervasive Developmental Disorder (PDD) among Israeli children born in Israel as compared to the incidence among Israeli children

³¹Mawson II, Table 3.

1 born abroad, especially in Ethiopia, who then emigrated to Israel.³² Of 15,600 children born in
 2 Israel of Ethiopian descent there were 13 cases of PDD for an incidence of 8.3 per 10,000 versus
 3 no cases at all among 11,800 children born in Ethiopia who then emigrated to Israel. For children
 4 born in Israel not of Ethiopian descent, the incidence was 991 cases among 1,098,300 for an
 5 incidence rate of 9.0 per 10,000 as compared to 59 cases among 110,300 born abroad other than in
 6 Ethiopia for an incidence of 5.3 per 10,000, as shown below:

	Born abroad			Israel-born		
	Ethiopian	Other	Total	Ethiopian	Other	Total
PDD	0	59	59	13	991	1,004
Total	11,800	110,300	122,100	15,600	1,098,300	1,113,900
Rate/10,000	0	5.3	4.8	8.3	9.0	9.0
SE	0	0.7	0.6	0.2	0.3	0.3

13 151. A similar finding was made among Somali children born in the United States,
 14 among whom severe autism is common whereas autism is unheard of in Somali or among Somali
 15 children born in Somalia who emigrated to the U.S.³³

16 **5.4.3.1.6 U.S. Pediatric Doctors With Substantial Numbers**
 17 **Of Unvaccinated Children In Their Practices Find**
 18 **That Autism And Neurodevelopmental Delay**
 19 **Rates Are Much Higher Among The Vaccinated**
 20 **Than Among The Unvaccinated**

21 152. In 2005 journalist Dan Olmsted did a follow-up study of an estimated 30,000 to
 22 35,000 unvaccinated children in a Chicago-area pediatric practice that did not vaccinate its
 23 patients.³⁴ He reported that that pediatric practice had never seen a case of autism among its

24 ³² A prevalence estimate of pervasive developmental disorder among Immigrants to Israel and
 25 Israeli natives. A. Kamer *et al.* Soc Psychiatry Psychiatr Epidemiol (2004) 39 : 141–145. Available at
<https://drive.google.com/open?id=1jXh9kpgJS77gnPZXw0-HX1BqeDloNAS3>

26 ³³ Why Is Autism Rate So High For Somalis In Minnesota?
 27 <https://www.youtube.com/watch?v=xUf4L6UQhbk>.

28 ³⁴ The Age of Autism: ‘A pretty big secret.’ Dan Olmsted. UPI. December 7, 2005.
https://www.upi.com/Health_News/2005/12/07/The-Age-of-Autism-A-pretty-big-secret/68291133982531/

1 unvaccinated patients in the more than thirty years of the practice's existence. (*Id.*)

2 153. Another very detailed observational VU study was reported by Lyons-Weiler and
3 Thomas in 2020 entitled, "Relative Incidence of Office Visits and Cumulative Rates of Billed
4 Diagnoses Along the Axis of Vaccination."³⁵

5 154. The Lyons-Weiler and Thomas abstract stated that:

6 We performed a retrospective analysis spanning ten years of pediatric practice focused on
7 patients with variable vaccination born into a practice, presenting a unique opportunity to
8 study the effects of variable vaccination on outcomes. The average total incidence of billed
9 office visits per outcome related to the outcomes were compared across groups (Relative
10 Incidence of Office Visit (RIOV)). RIOV is shown to be more powerful than odds ratio of
11 diagnoses. Full cohort, cumulative incidence analyses, matched for days of care, and
12 matched for family history analyses were conducted across quantiles of vaccine uptake.
13 Increased office visits related to many diagnoses were robust to days-of-care-matched
14 analyses, family history, gender block, age block, and false discovery risk. Many outcomes
15 had high RIOV odds ratios after matching for days-of-care (e.g., anemia (6.334), asthma
16 (3.496), allergic rhinitis (6.479), and sinusitis (3.529), all significant under the Z-test).
17 Developmental disorders were determined to be difficult to study due to extremely low
18 prevalence in the practice, potentially attributable to high rates of vaccine cessation upon
19 adverse events and family history of autoimmunity. Remarkably, zero of the 561
20 unvaccinated patients in the study had attention deficit hyperactivity disorder (ADHD)
21 compared to 5.3% of the (partially and fully) vaccinated. The implications of these results
22 for the net public health effects of whole-population vaccination and with respect for
23 informed consent on human health are compelling. Our results give agency to calls for
24 research conducted by individuals who are independent of any funding sources related to
25 the vaccine industry. While the low rates of developmental disorders prevented sufficiently
26 powered hypothesis testing, it is notable that the overall rate of autism spectrum disorder
27 (0.361%) in the cohort is one-fifth that of the US national rate (1.851%). The practice-wide
28 rate of ADHD was roughly half of the national rate. The data indicate that unvaccinated
children in the practice are not unhealthier than the vaccinated and indeed the overall
results may indicate that the unvaccinated pediatric patients in this practice are healthier
overall than the vaccinated.

19 (*Id.*)

20 155. Figure 3 of the Lyons-Weiler and Thomas report shows that the likelihood that a
21 child was seen in the office for a febrile illness was highly correlated with the child's vaccination
22 status, with highly vaccinated children far more likely than unvaccinated children to be seen for
23 fever, while the rate of "wellness checks" did not vary with vaccination status:
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27 ³⁵ Relative Incidence of Office Visits and Cumulative Rates of Billed Diagnoses Along the Axis
28 of Vaccination. J. Lyons-Weiler and Paul Thomas. *Int. J. Environ. Res. Public Health* 2020, 17, 8674.
Available at [doi:10.3390/ijerph17228674](https://doi.org/10.3390/ijerph17228674). This paper was retracted by the publisher on July 22, 2021
for unstated reasons.

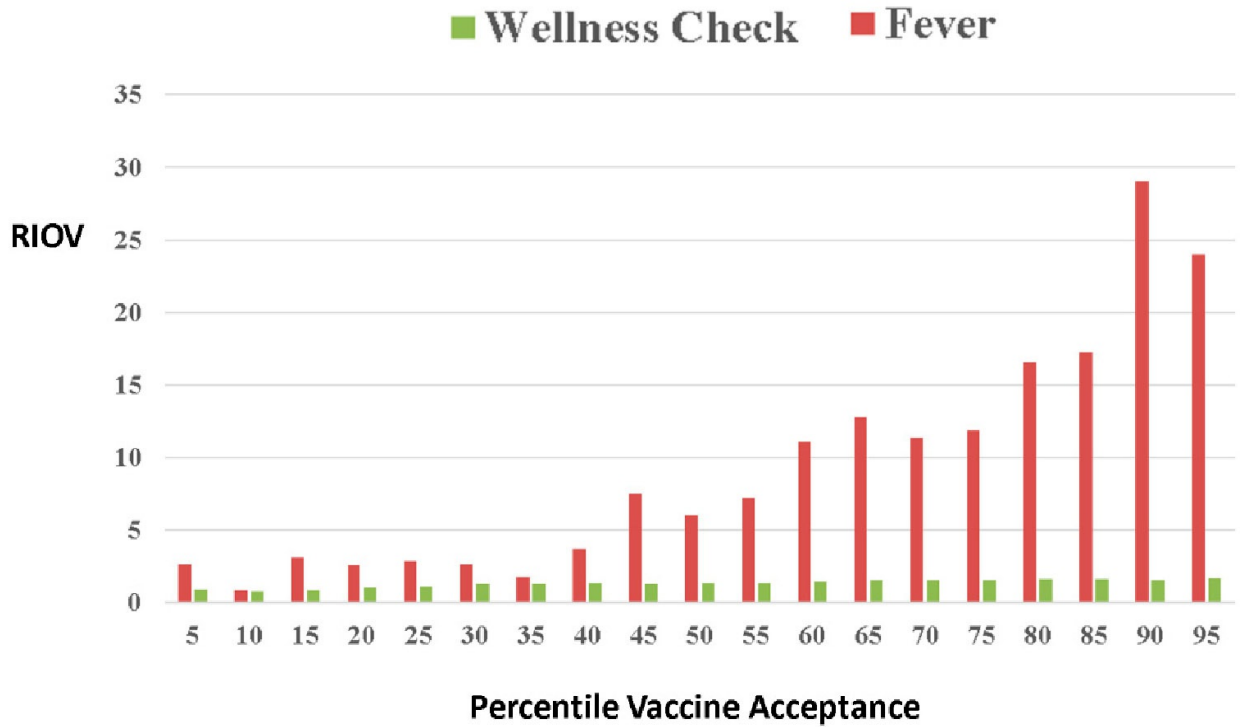
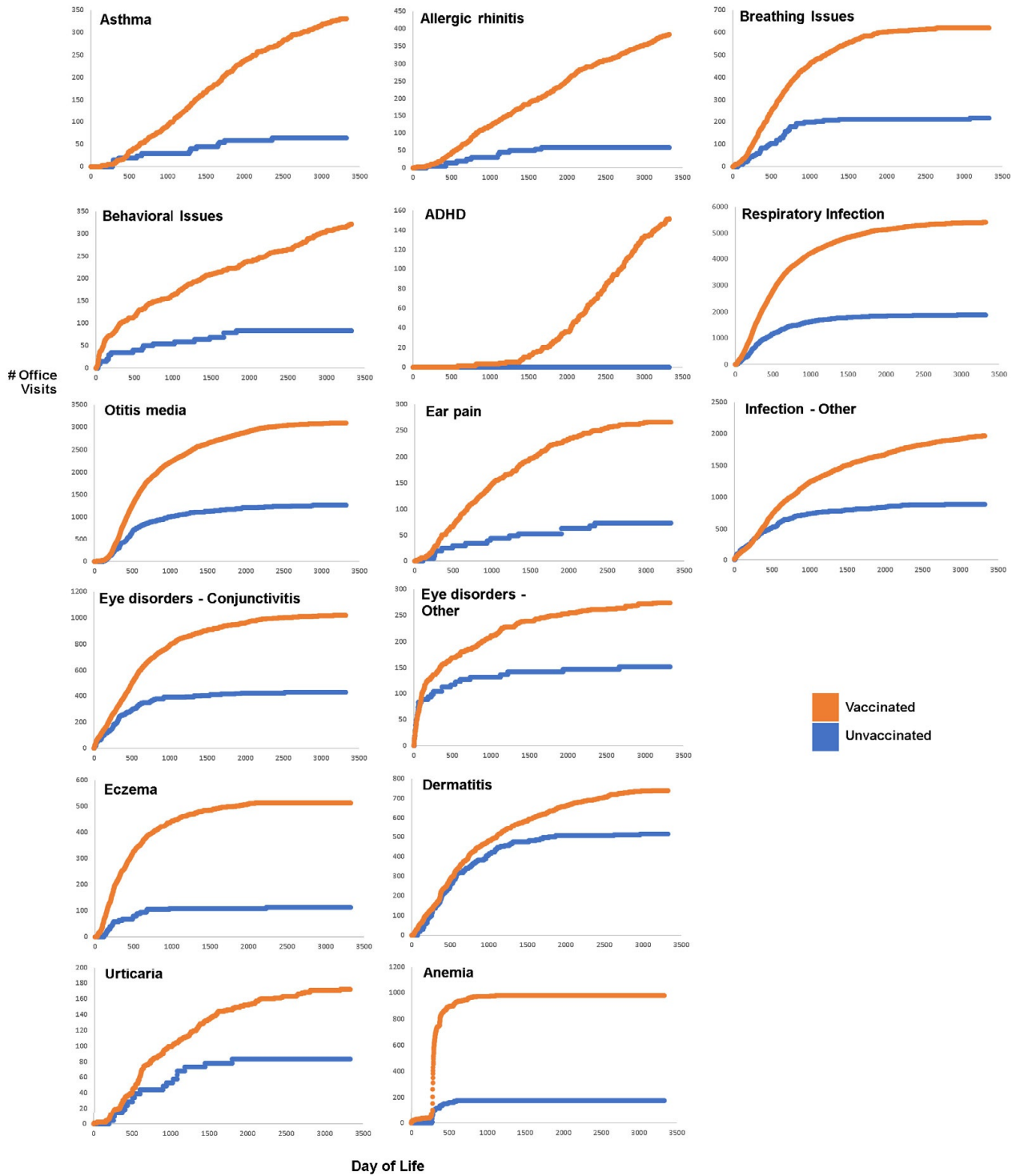


Figure 3. Relative Incidence of Office Visit (RIOV) percentile vaccinated vs. unvaccinated design of analysis: power decreases from left to right; thus, a stable trend (increase or decrease) becomes noteworthy. The data shown are for the Relative Incidence of Office Visits (RIOVs) to average incidence ratio of billed office visits related to fever in the vaccinated compared to the unvaccinated...conditions and for “Well Child” visit on the right. For all the clinical conditions studied, RIOV reflects the total number of billed office visits per condition per group, reflecting the total disease burden on the group and the population that it represents.

156. Figure 5 of the Lyons-Weiler and Thomas report shows that vaccinated children (in blue) were more likely to be seen earlier in life for most common pediatric illnesses than were unvaccinated children (in orange):

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26 Figure 5. Analysis 5. Cumulative office visits in the vaccinated (orange) vs. unvaccinated (blue)
 27 patients born into the practice: the clarity of the age-specific differences in the health fates of
 28 individuals who are vaccinated (2,763) compared to the 561 unvaccinated in patients born into the
 practice over ten years is most strikingly clear in this comparison of the cumulative numbers of
 diagnoses in the two patient groups. The number of office visits for the unvaccinated is adjusted by

1 a sample size multiplier factor (4.9) to the expected value as if the number of unvaccinated in the
 2 study was the same as the number of vaccinated.

3 157. Table 7 of the Lyons-Weiler and Thomas report shows that unvaccinated children
 4 developed three of thirteen vaccine-preventable illnesses, pertussis (whooping cough)(9 cases),
 5 rotavirus (causes diarrhea)(2 cases), and varicella (chickenpox)(23 cases) more commonly than did
 6 vaccinated children (1 case of pertussis), but these infections caused no deaths and there was no
 7 increased incidence for ten of the thirteen vaccine-preventable illnesses:

8 **Table 7.** Incidence of vaccine-targeted diagnoses in the study cohort.

Vaccine Targeted Diagnosis	Vaccinated	Unvaccinated	Deaths
Diphtheria	0	0	0
Hepatitis A	0	0	0
Hepatitis B	0	0	0
HiB *	0	0	0
Measles	0	0	0
Meningococcus	0	0	0
Mumps	0	0	0
Pertussis	1	9	0
Pneumococcal	0	0	0
Rotavirus	0	2	0
Rubella	0	0	0
Tetanus	0	0	0
Varicella	6	23	0
Total **	7	34	0

19 * Haemophilus influenzae type B; ** Overall for all $\chi^2 = 99.51$. $p < 0.00001$.

23 **5.4.3.1.7 If Childhood Vaccines Don't Cause Autism, How**
 24 **Do You Explain The McDowell Infant Triplets All**
 25 **Becoming Autistic On The Very Same Day Within**
 26 **A Few Hours Of Their CDC-Recommended**
 27 **Vaccinations?**

28 158. If childhood vaccines don't cause autism, as the U.S. Centers For Disease Control
 (CDC) insists, then how does the CDC explain the case of the McDowell triplets who all became

1 autistic within hours of a vaccination?

2 We had beautiful, healthy triplets in 2006: two boys and a girl. We had an agreed upon plan
3 of spacing out vaccinations with our doctor.

4 On June 25, 2007 we went to a scheduled well baby visit with our healthy, completely
5 neuro-typical nine month old triplets. On this visit the planned vaccination was
6 pneumococcal. Upon injection, our daughter Claire screamed and became inconsolable,
7 with immediate swelling in her leg. We figured this was a normal reaction to a shot, so we
8 went on to give both boys their shot.

9 I am an educational audiologist who works with autistic children, so when by 12 noon
10 Claire lost all of her facial expressions and her reflexes disappeared, I recognized that she
11 was regressing before my eyes. By 2 pm we watched Richie shut down like Claire. By 5 pm
12 we watched in disbelief as Robbie lost all eye contact and desire to communicate.

13 All three children regressed into autism within hours of vaccination. They were diagnosed
14 with autoimmune encephalitis. A geneticist explained that the chance to this happening to 2
15 of our triplets would be 1 in 4 million. It happened to all 3. It is not genetic.

16 Where are all of the people who said that vaccines were safe? The vaccine injury was
17 acknowledged by our doctor, but was not reported to the vaccine adverse event reporting
18 system (VAERS), even though we specifically requested it. We were unaware that we
19 could self-report.³⁶

20 159. There are about 10,000 children born in the U.S. each day. The current rate at which
21 they will likely be diagnosed with Autism Spectrum Disorder is about 1 in 31,³⁷ or about 325 new
22 autism cases per day, day after day, month after month, year after year.

23 **5.4.3.1.8 California, Where Childhood Immunizations Are
24 Strictly Enforced, Has A Child Autism Rate 64%
25 Higher Than The National Average**

26 160. California, a state in which childhood immunizations are strictly enforced, leads the
27 nation in autism rate, 1 in 19, 65% higher than the national average, . Four out of five are boys,
28 making the incidence among California boys a shocking one out of every 12. As seen above, it is
likely that many, likely most, of them are vaccine-related.

36 Brenda and David [McDowell] tell the story of their infant triplets, injured by a recalled pneumococcal vaccine.
<https://www.michiganvaccineinjury.org/post/2017/01/01/brenda-and-david-tell-the-story-of-their-infant-triplets-injured-by-a-recalled-pneumococcal-vaccine>, Video at
https://www.youtube.com/watch?v=rLv_gNA0O54.

37 Prevalence and Early Identification of Autism Spectrum Disorder Among Children Aged 4 and 8 Years — Autism and Developmental Disabilities Monitoring Network, 16 Sites, United States, 2022. Morbidity and Mortality Weekly Report (MMWR), April 17, 2025 / 74(2);1–22.
https://www.cdc.gov/mmwr/volumes/74/ss/ss7402a1.htm?utm_source=substack&utm_medium=email.

1 **5.4.3.2 Infant Immunizations Are The Likely Cause Of A Substantial**
2 **Number Of Sudden Unexpected Infant Deaths (SUID)(Crib**
3 **Deaths)**

4 161. While autism causes a great deal of cognitive harm to children and can lead to
5 decreased life expectancy, it does not kill very many children.

6 162. However, Sudden Unexpected Infant Death (SIUD) is estimated to actually *kill*
7 about 3,400 otherwise healthy infants each year in the United States.³⁸ Most of these infant deaths
8 are categorized into either Sudden Infant Death Syndrome (SIDS)(41%), unknown cause (32%), or
9 accidental suffocation or strangulation in bed (27%)(*id.*), based on investigative findings and post-
10 mortem examinations.

11 163. For unknown reasons, most such post-mortem investigations and post-mortem
12 examinations do not comment on the temporal relationship of the deceased infant’s death with
13 recent immunizations.

14 **5.4.3.2.1 A Veteran Police Investigator Has Reported That**
15 **50% Of The More Than 250 SUID Cases She Has**
16 **Investigated Occurred Within 48 Hours Of The**
17 **Infant’s Immunization And 70% Within One**
18 **Week**

19 164. According to the CDC, “Vaccines have not been shown to cause sudden infant
20 death syndrome (SIDS), citing “[m]ultiple research studies and safety reviews [that] ... do not show
21 any links between childhood immunization and SIDS.”³⁹

22 165. But none of those cited studies were done in the modern era in which many more
23 immunizations are done to infants and few looked carefully at the time from immunization to the
24 time of death, and none studied the police reports of those deaths, which are done in all cases of
25 unexpected death.

26 166. Sudden unexpected infant deaths are routinely investigated by police investigators
27 to attempt to determine whether they were accidental or otherwise. A veteran SIDS police
28 investigator, Jennifer, was recently interviewed by medical commentator Steve Kirsch on her

29 ³⁸ “Sudden Unexpected Infant Death and Sudden Infant Death Syndrome.” CDC.
30 <https://www.cdc.gov/sids/data.htm>.

31 ³⁹ Sudden Infant Death Syndrome (SIDS) and Vaccines. CDC.
32 <https://www.cdc.gov/vaccinesafety/concerns/sids.html>.

1 experience with the temporal relationship of those deaths with infant immunizations:⁴⁰

2 **Kirsch:** Hi. Steve Kirsch here. I'm with Jennifer. Jennifer, uh, was a police officer at a in a
3 major city, about, what, three over 300,000 people. Both she and her husband worked in the
4 child abuse section of the of the police department, and so they handled the SIDS cases. So
5 she was very familiar with the SIDS cases that happened over approximately a seven year
6 period, which would comprise about 250 or more cases. So, tell me what you just told me
7 about the percentage of those cases that happened within 48 hours of a vaccination shot.

8 **Jennifer:** So I would, if I were to put a number on it, I would say around 50% of what we
9 saw was within 48 hours of vaccination.

10 **Kirsch:** Okay. And, uh, how about within a week? What percentage would of the of the
11 SIDS deaths would happen within a week after the shot?

12 **Jennifer:** I would say about 70%.

13 ...
14 **Kirsch:** Now you said that your husband, did you or your husband go to this police
15 conference ... was it a meeting with detectives who investigate these kinds of cases and
16 other cases?

17 **Jennifer:** Correct. And prosecutors and things like that.

18 **Kirsch:** So, so tell us what happened, what your husband reported at that conference in
19 terms of what the official narrative was, in terms of the speakers on the program and what
20 they talked about, and what the side conversations were at that conference.

21 **Jennifer:** So the central theme was that almost no death is a SIDS death. That, that was
22 fully admitted, and that was what the presenters, you know, reiterated throughout this-- this
23 was in St. Louis, throughout this conference. I think it was like a three-day conference. And
24 I would corroborate that by saying I've never seen a SIDS autopsy report that didn't list at
25 least one symptom. Never did the presenters say it was vaccines, but detectives throughout,
26 you know, the various agencies that came there for the training would have their side
27 conversations, and all of the detectives would say, "Yeah, we always see it after
28 vaccinations too." So it's kind of a common thing for detectives who investigate SIDS
29 deaths to know at least SIDS is kind of a false diagnosis ...

30 **Kirsch:** It sounds like from, from your well, I mean, if you had to put a percentage on it, I
31 mean, we talked about 70% within a week.

32 **Jennifer:** Correct.

33 **Kirsch:** Of the total number of deaths from SIDS, if you were to ascribe a cause of death,
34 because some are, are accidental, some are ... very interesting cases, but what percentage
35 would you put on that vaccine caused the [death] ... your personal opinion?

36 **Jennifer:** I would say probably 85% of the time, it's vaccine related.

37 **Kirsch:** 85% of the time. So essentially, the medical community realizes this, but they
38 write it off, what you're basically saying is they write it off and they justify it by saying that
39 the ends justify the means in that, "Yeah, we're gonna have these, these kids who are dying
40 from this, but the vaccine is so beneficial for the for the other kids that it's a good tradeoff.
41 And we'll try to minimize the vaccine hesitancy by telling parents that it wasn't the vaccine;
42 these things just happen," and hope...

43 **Jennifer:** Correct.

44 **Kirsch:** ...that the parents don't compare notes.

45 **Jennifer:** Correct.

46 **Kirsch:** That's how it's done?

47 **Jennifer:** That's how it's done.

48 **Kirsch:** And the physicians feel probably okay about that because they'll say, "Oh, well,
49 this is saving so many lives from polio and, and all this"

50 ⁴⁰ "Former police detective reveals 50% of SIDS cases happened within 48 hours post vaccine." 9-26-2023.

51 https://rumble.com/v314f9k-former-police-detective-reveals-50-of-sids-cases-happened-within-48-hours-p.html?utm_source=substack&utm_medium=email

1 **Jennifer:** Yeah, the greater good ...
2 **Kirsch:** ...that, those deaths and if we were to tell people, admit to the public about the
3 deaths, that SIDS was, that 85% of these deaths are caused by vaccines, if we were to admit
4 to the problem, then that would destroy the public confidence in the vaccination program.
5 People wouldn't get vaccinated, and then people would get polio and meningitis and all this
6 other stuff, and, and that's far worse. So well, well, basically, we'll, we'll keep our mouth
7 shut about that and try to take them off that. In fact, they're, they're trained, you mentioned
8 that they were trained ...to get people off the scent.
9 **Jennifer:** Correct. 100%.
10 ...
11 **Kirsch:** Okay. And no doubt about these numbers, 50%.
12 **Jennifer:** No doubt ... Well, I will stand by that. I will die on that hill.
13 **Kirsch:** So, 50% within 48 hours of the vaccine. That is mortality.
14 **Jennifer:** Oh, and, you know, the other thing we didn't talk about was that that never goes
15 on an autopsy report. That was the other thing we never talked about.
16 **Kirsch:** What you mean, you mean that [the fact that] it was within 48 hours of a vaccine,
17 never goes on the autopsy report?
18 **Jennifer:** Oh, no. No. So anytime you do death...
19 **Kirsch:** No, I'm wrong or, or no, it doesn't?
20 **Jennifer:** No, no, no, you're correct. It does not go on an autopsy report.
21 **Kirsch:** That's, that seems very, very strange to me.
22 **Jennifer:** Well, and, and, and I...
23 **Kirsch:** Isn't it to you?
24 **Jennifer:** Oh, yeah. But I found out the reason why a couple of years later.
25 **Kirsch:** Okay.
26 **Jennifer:** Um, it's because it's a pharmaceutical that doesn't carry liability. So if the child
27 had a round of antibiotics, that would 100% be on a death report. But you can sue an
28 antibiotic pharmaceutical company, right? But...
Kirsch: Yeah.
Jennifer: ...are there any stats that show antibiotics kill people? No. I mean, maybe, like, in
really rare reactions, but they definitely don't have the record that vaccines have, right,
which was why the liability was removed in the first place, which would be a whole nother
show. But, so I that's honestly, that was, like, my trigger, where I'm like, "Whoa, wait.
Why, why is that not, not on there? But the fact that you put Johnson & Johnson baby
lotion on the baby the day before they died, like, why is that on there but this isn't?" That
seemed kind of a big deal to me.
Kirsch: Right.
Jennifer: And nobody in my office had an answer. I'm like, "Why don't we, why isn't the
medical examiner putting this on here?" And they were like, "I don't know." I mean, they
thought it was as crazy as I did. So I, and I don't remember where I found out, I don't know
if it was, like, in an online conversation with another police officer somewhere else or what
it was, but then it was like, "Oh, it's because of the liability. It's the only pharmaceutical that
doesn't have it. Therefore, it doesn't they don't have to do that." And I never really looked
past it. So you might...
Kirsch: Wow.
Jennifer: ...wanna look into that more and see if it's constant...
Kirsch: Yeah.
Jennifer: ...in other jurisdictions.
Kirsch: Yep.
Jennifer: I don't know.

167. This is a firsthand account of a police investigator specifically trained and
experienced in the investigation of these infant deaths, based on may years of experience
investigating such deaths. For these reasons she should be considered highly credible on this issue.

1 168. This police investigator also stated that the temporal relationship of infant
2 immunizations to SIDS deaths would be acknowledged informally at conferences of SIDS police
3 investigators but never formally.

4 169. This police investigator also stated that, in her experience, there seemed to be an
5 unspoken rule that the medical examiner's report never stated the relationship of the time of death
6 to any recent immunizations. (*Id.*)

7 **5.4.3.2.2 VAERS Data From The CDC Also Show**
8 **Increased Frequency Of Sudden Unexplained**
9 **Infant Death (SUID) Immediately Following**
10 **Infant Immunizations**

11 170. Data from the CDC's VAERS database corroborates investigator Jennifer's
12 personal observation that most SUID deaths occur shortly after an infant immunization:⁴¹

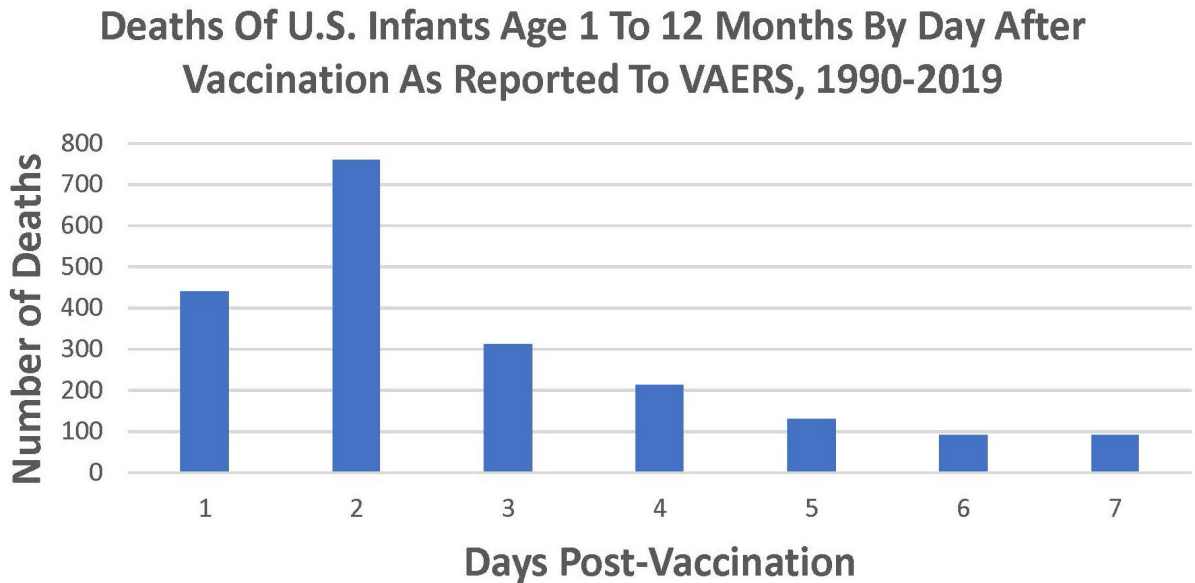
13 **Table 2**
14 **Onset interval of infant deaths post-vaccination, USA.**

Onset interval post-vaccination	Events reported	Cumulative % of total events
Day of Vaccination	440	16.9 % (440/2605)
Day 2	760	46.1 % (1200/2605)
Day 3	312	58.0 % (1512/2605)
Day 4	214	66.3 % (1726/2605)
Day 5	131	71.3 % (1857/2605)
Day 6	92	74.8 % (1949/2605)
Day 7	92	78.3 % (2041/2605)
Days 8–60	564	100 % (2605/2605)
Total deaths	2605	

20 Fifty-eight percent of all infant deaths reported to VAERS occurred within 3 days
21 post-vaccination; 78.3% occurred within 7 days post-vaccination. The remaining
22 deaths occurred between 8- and 60-days post-vaccination, an average of 11 per
23 day (564/53 days) as compared to 760 infant deaths that occurred on Day 2
24 post-vaccination—a 69-fold increase. Data obtained from VAERS 1990-2019,
age < 1 year, deaths reported within 60 days from day of vaccination.

25 171. The above data of Miller can be graphically represented thusly:
26

27
28 ⁴¹ N.Z. Miller: Vaccines and sudden infant death: An analysis of the VAERS database 1990–2019 and review of the medical literature. *Toxicology Reports* 8 (2021) 1324–1335.
<https://doi.org/10.1016/j.toxrep.2021.06.020>.



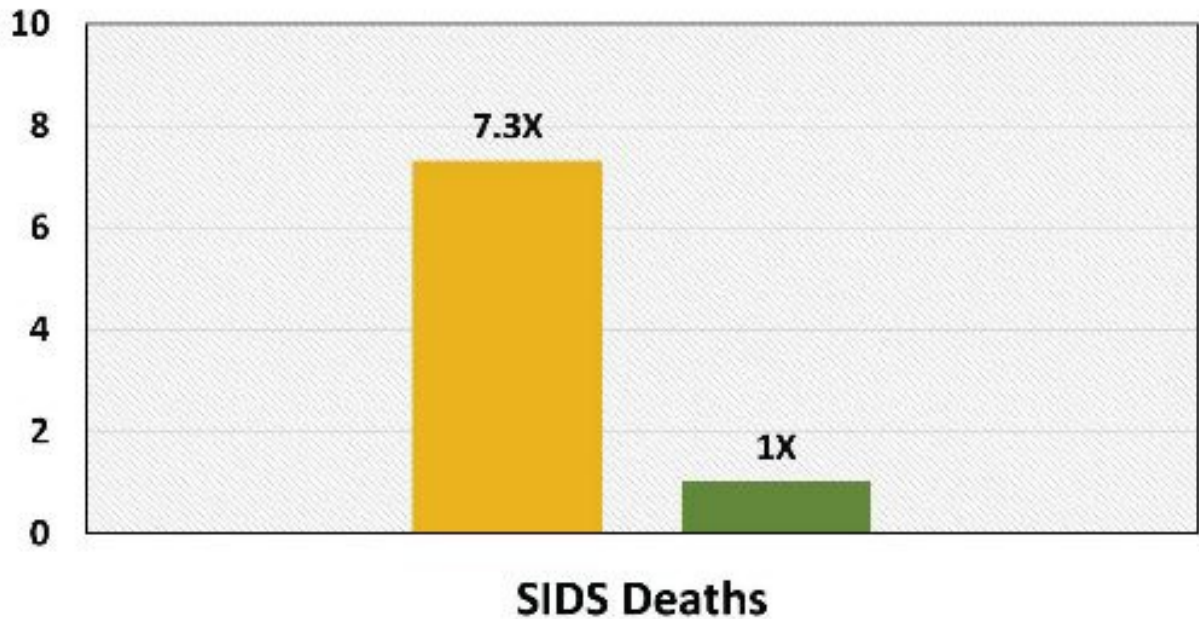
172. The clustering of infant deaths reported to VAERS could be expected to follow vaccinations since the deaths shortly after vaccination, even if random, could be expected to be more likely to be reported to VAERS than deaths occurring much later and without such an obvious temporal connection to the vaccination. But, if such ascertainment and reporting bias was the explanation for that clustering of infant deaths shortly after vaccination, then one would expect the number of infant deaths reported to have occurred on the first post-vaccination day would be similar to or greater than that occurring on post-vaccination day 2. But, in fact, the number of deaths reported to have occurred on day 2 were nearly twice those reported to have occurred on day 1. Thus, these results do not square with an explanation that they simply represent randomly distributed deaths with a reporting bias favoring deaths occurring sooner rather than later following vaccination.

173. A 2015 report from the CDC of post-vaccine deaths reported to VAERS between 1997-2013 found that the median interval between vaccination and death for infants less than one year of age was 2 days.⁴²

⁴² Moro, P.L., Arana, J., Cano, M., Lewis, P., & Shimabukuro T.T. Deaths Reported to the Vaccine Adverse Event Reporting System, United States, 1997–2013. *Clinical Infectious Diseases*, Vol 61 (6) 980-987. <https://doi.org/10.1093/cid/civ423>.

1 174. Similar findings of an association between recent infant immunization and Sudden
 2 Infant Death Syndrome (a subcategory of SUID) were reported by Walker *et al.*:⁴³

3
 4 **SIDS in Infants within Three Days of DTP**
 5 **Vaccination Compared to Thirty Days**
 6 **After Vaccination**



17
 18 **■ Within 3 Days of DTP ■ Starting 30 Days After DTP**

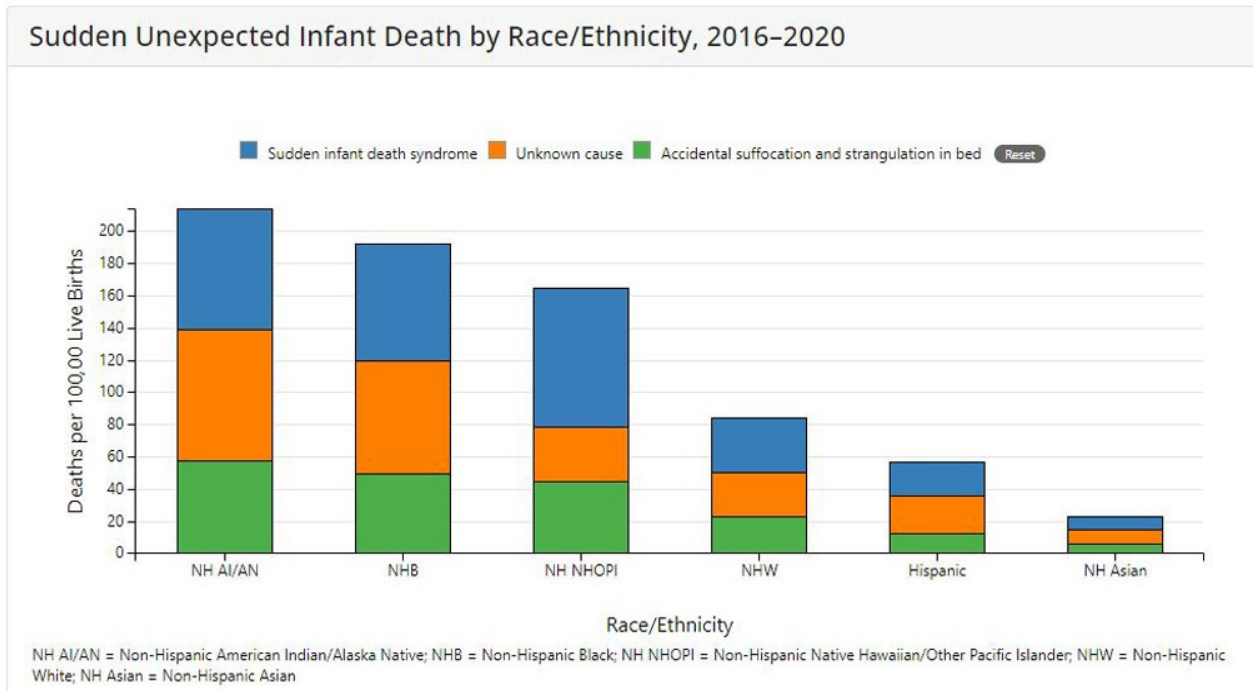
19 Figure 8.8—Sudden infant death syndrome (SIDS) deaths reported
 20 within three days of DTP vaccination compared to SIDS deaths
 21 reported starting thirty days after vaccination (Walker et al. 1987).

22
 23 **5.4.3.2.3 The Rate Of Sudden Unexpected Infant Death For**
 24 **African-American Infants Is Twice That Of Non-**
Hispanic White And Hispanic Infants

25 175. The rate of Sudden Unexpected Infant Death for African-American infants is twice

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 27
 28 ⁴³ A.M. Walker *et al.*, Diphtheria-Tetanus-Pertussis Immunization and Sudden Infant Death Syndrome. *Am. J. Pub. Health* 77, no. 8 (1987): 945-951. <https://doi.org/10.2105/AJPH.77.8.945>.

1 that of Non-Hispanic White and Hispanic infants.⁴⁴



15 **5.4.3.2.4 The Studies Cited By The CDC To Show That Infant Immunizations Do Not Cause SUID Did Not Examine The Interval Between Immunization And Death**

17 176. The CDC maintains a webpage captioned as, “Sudden Infant Death Syndrome (SIDS) and Vaccines.”⁴⁵ That page contains a paragraph heading stating that, “Vaccines have not been shown to cause sudden infant death syndrome” followed by a paragraph stating that:

20 Babies receive multiple vaccines when they are between 2 to 4 months old. This age range is also the peak age for sudden infant death syndrome (SIDS). The timing of the 2 month and 4 month shots and SIDS has led some people to question whether they might be related. However, studies have found that vaccines do not cause and are not linked to SIDS.⁴⁶

23 This statement is followed by the statement that:

25 ⁴⁴ Sudden Unexpected Infant Death by Race/Ethnicity, 2016–2020. CDC. <https://www.cdc.gov/sids/data.htm>.

26 ⁴⁵ Sudden Infant Death Syndrome (SIDS) and Vaccines. <https://www.cdc.gov/vaccinesafety/concerns/sids.html>.

27 ⁴⁶ “Sudden Infant Death Syndrome (SIDS) and Vaccines.” CDC. <https://www.cdc.gov/vaccinesafety/concerns/sids.html>.

1 Multiple research studies and safety reviews have looked at possible links between
2 vaccines and SIDS. The evidence accumulated over many years do not show any links
3 between childhood immunization and SIDS.
(*Id.*)

4 177. This last statement cites several studies to support it (*id.*, footnotes.), including
5 reports by: Moro *et al.*, 2018, Moon *et al.*, 2016, Moro *et al.*, 2015, Eriksen *et al.*, 2015, Institute of
6 Medicine Immunization Safety Review Committee, 2003, Silvers *et al.*, 2001, and Griffin *et al.*,
7 1988.

8 178. But none of these cited studies were done in the modern era in which many more
9 immunizations are done to infants and few looked carefully at the time from immunization to the
10 time of death.

11 179. With regard to the study reported by Moro *et al.* in 2018 entitled, “Safety
12 Surveillance of Diphtheria and Tetanus Toxoids and Acellular Pertussis (DTaP) Vaccines,” this
13 study came from the Immunization Safety Office of the Division of Healthcare Quality Promotion
14 of the CDC.⁴⁷ It reviewed adverse events following DtaP vaccinations reported to the CDC’s
15 Vaccine Adverse Event Reporting System (VAERS). It was published in the medical journal,
16 *Pediatrics*, a publication of the American Academy of Pediatrics.

17 180. Dr. Moro and his CDC colleagues searched the CDC’s VAERS database for deaths
18 reported following DtaP vaccinations between January 1, 1991 and December 31, 2016 and found
19 844 deaths so reported. They reviewed death certificates and autopsy reports that could be obtained
20 for 725 of those deaths. Of those 725, 350 listed “sudden infant death syndrome” as the cause of
21 death, 62% of which were male and 90% of which were less than six months of age. (*Id.*)

22 181. The authors admit that, “[w]ith VAERS, whether an AE (adverse event) is causally
23 associated with vaccination generally cannot be assessed.”⁴⁸ Most importantly, they state that, “[i]n
24 **this review, we made no attempt to assess causality of the reported AEs.**” Thus, this study by
25 the CDC, cited as authority for the CDC’s statement that, “studies have found that vaccines do not

26 ⁴⁷ Moro PL, Perez-Vilar S, Lewis P, Bryant-Geneviev M, Kamiya H, Cano M. Safety Surveillance
27 of Diphtheria and Tetanus Toxoids and Acellular Pertussis (DTaP) Vaccines. *Pediatrics*. 2018;142(1).
28 https://www.researchgate.net/publication/325552504_Safety_Surveillance_of_Diphtheria_and_Tetanus_Toxoids_and_Acellular_Pertussis_DTaP_Vaccines.

⁴⁸ *Id.*, at p. 2.

1 cause and are not linked to SIDS,” **did not even “attempt to assess causality.”** More importantly,
2 if the allegation of former police investigator, Jennifer, is correct that there is a general rule against
3 linking vaccinations to medical examiner’s report on SIDS cases, then any studies based on those
4 reports, such as the Moro study, would be invalid.

5 182. With regard to the study reported by Moon and the Task Force On Sudden Infant
6 Death Syndrome entitled, “SIDS and Other Sleep-Related Infant Deaths: Evidence Base for 2016
7 Updated Recommendations for a Safe Infant Sleeping Environment,” published in 2016 in the
8 medical journal *Pediatrics*,⁴⁹ this was a report from a task force convened by the American
9 Academy of Pediatrics that reviewed the literature in SIDS but presented no new data of its own.
10 The Task Force dismissed any linkage between SIDS and infant vaccines, stating that, “Four of the
11 6 studies showed no relationship between diphtheria-tetanus toxoid-pertussis vaccination and
12 subsequent SIDS; the other 2 suggested a temporal relationship, but only in specific subgroup
13 analysis.” However, all four of the first group, showing no relationship, were old, from the 1980’s,
14 before many more immunizations were added to the schedule.

15 183. With regard to the report by Eriksen *et al.* cited by the CDC, (1) it only looked at
16 one vaccine, a neonatal Hepatitis B vaccine, and (2) it was funded by the CDC.

17 184. With regard to the 2003 Institute of Medicine review cited by the CDC entitled
18 “Immunization Safety Review: Vaccinations and Sudden Unexpected Death in Infancy,”⁵⁰ the
19 committee had no original data but merely reviewed literature already extant to look for evidence
20 of causality between infant immunizations and Sudden Unexpected Infant Death. The levels of
21 causality that the committee used were: (1) no evidence, (2) evidence is inadequate to accept or
22 reject a causal relationship, (3) evidence favors rejection of a causal relationship, and (4) evidence

24 ⁴⁹ Moon RY; TASK FORCE ON SUDDEN INFANT DEATH SYNDROME. SIDS and Other
25 Sleep-Related Infant Deaths: Evidence Base for 2016 Updated Recommendations for a Safe Infant
26 Sleeping Environment. *Pediatrics*. 2016;138(5).
https://www.cpsc.gov/s3fs-public/AAP_Sleep%20Death%20Technical%20Report%202016.pdf

27 ⁵⁰ Institute of Medicine (US) Immunization Safety Review Committee; Stratton K, Almarino DA,
28 Wizamann TM, et al., editors. *Immunization Safety Review: Vaccinations and Sudden Unexpected
Death in Infancy*. Washington (DC): National Academies Press (US); 2003.
<https://www.ncbi.nlm.nih.gov/books/NBK221465/?report>.

1 favors acceptance of a causal relationship. The committee reported these conclusions:

- 2 1. The committee concludes the evidence is inadequate to accept or reject causal relationships
- 3 2. The committee concludes that the evidence favors rejection of a causal relationship
- 4 3. The committee concludes that the evidence is inadequate to accept or reject a causal
- 5 4. The committee concludes that the evidence is inadequate to accept or reject a causal
- 6 5. Because of the nature of the available case reports and the limited, unpublished
- 7 8. epidemiological data, the committee concludes that the evidence is inadequate to accept or
- 8 reject a causal relationship between hepatitis B vaccine and neonatal death.

9 185. The only causality conclusion that the committee reached was that “the evidence
10 favors rejection of a causal relationship between exposure to multiple vaccines and SIDS.”

11 However, all the studies used to support that conclusion were case-control studies and none
12 reported the temporal relationship of the vaccination to the death, specifically whether the infant
13 death occurred within the first 48-72 hours after the vaccination. Furthermore, the study was
14 funded by the CDC.

15 186. With regard to the report by Silvers *et al.* entitled, “The epidemiology of fatalities
16 reported to the Vaccine Adverse Event Reporting System 1990-1997” cited by the CDC as
17 evidence showing that infant vaccines don’t cause sudden unexpected infant death,⁵¹ the authors
18 reviewed all deaths reported to VAERS, most of whom were infants, and concluded that, “[t]hese
19 data may support findings of past controlled studies showing that the association between infant
20 vaccination and SIDS is coincidental and not causal. VAERS reports of death after vaccination
21 may be stimulated by the temporal association, rather than by any causal relationship.” However,
22 these authors did look at the temporal relationship of the vaccination to the death of the infant and
23 reported that, “**SIDS, the largest category of deaths, occurred at a median of 3 days following**
24 **immunization, with a quarter of these deaths occurring within 24 h.” This observation is at**
25 **odds with their conclusion of no causal relationship.**

26
27 ⁵¹ Silvers et al., The epidemiology of fatalities reported to the vaccine adverse event reporting
28 system 1990-1997. *Pharmacoepidemiol Drug Saf.* 2001 Jun-Jul;10(4):279-85.
https://www.researchgate.net/publication/11596287_The_epidemiology_of_fatalities_reported_to_the_Vaccine_Adverse_Event_Reporting_System_1990-1997.

1 187. With regard to the report by Griffin *et al.*, entitled “Risk of sudden infant death
2 syndrome after immunization with the diphtheria-tetanus-pertussis vaccine,”⁵² the authors
3 reviewed infant deaths following DTP immunization in four Tennessee counties during the years
4 1974-1984, well before the numbers of infant immunizations increased in later years. They did
5 look at the temporal relationship of the immunization with the ensuing death and found no
6 difference in the numbers of infants dying within the first few days, 0-3 days, 4-7 days, versus
7 those dying between 15 and 30 days post-immunization.

8 188. In summary, none of the reports relied upon by the CDC in making its statement
9 that, “Vaccines have not been shown to cause sudden infant death syndrome (SIDS)” looked at the
10 temporal relationship of the vaccination to the death of the infant during the modern era when all
11 the vaccines required under Health and Safety Code section 120335 were being given routinely to
12 infants.

13 **5.4.3.2.5 Neurotoxic Aluminum Adjuvant Overload May**
14 **Also Contribute To Sudden Unexpected Infant**
15 **Death (SUID)**

16 189. One of the reasons that older studies fail to detect adverse events may be because
17 the numbers of immunizations now required is much greater than in earlier years and more are
18 given on the same day and, thus, the adverse event may reflect a cumulative or even synergistic
19 injury.

20 190. One such mechanism of cumulative injury may be that many vaccines use additives,
21 called adjuvants, to enhance their immunogenicity. The most common adjuvant is aluminum, a
22 known neurotoxin that must be eliminated by the kidneys. Patients with little or no kidney function
23 who are on long-term dialysis cannot excrete the trace amounts of aluminum in the dialysis fluids
24 and can develop Dialysis Dementia Syndrome.

25 191. Infants may also not excrete aluminum efficiently. The FDA has warned that:

26 Term infants with normal renal function may also be at risk because of their rapidly
27 growing and immature brain and skeleton, and an immature blood-brain barrier. Until they
28 are 1 to 2 years old, infants have lower glomerular filtration rates than adults, which affects

⁵² Griffin *et al.* Risk of sudden infant death syndrome after immunization with the diphtheria-tetanus-pertussis vaccine. N Engl J Med . 1988 Sep 8;319(10):618-23. <https://pubmed.ncbi.nlm.nih.gov/3261837/>.

1 their kidney function. The agency is concerned that young children and children with
2 immature renal function are at a higher risk resulting from any exposure to aluminum.⁵³

3 192. For this reason draft guidance from the FDA sets a limit of 5 micrograms per
4 kilogram of body weight per day of aluminum allowed in the intravenous feeding solutions given
5 to infants continuously over 24 hours each day.⁵⁴

6 193. The average full-term newborn infant weighs about 3.25 kilograms; a one-month-
7 old infant weighs about 4.4 kilograms, a two-month-old infant weighs about 5.4 kilograms; a four-
8 month-old about 6.7 kilograms, and six-month-old about 7.6 kilograms.

9 194. Thus, the FDA-allowable aluminum per day for a newborn would be about 16
10 micrograms; for a one-month-old about 22 micrograms, for a two-month-old about 27 micrograms,
11 for a four-month-old about 34 micrograms, and for a six-month-old about 38 micrograms.

12 195. The amount of neurotoxic aluminum injected into a newborn infant at birth who
13 receives the CDC-recommended hepatitis B vaccine is 500 micrograms (as amorphous aluminum
14 hydroxyphosphate sulfate),⁵⁵ all at once, about 30 times the FDA-recommended daily maximum
15 for that age.

16 196. The CDC then recommends a second dose of hepatitis B vaccine at 1 to 2 months of
17 age, about 23 times the FDA daily allowable amount for that age.

18 197. At age two months the CDC recommends a DtaP immunization, the aluminum in
19 which can range from 330 to 625 micrograms of elemental aluminum (as aluminum phosphate).⁵⁶

20 ⁵³ U.S. Food and Drug Administration, Department of Health and Human Services. Rules and
21 regulations. Fed Regist. 2003 Jun 9;68(110):34286.
<https://www.govinfo.gov/content/pkg/FR-2003-06-09/pdf/03-14140.pdf>

22 ⁵⁴ Small Volume Parenteral Drug Products and Pharmacy Bulk Packages for Parenteral Nutrition:
23 Aluminum Content and Labeling Recommendations Guidance for Industry. U.S. Food and Drug
24 Administration, December 2022 (draft).
[https://www.federalregister.gov/documents/2022/12/07/2022-26564/small-volume-parenteral-drug-p
25 roducts-and-pharmacy-bulk-packages-for-parenteral-nutrition-aluminum.](https://www.federalregister.gov/documents/2022/12/07/2022-26564/small-volume-parenteral-drug-products-and-pharmacy-bulk-packages-for-parenteral-nutrition-aluminum)

26 ⁵⁵ FDA-approved package insert for hepatitis B vaccine, at p. 7.
[https://www.fda.gov/files/vaccines,%20blood%20&%20biologics/published/package-insert-recombi
27 vax-hb.pdf.](https://www.fda.gov/files/vaccines,%20blood%20&%20biologics/published/package-insert-recombi-vax-hb.pdf)

28 ⁵⁶ About Diphtheria, Tetanus, and Pertussis Vaccines. Centers for Disease Control.
[https://www.cdc.gov/vaccines/vpd/dtap-tdap-td/hcp/about-vaccine.html#:~:text=Tetanus%2C
Diphtheria%2C and Pertussis \(Tdap\) Vaccines&text=5 μg FIM\).](https://www.cdc.gov/vaccines/vpd/dtap-tdap-td/hcp/about-vaccine.html#:~:text=Tetanus%2C Diphtheria%2C and Pertussis (Tdap) Vaccines&text=5 μg FIM).)

1 198. At the same office visit the infant will also be injected with a pneumococcal vaccine
2 containing 125 micrograms of elemental aluminum (as aluminum phosphate).^{57,58}

3 199. If the infant did not receive the HepB vaccine at one month, then that would also be
4 given at the two-month visit, for an additional 500 micrograms of aluminum.

5 200. Thus, the total amount of neurotoxic aluminum give at the two-month visit could
6 total as much as 1,250 micrograms, or 46 times the FDA daily allowable amount for that age.

7 201. At the four-month visit the CDC recommends an additional DtaP immunization
8 (330 to 625 micrograms of aluminum) and an additional pneumococcal vaccine (125 micrograms
9 of aluminum) to be injected, for a possible total of another 750 micrograms. This is about 22 times
10 the FDA recommended daily maximum for that age.

11 202. The total aluminum injected at the six-month visit includes an additional DtaP (330-
12 625 micrograms) and an additional pneumococcal vaccine for an additional 750 micrograms of
13 injected aluminum. Since the CDC recommends a second HepB immunization some time between
14 six and eighteen months, that would be another 500 micrograms of injected aluminum if given at
15 the six-month visit, bringing the total for the six-month visit up to 1,250 micrograms. This is about
16 33 times the FDA recommended daily maximum for that age.

17 203. Thus, by age six months the infant has been subjected, on five different occasions,
18 to injections of neurotoxic aluminum far in excess of the FDA daily allowable amount. Altogether,
19 the total aluminum injected during the first six months of life, when infants are at the highest risk
20 of Sudden Unexpected Infant Death, could total as much as 3,750 micrograms.

21 204. It has been estimated that, by 18 months of age, a child may have received 5,000
22 micrograms of neurotoxic aluminum via immunizations.⁵⁹

23 205. In 2008 the U.S. Agency for Toxic Substances and Disease Registry (ATSDR), a
24 unit within the U.S. Public Health Service and the U.S. Department of Health and Human Services

25 ⁵⁷ PCV 15 vaccine. <https://www.fda.gov/media/150819/download>.

26 ⁵⁸ PCV 20 vaccine. <https://www.fda.gov/media/149987/download?attachment>.

27 ⁵⁹ Miller NZ. Aluminum in Childhood Vaccines is Unsafe. Journal of American Physicians and
28 Surgeons Volume 21 Number 4, Winter 2016.
https://www.researchgate.net/publication/311824598_Aluminum_in_Childhood_Vaccines_is_Unsafe

1 issued a report entitled, “Toxicological Profile For Aluminum.”⁶⁰ This report found that, “There is
2 a limited amount of information available on the toxicity of aluminum in children. As with adults,
3 neurological and skeletal (osteomalacia) effects have been observed in children with impaired renal
4 function...Bishop et al. (1997) found significant decreases in the Bayley Mental Development
5 Index in pre term infants receiving a standard intravenous feeding solution compared to preterm
6 infants receiving an aluminum-depleted feeding solution.” *Id.*, at p. 122.

7 206. Since the amount of aluminum injected at these discreet times of immunization is
8 far in excess of the amount that can be immediately excreted, the question naturally arises as to
9 where does the excess go and does it become permanently bound there such that it cannot be later
10 excreted?

11 207. In a very important study, Mold, Umar, King, and Exley looked at this question as it
12 applies to those with autism.⁶¹ The Abstract summary of that investigation reported that:

13 Autism spectrum disorder is a neurodevelopmental disorder of unknown aetiology. It is
14 suggested to involve both genetic susceptibility and environmental factors including in the
15 latter environmental toxins. Human exposure to the environmental toxin aluminium has
16 been linked, if tentatively, to autism spectrum disorder. Herein we have used transversely
17 heated graphite furnace atomic absorption spectrometry to measure, for the first time, the
18 aluminium content of brain tissue from donors with a diagnosis of autism. We have also
19 used an aluminium-selective fluor to identify aluminium in brain tissue using fluorescence
20 microscopy. The aluminium content of brain tissue in autism was consistently high. The
21 mean (standard deviation) aluminium content across all 5 individuals for each lobe were
22 3.82(5.42), 2.30(2.00), 2.79(4.05) and 3.82(5.17) µg/g dry wt. for the occipital, frontal,
23 temporal and parietal lobes respectively. *These are some of the highest values for
24 aluminium in human brain tissue yet recorded* and one has to question why, for example,
25 the aluminium content of the occipital lobe of a 15 year old boy would be 8.74 (11.59) µg/g
26 dry wt.? Aluminium-selective fluorescence microscopy was used to identify aluminium in
27 brain tissue in 10 donors. While aluminium was imaged associated with neurones it
28 appeared to be present intracellularly in microglia-like cells and other inflammatory
non-neuronal cells in the meninges, vasculature, grey and white matter. The pre-eminence
of intracellular aluminium associated with non-neuronal cells was a standout observation in
autism brain tissue and may offer clues as to both the origin of the brain aluminium as well
as a putative role in autism spectrum disorder.

208. The Discussion section of this important paper pointed out that:

25 ⁶⁰ Agency for Toxic Substances and Disease Registry (ATSDR). Toxicological profile for
26 aluminum. Washington, D.C.: U.S. Department of Health and Human Services; 2008.
27 <https://www.atsdr.cdc.gov/ToxProfiles/tp22.pdf>.

28 ⁶¹ Mold, M, Umar, D, King, A, and Exley, C: Aluminum in brain tissue in autism. Journal of
Trace Elements in Medicine and Biology, Volume 46, March 2018, pp 76-82 (emphasis added).
<https://www.sciencedirect.com/science/article/pii/S0946672X17308763?via%3Dihub>.

1 The aluminium content of brain tissues from donors with a diagnosis of ASD was
 2 extremely high (Table 1). While there was significant inter-tissue, inter-lobe and
 3 inter-subject variability the mean aluminium content for each lobe across all 5 individuals
 4 was towards the higher end of all previous (historical) measurements of brain aluminium
 5 content, including iatrogenic disorders such as dialysis encephalopathy. All 4 male donors
 6 had significantly higher concentrations of brain aluminium than the single female donor.
 7 *We recorded some of the highest values for brain aluminium content ever measured in
 healthy or diseased tissues in these male ASD donors* including values of 17.10, 18.57 and
 22.11 µg/g dry wt. What discriminates these data from other analyses of brain aluminium in
 other diseases is the age of the ASD donors. Why, for example would a 15 year old boy
 have such a high content of aluminium in their brain tissues? There are no comparative data
 in the scientific literature, the closest being similarly high data for a 42 year old male with
 familial Alzheimer's disease.

8 (*Id.*, emphasis added.)

9 209. The brains studied in this report were from five deceased individuals between the
 10 ages of 15 to 50 years of age.

11 210. The significance of this study is that the investigators found much higher levels of
 12 neurotoxic aluminum in the brains of five deceased autistic patients than they had ever found in
 13 normal patients or even those with other neuropathologies. This strongly implicates aluminum as a
 14 cause of autism.

15 211. The increased occurrence of aluminum particles in the brains of infants dying of
 16 Sudden Infant Death Syndrome (SIDS) versus those dying of other causes or intrauterine death has
 17 also been reported.⁶²

18 212. Given the large excess amounts of neurotoxic aluminum injected into infants under
 19 the CDC's recommendations and California's mandates and the finding of excess aluminum in the
 20 brains of infants dying of Sudden Infant Death Syndrome and of autistic adults, and the absence of
 21 any studies from the CDC refuting these findings, the State of California cannot possibly show that
 22 its mandates for aluminum-containing vaccines are safe.

23 **5.4.3.3 Increased Rates Of Asthma, Type 1 Diabetes, Inflammatory**
 24 **Bowel Disease, Rheumatoid Arthritis, and Thyroid**
 25 **Inflammation Are Reported In Vaccinated Children Versus**
 26 **Those Unvaccinated**

27 213. Hooker and Miller analyzed data extracted from electronic medical records of three

28 ⁶² Gatti, A.M., Ristic, M, Stanzani, S., & Lavezzi, AM. Novel chemical-physical autopsy
 investigation in sudden infant death and sudden intrauterine unexplained death syndromes.
 Nanomedicine (London)(2022) 17(5) 275-288.
<https://www.tandfonline.com/doi/full/10.2217/nmm-2021-0203>.

1 pediatric private practices that included data for 2,047 children born into those practices of which
2 633 (30.9%) received no vaccinations during the first year of life whereas 1414 (69.1%) had
3 received at least one vaccination during the first year of life, and all had reached the age of three at
4 the time of the study. Electronic medical records were examined for diagnosis codes for several
5 diagnoses, including asthma and eczema that occurred in those patients after the age of one.

6 214. As shown below, children vaccinated before one year of age and not breastfed were
7 far more likely to have been diagnosed with asthma (23.8 times) by the time they were three years
8 old as compared to those not vaccinated within the first year of life and breastfed.⁶³

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27 ⁶³Kennedy, RF and Hooker, B: Vax-Unvax. Children’s Health Defense (2023), citing Hooker,
28 BS, and Miller, NZ: Analysis of health outcomes in vaccinated and unvaccinated children:
Developmental delays, asthma, ear infections and gastrointestinal disorders. SAGE Open Medicine, Vol
8, 1. <https://journals.sagepub.com/doi/10.1177/2050312120925344>.

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Odds Ratios for Asthma Accounting for Vaccination and Breastfeeding Status

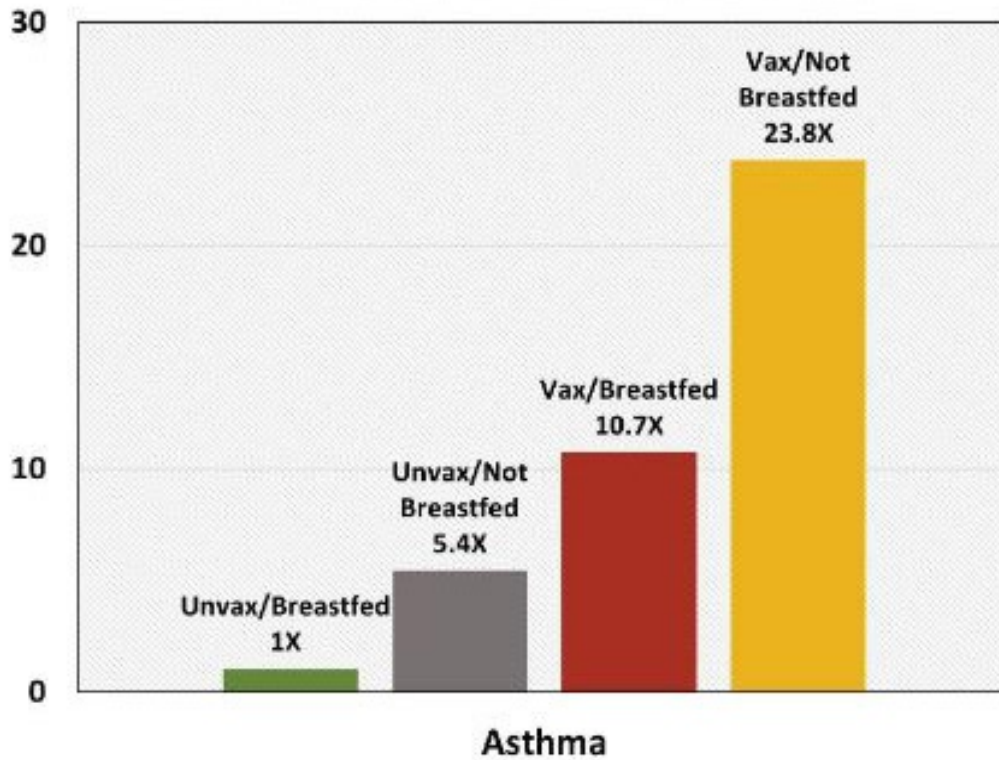


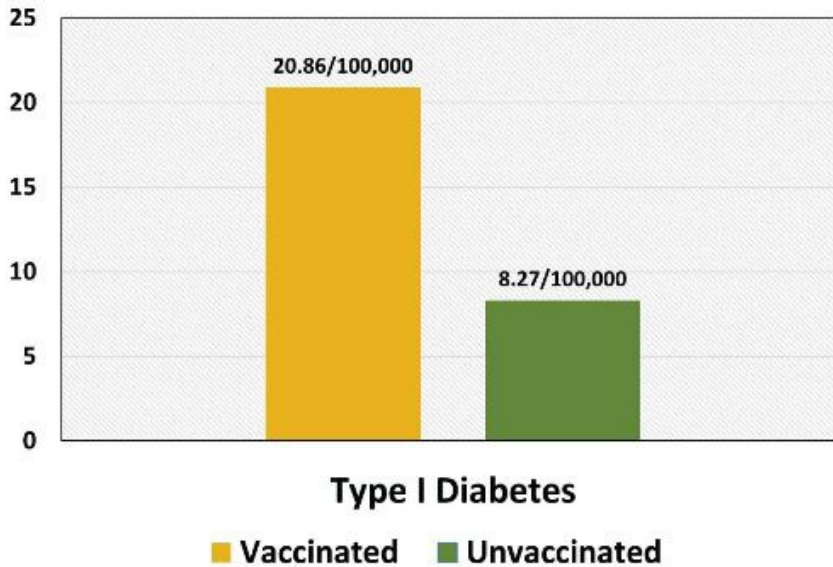
Figure 2.7—Odds ratios for a diagnosis of asthma within vaccinated and unvaccinated children accounting for breastfeeding status (Hooker and Miller, 2021).

215. In 2008 Classen compared the rate of type 1 diabetes in Danish children who received three doses of polio vaccine within the first year of life as compared to those who did not receive any polio vaccine in the first year of life and who later developed type 1 diabetes.

216. As shown below, the Danish children vaccinated with three doses of polio vaccine in the first year of life were 2.5 times more likely to develop type 1 diabetes as compared to those

1 unvaccinated in the first year of life with polio vaccine:⁶⁴

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3 **Type I Diabetes Incidence per 100,000 Children**
4 **Vaccinated with All 3 Recommended Polio**
5 **Vaccines or Unvaccinated**



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14 **Figure 4.6—Incidence of Type 1 diabetes in children receiving**
15 **all three recommended polio vaccines versus children**
16 **unvaccinated for polio (Classen 2008).**

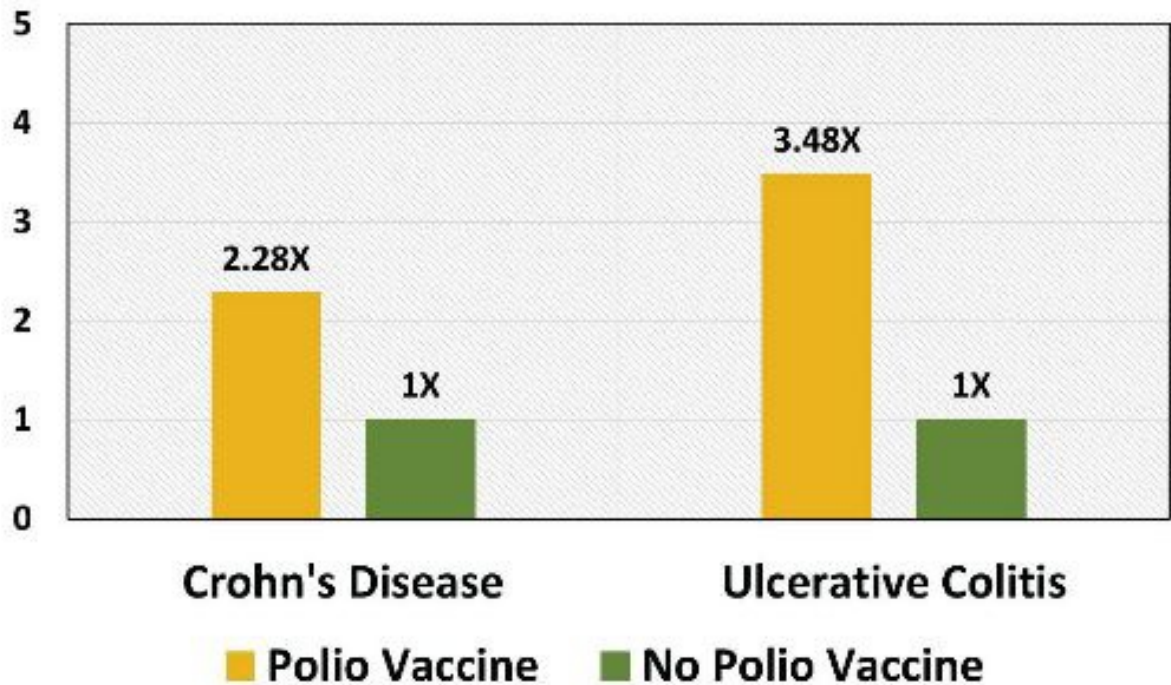
17 217. In 2015 de Chambrun *et al.* published a meta-analysis of three studies related to
18 vaccination and the risk of developing inflammatory bowel disease, such as Crohn’s Disease or
19 ulcerative colitis.⁶⁵ They found that children who received polio vaccines in childhood were 2.28
20 times more likely to later develop Crohn’s Disease or 3.48 times more likely to develop ulcerative
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25 ⁶⁴ Kennedy, RF and Hooker, B: Vax-Unvax. Children’s Health Defense (2023), p. 64, citing
26 Classen, JB: Risk of Vaccine Induced Diabetes in Children with a Family History of Type 1 Diabetes.
27 *The Open Pediatric Medicine Journal*, 2008, 2, 7-10.
28 <https://benthamopen.com/contents/pdf/TOPEJ/TOPEJ-2-7.pdf>

⁶⁵ de Chambrun GP *et al.*: Vaccination and Risk for Developing Inflammatory Bowel
Disease: A Meta-Analysis of Case–Control and Cohort Studies. *Clinical Gastroenterology and
Hepatology* 2015;13:1405–1415.
[https://www.cghjournal.org/article/S1542-3565\(15\)00638-2/pdf](https://www.cghjournal.org/article/S1542-3565(15)00638-2/pdf)

1 colitis, as illustrated below:⁶⁶

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3 **Relative Risk of Crohn's Disease and**
4 **Ulcerative Colitis Following Polio**
5 **Vaccination**



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Figure 4.7—Relative risk of Crohn's disease and ulcerative colitis in children vaccinated against polio versus children unvaccinated against polio (Pineton de Chambrun et al. 2015).

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218. Thus, various childhood vaccines have been reported to be associated with increased risk of developing a host of autoimmune disorders.

5.4.3.4 Parents Share Their Tragic Stories Of Vaccination Injuries

5.4.3.4.1 The One Year-Old Daughter Of Shanticia Nelson And Dayon Carter Died Suddenly Just A Few Hours After Her Routine Immunizations

66 Kennedy, RF and Hooker, B: Vax-Unvax. Children's Health Defense (2023), p. 62, citing de Chambrun GP *et al.*, *supra*.

1 as eye contact, facial expressions, and body language, (2) limited eye contact and avoidance of eye
2 contact, (3) lack of interest in social interactions and difficulty sharing experiences, (4) challenges
3 with understanding and responding to emotions in others, (5) repetitive movements, such as hand
4 flapping, spinning, or rocking, (6) insistence on routines and resistance to change, highly focused
5 interests or obsessions with specific objects or activities, (8) stereotyped speech patterns, such as
6 repeating words or phrases, (9) intense and narrow interests that may consume a significant amount
7 of time and attention, (10) difficulty shifting focus from their interests to other activities, (11)
8 preference for certain objects, textures, or sensory experiences, (12) delayed language development
9 or unusual language patterns, (13) difficulty with pretend play and imaginative activities, (14)
10 sensory sensitivities, such as over- or undersensitivity to sounds, textures, or smells, (15)
11 challenges with motor coordination or fine motor skills, (16) unusual eating habits or food
12 preferences. *Id.* As for the impact on her family, she further states that, “I had my own company at
13 the time and closed it to be able to devote myself full time to helping my son. It has been
14 financially devastating.” *Id.* She further states that, “When I gave consent for the immunizations
15 (shots) right before my child became autistic, the possibility of autism was never mentioned to me.
16 If I knew at the time I gave consent for the immunizations right before my child became autistic, I
17 never would have given that consent.” *Id.*

18 223. Sally Rubin’s tragic story is typical. Jennifer Silva’s daughter had the sudden onset
19 of regressive autism at age 18 months after immunizations.⁶⁹ Her daughter is seriously afflicted
20 with all the same symptoms as the Rubin child. *Id.* No one told her that this was a possibility
21 before she consented to those immunizations and she never would have consented if she had
22 known. *Id.* Her comments are haunting:

23 My daughter became very agitated initially, unable to cope with daily life, experiencing
24 several tantrums, which had never occurred before. She then lost her eye contact and ability
25 to answer her name. She wandered around our home as if we weren’t there. I felt like I had
26 lost my girl. The regret and sadness that enveloped me as a mother was overpowering. *Id.*

27 224. Meena Kurian’s previously healthy son was fourteen months old when he was
28

⁶⁹ Declaration of Jennifer Silva, exhibit #3.

1 suddenly stricken by regressive autism after immunizations.⁷⁰ He has all the same symptoms as the
2 children above. That possibility was never mentioned to her before she consented and she never
3 would have consented if she had known. She commented that, “Financial strain, could not work as
4 an RN as my son needed me. Girls felt neglected as we had to focus on son. Strained marital and
5 family bonds.” *Id.*

6 225. Salvadore Newton’s son developed regressive autism in 2012 after immunizations
7 at age two and one half months. He has all the same symptoms as the other children above. That
8 possibility was never mentioned to Salvadore before he consented to the shots and he never would
9 have consented had he known. He commented:

10 [Redacted] developed seizures and still has them to this day. The first 7 years of his life
11 [redacted] had trouble sleeping. Little to no trouble before the shots. He would pace back
12 and forth endlessly, sometimes until 1 or 2 in the morning. I had many sleepless nights. To
13 this day he can't sleep without melatonin supplements. [Redacted] was forming words and
14 crawling at an extremely early age. Now at 13 he can't speak and is still in diapers. He
15 needs care for food preparation and personal hygiene. I pray one day he can function on his
16 own and have a good productive life.

17 226. In a sworn declaration,⁷¹ Ann Todd stated that her twenty month old daughter was
18 developing normally until the child suddenly developed regressive autism after immunizations.
19 The child has all the same symptoms as the other autistic children above and is severely affected.
20 She was not told of this possibility and never would have consented had she known. The child was
21 in special education throughout school and is now an adult under conservatorship.

22 227. In a sworn declaration,⁷² Janet Fry states that her son was in previously good health
23 when he suddenly became autistic after immunizations. He has the same symptoms as the other
24 autistic children above and is severely affected in all respects. She was not told of this possibility
25 before giving consent and never would have done so had she known. She further states that:

26 My child became a completely different person, it was like a light switched off in him. He
27 was social and talkative he was already saying basic words, signing to communicate. And
28 after he became withdrawn would get angry, anti social, didn't even like his brothers out
want to interact with any other children like he did prior. And now at 5 I am dealing with
being his full time caregiver he hits other people and spits on them. He is non verbal. He

⁷⁰ Declaration of Meena Kurian, exhibit #4.

⁷¹ Declaration of Ann Todd, exhibit #5.

⁷² Declaration of Janet Fry, exhibit #6.

1 hits himself, the list is long.

2 228. In a sworn declaration,⁷³ Marie Bacsik states that her daughter was 10 months old
3 when the daughter suddenly regressed into autism. The child now has all the same symptoms as the
4 other children above and to a severe degree in all respects. She was never told of this possibility
5 and never would have consented had she known of it. She further states that:

6 She was in the hospital with Infantile Spasms about 24 hours after her vaccines and lost all
7 abilities within a few days. She now has Severe Autism, Severe Autoimmune Encephalitis
8 and is on IVIG (insurance approved because of how severe), severe gut dysbiosis, rashes,
9 and has suffered Infantile Spasms and Syncope. We have all the testing to prove all of this
10 and it all matches up with her hospital admissions. She is still receiving these treatments at
11 age 10.

12 229. Regressive autism is not the only post-vaccine injury seen. Kara Morales' son
13 developed seizures at five and a half months after immunizations.⁷⁴ She commented that:

14 He received the Hepatitis B vaccine as a newborn, and was in the hospital 2.5 weeks later
15 with a high fever. The two events may be unrelated. However, we did not vaccinate him
16 again until 5.5 months old. He was in generally good health at the time, but had a little dry
17 cough. I asked if we should wait again since he had some kind of mild illness, but the nurse
18 said he had no fever, no juicy cough, and so it was "perfectly safe". Within 24 hours of
19 receiving those vaccines, he began having absence seizures. Within 72 hours of receiving
20 the vaccines he collapsed in my arms, stopped breathing, and was taken by ambulance to
21 Rady Children's Hospital. He had further seizures in the presence of an attending
22 neurologist. He was moved to a room for observation, and at one point crashed and they
23 moved him to the ICU. He spent 4 days total at Rady's. He was put on anti-seizure
24 medication and remained on anti-seizure medication for several years. He continued to see
25 the neurologist for breakthrough seizures.

26 230. Wendy Chin's daughter developed chronic severe eczema after getting
27 immunizations as a newborn infant but her doctor continued to give those shots.⁷⁵ She commented
28 that:

My daughter was fully vaccinated at at age 5, and by that point she had developed life
threatening food allergies and had anaphylactic reactions. In her teen years she was
diagnosed with MCAS (mast cell activation syndrome) and suffers from chronic eczema,
constipation, insomnia, and brain fog. *Id.*

231. In a sworn declaration,⁷⁶ Grace Shain states that her son was 15 years old and in

25 ⁷³ Declaration of Marie Bacsik, exhibit #7.

26 ⁷⁴ Declaration of Kara Morales, exhibit #8.

27 ⁷⁵ Declaration of Wendy Chin, exhibit #9.

28 ⁷⁶ Declaration of Grace Shain, exhibit #10.

1 good health until he received the HPV vaccine recommended by the California Department of
2 Public Health. Thereafter he developed, “vaccine induced myalgic encephalomyelitis,
3 dysautonomia, POTS (postural orthostatic tachycardia syndrome), gastroparesis, and a host of
4 other neurological symptoms.”

5 My son was a straight A student, on 2 swim teams, super social, and shortly after receiving
6 the Gardasil HPV vaccine became very sick, dropped out of all school, exercise, eventually
7 became bed-bound for many years. He has never recovered and this has put an immense
8 financial and emotional toll on the entire family.

9 232. These stories reflect the daily tragedy of post-vaccine injury and death for tens of
10 thousands families just within California.

11 **5.4.4 Childhood Immunizations Required By California Health And Safety 12 Code Section 120335 Are Not Clearly Necessary To Prevent Serious 13 Infection In Children**

14 **5.4.4.1 No Overall Net Benefit Of Measles Immunization Has Been 15 Shown By VU Studies**

16 233. The measles virus is the most highly contagious infectious agent for which
17 California Health and Safety Code section 120335 requires immunization.

18 234. For this reason measles is the infection most likely to break out among non-
19 immunized children. The fact that measles breaks out among populations of children not fully
20 immunized for measles and does not break out among populations of children fully immunized for
21 measles argues strongly that measles immunization is effective at preventing th at infection.

22 235. Given that the measles vaccine is effective, is it safe and is it worth it?

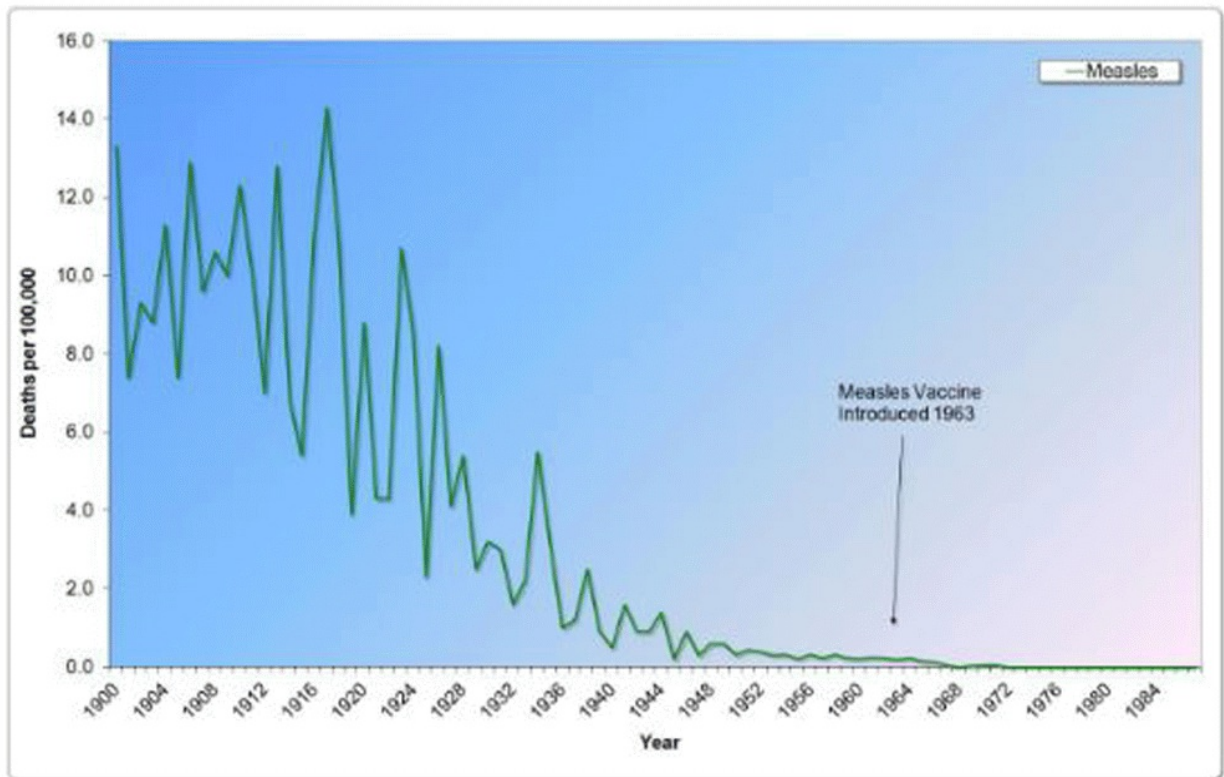
23 236. Because the FDA and CDC do not test the measles vaccines for adverse effects as
24 compared to placebo controls, there is no certainty as to the nature and frequency of those adverse
25 effects, leading many parents to decline to follow California’s requirements and the CDC’s
26 recommendations for measles immunization.

27 237. Indeed, in 1998 Wakefield *et al.* reported that some children developed autism
28 following parent-reported measles immunization but did not claim that the latter caused the
former.⁷⁷ This report was widely attacked and was retracted by the publisher (but not the authors)

⁷⁷ Wakefield AJ Murch SH Anthony A et al. Ileal-lymphoid-nodular hyperplasia, non-specific colitis, and pervasive developmental disorder in children. *Lancet*. 1998; 351: 637-641.
[https://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736\(97\)11096-0.pdf](https://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736(97)11096-0.pdf).

1 twelve years later.⁷⁸ However, the finding was never actually refuted since, undeniably, most
 2 children who develop autism have received a measles immunization and the rate of autism in
 3 unvaccinated children is still either unknown or a matter of dispute.

4 238. However, measles cases occurring in unvaccinated children do not poses such a
 5 serious health problem that measles immunization is clearly necessary because, **even before the**
 6 **measles vaccine was introduced, the death rate for measles in otherwise healthy children in**
 7 **the United States was nearly zero as shown below:**⁷⁹



21

22 239. Furthermore, there is simple and effective treatment for the infection, ordinary
 23 vitamin A, that likely reduces that mortality rate to zero in immuno-competent children and

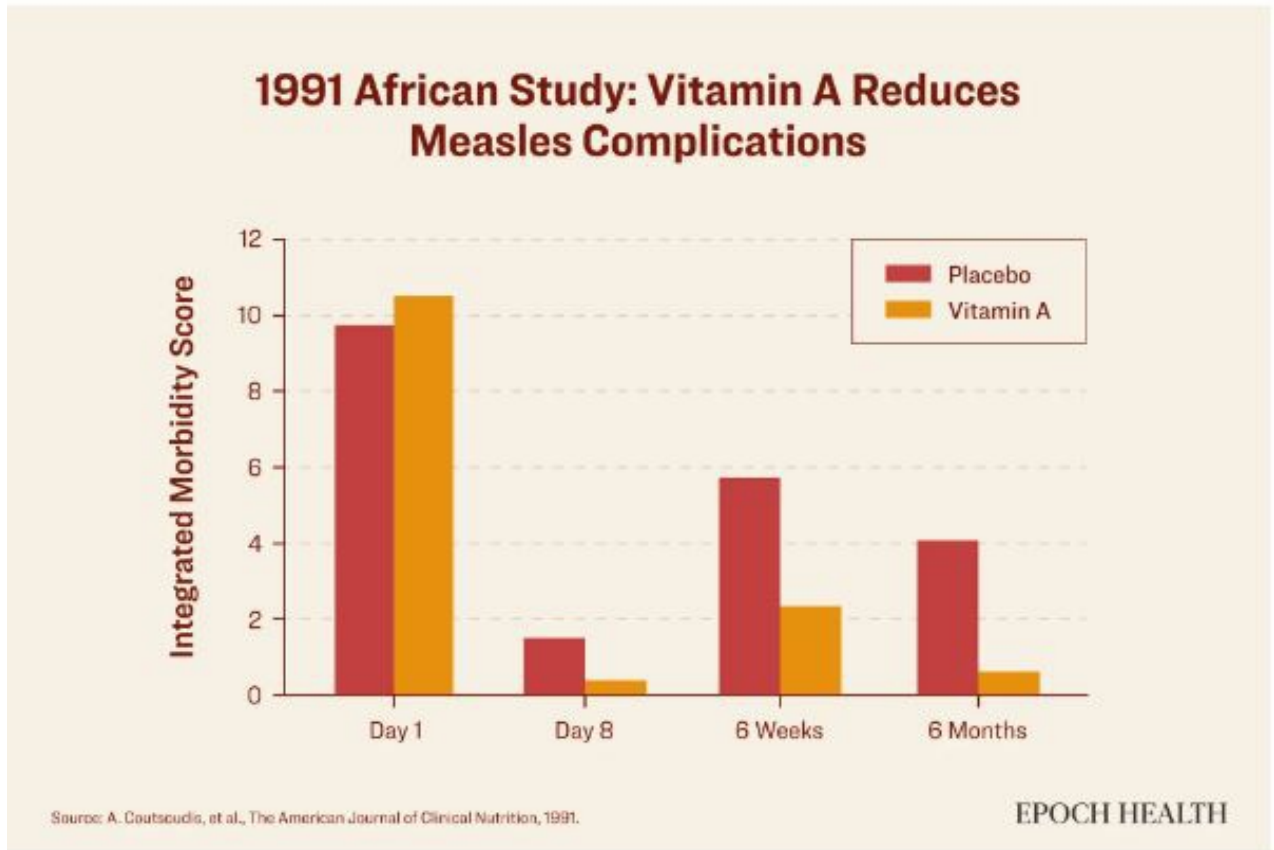
24

25

26 ⁷⁸ Retraction—Ileal-lymphoid-nodular hyperplasia, non-specific colitis, and pervasive
 27 developmental disorder in children. The Editors of The Lancet. *Lancet*. 2010:375.
[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(10\)60175-4/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(10)60175-4/fulltext).

28 ⁷⁹ Suzanne Humphries, MD and Roman Bystryanyk. *Dissolving Illusions*, page 201.
www.dissolvingillusions.com.

1 reduces measles complications drastically⁸⁰ and as also shown below:⁸¹



16 240. The CDPH cannot show that there is any overall net benefit of the measles vaccine
 17 for children in California to justify the risks of permanent injury from it.

18 **5.4.4.2 No Overall Net Benefit Of Polio Immunization Has Been**
 19 **Shown By VU Studies**

20 241. The polio vaccines developed by Salk and Sabin are the poster children for the
 21 vaccine proponents, purportedly saving millions of children and young adults from living with
 22 crippled limbs walking with cumbersome leg braces like Franklin Roosevelt or, even worse,
 23 existing immobilized in massive iron lung machines.

24

25 ⁸⁰ G.D. Hussey, M. Klein: A Randomized, Controlled Trial of Vitamin A In Children With
 26 Severe Measles. N. Engl. J. Med. Jul 19, 1990: 160-4.
[doi: 10.1056/NEJM199007193230304](https://doi.org/10.1056/NEJM199007193230304).

27 ⁸¹ A. Coutsooudis *et al.* Vitamin A Supplementation Reduces Measles Morbidity In Young
 28 African Children: A Randomized, Placebo-Controlled, Double-Blind Trial. Am. J. Clinical Nutrition
 54:5 890-895 (Nov. 1991).
<https://doi.org/10.1093/ajcn/54.5.890>

1 242. However, the reality of paralytic polio is more complicated and, to this day, still
2 poorly understood.

3 243. While most of the dread infectious diseases of mankind, small pox for example,
4 have been common and prevalent for much of recorded history and then receded with modern
5 sanitation and improved nutrition, polio was just the opposite, mainly appearing only in advanced
6 industrial societies and virtually unknown in primitive societies. Indeed, the incidence of polio was
7 dropping sharply before the polio vaccine was introduced.

8 244. The CDPH cannot show any overall net benefit of polio immunization to the child.

9 245. In summary, increased rates of: (1) learning disability, (2) autism, (3)
10 neurodevelopmental delay, (4) Sudden Unexpected Infant Death, (5) asthma, (6) Type 1 Diabetes,
11 (7) inflammatory bowel disease, (8) rheumatoid arthritis, (9) eczema, and (10) thyroid
12 inflammation occur in children immunized with the vaccines required by California for school
13 attendance as compared to those children not so immunized, with none of these injuries or deaths
14 eligible for compensation under the Vaccine Injury Table adopted under the National Vaccine
15 Injury Act.

16 **5.5 The California Department Of Public Health, Working With The Medical And**
17 **Osteopathic Medical Boards Of California Have Made Medical Exemptions**
18 **Very Difficult For Parents To Obtain For Their Children In Derogation Of**
19 **Their Due Process Rights Under A Strict Scrutiny Standard Of Review**

20 246. Under California Health and Safety Code Section 120370, subsection (a)(3),
21 students are exempt from the immunization requirements imposed under Health and Safety Code
22 Section 120335 if they obtain a medical exemption from a licensed physician complying with
23 Health and Safety Code Section 120372.

24 247. However, under Health and Safety Code Section 120372, stringent but vague
25 guidelines are applied to such medical exemptions. Several physicians have lost their medical
26 licenses for writing such exemptions with no prior warnings to them that they have strayed from
27 those vague guidelines.

28 248. Under Health and Safety Code Section 120372, subsection (e), the California
Department of Public Health works closely with the Medical and Osteopathic Medical Boards of
California to police these vague guidelines.

1 249. Pediatrician Dr. Douglas Hulstedt, M.D. is one of those whose medical license was
2 so revoked. His medical license was revoked by the Medical Board of California in 2023 for,
3 purportedly, practicing “below the standard of care.”

4 250. Specifically, the Medical Board ostensibly revoked Dr. Hulstedt’s medical license
5 for recommending, in 2017, to the parent of one of his pediatric patients that the child should not
6 receive any more immunizations due to the child’s medical and family history.

7 251. The Medical Board found this to be below the applicable standard of care since,
8 according to the Medical Board, doctors are only allowed to make recommendations on
9 immunizations that comport with the “guidelines” of the Centers For Disease Control (CDC).

10 252. However, under Health and Safety Code Section 120370, subsection (a)(1),
11 physicians were specifically permitted to provide medical exemptions based upon family medical
12 history in 2017.

13 253. Under California’s immunization statutes, Health and Safety Code Section 120325
14 *et seq.*, parents bear the burden of proof in exempting their children from those immunization
15 requirements, which infringe on fundamental rights of medical and educational freedom,
16 fundamental rights entitled to strict scrutiny protection.

17 **6. CALIFORNIA’S IMMUNIZATION STATUTES**

18 254. California Health and Safety Code Section 120335 requires California school
19 children to be immunized with numerous listed vaccines, known to Congress under the National
20 Childhood Vaccine Injury Act (21 U.S.C. §§ 300aa-1 *et seq.*) and as set forth above in section 5.4,
21 to cause serious injury and disability, up to and including death.

22 255. As shown below, Defendant Erica Pan, as Director of the California Department of
23 Public Health (CDPH), comprehensively regulates school attendance by children based upon their
24 immunization status under California’s statutes and, therefore, regulates children’s fundamental
25 right to attend school, the *Meyer-Pierce* right, based upon the child’s immunization status.

26 256. Specifically, California Health and Safety Code section 131000 provides that,
27 “There is in the California Health and Human Services Agency a State Department of Public
28 Health..”

1 257. California Health and Safety Code section 131005 further provides for a California
2 State Department of Public Health (the “department” or CDPH) headed by a State Public Health
3 Officer (the “director” of the CDPH).

4 (a) There is in state government an executive officer known as the State Public Health
5 Officer, who shall be appointed by the Governor, subject to confirmation by the Senate, and
6 hold office at the pleasure of the Governor. The State Public Health Officer shall receive
7 the annual salary provided by Article 1 (commencing with Section 11550) of Chapter 6 of
8 Part 1 of Division 3 of Title 2 of the Government Code.

9 (b) The State Public Health Officer shall serve as the director of, and have control over, the
10 State Department of Public Health.

11 (c) Any statutory reference to “director,” “the Director of Health Services,” “the Director of
12 Public Health,” or the “Director of the State Department of Public Health,” regarding a
13 function transferred to the State Department of Public Health pursuant to Chapter 2
14 (commencing with Section 131050), is deemed to, instead, refer to the State Public Health
15 Officer.

16 (d) Any statutory reference to “department” or “state department” regarding a function
17 transferred to the State Department of Public Health pursuant to Chapter 2 (commencing
18 with Section 131050), shall refer to the State Department of Public Health.

19 258. Defendant Erica Pan is California’s State Public Health Officer and the Director of
20 the California Department of Public Health (CDPH).

21 259. California Health and Safety Code section 120325(a) provides that:

22 In enacting this chapter, but excluding Section 120380, and in enacting Sections 120400,
23 120405, 120410, and 120415, it is the intent of the Legislature to provide:

24 (a) A means for the eventual achievement of total immunization of appropriate age groups
25 against the following childhood diseases:

26 (1) Diphtheria, (2) Hepatitis B, (3) Haemophilus influenzae type b, (4) Measles, (5)
27 Mumps, (6) Pertussis (whooping cough), (7) Poliomyelitis, (8) Rubella, (9) Tetanus, (10)
28 Varicella (chickenpox), (11) Any other disease deemed appropriate by the department,
taking into consideration the recommendations of the Advisory Committee on

Immunization Practices of the United States Department of Health and Human Services,
the American Academy of Pediatrics, and the American Academy of Family Physicians.

(b) That the persons required to be immunized be allowed to obtain immunizations from
whatever medical source they so desire, subject only to the condition that the immunization
be performed in accordance with the regulations of the department and that a record of the
immunization is made in accordance with the regulations.

(c) Exemptions from immunization for medical reasons.

(d) For the keeping of adequate records of immunization so that health departments,
schools, and other institutions, parents or guardians, and the persons immunized will be
able to ascertain that a child is fully or only partially immunized, and so that appropriate
public agencies will be able to ascertain the immunization needs of groups of children in
schools or other institutions.

260. Furthermore, California Health and Safety Code section 120330 provides that:

The department, in consultation with the Department of Education, shall adopt and enforce
all regulations necessary to carry out Chapter 1 (commencing with Section 120325, but
excluding Section 120380) and to carry out Sections 120400, 120405, 120410, and 120415.

1 261. California Health and Safety Code section 120335 further provides that:

2 (a) As used in this chapter, “governing authority” means the governing board of each
3 school district or the authority of each other private or public institution responsible for the
4 operation and control of the institution or the principal or administrator of each school or
5 institution.

6 (b) The governing authority shall not unconditionally admit any person as a pupil of any
7 private or public elementary or secondary school, child care center, day nursery, nursery
8 school, family day care home, or development center, unless, prior to his or her first
9 admission to that institution, he or she has been fully immunized. The following are the
10 diseases for which immunizations shall be documented: (1) Diphtheria, (2) Haemophilus
11 influenzae type b, (3) Measles, (4) Mumps, (5) Pertussis (whooping cough), (6)
12 Poliomyelitis, (7) Rubella, (8) Tetanus, (9) Hepatitis B, (10) Varicella (chickenpox), (11)
13 Any other disease deemed appropriate by the department, taking into consideration the
14 recommendations of the Advisory Committee on Immunization Practices of the United
15 States Department of Health and Human Services, the American Academy of Pediatrics,
16 and the American Academy of Family Physicians.

17 (c) Notwithstanding subdivision (b), full immunization against hepatitis B shall not be a
18 condition by which the governing authority shall admit or advance any pupil to the 7th
19 grade level of any private or public elementary or secondary school.

20 (d) The governing authority shall not unconditionally admit or advance any pupil to the 7th
21 grade level of any private or public elementary or secondary school unless the pupil has
22 been fully immunized against pertussis, including all pertussis boosters appropriate for the
23 pupil’s age.

24 (e) The department may specify the immunizing agents that may be utilized and the manner
25 in which immunizations are administered.

26 (f) This section does not apply to a pupil in a home-based private school or a pupil who is
27 enrolled in an independent study program pursuant to Article 5.5 (commencing with
28 Section 51745) of Chapter 5 of Part 28 of the Education Code and does not receive
classroom-based instruction.

262. California Health and Safety Code section 120370, subdivision (a)(3), further
provides that:

Except as provided in this subdivision, on and after July 1, 2021, the governing authority
shall not unconditionally admit or readmit to any of those institutions specified in this
subdivision, or admit or advance any pupil to 7th grade level, unless the pupil has been
immunized pursuant to Section 120335 or the parent or guardian files a medical exemption
form that complies with Section 120372.

263. Thus, a child who does not meet California’s school immunization requirements
under section 120335 cannot attend classes without a medical exemption form that complies with
Section 130372.

264. California Health and Safety Code section 120372 then provides that:

(a) (1) By January 1, 2021, the department shall develop and make available for use by
licensed physicians and surgeons an electronic, standardized, statewide medical
exemption certification form that shall be transmitted directly to the department’s
California Immunization Registry (CAIR) established pursuant to Section 120440.
Pursuant to Section 120375, the form shall be printed, signed, and submitted
directly to the school or institution at which the child will attend, submitted directly

1 to the governing authority of the school or institution, or submitted to that
2 governing authority through the CAIR where applicable. Notwithstanding Section
120370, commencing January 1, 2021, the standardized form shall be the only
documentation of a medical exemption that the governing authority may accept.

3 (2) At a minimum, the form shall require all of the following information:

4 (A) The name, California medical license number, business address, and
5 telephone number of the physician and surgeon who issued the medical
6 exemption, and of the primary care physician of the child, if different from
7 the physician and surgeon who issued the medical exemption.

8 (B) The name of the child for whom the exemption is sought, the name and
9 address of the child's parent or guardian, and the name and address of the
10 child's school or other institution.

11 (C) A statement certifying that the physician and surgeon has conducted a
12 physical examination and evaluation of the child consistent with the relevant
13 standard of care and complied with all applicable requirements of this
14 section.

15 (D) Whether the physician and surgeon who issued the medical exemption is
16 the child's primary care physician. If the issuing physician and surgeon is
17 not the child's primary care physician, the issuing physician and surgeon
18 shall also provide an explanation as to why the issuing physician and not the
19 primary care physician is filling out the medical exemption form.

20 (E) How long the physician and surgeon has been treating the child.

21 (F) A description of the medical basis for which the exemption for each
22 individual immunization is sought. Each specific immunization shall be
23 listed separately and space on the form shall be provided to allow for the
24 inclusion of descriptive information for each immunization for which the
25 exemption is sought.

26 (G) Whether the medical exemption is permanent or temporary, including
27 the date upon which a temporary medical exemption will expire. A
28 temporary exemption shall not exceed one year. All medical exemptions
shall not extend beyond the grade span, as defined in Section 120370.

(H) An authorization for the department to contact the issuing physician and
surgeon for purposes of this section and for the release of records related to
the medical exemption to the department, the Medical Board of California,
and the Osteopathic Medical Board of California.

(I) A certification by the issuing physician and surgeon that the statements
and information contained in the form are true, accurate, and complete.

(3) An issuing physician and surgeon shall not charge for either of the following:

(A) Filling out a medical exemption form pursuant to this section.

(B) A physical examination related to the renewal of a temporary medical
exemption.

(b) Commencing January 1, 2021, if a parent or guardian requests a licensed physician and
surgeon to submit a medical exemption for the parent's or guardian's child, the physician
and surgeon shall inform the parent or guardian of the requirements of this section. If the
parent or guardian consents, the physician and surgeon shall examine the child and submit a
completed medical exemption certification form to the department. A medical exemption
certification form may be submitted to the department at any time.

(c) By January 1, 2021, the department shall create a standardized system to monitor
immunization levels in schools and institutions as specified in Sections 120375 and
120440, and to monitor patterns of unusually high exemption form submissions by a
particular physician and surgeon.

(d) (1) The department, at a minimum, shall annually review immunization reports
from all schools and institutions in order to identify medical exemption forms
submitted to the department and under this section that will be subject to paragraph
(2).

(2) A clinically trained immunization department staff member, who is either a

1 physician and surgeon or a registered nurse, shall review all medical exemptions
2 from any of the following:

3 (A) Schools or institutions subject to Section 120375 with an overall
4 immunization rate of less than 95 percent.

5 (B) Physicians and surgeons who have submitted five or more medical
6 exemptions in a calendar year beginning January 1, 2020.

7 (C) Schools or institutions subject to Section 120375 that do not provide
8 reports of vaccination rates to the department.

9 (3) (A) The department shall identify those medical exemption forms that do
10 not meet applicable CDC, ACIP, or AAP criteria for appropriate medical
11 exemptions. The department may contact the primary care physician and
12 surgeon or issuing physician and surgeon to request additional information
13 to support the medical exemption.

14 (B) Notwithstanding subparagraph (A), the department, based on the medical
15 discretion of the clinically trained immunization staff member, may accept a
16 medical exemption that is based on other contraindications or precautions, including
17 consideration of family medical history, if the issuing physician and surgeon
18 provides written documentation to support the medical exemption that is consistent
19 with the relevant standard of care.

20 (C) A medical exemption that the reviewing immunization department staff
21 member determines to be inappropriate or otherwise invalid under subparagraphs
22 (A) and (B) shall also be reviewed by the State Public Health Officer or a physician
23 and surgeon from the department's immunization program designated by the State
24 Public Health Officer. Pursuant to this review, the State Public Health Officer or
25 physician and surgeon designee may revoke the medical exemption.

26 (4) Medical exemptions issued prior to January 1, 2020, shall not be revoked
27 unless the exemption was issued by a physician or surgeon that has been
28 subject to disciplinary action by the Medical Board of California or the
Osteopathic Medical Board of California.

(5) The department shall notify the parent or guardian, issuing physician and
surgeon, the school or institution, and the local public health officer with
jurisdiction over the school or institution of a denial or revocation under this
subdivision.

(6) If a medical exemption is revoked pursuant to this subdivision, the child
shall continue in attendance. However, within 30 calendar days of the
revocation, the child shall commence the immunization schedule required
for conditional admittance under Chapter 4 (commencing with Section
6000) of Division 1 of Title 17 of the California Code of Regulations in
order to remain in attendance, unless an appeal is filed pursuant to Section
120372.05 within that 30-day time period, in which case the child shall
continue in attendance and shall not be required to otherwise comply with
immunization requirements unless and until the revocation is upheld on
appeal.

(7) (A) If the department determines that a physician's and surgeon's practice is
contributing to a public health risk in one or more communities, the
department shall report the physician and surgeon to the Medical Board of
California or the Osteopathic Medical Board of California, as appropriate.
The department shall not accept a medical exemption form from the
physician and surgeon until the physician and surgeon demonstrates to the
department that the public health risk no longer exists, but in no event shall
the physician and surgeon be barred from submitting these forms for less
than two years.

(B) If there is a pending accusation against a physician and surgeon with the
Medical Board of California or the Osteopathic Medical Board of California
relating to immunization standards of care, the department shall not accept a
medical exemption form from the physician and surgeon unless and until the

accusation is resolved in favor of the physician and surgeon.

(C) If a physician and surgeon licensed with the Medical Board of California or the Osteopathic Medical Board of California is on probation for action relating to immunization standards of care, the department and governing authority shall not accept a medical exemption form from the physician and surgeon unless and until the probation has been terminated.

- (8) The department shall notify the Medical Board of California or the Osteopathic Medical Board of California, as appropriate, of any physician and surgeon who has five or more medical exemption forms in a calendar year that are revoked pursuant to this subdivision.
- (9) Notwithstanding any other provision of this section, a clinically trained immunization program staff member who is a physician and surgeon or a registered nurse may review any exemption in the CAIR or other state database as necessary to protect public health.
- (e) The department, the Medical Board of California, and the Osteopathic Medical Board of California shall enter into a memorandum of understanding or similar agreement to ensure compliance with the requirements of this section.
- (f) In administering this section, the department and the independent expert review panel created pursuant to Section 120372.05 shall comply with all applicable state and federal privacy and confidentiality laws. The department may disclose information submitted in the medical exemption form in accordance with Section 120440, and may disclose information submitted pursuant to this chapter to the independent expert review panel for the purpose of evaluating appeals.
- (g) The department shall establish the process and guidelines for review of medical exemptions pursuant to this section. The department shall communicate the process to providers and post this information on the department's website.
- (h) If the department or the California Health and Human Services Agency determines that contracts are required to implement or administer this section, the department may award these contracts on a single-source or sole-source basis. The contracts are not subject to Part 2 (commencing with Section 10100) of Division 2 of the Public Contract Code, Article 4 (commencing with Section 19130) of Chapter 5 of Part 2 of Division 5 of Title 2 of the Government Code, or Sections 4800 to 5180, inclusive, of the State Administrative Manual as they relate to approval of information technology projects or approval of increases in the duration or costs of information technology projects.
- (i) Notwithstanding the rulemaking provisions of the Administrative Procedure Act (Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code), the department may implement and administer this section through provider bulletins, or similar instructions, without taking regulatory action.
- (j) For purposes of administering this section, the department and the California Health and Human Services Agency appeals process shall be exempt from the rulemaking and administrative adjudication provisions in the Administrative Procedure Act (Chapter 3.5 (commencing with Section 11340), Chapter 4 (commencing with Section 11370), Chapter 4.5 (commencing with 11400), and Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code).

265. Nowhere does California's statutory scheme for the regulation of school attendance by defendant Erica Pan and California's Department of Public Health, based upon the child's immunization status, provide for any procedural rights or protections for the child's rights, under federal and/or California law, to attend the school of the parents' choice, the *Meyer-Pierce* right.

1 7. CAUSES OF ACTION

2 7.1 **FIRST CAUSE OF ACTION: Infringement Of The Fundamental Substantive**
3 **Due Process Right Of Plaintiffs, And All Other Innocent California Minor**
4 **Children, To Be Free From Mandated, Potentially Lethal, Injections That Can**
5 **Cause Death Or Serious Permanent Illnesses, Such As Autism And Sudden**
6 **Infant Death Syndrome, U.S. Constitution, Fourteenth Amendment, 42 U.S.C.**
7 **§ 1983**

8 266. Plaintiffs incorporate here by reference paragraphs 1 through 265, *supra*, as if fully
9 set forth herein.

10 267. The Substantive Due Process rights under the Fifth Amendment have been
11 incorporated to and made enforceable against the states through the Fourteenth Amendment
12 guarantee of Due Process. *NAACP v. Alabama*, 357 U.S. 449 (1958); *Gitlow v. New York*, 268 U.S.
13 652 (1925).

14 268. 42 U.S.C. § 1983 provides a cause of action against any person who, under
15 color of law of any state, subjects any person within the jurisdiction of the United States to a
16 deprivation of any rights, privileges, or immunities secured by the Constitution.

17 269. Plaintiffs challenge California's mandated childhood immunizations as
18 infringements of the fundamental substantive due process rights of plaintiffs, and all other innocent
19 California minor children, to be free from mandated, potentially lethal, injections that can cause
20 death or serious permanent illness and injury, such as autism and Sudden Infant Death Syndrome,
21 as verified by data from the Vaccine Injury Compensation Program (VICP).

22 270. These infringements cannot pass strict scrutiny review since California has the
23 burden of proof to show that those infringements are narrowly tailored to achieve a compelling
24 state interest.

25 271. California cannot make that stringent showing because it has no data of its own to
26 meet that burden. It relies entirely on data and recommendations from the U.S. Advisory
27 Committee on Immunization Practices (ACIP), a unit of the U.S. Centers For Disease Control
28 (CDC).

29 272. Recently the CDC released updated data on the prevalence of autism in U.S.
30 children showing that it continues to skyrocket, with the overall California prevalence now
31 increased to one of every twenty children and the rate for California boys now being one in twelve.

1 273. U.S. DHHS Secretary Kennedy recently announced these data and declared that a
2 pandemic of autism is now upon us. He also announced that his department would launch a
3 “massive” investigation of the cause(s) of it and announce the results by September of this year, at
4 which time he would announce measures to eliminate those causes.

5 274. The data and the parents’ stories above leave no doubt that childhood vaccines are a
6 major proximate cause of the autism pandemic.

7 275. Furthermore, California cannot produce compelling evidence that any of its
8 mandated immunizations are essential, or even desirable, for the overall health of California’s
9 children, given their limited benefits and all of their serious and fatal side effects that are
10 extensively described above. These serious and fatal side effects are also fatal to California’s
11 efforts to meet the requirements of strict scrutiny.

12 276. These infringements cannot pass strict scrutiny review since California cannot show
13 that those infringements are narrowly tailored to achieve a compelling state interest; here that being
14 that California cannot show that each of the mandated immunizations are absolutely necessary
15 (“narrowly tailored”) for the public health, California’s only “compelling state interest.”

16 **7.2 SECOND CAUSE OF ACTION: Infringement Of The Fundamental**
17 **Substantive Due Process Right Of Plaintiffs, And All Other California Minor**
18 **Children, To Be Free From Mandated Medical Injections Where The**
19 **Injections Have Not Been Shown To Serve A Public Health Purpose By**
20 **Preventing The Transmission Of Infection, U.S. Constitution, Fourteenth**
21 **Amendment, 42 U.S.C. § 1983**

22 277. Plaintiffs incorporate here by reference paragraphs 1 through 276, *supra*, as if fully
23 set forth herein.

24 278. Under *Jacobson v. Massachusetts*, the legal justification for mandatory vaccinations
25 is as a public health measure, to prevent the transmission of infectious diseases, in that case,
26 epidemic small pox, and not as a private health measure, to prevent or ameliorate illness in
27 individuals.

28 279. The California Department of Public Health and the CDC have no data showing
that California’s mandated childhood immunizations are effective as a public health measure, *i.e.*,
at preventing person-to-person transmission of the infections that they target.

 280. Plaintiffs challenge California’s mandated childhood immunizations as

1 infringements of the fundamental substantive due process right of plaintiffs, and all other
2 California minor children, to be free from mandated medical injections that do not serve a public
3 health purpose by preventing the transmission of infection.

4 281. These infringements cannot pass strict scrutiny review since California cannot show
5 that those infringements are narrowly tailored to achieve a compelling state interest; here that being
6 that California cannot show that each of the mandated immunizations are absolutely necessary
7 (“narrowly tailored”) for the public health, *i.e.* prevention of transmission of infection to the
8 public, California’s only “compelling state interest”.

9 **7.3 THIRD CAUSE OF ACTION: Infringement Of The Fundamental Substantive**
10 **Due Process Right Of Plaintiff Children, And All Other California Minor**
11 **Children, To Attend School, U.S. Constitution, Fourteenth Amendment, 42**
12 **U.S.C. § 1983**

13 282. Plaintiffs incorporate here by reference paragraphs 1 through 281, *supra*, as if fully
14 set forth herein.

15 283. Under *Meyer v. Nebraska*, all children have a fundamental, substantive due process,
16 right under the Fourteenth Amendment to attend school, as the Court put it, to “acquire useful
17 knowledge:”

18 The problem for our determination is whether the statute as construed and applied
19 unreasonably infringes the liberty guaranteed to the plaintiff in error by the Fourteenth
20 Amendment:

21 'No state * * * shall deprive any person of life, liberty or property without due
22 process of law.'

23 While this court has not attempted to define with exactness the liberty thus guaranteed, the
24 term has received much consideration and some of the included things have been definitely
25 stated. **Without doubt, it denotes not merely freedom from bodily restraint** but also the
26 right of the individual to contract, to engage in any of the common occupations of life, **to**
27 **acquire useful knowledge**, to marry, establish a home and bring up children, to worship
28 God according to the dictates of his own conscience, and generally to enjoy those privileges
long recognized at common law as essential to the orderly pursuit of happiness by free men.

Meyer v. State of Nebraska, 262 U.S. 390, 399 (1923)(holding that Nebraska could not
forbid the teaching of the German language in its public schools)(emphasis added.)

284. California Health and Safety Code Section 120335 categorically denies California
children who wish to assert their right to be free from restraint (unvaccinated) from also enjoying
their right to attend school and “acquire useful knowledge,” thus infringing those fundamental
rights.

285. These infringements cannot pass strict scrutiny review since California cannot show

1 that those infringements are narrowly tailored to achieve a compelling state interest; here that being
2 that California cannot show that each of the mandated immunizations are absolutely necessary
3 (“narrowly tailored”) for the public health, *i.e.* prevention of transmission of infection to the
4 public, California’s only “compelling state interest”.

5 **7.4 FOURTH CAUSE OF ACTION: Unconstitutional Conditioning Of The Rights**
6 **Of Plaintiffs, And All Other California Minor Children, To Their California**
7 **Benefit Of A Free Public Education On Condition That Plaintiffs Give Up**
8 **Their Fundamental Right To Be Free Of Mandated Injections, 42 U.S.C. §**
9 **1983**

10 286. Plaintiffs incorporate here by reference paragraphs 1 through 285, *supra*, as if fully
11 set forth herein.

12 287. The Constitution of the State of California has provided, since 1879, that:

13 The Legislature shall provide for a system of common schools by which a free school shall
14 be kept up and supported in each district at least six months in every year, after the first
15 year in which a school has been established.

16 288. Thus, every school-age child residing within the State of California is entitled to the
17 benefit of a free education in a common (public) school.

18 289. Since 1891, the U.S. Supreme Court has recognized the fundamental common law
19 right to refuse un-consented medical treatment. (*Union Pacific Railway Company v. Botsford*
20 (1891) 141 U.S. 250.) Such un-consented medical treatment was regarded by the common law as a
21 battery unless undertaken by order of a court.

22 290. Thus, the right to be free from unwanted medical treatment is a fundamental right
23 protected under the Substantive Due Process Clause of the Fourteenth Amendment to the
24 Constitution of the United States.

25 291. California Health and Safety Code section 120335 mandates that school age
26 children who wish to avail themselves of their right, under the California Constitution, to attend, at
27 no cost to themselves, their local public schools must then give up their fundament right, under the
28 Substantive Due Process Clause of the Fourteenth Amendment, to refuse medical treatment with
the state-mandated vaccines.

29 292. Thus, California Health and Safety Code section 120335 runs afoul of the rule that
the government “may not deny a benefit to a person on a basis that infringes his constitutionally

1 protected interests.” (*Sheetz v. Cnty. of El Dorado* (2024) 601 U.S. ___, citing the unconstitutional
2 conditions doctrine as set forth under *Perry v. Sindermann* (1972) 408 U.S. 593, 597.)

3 293. Because California Health and Safety Code section 120335 violates the
4 unconstitutional conditions doctrine by conditioning the child’s right to attend California’s public
5 school on the child’s giving up the child’s fundamental constitutional right to refuse unwanted
6 medical treatment, it cannot stand and must be enjoined.

7 **7.5 FIFTH CAUSE OF ACTION: Failure To Afford Strict Scrutiny Procedural**
8 **Due Process To Plaintiffs, And All Other California Minor Children, Who**
9 **Wish To Exercise Their Fundamental Substantive Due Process Right To Be**
10 **Free Of California’s Mandated Injections Required For School Attendance, 42**
11 **U.S.C. § 1983**

12 294. Plaintiffs incorporate here by reference paragraphs 1 through 293, *supra*, as if fully
13 set forth herein.

14 295. California Health and Safety Code Section 120335 requires California school
15 children to be immunized with numerous listed vaccines, known to Congress under the National
16 Childhood Vaccine Injury Act and as set forth above in section 4.4, to cause serious injury and
17 disability, up to and including death.

18 296. Minor child plaintiffs, minor children belonging to the plaintiff organizations, and
19 all others similarly situated minor children who do not comply with Health and Safety Code
20 Section 120335 forfeit their constitutional right to pursue education in the public or private schools
21 in California (the *Meyer-Pierce* right) and do so without being afforded any of their procedural due
22 process rights, including appropriate notice and hearing, as required for the deprivation of
23 fundamental constitutional rights.

24 297. The defendants failure to provide due process is a facial violation of the civil rights
25 of those children under the Procedural Due Process Clause of the Fourteenth Amendment as
26 enforced under 42 U.S.C. § 1983.

27 **8. IRREPARABLE INJURY**

28 298. Plaintiffs incorporate here by reference paragraphs 1 through 297, *supra*, as if fully
set forth herein.

299. Minor child plaintiffs and all other California minor children and all others similarly

1 situated will be severely and irreparably injured by the denial of their Fourteenth Amendment
2 Substantive Due Process rights under Health and Safety Code Section 120335. They will suffer
3 irreparable physical and emotional injuries and their economic injuries will not be recoverable
4 from California due to its sovereign immunity. Prospective declaratory and injunction relief is both
5 necessary and appropriate.

6 **9. PRAYER FOR RELIEF**

7 WHEREFORE, Plaintiffs Free Now Foundation, Brave and Free Santa Cruz, Minor
8 Children D.Q., A.R., T.E., and N.D. respectfully request and pray for judgment as follows:

- 9 1. A Declaration that the right of children to be free from California's mandated medical
10 treatments of their children, here in the form of injections into those children required
11 under Health and Safety Code Section 120335 and known to the Congress of the United
12 States to cause permanent injury and death, potentially lethal injections, is a fundamental
13 right under the Substantive Due Process Clause of the Fifth Amendment as applied to the
14 States under the Fourteenth Amendment.
- 15 2. A Declaration that the State of California may not deny children their fundamental right to
16 education (the *Meyer-Pierce* right), based upon whether those children submit to
17 California's mandated injections, injections known to the Congress of the United States to
18 cause permanent injury and death.
- 19 3. An injunction enjoining the State of California and its Department of Public Health from
20 enforcing, either directly or through the school districts under its jurisdiction. the
21 immunization requirements set forth in Health and Safety Code Section 120335 as to any of
22 the four minor plaintiffs in this case.
- 23 4. An injunction enjoining the State of California and its Department of Public Health from
24 enforcing, either directly or through the school districts under its jurisdiction. the
25 immunization requirements set forth in Health and Safety Code Section 120335 as to any
26 other similarly situated California minors.
- 27 5. An injunction enjoining the State of California and its Department of Public Health to
28 announce the suspension of the enforcement of California's childhood immunization

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requirements to the news media, on the website of the California Department of Public Health, and to require the schools under the jurisdiction of the California Department of Public Health to announce the suspension of the enforcement of California’s childhood immunization requirements to all the parents and guardians of their students.

6. An injunction enjoining the State of California and its Department of Public Health from enforcing, either directly or through the school districts under its jurisdiction the immunization requirements set forth in Health and Safety Code Section 120335 as to any plaintiffs or to any other similarly situated persons without notice and hearing in which the state must show that the required immunizations are narrowly tailored to serve a compelling government interest.

Date: May 6, 2025



Richard B. Fox, J.D., M.D.

Counsel For Plaintiffs

Exhibits

Exhibit 1

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7 drfox@drfoxlawoffice.com
8 Attorney for Plaintiffs

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UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF CALIFORNIA

Free Now Foundation, And Brave And Free
Santa Cruz;
Plaintiffs,
vs.
Erica Pan In Her Official Capacity As Director
Of The California Department Of Public Health,
And Courtney Johnson, In Her Official Capacity
As Principal, Foothill Technology High School,
Ventura Unified School District, Monica
Morales, In Her Official Capacity As Director,
Santa Cruz County Health Services Agency;
Defendants

Case No.: 2:24-CV-03523-DJC-SCR
DECLARATION OF:
DARLENE CULOTTA
SUDDEN CHILD DEATH CASE

1. I am DARLENE CULOTTA,
2. I have personal knowledge of all matters and facts set forth herein and could and would competently testify thereto if called upon to do so.
3. My child was 7 Weeks old when He died.
4. My child died Day after day(s) after He got immunizations (shots).
5. Before my child died he got One DPT shot separate injections (shots)
6. Prior to my child's sudden death, He was in:
 Good health Minor illness Major illness

1 7. The immunizations (shots) that my child got before (s)he died included:



Diphtheria

3 ___ Haemophilus influenzae type b

4 ___ Hepatitis B

5 ___ Measles

6 ___ Mumps



8 Pertussis (whooping cough)

9 ___ Poliomyelitis

10 ___ Rubella



12 Tetanus

13 ___ Varicella (chicken pox)

14 ___ None

15 8. When I gave consent for the immunizations (shots) right before my child died, the
16 possibility of death Was Never mentioned to me.

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18 9. If I knew at the time I gave consent for the immunizations (shots) right before my
19 child died, I Would never have given that consent.

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10. Other Important Facts Or Opinions, Including The Impact On The Family:

I took him to his WELL BABY check up back in May of 1969 and found him dead in his crib the next morning.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed at Palmdale, on 04/06/2025

Darlene Culotta

(Signature)

Name: DARLENE CULOTTA

Exhibit 2

1 Richard B. Fox, J.D., M.D.
2 State Bar Number 283447
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8 Attorney for Plaintiffs

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UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF CALIFORNIA

Free Now Foundation, And Brave And Free
Santa Cruz;
Plaintiffs,

vs.

Erica Pan In Her Official Capacity As Director
Of The California Department Of Public Health,
And Courtney Johnson, In Her Official Capacity
As Principal, Foothill Technology High School,
Ventura Unified School District, Monica
Morales, In Her Official Capacity As Director,
Santa Cruz County Health Services Agency;

Defendants

Case No.: 2:24-CV-03523-DJC-SCR
DECLARATION OF:

SALLY RUBIN

REGRESSIVE AUTISM DECLARATION

1. I am SALLY RUBIN,
2. I have personal knowledge of all matters and facts set forth herein and could and would competently testify thereto if called upon to do so.
3. My child was 3 YEARS 7 MONTHS old and developing normally when HIS development and behavior suddenly regressed after getting immunizations.
4. After getting the immunizations my child regressed in the following ways (rate each on a 0 to 3 scale, with 0 being no regression, 1 being mild regression, 2 being moderate regression, and 3 being severe regression):

REGRESSION AUTISM DECLARATION

Social Communication:

- 1
- 2 3 ___ Difficulty understanding and using social cues, such as eye contact, facial
- 3 expressions, and body language
- 4 3 ___ Limited eye contact and avoidance of eye contact
- 5 2 ___ Lack of interest in social interactions and difficulty sharing experiences
- 6 3 ___ Challenges with understanding and responding to emotions in others
- 7

Repetitive Behaviors:

- 8
- 9 1 ___ Repetitive movements, such as hand flapping, spinning, or rocking
- 10 3 ___ Insistence on routines and resistance to change
- 11 3 ___ Highly focused interests or obsessions with specific objects or activities
- 12 3 ___ Stereotyped speech patterns, such as repeating words or phrases
- 13

Restricted Interests:

- 14
- 15 3 ___ Intense and narrow interests that may consume a significant amount of time and
- 16 attention
- 17 3 ___ Difficulty shifting focus from their interests to other activities
- 18 3 ___ Preference for certain objects, textures, or sensory experiences
- 19

Other Characteristics:

- 20
- 21 3 ___ Delayed language development or unusual language patterns
- 22 3 ___ Difficulty with pretend play and imaginative activities
- 23 3 ___ Sensory sensitivities, such as over- or undersensitivity to sounds, textures, or
- 24 smells
- 25 2 ___ Challenges with motor coordination or fine motor skills
- 26 3 ___ Unusual eating habits or food preferences
- 27

- 1 5. This regression began 01/20/1997
- 2 6. This regression was complete or nearly complete DAYS
- 3 7. Prior to my child's regression, HE was in:
- 4 Good health Minor illness Major illness
- 5
- 6 8. The immunizations (shots) that my child got before (s)he regressed included:
- 7 Diphtheria
- 8 Haemophilus influenzae type b
- 9 Hepatitis B
- 10 Measles
- 11 Mumps
- 12 Pertussis (whooping cough)
- 13 Poliomyelitis
- 14 Rubella
- 15 Tetanus
- 16 Varicella (chicken pox)
- 17 Other immunizations: NONE
- 18
- 19 9. When I gave consent for the immunizations (shots) right before my child became
- 20 autistic, the possibility of autism WAS NEVER mentioned to me.
- 21
- 22 10. If I knew at the time I gave consent for the immunizations (shots) right before my
- 23 child became autistic, I WOULD NEVER have given that consent.
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11. Other Important Facts Or Opinions, Including The Impact On The Family:

I HAD MY OWN COMPANY AT THE TIME AND CLOSED IT TO BE ABLE TO DEVOTE MYSELF FULL TIME TO HELPING MY SON. IT HAS BEEN FINANCIALLY DEVASTATING.

I declare under penalty of perjury under the laws of the State of CALIFORNIA that the foregoing is true and correct.

Executed at OAKLAND, CA, on 04/03/2025



(Signature)

Name: SALLY RUBIN

Exhibit 3

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**UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF CALIFORNIA**

Free Now Foundation, And Brave And Free
Santa Cruz;
Plaintiffs,

vs.

Erica Pan In Her Official Capacity As Director
Of The California Department Of Public Health,
And Courtney Johnson, In Her Official Capacity
As Principal, Foothill Technology High School,
Ventura Unified School District, Monica
Morales, In Her Official Capacity As Director,
Santa Cruz County Health Services Agency;

Defendants

Case No.: 2:24-CV-03523-DJC-SCR
DECLARATION OF:

JENNIFER SILVA

REGRESSIVE AUTISM DECLARATION

1. I am JENNIFER SILVA.
2. I have personal knowledge of all matters and facts set forth herein and could and would competently testify thereto if called upon to do so.
3. My child was 18 MONTHS old and developing normally when HER development and behavior suddenly regressed after getting immunizations.
4. After getting the immunizations my child regressed in the following ways (rate each on a 0 to 3 scale, with 0 being no regression, 1 being mild regression, 2 being moderate regression, and 3 being severe regression):

REGRESSION AUTISM DECLARATION

Social Communication:

- 1
- 2 3 ___ Difficulty understanding and using social cues, such as eye contact, facial
- 3 expressions, and body language
- 4 3 ___ Limited eye contact and avoidance of eye contact
- 5 3 ___ Lack of interest in social interactions and difficulty sharing experiences
- 6 2 ___ Challenges with understanding and responding to emotions in others
- 7

Repetitive Behaviors:

- 8
- 9 2 ___ Repetitive movements, such as hand flapping, spinning, or rocking
- 10 3 ___ Insistence on routines and resistance to change
- 11 3 ___ Highly focused interests or obsessions with specific objects or activities
- 12 3 ___ Stereotyped speech patterns, such as repeating words or phrases
- 13

Restricted Interests:

- 14
- 15 2 ___ Intense and narrow interests that may consume a significant amount of time and
- 16 attention
- 17 2 ___ Difficulty shifting focus from their interests to other activities
- 18 2 ___ Preference for certain objects, textures, or sensory experiences
- 19

Other Characteristics:

- 20
- 21 3 ___ Delayed language development or unusual language patterns
- 22 3 ___ Difficulty with pretend play and imaginative activities
- 23 2 ___ Sensory sensitivities, such as over- or undersensitivity to sounds, textures, or
- 24 smells
- 25 1 ___ Challenges with motor coordination or fine motor skills
- 26 3 ___ Unusual eating habits or food preferences
- 27

- 1 5. This regression began 09/04/2018
- 2 6. This regression was complete or nearly complete 11 MONTHS
- 3 7. Prior to my child's regression, SHE was in:
- 4 Good health Minor illness Major illness
- 5 8. The immunizations (shots) that my child got before (s)he regressed included:
- 6 Diphtheria
- 7 Haemophilus influenzae type b
- 8 Hepatitis B
- 9 Measles
- 10 Mumps
- 11 Pertussis (whooping cough)
- 12 Poliomyelitis
- 13 Rubella
- 14 Tetanus
- 15 Varicella (chicken pox)
- 16 Other immunizations:
- 17 9. When I gave consent for the immunizations (shots) right before my child became
- 18 autistic, the possibility of autism NEVER mentioned to me.
- 19 10. If I knew at the time I gave consent for the immunizations (shots) right before my
- 20 child became autistic, I WOULD NEVER have given that consent.
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11. Other Important Facts Or Opinions, Including The Impact On The Family:

MY DAUGHTER BECAME VERY AGITATED INITIALLY, UNABLE TO COPE WITH DAILY LIFE, EXPERIENCING SEVERAL TANTRUMS, WHICH HAD NEVER OCCURRED BEFORE. SHE THEN LOST HER EYE CONTACT AND ABILITY TO ANSWER TO HER NAME. SHE WANDERED AROUND OUR HOME AS IF WE WERN'T THERE. I FELT LIKE I HAD LOST MY GIRL. THE REGRET AND SADNESS THAT ENVELOPED ME AS A MOTHER WAS OVERPOWERING.

I declare under penalty of perjury under the laws of the State of CALIFORNIA that the foregoing is true and correct.

Executed at HUNTINGTON BEACH, CA, on 04/04/2025



(Signature)

Name: JENNIFER SILVA

Exhibit 4

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 7 drfox@drfoxlawoffice.com
 8 Attorney for Plaintiffs

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**UNITED STATES DISTRICT COURT
 EASTERN DISTRICT OF CALIFORNIA**

Free Now Foundation, And Brave And Free
 Santa Cruz;
 Plaintiffs,
 vs.
 Erica Pan In Her Official Capacity As Director
 Of The California Department Of Public Health,
 And Courtney Johnson, In Her Official Capacity
 As Principal, Foothill Technology High School,
 Ventura Unified School District, Monica
 Morales, In Her Official Capacity As Director,
 Santa Cruz County Health Services Agency;
 Defendants

Case No.: 2:24-CV-03523-DJC-SCR
 DECLARATION OF:
 MEENA KURIAN
 REGRESSIVE AUTISM DECLARATION

1. I am Meena Kurian,
2. I have personal knowledge of all matters and facts set forth herein and could and would competently testify thereto if called upon to do so.
3. My child was 14 months old and developing normally when his development and behavior suddenly regressed after getting immunizations.
4. After getting the immunizations my child regressed in the following ways (rate each on a 0 to 3 scale, with 0 being no regression, 1 being mild regression, 2 being moderate regression, and 3 being severe regression):

Social Communication:

- Difficulty understanding and using social cues, such as eye contact, facial expressions, and body language
- Limited eye contact and avoidance of eye contact
- Lack of interest in social interactions and difficulty sharing experiences
- Challenges with understanding and responding to emotions in others

Repetitive Behaviors:

- Repetitive movements, such as hand flapping, spinning, or rocking
- Insistence on routines and resistance to change
- Highly focused interests or obsessions with specific objects or activities
- Stereotyped speech patterns, such as repeating words or phrases

Restricted Interests:

- Intense and narrow interests that may consume a significant amount of time and attention
- Difficulty shifting focus from their interests to other activities
- Preference for certain objects, textures, or sensory experiences

Other Characteristics:

- Delayed language development or unusual language patterns
- Difficulty with pretend play and imaginative activities
- Sensory sensitivities, such as over- or undersensitivity to sounds, textures, or smells
- Challenges with motor coordination or fine motor skills
- Unusual eating habits or food preferences

1 5. This regression began 11/12/2008

2 6. This regression was complete or nearly complete

3 7. Prior to my child's regression, ^{he} _____ was in:

4 Good health ___ Minor illness ___ Major illness

5 8. The immunizations (shots) that my child got before (s)he regressed included:

6 Diphtheria

7 Haemophilus influenzae type b

8 Hepatitis B

9 Measles

10 Mumps

11 Pertussis (whooping cough)

12 Poliomyelitis

13 Rubella

14 Tetanus

15 _____ Varicella (chicken pox)

16 Other immunizations: Flu

17 9. When I gave consent for the immunizations (shots) right before my child became
18 autistic, the possibility of autism _____ was never _____ mentioned to me.

19 10. If I knew at the time I gave consent for the immunizations (shots) right before my
20 child became autistic, I _____ would never _____ have given that consent.

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11. Other Important Facts Or Opinions, Including The Impact On The Family:

Financial strain, could not work as an RN as my son needed me. Girls felt neglected as we had to focus on son. Strained marital and family bonds.

I declare under penalty of perjury under the laws of the State of Virginia that the foregoing is true and correct.

Executed at Wise, on 04/03/2025



(Signature)

Name: Meena Kurian

Exhibit 5

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 8 Attorney for Plaintiffs

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**UNITED STATES DISTRICT COURT
 EASTERN DISTRICT OF CALIFORNIA**

Free Now Foundation, And Brave And Free
 Santa Cruz;
 Plaintiffs,
 vs.
 Erica Pan In Her Official Capacity As Director
 Of The California Department Of Public Health,
 And Courtney Johnson, In Her Official Capacity
 As Principal, Foothill Technology High School,
 Ventura Unified School District, Monica
 Morales, In Her Official Capacity As Director,
 Santa Cruz County Health Services Agency;
 Defendants

Case No.: 2:24-CV-03523-DJC-SCR
 DECLARATION OF:
 ANN TODD
 REGRESSIVE AUTISM DECLARATION

1. I am ANN TODD,
2. I have personal knowledge of all matters and facts set forth herein and could and would competently testify thereto if called upon to do so.
3. My child was 20 MOS old and developing normally when HER development and behavior suddenly regressed after getting immunizations.
4. After getting the immunizations my child regressed in the following ways (rate each on a 0 to 3 scale, with 0 being no regression, 1 being mild regression, 2 being moderate regression, and 3 being severe regression):

Social Communication:

- 1
- 2 Difficulty understanding and using social cues, such as eye contact, facial
- 3 expressions, and body language
- 4 Limited eye contact and avoidance of eye contact
- 5 Lack of interest in social interactions and difficulty sharing experiences
- 6 Challenges with understanding and responding to emotions in others
- 7

Repetitive Behaviors:

- 8
- 9 Repetitive movements, such as hand flapping, spinning, or rocking
- 10 Insistence on routines and resistance to change
- 11 Highly focused interests or obsessions with specific objects or activities
- 12 Stereotyped speech patterns, such as repeating words or phrases
- 13

Restricted Interests:

- 14
- 15 Intense and narrow interests that may consume a significant amount of time and
- 16 attention
- 17 Difficulty shifting focus from their interests to other activities
- 18 Preference for certain objects, textures, or sensory experiences
- 19

Other Characteristics:

- 20
- 21 Delayed language development or unusual language patterns
- 22 Difficulty with pretend play and imaginative activities
- 23 Sensory sensitivities, such as over- or undersensitivity to sounds, textures, or
- 24 smells
- 25 Challenges with motor coordination or fine motor skills
- 26 Unusual eating habits or food preferences
- 27

1 5. This regression began 04/06/2025

2 6. This regression was complete or nearly complete 6 MOS

3 7. Prior to my child's regression, SHE was in:

4 Good health Minor illness Major illness

5 8. The immunizations (shots) that my child got before (s)he regressed included:

6 Diphtheria

7 Haemophilus influenzae type b

8 Hepatitis B

9 Measles

10 Mumps

11 Pertussis (whooping cough)

12 Poliomyelitis

13 Rubella

14 Tetanus

15 Varicella (chicken pox)

16 Other immunizations:

17 9. When I gave consent for the immunizations (shots) right before my child became
18 autistic, the possibility of autism WAS NEVER mentioned to me.

19 10. If I knew at the time I gave consent for the immunizations (shots) right before my
20 child became autistic, I WOULD NEVER have given that consent.

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11. Other Important Facts Or Opinions, Including The Impact On The Family:

SHE WAS FULLY DIAGNOSES ADD BY AGE 3. SHE HAS HAD AN IEP ALL THROUGOUT SCHOOL AND IS NOW AN ADULT UNDER CONSERVATORSHIP.

I declare under penalty of perjury under the laws of the State of CA that the foregoing is true and correct.

Executed at LONG BEACH CA, on 04/06/2025

ANN TODD

(Signature)

Name: ANN TODD

Exhibit 6

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**UNITED STATES DISTRICT COURT
 EASTERN DISTRICT OF CALIFORNIA**

Free Now Foundation, And Brave And Free
 Santa Cruz;
 Plaintiffs,
 vs.
 Erica Pan In Her Official Capacity As Director
 Of The California Department Of Public Health,
 And Courtney Johnson, In Her Official Capacity
 As Principal, Foothill Technology High School,
 Ventura Unified School District, Monica
 Morales, In Her Official Capacity As Director,
 Santa Cruz County Health Services Agency;
 Defendants

Case No.: 2:24-CV-03523-DJC-SCR
 DECLARATION OF:
 Janice Fry
 REGRESSIVE AUTISM DECLARATION

1. I am Janice Fry,
2. I have personal knowledge of all matters and facts set forth herein and could and would competently testify thereto if called upon to do so.
3. My child was 5 old and developing normally when His development and behavior suddenly regressed after getting immunizations.
4. After getting the immunizations my child regressed in the following ways (rate each on a 0 to 3 scale, with 0 being no regression, 1 being mild regression, 2 being moderate regression, and 3 being severe regression):

Social Communication:

- 1
- 2 3 ___ Difficulty understanding and using social cues, such as eye contact, facial
- 3 expressions, and body language
- 4 3 ___ Limited eye contact and avoidance of eye contact
- 5 3 ___ Lack of interest in social interactions and difficulty sharing experiences
- 6 3 ___ Challenges with understanding and responding to emotions in others
- 7

Repetitive Behaviors:

- 8
- 9 3 ___ Repetitive movements, such as hand flapping, spinning, or rocking
- 10 3 ___ Insistence on routines and resistance to change
- 11 3 ___ Highly focused interests or obsessions with specific objects or activities
- 12 3 ___ Stereotyped speech patterns, such as repeating words or phrases
- 13

Restricted Interests:

- 14
- 15 3 ___ Intense and narrow interests that may consume a significant amount of time and
- 16 attention
- 17 3 ___ Difficulty shifting focus from their interests to other activities
- 18 3 ___ Preference for certain objects, textures, or sensory experiences
- 19

Other Characteristics:

- 20
- 21 3 ___ Delayed language development or unusual language patterns
- 22 3 ___ Difficulty with pretend play and imaginative activities
- 23 3 ___ Sensory sensitivities, such as over- or undersensitivity to sounds, textures, or
- 24 smells
- 25 3 ___ Challenges with motor coordination or fine motor skills
- 26 3 ___ Unusual eating habits or food preferences
- 27

1 5. This regression began 06/01/2020

2 6. This regression was complete or nearly complete Days

3 7. Prior to my child's regression, He was in:

4 Good health Minor illness Major illness

5 8. The immunizations (shots) that my child got before (s)he regressed included:

6 Diphtheria

7 Haemophilus influenzae type b

8 Hepatitis B

9 Measles

10 Mumps

11 Pertussis (whooping cough)

12 Poliomyelitis

13 Rubella

14 Tetanus

15 Varicella (chicken pox)

16 Other immunizations: The other regular child vaccines

17 9. When I gave consent for the immunizations (shots) right before my child became
18 autistic, the possibility of autism Was never mentioned to me.

19 10. If I knew at the time I gave consent for the immunizations (shots) right before my
20 child became autistic, I World never have given that consent.

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11. Other Important Facts Or Opinions, Including The Impact On The Family:

My child became a completely different person, it was like a light switched off in him. He was social and talkative he was already saying basic words, signing to communicate. And after he became withdrawn would get angry, anti social, didn't even like his brothers out want to interact with any other children like he did prior. And now at 5 I am dealing with being his full time caregiver he hits other people and spits on them. He is non verbal. He hits himself, the list is long.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed at Whittier, on 04/06/2025



(Signature)

Name: Janice Fry

Exhibit 7

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 4 Campbell, CA 95008
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 8 Attorney for Plaintiffs

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UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF CALIFORNIA

Free Now Foundation, And Brave And Free
 Santa Cruz;
 Plaintiffs,
 vs.
 Erica Pan In Her Official Capacity As Director
 Of The California Department Of Public Health,
 And Courtney Johnson, In Her Official Capacity
 As Principal, Foothill Technology High School,
 Ventura Unified School District, Monica
 Morales, In Her Official Capacity As Director,
 Santa Cruz County Health Services Agency;
 Defendants

Case No.: 2:24-CV-03523-DJC-SCR
 DECLARATION OF:
 Marie Bacsik
 REGRESSIVE AUTISM DECLARATION

1. I am Marie Bacsik
2. I have personal knowledge of all matters and facts set forth herein and could and would competently testify thereto if called upon to do so.
3. My child was 10 old and developing normally when Her development and behavior suddenly regressed after getting immunizations.
4. After getting the immunizations my child regressed in the following ways (rate each on a 0 to 3 scale, with 0 being no regression, 1 being mild regression, 2 being moderate regression, and 3 being severe regression):

Social Communication:

- 1
- 2 3 ___ Difficulty understanding and using social cues, such as eye contact, facial
- 3 expressions, and body language
- 4 3 ___ Limited eye contact and avoidance of eye contact
- 5 3 ___ Lack of interest in social interactions and difficulty sharing experiences
- 6 3 ___ Challenges with understanding and responding to emotions in others
- 7

Repetitive Behaviors:

- 8
- 9 3 ___ Repetitive movements, such as hand flapping, spinning, or rocking
- 10 3 ___ Insistence on routines and resistance to change
- 11 3 ___ Highly focused interests or obsessions with specific objects or activities
- 12 3 ___ Stereotyped speech patterns, such as repeating words or phrases
- 13

Restricted Interests:

- 14
- 15 3 ___ Intense and narrow interests that may consume a significant amount of time and
- 16 attention
- 17 3 ___ Difficulty shifting focus from their interests to other activities
- 18 3 ___ Preference for certain objects, textures, or sensory experiences
- 19

Other Characteristics:

- 20
- 21 3 ___ Delayed language development or unusual language patterns
- 22 3 ___ Difficulty with pretend play and imaginative activities
- 23 3 ___ Sensory sensitivities, such as over- or undersensitivity to sounds, textures, or
- 24 smells
- 25 3 ___ Challenges with motor coordination or fine motor skills
- 26 3 ___ Unusual eating habits or food preferences
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5. This regression began 11/07/2019

6. This regression was complete or nearly complete 5 days

7. Prior to my child's regression, She was in:

 Good health Minor illness Major illness

8. The immunizations (shots) that my child got before (s)he regressed included:

Diphtheria

Haemophilus influenzae type b

Hepatitis B

Measles

Mumps

Pertussis (whooping cough)

Poliomyelitis

Rubella

Tetanus

Varicella (chicken pox)

Other immunizations: Hep A

9. When I gave consent for the immunizations (shots) right before my child became autistic, the possibility of autism Was never mentioned to me.

10. If I knew at the time I gave consent for the immunizations (shots) right before my child became autistic, I Would never have given that consent.

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11. Other Important Facts Or Opinions, Including The Impact On The Family:

She was in the hospital with Infantile Spasms about 24 hours after her vaccines and lost all abilities within a few days. She now has Severe Autism, Severe Autoimmune Encephalitis and is on IVIG (insurance approved because of how severe), severe gut dysbiosis, rashes, and has suffered Infantile Spasms and Syncope. We have all the testing to prove all of this and it all matches up with her hospital admissions. She is still receiving these treatments at age 10.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed at El Cajon, California, on 04/04/2025.



(Signature)

Name: Marie Bacsik

Exhibit 8

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 8 Attorney for Plaintiffs

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**UNITED STATES DISTRICT COURT
 EASTERN DISTRICT OF CALIFORNIA**

Free Now Foundation, And Brave And Free
 Santa Cruz;
 Plaintiffs,
 vs.
 Erica Pan In Her Official Capacity As Director
 Of The California Department Of Public Health,
 And Courtney Johnson, In Her Official Capacity
 As Principal, Foothill Technology High School,
 Ventura Unified School District, Monica
 Morales, In Her Official Capacity As Director,
 Santa Cruz County Health Services Agency;
 Defendants

Case No.: 2:24-CV-03523-DJC-SCR
 DECLARATION OF:
 Kara Morales
 CHRONIC VACCINE-INJURED CHILD
 DECLARATION

1. I am Kara Morales,
2. I have personal knowledge of all matters and facts set forth herein and could and would competently testify thereto if called upon to do so.
3. My child was 5.5 months old and in good health until the day that he got immunized.
4. After getting the immunizations my child developed the following chronic condition:

epilepsy

- 1 5. This chronic condition began 04/03/2025
- 2 6. This chronic condition was complete or nearly complete approximately 2017?
- 3 7. Prior to my child's immunizations, he was in:
- 4 Good health Minor illness Major illness
- 5
- 6 8. The immunizations (shots) that my child got before (s)he developed this chronic
- 7 condition included:
- 8 Diphtheria
- 9 Haemophilus influenzae type b
- 10 Hepatitis B
- 11 Measles
- 12 Mumps
- 13 Pertussis (whooping cough)
- 14
- 15 Poliomyelitis
- 16 Rubella
- 17 Tetanus
- 18
- 19 Varicella (chicken pox)

20 Other immunizations:

21 He received the Hepatitis B vaccine as a newborn, and was in the hospital 2.5 weeks later
22 with a high fever. The two events may be unrelated. However, we did not vaccinate him
23 again until 5.5 months old. He was in generally good health at the time, but had a little dry
24 cough. I asked if we should wait again since he had some kind of mild illness, but the nurse
25 said he had no fever, no juicy cough, and so it was "perfectly safe". Within 24 hours of
26 receiving those vaccines, he began having absence seizures. Within 72 hours of receiving
27 the vaccines he collapsed in my arms, stopped breathing, and was taken by ambulance to
28 Rady Children's Hospital. He had further seizures in the presence of an attending
neurologist. He was moved to a room for observation, and at one point crashed and they
moved him to the ICU. He spent 4 days total at Rady's. He was put on anti-seizure
medication and remained on anti-seizure medication for several years. He continued to see
the neurologist for breakthrough seizures. We did vaccinate him one more time when he
was little, but did not give him DTaP ever again. I reported his near fatal adverse event to ...

Other Important Facts Or Opinions, Including The Impact On The Family:

The neurologist told us in the ICU that the lack of oxygen to his brain during those serious seizures would most likely have some kind of impact on his learning. He does have an IEP still at age 16.5, but no longer has seizures and has been off anti-seizure medication for several years now. We stopped vaccinating him completely years ago and he is doing well now. There most definitely was a huge impact on our family. It is stressful to have a child with a serious medical condition. We had to give him medication every day, which was a battle. I gave up full time work for several years, which caused serious financial stress on our family. There are other impacts I could describe but will not in order to respect our son's privacy.

I declare under penalty of perjury under the laws of the State of CALIFORNIA that the foregoing is true and correct.

Executed at San Diego, CA, on 04/03/2025

K. Morales

(Signature)

Name: Kara Morales

Exhibit 9

1 Richard B. Fox, J.D., M.D.
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8 Attorney for Plaintiffs

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**UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF CALIFORNIA**

Free Now Foundation, And Brave And Free
Santa Cruz;
Plaintiffs,

vs.

Erica Pan In Her Official Capacity As Director
Of The California Department Of Public Health,
And Courtney Johnson, In Her Official Capacity
As Principal, Foothill Technology High School,
Ventura Unified School District, Monica
Morales, In Her Official Capacity As Director,
Santa Cruz County Health Services Agency;

Defendants

Case No.: 2:24-CV-03523-DJC-SCR
DECLARATION OF:

Wendy Chin

CHRONIC VACCINE-INJURED CHILD
DECLARATION

1. I am Wendy Chin,
2. I have personal knowledge of all matters and facts set forth herein and could and would competently testify thereto if called upon to do so.
3. My child was a newborn old and in good health until the day that she got immunized.
4. After getting the immunizations my child developed the following chronic condition:

Chronic, severe eczema

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5. This chronic condition began 04/11/2008

6. This chronic condition was complete or nearly complete if long

7. Prior to my child's immunizations, she was in:

Good health Minor illness Major illness

8. The immunizations (shots) that my child got before (s)he developed this chronic condition included:

Diphtheria

Haemophilus influenzae type b

Hepatitis B

Measles

Mumps

Pertussis (whooping cough)

Poliomyelitis

Rubella

Tetanus

Varicella (chicken pox)

Other immunizations:

Despite her chronic eczema, her doctor continued to recommend routine vaccination according to AAP guidelines.

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Other Important Facts Or Opinions, Including The Impact On The Family:
My daughter was fully vaccinated at at age 5, and by that point she had developed life threatening food allergies and had anaphylactic reactions. In her teen years she was diagnosed with MCAS and suffers from chronic eczema, constipation, insomnia, and brain fog.

I declare under penalty of perjury under the laws of the State of CA that the foregoing is true and correct.

Executed at San Juan Capistrano, Ca, on 04/03/2025

Wendy Chin

(Signature)

Name: Wendy Chin

Exhibit 10

1 Richard B. Fox, J.D., M.D.
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7 drfox@drfoxlawoffice.com
8 Attorney for Plaintiffs

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11 **UNITED STATES DISTRICT COURT**
12 **EASTERN DISTRICT OF CALIFORNIA**
13

14 Free Now Foundation, And Brave And Free
15 Santa Cruz;

16 Plaintiffs,

17 vs.

18 Erica Pan In Her Official Capacity As Director
19 Of The California Department Of Public
20 Health, And Courtney Johnson, In Her Official
21 Capacity As Principal, Foothill Technology
22 High School, Ventura Unified School District,
23 Monica Morales, In Her Official Capacity As
24 Director, Santa Cruz County Health Services
25 Agency;

26 Defendants

Case No.: 2:24-CV-03523-DJC-SCR
DECLARATION OF:

GRACE SHAIN

CHRONIC VACCINE-INJURED CHILD
DECLARATION

- 27 1. I am Grace Shain
- 28 2. I have personal knowledge of all matters and facts set forth herein and could and would competently testify thereto if called upon to do so.
3. My child was 15 old and in good health until the day that he got immunized.

1 4. After getting the immunizations my child developed the following chronic condition:
 2 vaccine induced myalgic encephalomyelitis, dysautonomia, POTS, PANDAS,
 3 gastroparesis, and a host of other neurological symptoms and others

4
 5
 6 5. This chronic condition began 02/03/2018

7 6. This chronic condition was complete or nearly complete 11/11/1111

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 9 7. Prior to my child's immunizations, he was in:

10 Good health Minor illness Major illness

11 8. The immunizations (shots) that my child got before (s)he developed this chronic
 12 condition included:

13
 14 Diphtheria

15 Haemophilus influenzae type b

16 Hepatitis B

17 Measles

18
 19 Mumps

20 Pertussis (whooping cough)

21 Poliomyelitis

22 Rubella

23 Tetanus

24 Varicella (chicken pox)

25 Other immunizations:

26 Gardasil HPV

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 28
 VACCINE-INJURED CHILD DECLARATION

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9. When I gave consent for the immunizations (shots) right before my child died, the possibility of death was never mentioned to me.


10. If I knew at the time I gave consent for the immunizations (shots) right before my child died I would never have given that consent.

Other Important Facts Or Opinions, Including The Impact On The Family:
9 & #10 above is not applicable, as my son did not die.

My son was a straight A student, on 2 swim teams, super social, and shortly after receiving the Gardasil HPV vaccine became very sick, dropped out of all school, exercise, eventually became bed-bound for many years. He has never recovered and this has put an immense financial and emotional toll on the entire family.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed at Pacific Palisades, California, on 04/07/2025



(Signature)

Name: Grace Shain