

IN THE UNITED STATES DISTRICT COURT  
DISTRICT OF COLUMBIA

VICTOR M. BOOTH,  
individually and as next friend of  
L.B. a minor child,  
3017 Central Avenue NE,  
Washington, D.C. 20018;

SHAMEKA WILLIAMS,  
individually and as next friend of  
K.G. and R.T., minor children;  
3744 Foote Street NE,  
Washington, D.C. 20019;

SHANITA WILLIAMS,  
individually and as next friend of  
N.W. and M.R., minor children,  
404 13th Street SE,  
Washington, D.C. 20003; and

JANE HELLEWELL,  
individually and as next friend of  
H.B., a minor child,  
648 Lexington Place NE,  
Washington, D.C. 20002,

*Plaintiffs,*

vs.

MURIEL BOWSER,  
in her official capacity as Mayor of the  
District of Columbia,  
1350 Pennsylvania Avenue NW  
Washington, D.C. 20004;

LAQUANDRA NESBITT,  
In her official capacity as  
Director of the District of Columbia  
Department of Health,  
825 North Capitol Street SE  
Washington, D.C. 20002; and

**Case No. 21-1857**

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



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## PRELIMINARY STATEMENT

Plaintiffs VICTOR M. BOOTH, SHAMEKA WILLIAMS, SHANITA WILLIAMS, and JANE HELLEWELL, individually and as next friends of their respective minor children, seek a declaration under 42 U.S.C. § 1983 and 28 U.S.C. § 2201 that the District of Columbia Minor Consent for Vaccinations Amendment Act of 2020 (hereinafter “the Minor Consent Act”) violates 42 U.S.C. § 300aa, *et. seq.*, the National Childhood Vaccine Injury Act of 1986 (hereinafter “the National Vaccine Act”); violates the Constitution’s Supremacy Clause and 42 U.S.C. § 1983; deprives plaintiffs of the right to freely exercise their religion in violation of the Religious Freedom Restoration Act of 1993 (RFRA), 42 U.S.C. § 2000bb; and deprives them of the constitutional right as parents to direct the care and upbringing of their children in violation of the Due Process Clause of the Fifth Amendment and 42 U.S.C. § 1983.

The Minor Consent Act eviscerates parents' rights to make informed decisions and foolishly allows children as young as 11 to make their own consequential vaccination decisions, which can result in injury or death, as well as vaccine-induced immunity. Under this law, Defendants must conceal from parents that their children have been vaccinated, depriving them of the most rudimentary knowledge that they require to properly care for their children. Shockingly, Defendants shroud the process in secrecy by instructing insurers to conceal children's vaccination information from parents as payors. Defendants have covered all bases to deceitfully hide this vital information from parents and to obstruct their ability to serve as dutiful and effective caregivers. And for many months, Defendants have pressured Plaintiffs and their children through an intense media campaign based on fearmongering with monetary rewards to children themselves for violating their parents’ rights and religious convictions. This law

exemplifies a level of hostility towards those of religious faith and non-neutrality by government that is simply intolerable under the First Amendment.

Plaintiffs seek an injunction against defendants to arrest enforcement of the Minor Consent Act based on the facts and legal conclusions below. Finally, Plaintiffs seek costs and attorneys' fees pursuant to 42 U.S.C. § 1988 and any other and further relief the Court deems proper.

In support of the causes of action presented herein, Plaintiffs state as follows:

### **PARTIES**

1. Plaintiff Victor M. Booth is a citizen of the United States of America who resides in the District of Columbia. Victor is the biological father of L.B., who resides with Victor in the District of Columbia. L.B. is 13 years old and is enrolled in Kipp Academy, a public charter school in the District.

2. Plaintiff Shameka Williams is a citizen of the United States of America who resides in the District of Columbia. Shameka is the biological mother of K.G. and R.T., who reside with Shameka in the District of Columbia. K.G. is 13 years old, and is enrolled in Rose L. Hardy Middle School, a public school in the District. R.T. is 4 years old, and will be of compulsory attendance age at the start of the 2022-2023 school year.

3. Plaintiff Shanita Williams is a citizen of the United States of America who resides in the District of Columbia. Shanita is the biological mother of N.W. and M.R., who reside with Shanita in the District of Columbia. N.W. is 15 years old, and is enrolled in Kipp College Preparatory, a public charter school in the District. M.R. is 9 years old, and is enrolled in Watkins Elementary School, a public school in the District.

4. Plaintiff Jane Hellewell is a citizen of the United States of America, who resides in the District of Columbia. Jane is the biological mother of H.B., who resides with Jane in the District of Columbia. H.B. is 15 years old and is enrolled in School Without Walls High School, a public magnet high school in the District.

5. Defendant Muriel Bowser is the Mayor of the District of Columbia. As the head of the District's Executive Branch, Mayor Bowser oversees the District of Columbia's Department of Health (hereinafter "D.C. Health") and appoints D.C. Health Director. Mayor Bowser is also authorized by law to govern the public schools of the District of Columbia and to appoint the Chancellor of Schools for the District of Columbia Public Schools (hereinafter "DCPS"). Mayor Bowser is sued in her official capacity only.

6. Defendant LaQuandra Nesbitt the Director of D.C. Health. Director Nesbitt was appointed by Mayor Bowser in 2015. As the chief executive officer of D.C. Health, Director Nesbitt directs D.C. Health and its policies under the supervision of Mayor Bowser. D.C. Health, which has a principal address of 899 North Capitol Street, NE, Washington, D.C. 20002, is an executive agency of the District. Director Nesbitt is sued in her official capacity only.

7. Defendant Lewis Ferebee is the Chancellor of the District of Columbia Public Schools (DCPS). Chancellor Ferebee was appointed by Mayor Bowser in 2018. As the chief executive officer of DCPS, Chancellor Ferebee directs DCPS and its policies under the supervision of Mayor Bowser, and also has the authority to promulgate rules for DCPS. Chancellor Ferebee is sued in his official capacity only.

### **JURISDICTION AND VENUE**

8. This action is brought pursuant to 42 U.S.C. §§ 1983 and 1988, and 28 U.S.C. § 2201 *et. seq.* The Court has jurisdiction under 28 U.S.C. §§ 1331 and 1343.

9. Venue is proper pursuant to 28 U.S.C. § 1391, in that at all times pertinent to this action all the Defendants were residents of the District of Columbia; defendant Muriel Bowser is mayor of the District, and in that capacity oversees the District's Department of Health and public schools; the Plaintiffs reside in the District; and a substantial part of the events or omissions giving rise to the claims presented herein occurred in the District.

### **ALLEGATIONS OF FACT**

#### ***A. Vaccine Requirements in the District of Columbia***

10. Every parent or guardian who resides permanently or temporarily in the District during a school year, and who has custody or control of a child between the ages of five and eighteen, must have the child attend an educational institution when the public schools are in session. D.C. CODE § 38-202(a).

11. District law states that no students in kindergarten through twelfth grade shall be admitted to any public, private, or parochial school in the district unless they comply with immunization standards and regulations specified by the Mayor or their parents have documented a religious or medical exemption from vaccinations. D.C. CODE §§ 38-501, 38-502, and 38-503.

12. The Mayor is charged under District law to specify the standards of compliance and may revise the list of immunizations for students. D.C. CODE § 38-503.

13. The District City Council enacted in 1979 Section 38-506 of the D.C. Code, which recognizes the right of a parent to assert a religious or medical exemption on behalf of a

child.

14. To obtain a religious exemption for a student under the age of 18, the student's parent or guardian must object in good faith and in writing to the chief official of the school that vaccinations would violate the parent's religious beliefs. A good faith statement that a parent has sincere religious beliefs against childhood immunizations until recently has been sufficient to claim the exemption. D.C. CODE § 38-506(1).

15. To obtain a medical exemption for a student under the age of 18, the student's parent or guardian must provide the school with a written certification by a private physician, his or her representative, or the public health authorities that vaccinations are medically inadvisable. D.C. CODE § 38-506(2).

16. The minor's parent—not the minor—is vested with the lawful authority to assert an exemption from vaccinations under D.C. CODE § 38-506.

***B. The District of Columbia — Minor Consent to Vaccinations Act of 2020***

17. On October 20, 2020, the Council of the District of Columbia approved the District of Columbia Minor Consent to Vaccinations Act of 2020 ("the Minor Consent Act").

18. The Minor Consent Act amends Title 22-B of the District of Columbia Municipal Regulations to allow a minor who is eleven years of age or older to consent to receive a vaccine recommended by the Centers for Disease Control and Prevention (CDC) where the minor meets the District's informed consent standard. 22-B D.C.M.R. § 600.9(a). However, the District has failed to define its "the informed consent standard," making it hard to believe that any 11-year-old or older student is free of pressure to vaccinate against parental wishes.

19. "Minor" is any person under the age of eighteen. 22-B D.C.M.R. § 699.1; D.C. CODE § 46-101.

20. The Minor Consent Act subverts the rights and duties of parents to make informed decisions for their minor children. It both deprives them of the opportunity to make those decisions and conceals from them that their children have been asked to consent to vaccinations or have indeed been vaccinated.

21. In fact, it states that medical providers who administer vaccines under the Minor Consent Act shall seek reimbursement directly from the insurer without parental knowledge or consent. 22-B D.C.M.R. § 600.9(d)(1). The Minor Consent Act further provides that insurers shall not send an Explanation of Benefits (EOB) for services to parents. While minors who receive vaccines under the Minor Consent Act have access to their immunization records, parents do not. 22-B D.C.M.R. § 600.9(d)(2)-(3).

22. Prior to the Minor Consent Act, D.C. Code § 38-602(a) required students attending pre-kindergarten through 12th grade to furnish their school with an annual certificate of health completed and signed by a physician, unless the students' parents submitted a religious exemption under section 38-603.

23. The Minor Consent Act left that language unchanged, but added a second provision, now codified in D.C. Code § 38-602(a)(2). This provision states that if a vaccine under the Minor Consent Act is administered to a student whose parents have filed either a religious exemption or an exemption from the Human Papillomavirus (HPV) vaccine, “the healthcare provider shall leave blank Part 3 of the immunization record, and submit the immunization record directly to the minor student’s school,” thus hiding essential information from the child's parents.

24. Part 3 of the District of Columbia’s Child Health Certificate is where medical providers record the administration of nine specific vaccines (most of which are combination



vaccines): Diphtheria-Tetanus-Pertussis (under 7 years old), Diphtheria-Tetanus, Hemophilus Influenzae B (HIB), Hepatitis B (HBV), Polio, Measles-Mumps-Rubella (MMR), Varicella, Pneumococcal conjugate (PCV), and Influenza (which is not required). Part 3 also contains a blank row for recording “other” vaccines. A District of Columbia’s Child Health Certificate is attached as **Exhibit 1**.

25. This provision mandates the creation of two health records for students whose parents claim a religious exemption. One record, accessible to parents, leaves the child’s immunization record blank, even if the school has administered additional vaccinations. The “black book” second record, which is intentionally concealed from parents, records the child’s actual medical history, including vaccinations.

26. Furthermore, D.C. Code § 38-602(a)(2) states that the school “shall keep the immunization record received from the health care provider confidential,” except that it may be shared with “the Department of Health or the school-based health center,” thus egregiously elevating the school’s and Department of Health’s rights above those of the child’s parent or guardian.

27. The Minor Consent Act did not amend D.C. CODE § 38-506 to abolish the authority of parents to assert a religious exemption from vaccinations nor did it amend D.C. CODE § 38-603 to eliminate the religious exemption, yet it disrespects and eviscerates the religious rights of parents at every turn. On its face, the Minor Consent Act unlawfully overrides parents’ rights to claim religious exemptions pursuant to D.C. CODE § 38-506(1).

28. On information and belief, the purpose of the Minor Consent Act is to administer vaccines for the Human Papillomavirus (HPV), meningitis, COVID-19, and others to children whose parents have asserted religious exemptions pursuant to D.C. CODE § 38-506(1), without

the parents' knowledge or consent. While the District may be acting out of good intentions, cutting parents out of their children's lives in crucial ways and depriving parents of their lawful rights is a bridge too far.

***C. The D.C. Council Enacts the Minor Consent Act***

29. On October 7, 2020, the D.C. Council's Committee on Health met to consider the Minor Consent Act. The meeting is on the Council's website in accordance with the District of Columbia Open Meetings Act, D.C. Code § 2-578. As of the date of this filing, the recording for the Committee on Health is available at

[http://dc.granicus.com/MediaPlayer.php?view\\_id=2&clip\\_id=5720](http://dc.granicus.com/MediaPlayer.php?view_id=2&clip_id=5720).

30. At this meeting, Council Member Mary Cheh, the sponsor of the Minor Consent Act, stated that "unfortunately, we see a rising number of individuals or families across the globe, really, who are choosing not to vaccinate their children based on the widely disproven belief that vaccines may cause autism or other harmful health effects. These anti-science beliefs not only put the unvaccinated children at risk, but have led to the spread of diseases that have been all but eradicated in the past."

31. Council Member Cheh further stated that, "[g]iven our current, ongoing pandemic, and the incredible work being done to develop a COVID-19 vaccine, it's more important than ever, I think, that we reduce any and all barriers to these treatments, and this legislation aims to do just that, by increasing access to vaccines to minors who choose to get vaccinated, but have been unable to do so."

32. Within minutes of Council Member Cheh's comments, the Committee on Health unanimously approved the Minor Consent Act.

33. On October 20, 2020, the District of Columbia Council met as a Committee of the Whole to consider the Minor Consent Act. As of the date of this filing, the recording for this legislative meeting is available at [http://dc.granicus.com/MediaPlayer.php?view\\_id=2&clip\\_id=5765](http://dc.granicus.com/MediaPlayer.php?view_id=2&clip_id=5765).

34. At that meeting, Chairman Phil Mendelson stated, “Public health can very much be in the public interest, and that is, have a compelling state interest, and we see that today with the pandemic, and the need, because of public health, to alter certain behaviors.”

35. On October 20, 2020, Council Member Allen stated, “using vaccines are a way that we not only keep individuals safe but we keep communities safe, and we’re certainly going to be having a conversation sometime next year when there’s another vaccine that’s going to be critically important, that’s gonna see widespread distribution and we’re gonna want to make sure that we’re taking the right steps.”

36. On October 20, 2020, Council Member Trayon White stated, “for me, it’s not an issue of the vaccinations. It’s an issue of the Council voting to circumvent the inclusion of a parent making the decision about their child. And the floor is an eleven-year-old child. I have a twelve-year-old son who can barely put together a five-page paper, or finish his homework on time, or be up late at night playing Fortnite—making decisions about his health. And so, for us to circumvent that process is very worrisome for me, and that’s why I stand as relates to this legislation, as we attempt to use the law to remove parental involvement as relates to important decisions made by a minor as young as eleven years old.”

37. On October 20, 2020, the Minor Consent Act passed First Reading by a vote of 12 in favor, 1 opposed.

38. On November 17, 2020, the Council considered the Minor Consent Act in a legislative meeting. As of the date of this filing, the recording for this legislative meeting is available at [http://dc.granicus.com/MediaPlayer.php?view\\_id=2&clip\\_id=5903](http://dc.granicus.com/MediaPlayer.php?view_id=2&clip_id=5903).

39. At that meeting, Council Member Vincent Gray stated, “from an abundance of caution, we selected age eleven because that is on the late-end of when children should receive the first Gardasil vaccination to prevent HPV and cervical cancer. Additionally, the first of two meningitis vaccinations are recommended at age eleven, with the goal of receiving a second booster before college, when the risk of meningitis is highest.”

40. On November 17, 2020, Council Member Gray stated, “this amendment, which I’m moving now, requires the provider to notify the insurer that the immunization has been provided under the authority of the Minority Consent for Vaccinations Amendment Act of 2020, so the insurer will know that they should not send an explanation of benefits for the vaccination to the minor’s house.... Without this amendment, the insurer would not be on notice that they needed to refrain from sending the explanation of benefits.”

41. The Council adopted the Amendment.

42. On information and belief, the purpose of the Minor Consent Act is to subvert parents' rights to religious exemptions pursuant to D.C. CODE § 38-506(1), thus driving a wedge between parents, children and their schools because of secret “black book” vaccination information intentionally withheld from parents.

43. On November 17, 2020, after adopting the amendment, the Council adopted the Minor Consent Act by a vote of 10 in favor, 3 opposed. The Council transmitted the Minor Consent Act to Mayor Bowser.

44. On December 23, 2020, the Council enacted the Minor Consent Act without the Mayor's signature, and transmitted it to the Speaker of the U.S. House of Representatives and the President of the U.S. Senate for a period of Congressional review as required by the District of Columbia Home Rule Act, D.C. Code § 1-206.02(c)

45. On March 19, 2021, after Congressional review, the Minor Consent Act became law.

***D. The District of Columbia Adopts District-Wide Vaccine Requirements for the 2021-2022 School Year***

46. On April 8, 2021, Mayor Bowser announced that starting August 30, 2021, all District schools would fully reopen for in-person learning, five days a week, for every student.

47. On May 10, 2021, the U.S. Food and Drug Administration (FDA) expanded the emergency use authorization (EUA) for the Pfizer-BioNTech COVID-19 vaccine to include children aged 12 through 15.

48. On May 12, 2021, the Center for Disease Control and Prevention (CDC) recommended Pfizer-BioNTech COVID-19 vaccines to children aged 12 and 15.

49. On May 12, 2021, at a Telephone Townhall, Assistant Superintendent of Health and Wellness Dr. Heidi Schumacher stated, "The COVID-19 vaccine is not the only vaccine that is critical for our young people. As a reminder, there are lots of routine pediatric vaccinations that are critical to protecting the health and wellbeing of our young people, and our broader community. Immunizations are indeed required for in-person attendance—these are the routine pediatric immunizations—and ensuring your child receives all age-appropriate vaccinations is one of the most important things that we can do as a community to protect our children and to protect one another. Students without documentation of the full complement of required vaccines will not be admitted to school, and we encourage families to take action now."

50. Chancellor Ferebee closed the Telephone Townhall by stating, “If you want to see our students back in school, if you believe this is important, one of the most important things that we can do together, collectively as a community, is to get as many people vaccinated as possible. And as you heard tonight, we have a tremendous opportunity in the coming days and weeks to have our twelve to fifteen-year-olds vaccinated.”

51. On May 14, 2021, Chancellor Ferebee sent an e-mail to parents, stating that “While the COVID-19 vaccine is currently not required for students to attend school next year, we encourage all students age 12 and older and their parents and caregivers to get vaccinated. **If you want to see students back in school, then it is our responsibility as a community for everyone to receive the COVID-19 vaccine when it’s available to them.** We are collaborating with local health officials to host vaccination clinics at our schools. More details are forthcoming” (emphasis in original).

52. In May 2021, the District’s Office of the State Superintendent of Education released an updated Immunization Attendance Policy for schools for the 2021-2022 school year.

53. The Immunization Attendance Policy encourages schools to establish a School Health Team before the school year to review immunization certificate compliance periodically throughout the school year, to “identify students that are non-compliant, and to disseminate information to school families about “the critical public health need for immunizations, the consequences for immunization non-compliance (e.g., removed from school after 20-school day period), pediatric immunization schedule requirements by age, appropriate immunization forms (e.g., Universal Health Certificate), and information on where pediatric immunizations are administered in the District.”

54. While Immunization Attendance Policy advises schools that “DC law permits medical or religious exemption from immunization if the parent, guardian, or adult student submits written documentation to the school explaining the exemption,” it goes on to state that “[r]eligious exemptions are generally rare in the District and parents, guardians, or adult students must go through D.C. Health to sign the certificate to confirm they understand the health risks of not obtaining the necessary immunizations.”

55. Three paragraphs later, the Immunization Attendance Policy also advises schools of the Minor Consent Act, stating that the Act “allows minors, 11 years of age or older, to receive a vaccine without parental consent if the minor is capable of meeting the informed consent standard, the vaccine is recommended by the U.S. Advisory Committee on Immunization Practices (ACIP), and will be provided in accordance with ACIP’s recommended immunization schedule.”

56. The Immunization Attendance Policy goes on to state, “If a minor student is utilizing a religious exemption or HPV opt-out and the student receives a vaccine under this law, the healthcare provider shall submit the immunization record directly to the minor student’s school,” and “the school shall keep the immunization record received from the healthcare provider confidential, except that the school may share the record with D.C. Health or the school-based health center (if applicable),” citing D.C. Code § 38-602(a)(2).

57. Appendix F of the Immunization Attendance Policy includes a list of “Frequently Asked Questions.” One of these asks, “Is the COVID-19 Vaccine required for students to attend school in the District of Columbia?” Neither D.C. Health nor the CDC opines at this time on whether the vaccine will or should be required for students.” Appendix F does not include any FAQs about the Minor Consent Act.

58. On or around June 1, 2021, Chancellor Ferebee stated, “the science is clear: Vaccines are the single most effective tool we have to stop the spread of the coronavirus. To help meet our commitment to fully reopen schools for every student, every day in the fall, it is our responsibility as a community to get vaccinated, including our middle school and high school students.”

59. By August 2021, DC Health had published a list of twenty vaccine clinics that operated within the schools, including a clinic operated in Hardy Middle School.

60. On August 5, 2021, DC Health opened a vaccine clinic at Kipp Academy.

61. On August 10, 2021, Mayor Bowser signed Mayor’s Order 2021-099, which requires all employees and interns of the District’s administrative agencies to attest that they are fully vaccinated against COVID-19, or that they have a religious or medical exemption.

62. In August 2021, DCPS announced that parents could enroll their students in a voluntary testing program to screen for COVID-19, where students would be required to hold a small vial with a funnel attached and produce a saliva sample for testing.

63. On August 27, 2021, DCPS changed the voluntary testing program, announcing that students would be automatically enrolled in the program as opposed to opting in. Parents could opt their children out of the program by submitting a signed form, however.

64. On September 20, 2021, Mayor Bowser signed Mayor’s Order 2021-109, which mandated that all adults who are regularly in schools and childcare facilities in the District must receive the COVID-19 vaccine by November 1, 2021.

65. Mayor Bowser’s order further mandated that all students who will be 12 years of age or older between September 16, 2021 and November 1, 2021 must be fully vaccinated



against COVID-19 by December 13, 2021, or they will not be allowed to train, compete, or otherwise participate in extracurricular athletics.

66. Mayor Bowser's order modified an earlier order, Mayor's Order 2021-099, by eliminating the testing-in-lieu-of-vaccination option for these students unless they had been granted a medical or religious exemption.

67. On October 4, 2021, six members of the DC Council introduced the Coronavirus Immunization of School Students and Early Childhood Workers Amendment Act of 2021 (DC B24-0423), which would amend the Immunization of School Students Act of 1979 to require the parents of any student who attends a District public, public charter, independent, private, or parochial school, and who is eligible to receive the COVID-19 vaccine, to submit proof that the student has received a full course of vaccination against COVID-19 or that the child has not received the vaccination because of a religious or medical exemption.

68. The bill would require all students eligible for the COVID-19 vaccine to be fully vaccinated by December 15, 2021.

69. On October 29, 2021, Mayor Bowser and DC Health announced plans to vaccinate children 5 to 11 years old as soon as the CDC recommended the Pfizer-BioNTech COVID-19 vaccine to that age group.

70. On November 2, 2021, the CDC adopted the Advisory Committee on Immunization Practices (ACIP) recommendation to administer Pfizer-BioNTech COVID-19 vaccines to children aged of 5 and 11 on an emergency use authorization basis.

71. The Pfizer-BioNTech COVID-19 vaccines that are being widely administered in the District are not FDA approved. Pfizer-BioNTech COVID-19 vaccines are authorized under

Emergency Use Authorizations (EUA), meaning that they only "may" be effective, not that they are effective.

***E. Defendants are exerting tremendous pressure on plaintiffs' children through a mass media marketing campaign pushing the COVID-19 vaccine***

72. Defendants have created a pressure-cooker environment, enticing and psychologically manipulating L.B., K.G., N.W., M.R., H.B., to defy their parents and take vaccinations against their parents' wills.

73. L.B., K.G., N.W., M.R., and H.B., have been in school for over 2 months this school year. During this time, the District has subjected L.B., K.G., N.W., M.R., and H.B., to enormous pressure to get vaccinated.

74. The defendants actively and unlawfully represent experimental and unlicensed vaccines as "safe and effective," intentionally concealing the real risks of these non-FDA approved vaccines.

75. L.B., K.G., N.W., M.R., and H.B., have access to the internet and see Defendants' media campaign.

76. The DC area is inundated with an intense marketing campaign to convince DC residents, including Plaintiffs' minor children, to receive vaccinations with slogans such as "Take the Shot, D.C."

77. D.C. Health and Mayor Bowser publish and coordinate a large portion of the intense marketing campaign to pressure D.C. residents, including Plaintiffs' minor children, to receive vaccinations and specifically to take the COVID-19 vaccine.

78. The D.C. vaccine marketing campaign includes billboards, posters, fliers, printed ads, online ads, websites with links, emails, Twitter and other forms of mass media.

79. Defendants have set up walk-in clinics for COVID-19 vaccines throughout the D.C. area.

80. Defendants' websites contain easy-to-follow instructions on how to locate vaccine walk-in clinics, including walk-in clinics at District schools.

81. Any child, including L.B., K.G., N.W., H.B., can search the internet and very easily find walk-in vaccine clinics throughout D.C. and specifically in D.C. schools.

1. Mayor Browser's undue pressure on children to receive vaccinations includes "incentives," such as gift cards, free ear buds and chances to win I-pads, \$25,000 scholarships and other prizes. Incentives for adults to have their children vaccinated include larger prizes such as chances to win \$10,000 of free groceries and new cars.

82. L.B., K.G., N.W., H.B., are well aware that they may receive Mayor Browser's "incentives" if they get vaccinated.

83. On an almost daily basis through use of Twitter, Mayor Bowser encourages the children of D.C. to get vaccinated.

84. Mayor Bowser's webpage, available at <https://coronavirus.dc.gov/page/get-vaccinated>, contains regularly updated information for "Walk Up Vaccination sites." The website contains references to "Government of District of Columbia, Muriel Bowser Mayor", "Get Vaccinated", "Take the Shot D.C." and "Walk Up Vaccination Sites." The website is regularly updated with dates, times and places of walk-up vaccination sites, including in schools. The website refers to "Walk-up locations for any one 12 and older." The advertised locations are frequently updated with sites that include such places as public libraries and children's schools. A printout of the website, taken from <https://coronavirus.dc.gov/page/get-vaccinated> November 13, 2021, is attached hereto as **Exhibit 2**.

85. Defendants' websites advertise \$51 gift cards as well as other prizes and giveaways. The websites contain catchy slogans, such as "Don't Wait. Vaccinate!" Government-sponsored twitter sites "#TAKETHE SHOTDC" and "#DCHOPE" are advertised. Free transportation is advertised. The vaccines advertised include "Pfizer age 12+" and "Children 5 to 11 years old are now eligible to get vaccinated."

***F. Defendants are exerting tremendous pressure upon Plaintiffs' children by operating walk-in vaccine clinics for children, including walk-in clinics in schools***

86. Another website operated by Defendants, available at <https://coronavirus.dc.gov/vaccine>, advertises permanent and temporary vaccine walk-in clinics throughout the D.C. area. The list of vaccine walk-in clinics includes schools. Mayor Bowser runs the website, a printout of the website, taken on November 13, 2021, is attached hereto as **Exhibit 3** and is available at <https://coronavirus.dc.gov/node>.

87. Kipp public schools also maintain a website entitled Kipp DC PUBLIC SCHOOLS Quick Resources for Families, available at <https://www.kippdc.org/vaccine-clinic/>, a printout of which is attached hereto as Exhibit 4. It provides easy access to vaccine clinics.

88. Under the tab "Clinics for age 12+," Kipp's vaccine clinic website states "You can get your vaccine by going to one of DC's free walk-up clinics or make an appointment at free vaccine location near you. We ask Kipp families share proof of full vaccination (2 shots) with our COVID Response Team by either uploading the card via the email they've received or by emailing [covid@kippdc.org](mailto:covid@kippdc.org)."

89. "DC's free walk-up clinics" is a hyperlink to <https://coronavirus.dc.gov/page/get-vaccinated>.

90. “Free vaccine location” is a hyperlink to <https://www.vaccines.gov/search/>. A printout of that website, taken on November 13, 2021, is attached hereto as **Exhibit 5**.

91. In August 2021, DC Health opened vaccine clinics at Kipp school campuses.

92. The Kipp school maintains a website that anyone can access and reserve a time slot for a student to receive vaccinations.

93. While encouraging and providing information for vaccines, the website for Rose Hardy Middle School contains a link to <https://dcpsreopenstrong.com/vaccines/>. A printout of the website is attached hereto as **Exhibit 6**.

94. Defendants operate the website <https://dchealth.dc.gov/page/immunizations>.

95. Upon information and belief, Defendants operate other websites. Defendants’ websites, Twitter accounts and other forms of media are updated on an almost daily basis to encourage children to be vaccinated and to aid in obtaining the administration of vaccinations.

***G. Defendants are exerting tremendous pressure upon Plaintiffs’ children by imposing additional requirements on unvaccinated children in schools and barring children from participating in sports***

96. Defendants have implemented a “robust, 10-layered mitigation health and safety framework” which includes subcategories of “FACE MASKS REQUIRED, REGULAR COVID TESTING, DAILY COVID CHECK, TEMPERATURE SCREENING, QUARANTINE PROTOCOLS, HVAC & AIR PURIFICATION IMPROVEMENTS, ENHANCED CLEANING, SOCIAL DISTANCING AS MUCH AS POSSIBLE, ADDITIONAL NURSING & OTHER STAFF, COVID VACCINES.” The health and safety framework is published on the website <https://www.kippdc.org/healthy-operations/>, a printout of which is attached hereto as **Exhibit 7**.

97. On information and belief, the 10-layered mitigation health and safety framework fosters an environment of fear and compliance.

98. A new program in the D.C. schools will transition from saliva tests “to a shallow nasal swab test for students.” The stated goal of nasal swab testing is “testing 100% of students every week.”

99. The public schools are subject to a mask mandate: “All adults and students, regardless of vaccination status, will be required to wear masks while in our school buildings and on school grounds. Masks may be removed during lunch periods and nap times.”

100. The type of cloth and surgical masks required to be worn by L.B., K.G., N.W., M.R., H.B., are not FDA-approved to prevent viral transmission.

101. The prolonged use of the type of masks that L.B., K.G., N.W., M.R., H.B., and other students are required to wear has psychological impacts upon the children.

102. According to Defendants' contact tracing policy, if an unvaccinated person comes within six feet of a person who tests positive for COVID-19, then the unvaccinated person must isolate at home for 10 days.

103. However, if a vaccinated person comes within six feet of a person who tests positive for COVID-19, the vaccinated person does not have to isolate at home for 10 days.

104. Due to vaccination status, L.B., K.G., N.W., M.R., H.B., are subjected to additional pressure in the form of threatened isolation due to contact tracing.

105. Plaintiffs' schools conduct random COVID-19 tests. Because of their vaccination status, there is a high probability that L.B., K.G., N.W., M.R., H.B., will be excluded from school for multiple ten-day periods in the future. L.B., K.G., N.W., H.B., are well aware that if

they receive vaccinations, they will not be excluded from school for ten-day periods each time they come in contact with someone who later tests positive for the Covid-19 virus.

106. Defendants have announced that children who have not been fully vaccinated by December 1, 2021 may not play sports.

107. L.B., K.G., N.W., M.R., H.B. want to play sports.

108. Being denied the opportunity to play sports because they are not fully vaccinated is another form of pressure on L.B., K.G., N.W., H.B., to defy their parents and receive vaccinations.

109. School is a controlled environment. The pressure in the controlled environment to receive vaccinations is increased by Defendants' intense media campaign, official pressure, officially fostered peer pressure, monetary incentives, masks, saliva testing, nasal swabs and contact tracing with a ten-day isolation penalty for the unvaccinated.

110. The D.C. Minor Consent Act and the readily available vaccine clinics provide an extremely tempting release from the pressure on L.B., K.G., N.W., and H.B. to receive vaccinations against their parents' sincere religious beliefs.

111. The COVID-19 vaccine pushed on the children of the District of Columbia is not FDA-approved. It is Emergency Use Authorization only. COVID-19 vaccines are by definition experimental medical products.

112. Following World War II, the war crimes tribunal at Nuremberg laid down 10 principles regarding experiments on human subjects in a code now accepted worldwide. The Nuremberg Code is attached hereto and incorporated by reference as **Exhibit 8**.

113. The first principle of the Nuremberg code states:

The voluntary consent of the human subject is absolutely essential. This means that the person involved should have legal capacity to give consent; should be so

situated as to be able to exercise free power of choice, without the intervention of any element of force, fraud, deceit, duress, overreaching, or other ulterior form of constraint or coercion; and should have sufficient knowledge and comprehension of the elements of the subject matter involved as to enable him to make an understanding and enlightened decision.

114. The conditions under which Plaintiffs' children are being pressured and coerced into taking non-FDA approved, experimental COVID-19 vaccines directly violates the Nuremberg Code: The children cannot exercise free power of choice; they do not have appropriate legal capacity to consent; they are subject to duress, overreaching, and other ulterior forms of constraint and coercion; and they do not have sufficient knowledge and comprehension to make enlightened decisions. In short, the Minor Consent Act puts children in harm's way and violates the core principle of medical ethics.

115. On or about November 2021, the Office of the State Superintendent of Education, a D.C. government office under the control of Mayor Muriel Bowser, issued a document entitled "School Year 2021-22, Student Athletes: COVID-19 Vaccination Religious Exemption Certificate," a copy of which is attached hereto as **Exhibit 9**. The new religious exemption form contains additional requirements for student athletes. The form requires the parent to "provide a personal written statement on why you are seeking a religious exemption for the above named student, the religious principles that guide your objection to immunization, and whether you are opposed to all immunizations, and if not, the religious basis on which you object to the COVID-19 immunization. You may attach additional documentation, if necessary, and you may provide the name and contact information for a religious/spiritual leader who can corroborate your beliefs."

116. The new Vaccination Religious Exemption Certificate further states, "this religious exemption request shall be reviewed by the school leader or designee. After review, if



the school leader or designee is unable to make a determination because of inadequate information about the nature of the sincerely held religious belief, they may request additional information from the requestor before approval or denial.” The next section of the form states: “School leader or designee shall select from the following. This religious exemption request is (select one). \_\_\_\_\_ Approved on the ground of sincerely held religious belief and no undue burden to accommodate the exemption.

\_\_\_\_\_ Denied (select all that apply):

\_\_\_\_\_ No sincerely held religious belief

\_\_\_\_\_ Undue burden to accommodate the exemption”

117. The Vaccine Exemption Certificate, which is really a vaccine exemption request form, contains additional conditions that must be initialed by the parent. The first states, “I request that the above-named student be exempt from the COVID-19 vaccine based on my sincerely held religious beliefs. I understand that if an outbreak of COVID-19 should occur, an exempt student may be excluded from school and school activities by the school administrative head for a period of time as determined by the DC Department of Health based on a case-by-case analysis of public health risk.”

118. The third box the parent is required to initial states, “I understand that student athletes with an approved religious exemption must: (1) wear a mask in athletic events (even if the current indoor masking order is rescinded or superseded); (2) be tested weekly for COVID-19; and (3) provide the school a negative COVID-19 test result on a weekly basis in order to report to their school based extracurricular activity.” All of these requirements add to the pressure on Plaintiffs’ children to defy their parents religious exemptions.

***H. Plaintiff Victor M. Booth and L.B.***

119. Plaintiff Victor M. Booth resides with his minor child, L.B., in the District of Columbia.

120. L.B. is thirteen years old and is enrolled in Kipp Academy, a public charter school located in D.C.

121. L.B. is a good student who enjoys school. He wants to attend school to be with his friends.

122. L.B. is also a medically fragile child. He suffers from autoimmunity, and as a result, L.B. suffers from alopecia (severe hair loss), asthma and eczema.

123. At times, L.B. exhibits behavioral manifestations that are believed to be caused by sensory over-sensitivity.

124. At a very young age, L.B. was completely bald. Not only was his head bald, but his eyebrows and eyelashes fell out.

125. Based on the timeline, L.B.'s hair loss and eczema appear to be causally related to childhood immunizations.

126. Victor personally observed L.B.'s severe hair loss and development of eczema following vaccinations.

127. L.B.'s hair loss and eczema accelerated with subsequent rounds of childhood immunizations during his first few years of life.

128. After L.B. received childhood booster shots, L.B.'s eyebrows and eyelashes fell out.

129. L.B.'s pediatrician advised Victor that L.B.'s autoimmunity causes his eczema and alopecia.

130. There is a large body of reliable, credible, scientific and medical literature, which supports the conclusion that vaccines cause or substantially contribute to autoimmunity.

131. Autoimmunity is the body's immune system attacking itself. Autoimmunity is the body's immune system identifying self as non-self.

132. A primary purpose of a vaccine is to provoke a response from the body's immune system so that the body's immune system forms a memory of the foreign virus or bacteria so that the body's immune system can later attack the foreign substance.

133. The theory that vaccines cause or substantially contribute to autoimmune conditions of the type suffered by L.B. is credible.

134. Victor made an informed and reasonable decision based on his religious convictions for his child L.B. to receive no further vaccinations.

135. Victor's decision to not allow L.B. to be administered further vaccinations was made before the enactment of the Minor Consent Act.

136. After L.B. stopped receiving vaccinations, his medical conditions improved, and his hair slowly began to grow back.

137. L.B. is still a medically fragile child, with severe hair loss, eczema and asthma.

138. L.B. is the only child in his class allowed to wear a baseball cap in class to conceal severe baldness.

139. As a result of his severe hair loss, L.B. is particularly susceptible to peer pressure.

140. L.B. very much wants to be a typical kid, who goes to school and socializes with friends and peers.

141. L.B. likes to play sports, and in particular, soccer and baseball.

142. Although L.B. received childhood vaccines when he was a baby, in the intervening years, Victor concluded that the vaccines caused his son's autoimmunity.

143. Victor has formed sincere religious objections to vaccinations. He is of the sincere religious belief that he should not inject a foreign substance into his son's body that may harm him.

144. Victor objects to L.B. receiving both the COVID-19 vaccine and childhood vaccines and will not provide parental consent to administer those vaccines to L.B.

145. Victor adamantly opposes the injection of any more vaccines for his child.

146. L.B. has access to the internet.

147. L.B. is well aware that he may receive Mayor Browser's "incentives" if he receives the vaccinations.

148. Prior to the start of the 2021-2022 school year, Victor received e-mails from Kipp Academy urging parents to attend Family Workshops on COVID safety via zoom.

149. Prior to the start of the 2021-2022 school year, Victor received information from Kipp Academy about two clinics where children could be vaccinated. In August 2021, DC Health also opened a vaccine clinic at Kipp Academy.

150. Since school began in September, Victor has received multiple emails from Kipp expressing students should "Get Vaccinated," "Take the Shot" and similar statements. The emails contain hyperlinks to D.C. Government websites designed to encourage and assist students to receive vaccinations.

151. L.B. can search the internet and easily find walk-in vaccine clinics throughout D.C. and in D.C. schools, including Kipp.

152. On September 1, 2021, Victor received an e-mail from Kipp informing him that as of September 7th, “all KIPP DC students will be automatically enrolled in Kipp’s free asymptomatic weekly saliva COVID testing program” (emphasis in original).

153. The e-mail from Kipp said that parents could opt children out of the program by completing an online form.

154. On September 7, 2021, Victor received a second e-mail from Kipp about the school’s universal COVID testing policy, which had the aim of “testing 100% of students, every week” with “non-invasive saliva-based tests.” This second e-mail again told parents that they could opt children out of the program by completing an online form.

155. Victor completed the online form to opt L.B. out of Kipp’s testing program.

156. On September 9, 2021, during third period, L.B.’s class was visited by three women from a testing contractor.

157. The testers ordered all the students in the class to remove their things from their desks so they could collect saliva samples.

158. L.B. told the testers that his parents had not given him permission to take part in the test.

159. Upon hearing this, the testers ordered L.B. to sit out in the hall while they collected samples from the other students.

160. L.B. had to leave the room, in full view of his friends and classmates.

161. L.B. was not allowed to reenter the room and was forced to remain in the hallway for the remainder of the class period.

162. Because he was confined to the hallway, L.B. did not receive any lectures or assignments.

163. L.B. told Victor about these events when he returned home from school. Victor never received a note or other notification from Kipp about these events.

164. On September 28, 2021, following Mayor Bowser's announcement that all student athletes age 12 and over must be vaccinated by November 1 to play school sports, Victor received an e-mail from Kipp informing him that to be eligible to try out for winter or spring sports (including basketball, cheerleading, indoor track, track & field, lacrosse, baseball, and softball), L.B. would have to receive the first dose of the Pfizer vaccine by October 11, 2021, and the second dose by November 1, 2021. (The deadline was subsequently extended to December 1, 2021.)

165. The e-mail also told Victor, "If you do not want your child to receive the COVID vaccine, they will not be permitted to participate in athletics this school year."

166. On September 28, 2021, Victor received an email that contained a video produced by Kipp entitled, "Kipp Conversations Childhood Covid Vaccine." The video featured Dr. Melisa Clarke. The video presented a very one-sided view of the COVID-19 vaccine. The video strongly encouraged the vaccine. It portrayed the COVID-19 vaccine as the ticket to safety and normalcy.

167. The Kipp Conversations Childhood Covid Vaccine video featuring Dr. Melisa Clarke states, "What you can do safely after vaccination.", "Hug others who are vaccinated.", "Have social gatherings with others who are vaccinated.", "Go out in Public." Another section, "Addressing Safety Concerns" states, "Vaccination is the way out of the pandemic."

168. In the Kipp Conversations Childhood Covid Vaccine video, Dr. Clarke states, "In the history of vaccines, all side effects have occurred within the first two months." This is a highly misleading statement. In reality, vaccine side effects, such as severe and permanent brain

damage, can last a lifetime. Neither Dr. Clarke or any of the Defendants in their statements or publications acknowledge that vaccines can cause death or serious injury, including brain damage.

169. On October 5, 2021, Victor received an email which states in part, “Parent/Guardian of [L.B.], We are following up on Mayor Bowser’s announcement last week that all student athletes age 12 and over must be vaccinated by November 1 to play sports in Washington D.C.”

170. On or about October 24, 2021 Victor received an email with a hyperlink to a D.C. government website, <https://coronavirus.dc.gov/vaccine>, which advertised a vaccine walk in clinic at Kipp on November 2, 2021. The website is run by the Government of the District of Columbia, Muriel Bowser, Mayor. The Defendants’ website stated, “Weekly Walk-up Locations for Anyone 12 and Older.”

171. On October 28, 2021, Victor received an email announcing an “Important Update on Student COVID Testing.” The email outlined the “robust, 10-layered mitigation health and safety framework.” The email contained a hyper link to **Exhibit 7**, <https://www.kippdc.org/healthy-operations/>, which partially outlines the school environment.

172. On information and belief, the “10-layered mitigation health and safety framework” fosters an environment of fear and compliance.

173. The October 28, 2021 email message outlines a new program in which the school will transition from saliva tests “to a shallow nasal swab test for students.” The stated goal of nasal swab testing is “testing 100% of students every week.”

174. The environment of fear created by the Defendants, and in particular the mask mandates, have made L.B. more compliant with the demands of school officials.

175. The prolonged use of the type of masks that L.B. and other students are required to wear has psychological impacts on the child. Due to his vaccination status, L.B. is subjected to additional pressure in the form of contact tracing -- pressure that may be relieved by getting the vaccine.

176. Victor has been notified that the school will conduct COVID tests every Thursday. There is an extremely high probability, because of his vaccination status, L.B. will be excluded from school for multiple ten-day periods in the future. L.B. is well aware that if he receives the vaccinations, he will not be excluded from school for ten-day periods each time he comes in contact with the someone who later tests positive for COVID-19.

177. The mask mandate has made L.B. more openly defiant of his father.

178. Victor has advised L.B. to not put his mask on until he reaches the school building and to take the mask off as soon as he leaves the building.

179. Most importantly, Victor has told L.B. to pull his mask down as needed if he has trouble breathing.

180. L.B. has breathing issues due to asthma.

181. L.B. is prescribed a nebulizer for acute asthma.

182. The mask restricts the free flow of oxygen and traps in carbon dioxide.

183. Common sense dictates that L.B. should pull down or remove the mask if he has difficulty breathing.

184. However, L.B. has been so indoctrinated by Defendants' policies that he will not remove the mask restricting his breathing because he is afraid of school officials.

185. In response to Victor's instructions to pull the mask down if he cannot breathe, L.B.'s response is "Dad, I can't pull the mask down. I'll get in trouble."



186. At times, L.B. is reluctant to take the mask off outdoors. L.B. increasingly defies Victor's instructions to remove the mask after he leaves the school building. On at least one occasion, Victor had to physically remove the mask from L.B.'s face after leaving school because L.B. defied his father and refused to take the mask off.

187. L.B.'s common sense and independent judgment is being crushed by the coercive environment created by Defendants.

188. Contact tracing is another form of pressure being applied to L.B.

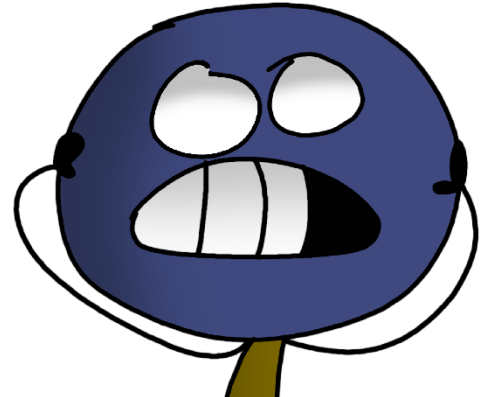
189. On October 21, 2021, Victor was notified by the school that L.B. must quarantine at home and may not return to school for ten days because he came in contact with a person who tested positive for COVID-19. Upon further investigation, Victor learned that the person L.B. came into contact with was his teacher. Presumably, according to Defendants' regulations, the teacher had been vaccinated.

190. If L.B. had been vaccinated, he would not have had to quarantine for ten days.

191. Upon learning that he must stay home from school for 10 days because he was not vaccinated, L.B. became very upset. He cried and was angry that he could not go to school and take his math test. L.B. does not want to participate in remote learning. He wants to go to school. He wants to see his friends. However, because he has not been vaccinated, he cannot go to school. He must isolate himself from his friends.

192. Defendants have announced that children who have not been fully vaccinated by December 1, 2021 may not play sports. L.B. wants to play baseball. Denying L.B. the opportunity to play sports and in particular baseball because he is not fully vaccinated is another form of pressure on L.B. to defy his father and receive vaccinations.

194. Victor asked L.B. to draw and explain his feelings. Attached as **Exhibit 10** and **Exhibit 11** are two drawings and illustrations by L.B. that reflect his thoughts and emotions.



I feel like I'm being pressured into taking the vaccination because I feel like an outsider since everybody else has the vaccine and not only that but I feel like the vaccination is some sort of hall pass because I need the vaccination to go to certain places which is very annoying. My Parents sometimes fight over me and how mom and dad have different opinions about the vaccine so I'm in a very tight space right now.

195. **Exhibit 10** states, “I feel like I’m being pressured into taking the vaccination because I feel like an outsider since everybody else has the vaccine and not only that but I feel like the vaccination is some sort of hall pass because I need the vaccination to go to certain places which is very annoying. My parents sometimes fight over me and how mom and dad have different opinions about the vaccine so I’m in a very tight space right now.”

196. The second drawing, **Exhibit 11**, is captioned, “*PEER Pressure.*” It also illustrates a child under tremendous pressure, hearing the words, “C’mon dude” “take it” “Sacred” “just do it” “I think” “you should.”

197. **Exhibits 10 and 11** reflect the thoughts and emotions of a young teenager who is obviously under tremendous pressure to consent to vaccinations.

198. L.B. knows that Victor objects to his being vaccinated, but has told Victor words to the effect that based on the rising pressure he has faced from classmates at Kipp, “**if I were offered a vaccine, I would take it.**”

199. School is a controlled environment. The pressure in the controlled environment is increased by Defendants’ intense media campaign, official pressure, officially fostered peer pressure, monetary coercion to receive the vaccine, saliva testing, nasal swabs and contact tracing with a ten-day isolation penalty for the unvaccinated.

200. Defendants actively market vaccines as “safe and effective,” and fail to mention the risks of vaccination. Moreover, the vaccines are portrayed as the only means to escape the dangers of COVID-19. Defendants’ message is “Vaccination is the way out of the pandemic.” This message is contained in the video Kipp Conversations: Childhood COVID Vaccine.

201. The pressure cooker environment for L.B. to defy his father has reached a boiling point.

202. At the same time as Defendants are directly and indirectly pressuring and coercing L.B. to receive additional vaccinations against his father’s sincere religious convictions, Defendants are offering an immediate release from the pressure by making the vaccines readily available to L.B. at his school and multiple other locations throughout the D.C. area.

203. On October 24, 2021, Victor received an email from Kipp with a link to the website <https://www.kippdc.org/vaccine-clinic/>. On this website anyone can access and register a Kipp student for a walk-in clinic and reserve a “preferred time slot” on November 2, 2021. The website was subsequently updated to add children ages 5-11.

204. The D.C. Minor Consent Act and the readily available vaccine clinics provide an extremely tempting release from the pressure placed on L.B. to receive vaccinations against his father’s sincere religious beliefs and parental rights.

205. As a result of receiving treatment for medical conditions, L.B. has an expansive understanding of both his personal and family medical history.

206. On information and belief, if L.B. were to request a vaccine under the Minor Consent Act, a medical provider likely would conclude that he is capable of providing informed consent.

207. The Minor Consent Act directly contravenes Victor’s right to free exercise of religion and parental rights.

***I. Plaintiff Shameka Williams***

208. Plaintiff Shameka Williams resides with her minor children, K.G. and R.T., in the District of Columbia.

209. K.G. is 13 years old, and is enrolled in Rose L. Hardy Middle School, a public school in the District.

210. R.T. is 4 years old, and will be of compulsory attendance age at the start of the 2022-2023 school year. Shameka plans to enroll R.T. in a public school in the District when R.T. reached compulsory attendance age.

211. Although K.G. received childhood vaccines when she was a baby, in the intervening years Shameka has formed sincere religious objections to vaccinations.

212. Shameka objects to K.G. receiving both the COVID-19 vaccine and childhood vaccines and will not provide parental consent to administer those vaccines to K.G.

213. K.G. has been receiving in-person instruction at Rose Hardy since August 30, 2021.

214. Prior to the start of the 2021-2022 school year, Shameka and K.G. received several e-mails from Rose Hardy informing them that the COVID vaccine was available to children 12 years and older, and offering incentives (such as iPhones, Air Pods, and gift cards) to children who were vaccinated.

215. In August 2021, DC Health began operating a vaccine clinic at Rose Hardy.

216. Information regarding school immunization “pop up clinics” are available on the Hardy Middle School website, <https://www.hardyms.org>. Hardy Middle School is currently offering vaccine walk in clinics every Saturday. A printout for a walk-in clinic is attached hereto as **Exhibit 12**. Hardy’s website contains a link to Mayor Bowser’s webpage, <https://coronavirus.dc.gov/page/get-vaccinated> (**Exhibit 2**), which contains regularly updated information for “Walk Up Vaccination sites” and “incentives.” The website states, “Childhood and Covid 19 vaccines available.”

217. The Hardy website also includes a link to <https://dcpsreopenstrong.com/vaccines/> (**Exhibit 6**).

218. The Hardy website also includes a link to <https://dchealth.dc.gov/page/immunizations>.

219. On September 13, 2021, Shameka received an e-mail from Rose Hardy inviting her and her family to get the COVID vaccine at Hardy's vaccine clinic.

220. On September 20, 2021, Shameka received a second e-mail from Rose Hardy inviting her and her family to get the COVID vaccine at Hardy's vaccine clinic.

221. Shamika has been contacted by the school and encouraged to have K.G. and R.T. receive further vaccinations.

222. K.G. has been exposed to the mass media marketing campaign to consent to vaccinations.

223. K.G. is well aware of the monetary incentives offered by Defendants to children who receive the vaccinations.

224. K.G. has access to the internet.

225. K.G. can easily access the information provided by the defendants as to the time, date and place of vaccine walk in clinics.

226. Walk in vaccine clinics are periodically available at K.G.'s school.

227. K.G. is currently subject to random periodic saliva-based tests.

228. K.G. is subject to peer pressure to consent to the administration of vaccines.

229. K.G. wants to play sports and is subject to the pressure of receiving vaccines to play sports.

230. K.G. is subject to the pressure of mask mandates.

231. K.G. is subject to contact tracing, including the heightened penalty of a mandatory ten-day quarantine, if she comes within six feet of someone who tests positive for Covid-19.

Vaccinated students are not subject to the same automatic ten-day quarantine penalty.

232. K.G. can escape the automatic ten-day quarantine period if she consents to vaccinations.

233. K.G. has an understanding of both her personal and family medical history.

234. On information and belief, if K.G. were to request a vaccine under the Minor Consent Act, a medical provider would conclude that she was capable of providing informed consent.

235. The D. C. Minor Consent Act directly interferes with Shameka's fundamental Constitutional right to raise her child K.G.

***J. Plaintiff Shanita Williams***

236. Plaintiff Shanita Williams resides with her minor children, N.W. and M.R., in the District of Columbia.

237. N.W. is 15 years old, and is enrolled in Kipp College Preparatory, a public charter school in the District.

238. M.R. is 10 years old, and is enrolled in Watkins Elementary School, a public charter school in the District.

239. Although N.W. received childhood vaccines when he was a baby, in the intervening years Shanita has formed sincere religious objections to vaccinations.

240. Shanita objects to N.W. receiving both the COVID-19 vaccine and childhood vaccines and will not provide parental consent to administer those vaccines to N.W.

241. N.W. has been receiving in-person instruction at Kipp since August 30, 2021.

242. In August 2021, DC Health opened a vaccine clinic at Kipp, the details of which were reflected on the school website, <https://www.kippdc.org/vaccine-clinic/> (**Exhibit 4**).

243. On September 1, 2021, Shanita received an e-mail from Kipp informing her that as of September 7th, “all KIPP DC students will be automatically enrolled in KIPP DC’s free asymptomatic weekly saliva COVID testing program” (emphasis in original).

244. The e-mail from Kipp said that parents could opt their children out of the program by completing an online form.

245. Shanita completed the online form to opt N.W. out of Kipp’s testing program.

246. On September 20, 2021, following Mayor Bowser’s mandate that all student athletes age 12 and over must be vaccinated by November 1 to play school sports, Shanita received an e-mail from Kipp informing her that to be eligible to try out for winter or spring sports (including basketball, cheerleading, indoor track, track & field, lacrosse, baseball, and softball).

247. The e-mail also told Shanita, “If you do not want your child to receive the COVID vaccine, they will not be permitted to participate in athletics this school year.”

248. On September 28, 2021, Shanita received a second e-mail from Kipp which reiterated that to be eligible to try out for winter or spring sports, N.W. would have to receive the first dose of the Pfizer vaccine by October 11, 2021, and the second dose by November 1, 2021.

249. On October 3, 2021, Shanita received a third e-mail from Kipp reiterating that students had to be vaccinated to participate in winter or spring sports, and encouraging students to be vaccinated at a vaccine clinic offered at the Smilow Campus on October 6, 2021.

250. The e-mail also stated that Kipp was “working diligently to host additional clinics at other Kipp campuses and look forward to sharing further updates in the coming weeks.”

251. On November 9, 2021, N.W. was approached at school and asked to submit to a nasal swab COVID-19 test. This occurred despite the fact that his mother, Shanita had previously



submitted written instructions that she did not consent to N. W. being subjected to nasal swab COVID-19 tests at school.

252. N.W. wishes to play basketball in the spring of 2022.

253. N.W. has been exposed to the mass media marketing campaign to consent to vaccinations.

254. N.W. is well aware of the monetary incentives to children who receive the vaccinations.

255. The Kipp maintains a website that anyone can access and reserve a time slot to receive vaccinations. *See* **Exhibit 4**. Kipps's vaccine website contains hyperlinks to <https://coronavirus.dc.gov/page/get-vaccinated> (**Exhibit 2**) and <https://www.vaccines.gov/search/> (**Exhibit 5**).

256. N.W. can easily access the information provided in the websites by Defendants as to the time, date and place of vaccine walk in clinics.

257. Walk in vaccine clinics are periodically available at N.W.'s school.

258. N.W. is subject to random periodic saliva based test.

259. N.W. is subject to peer pressure to consent to the administration of vaccines.

260. N.W. is subject to the pressure of receiving vaccines to play sports.

261. N.W. is subject to the pressure of mask mandates.

262. N.W. is subject to contact tracing, including the heightened penalty of a mandatory ten-day quarantine if he comes within six feet of someone who tests positive for Covid-19. K.G. is well aware that vaccinated students are not subject to the same automatic ten-day quarantine penalty.

263. N.W. is well aware that he can escape the automatic ten-day quarantine period if she consents to vaccinations.

264. N.W. has an understanding of both his personal and family medical history.

265. On information and belief, if N.W. were to request a vaccine under the Minor Consent Act, a medical provider likely would conclude that he was capable of providing informed consent.

266. The D. C. Minor Consent Act directly interferes with Shanita's fundamental Constitutional right to raise her child N.W.

***K. Plaintiff Jane Hellewell***

267. Plaintiff Jane Hellewell resides with her minor child, H.B., in the District of Columbia.

268. H.B. is 15 years old, and is enrolled in School Without Walls High School, a public magnet high school in the District.

269. Because Jane objects to immunizations based on her sincerely held religious beliefs, H.B. has not received any childhood vaccinations.

270. Jane objects to H.B. receiving the COVID-19 vaccine and other childhood vaccines and will not provide parental consent to administer those vaccines to H.B.

271. H.B. has been receiving in-person instruction at School Without Walls since August 30, 2021.

272. Prior to the start of the 2021-2022 school year, Jane and H.B. received several e-mails from School Without Walls informing them that the COVID-19 vaccine was available to children 12 years and older, that to be fully vaccinated by the first day of school students would have to receive the first dose of the COVID-19 vaccine by July 26th, and that there were free

walk up sites where D.C. residents could receive the Pfizer vaccine, available to students 12 years of age and older.

273. Prior to the start of the 2021-2022 school year, Jane and H.B. received several e-mails from School Without Walls informing them that students who received the COVID-19 vaccine could win incentives such as iPhones, Air Pods, and gift cards.

274. On August 30, 2021, Jane attended a meeting for parents of students enrolled at School Without Walls. At the meeting, the chairman suggested sending out an anonymous survey to determine the percentage of students at School Without Walls who were unvaccinated and the reasons why the parents were not having their children vaccinated.

275. On September 10, 2021, Jane received an e-mail from the PTA informing parents that they were conducting a poll to determine the number of students who were not yet vaccinated, with the goal to “have as many students and family members as possible vaccinated.”

276. On September 13, 2021, Jane received an e-mail from School Without Walls informing her that all students would be required to participate in the school’s asymptomatic school-based COVID-19 testing program, unless they were opted-out by their parents.

277. Jane completed the online form to opt H.B. out of this testing program.

278. On September 21, 2021, following Mayor Bowser’s announcement that all student athletes age 12 and over must be vaccinated by November 1 to play school sports, Jane received an e-mail from DCPS stating that to be eligible to try out for winter or spring sports (including basketball, cheerleading, indoor track, track & field, lacrosse, baseball, softball and tennis), all students would have to be fully vaccinated by November 1, 2021.

279. On September 23, 2021, Jane received an e-mail from the youth sports league administered by DCPS Athletics, stating that all student athletes would have to be fully

vaccinated by November 1, 2021, and that unvaccinated students would be unable to participate in any team activities.

280. On October 4, 2021, the President, Vice President, Secretary and other faculty and staff of the School Without Walls wrote an open letter to Mayor Bowser and the D.C. Council stating, “On behalf of the School Without Walls Home and School Association (SWWHSA), I ask that you exercise powers within the executive and legislative to mandate vaccines for eligible students enrolled in DCS public schools. Like all school communities, we want our school District to provide the safest possible environment in which students learn and educators work. We recently polled our families to determine vaccination rates in our school and how the SWWHSA could help increase rates. Families of over 300 students responded. All but one fully vaccinated and the overwhelming ask was for SWWHSA to advocate for a vaccine mandate.” The letter advocates for vaccine mandates and concludes, “We trust it goes without mention that leadership entails both of setting firm lines in the sand AND supporting students and families to get across the finish line toward vaccine compliance.” A copy of the letter is attached hereto as **Exhibit 13**.

281. School Without Walls maintains and operates an official website, which contains electronic tabs, pages and hyperlinks to encourage and assist students in locating vaccine walk in clinics, including a link to <https://www.vaccines.gov> which states, “Find a COVID-19 Vaccine near you. Use vaccines.gov to find a location near you, then call or visit their website to make an appointment.”

282. H.B. wishes to play tennis through School Without Walls in the spring of 2022.

283. Tennis is an extremely important part of his life.

284. Tennis is a key aspect of H.B.’s identity.

285. Tennis is critical to H.B.'s social interaction and development.

286. H.B. is adamant that he will play tennis this year.

287. **H.B.'s older sister, who is seventeen years old, received the COVID-19 vaccine in direct opposition to Jane's parental judgment and rights.**

288. The pressure on H.B. to receive vaccinations is increased by Defendants' intense media campaign, official pressure, officially fostered peer pressure, monetary coercion to receive the vaccine, masks, peers who undergo saliva testing, and contact tracing with a ten-day isolation penalty for the unvaccinated.

289. The use of Covid testing, contact tracing and exclusion of the unvaccinated from school has increased, escalating the pressure on H.B. to get vaccinated.

290. H.B. has felt immense pressure to get the vaccine while at School Without Walls.

291. H.B. understands both his personal and family medical history.

292. On information and belief, if H.B. were to request a vaccine under the Minor Consent Act, a medical provider likely would conclude that he is capable of providing informed consent.

293. The D.C. Minor Consent Act directly interferes with Jane's fundamental Constitutional right to raise her child H.B.

***L. The National Childhood Injury Act of 1986***

294. Congress enacted the National Childhood Vaccine Injury Act of 1986 (Vaccine Act), codified in 42 U.S.C. § 300aa *et seq.*

295. The Vaccine Act expresses Congress's clear intent to occupy the field of law regarding childhood vaccinations.

296. Congress enacted the Vaccine Act in response to a growing number of lawsuits alleging neurological and other vaccine injuries.

297. The Vaccine Act created the National Vaccine Injury Compensation Program, a no-fault program to stabilize the vaccine market that had been adversely affected by an increase in vaccine-related tort litigation and to facilitate compensation to claimants. *Bruesewitz v. Wyeth LLC*, 562 U.S. 223 (2011).

298. As the Supreme Court explained in *Bruesewitz*, the Vaccine Act is based upon the premise that vaccine injury is “unavoidable.” If a large enough number of children are vaccinated, some children will be seriously injured and die. Recognized vaccine injuries include severe neurological damage and death. Congress created the Vaccine Injury Compensation Program (VICP) to address these issues.

299. Under the Vaccine Act, “[a]s a *quid pro quo*, manufacturers enjoy significant tort-liability protections. Most importantly, the Act eliminates manufacturer liability for a vaccine’s unavoidable, adverse effects.” *Bruesewitz*, 562 U.S. at 229.

300. As a result of the Vaccine Act and *Bruesewitz v. Wyeth*, for all practical purposes, citizens have no ability to contest inadequate vaccine safety before a jury in state or federal court.

301. Under the Vaccine Act, a vaccine injured person’s only remedy is to file a claim under the VICP. A special master of the U.S. Court of Federal Claims hears the petitioner’s claim in what is sometimes referred to as “vaccine court.” There, the role of the judge is replaced by the “special master,” and the Federal Rules of Civil Procedure, Evidence and Discovery do not apply. *See* Vaccine Rules Appendix B, Rules of the United States Court of Federal Claims, Rules 1,3, 7 and 8, *available at*

<https://www.uscfc.uscourts.gov/sites/default/files/21.08.02%20FINAL%20Vaccine%20Rules.pdf> (accessed November 10, 2021).

302. A petitioner may appeal a special master's decision to a judge in the Court of Federal Claims, but the factual record has already been established, and the appeal is subject to the high bar of an “arbitrary and capricious” standard of review. The petitioner may appeal Court of Federal Claims decisions to the Court of Appeals for the Federal Circuit, but the appeal is once again subject to the arbitrary and capricious standard. Finally, there is limited access to the U.S. Supreme Court, and a handful of vaccine-related cases have reached it for decision. *Hazlehurst v. Sec'y of HHS*, 604 F.3d 1343, 1348 (Fed. Cir. 2010).

303. In the VICP, the defendant is the Secretary of the Department of Health and Human Services (HHS), who is represented by the U.S. Department of Justice.

304. With language three Justices of the Supreme Court described as “confusing,” “ambiguous,” and “sloppy drafting,” Congress took away the right to trial by jury for vaccine injury and replaced it with Vaccine Act rules. *See* Transcript of Oral Argument at 16:18, 28:15, 36:1, and 43:10, *Bruesewitz*, 562 U.S. 223 (No. 09-152), available at [https://www.supremecourt.gov/oral\\_arguments/audio/2010/09-152](https://www.supremecourt.gov/oral_arguments/audio/2010/09-152). A citizen’s primary rights under the Vaccine Act include the recording requirements of 42 U.S.C. § 300aa-25, the right to Vaccine Information Statements in accordance with 42 U.S.C. § 300aa-26, and the right to claim compensation for injury under the VICP.

305. Congress’s comprehensive legislative scheme of informal adjudication is made possible by the Act’s Vaccine Injury Table, which lists the vaccines the Act covers; describes each vaccine’s compensable, adverse side effects; and indicates how soon after vaccination those side effects must first manifest. *See Exhibit 14*.

306. If the vaccine injury first manifests during the short time period listed on the Table (referred to as a “table injury”), then the vaccine is presumed to have caused the injury and the child is entitled to compensation, unless HHS can prove an alternative cause of injury. If the child’s injury is not listed on the Vaccine Injury Table, or if the injury is listed on the Table but the injury does not manifest until after the short time period listed on the Table, then the petitioner must prove causation. This is referred to as a “non-table injury.” These now account for more than 90% of all vaccine injury claims.

307. The standard of proof for “non-table injuries” is by a preponderance of the evidence. Petitioners have been awarded compensation in the VICP for the following injuries:

abscess, acute disseminated encephalomyelitis (ADEM), acute liver failure, adhesive capsulitis, aggravation of pre-existing encephalopathy, agoraphobia, anaphylactic shock, anaphylaxis, angioedema, antisynthetase syndrome, angiomatoid fibrous histiocytoma, aplastic anemia, anxiety, arm injury, arthritis, ataxia, atypical fibromyalgia, autism, autoimmune hep type 2, autoimmune encephalitis, autoimmune hemolytic anemia, autoimmune limbic encephalitis, autoimmune meningitis, autoimmune neuroretinitis, behavioral issues, bell’s palsy, benign tumor, bilateral peripheral neuropathy, bilateral shoulder pain, bilateral symmetric diaphragmatic palsy, blindness, blood clots, bowel obstruction, brachial neuritis, brachial plexopathy, brachial plexus, neuritis, cardiac injury, celiac disease, cellulitis, central nervous system demyelinating, cerebellitis, cerebral vasculitis, cerebellar ataxia, cerebrovascular accident, chest pain, choreiform, movement disorder, chronic fatigue, chronic gastrointestinal issues, chronic arthritis, chronic fatigue syndrome, chronic headache, chronic inflammatory demyelinating polyneuropathy (CIDP), chronic pain, chronic urticaria, complex regional pain syndrome, demyelinating disease of central nervous system, conversion disorder, demyelinating polyradiculoneuropathy, death, deltoid bursitis, demyelinating condition, demyelinating sensorimotor polyneuropathy, dermatitis, dermatomyositis, diverticulitis, dravet syndrome, developmental delay, devic’s disease, eczema, elevated intraocular pressure, encephalitis, encephalopathy, epilepsy, epstein barr virus, erythema multiforme major, evan’s syndrome, exacerbation of existing cardiomyopathy, expressive language delay, fainting injuries, fatigue, febrile seizure, fibromyalgia, fibrosis, frozen shoulder, gastrointestinal symptoms, gastrointestinal issues, gastroparesis, GM1 gangliosidosis, guillain-barre syndrome (GBS), glomerulonephritis, hashimoto’s thyroiditis, headaches, hemophagocytic lymphohistiocytosis (HLH), heel pain, hench-schonlein purpura (HSP), hernia, hip impingement syndrome, hodgekin’s lymphoma, hypereosinophilia, hypersensitivity, hyperthyroidism,



hypotensive-hyporesponsive shock collapse (HHE), hypoproteinemia, hypotonia, immobile flaccid legs, immune issues, idiopathic intracranial hypertension, immune thrombocytopenia purpura, impingement syndrome, increased risk of cancer, infantile spasms, inflammatory arthritis, inflammatory brachial plexopathy, inflammatory neuropathy, intractable epilepsy, joint pain, juvenile dermatomyositis, joint stiffness, juvenile idiopathic arthritis, juvenile rheumatoid arthritis (JRA), kawasaki disease, keloid scarring, labrum tear, leukocytoclastic vasculitis (LCV), leukodystrophy, leukoencephalopathy, latent herpes simplex virus infection, lichen planus, lipomas, long thoracic nerve palsy, lupus (SLE), lymphangitis, lymphomatoid granulomatosis, macrophagic myofasciitis, meningoencephalitis, metal toxicity, mixed connective tissue disease (MCTD), monoplegia, motor tics, multi organ failure, multiple sclerosis, muscle spasms, muscle weakness, myalgias, myelitis, necrotizing pancreatitis, nerve damage, neurological injury, neuromyelitis optica (NMO), neuropathic arm pain, neuropathy, nodular fasciitis, opsoclonus-myoclonus syndrome (OMS), ocular visual disturbance, optic neuritis, panic, pancreatitis, polyarthralgia pain syndrome, polyarthritis, overlap syndrome, panuveitis, panniculitis, parsonage turner syndrome, pemphigus vulgaris, peripheral neuropathy, permanent spastic tetraparesis, persistent headaches, polyarthralgia, polyneuropathy, post-vaccine encephalopathy, progressive encephalopathy, psoriatic arthritis, pulmonary edema, pyoderma gangrenosum, radial nerve damage, rash, reactivation of herpes simplex virus, reactive inflammatory arthritis, reflex sympathetic dystrophy, residual seizure disorder (RSD), retinal vasculitis, retro seizures, rhabdomyolysis, rheumatoid arthritis, rheumatologic injuries, scarring, seizures, seizure disorder, sensory neuropathy, serum sickness, SIDS, significant aggravation of pre-existing neurodevelopmental disorder, Sirva, small fiber neuropathy, shoulder pain, skin disfigurement, spinal accessory neuropathy, splenic rupture, Sjogren's syndrome, snapping hip syndrome, strep infection, stroke, suprascapular neuropathy, sweets syndrome, syncopal seizure, syncope, synovitis, systemic juvenile idiopathic arthritis, tendonitis, tendinopathy, topical epidermal necrolysis, toxic epidermal necrolysis (TEN), toxic shock syndrome, transverse myelitis (TM), thrombocytopenic purpura, tics, tremors, trigeminal neuralgia, ulcerative colitis, urticaria, undifferentiated connective tissue disease (UTCD), ulceration, ulnar neuropathy, urinary incontinence, urticarial angioedema, uveitis, vasculitis, vasovagal syncope, vertigo, vestibular neuronitis.

*See, e.g., USCFC Vaccine-Reported*, UNITED STATES COURT OF FEDERAL CLAIMS,

<https://uscfc.uscourts.gov/aggregator/sources/7>. This non-exhaustive list was compiled by

Wayne Rhode, author *The Vaccine Court*.

308. In accordance with 21 C.F.R. § 201.57, vaccine manufacturers are required to list Adverse Reactions in their product inserts, which state, “This definition does not include all

adverse events observed during use of a drug, only those adverse events for which there is some basis to believe there is a causal relationship between the drug and the occurrence of the adverse event.” There are 397 different types of adverse reactions reported pre-and post-licensure, which are listed on vaccine FDA-approved package inserts. *See* Children’s Health Defense, *the Defender* August 14, 2020 article, entitled, *Read the Fine Print, Part Two -Nearly 400 Adverse Reactions Listed in Vaccine Package Inserts*.

<https://www.google.com/url?q=https://childrenshealthdefense.org/news/read-the-fine-print-part-two-nearly-400-adverse-reactions-listed-in-vaccine-package-inserts/&source=gmail&ust=1636822834616000&usg=AOvVaw1LXxDylIG3LsRg9LcnQKoe>.

309. Congress’s legislative scheme depends on recognizing vaccine injuries in a timely manner: not only is timely recognition important for receiving follow-up medical care, but it is also an element of proving that one is entitled to legal compensation for injuries—compensation that may be necessary for a lifetime of care.

310. As part of this comprehensive scheme, Congress mandated that (1) the date of administration of the vaccine, (2) the vaccine manufacturer and lot number of the vaccine, (3) the name and address and, of the health care provider and (4) any other identifying information on the vaccine required pursuant to regulations promulgated by the secretary. 42 U.S.C. § 300aa-25(a).

311. As part of this scheme, Congress defined “legal representative” as “a parent or an individual who qualifies as a legal guardian under State law.” 42 U.S.C. § 300aa-33(2).

312. The vaccines in the Vaccine Injury Table have been recommended by CDC's ACIP, and health providers can administer any of them to children under the Minor Consent Act.

ACIP's *Recommended Child and Adolescent Immunization Schedule* is reproduced in **Exhibit 15**. (See also The Vaccine Injury Table **Exhibit 14**.)

313. The Minor Consent Act subverts the Vaccine Act by requiring health providers to not record the administration of numerous vaccines in Part 3 of the child's Health Certificate, including Diphtheria-Tetanus-Pertussis, Diphtheria-Tetanus, Hemophilus Influenzae B (HIB), Hepatitis B (HBV), Polio, Measles-Mumps-Rubella (MMR), Varicella, Pneumococcal conjugate (PCV), Influenza, or any other vaccine administered under the Minor Consent Act. D.C. Code § 38-602(a)(2). This blatantly violates the federal Vaccine Act. 42 U.S.C. § 300aa-25.

314. The Minor Consent Act subverts federal law by creating two different immunization records for the same student: a fake record available to parents, which does not contain vaccines administered under the Minor Consent Act, and a separate, accurate "black book" record available only the school, healthcare providers, the District, and the child.

315. The Vaccine Act requires that upon request, a child's parents have access to the child's permanent medical record, which must include each vaccine and the date it was administered; its manufacturer and lot number; the name, address, and title of the health care provider; and any other identifying information on the vaccine required by federal regulations. 42 U.S.C. § 300aa-25.

316. The Minor Consent Act directly contradicts the Vaccine Act, which requires the child's parents have access to the child's authentic vaccine records.

317. As part of this comprehensive scheme, Congress required reporting of "the occurrence of any event set forth in the Vaccine Injury Table," which are commonly referred to as "vaccine adverse events." Vaccine Act, 42 U.S.C. § 300aa-25(b)(1) requires that "each health care provider and vaccine manufacturer *shall* report to the Secretary" of HHS the following

information: (A) the occurrence of any adverse events pursuant to the Vaccine Injury Table; (B) any adverse vaccine reaction specified in the manufacturer's package insert; and (C) such other matters as the Secretary may by regulation require.

318. Congress created the Vaccine Adverse Events Reporting System (VAERS) to capture vaccine adverse events, 42 U.S.C. § 300aa-25(b).

319. The Minor Consent Act conflicts with the requirements of the Vaccine Act § 300aa-25(b) and VAERS.

320. One of the primary purposes of the Vaccine Act was to establish the Vaccine Injury Compensation Program, which has paid out over \$4.6 billion in compensation since its inception. *See the last page of Exhibit 16.*

321. Congress's requirements in the Vaccine Act § 300aa-25 are essential because eligibility for compensation is largely based on timely recognition of injuries.

322. The Minor Consent Act conflicts with this federal law by commanding medical providers not comply with federal recording requirements mandated by 42 U.S.C. § 300aa-25(a).

323. If the child's parent has a religious exemption, no information about any vaccines administered under the Minor Consent Act may be recorded in the student's permanent medical record. The Minor Consent Act requires the medical provider to leave the vaccine record "blank."

324. It further deprives potential claimants of vital information necessary to establish eligibility for compensation in the event of vaccine injury.

325. Furthermore, Congress required that the HHS Secretary develop and disseminate Vaccine Information Materials for health care providers, parents and others for publication in the Federal Register. 42 U.S.C. § 300aa-26.

326. The “Vaccine Information Materials” are commonly referred to as “Vaccine Information Statements” (VIS). The terms “Vaccine Information Materials,” “Vaccine Information Statements,” and “Vaccine Information Sheets” are commonly used interchangeably. The VISs for the vaccines at issue here are reproduced in **Exhibit 17**.

327. VISs are critical to recognition and prevention of vaccine injuries, including severe allergic reactions, brain injury, paralysis, and death.

328. By contrast, the Minor Consent Act states that “The [District of Columbia] Department of Health shall produce one or more age-appropriate alternative vaccine information sheets.” 22-B D.C.M.R. § 600.9. This directly contravenes the Vaccine Act, which mandates that the *Secretary* must develop and disseminate vaccine information materials. 42 U.S.C. § 300aa-26(a).

329. VISs are designed to provide parents with the minimum information needed to understand the benefits and risks of vaccines, so that parents can give informed consent, if they so choose. VISs include information such as a list of persons who should not receive a particular vaccine, the risks of that vaccine, and adverse events to watch for.

330. Additionally, VISs provide parents with information about the VICP.

331. Moreover, a primary purpose of VISs is to educate parents about potential adverse events that may result from a vaccine, which may include severe life-threatening allergic reactions, seizures, brain damage, and death. Failing to recognize vaccine adverse events in a child can result in the child not receiving immediate necessary medical care.

332. VISs also warn parents that allergic reactions and other adverse events may be precautions and contraindications to further vaccination. Failure to timely recognize vaccine allergic reactions and other adverse events that are precautions or contraindications to further

vaccines places a child at risk of serious injury or death. The precautions and contraindications for childhood vaccines at issue here are in the CDC's *General Best Practice Guidelines for Immunization: Contraindications and Precautions*, which are available at <https://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/contraindications> .

333. By arrogating authority to the District's Department of Health to develop separate vaccine information materials, the Minor Consent Act conflicts with Vaccine Act, 42 U.S.C. § 300aa-26(b), as the alternative VISs are not developed "in consultation with the Advisory Commission on Childhood Vaccines, appropriate health care providers and parent organizations, the Centers for Disease Control and Prevention, and the Food and Drug Administration."

334. The information contained on the federally-approved VISs is critical for parents to prevent serious harm and to inform them about the VICP in the event their child is injured.

335. By allowing vaccines to be administered to children without providing parents the required VISs, the Minor Consent Act poses substantial medical risks to children. Congress did not create or contemplate these risks. If a child receives an immunization without a parent's knowledge or consent, the parent in all probability will have no way of recognizing that the child suffered a vaccine injury. Not recognizing that can cause serious medical consequences. If the parent has not been provided the minimum information necessary to recognize a post-vaccination adverse event, the parent will not know to seek immediate medical attention. The parent will also not know that some post vaccine adverse events are listed as precautions and contraindications to further vaccinations. And if VISs are not provided to the parent, she may not discover the VICP or be able to timely document an injury under the Vaccine Injury Table, thus depriving the child of potential compensation in the event of injury.

336. The Minor Consent Act also sets the stage for a child to be injured or killed as a result of being excessively vaccinated. Vaccines are designed to be given over specified time periods. Some childhood vaccines are expressly contraindicated to be given with other childhood vaccines. If the child receives vaccinations without the parent's knowledge, there is nothing to prevent the child from receiving additional contraindicated vaccines within too short of a time period. The danger of being over vaccinated is particularly acute, given that Defendants are giving “incentives” in the form of earbuds, iPads, gift cards etc. each time a child receives a vaccine at an almost endless number of locations with vaccine providers who have imperfect or no ways of communicating with each other.

337. The Minor Consent Act also directly conflicts with Vaccine Act, 42 U.S.C. §§ 300aa-26(c) and (d), that require that the information in the VISs be up-to-date and from the HHS Secretary. Congress requires that “each health care provider who administers a vaccine set forth in the Vaccine Injury Table shall provide to the legal representatives of any child or to any other individual to whom such provider intends to administer such vaccine a copy of the information materials developed” by the Secretary. 42 U.S.C. § 300aa-26(d).

338. As part of this comprehensive scheme, Congress required that the Secretary’s materials “shall be provided prior to the administration of such vaccine” to a child’s parent. 42 U.S.C. § 300aa-26(d).

339. The Minor Consent Act violates this requirement by commanding that health providers seek consent only from minor children, instead of providing these required materials to parents.

***M. The Minor Consent Act also violates federal law by requiring health providers to keep vaccination information secret from parents, the very people who need that information most.***

340. The Vaccine Act does not cover the Pfizer-BioNTech COVID-19 vaccines that administered to District students. Pfizer-BioNTech COVID-19 vaccines are not FDA-approved. The Pfizer Comirnaty COVID-19 vaccine is FDA approved, but is not being distributed to District children.

341. The Food and Drug Administration (FDA) has authorized the Pfizer-BioNTech COVID-19 vaccines as biologic countermeasures under an Emergency Use Authorization (EUA) in accordance with 21 U.S.C. § 360bbb-3(e)(1)(A)(ii)(I-III) of the Federal Food, Drug, and Cosmetic Act and Public Readiness and Preparedness Act (PREP Act), 42 U.S.C. § 247.

342. Pfizer-BioNTech COVID-19 vaccines utilize a novel messenger RNA (mRNA) technology never before used in healthy people; it previously was used only as gene therapy for individuals with cancer.

343. Under the PREP Act, vaccine manufacturers, healthcare providers and government planners cannot be held liable for any injuries, except for “willful misconduct” by a clear and convincing standard. No matter how defective or unreasonably dangerous, vaccine manufacturers cannot be held liable for design or manufacturing defects alone.

344. Theoretically, a person injured by the Pfizer-BioNTech COVID-19 vaccine can file a claim for compensation under the Countermeasures Injury Compensation Program (CICP). However, no one has yet to been paid compensation for a vaccine injury by the Pfizer-BioNTech COVID-19 vaccines. Unlike the VICP, the CICP does not pay attorney fees or expert witness fees, providing no financial incentive for attorneys to bring legal actions there.



345. The EUA requires that “fact sheets” must be provided to recipients. A copy of the Pfizer-BioNTech vaccine fact sheet is attached hereto as **Exhibit 18**.

346. According to the CDC, 66 deaths from COVID-19 have occurred in children aged 5 to 11 between Oct. 3, 2020 and Oct. 2 2021. This figure is likely inflated because it includes those who may have died with serious comorbid conditions. *See* Jefferson Jones, U.S. Centers for Disease Control and Prevention, *Epidemiology of COVID-19 in Children Aged 5-11 Years*, available at <https://www.cdc.gov/vaccines/acip/meetings/downloads/slides-2021-11-2-3/03-COVID-Jefferson-508.pdf> (accessed November 10, 2021).

347. The risks of death or injury from the Pfizer-BioNTech COVID-19 vaccine are unknown.

348. The long-term effects of the Pfizer-BioNTech COVID-19 vaccine are unknown, yet there are many COVID vaccine deaths among children already listed in Vaccine Adverse Event Reporting System (VAERS).

349. VAERS data reveal unprecedented levels of death and other adverse events since the FDA issued EUAs for COVID vaccines.

350. Only a tiny fraction of adverse events is actually reported to VAERS, however. When Massachusetts General-Brigham Hospital evaluated the rate of anaphylaxis in employees post-COVID vaccination, which can lead to death. It found anaphylaxis rates approximately 50-100 times greater than the rates the CDC calculated using VAERS data. If this degree of underestimation holds true for other adverse events using the VAERS database, then the safety of COVID vaccines is considerably worse than it currently appears. *See* K.G. Blumethal, L.B. Robinson, C.A. Carmago, et. al, *Acute Allergic Reactions to mRNA COVID-19 Vaccines*, 325 J.

AM. MED. ASS'N 15, 1562-1565 (Mar. 8, 2021), *available at*  
<https://jamanetwork.com/journals/jama/fullarticle/2777417> (accessed November 10, 2021).

351. As of October 29, 2021, a total of 856,919 adverse events have been reported to VAERS among all age groups for COVID-19 vaccines. *See* National Vaccine Information Center, *Search Results*, *available at*  
<https://www.medalerts.org/vaersdb/findfield.php?TABLE=ON&GROUP1=CAT&EVENTS=ON&VAX=COVID19> (accessed November 10, 2021).

352. As of October 29, 2021, a total of 18,078 deaths have been reported to VAERS for COVID-19 vaccines. *See* National Vaccine Information Center, *Search Results*, *available at*  
<https://www.medalerts.org/vaersdb/findfield.php?TABLE=ON&GROUP1=AGE&EVENTS=ON&VAX=COVID19&DIED=Yes> (accessed November 10, 2021).

353. Excluding “foreign reports” to VAERS, 634,609 adverse events have been reported between Dec. 14, 2020, and Oct. 29, 2021. *See* National Vaccine Information Center, *Search Results*, *available at*  
<https://medalerts.org/vaersdb/findfield.php?TABLE=ON&GROUP1=AGE&EVENTS=ON&VAX=COVID19&STATE=NOTFR> (accessed November 10, 2021).

354. Excluding “foreign reports” to VAERS, 8,284 deaths have been reported in the U.S. between Dec. 14, 2020, and Oct. 29, 2021. *See* National Vaccine Information Center, *Search Results*, *available at*  
<https://medalerts.org/vaersdb/findfield.php?TABLE=ON&GROUP1=AGE&EVENTS=ON&VAX=COVID19&DIED=Yes&STATE=NOTFR> (accessed November 10, 2021).

355. As for the age group of 12 to 17-year-olds, 22,584 total adverse events have been reported to VAERS. *See* National Vaccine Information Center, *Search Results*, *available at*

<https://medalerts.org/vaersdb/findfield.php?TABLE=ON&GROUP1=AGE&EVENTS=ON&VAX=COVID19&VAXTYPES=COVID-19&STATE=NOTFR&WhichAge=range&LOWAGE=12&HIGHAGE=18> (accessed November 10, 2021).

356. As for the age group of 12 to 17-year-old data, 40 deaths have been reported , including foreign reports. *See* National Vaccine Information Center, *Search Results*, available at <https://medalerts.org/vaersdb/findfield.php?TABLE=ON&GROUP1=AGE&EVENTS=ON&VAX=COVID19&DIED=Yes&WhichAge=range&LOWAGE=12&HIGHAGE=18> (accessed November 10, 2021).

357. One of the most disturbing trends in VAERS is data regarding myocarditis and pericarditis, i.e., inflammation and damage of the heart muscle known as myocardium. Pericarditis is swelling and irritation of the pericardium, a thin, sac-like tissue surrounding the heart.

358. As of October 29, 2021, VAERS data reflected 975 reports of myocarditis and pericarditis in children in the 0-18 age group. *See* National Vaccine Information Center, *Search Results*, available at [https://medalerts.org/vaersdb/findfield.php?TABLE=ON&GROUP1=AGE&EVENTS=ON&SYMPTOMS\[\]=Myocarditis+%2810028606%29&SYMPTOMS\[\]=Pericarditis+%2810034484%29&VAX=COVID19&WhichAge=range&LOWAGE=0&HIGHAGE=19](https://medalerts.org/vaersdb/findfield.php?TABLE=ON&GROUP1=AGE&EVENTS=ON&SYMPTOMS[]=Myocarditis+%2810028606%29&SYMPTOMS[]=Pericarditis+%2810034484%29&VAX=COVID19&WhichAge=range&LOWAGE=0&HIGHAGE=19) (accessed November 10, 2021).

359. As of October 29, 2021, VAERS data reflected 728 reports of myocarditis and pericarditis in the 12 to 17 age group. *See* National Vaccine Information Center, *Search Results*, available at

[https://medalerts.org/vaersdb/findfield.php?TABLE=ON&GROUP1=AGE&EVENTS=ON&SYMPTOMS\[\]=Myocarditis+%2810028606%29&SYMPTOMS\[\]=Pericarditis+%2810034484%29&VAX=COVID19&WhichAge=range&LOWAGE=12&HIGHAGE=18](https://medalerts.org/vaersdb/findfield.php?TABLE=ON&GROUP1=AGE&EVENTS=ON&SYMPTOMS[]=Myocarditis+%2810028606%29&SYMPTOMS[]=Pericarditis+%2810034484%29&VAX=COVID19&WhichAge=range&LOWAGE=12&HIGHAGE=18) (accessed November 10, 2021).

360. Pfizer is well aware that its COVID-19 vaccine carries a significant risk of myocarditis and pericarditis. On October 26, 2021, Pfizer submitted a document entitled “Vaccines and Related Biological Products Advisory Committee Meeting October 26, 2021, FDA Briefing Document, EUA amendment for Pfizer-BioNTech COVID-19 Vaccine for use in children 5 through 11 years of age,” a copy of which is available at <https://www.fda.gov/media/153447/download>. The document’s purpose was to obtain EUA for the Pfizer-BioNTech Covid-19 vaccine for use in children 5 through 11 years of age.

361. Page 13 of the October 26, 2021 FDA briefing document, EUA amendment for Pfizer-BioNTech Covid-19 vaccine for children 5 through 11 years of age, states:

**Myocarditis and pericarditis**

**Post-EUA safety surveillance reports received by FDA and CDC identified increased risks of myocarditis and pericarditis, particularly within 7 days following administration of the second dose of the 2-dose primary series.**

Reporting rates for medical chart-confirmed myocarditis and pericarditis in VAERS have been higher among males under 40 years of age than among females and older males and have been highest in males 12 through 17 years of age.

362. This section further states: “**Although some cases of vaccine-associated myocarditis/pericarditis have required intensive care support**, available data from short-term follow-up suggest that most individuals have had resolution of symptoms with conservative management. **Information is not yet available about potential long-term sequelae and outcomes in affected individuals**, or whether the vaccine might be associated initially with

subclinical myocarditis (and if so, what are the long-term sequelae). A mechanism of action by which the vaccine could cause myocarditis and pericarditis has not been established.

**Myocarditis and pericarditis were added as important identified risks... included in the Warnings sections of the vaccine Fact Sheets and Prescribing Information.** The Sponsor is conducting additional post-authorization/post-marketing studies to assess known serious risks of myocarditis and pericarditis as well as to identify an unexpected serious risk of subclinical myocarditis” (emphasis added).

363. Page 14 states in part: **“EUA AMENDMENT REQUEST FOR THE PFIZER-BIONTECH COVID-19 VACCINE FOR USE IN CHILDREN 5-11 YEARS OF AGE:** On October 6, 2021, Pfizer and BioNTech submitted a request to amend this EUA to include use of a 2-dose primary series of the Pfizer-BioNTech COVID-19 Vaccine (10 µg each dose, administered 3 weeks apart) in individuals 5-11 years of age for active immunization to prevent COVID-19 caused by severe acute coronavirus 2 (SARS-CoV-2).

364. Page 14 further states: **“Authorization is being requested for a modified formulation of the Pfizer-BioNTech COVID-19 Vaccine.”** (emphasis added).

365. Page 14 further states: **“Vaccine formulation.** To provide a vaccine with an improved stability profile, **the Pfizer-BioNTech COVID-19 Vaccine for use in children 5-11 years of age uses tromethamine** (Tris) buffer instead of the phosphate- buffered saline (PBS) as used in the previous formulation and excludes sodium chloride and potassium chloride.”

366. Tromethamine is commonly used to treat heart attack or cardiac bypass surgery patients. Upon information and belief, Pfizer has changed its buffer to Tromethamine given the significant risk of myocarditis and pericarditis in children, underscoring the clear understood risk for heart complications in children.

367. COVID-19 vaccine profits are unprecedented. Pfizer anticipates \$36 billion for 2021 and \$29 billion for 2022. *See* Pfizer, *Pfizer Reports Third-Quarter 2021 Results*, Nov. 2, 2021, *available at* <https://investors.pfizer.com/investor-news/press-release-details/2021/PFIZER-REPORTS-THIRD-QUARTER-2021-RESULTS/default.aspx> (accessed November 10, 2021).

368. Pfizer generated approximately \$29 billion through Oct. 2021. *See* Nasdaq.com, *Pfizer Stock: Vaccine Maker Poised for Big 2022*, Nov. 4, 2021, *available at* <https://www.nasdaq.com/articles/pfizer-stock%3A-vaccine-maker-poised-for-big-2022-2021-11-04> (accessed November 10, 2021).

369. There are tremendous financial conflicts of interest between the pharmaceutical giants that have monopolized the vaccine industry and the FDA. *See* <https://childrenshealthdefense.org/defender/fda-pfizer-covid-kids-pharma/>; *see also* <https://www.bmj.com/content/375/bmj.n2635>.

306 Vaccine manufacturers make tens of billions of dollars in profits each year. With booster shots, the manufacturers will make tens of billions more. When there is no liability, there is no incentive for safety. Truly the only thing standing between rapacious vaccine manufacturers and children are their parents, and the Minor Consent Act purports to remove even parents, in violation of federal law.

***N. The Religious Freedom Restoration Act of 1993 (RFRA)***

307. In 1993, Congress adopted the Religious Freedom Restoration Act (RFRA). 42 U.S.C. § 2000bb *et. seq.*

308. It adopted RFRA because “neutral” laws towards religion may burden the First Amendment free exercise right as surely as laws intended to interfere with religious free exercise. 42 U.S.C. § 2000bb(a)(1)-(2).

309. Congress adopted RFRA to provide a claim or defense to persons whose religious exercise is substantially burdened by government and to create a cause of action for such persons to vindicate those rights. 42 U.S.C. § 2000bb(b)(2); 42 U.S.C. § 2000bb-1(c).

310. The District is a “covered entity” under RFRA. 42 U.S.C. § 2000bb-2(1) and (2).

311. Congress has mandated that government shall not substantially burden a person’s exercise of religion, even if the burden results from a rule of general applicability, unless it demonstrates that application of the burden to the person is in furtherance of a compelling governmental interest and is the least restrictive means of furthering that compelling governmental interest. 42 U.S.C. § 2000bb-1(a) and (b).

312. Congress defines “free exercise” broadly to include “any exercise of religion, whether or not compelled by, or central to, a system of religious beliefs.” 42 U.S.C. § 2000bb-2(4); 42 U.S.C. § 2000cc-5(7)(A).

313. The District recognizes a legal right of parents to claim a religious exemption from vaccinations by filing an objection in good faith and filing a statement with the chief official of the school that vaccinations violate their religious beliefs. A good faith statement that a parent has sincere religious beliefs against childhood immunizations is sufficient to obtain the exemption. D.C. CODE § 38-506(1).

314. For Victor, Shameka, Shanita and Jane, vaccinating their children violates sincerely held religious beliefs. They have all exercised those rights by claiming religious exemptions pursuant to D.C. CODE § 38-506(1).

315. The Minor Consent Act did not amend D.C. CODE § 38-506(1) to eliminate the religious exemptions.

316. Instead, the Minor Consent Act specifically states that vaccinations can be administered to the minor children of parents who have exercised their right to claim a *religious exemption*, without the parents' knowledge or consent. 22-B D.C.M.R. § 600.9(d)(1).

317. Moreover, the Minor Consent Act states that if vaccinations are administered to the minor children of parents who have claimed a religious exemption, "the healthcare provider shall leave blank part 3 of the immunization record, and submit the immunization record directly to the minor student's school." D.C. Code § 38-602(a)(2).

318. The Minor Consent Act reflects blatant state-sponsored hostility to religion, violating the First Amendment and recent Supreme Court precedent. *Masterpiece Cakeshop, LTD., et al. v. Colorado Civil Rights Commission et al.* 138 S. Ct. 1719 (2018).

319. Moreover, the Minor Consent Act states that if vaccinations are administered to the minor children of parents who have exercised their right to claim a religious exemption, insurers shall not send an Explanation of Benefits (EOB) to the parents for services provided under the Minor Consent Act. 22-B D.C.M.R. § 600.9(d)(2).

320. On October 6, 2020, the District's Chief Financial Officer, Jeffrey S. DeWitt, issued a Fiscal Impact Statement on the Minor Consent Act to the Honorable Phil Mendelson, Chairman of the D.C. Council. Mr. DeWitt concluded: "[t]he bill requires providers to leave the immunization record blank on the Universal Health Certificate form when a parent is utilizing a religious exemption for vaccinations or is opting their child out of receiving the Human Papillomavirus vaccine. If the immunization record is left blank, providers must submit the Universal Health Certificate direction to the minor's school. Schools must keep this record confidential unless shared with D.C. Health or the school-based health center."



321. The Minor Consent Act thus subverts the decision of parents who have exercised their religious rights by claiming a lawful religious exemption for their children.

322. It substantially burdens the free exercise rights of religious parents, by overriding their express religiously-motivated decisions.

323. The Minor Consent Act is not limited to a pandemic context or other health emergency; it applies to all ACIP-recommended vaccines, in emergency and non-emergency circumstances. Indeed, when the D.C. Council passed the Minor Consent Act in March 2021, neither the FDA nor CDC allowed or recommended children under 16 to receive the COVID-19 vaccines.

***O. The Constitutional Rights of Parents***

324. In *Troxel v. Granville*, 530 U.S. 57 (2000), the Supreme Court recognized that one of the oldest fundamental liberty interests protected by the Constitution is the interest of parents in the care, custody, and control of their children.

325. In *Santosky v. Kramer*, 455 U.S. 745 (1982), the Court declared that “freedom of personal choice in matters of family life is a fundamental liberty interest protected by the Fourteenth Amendment.”

326. In *Wisconsin v. Yoder*, 406 U.S. 205 (1972), the Court declared that “the history and culture of Western civilization reflect a strong tradition of parental concern for the nurture and upbringing of their children. This primary role of the parents in the upbringing of their children is now established beyond debate as an enduring American tradition.”

327. In *Cleveland Board of Education v. LaFleur*, 414 U.S. 632 (1974), the Court warned that “freedom of personal choice in matters of . . . family life is one of the liberties protected by the Due Process Clause of the Fourteenth Amendment.”

328. In *Parham v. J.R.*, 442 U.S. 584 (1979), the Court stated that “our constitutional system long ago rejected any notion that a child is ‘the mere creature of the State,’ and, on the contrary, asserted that parents generally ‘have the right, coupled with the high duty, to recognize and prepare [their children] for additional obligations.’ Surely, this includes a ‘high duty’ to recognize symptoms of illness and to seek and follow medical advice. The law’s concept of the family rests on the presumption that parents possess what a child lacks in maturity, experience, and capacity for judgment required for making life’s difficult decisions.”

329. The fundamental rights of parents are implicated when the state intervenes and substitutes its decision making for that of the parents.

330. A fit parent’s decision with respect to the care, custody, and control of his or her child cannot be overridden by the government unless it has a compelling interest, and its actions are narrowly tailored to accomplish that compelling interest.

331. Victor, Shameka, Shanita and Jane are fit parents, who have exercised their legal rights under D.C. CODE § 38-506(1) to exempt their children from vaccinations because of their sincere religious beliefs.

332. By authorizing the vaccination of children whose parents have claimed religious exemptions, the Minor Consent Act substitutes the District’s own medical preferences over those of the children’s parents lawful rights.

**FIRST CAUSE OF ACTION**

**28 U.S.C. § 2201 and 42 U.S.C. § 1983**

**Adoption and Enforcement of an Unconstitutional Statute that Deprives  
Parents of Federal Statutory Rights Guaranteed by the National Childhood  
Vaccine Injury Act of 1986, in violation of Article VI and the Fifth  
Amendment of the Constitution**

370. The allegations contained in the preceding paragraphs are hereby realleged and incorporated by reference herein.

371. Article VI, clause 2 of the U.S. Constitution states that the Constitution and laws of the United States shall be the supreme law of the land.

372. By adopting the National Vaccine Act, Congress expressed a clear intent to occupy the field of law as to the administration of childhood vaccinations.

373. Congress has mandated that before vaccines may be administered to children, parents must receive a detailed Vaccine Information Statement (VIS) and that detailed information about each vaccine—including date of administration, the manufacturer and lot number, and the name and address of the health care provider administering the vaccine—be recorded in the child’s permanent, available health record.

374. Contrary to the Vaccine Act, the Minor Consent Act allows a child to be injected without the parent’s knowledge or consent and conceals that information from the child’s parent. By intentionally and surreptitiously stripping parents of their decision-making rights regarding the medical care of their children, and placing that decision-making squarely in the hands of the government, the Minor Consent Act subverts the protections of the Vaccine Act, in violation of Article VI and the Fifth Amendment of the Constitution of the United States.

375. Contrary to the Vaccine Act, the Minor Consent Act commands that a child’s immunization record be confidential so as to hide from the parent that the child has been

vaccinated. It also requires that any information about vaccinations administered shall not be added to the child's permanent health record, but shall instead be recorded only in a record maintained by the school and inaccessible to the parent. By intentionally depriving parents of any knowledge that their children have received immunizations, the Minor Consent Act subverts the protections of the National Vaccine Act, in violation of Article VI and the Fifth Amendment of the Constitution of the United States.

376. Contrary to the National Vaccine Act, the Minor Consent Act prevents the parent from receiving federally mandated Vaccine Injury Statements at the time the child is vaccinated and subverts Congress's intent to protect children by depriving parents of any knowledge that their child may be at increased risk of serious harm or death. The Minor Consent Act thus usurps the responsibility and authority of federal health agencies, to which Congress assigned the development and publication of Vaccine Information Statements. The Minor Consent Act thus violates the Supremacy Clause of Article VI and the Due Process Clause of Fifth Amendment of the Constitution.

377. Because the Minor Consent Act prevents providers from disclosing the administration of vaccinations to parents, Victor, Shameka, Shanita and Jane will receive no formal notice that their rights under the Vaccine Act have been subverted, much less prior notice and an opportunity to assert those rights before they are deprived of them. By giving license to these surreptitious acts, the Minor Consent Act erects barriers that make it difficult if not impossible for parents like Victor to vindicate their legal rights.

378. By allowing the District to develop its own alternative VISs for distribution to children, the Minor Consent Act deprives parents of a VIS developed by the HHS Secretary, developed in consultation with the CDC and FDA, as Congress required.

379. The plain language of the Minor Consent Act, combined with the public statements of the D.C. Council in adopting it and the subsequent actions and public statements of Defendants, and statements by L.B., K.G., N.W., and H.B., have caused Victor, Shameka, Shanita and Jane to realistically fear that L.B., K.G., R.T., N.W., M.R., H.B., may be pressured into submitting to vaccination without their parental knowledge or consent.

380. Victor, Shameka, Shanita and Jane ask this Court to declare the Minor Consent Act illegal and to issue an injunction preventing the Mayor, D.C. Health, and DCPS from enforcing it.

### **SECOND CAUSE OF ACTION**

#### **28 U.S.C. § 2201, 42 U.S.C. § 1983, and 42 U.S.C. § 2000bb**

#### **Adoption and Enforcement of an Unconstitutional Statute In violation of the Religious Freedom Restoration Act of 1993**

381. The allegations contained in the preceding paragraphs are hereby realleged and incorporated by reference herein.

382. The District has recognized a legal right of parents to claim a religious exemption from vaccinations, by filing an objection in good faith and filing a statement with the chief official of the school that vaccinations would violate the parents' religious beliefs. The Minor Consent Act does not amend the D.C. Code to eliminate that religious exemption.

383. The Minor Consent Act substantially burdens free exercise rights by authorizing the actual *administration* of vaccines to minor children of parents who have exercised their right to claim a religious exemption, without the parent's knowledge or consent.

384. The Minor Consent Act does not identify any compelling interest that would justify overriding parents' decisions to decline childhood vaccines based on sincere religious beliefs.

385. The District has no compelling interest in offering parents a religious exemption with one hand and surreptitiously taking away the exemption protections with the other.

386. The Minor Consent Act is not narrowly tailored to further any compelling interest that might justify overriding parents' religious decisions.

387. Because the Minor Consent Act prevents providers from disclosing the administration of vaccinations to parents, Victor, Shameka, Shanita and Jane will receive no formal notice if their free exercise rights are subverted, much less prior notice and an opportunity to assert those rights before they are deprived.

388. The plain language of the Minor Consent Act, combined with the public statements of the D.C. Council in adopting it and the subsequent actions and public statements of Defendants, and statements by L.B., K.G., N.W., and H.B., have caused Victor, Shameka, Shanita and Jane to realistically fear that L.B., K.G., R.T., N.W., M.R., and H.B., will be pressured to receive one or more vaccinations and that this will occur without Victor, Shameka, Shanita and Jane's knowledge or consent.

389. Victor, Shameka, Shanita and Jane ask this Court to declare the Minor Consent Act illegal, and to issue an injunction preventing the Mayor, D.C. Health, and DCPS from enforcing it.

### **THIRD CAUSE OF ACTION**

#### **42 U.S.C. § 1983**

#### **Adoption and Enforcement of an Unconstitutional Statute in Violation of the First Amendment to the U.S. Constitution**

390. The allegations contained in the preceding paragraphs are hereby realleged and incorporated by reference herein.

391. The First Amendment to the U. S. Constitution states, “Congress shall make no law respecting an establishment of religion, or prohibiting the free exercise thereof.” The First Amendment clearly applies to state and local governments. *Cantwell v. Connecticut*, 310 U.S. 296 (1940).

392. The D.C. Minor Consent Act directly conflicts with the free exercise clause of the First Amendment because it is state action actively hostile toward religion. This blatant violation of the free exercise clause is actionable by 42 U.S.C. § 1983.

393. “The Constitution commits government itself to religious tolerance, and upon even slight suspicion that proposals for state intervention stem from animosity to religion or distrust of its practices, all officials must pause to remember their high duty to the Constitution and to the rights it secures.” *Masterpiece Cakeshop, LTD., v. Colorado Civil Rights Commission* 138 S. Ct. 1719, 1731 (2018) (internal citations omitted).

394. The Minor Consent Act is unconstitutional on its face. Specifically, the Amendment to D.C. Code § 38-602(b)(2) states: “if a minor is utilizing a religious exemption for vaccinations...the health care provider shall leave blank part 3 of the immunization record.” This part of the Minor Consent Act is openly hostile to free exercise of religion because the Minor Consent Act is specifically targeting and endangering children whose parents have claimed a

lawful religious exemption. This is directly contrary to the religious neutrality that the Constitution requires. *Id.*

395. The State has a “duty under the First Amendment not to base laws or regulations on hostility to a religion or religious viewpoint.” *Masterpiece Cakeshop*. 138 S. Ct. at 1721, yet this is exactly what the D.C. Minor Consent Act does. As the Supreme Court explained in *Masterpiece Cakeshop*, the government’s “hostility was inconsistent with the First Amendment’s guarantee that our laws be applied in a manner that is neutral toward religion.” *Id.* The D.C. Minor Consent Act is not neutral toward religion; it specifically targets children whose parents have exercised their lawful religious rights. And not only have parents’ rights been trampled, but their children’s health and welfare are endangered.

396. The plain language of the Minor Consent Act, combined with the public statements of the D.C. Council in adopting it and the subsequent actions and public statements of Defendants, as well as statements by L.B., K.G., N.W., and H.B. have caused Victor, Shameka, Shanita and Jane to fear that L.B., K.G., R.T., N.W., M.R., and H.B., will be pressured to receive one or more vaccinations and that this will occur without their knowledge or consent.

397. Victor, Shameka, Shanita and Jane ask this Court to declare the Minor Consent Act illegal and to issue an injunction preventing the Mayor, D.C. Health, and DCPS from enforcing the Act.



#### **FOURTH CAUSE OF ACTION**

##### **28 U.S.C. § 2201 and 42 U.S.C. § 1983**

##### **Adoption and Enforcement of an Unconstitutional Statute that Deprives Parents of Their Fundamental Right to Direct the Upbringing of their Children in Violation of the Fifth Amendment of the U.S. Constitution**

398. The allegations contained in the preceding paragraphs are hereby realleged and incorporated by reference herein.

399. It is clearly established both in this Circuit and the District of Columbia that fit parents have a fundamental right to direct the upbringing of their children.

400. The Minor Consent Act surreptitiously subverts that legal right. With one hand, the District has extended to parents a statutory right to exempt their children from vaccinations; with the other, the District takes away from those same parents the protection of that lawful exemption, without their knowledge or consent.

401. The Minor Consent Act does not hinge on any finding of parental unfitness. On the contrary, the Minor Consent Act permits healthcare providers to administer vaccines to minor children without any consideration of the parents' fitness—and, indeed, to the children of fit parents—based on the provider's sole assessment of whether the minor child can provide informed consent.

402. Moreover, the Minor Consent Act states that if vaccinations are administered to the minor children of parents who have exercised their right to claim a religious exemption, this administration shall be kept secret from the parents. Specifically, healthcare providers are prohibited from recording the vaccinations in part 3 of the child's immunization records and are barred from sending an Explanation of Benefits to the parents for any vaccinations they administer under the Minor Consent Act.

403. The Minor Consent Act does not account for, much less rebut, the presumption that fit parents act in the best interests of their children.

404. The Minor Consent Act does not accord special weight to the decisions of fit parents; on the contrary, it disregards the decisions of fit parents.

405. The Minor Consent Act does not identify any compelling interest that would justify overriding the decision of fit parents to decline childhood vaccines.

406. The Minor Consent Act is not narrowly tailored to further any compelling interest that might justify overriding the decision of fit parents to decline childhood vaccines.

407. Pursuant to this unconstitutional Minor Consent Act, a medical provider at a hospital, clinic, or school office could administer vaccinations to L.B., K.G., R.T., N.W., M.R., and H.B., without Victor, Shameka, Shanita or Jane's prior knowledge or consent, subverting their fundamental rights under the Fifth Amendment to claim a lawful exemption from vaccinations for their minor children. Because the Minor Consent Act prevents providers from disclosing the administration of vaccines to parents, Victor Shameka, Shanita and Jane will receive no formal notice if their parental rights are subverted, much less prior notice and an opportunity to assert those rights.

408. The plain language of the Minor Consent Act, combined with the public statements of the D.C. Council in adopting it and the subsequent actions and public statements of the defendants, as well as statements by L.B., K.G., N.W., and H.B., have caused Victor, Shameka, Shanita and Jane to realistically fear that L.B., K.G., R.T., N.W., M.R., and H.B., will be pressured to receive one or more vaccinations and that this will occur without their knowledge or consent.

409. Regardless of whether L.B., K.G., R.T., N.W., M.R., and H.B., ever buckle under pressure, defy their parents, and receive vaccinations against their parents' better judgment, the constitutional rights of the parents to raise their children and the children's constitutional rights to be raised by their parents are being violated by the Minor Consent Act. In short, the Minor Consent Act undermines parents' authority and ability to raise their children.

410. Victor Shameka, Shanita and Jane ask this Court to declare the Minor Consent Act illegal, and to issue an injunction preventing the Mayor, D.C. Health, and DCPS from enforcing it.

### **PRAYER FOR RELIEF**

WHEREFORE, Plaintiffs respectfully request that this Court:

A. Issue a declaratory judgment that the District of Columbia Minor Consent for Vaccinations Amendment Act of 2020 conflicts with National Childhood Vaccine Injury Act of 1986, thereby depriving parents and children of their statutory rights to have prior knowledge and consent before vaccines are administered to minor children;

B. Issue a declaratory judgment that because the District of Columbia Minor Consent for Vaccinations Amendment Act of 2020 conflicts with the National Childhood Vaccine Injury Act of 1986, it is an unconstitutional violation of the Supremacy Clause of the Constitution;

C. Issue a declaratory judgment that the District of Columbia Minor Consent for Vaccinations Amendment Act of 2020 substantially and unlawfully burdens the rights of parents who have lawfully objected to vaccinations on the basis of sincerely held religious beliefs, in violation of the Religious Freedom Restoration Act of 1993;

D. Issue a declaratory judgment that the District of Columbia Minor Consent for Vaccinations Amendment Act of 2020 substantially and unlawfully burdens the rights of parents

who have lawfully objected to vaccinations on the basis of sincerely held religious beliefs, in violation of the free exercise clause of the First Amendment to the Constitution of the United States;

E. Issue a declaratory judgment that the District of Columbia Minor Consent for Vaccinations Amendment Act of 2020 deprives parents of their fundamental right to direct the care and upbringing of their children, in violation of the Due Process Clause of the Fifth Amendment to the Constitution of the United States;

E. Award Plaintiffs' costs and attorneys' fees pursuant to 42 U.S.C. § 1988; and

F. Grant such other and further relief as the Court deems proper.

Respectfully submitted this 15th day of November, 2021:

/s Rolf G. S. Hazlehurst  
Robert F. Kennedy, Jr.  
Rolf G. S. Hazlehurst  
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*Local Counsel for Plaintiffs*

### VERIFICATION OF VICTOR BOOTH

I, Victor Booth, declare as follows:

1. I am a Plaintiff in the above captioned matter and a citizen of the United States of America, who resides in the District of Columbia.
2. I have personal knowledge of myself, my activities, and my intentions, including those set out in the foregoing *Verified Complaint for Declaratory and Injunctive Relief*, and if called on to testify I would competently testify as to the matters stated herein.
3. I verify under penalty of perjury under the laws of the United States of America that the factual statements in this *Verified Complaint* concerning myself, my activities, and my intentions are true and correct.

Executed on the 15th day of November, 2021.

DocuSigned by:  
  
BC9EE5EEB59E4C9...  
/s Victor Booth

Victor Booth\*


\* In accordance with LCvR 5.4(b)(5), the original signed document is in the possession of Counsel of Record, and is available for review upon request by a party or by the Court.

### VERIFICATION OF SHAMEKA WILLIAMS

I, Shameka Williams, declare as follows:

1. I am a Plaintiff in the above captioned matter and a citizen of the United States of America, who resides in the District of Columbia.
2. I have personal knowledge of myself, my activities, and my intentions, including those set out in the foregoing *Verified Complaint for Declaratory and Injunctive Relief*, and if called on to testify I would competently testify as to the matters stated herein.
3. I verify under penalty of perjury under the laws of the United States of America that the factual statements in this *Verified Complaint* concerning myself, my activities, and my intentions are true and correct.

Executed on the 15th day of November, 2021.

DocuSigned by:  
  
27E854D22DDC473...

/s Shameka Williams

Shameka Williams\*

\* In accordance with LCvR 5.4(b)(5), the original signed document is in the possession of the attorney and is available for review upon request by a party or by the Court.

### VERIFICATION OF SHANITA WILLIAMS

I, Shanita Williams, declare as follows:

1. I am a Plaintiff in the above captioned matter and a citizen of the United States of America, who resides in the District of Columbia.
2. I have personal knowledge of myself, my activities, and my intentions, including those set out in the foregoing *Verified Complaint for Declaratory and Injunctive Relief*, and if called on to testify I would competently testify as to the matters stated herein.
3. I verify under penalty of perjury under the laws of the United States of America that the factual statements in this *Verified Complaint* concerning myself, my activities, and my intentions are true and correct.

Executed on the 15th day of November, 2021.

DocuSigned by:  
  
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/s Shanita Williams

Shanita Williams

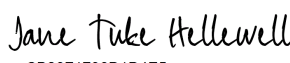
\* In accordance with LCvR 5.4(b)(5), the original signed document is in the possession of the attorney and is available for review upon request by a party or by the Court.

### VERIFICATION OF JANE HELLEWELL

I, Jane Hellewell, declare as follows:

1. I am a Plaintiff in the above captioned matter and a citizen of the United States of America, who resides in the District of Columbia.
2. I have personal knowledge of myself, my activities, and my intentions, including those set out in the foregoing *Verified Complaint for Declaratory and Injunctive Relief*, and if called on to testify I would competently testify as to the matters stated herein.
3. I verify under penalty of perjury under the laws of the United States of America that the factual statements in this *Verified Complaint* concerning myself, my activities, and my intentions are true and correct.

Executed on the 15th day of November, 2021.

DocuSigned by:  
  
CB26F1796D1D4E5...

/s Jane Hellewell

Jane Hellewell\*

\* In accordance with LCvR 5.4(b)(5), the original signed document is in the possession of the attorney and is available for review upon request by a party or by the Court.