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Attorneys for Plaintiffs

**SUPERIOR COURT OF THE STATE OF CALIFORNIA
FOR THE COUNTY OF SANTA CLARA**

**CHILDREN'S HEALTH DEFENSE-
CALIFORNIA CHAPTER**, a California
501(c)(3) non-profit corporation, on its own
and on behalf of its members; **HARLOW
GLENN**, an individual and **JACKSON
DRUKER**, an individual,

Plaintiffs,

vs.

**THE PRESIDENT AND TRUSTEES OF
SANTA CLARA COLLEGE**, a California
Corporation, **DR. LEWIS OSOFSKY**, an
individual, **DEEPA ARORA**, an individual,
AND DOES 1-10, inclusive,

Defendants.

Case No.: 22 CV 395570

**DECLARATION OF JESSICA ROSE Ph.D. IN
SUPPORT OF PLAINTIFFS' EX PARTE
MOTION FOR A TEMPORARY
RESTRAINING ORDER AND ORDER TO
SHOW CAUSE**

Date: March 21, 2022
Time: 8:30 a.m.
Dept.: 20

First Amended Complaint Filed: March 14,
2022
Trial Date: Not yet set.

ORAL ARGUMENT REQUESTED

DECLARATION OF JESSICA ROSE

I, Jessica Rose declare:

1 1. I am over the age of 18, and not a party to this action. Except as set forth herein, I have
2 personal knowledge of the facts set forth in this statement and declaration, and if called upon to
3 do so, I could and would testify competently to them.

4 2. The statements herein in the referenced filing I declare under penalty of perjury under
5 the laws of the State of California, are true and correct, except those based on information and
6 belief, and those I believe to be true.

7
8 3. I have a Bachelor of Science (BSc) in Applied Mathematics, I have a Master of Science
9 in Medicine (MSc) in Immunology, a Doctor of Philosophy (PhD) in Computational Biology, a
10 Post Doctorate in Molecular Biology and a Post Doctorate in Biochemistry.

11 4. I pursued a Bachelor of Science in Applied Mathematics at Memorial University of
12 Newfoundland (MUN) immediately after high school and subsequently, a Master of Science in
13 Medicine in Immunology at MUN. I was one of five esteemed graduates of a newly established
14 interdisciplinary degree program pursuing a master's degree in Medicine with a focus on
15 Immunology.

16 5. I continued with my studies in Israel, having been invited to pursue a PhD in
17 Computational Biology (Viral Kinetic studies on Cytomegalovirus (CMV) and Hepatitis B Virus
18 (HBV)) at Bar Ilan University.

19
20 6. Since its completion, I have successfully completed two Post-Doctoral degrees in
21 Molecular Biology, with a focus on Rickettsiology at the Hebrew University of Jerusalem, and
22 Biochemistry, with a focus on Anisotropic Network modeling of ATP-Cassette-Binding
23 Transporter molecule mechanisms at the Technion Institute of Technology.

24 7. I am now an active data analyst.

25 8. I have taken it upon myself to teach myself to use R using the Vaccine Adverse
26 Event Reporting System (VAERS) database as a prototype. I organize the VAERS data into
27 comprehensive figures to convey information to the public in both published work, and video
28 mediums.

1 9. VAERS is co-sponsored by the Centers for Disease Control and Prevention (CDC),
2 and the Food and Drug Administration (FDA), agencies of the U.S. Department of Health and
3 Human Services (HHS). VAERS is the official reporting system for vaccine adverse events in
4 the United States.

5 10. Since completion of my second Post Doctorate in December 2019 I have been
6 pursuing the task of teaching myself 'R' using the VAERS data as an exploratory database.

7
8 11. I have 2 peer-reviewed publications published in the journal 'Science, Public Health
9 Policy and the Law'. One of the manuscripts is a general analysis of VAERS data with causality
10 implications, and the other is critical appraisal of VAERS pharmacovigilance.

11 12. I have a third peer-reviewed published article on the subject on myocarditis reports in
12 VAERS that has been 'temporarily withdrawn' without explanation.

13 13. Some of the Points of Interest herein are facts as presented at the 167th meeting for
14 the Vaccines and Related Biological Products Advisory Committee in the United States
15 (September 17, 2021).

16
17 14. Using my research into the VAERS database, I created the chart attached hereto as
18 **Exhibit A** which shows the rates of myocarditis by age and dose of the COVID-19 vaccines
19 using data available up until November 19, 2021.

20 15. In doing so I found a much higher incidence of myocarditis in children and
21 adolescents than any other age category.

22 16. Using my research of the VAERS database, I also created the chart attached hereto as
23 **Exhibit B** regarding the myocarditis reported to the VAERS system over the past four years
24 using my analysis of the VAERS database. I found a 559-fold increase in myocarditis reports
25 between 2019 and 2021.

26
27 17. Using my research into the VAERS database, I created the chart attached hereto as
28 **Exhibit C** regarding total deaths reported to VAERS since 1990. I found that deaths reported to

1 VAERS in 2021, after the COVID vaccine was introduced, exceeded the deaths reported to
2 VAERS in all the years between 1990 and 2021 combined.

3 18. Using my research into the VAERS database, I created the chart attached hereto as
4 **Exhibit D** as well as in the chart attached hereto as **Exhibit E** regarding total reports to VAERS.
5 Total reports to VAERS in 2021 so far are 648,518. The closest year in number of reports is 2020
6 with 49,412 reports.

7
8 19. In my work as a data analyst and researcher, I have done some risk analysis.

9 20. Safety and Efficacy are the cornerstones of the development and administration of
10 biological products meant for human use.

11 21. Risk is a measure of the probability of an adverse event occurring and the severity of
12 the resultant harm to health of individuals in a defined population.

13
14 22. Safety is a judgment of the acceptability of this risk in a specified situation.

15 23. Efficacy is the probability of benefit to individuals in a defined population from
16 a medical technology.

17
18 24. In evaluating the VAERS, the year 2021 has an abnormally high number of reports
19 compared to all other years on record. This indicates elevated risk of vaccine adverse events in
20 2021 compared to all other years.

21 25. In evaluating the VAERS data, the year 2021 has an abnormally high number of
22 reports of death compared to all other years on record.

23 26. In evaluating the VAERS data, the year 2021 has an abnormally high number of
24 reports of myocarditis compared to all other years on record.

25
26 27. The existence of this high number of VAERS reports and the extremely high number
27 of deaths reported in 2021 are associated with the COVID-19 vaccine products since they were
28 introduced in the end of 2020 in the United States and have been widely used, unlike any other

1 potential new vaccine.

2 28. The massive increase in myocarditis in 2021 compared to previous years, especially
3 for young adults, also appears to be related to the COVID-19 vaccine products, since the
4 manufacturers indicate that it is a known risk.

5
6 29. The existence of such high reports of adverse events in temporal proximity to injection
7 date should be alarming to any person recommending these products, especially to young adults.

8 30. In light of the known risks of these injections, mandating additional booster doses
9 would likely increase this risk for young adults.

10
11 31. In particular, young adults who have already experienced an adverse event from the
12 original vaccine products should not be mandated to take additional booster doses, as this
13 increases the likelihood of adverse events, including death.

14 32. Due to these reports, it would be prudent to further evaluate the risk compared to
15 benefit of these vaccines, including additional booster doses, before mandating their use on
16 young adults.

17 33. This is especially true because data shows that young adults are at little to no risk of
18 serious illness from COVID-19.

19
20 34. Given this low risk of serious illness for young adults, the benefits of the use of any
21 such product is low and risk must be analyzed closely for this age group. Vaccination should
22 ALWAYS be carried out ONLY in the vulnerable populations.

23 35. The Food and Drug Administration is still evaluating the safety, efficacy and risk of
24 these products and that evaluation will not be complete until 2023 at the earliest.

25 36 Given this preliminary data from this year, and lack of long-term longitudinal safety
26 data for any age group, it is my opinion that the risks far outweigh the benefits of the mRNA-
27 LNP-based COVID-19 injectable products.

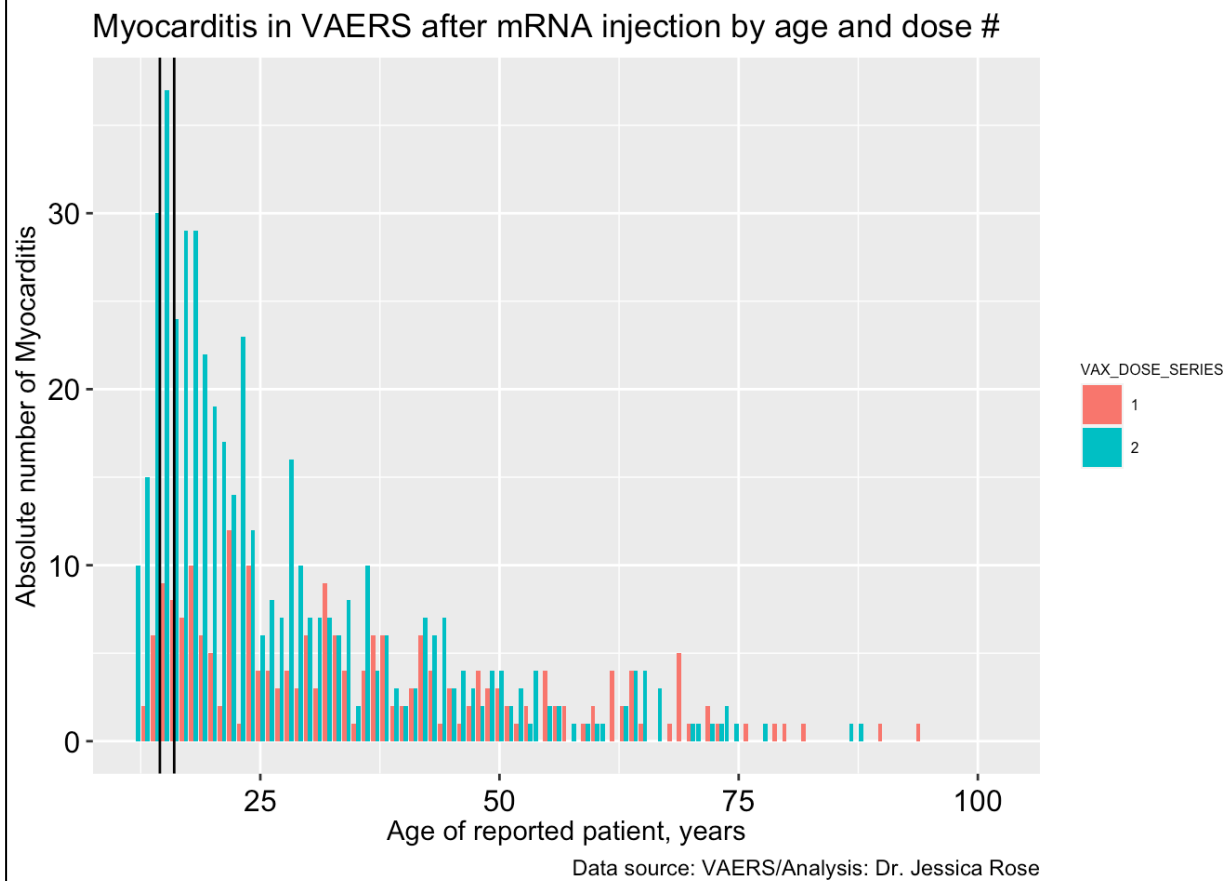
Dated: March 19, 2022

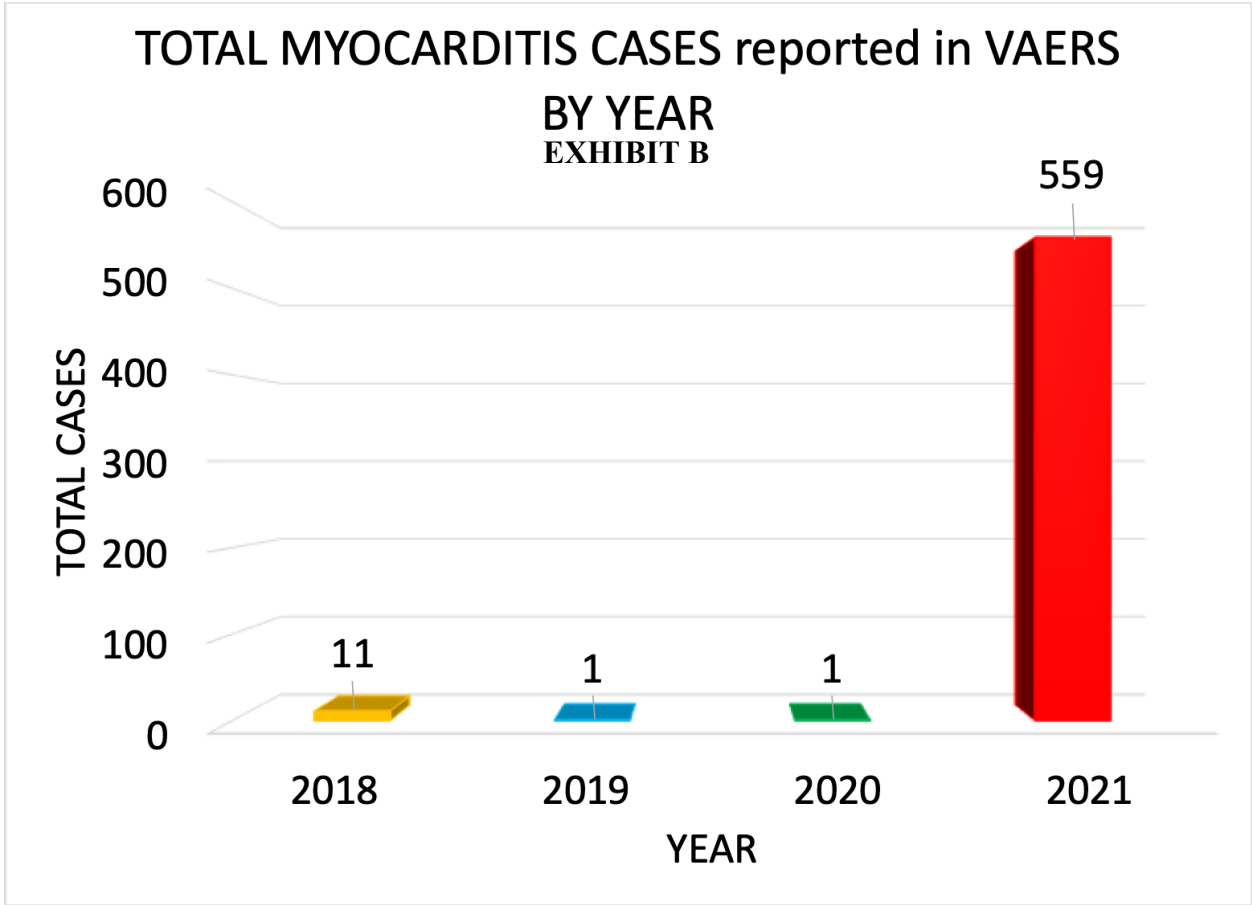


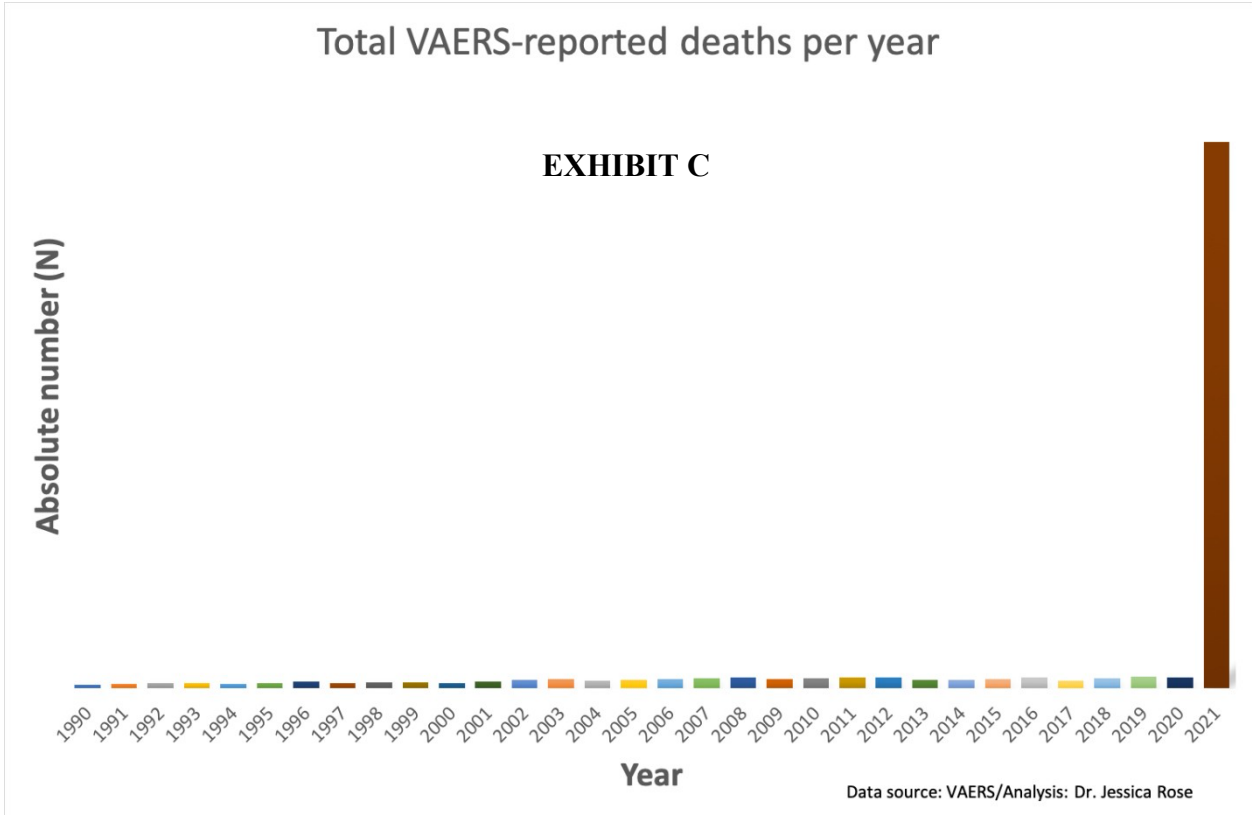
Dr. Jessica Rose, BSc, MSc, PhD

EXHIBIT A

Last updated on Nov 19, 2021







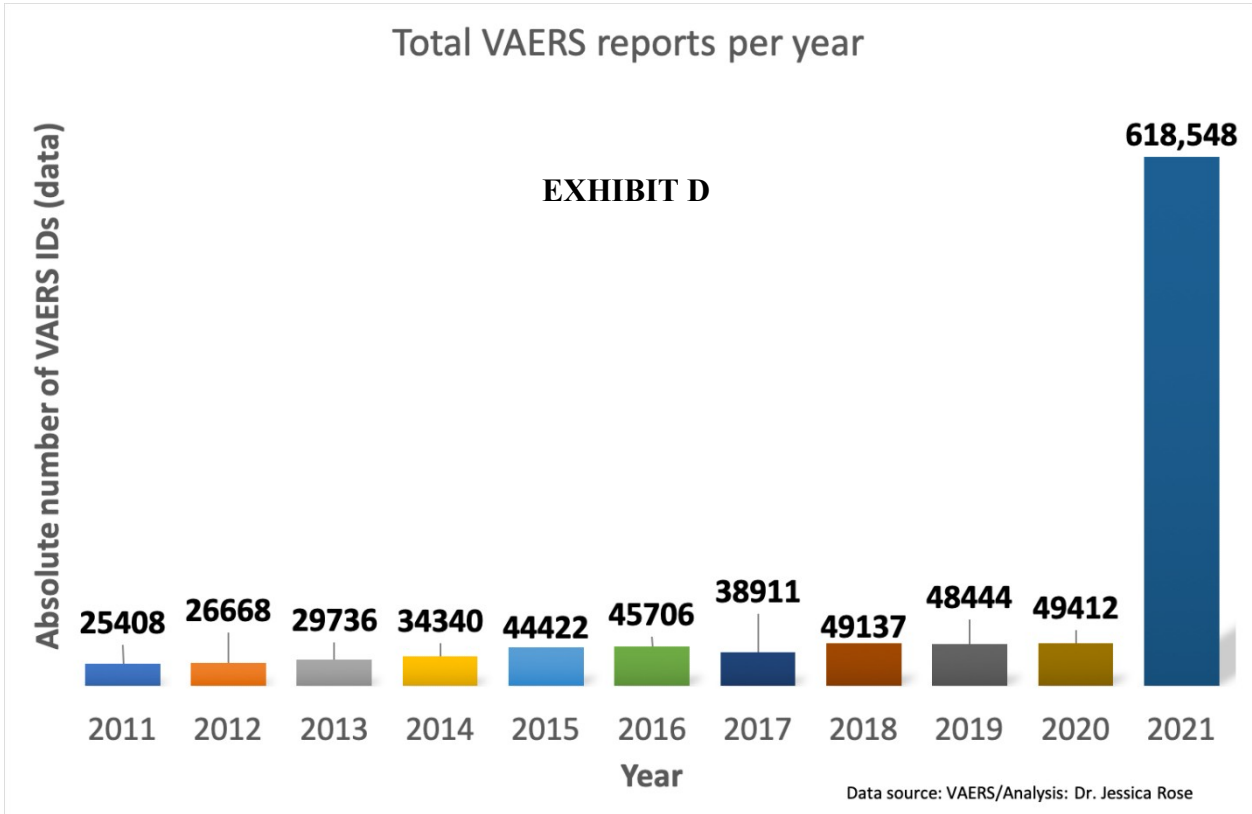


EXHIBIT E

