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10 Attorney for Plaintiffs

11 UNITED STATES DISTRICT COURT
12 EASTERN DISTRICT OF CALIFORNIA

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14 LETRINH HOANG, D.O., PHYSICIANS
FOR INFORMED CONSENT, a not-for profit
15 organization, and CHILDREN’S HEALTH
DEFENSE, CALIFORNIA CHAPTER, a non-
16 profit children’s health organization

17 Plaintiffs,

18 v.
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20 ROB BONTA, in his official capacity as
Attorney General of California and,
21 ERIKA CALDERON, in her official capacity
as Executive Officer of the Osteopathic
22 Medical Board of California (“OMBC”),

23 Defendants.
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Case No: 2:22-cv-02147-DAD-AC

**DECLARATION OF LETRINH
HOANG, D.O.**

Date: January 17, 2023
Time: 1:30 PM
Courtroom: 5, 14th floor (via Zoom)
Judge: Hon: Dale A. Drozd

Action Commenced: December 1, 2022

25 LeTrinh Hoang, D.O. declares as follows:

26 **1.** I am over the age of 18, and I have personal knowledge of the facts set forth
27 herein. I am a plaintiff in this case, and I submit this declaration under penalty of perjury in
28 support of our motion for a preliminary injunction. If called to testify, I would truthfully testify

1 as follows:

2 **2.** I am a pediatric osteopathic physician. I have been licensed by the Osteopathic
3 Medical Board of California for more than twenty-five years. I treat children and see adults for
4 osteopathic muscular treatments. My practice includes advising patients (and their families)
5 about the risk versus benefits of the Covid vaccine and boosters based on the patient’s medical
6 condition and other circumstances such as age and general health status. My patients also solicit
7 my advice regarding treatments for Covid-19, including the use of FDA approved on-label
8 (Paxlovid), as well as off-label drugs like Ivermectin and HCQ.

9 **3.** Oftentimes, my discussions with patients and their families involve my
10 summarizing recent studies from the U.S. and abroad. Many of these studies are not consistent
11 with the U.S. “scientific consensus” or at least the public health authorities’ pronouncements.
12 However, these studies are consistent the public health recommendations in states like Florida
13 and other countries –many of which have achieved far better outcomes in the prevention of
14 Covid 19 deaths or reduction Covid 19 serious illnesses.

15 **4.** One of the things many patients want to discuss is the current vaccine booster and
16 whether they should take it. In addition to advising patients that the booster has been authorized
17 for use by the FDA, I advise patients that it has only been tested in less than a dozen mice, 2.
18 The data supporting the use of booster was not reviewed by the FDA’s scientific vaccine
19 advisory committee and that Paul Offit M.D., a prominent committee member, does not
20 recommend that children take the booster.

21 **5.** I have reviewed AB 2098 and I cannot tell from the law whether providing these
22 facts to patients is “Covid misinformation.” I discuss with them the risk factors of taking and
23 not taking the booster based on my review of the medical literature.

24 **6.** I also routinely discuss vaccine safety with my male patients between the ages of
25 17 and 39, and give them accurate information about the well documented increase risk of
26 cardiomyopathy and other cardiac serious adverse events of the mRNA shots to them.

27 **7.** Of course, I advise these patients that the mRNA Covid vaccines are fully
28 approved by the FDA and that as such, they are considered by the contemporary scientific

1 consensus to be safe and effective, and the risk of serious side effects (including the above
2 cardiac side effects) are small.

3 **8.** In addition, in my view, in order to provide patients with complete information, I
4 think it is necessary for physicians to consider studies from around the world which reflect a
5 different “scientific consensus” than what is the case in the United States. In addition, there is
6 an enormous difference between vaccine rates in countries which provides important
7 information to patients.

8 **9.** I have reviewed the Declaration of Sanjay Verma, M.D. and I am familiar with
9 most of the scientific references referred to in it. In general, that is the kind of evidence-based
10 information I would like the option of presenting to my patients.

11 **10.** However once Section 2270 takes effect, I cannot tell from the law if I can do so
12 without risking being investigated for Covid misinformation. Although what I am saying is true
13 and accurate, some of content may not be consistent with the “contemporary scientific
14 consensus” and it might not be in accordance the Osteopathic Board’s view of the standard of
15 care. I am unaware of any guidance provided by my Board on these issues.

16 **11.** I feel as though it would be a risk to my license to provide this kind of arguably
17 non-US scientific consensus-based information to patients.

18 **12.** To put it simply, to me and many other osteopathic physicians, the new law is
19 unclear as to what I can and cannot tell to patients. Specifically, are physicians allowed to
20 present any truthful, factually accurate information from the scientific literature which
21 challenges the public health narrative that vaccine is safe and effective for everyone, and that
22 side effects are so rare as to be of no concern to anyone contemplating the initial vaccine or
23 boosters.

24 **13.** I have the same issues regarding patients who seek out information or advice
25 from me about the off-label Covid treatments. Am I required to only relate the FDA’s position
26 (and the FDA has recently been revising its position on these drugs, and it is now at most just a
27 recommendation against them.) Am I permitted to discuss the many published scientific studies
28 supporting their use, so long as I advise patients that these studies do not represent the

1 consensus opinion of the FDA and the mainstream scientific community? And then can I let the
2 patient (or parent) decide? Or do I have to limit my discussions to what the FDA says and
3 disregard the many published studies showing a benefit.

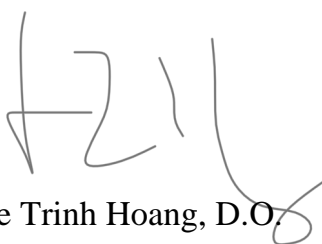
4 **14.** I have seen up close what happens to physicians who are investigated by the
5 California medical boards. It is a very stressful and expensive process, and it is something that I
6 would like to avoid. I know many physicians who feel the same way I do. Some will self-censor
7 and simply refuse to give any advice to their patients about Covid vaccines and treatments.
8 Others will risk board investigation and discipline despite the risk and lack of clarity in the law.

9 **15.** However, my intention and plan is to provide what I know to be true and accurate
10 information about the Covid vaccines and Covid treatments regardless of whether this accurate
11 information is inconsistent with the contemporary scientific consensus and/or a future
12 determination by my board that relaying accurate information to my patients can be a violation
13 of the standard of care under the new law.

14 **16.** For the Court's information, as far as I know, there is no such thing as a Covid
15 treatment which consists solely of a physician's speech.

16 **17.** Finally, I have reviewed the factual information about me in the Complaint and it
17 is true and correct.

18
19 December 5, 2022

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22 Le Trinh Hoang, D.O.
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