Ex. H
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U.S. DISTRICT COURT
N.D. OF ALABAMA

DECLARATION OF ANGELIA DESELLE

Pursuant to 28 U.S.C. § 1746, Angelia Desselle, of Marrero, Louisiana, hereby declares:

I am fully competent to make this declaration and I have personal knowledge of the facts stated in this declaration.

This declaration is submitted in support of legal actions regarding the COVID-19 injections and to revoke the emergency use authorization for COVID-19 injections.

I am a surgery center manager. As an essential worker, I worked throughout the entire Covid-19 Pandemic. Before January 5, 2021, I was a healthy 45-year-old woman with absolutely no health issues whatsoever. I did not take any regular medications.

I took the Pfizer vaccine on January 5, 2021. I took the shot because I am exposed to COVID-19 regularly at work, and I did not want to endanger my aging parents. I drove myself to the vaccination center during my lunch hour on Tuesday, January 5, 2021.

Within 2 hours after receiving the shot, I got a severe headache and that headache has not gone away since.

Wednesday, January 6, 2021, I slept for 15 hours straight when I got home from work.

Thursday morning, January 7, 2021, I woke up and felt very dizzy, and almost passed out. I took Ibuprofen and went on to work.

By Friday night, January 8, 2021, I was having problems with my legs. At about 11:30 p.m., I got out of bed and couldn't feel or use my left leg. Initially, I just thought it would pass and went back to bed.

By Saturday morning, January 9, 2021, I could not use either of my legs and could not walk unassisted. About two hours later, I started having full-body convulsions. My husband took me to the emergency room and I was admitted to Ochsner Medical Center.

Right after I got into my room, a hospitalist came in to see me. He told me, "Ms. Desselle, I heard you were coming. I know what is going on and I know this is the vaccine. We are going to research until we figure it out." That doctor never came into my room again and that was the last time I saw him.

I was in Ochsner Medical Center Hospital for five days. I was never treated for my convulsions, nor was any testing done for convulsions or seizures. My spine was studied and an MRI was done. The hospital documented my problems on discharge as "bilateral leg weakness."

My problems have persisted for five months now. I am still having the same issues. I have been shuffled from doctor, to doctor, to doctor. I have

seen numerous neurologists. It seems that I have been immediately dropped when the word "vaccine" has come up.

Unfortunately, all of my test have been ran at the same hospital where I had the vaccine. The last five months have been a complete nightmare for me. Never in a million years did I ever think I would be in the condition I am today.

There is little medical help out there for me. The only person taking me seriously is my primary care physician, who has me on two anti-siezure medications. I have neurological issues, as well as memory loss and brain fog. Before I took the shot, I was manager of a surgery center. I was very sharp and could think fast and easily make decisions. The mind I had before the shot is gone!

I have lost my job, the ability to drive or go out in public for fear of a convulsion starting. This vaccine has basically taken my life without killing me.

I recently testified in support of Louisiana State Bill 498 which would make it illegal to discriminate against unvaccinated and would keep the vaccine off of the required list of immunization for the upcoming school year. My testimony helped the bill pass through the house. I testified this morning in front of the State Senate via written statement and video. I was unable to

attend in person because I have a new problem with my vision, which is a suspected detached retina.

When I took the COVID-19 shot, I had no idea it was experimental and not approved by the FDA. My employer provided me with a "Covid-19 Vaccine Consent Form" (**Ex. 1**). That consent form appears to be a consent form for the "Inactivated Seasonal Influenza Vaccine" with the word "influenza" replaced with "COVID-19." I have highlighted the portion of the form where the language was not changed. The form does not address any neurological problems or any of the health issues I have had since taking the shot.

No one ever provided me with any information regarding possible adverse reactions, nor did they provide me with any information regarding alternative treatments. I did not understand this was gene therapy rather than a traditional vaccine. Again, I also did not understand that the Vaccines were not "approved" by FDA. No one told me, and I did not understand that the Vaccines were not determined to be "safe and effective" by anyone - only that it was "reasonable to believe" that they were. In addition, the injuries described in this Declaration were caused by the "vaccine" injections I received.

I believe the COVID-19 vaccines should all be immediately pulled from use.

I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Executed on July 16, 2021.

Angelia Desselle (Jul 16, 2021 16:27 CDT)

Angelia Desselle

Ex. H

DECLARATION OF ANGELIA DESSELLE-amended

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