The Lawyers and the Judge got it Wrong: The Law, the COVID-19 Injections and Houston Methodist Hospital v Jennifer Bridges et al., Case.

April, 2021, Houston Methodist Hospital announced a policy requiring employees be vaccinated against COVID-19 by June 7, 2021. Methodist stated intent was to start with the leadership and then continue inoculating the remaining workers. Jennifer Bridges and 116 other employees sued to block the injection requirement and the ensuing terminations. Bridges et al., argued that Methodist is unlawfully forcing its employees to be injected with one of the currently-available vaccines or be fired. Due to a series of failures on behalf of their lawyers and critical flaws with the Judge's decision, their case was dismissed.

In sum, the Lawyers failed their clients in this case. Further, the Judge in this case, United States District Court for the Southern District of Texas, Lynn Nettleton Hughes, misread the law and his ruling was ill-constructed. In a five-page ruling, entered June 12, 2021 not only did Judge Hughes dismiss the case, it is clear that both Judge Hughes and the lawyers for Bridges et al., failed the public. full.pdf (nyt.com)

Perhaps the most salient points that were not presented by the lawyers for Bridges et al., were the facts that - per the actual clinical trials – the experimental medical countermeasures – otherwise described in official SEC filings as a gene therapy 'technology' – were not tested for their ability to prevent infection or prevent infection. S-1 (sec.gov) The lawyers failed to include all the salient data from the 'vaccine' manufactures' that clearly demonstrates the use of the term gene therapy 'technology' – the data that demonstrated the novel application of this technology - and the lack of safety data surrounding the emergency use authorization (EUA) of these therapies. They also failed to present the data that demonstrated the risk assessment, the adverse events, and the high rates of side effects and fatalities. Methodist would be well served to take note that while vaccine manufacturers may be shielded from liability by 42 USC 300aa-11 and 42 USC 300aa-22, other institutions are not protected. https://uscode.house.gov/view.xhtml?req=granuleid:USC-prelim-title42-section300aa-22&num=0&edition=prelim

The central technical medical points that the lawyers failed to address are the significant issues with the spike protein, how it was synthetically manufactured, how it was amplified in 2016, and how it was adapted via the use of synthetic chimeric alteration of the sequences in early 2020. They should have added the recent June 01, 2021 bio-distribution study from the Japanese Regulator Agency which showed that the spike protein of the '…coronavirus gets into the blood where it circulates for several days post-vaccination…" and that it concentrates "…in spleen, live, adrenals, and ovaries in high concentrations…" The COVID-19 spike protein may be a potentially unsafe toxic endothelial pathogen (trialsitenews.com). These facts should have been front and central to the lawyer's argument yet they were not made.

Regrettably, the lawyers stood on one of the weakest arguments - that being that their employment was being compelled with the hospital measures and further failed their clients by

citing the wrong section of USC 21 code of regulations. [21 CFR 50.23-24]. No coercion may be used to obtain consent. Loss of a job is coercion. They failed to introduce the legal implications that the Hospital would incur by willfully misleading and coercively forcing the counter measure on the employees of the hospital.

They further failed to address the National Labor Relations Board (NLRB) rulings on coercion Coercion of employees (Section 8(b)(1)(A)) | National Labor Relations Board (nlrb.gov). Congress enacted the National Labor Relations Act ("NLRA") in 1935 to protect the rights of employees and employers, to encourage collective bargaining, and to curtail certain private sector labor and management practices, which can harm the general welfare of workers, businesses and the U.S. economy. Coercion of employees (Section 8(b)(1)(A)) and (4)(i) is key to the issue of the Methodist Employees and their right to decline, free from coercion. Again, the lawyers failed to introduce this argument.

In addition to the above cited failures, the lawyers failed to cite 18 U.S. Code § 2441 - War crimes 18 U.S. Code § 2441 - War crimes | U.S. Code | US Law | LII / Legal Information Institute (cornell.edu). When presented with the demonstrably provable injuries and adverse reactions post COVID-19 injection, and that the pharmaceutical counter measure itself declares that 'illness' will be a direct effect of the product, the following must be considered as part of a legal challenge .. **(C)**Performing biological experiments. —

> "The act of a person who subjects, or conspires or attempts to subject, one or more persons within his custody or physical control to biological experiments without a legitimate medical or dental purpose and in so doing endangers the body or health of such person or persons."

Judge Hughes also failed in his capacity as a Judge. Ironically, Judge Hughes added in his dismissal that vaccine safety and efficacy were not considerations in adjudicating this case but specially stated that Bridges et al., refusal to accept inoculation would – in the hospital's judgement "…make it safer for their workers and the patients in the Methodist's care". He used Methodist's language invoking the necessity to create a safe environment free of infection and transmission of diseases yet Methodist has a history of iatrogenic infections and nosocomial infections from other diseases in the hospital. Continuing with the fundamental flawed ruling by Judge Hughes, he cites safety yet did not consider any evidence that would challenge the safety declarations. Judge Hughes relied on no independent facts, and he failed to go to source documents from the clinical trials relying instead on propaganda which passed for his justification for the case dismissal.

Judge Hughes is no legal scholar. He misread the 1905 Jacobson v. Massachusetts case whereby the court was clear that a *public benefit* was required for a vaccine to be mandated. He would be well advised to review FTC Act, 15 U.S.C. § 41 et seq.,. It is unlawful under the FTC Act, 15 U.S.C. § 41 et seq., to advertise that a product or service can prevent, treat, or cure human disease unless you possess competent and reliable scientific evidence, including, when appropriate, well-controlled human clinical studies, substantiating that the claims are true at the time they are made. As a result, every party promoting the use of or safety of these gene therapy technologies are violating the FTC Act. Neither Pfizer nor Moderna have proved a disruption of

transmission. To the specifics of the Jacobson case, in Jacobson v. Massachusetts, 197 U.S. 11 (1905), the court held that the context for their opinion rested on the following principle:

> "This court has more than once recognized it as a fundamental principle that 'persons and property are subjected to all kinds of restraints and burdens in order to secure the general comfort, health, and prosperity of the state…"

However, the Moderna and Pfizer "alleged vaccine" trials have explicitly acknowledged that their gene therapy technology has no impact on viral infection or transmission whatsoever and merely conveys to the recipient the capacity to produce an S1 spike protein endogenously by the introduction of a synthetic mRNA sequence.

Therefore, the basis for the Massachusetts statute and the Supreme Court's determination is moot in this case. There is no "general comfort, health, and prosperity" derived from the forced application of a gene therapy technology on a population in which it induces pain, suffering, and failure to perform activities of daily living.

To re-cap yet another salient point, by the manufacture's own admission, the mRNA gene therapy does not convey immunity, does not preclude infection by a virus, and does not block the development of COVID-19 symptoms. A simple review of the actual clinical trial data and a quick check of post-'vaccination' breakthroughs being reported around the world, these points could have been substantiated. In fact, in 80% of trial participants, one or more COVID-19 symptoms was induced and recorded as adverse events. In reported RT-PCR positive cases in the general population, over 80% of individuals have no symptoms whatsoever. Therefore, not only does the injection not convey individual or community benefit (save the reported lessening of symptoms when adverse events are excluded in a subset of the population), it expressly fails to meet the public benefit argument upon which Jacobson was determined.

Beyond the fact that mRNA is gene therapy technology – *not vaccination* – the compulsory application of an unproven medical countermeasure is without any judicial precedent. No law has been passed that says that a healthy population must become unwell for the purpose of a medical experiment. Again, to reiterate, the basis for the Massachusetts statute and the Supreme Court's determination is moot in this case. Judge Hughes claimed that this Supreme Court ruling said something that it did not stipulate – namely that if you do not take a public health measure you can be fined and not forced vaccinated.

Further, in the footnotes of Judge Hughes ruling, he also referred to a 1902 Louisiana law requiring involuntary quarantine during a yellow fever outbreak as a reasonable exercise of state police power (Compagnie Francoisee De navigation a Vapeur v. Bd. Of Health of State of l.a., 186 U.S. 380 (1902). This Louisiana case has nothing to do with the Bridges et al., case. It is unclear how Judge Hughes got 'you must be forced to take a treatment' from this precedent.

The refusal to acknowledge that we are all participants in the ongoing clinical trials may well prove to be the downfall of Judge Hughes and the Methodist case. He actually exposes and implicates other potential co-conspirators with this ruling. Judge Hughes opened up a series of

inquiries as to the motives behind his case dismissal. When he falsely represented the Supreme Court decision by making a factual case (wrongly) that 'participation' in a mandating program – of a particular counter measure activity – is not the same as participating in a clinical trial he opened up a series of challenges as to the specifics of the clinical trials (ongoing) and the involvement of Methodist in vaccine clinical trials writ large. He may have specifically opened the hospital up to a potential Federal Commission fraud case.

Despite the repeated facts that there were no data from the clinical trials that showed any intervention protects anyone from SARS-CoV2 infection, Houston Methodist is an actual clinical trial location. Recall Remdesivir from Gilead Sciences? It turns out that the sole source for the clinical trial (NIAID and Dr. Fauci) was Houston Methodist. This trail of facts leads to one CEO of Houston Methodist, Dr. Boom. Dr. Boom is President and CEO of Houston Methodist in Houston, Texas. While Judge Hughes was busy trying to make a case that Bridges et al., were not part of a clinical trial – specifically stating that '…the hospital employees are not participants in a human trial…" – apart from the fact that the Judge is wrong -- it turns out that Dr. Boom was knowingly operating a clinical trial in the same hospital. There is more to the story. Legitimate questions should be made as to the relationships between Dr. Fauci (NIAID), the CEO of Methodist Hospital and Judge Hughes. Is it reasonable to assume that there were vested interests in ensuring that this case was not won?

It is exceedingly difficult to get an appeal. For the lawyers to make a compelling case they need to show that some part of the actions of the Judge were critically flawed. The lawyers for Bridges et al., need to make this case. Despite the fact that Judge Hughes is also prone to bigotry and has made disparaging statements about women or "girls" in the courtroom Federal judge Lynn Hughes scolded for 'inappropriate' remarks in Houston court - The Washington Post – the lawyers need to demonstrate the relationships between the CEO of Methodist Hospital, and NIAID and how they played into the Judges decisions.

It is an understatement that Bridges et al., were poorly represented. The lawyers for the case did a poor job. Regrettably, this case was so important because other institutions are trying to pass similar rulings. When clients are failed, the public is failed, and when Judges fail or are potentially in collusion with a potentially corrupt CEO of Methodist the victims are 'we the people' and we must address this.

If you or someone you know is looking to bring a lawsuit, please consider forwarding this article. If you are looking to hire an attorney, please consider the points raised and ensure that your investment in your case is made wisely and that the attorneys consider the merits of the points raised and use them in your case.

This article has been adapted from a previous Dr. David Martin discussion on this topic. This article is available for reprint and distribution.

References:

1. full.pdf (nyt.com)

2. **Federal law 21 U.S.C. § 360bbb-3(e)(1)(A)(ii)(III)** requires that the person to whom an EUA vaccine is administered *be advised, "of the option to accept or refuse administration of the product, of the consequences, if any, of refusing administration of the product, and of the alternatives to the product that are available and of their benefits and risks."*

3. **FTC Act, 15 U.S.C. § 41 et seq., [re: deceptive medical advice]**

> It is unlawful under the FTC Act, 15 U.S.C. § 41 et seq., to advertise that a product or service can ***prevent***, treat, or cure human disease unless you possess competent and reliable scientific evidence, including, when appropriate, well-controlled human clinical studies, substantiating that the claims are true at the time they are made. As a result, every party promoting the use of this mRNA technology with the implied statement that 'immunity' or "protect the workforce" implying that immunity is conferred or that getting this mRNA technology will prevent COVID-19 is violating the FTC Act.

4. 21 CFR 50.23 *et seq*, the FDA informed consent for experimentation requires a review board constituted with members who have no financial interest in the outcome of the trialed technology. Further the EUA doesn't waive consent requirements. https://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfcfr/CFRSearch.cfm?CFRPart=50&showFR=1&subpartNode=21:1.0.1.1.20.1

> (1) Emergency Use Authorizations (EUA): Illegal to Mandate Products Under EUA PCR testing and COVID vaccines are not fully licensed products. They are EUA products, (Decl. Varma ecf 19 P.43.) which by their very nature are legally considered *investigational*. As these are experimental medical products, it is unlawful and unethical to mandate either the RT-PCR test or any currently available COVID vaccine. Federal law confirms explicitly that an EUA product must be voluntary because the federal statute requires "the option to accept or refuse administration of the product."

Additional Legal Reference will apply:

Specific laws such as the US Federal Regulations, notably the National Research Act [Title II, Public Law 93-348], https://www.govinfo.gov/content/pkg/STATUTE-88/pdf/STATUTE-88-Pg342.pdf#page=5

Regulations for the Protection of Human Subjects of Biomedical and Behavioral Research [45 CFR 46] https://www.ecfr.gov/cgi-bin/retrieveECFR?gp=&SID=83cd09e1c0f5c6937cd9d7513160fc3f&pitd=20180719&n=pt45.1.46&r=PART&ty=HTML and revisions of various regulations, rules, and laws ([21 CFR 50] https://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfcfr/CFRSearch.cfm?CFRPart=50&showFR=1&subpartNode=21:1.0.1.1.20.1 ,

[21 CFR 56] https://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfCFR/CFRSearch.cfm?CFRPart=56 ,

[45 CFR 46 Subpart D] **https://www.hhs.gov/ohrp/regulations-and-policy/guidance/special-protections-for-children/index.html**

[10 CFR 745] **https://www.govinfo.gov/app/details/CFR-2011-title10-vol4/CFR-2011-title10-vol4-part745 ,**

[45 CFR 46 Subpart B] **https://www.ecfr.gov/cgi-bin/retrieveECFR?gp=&SID=83cd09e1c0f5c6937cd9d7513160fc3f&pitd=20180719&n=pt45.1.46&r=PART&ty=HTML#sp45.1.46.b ,**

[45 CFR 46 Subpart D] **https://www.hhs.gov/ohrp/regulations-and-policy/guidance/special-protections-for-children/index.html specifically and permanently guarantee that all persons in the United States are entitled to exercise the right of informed consent to accept or to refuse to enroll in any medical experiment.**

Mandating products approved for emergency use violates federal and state law since Emergency Use Authorization (EUA) means the products are investigational and experimental. Federal and state law is very clear that mandates are illegal for EUA products.

Both the RT-PCR test and all COVID vaccines are not FDA-approved; they are available under an EUA. 21 USCS § 360bbb-3 Authorization for medical products for use in emergencies.