IN THE UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF MICHIGAN

KATIE KIRN, ALLISON SLEEZER, ANGELA CARR, ANGELA OTIS, CAROL CRONK, CATHERINE TOMLINSON, CHARLES LEROY, CHRISTINA COTE, CHRISTINA GRUBE-RHINES, CORI GARDNER, DAVID VELLA, DEANNA BROWN, DIANE DECLERK, DONETTA LOWE, DOROTHY PEYROLO, ELAINE ALLEN, JACQUELINE DONBROSKY, JANELLE BALANGNA, JAROSLAW BUDA, JENNI PALENCIK, JESSICA VEENSTRA, JILLIAN CURNOW, JOHN SOPER, KAREN NELSON HEA, KELLIE ERBSKORN, KELLY BOROM-JOHNSON, KIETH A. MCCONNELL, KIMBERLY BROWN, KIMBERLY JAQUISH, KRISTEN NOBLE, LAURYN SWIACKI, LISA ALLEN, LUMINITA WEIDE, LYNN KUEPPERS, LYNNSEY MCCOY, MARIE GALDES, MARLENE RANKIN, MARTHA BUCK, MELISSA MURPHY, MICHELE WILSON, MICHELLE LOCKHART, MOEHANID TALIA, NATHAN MIKLUSAK, NICOLE BAYONES, NICOLE COLLINS, PATRICIA ANDERSON, PAULA LOCKHART, ROBERT KUSZA, SHERRY KAHARI, STEVEN CROSSLEY, TIFFANY LONG,

Plaintiffs,
v.

HENRY FORD HEALTH SYSTEM, WRIGHT LASSITER III, ROBERT G. RINEY, AND ADNAN MUNKARAH,

Defendants.

Case No.

Motion for Temporary Restraining Order and / or Preliminary Injunction

MOTION FOR TEMPORARY RESTRAINING ORDER AND PRELIMINARY INJUNCTION

Come now Plaintiffs, many of whom have had to play, against their wishes, medical and religious exemption 'cards' in order to ensure their health from novel, gene modifiers and preserve their basic rights to bodily autonomy, by and through Counsel, and respectfully request this Court to immediately grant a Temporary Restraining Order (TRO) against Defendants Henry Ford Health System (HFHS), and all other named Defendants, restraining them from the unlawful, unconstitutional, life-threatening, COVID-19 *vaccine* Mandate imposed by HFHS. (The term 'vaccine' is used loosely, as the present injectable products arbitrarily prescribed do not meet the prevailing definition of a vaccine, which are "biological preparations that provide active acquired immunity to a particular infectious disease." Current products supplied, by their manufacturers' own admission, provide limited immunity.)

In support of these Motions, Plaintiffs reference Defendants' own documents and stated policies of protecting public health and that of its employees, and their own foundational axiom and medical professional acknowledgement to "first, do no harm."

Defendants, through this imposed mandate, arbitrarily show disregard for the personal autonomy of their employees in violation of the Constitution of the United States of America, and other Laws.

Plaintiffs do herein set forth the authority both in facts and law for this Court to make them whole, and throughout ask the Court to consider the following definitions:

Coerce- Compelled to compliance; constrained to obedience, or submission in a vigorous or forcible manner. (Black's Law Dictionary-Sixth Edition 1991)

Coercion- It may be actual direct or positive, as where physical force is used to compel act against one's will, or implied, legal or constructive, as where one party is constrained...to do what his free will would refuse. Garrity v. State of New Jersey, 385 U.S. 493.

Coercion- The practice of compelling someone to act in an involuntary manner by use of threats, including propaganda or force. (Wikipedia 8/24/2021)

Due to the imposition of coercive tactics and arbitrary impending deadlines by HFHS, Plaintiffs seek entry of an immediate Temporary Restraining Order and / or Preliminary Injunction during the pendency of this case.

PARTIES

Plaintiff KATIE KIRN is a registered nurse and unit educator ostensibly employed by Defendants at Henry Ford West Bloomfield Hospital. Ms. Kirn has been repeatedly harassed by HFHS management for participating in local government exchanges. To date she has not been advised of her employment status, but if she has been terminated, it is because of the Mandate that is the subject of this case.

Plaintiff ALLISON SLEEZER is employed by Defendants as a registered nurse working in the communicable disease response unit at the Henry Ford Health System Main Campus.

Plaintiff ANGELA CARR is currently employed by Defendants as a registered nurse and quality education coordinator at Henry Ford Allegiance Hospital Hospice.

Plaintiff ANGELA OTIS is currently employed by Defendants as a registered nurse at Henry Ford Macomb Hospital.

Plaintiff CAROL CRONK is currently employed by Defendants as a registered nurse at Henry Ford West Bloomfield Hospital.

Plaintiff CATHERINE TOMLINSON is currently employed by Defendants as a post-acute registered nurse case manager at Henry Ford hospital Main Campus.

Plaintiff CHARLES LEROY is employed by Defendants as a cardiology stepdown nurse at Henry Ford Health System Main.

Plaintiff CHRISTINA COTE is employed by Defendants as a contingent registered nurse at Henry Ford Health System Wyandotte.

Plaintiff CHRISTINA GRUBE-RHINES is currently employed by Defendants as a registered nurse at Henry Ford Wyandotte and Main Campus.

Plaintiff CORI GARDNER is currently employed by Defendants as a pharmacy technician at Henry Ford Health System Brownstown.

Plaintiff Dr. DAVID VELLA is a physician employed by Defendants at Henry Ford Health System Commerce Township.

Plaintiff DEANNA BROWN is currently employed by Defendants in case management at Henry Ford West Bloomfield Hospital.

Plaintiff DIANE DECLERK is currently employed by Defendants as a contingent respiratory therapist at Henry Ford Macomb Pulmonary Rehab Center.

Plaintiff DONETTA LOWE is currently a Contingent Pharmacy Technician at Henry Ford West Bloomfield Hospital.

Plaintiff DOROTHY PEYROLO is currently employed by Defendants as a certified pharmacy technician at Henry Ford Health System Sterling Heights.

Plaintiff ELAINE ALLEN is currently employed by Defendants as a medical assistant at Henry Ford Allegiance Hospital Jackson.

Plaintiff JACQUELINE DONBROSKY is currently employed by Defendants as a registered nurse at Henry Ford Hospital Main Campus.

Plaintiff JANELLE BALANGNA is employed by Defendants as a contingent registered nurse at Henry ford Hospital West Bloomfield.

Plaintiff JAROSLAW BUDA is currently employed by Defendants as a registered nurse at Henry Ford Health System Brownstown.

Plaintiff JENNI PALENCIK is currently employed by Defendants within their Admission Transfer Office at the Henry Ford Hospital Maine Campus.

Plaintiff JESSICA VEENSTRA is currently employed by Defendants as a contact center advocate at Henry Ford New Center One.

Plaintiff JILLIAN CURNOW is currently employed by Defendants as a contingent registered nurse at Henry Ford Health System Wyandotte Hospital.

Plaintiff JOHN SOPER is a pharmacy technician employed by Defendants at Henry Ford West Bloomfield Hospital.

Plaintiff KAREN NELSON HEA, is currently an employed by Defendants at Henry Ford Macomb Walk-In Clinic-Richmond, Michigan.

Plaintiff KELLIE ERBSKORN is employed by Defendants as a clinical unit leader at Henry Ford Health System Allegiance.

Plaintiff KELLY BOROM-JOHNSON is currently employed by Defendants as a credentialing analyst at Health Alliance Plan in Troy, Michigan.

Plaintiff KEITH A. MCCONNELL is currently a Radiology, CT Scheduling CSR, at Henry Ford Health System.

Plaintiff KIMBERLY BROWN is employed by Defendants as a registered nurse and a registered respiratory therapist employed by Defendants at Henry Ford Macomb.

Plaintiff KIMBERLY JAQUISH is employed by Defendants as an accounts receivable specialist at Henry Ford Health System Allegiance.

Plaintiff KRISTEN NOBLE is currently employed by Defendants as a contingent registered nurse.

Plaintiff LAURYN SWIACKI is currently employed by Defendants as a registered nurse at Henry Ford Lakeside.

Plaintiff LISA ALLEN is employed by Defendants as a contingent registered nurse at Henry Ford Health Hospital Macomb.

Plaintiff LUMINITA WEIDE, is currently employed by Defendants as a radiographer at Henry Ford Medical Center in Sterling Heights, Michigan.

Plaintiff LYNN KUEPPERS is a registered nurse employed by Defendants at Henry Ford Health System Macomb Township.

Plaintiff LYNNSEY MCCOY is employed by Defendants as an intensive care unit registered nurse at Henry Ford Hospital Macomb.

Plaintiff MARIE GALDES is currently employed by Defendants as a registered dietitian at Henry Ford Allegiance Hospital.

Plaintiff MARLENE RANKIN is currently employed by Defendants as a clinical quality facilitator.

Plaintiff MARTHA BUCK is employed by Defendants as a registered nurse and case manager at Henry Ford Health System Allegiance.

Plaintiff MELISSA MURPHY is currently employed by Defendants as a registered nurse at Henry Ford Macomb Hospital.

Plaintiff MICHELE WILSON is currently employed by Defendants at Henry Ford Hospital Main Campus.

Plaintiff MICHELLE LOCKHART is employed by Defendants as a registered nurse at Henry Ford Health System Allegiance Health.

Plaintiff Dr. MOEHANID TALIA is a physician practicing internal medicine at Henry Ford West Bloomfield Hospital. Dr. Talia enjoys privileges within the hospital system of which he will be deprived by virtue of the Mandate.

Plaintiff NATHAN MIKLUSAK is currently employed by Defendants as a pre/post-op registered nurse at Henry Ford Health System Macomb Hospital.

Plaintiff NICOLE BAYONES is employed by Defendants as a radiologic technician at Henry Ford Health System Commerce Medical Center.

Plaintiff NICOLE COLLINS is currently employed by Defendants as an ER, RN, Best Choice Float Pool.

Plaintiff PATRICIA ANDERSON is currently employed by Defendants as a pharmacy technician at Henry Ford Home Infusion.

Plaintiff PAULA LOCKHART is employed by Defendants as a certified pharmacy technician at Henry Ford Health System Wyandotte/Brownstown.

Plaintiff ROBERT KUSZA is currently employed by Defendants as a corporate IT solution analyst.

Plaintiff SHERRY KAHARI is employed by Defendants as a transformation project specialist at Henry Ford Health System, 1 Ford Place.

Plaintiff Dr. STEVEN CROSSLEY is a family practice physician currently affiliated with Henry Ford Health System Wyandotte Hospital.

Plaintiff TIFFANY LONG is currently employed by Defendants as a registered nurse at Henry Ford Health System Taylor/Fairlane.

Defendant HENRY FORD HEALTH SYSTEM is a Domestic Non-Profit Corporation located within this district at 1 Ford Place 5B, Detroit, Michigan, 48202. As noted above, HFHS either employs or has contractual relationships with each of the Plaintiffs. HFHS maintains five separate hospitals within the State of Michigan and owns Health Alliance Plan, a health insurance provider.

Defendant WRIGHT LASSITER, III is President of HFHS and, pursuant to the Michigan Administrative Code, Rule 325.451171, as its Chief Executive, is responsible for all Human Resources Administration within HFHS. Mr. Lassiter is also a director of HFHS, serves as a director of Health Alliance Plan, Director of Henry Ford Macomb Hospital Corporation, Director of Henry Ford Wyandotte Hospital Corporation, and is a trustee of the Henry Ford Health System Foundation.

Defendant ROBERT G. RINEY is Chief Operating Officer for HFHS. Additionally, Mr. Riney serves as a Trustee for Henry Ford Allegiance Health, as a Trustee for Henry Ford Hospital and Health Network, as a Trustee for Henry Ford Macomb

Hospital, as a Trustee of Henry Ford Physician Network, as a Trustee for the Henry Ford West Bloomfield Hospital, and as a Trustee for the Henry Ford Wyandotte Hospital.

Defendant ADNAN MUNKARAH is Chief Clinical Officer for HFHS. Additionally, Mr. Munkarah serves as Director for Health Alliance Plan, and as a Trustee for Henry Ford Allegiance Health.

The individuals listed as Defendants, and potentially others, are key decision makers and are primarily responsible for the unconstitutional acts undertaken and described in this case.

BACKGROUND AND FACTS

On June 29, 2021, HFHS distributed its Mandatory Vaccines Policy ("The Mandate") document (ExhibitA, attached hereto). As the Policy states:

> *The purpose of this policy is to establish guidelines for compliance with mandatory Tetanus, Diphtheria, and Pertussis (Tdap); Measles, Mumps, and Rubella (MMR); Seasonal Influenza; and COVID-19 vaccinations for all HFHS employees and volunteers* ***to ensure the health and safety of HFHS employees, patients, visitors, and others*** (emphasis added).

It was further communicated to all contractors and employees of HFHS that they must become compliant with the directive to receive the COVID-19 vaccine on or before September10, 2021. Those who are not compliant will be suspended, and given until October 1, 2021 to remediate their non-compliance. This essentially gave those subject to the Mandate until September 1, 2021 to receive the first of a two-dose COVID-19 vaccine—or face imminent termination.

Plaintiffs seek the imposition of an immediate Temporary Restraining Order enjoining HFHS from implementing this Mandate based on the following recitation of law and facts. Further, Plaintiffs seek an immediate expedited decision pursuant to Federal Rule of Civil

Procedure 65, and upon proper notice to Defendants, the imposition of a Preliminary Injunction during this litigation.

ATTORNEY CERTIFICATION

Pursuant to and in accordance with Fed. R. Civ. P. 65(b)(1)(B), undersigned Counsel certifies that I attempted to call and speak with Robert Farr, to whom I did speak on September 2, 2021. Mr. Farr is Senior Legal Counsel at HFHS. Pursuant to and in accordance with Fed. R. Civ. P. 4(d)(3), Mr. Farr has agreed to accept service by email and all documents have been provided to him pursuant to our agreement.

LAW AND ANALYSIS FOR TEMPORARY RESTRAINING ORDER AND PRELIMINARY INJUNCTION

Plaintiffs have undoubtedly satisfied their four obligations for the Court to issue a TRO as evidenced throughout this filing. See Long v. Sec'y, Dept. of Corrs., 924 F.3d 1171, 1176 (11th Cir. 2019) (listing factors to include: (1) a substantial likelihood of success on the merits, (2) that irreparable injury will be suffered if the relief is not granted, (3) that the threatened injury outweighs the harm the relief would inflict on the other litigant, and (4) if issued, the injunction would not be adverse to the public interest); see also Studebaker Corp. v. Griffin, 360 F.2d 692, 694 (2d Cir. 1966); United States v. Lynd, 301 F. 2d 818, 823 (5th Cir. 1962) ("The grant of a temporary restraining injunction need not await any procedural steps perfecting the Pleadings"); National Organization for Reform of Marijuana Laws v. Mullen, 608 F.Supp. 945, 950 n. 5 (N.D. Cal. 1985) ("[o]wing to the peculiar function of the preliminary injunction, it is not necessary that the pleadings be perfected, or even that a complaint be filed before the order issues").

"The basis for injunctive relief in the federal courts has always been irreparable harm and the inadequacy of legal remedies." Beacon Theatres, Inc. v. Westover, 359 U.S. 500, 506–07 (1959), quoted in Sampson v. Murray, 415 U.S. 61, 88 (1974); Grasso Enterprises, LLC v. Express Scripts, Inc., 809 F.3d 1033, 1039 (8th Cir. 2016); Odebrecht Const., Inc. v. Sec'y, Florida Dept. of Transp., 715 F.3d 1268, 1288 (11th Cir. 2013). However, the Court has "considerable discretion...in determining whether the facts of a situation require it to issue an injunction." eBay, Inc. v. MercExchange, L.L.C., 547 U.S. 388, 391 (2006) (internal quotations and citations omitted).

Under Winter v. Natural Resources Defense Council, Inc., 555 U.S. 7 (2008) and FRCP 65, the standard for preliminary injunction is showing: 1) a strong likelihood of success on the merits; 2) the possibility of irreparable injury; 3) the balance of hardships in its favor; 4) the advancement of public interest. While the burden of persuasion remains with the Plaintiffs, the "burdens at the preliminary injunction stage track the burdens at trial." Gonzales v. O Centro Espírita Beneficente Uniã do Vegetal, 546 U.S. 418, 428–30(2006). For purposes of a preliminary injunction, this burden of proof can be shifted to the party opposing the injunctive relief after prima facie showing, and the movant should be deemed likely to prevail if the non-movant fails to make an adequate showing. (Id.)

I. Substantial Likelihood of Success on the Merits:

Parties "are not required to prove their claim, but only to show that they [are] likely to succeed on the merits." Glossip v. Gross, 135 S. Ct. 2726, 2792 (2015); Winter v. Nat. Res. Def. Council, Inc., 555 U.S. 7, 22 (2008). Given the nature, number, and moreover, the substance and obvious egregiousness of the allegations set forth, there is a substantial likelihood Plaintiffs will prevail on the merits of its suit. See Roman Cath. Diocese of

Brooklyn v. Cuomo, 141 S. Ct. 63, 66 (2020) (finding a similar §1983 action was likely to prevail as to Governor's emergency Executive Order imposing occupancy restrictions on houses of worship during the COVID-19 pandemic). The Parties and the claims are properly before this Court. This Court will have jurisdiction over the subject matter for reasons under 28 U.S.C. §1331 and 28 U.S.C. §1343, because the matters in the controversy arise under the Constitution and laws of the United States, and because this action seeks redress for the deprivation, under color of state law, of the rights, privileges, and immunities secured by the Constitution of the United States, as well as Federal and State law, the Declaratory Judgment Act pursuant to 28 U.S.C. §§2201-02, and the Court's inherent equitable powers. Venue is proper in this district under 28 U.S.C. §1391(b), (c), and (d) since Plaintiffs' claims arose in Michigan, and the acts complained of occurred in this judicial district, and Defendants reside within this district.

The HFHS Mandate violates the liberty protected by the 14th Amendment to the United States Constitution, which provides in pertinent part as follows:

> No State shall make or enforce any law which shall abridge the privileges or immunities of citizens of the United States; nor shall any State deprive any person of life, liberty, or property, without due process of law; nor deny to any person within its jurisdiction the equal protection of the laws.

This amendment conveys to the citizenry of the United States rights of personal autonomy and bodily integrity, see, e.g., Jacobson v. Commonwealth of Massachusetts, 197 U.S. 11 (1905), and the right to reject medical treatment, Cruzan v. Director, Missouri Dept. Health, 497 U.S. 261 (1990). *Jacobson* recognized an exception where rights are violated or a mandate is unreasonable for not advancing health:

> If there is any . . . power in the judiciary to review legislative action in respect of a matter affecting the general welfare, it can only be when that which the legislature has done comes within the rule that, if a statute purporting to have been enacted to protect the public health, the public morals, or the public safety,

> [1] has no real or substantial relation to those objects, or [2] is, beyond all question, a plain, palpable invasion of rights secured by the fundamental law, it is the duty of the courts to so adjudge, and thereby give effect to the Constitution.

Jacobson has routinely been cited as authority for state mandated vaccination, but it should be noted that it was decided in 1905 and arose from a criminal prosecution. The Court in *Jacobson* was addressing the issue of a vaccine ordinance being a political question. The *Jacobson* Court states:

> "These offers, in effect, invited the court and jury to go over the whole ground gone over by the legislature when it enacted the statute in question… the defendant did not offer to prove that, by reason of his then condition, he was, in fact, not a fit subject of vaccination…" The *Jacobson* decision never gets to the question of efficacy or dangerous side effects of any vaccine. The issue in *Jacobson* was based on a single individual refusing a fine for a local regulation about an established vaccine.

The *Jacobson* ruling has been substantially overruled since the time of its issuance. In Planned Parenthood v. Casey, 505 U.S. 833, the Court stated:

> *Roe*, however, may be seen not only as an exemplar of *Griswold* liberty but as a rule (whether or not mistaken) of personal autonomy and bodily integrity, with doctrinal affinity to cases recognizing limits on governmental power to mandate medical treatment or to bar its rejection. If so, our cases since *Roe* accord with *Roe's* view that a State's interest in the protection of life falls short of justifying any plenary override of individual liberty claims. *Cruzan v. Director, Mo. Dept. of Health*, 497 U.S. 261, 278, 111 L. Ed. 2d 224, 110 S. Ct. 2841 (1990); cf., *e. g., Riggins v. Nevada*, 504 U.S. 127, 135, 118 L. Ed. 2d 479, 112 S. Ct. 1810 (1992); *Washington v. Harper*, 494 U.S. 210, 108 L. Ed. 2d 178, 110 S. Ct. 1028 (1990); see also, *e. g., Rochin v. California*, 342 U.S. 165, 96 L. Ed. 183, 72 S. Ct. 205 (1952); *Jacobson v. Massachusetts*, 197 U.S. 11, 24-30, 49 L. Ed. 643, 25 S. Ct. 358 (1905).

To reiterate– "a State's interest in the protection of life falls short of justifying any plenary override of individual liberty claims." It must be noted that the Court cites *Jacobson* in its justification for this quote.

In Guertan v. Michigan, 912 F.3d 907 (2019) the 6th Circuit Appellate Court sets forth the importance of Constitutional bodily integrity theory.

> This common law right is first among equals. As the Supreme Court has said: "No right is held more sacred, or is more carefully guarded by the common law, than the right of every individual to the possession and control of his own person, free from all restraint or interference of others, unless by clear and unquestionable authority of law." *Union Pac. Ry. Co. v. Botsford, 141 U.S. 250, 251, 11 S. Ct. 1000, 35 L. Ed. 734 (1891)*; *cf. Schmerber v. California, 384 U.S. 757, 772, 86 S. Ct. 1826, [*919] 16 L. Ed. 2d 908 (1966)* ("The integrity of an individual's person is a cherished value of our society."). Absent lawful authority, invasion of one's body "is an indignity, an assault, and a trespass" prohibited at common law. *Union Pac. Ry., 141 U.S. at 252*. On this basis, we have concluded "[t]he right to personal security and to bodily integrity bears an impressive constitutional pedigree." *Doe v. Claiborne Cty., 103 F.3d 495, 506 (6th Cir. 1996).*

The *Guertan* Court goes on to state:

> Thus, to show that the government has violated one's right to bodily integrity, a plaintiff need not "establish any constitutional significance to the means by which the harm occurs[.]" *Boler v. Earley, 865 F.3d 391, 408 n.4 (6th Cir. 2017)*. That is because "individuals possess a constitutional right to be free from forcible intrusions on their bodies against their will, absent a compelling state interest." *Planned Parenthood Sw. Ohio Region v. DeWine, 696 F.3d 490, 506 (6th Cir. 2012)*.

And:

> The forcible injection of medication into a nonconsenting person's body represents a substantial interference with that person's liberty." *Id. at 229* (citing *Winston v. Lee, 470 U.S. 753, 105 S. Ct. 1611, 84 L. Ed. 2d 662 (1985)*, and *Schmerber, 384 U.S. 757, 86 S. Ct. 1826, 16 L. Ed. 2d 908*). And this is especially so when the foreign substance "can have serious, even fatal, side effects" despite some therapeutic benefits.

Additionally, in 1990, the Supreme Court unequivocally held that the forcible injection of medication into a nonconsenting person's body represents a substantial interference with that person's liberty." *Washington v. Harper, 494 U.S. 210, 229, 108 L. Ed. 2d 178, 110 S. Ct. 1028 (1990)*. Still, other cases support the recognition of a general liberty interest in refusing medical treatment. *Riggins v. Nevada, 504 U.S. 127, 118 L. Ed. 2d 479, 112 S. Ct. 1810 (1992)*

Plaintiffs' claims fall under 42 U.S.C. § 1983, which provides a remedy when a person acting under color of law deprives a Plaintiff of a right, privilege, or immunity secured by the

Constitution, laws, or treaties of the United States. See, e.g., 42 U.S.C. § 1983. To employ § 1983 to secure a remedy for a deprivation of a federally secured right, a Plaintiff must generally show that the alleged deprivation was committed by a person acting under color of state law. See, e.g., West v. Atkins, 487 U.S. 42 (1988); Focus on the Family v. Pinellas Suncoast Transit Auth., 344 F.3d 1263, 1276-77 (11th Cir. 2003). Conversely, purely private conduct is not within the reach of the statute. Focus on the Family, 344 F.3d at 1277. (Id) There are three tests presented in case law to determine when a private party is acting under color of state law. The Public Function Test, State Compulsion Test, and the Nexus/Joint ActionTest, see Focus on the Family (Id.) Defendants have stated that their policy to mandate the COVID-19 vaccine is to ***ensure the health and safety of HFHS employees, patients, visitors, and others.*** (Exhibit A) Ensuring the health and safety of the people of Michigan is a Public Function, traditionally the exclusive prerogative of the State. The State of Michigan has enacted its public health code, MCL 125.3101 et seq., which states as its purpose:

> AN ACT to protect and promote the public health; to codify, revise, consolidate, classify, and add to the laws relating to public health....

HFHS has no duty, or right to violate the liberty protected by the Constitution of the United States to fulfill a function of our duly elected State Government. HFHS may not act to implement purely public policy and avoid Constitutional scrutiny when doing so. Private entities have no role in determining policy as it relates to public functions such as, the Administration of Schools, Environmental Health, Law Enforcement, Child Protective Services, Welfare Benefit Administration, and the like. Each of these functions are traditionally, exclusively handled by the public sector. When HFHS undertakes to determine public health policy, it becomes an actor under color of state law exposing its activity to Constitutional review.

Further, the HFHS unlawful and unconstitutional COVID-19 'vaccine' Mandate completely fails to accomplish its stated objective to ensure the health and safety of HFHS employees, patients, visitors, and others, and it is injurious and life-threatening. The evidence presented by Plaintiffs, including, but not limited to, the declarations attached hereto of Dr. Lee Merritt (Exhibit B), and a current Henry Ford Health System Physician Assistant (Exhibit C), who wishes to remain anonymous at this juncture, show that the COVID-19 'vaccines' are ineffective, actually promote transmission of COVID-19 and shedding of spike proteins, have presented numerous injuries in clinical settings, and provide no evidence of protection against contracting COVID-19. There is no scientific evidence whatsoever that COVID-19 'vaccines' diminish the symptoms or potentially detrimental effects of COVID-19. The 'vaccine' producers make no such claim.

Henry Ford Health System Physician Assistant (Exhibit C), states in part:

> I am a Physician Assistant working for Henry Ford Health System. I have personally experienced adverse reactions from the COVID-19 'vaccine' as well as witnessed a lot of adverse reactions in my patients. In myself, my migraines have now presented with stroke-like symptoms. I experience tingling in my face and loss of peripheral vision as well as an unbearable headache. This is not anything I have ever experienced prior to my ['vaccination']. My patients have experienced a wide range of symptoms, from daily headaches, daily nausea, autoimmune vision changes, new autoimmune thyroid diagnoses, pulmonary emboli, supraventricular tachycardia, extremely high blood pressure, and so on. Sadly, I fear my job is at stake with speaking up and I am sure many others do as well.

Dr. Merritt's declaration (Exhibit B) states unequivocally that the Covid-19 shots are gene therapies (not 'vaccines' as they have traditionally been called), are ineffective, are causing an unprecedented level of injury and death, and are capable of shedding toxic materials on others. All of these factors stand diametrically opposed to the stated goals of Defendants—"to ensure the health and safety of HFHS employees, patients, visitors, and others."

Separately, a preprint paper by the prestigious Oxford University Clinical Research Group, published August 10th in The Lancet, found vaccinated individuals carry 251 times the load of COVID-19 viruses in their nostrils compared to the unvaccinated, (See: https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(21)01744-X/fulltext) an alarming finding, devastating to the narrative that the unvaccinated must submit to compulsory shots, and solely present harm to patients, their hospitals and clinical settings, and their communities. This study finding may have revealed the source of the post-vaccination surges being reported in heavily vaccinated populations globally.

II. The Possibility of Irreparable Injury:

The Plaintiffs, as the moving party, must "demonstrate that irreparable injury is likely in the absence of an injunction." Winter, 555 U.S. at 22 (emphasis added). Irreparable injury can be shown through the lens of four questions:

a. Is the type of injury actually irreparable?
b. Is it likely the movant will suffer this injury before a trial on the merits?
c. Are the Defendants' actions the cause of the injury? And,
d. Is there an adequate alternative remedy for damages as opposed to the injunctive remedy at law?

Infringement of 14th Amendment Rights is irreparable by definition. Payne v. Housing Authority of City of Evansville, 821 F. Supp. 559 (S.D. Ind. 1992) (*per curiam*), quoting Jessen v. Village of Lyndon Station, 519 F. Supp. 1183 (W.D. Wisc.1981) stated the violation of a Constitutional right, including a due process violation of the 14th Amendment, constituted irreparable injury. This Court is persuaded by *Jessen* and also concludes that a due process violation of the 14th Amendment constitutes irreparable harm.

As a direct and proximate result of Defendants' 'vaccine' Mandate, Plaintiffs will be injured—or terminated. Coercion to receive an unwanted medical procedure is irreparable

once the COVID-19 'vaccine' is injected. The 'vaccines' cause the human cell to produce a spike protein that would otherwise not occur in the human body; this gene therapy technology (as described by 'vaccine' manufacturers' own documents) is irreversible. It does, in many clinically reported cases, produce adverse effects/injury, and even death. HFHS 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.

A recent June 1, 2021 bio-distribution study from the Japanese Regulatory Agency 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, liver, adrenals, and ovaries in high concentrations...." The COVID-19 spike protein may be a potentially unsafe toxic endothelial pathogen.

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 is violating the FTC Act. By the manufacturers' own admission, and the Exhibits attached hereto, 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.

The fact that over 50 employees have acted in concert with one another creates protection under the National Labor Relations Act. The threat of termination flies directly in the face of the intentions for employees to carry on their employment activities without coercion. NLRA 8(b)(1)(A).

Injuries have already been caused by Defendants' policies. Some HFHS employees have already received the COVID-19 'vaccine' and suffered serious adverse effects. As previously referenced (Exhibit C), one such individual has come forward to disclose that she has been injured (as well as her patients), but she is fearful that she will be discriminated against or terminated by HFHS for coming forward and is therefore withholding her identity at this stage of the proceedings.

III. Threatened injury outweighs the harm to Henry Ford Health System and Defendants:

The balance of hardships test tilts only in favor of the Plaintiffs. The Defendants can make no argument that Plaintiffs' free exercise of Constitutional rights will create any hardship for them. It is shocking, as well, that Defendants would undertake by threat to overcome an individual's free will to choose or decline a medical treatment. This includes rights of personal autonomy and bodily integrity, see, e.g., Jacobson v. Commonwealth of Massachusetts, 197 U.S 11 (1905), and the right to reject medical treatment, Cruzan v. Director, Missouri Dept. Health, 497 U.S. 261 (1990). The desire to provide for one's family and oneself is foundationally innate to mankind. To threaten one's livelihood is a threat to their body and family, and most certainly does not bode well for a trusted and productive work setting, most propitious to the care of HFHS' patients served. There is indeed a greater risk of injury and death to HFHS' critical healthcare workers (and a threat to maintaining adequate staffing of a vital healthcare sector) through this Mandate, affecting thousands of employees and associated System workers, given the substantial information contained in the Plaintiffs' pleadings. Furthermore, compulsory injections subject HFHS employees and ailing patients to the negative aspect reported of amplified viral loads in the nostrils of the vaccinated staff/population, which Defendants claim

they desire to mitigate within their facilities.

IV. The Advancement of Public Interest:

The Supreme Court has stated that a motion for pretrial injunctive relief must show "that an injunction is in the public interest." (Winter, 555 U.S. at 20.) The Court should weigh the public interest in light of the likely consequences of the injunction. Such consequences must not be too remote, insubstantial, or speculative and must be supported by evidence. (Id.) In addition, "[the] Court must ask whether the preliminary injunction is in the public interest, which entails taking into account any effects on nonparties." Courthouse News Service v. Brown, 908 F.3d 1063, 1068 (7th Cir. 2018) (emphasis added).

As this filing articulates and as supported by the affidavits attached, the relief sought would not be averse to the public interest; to the contrary, Plaintiffs are asking the Court to prevent the imposition of the Mandate in large part because Plaintiffs, System medical centers, and the public are safer without it. This is not mere conjecture or speculation, but supported by objective scientific data and the testimonies of highly qualified medical professionals.

DISPARATE IMPACT

HFHS has violated Title VII of the Civil Rights Act, § 7, 42 U.S.C. § 2000e et seq (1964) by attempting to implement a policy that will displace a disproportionate number of persons of African descent. This disparate impact based on race was determined to be a violation of the Civil Rights Act, Id. in Griggs v. Duke Power Co., 401 U.S. 424 (1971), which holds:

> The Act requires the elimination of artificial, arbitrary, and unnecessary barriers to employment that operate invidiously to discriminate on the basis of race, and if, as here, an employment practice that operates to exclude Negroes cannot be

> shown to be related to job performance, it is prohibited, notwithstanding the employer's lack of discriminatory intent.

Defendants have not claimed that job performance is an issue with regard to Plaintiffs. On the contrary, it has been presented directly to many of the Plaintiffs that HFHS needs their decision regarding the Mandate to prepare to hire replacements, implying that, from the perspective of job performance, these employees would not be in danger of termination. Thus, the Mandate is not related to job performance.

The Kaiser Family Foundation is an endowed, non-profit organization that compiles health information provided by the various state health agencies, including the Michigan Department of Health and Human Services. (See kff.org "latest information on Covid-19 Vaccinations by race/ethnicity," updated August 18, 2021) The figures compiled by KFF show that currently black Americans in Michigan are vaccinated at a 30% lower rate than white Americans in Michigan. The raw data in Fig. 3 (https://www.kff.org/coronavirus-covid-19/issue-brief/latest-data-on-covid-19-vaccinations-race-ethnicity/) show 41% of whites vaccinated, compared to 31% of blacks vaccinated in Michigan. The conclusion that can be drawn from this information is that the displaced workers created by implementation of the HFHS Mandate policy will be disproportionately black and therefore should be seen to violate Title VII of the Civil rights Act. Id. Whether this was intended on the part of HFHS is irrelevant to this question.

CONCLUSION

Defendants have stated that their policy to mandate the COVID-19 vaccine is to ***ensure the health and safety of HFHS employees, patients, visitors, and others.*** Mass-promoted COVID-19 injections have already killed and seriously injured hundreds of thousands of people according to the government's own database, the Vaccine Adverse Event Reporting System, or

VAERS. The 'vaccines' from Moderna, Johnson & Johnson, and Pfizer have killed more than twice as many people in less than a year than all other vaccines combined since the government set up its VAERS reporting system in 1990. The latest data reported through the VAERS system, as of August 20, 2021 now indicates that 13,627 deaths have occurred in the U.S. as a result of COVID-19 'vaccines.' Additionally, 2,826,646 injuries, 17,794 permanent disabilities, 74,369 emergency room visits, 55,821 hospitalizations, and 14,104 life threatening events have been reported to VAERS through August 20, 2021. (vaers.hhs.gov/)

Exhibit D Attached hereto is a declaration of a federal employee who has calculated that the morbidity figures captured by VAERS are underreported by a factor of 5. VAERS has traditionally underreported 'vaccine' events, lending credibility to this claim. Based on this testimony, at least 65,000 Americans have lost their lives to these 'vaccines' and more are added to their numbers each day. There is nothing in the State pro 'vaccine' marketing campaign that can hide the truth and horror of these numbers.

Ensuring the health and safety of the people of Michigan is a Public Function, traditionally the exclusive prerogative of the State. Henry Ford Health System has no duty, or right to violate theliberty protected by the Constitution of the United States or attempt to fulfill a function of our duly elected State Government. HFHS may not act to implement purely public policy and avoid Constitutional scrutiny when doing so. Private entities have no role in determining policy as it relates to public functions such as, the Administration of Schools, Environmental Health, Law Enforcement, Child Protective Services, Welfare Benefit Administration, and the like. Each of these functions are traditionally, exclusively handled by the public sector. When HFHS undertakes to determine public health policy, it becomes an actor under color of state law exposing its activity to Constitutional review.

Finally, present test/study-limited biological 'gene therapies' (with blank package inserts

for informed consent) have been shown to be neither safe nor effective from doctors' feedback, research trials/studies continuously coming forward in the scientific literature, and from the brief data and testimonies provided herein. The COVID-19 'vaccine' Mandate imposed by HFHS clearly will not work for its intended purpose, but rather cause imminent, substantial harm to the System, its employees, business partners, the healthcare sector, and the public at large.

For the foregoing stated reasons Plaintiffs respectfully ask this Court to grant the injunctive relief requested within this motion.

Dated: September 4, 2021

Respectfully submitted,

/s/ Kyle J. VonAllmen
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/s/ Thomas Renz
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(Admission pending *Pro Hac Vice*)

INDEX OF EXHIBITS

EXHIBIT A

Effective:	*6/29/2021*
Last Approved:	*6/29/2021*
Next Review:	*6/28/2024*
Owner:	*Bilal Dabaja: Consultant- HR Svc&Governance*
Area:	*Human Resources*
Document Types:	*Policy*
Applicability:	*HFHS System-wide w/HAP*

Tier 1: Mandatory Vaccines

Scope

This policy pertains to all employees, volunteers, and students who are affiliated with any and all Henry Ford Health System facilities and properties, regardless of clinical responsibility or patient contact. May be subject to Collective Bargaining Agreements for Union Employees. Contractors, reference Tier 1: Health Screening and Immunization – Contractors.

Background

The purpose of this policy is to establish guidelines for compliance with mandatory Tetanus, Diphtheria, and Pertussis (Tdap); Measles, Mumps, and Rubella (MMR); Seasonal Influenza; and COVID-19 vaccinations for all HFHS employees and volunteers to ensure the health and safety of HFHS employees, patients, visitors, and others.

Definitions

Tetanus is an infection caused by bacteria called *Clostridium tetani*. When the bacteria invade the body, they produce a poison (toxin) that causes painful muscle contractions. Another name for tetanus is "lockjaw". It often causes a person's neck and jaw muscles to lock, making it hard to open the mouth or swallow. Severe complications from tetanus can involve difficulty breathing, pulmonary embolism, and death. CDC recommends vaccines for infants, children, teens, and adults to prevent tetanus.

Diphtheria is an infection caused by the bacterium *Corynebacterium diphtheriae*. Diphtheria causes a thick covering in the back of the throat. It can lead to difficulty breathing, heart failure, paralysis, and even death. CDC recommends vaccines for infants, children, teens, and adults to prevent diphtheria.

Pertussis, also known as **whooping cough**, is a highly contagious respiratory disease. It is caused by the bacterium *Bordetella pertussis*. Pertussis is known for uncontrollable, violent coughing which often makes it hard to breathe. After cough fits, someone with pertussis often needs to take deep breaths, which result in a "whooping" sound. Pertussis can affect people of all ages, but can be very serious, even deadly, for babies less than a year old.

Tdap Vaccine: For the purpose of this policy, Tdap vaccine refers to the adult dose.

Measles is a very contagious disease caused by a virus. It spreads through the air when an infected person coughs or sneezes. Measles starts with a cough, runny nose, red eyes, and fever. Then a rash of tiny, red spots breaks out. It starts at the head and spreads to the rest of the body.

Mumps is a contagious disease that is caused by a virus. Mumps typically starts with fever, headache, muscle aches, tiredness, and loss of appetite. Then, most people will have swelling of their salivary glands. This is what causes the puffy cheeks and a tender, swollen jaw.

Rubella is a contagious disease caused by a virus. It is also called German measles, but it is caused by a different virus than measles. Most people who get rubella usually have mild illness, with symptoms that can include a low-grade fever, sore throat, and a rash that starts on the face and spreads to the rest of the body. Some people may also have a headache, pink eye, and general discomfort before the rash appears. Rubella can cause a miscarriage or serious birth defects in an unborn baby if a woman is infected while she is pregnant.

MMR: For the purpose of this policy, MMR refers to the 2-dose Measles, Mumps, Rubella series.

Influenza, or **Flu,** is a contagious disease caused by viruses. Flu can cause fever and chills, sore throat, muscle aches, fatigue, cough, headache, and runny or stuffy nose. Some people may have vomiting and diarrhea, though this is more common in children than adults.

Influenza Vaccine: For the purpose of this policy, Influenza Vaccine refers to any of the HFHS approved seasonal flu vaccines.

COVID-19 is a respiratory disease caused by SARS-CoV-2, a new coronavirus discovered in 2019. The virus is thought to spread mainly from person to person through respiratory droplets produced when an infected person coughs, sneezes, or talks. Some people who are infected may not have symptoms. For people who have symptoms, illness can range from mild to severe.

COVID-19 Vaccine: For the purpose of this policy, COVID-19 Vaccine refers to any of the HFHS approved COVID-19 vaccines.

Employees: For the purpose of this policy, Employee refers to any person performing work on behalf of HFHS and receives a paycheck directly from HFHS. Additionally, the following persons are considered employees for the purposes of this policy and are required to receive or provided proof immunity for mandatory vaccines:

Volunteers: For the purpose of this policy, volunteer refers to any person that performs work on behalf of HFHS (in clinical areas and non-clinical areas) that do not receive a paycheck from HFHS. These individuals are required to comply with all requirements set forth in this policy. Adult students/trainees, and volunteers who refuse to receive a Tdap vaccine, other than reasons expressed below under Section 5 of this policy, will not be allowed to work with HFHS.

Students: For the purpose of this policy, student refers to all students that have class, rotation, or any other educational experience at HFHS.

Policy

Mandatory Vaccines

Mandatory Vaccines: HFHS requires proof of immunity and/or vaccination for the diseases listed below.

1. Measles
2. Mumps
3. Rubella
4. Tetanus

5. Pertussis
6. Diphtheria
7. Seasonal Influenza
8. COVID-19

Acceptable Proof of Mandatory Vaccines

A. Employees who have received mandatory vaccinations outside HFHS will be required to submit to Employee Health documentation of being vaccinated elsewhere (e.g., their physician's office, grocery store/drug store clinic, health department). External documentation must include the name of the vaccine given, date of administration, and name and address of the administering facility.

Acceptable Proof of Titers

A. Employees who have proof of positive titers for Measles, Mumps, and Rubella outside HFHS will be required to submit to Employee Health documentation of said titers. External documentation must include the name of the titers drawn, date of results, and the name and address of the resulting facility.

Exemptions

HFHS recognizes reasons for not receiving mandatory vaccinations.

Bona-fide Medical Reason

A. Must be documented by employee's health care provider.

B. You must submit the complete appropriate Medical Exemption Request form for each vaccine that you are requesting a medical exemption.

C. Temporary medical exemptions are only valid for the period identified on the exemption form.

D. Employees are advised to contact their health care provider regarding any medical concerns related to mandatory vaccines.

Bona-fide Religious, Spiritual Reason or Sincerely Held Belief

A. HFHS respects the right of all employees to practice and express his or her own religious and spiritual beliefs. Employees that have a religious belief that all immunizations are contrary to his or her religious teachings must provide documentation of this to Employee Health from his or her religious leader for determination of exemption.

B. Employees who do not belong to a formal religion, or who have a sincerely held spiritual belief which differs from the religion to which they belong, may submit an exemption form without a signature from a religious leader; however, might be asked a series of standard questions regarding the nature of their belief.

C. When requesting a religious exemption, you must submit the completed Religious/ Spiritual/ Sincerely Held Belief Exemption Request Form along with a statement describing your current religious belief, sincerely held belief, or practice that prevents you from receiving the vaccine. Your statement should explain your belief, establish that it is your sincerely held belief, and explain in what ways receiving a vaccination conflicts with your sincerely held belief, practice, or observance. This may include a statement

from your religious leader or spiritual advisor (i.e., minister, imam or other religious leader), or a statement published by the religious denomination or governing body describing the current religious belief or practice that prevents you from receiving the vaccine. It also may include information from others who are aware of your religious belief, practice, or observance.

1. Please note: if previous immunizations have been administered to the employee, you may not qualify for a religious exemption.
2. You may be interviewed to determine qualification for exemption. In addition, future immunizations may void the approved exemption.
3. The request for exemption must be completed annually, however after the initial approval, it will only require the employee signature verifying that nothing has changed.

Compliance Date

A. The compliance date for the Flu Vaccine for all Employees, Volunteers, and Students will be December 1 of each year unless the Directors of Infection Control/Influenza Committee make a determination based upon imminent medical health and well-being of the community based upon prevailing influenza patterns not common to Michigan. The purpose of this requirement is to protect staff and patients from those potentially infected with influenza.

B. The compliance date for the complete series of COVID-19 vaccine is September 10, 2021.

C. The compliance date for the other mandatory vaccines (Tdap, MMR) is upon hire.

Management of Non-Compliant Personnel

Employees who have not completed their mandatory vaccines by the corresponding due date will be suspended the next day. (September 11, 2021 for COVID, December 2 for Flu). Employees will receive follow-up dialogue by operations leaders to determine why completion has not occurred and remedial steps necessary to ensure completion.

COVID 19- employees will be terminated 3 weeks following the due date of September 10, 2021 (October 1, 2021).

Flu and other mandatory vaccines employees will be terminated 5 days following due date.

Related Documents

Tier 1: Health Screening and Immunization – Contractors

References/External Regulations

Accessed on 6/21/2019

https://www.cdc.gov/vaccines/hcp/vis/vis-statements/tdap.pdf

https://www.cdc.gov/tetanus/index.html

https://www.cdc.gov/diphtheria/

https://www.cdc.gov/pertussis/

U. S. Department of Health and Human Services & Centers for Disease Control and Prevention. (2017).

Epidemiology and prevention of vaccine-preventable diseases (13th ed. supplement). Washington, DC: Public Health Foundation.

Attachments

Religous_Spiritual Exemption Form.pdf
Tdap Medical Exemption Form.pdf
MMR Medical Exemption Form.pdf
Influenza Medical Exemption Form.pdf
COVID Medical Exemption Form.pdf

Approval Signatures

Step Description	Approver	Date
SVP, CHRO	Antonina Ramsey: EVP, Chief Human Res Officer [BD]	06/2021
System Policy Management Office	System Policy Management Offic	06/2021
Document Owner	Bilal Dabaja: Consultant- HR Svc&Governance	06/2021

Applicability

Health Alliance Plan, Henry Ford Allegiance Health, Henry Ford Behavioral Health Services, Henry Ford Community Care Services, Henry Ford Health System, Henry Ford Hospital, Henry Ford Kingswood Hospital, Henry Ford Macomb Hospital, Henry Ford Medical Group, Henry Ford West Bloomfield Hospital, Henry Ford Wyandotte Hospital

Effective:	*6/30/2021*
Last Approved:	*6/30/2021*
Next Review:	*9/28/2021*
Owner:	*Carrie Tuskey: VP-Risk Mgmt & Patient Safety*
Area:	*Quality and Safety*
Document Types:	*Guidelines*
Applicability:	*HFHS System-wide*

Tier 1: COVID-19 Guidelines for Meetings, Training Sessions and HFHS Events

Scope

This guideline is applicable to all any meetings conducted on Henry Ford Health System (HFHS) premises, and all HFHS-sponsored education, training and events.

Background

This guideline outlines the restrictions/requirements for "in-person" meetings, on-site training and education, and all HFHS-sponsored events during the COVID-19 public health emergency.

Definitions

PPE: Personal Protective Equipment

Guidelines

The following guidance is in accordance with Occupational Safety and Health Administration (OSHA) COVID-19 Emergency Temporary Standard (ETS) which has been adopted by Michigan Occupational Safety and Health Administration (MIOSHA) . As these standards are modified, this guidance will be reviewed and amended as appropriate.

Meetings, Education Sessions

All learning, clinical and non-clinical, including education and training conducted by HFHS staff for patients, clients and the community, and all meetings, including staff, committee, or other types, will be conducted using appropriate infection prevention practices.

Room capacity for meetings and educational sessions will be limited to only the number that can safely accommodate 6-foot social distancing. See "Didactic Session Guidelines" in Social Distancing policy for details.

- Consideration can be given to increasing frequency of classes with smaller class sizes.
- Virtual classes and therapy may be used when possible.

Masks must be worn by participants in accordance with the Universal Mandatory Mask policy.

Events and Gatherings

HFHS sponsored event at external venue (indoor/outdoor)

Follow rules of the external venue and CDC guidance/safe practices.

HFHS sponsored event on any HFHS property

Outdoor gathering (ie. tents/courtyard):

- Ensure tent and outdoor space allows maintenance of social distancing for the numbers of expected attendees.
- Vaccinated individuals do not need to wear masks; masks must be worn by unvaccinated individuals.
- Event attendees must attest to vaccination as part of RSVP to event.
- Food and beverage may be served if greater than 70% of expected attendees are vaccinated.

Any exception (including size limit) requires approval by operating unit leadership to ensure appropriate CDC and infection prevention safeguards are in place; event coordinators will review with local infection prevention as needed.

Indoor gathering

- Capacity based on social distancing and room size and limited to areas that can be closed and managed.
- If the gathering is in an area where there are no patients, vaccinated individuals do not need to wear mask; masks must be worn by unvaccinated individuals.
- Event attendees must attest to vaccination as part of RSVP to event.
- Food and beverage may be served if greater than 70% of expected attendees are vaccinated.

Related Documents

Tier 1: Social Distancing Policy

Tier 1 Universal Mandatory Mask Policy

References/External Regulations

OSHA Emergency Temporary Standard for Healthcare. June 21, 2021. https://www.osha.gov/coronavirus/ets

State of Michigan. MI Vacc to Normal. April 29, 2021.

Attachments

No Attachments

Approval Signatures

Step Description	Approver	Date
Assoc CCO & Chief Quality Ofcr	Betty Chu: Assoc CCO & Chief Quality Ofcr [KP]	06/2021

Step Description	Approver	Date
System Policy Management Office	System Policy Management Offic	06/2021
Document Owner	Carrie Tuskey: VP-Risk Mgmt & Patient Safety	06/2021

Applicability .

Henry Ford Allegiance Health, Henry Ford Behavioral Health Services, Henry Ford Community Care Services, Henry Ford Health System, Henry Ford Hospital, Henry Ford Kingswood Hospital, Henry Ford Macomb Hospital, Henry Ford Medical Group, Henry Ford West Bloomfield Hospital, Henry Ford Wyandotte Hospital

EXHIBIT B

DECLARATION OF LEE D. MERRITT MD

Pursuant to 28 U.S.C. §1746, I, Lee Merritt MD, declare under the penalty of perjury of the laws of the United States of America, and state upon personal knowledge that:

(1) I am a Medical Doctor licensed in the states of Nebraska and Iowa. I have been a Board Certified Orthopaedic Surgeon with Fellowship in Spinal Surgery, and practiced that specialty until this year. I have served as a physician and surgeon in the United States Navy for almost ten years. Later as a civilian I held a Congressional Appointment to the Navy Research Advisory Committee, a committee of defense experts who looks at future technology for the Navy. A true and accurate copy of my curriculum vitae is attached hereto as Ex. 1.

(2) The COVID-19 vaccines are experimental mRNA gene therapy, not "vaccines" in the traditional sense. Traditional vaccines were made with a small amount of attenuated or weakened pathogen, mixed with a chemical adjuvant to stimulate the immune system. This allowed a very limited exposure to any infectious agent, with the intent of training the immune system to memorize its antigenic form so in the future the pathogen could be attacked early, and disease avoided. These agents, by the FDA and pharmaceutical industry definition are "Viral Based Genetic Therapies".[1] They were originally designed to be agents for cancer and gene therapy.[2] In this usage they could never pass the safety bar that was acceptable in terms of liability—an issue which is not a consideration for vaccines once they are on the childhood schedule.[3]

This experimental technology has never before been used in the human population.
In previous animal studies, vaccines against Coronavirus resulted in the deaths of the cats from overwhelming sepsis and cardiac failure, and in ferrets from lung inflammation. This was due to a property of certain viruses—Coronaviruses included to cause ADE or antibody dependent enhancement. No long term studies in humans were done to resolve this concern. [4]

Secondly, Squalene (or MF-59), the same adjuvant that caused the Gulf War Syndrome is included in these vaccines. The Gulf War syndrome resulted in Amyotrophic Lateral Sclerosis or Lou Gehrig's Disease at four times the background incidence.[5] [6] [7] [8] [9]

Also, PEG or Polyethylene Glycol, is used in these agents for the first time. Because of its use in common household products, it is estimated that 70% of people are allergic to some degree to PEG. This is believed to be the reason these agents have a ten-fold increase in anaphylaxis.

(3) The COVID-19 vaccines have not been adequately tested. Due to the presumed emergency nature, the Emergency Use Authorization was passed, which truncates normal long-term testing of humans after animal trials.

(4) The COVID-19 vaccines are dangerous and cause harm. Reports into VAERS, the Vaccine Adverse Event Reporting System for deaths related to the COVID-19, establish that Vaccines have exceeded the total of all the deaths of all vaccines put together in the last 31 years since VAERS was initiated. Additionally, diagnoses such as thrombocytopenia, brain hemorrhage, leukemia, and MI (heart attack) all are far in excess of previously reported. Guillane Barre (ascending paralysis), the most common neurologic side effect of previous vaccines paid out from the government vaccine compensation fund, averages 130 cases reported to VAERS/ year. By the end of July 2021, there were 1432 cases of Covid related Guillane-Barre Syndrome. Similarly, myocarditis, --which carries over 50% 5 year mortality—had only been reported 317 times for all vaccines put together over 31 years, but this year, has been reported 1113 times for the Covid vaccine alone.[10]

(5) The COVID-19 vaccines are ineffective in the sense that they do not prevent infection with or onward transmission of COVID-19. This is acknowledged in the EUA itself. Recently the CDC also made this point that vaccinated are able to transmit at the same rate as the unvaccinated and carry a higher viral load in their nasopharynx.[11] [12]

(6) Mandating the COVID-19 vaccines for healthcare workers does not achieve the goal of making the workers or their patients "safer." The European Medicines Agency[13], as well as the FDA, were aware that these Viral Based Genetic Agents were capable of shedding potentially toxic material on others. They recommended sheltering certain people including the elderly, neonates and immune compromised from this effect. These are the very people nurses and others in the hospital care for, which suggests not only are they not safer for the patients in their care, but they may pose a significant hazard.[14] [15] As a model of concept, vaccination has not changed influenza transmission in hospitals. [16]

(7) I am available to testify in support of this Motion should the Court determine that it would like to hear further from me.

I DECLARE UNDER THE PENALTY OF PERJURY UNDER THE LAWS OF THE UNITED STATES OF AMERICA THAT THE FOREGOING INFORMATION CONTAINED IN THIS DECLARATION IS TRUE AND CORRECT.

Dated: Sep 4, 2021

Lee D. Merritt MD
Lee D. Merritt MD (Sep 4, 2021 16:35 CDT)

Dr. Lee D. Merritt

[1] https://www.fda.gov/media/89036/download

[2] https://www.fda.gov/media/89036/download

[33] https://www.biopharmadive.com/news/fda-gene-therapy-advisory-meeting-safety-preview/605922/

[4] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7943455/

[5] https://www.jpands.org/vol23no1/correspondence.pdf

[6] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7423510/

[7] https://www.ecowatch.com/sharks-coronavirus-vaccine-2647887888.html

[8] https://pubmed.ncbi.nlm.nih.gov/33887208/
[9] http://vaccinetruth.org/mf-59.html

[10] https://wonder.cdc.gov/vaers.html

[11] https://www.msn.com/en-us/health/medical/delta-variant-cdc-says-vaccinated-people-can-transmit-same-amount-of-virus-as-those-unvaccinated/ar-AAMLwaK

[12] Pre-Print paper:
https://poseidon01.ssrn.com/delivery.php?ID=993117004090103028105001097099091099002055034085049024074010107034059003024031010012021127002113043088021123085103098097114122082054100016064067106091052048008085092070052117004012019022090042034020010121069011073003104022001069090067101022088122111069110113113097105096105064071092102001071&EXT=pdf&INDEX=TRUE

[13] https://www.ema.europa.eu/en/documents/scientific-guideline/international-conference-harmonisation-technical-requirements-registration-pharmaceuticals-human-use_en-10.pdf
[14] https://www.ema.europa.eu/en/documents/scientific-guideline/international-conference-harmonisation-technical-requirements-registration-pharmaceuticals-human-use_en-10.pdf

[15] https://www.fda.gov/media/89036/download

[16] https://www.jpands.org/vol18no2/hieb.pdf

EX 1

Lee D. Merritt (ne: Hieb) MD

Orthopaedic Surgery Surgery of the Spine

18111 Q Street, Omaha, NE. 68135
402-660-7161

CURRICULUM VITAE

Mar 19, 2020

GRADUATE MEDICAL EDUCATION:

Fellowship:	Louis A. Goldstein Fellow of Spinal Surgery University of Rochester, Rochester, New York 1989-1990.
Residency:	Orthopaedics, Naval Hospital San Diego, California 1983-1987.
Internship:	Internal Medicine, National Naval Medical Center Bethesda, Maryland, 1980-1981.
Medical Degree:	University of Rochester School of Medicine and Dentistry Rochester, New York 1976-1980.

ADDITIONAL GRADUATE MEDICAL EDUCATION

Fellowship: American Academy of Anti-Aging Medicine, completed 2005

UNDERGRADUATE EDUCATION:

Grinnell College, Grinnell, Iowa. 1969-1973

University of Iowa, Iowa City, Iowa. 1975-1976

AWARDS/OTHER ACCOMPLISHMENTS:

Alpha Omega Honor Medical Society, 1980.

American Medical Women's Association Award for Academic Achievement, 1980.

National Honor Society 1969

APPOINTMENTS:

President, Association of American Physicians and Surgeons 2010-2011

Chairman of Credentialing, Yuma Regional Medical Center 2005- 2007

Chief of Staff, Yuma Regional Medical Center, 2001-2003.

Chief of Surgery, Yuma Regional Medical Center, 1998-1999.

Spine-Tech Faculty Consultant, 1997-1998.

Consultant, Naval Studies Board, 1995-1999.

Executive Appointment to Naval Research Advisory Committee, 1993-1995.

PRACTICE EXPERIENCE:

Orthopaedic Trauma Coverage, various hospitals via Locum Tenens, 2016-2018

Private Practice, Anti-Aging Medicine, Esthetics, Outpatient Orthopaedics, Enlighten Omaha, NE. 2016- Present

Orthopaedic and Spinal Surgeon, Burgess Hospital
Center, Onawa, Iowa, July 2015 - 2021

Orthopaedic and Spinal Surgeon, Stewart Memorial Hospital, Lake City, Iowa, 15 June 2009 to 15 November 2014

Private Practice, Spinal Surgery and Trauma, Yuma Regional Medical Center, Yuma, Arizona, 1995 to 2009

Prince Georges Orthopaedic Associates, Clinton, Maryland, Southern Maryland Hospital Center. private group practice, Orthopaedic and Spinal Surgeon, 1992-1993.

Orthopaedic Surgeon, Naval Hospital Cherry Point, North Carolina, 1991-1992 (DOD civilian contract). General practice with emphasis on spinal disorders and sports medicine.

(Active Duty USN) Orthopaedic Surgeon, Naval Hospital Camp Lejeune, North Carolina, 1987-1989.

(Active Duty USN) General Practice. General Medical Office with United States Navy Quantico, Virginia (Department Head) 1982-1983. Iwakuni, Japan (Department Head) 1981-1982.

BIBLIOGRAPHY:

Reports of Bleeding and Thrombocytopenia Reported to VAERS after Moderna and COVID-19 Vaccinations, Dec 15, 2020, to Mar 12, 2021, Merritt L, Journal AAPS, Vol. 26, No.2, Summer 2021, p 51-54.

"Wrong Site Surgery", L. Hieb, Letter to the Editor, Orthopaedics, Vol 26, No. 2, Feb 2003, pg. 124.

Interbody Fusion in the Elderly, Chapter 21, Advances in Spinal Fusion-Molecular

Science, Biomechanics and Clinical Management, L. Hieb, Marcel Dekker, Inc. Nov 2003, pg. 293-312.

"Spontaneous Posteroperative Cerebrospinal Fluid Leaks Following Application of Anti-Adhesion Barrier Gel. Case Report and Review of the Literature." Hieb, Stevens. Spine, April 2001, pg. 748-751.

"Tri Care From the Inside and Out", L. Hieb, Naval Institute Proceedings, Nov 2000, pg. 62-65.

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"Telemedicine, Applying and Misapplying a Concept." L. Hieb. Naval Institute Proceedings, January 1997, pg. 74-75.

Technology for the United States Navy and Marine Corps 2000-2035, Becoming a 21st Century Force, Vol 4 Human Resources", Panel on Human Resources, Naval Studies Board, 1997.

Acute Bilateral Tibial Compartment Syndrome, Report of a Case and Review of the Literature. L. Hieb, Alexander. Clinical orthopaedics and related research, March 1987, pg. 190-193.

PRESENTATIONS/UNPUBLISHED PAPERS:

"Healos Collagen Matrix and Lumbar Interbody Fusion Cages: A 2-year Outcome Study." Macenski, Hieb, Lim, McAfee, Poster Presentation, Meeting of the Americas II, New York, NY, 2002.

"Safety of Interbody Fusion in the Elderly." Hieb, Stevens, Macenski, 2001. Presented at the North American Spine Society Annual Meeting, Nov 2001.

"Healos Mineralized Collagen Matrix Combined with Lumbar Interbody Fusion Cages." Poster Presentation, Congress of Neurologic Surgeons, 51st Annual Meeting, San Diego, California 2001.

Computerized Tomography in the Evaluation of Cervical and Lumbar Spinal Fractures-Does it Make a Difference? Hieb, Chan, Devanny, Knight, Doerschuk. ASIA 1992. AAOS 1993.

Influence of Pedicle Fixation on Postoperative Pain. Knight, Hieb. Poster presentation at the Scoliosis Research Society/North American Spine Society Pedicle Fixation Workshop, May 1991. Sacral Pedicle Fixation for Short Segment Spinal Fusion. Ibid.

Neurofibromatosis: Post Laminectomy Kyphosis of the Cervical Spine with Anterior Cord Syndrome. Case Report and Literature Review. Knight, Hieb. American Spinal InjuryAssociation, 1991. Also presented SRS 1991.

Intersegmental Fixation with Luque Plating for Degenerative Lumbar Disc Disease. Knight, Montgomery, Hieb, Wujciak. Fifth International Conference on Lumbar Fusion and Stabilization, Osaka, Japan, 1991.

Open Door Laminoplasty for Multilevel Cervical Spondylosis. Knight, Hieb. Videotape American Academy of Orthopaedic Surgeons. 58th Annual Meeting. 1991.

Laminoplasty for Treatment of Multilevel Cervical Stenosis. Knight, Hieb. ASIA 1991.

Complex Fracture of the Proximal Sacrum. Case Report and Presentation of a Method for Fixation. Poster presentation. Hieb, Knight. ASIA 1990.

Pedicle Screw Fixation-Effects on Lumbar Lordosis and the Incidence of Aberrant Screw Placement: Assessment of Early Results. Knight, Chan, Devanny, Jackman, Montgomery, Hieb. SRS/NASS Advanced Course on Pedicular Fixation, 1990.

Pilon Fractures of the Ankle, Review of the Literature and the Experience at Naval Hospital San Diego. Resident research paper presented to the Departments of Orthopaedic Surgery of the Naval Hospital San Diego, and the University of California, San Diego, 1985.

Computerized Tomography versus Myelography in the Diagnosis of Lumbar Disc Disease. Resident research paper presented to the Department of Orthopaedics and Radiology, Naval Hospital Oakland, California, 1984.

RESEARCH PROJECTS:

Pain amelioration from Stem Cells/ Peptide Therapy, Current

Stabilization of the Lumbar Spine in the Elderly Patients, 1999-2001

Restoration of Lordosis following Anterior Cervical Fusion using BAK Cylindrical Cages,2002.

Effect of Anterior Discectomy and Bone Grafting on the Geometry of the Cervical Neural Foramina. Strong Memorial Hospital, Rochester, New York, 1990.

Real Time Physiology of Gas Transport in Humans Utilizing Parotid Secretion. Navy Undersea Medical Research Institute, 1978.

Electron Microscopy of Solid Tumors. University of Rochester, Department of Histology, 1977.

CERTIFICATION AND LICENSURE:

Recertification, NBPAS through April 30, 2021

Recertification, American Board of Orthopaedic Surgery, 2000, 2010

Board Certified, Orthopaedic Surgery, 1989.

Diplomat, National Board of Medical Examiners, 1981.

Current State Licensure:

Iowa 2000
Nebraska 2001

SCHOLARSHIPS:

United States Medicine Health Professions Scholarship, 1976-1980.

Cancer Institute Summer Fellowship, University of Rochester, 1981.

EXHIBIT C

DECLARATION of Jane Doe II.

I am a physician assistant working for Henry Ford Health System. I have personally experienced adverse reactions from the COVID-19 vaccine as well as witnessed a lot of adverse reactions in my patients. Sadly, most other providers do not want to hear the feedback I am seeing at follow-up visits with these patients. In myself, my migraines have now presented with stroke like symptoms. Most of my life I experienced a few classic premenstrual migraines per year that were easily treated. Now I experience vision issues such as random flashes, loss of peripheral vision, tingling in my face, as well as unbearable headaches. This is not anything I have ever experienced prior to my vaccine. I received the Pfizer in January and February. These new complex migraines and vision changes started occurring shortly after that.

My patients have experienced a wide range of symptoms and issues ranging from daily headaches, daily nausea, new heavy and long menstrual periods, autoimmune vision changes, new autoimmune thyroid diagnoses, pulmonary emboli, supraventricular tachycardia, extremely high blood pressure and so on. These findings concern me and I fear they are not being appropriately investigated or documented.

There is a misconception I hear from fellow co-workers that those of us who don't fully trust this vaccine or don't feel the vaccine should be mandatory, do not think COVID-19 is serious and we must want this pandemic to continue. I take COVID-19 very seriously but do not few people know the risks of the vaccines and do not believe making the vaccine mandatory is the answer. Sadly, I fear my job is at stake for wanting to speak up and I am sure many others do as well.

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

Executed on August 29, 2021.

/s/ Jane Doe II

Jane Doe II

EXHIBIT D

DECLARATION OF Jane Doe

Pursuant to 28 U.S.C. § 1746, Jane Doe, herebydeclares:

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 to revoke the emergency use authorization for COVID-19 injections and in support of a preliminary injunction to immediately block the emergency use authorization for COVID-19 injections.

I am a computer programmer with subject matter expertise in the healthcare data analytics field, an honor that allows me access to Medicare and Medicaid data maintained by the Centers for Medicare and Medicaid Services (CMS). I earned a B.S. degree in Mathematics and have, over the last 25 years, developed over 100 distinct healthcare fraud detection algorithms, both in the public and private sector. It has been my mission to protect federal tax dollars by preventing and detecting healthcare fraud, a process which leads to both recovery of overpayments and law enforcement leads. A large part of what I do is focused on the quality of care for the beneficiary; for example, I identify providers who prescribe an egregious amount of opioids to patients with a history of overdosing. Instead of titrating the patient off of opioids, they prescribe more, oftentimes leading to patient death. When the COVID-19 vaccine clearly became associated with patient

death and harm, I was naturally inclined to investigate the matter.

It is my professional estimate that VAERS (the Vaccine Adverse Event Reporting System) database, while extremely useful, is under-reported by a conservative factor of at least 5. On July 9, 2021, there were 9,048 deaths reported in VAERS. I verified these numbers by collating all of the data from VAERS myself, not relying on a third party to report them. In tandem, I queried data from CMS medical claims with regard to vaccines and patient deaths, and have assessed that the deaths occurring within 3 days of vaccination are higher than those reported in VAERS by a factor of at least 5. This would indicate the true number of vaccine-related deaths was at least 45,000. Put in perspective, the swine flu vaccine was taken off the market which only resulted in 53 deaths.

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 13, 2021.

/s Jane Doe

Jane Doe