

Dr. David Martin's Lawsuit Against Biden: "The COVID Injection Is a Bioweapon"

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Dr. David Martin recently filed the first in a series of lawsuits in Federal Court "to get the truth out" about COVID-19 gene therapy injections and "take back America from the COVID [pandemic](#) scare." In what he calls a "multi-step process," Martin explains the first lawsuit will put into the public record "that the COVID vaccine is not a vaccine." Instead, Martin explains the Injections are experimental gene therapies "known to kill people, known to actually stay inside of the human body for over 60 days producing pathogens that are scheduled toxins."

The lawsuit, [Griner v. Biden et al.](#), was filed on Mar. 4, 2022, in the U.S. District Court in Utah on behalf of Devan Griner, MD, a double-board certified surgeon and widely published author who has transformed the lives of hundreds of children in Utah and beyond. Besides naming Joe Biden, defendants include [Xavier Becerra](#) of the U.S. Department of Health and Human Services (HHS), as well as the Centers for Medicare and Medicaid Services (CMS) and its leaders.

Table 1. Summary of the most hazardous pathogens for public health.

Pathogen	Fatality Rate	Human to Human Transmission	Treatment	Vaccine Availability	References	
Bacteria	<i>Bacillus anthracis</i>	Cutaneous anthrax: 1–20%. Gastrointestinal anthrax: 25–60%. Inhalational anthrax: 86–89%.	No	Antibody-based antitoxin, antibiotic (ciprofloxacin or doxycycline), supportive care.	BioThrax	[5–8]
	<i>Yersinia pestis</i>	Septicemic plague: ~50%. Bubonic plague: 40–70%. Pneumonic plague: 50–100%.	Yes (pneumonic plague)	Antibiotic (streptomycin, tetracyclines, and chloramphenicol), supportive therapy.	No	[9–12]
	<i>Francisella tularensis</i>	Up to 30%	No	Antibiotic (tetracyclines, streptomycin, gentamycin).	No	[13–15]
	<i>Staphylococcus aureus</i>	10–30%	Yes	Antibiotic (vancomycin or daptomycin, telavancin, ceftaroline).	No	[16–19]
Virus	Ebola viruses	40–90%	Yes	Supportive treatment (fluid resuscitation, correcting electrolyte imbalances, treating secondary infections, medication to support blood pressure, reduce vomiting and diarrhea).	Ervebo	[20,21]
	Influenza viruses	0.1%	Yes	Antiviral medication (oseltamivir, zanamivir, peramivir, baloxavir marboxil), supportive treatment.	The composition of vaccines is reviewed annually and updated as necessary to match circulating influenza viruses.	[22,23]
	Severe acute respiratory syndrome coronavirus (SARS-CoV-2)	0.53–0.82%	Yes	Supportive treatment (oxygen therapy, intravenous fluid infusion).	No	[24–27]

Screenshot / NIH [Summary of the most hazardous pathogens for public health.](#)

Exposing the Felony

Martin maintains we need to stop forcing and bribing people to get the shot, stating, “Those are illegal acts in the United States and cannot be done.” Martin explains that the first lawsuit is in part litigation for discovery—revealing the criminal conspiracy Martin has talked about for years—as much as it is a litigation for the facts, as both are equally important. Martin is confident the disclosures that will have to be filed by the Federal Government in response to the first case “are, in fact, going to be incriminating for our next case.” Looking forward to obtaining evidence of the felony,

Martin [explained](#):

“We wrote this case so that the immunity shield falls away from the manufacturers and all of the injuries and deaths become civil liabilities to the manufacturers.”

Martin, who indicated that Utah is the perfect jurisdiction to begin his campaign, pointed out that when a term like “vaccination” is used, the public believes they are getting something that will keep them from getting sick or transmitting sickness. Instead, Martin asserts that after receiving the [COVID-19 injection](#)(s), individuals turn into a biological weapons factory. Explaining further, he declares:

“And [vaccination] is actually defined in the statute exactly that it’s the ability to put something into the body that stimulates the immune system. It turns out that the mRNA that’s being injected into people is not that. In fact, specifically, what it does is take a little computer-simulated strand of [mRNA](#), it sends it into the body, and the body becomes a biological weapons factory. It manufacturers spike proteins. The injection does not stimulate any immunity.

[Instead], it is the instructions to make a scheduled pathogen. And the scheduled pathogen is defined under three different parts of the code, but it specifically includes genetic sequences derived from—are you ready for this—SARS coronavirus. That’s actually a scheduled, known toxin on the scheduled list of biological weapons in the United States code.”

The 32-page lawsuit, with 171 pages of Exhibits, begins by highlighting that the CMS mandate requires almost every employee of any healthcare facility receiving Medicaid or Medicaid funding to “receive one of the three Injections

authorized for emergency use by the Food and Drug Administration as COVID-19 vaccines (the “Injections”).”

CMS Mandate Must Be Struck Down

The suit further explains that Plaintiff, Dr. Griner—who has [natural immunity](#) and refuses to take one of the injections—is a “highly skilled and well-known plastic surgeon licensed to practice in Utah whose passion is healing children who suffer from cleft palates and other congenital defects.” The doctor has traveled the world on more than twenty medical missions, donating his time to help unfortunate children. However, the lawsuit asserts that the [CMS Mandate](#) prevents Dr. Griner from continuing to heal children—unless he takes one of the Injections. Noting that Dr. Griner enjoys robust and durable natural immunity after having recovered from [COVID-19](#), the lawsuit explains:

Dr. Griner is subject to the CMS Mandate because the hospitals in which he has the right to practice receive CMS funding. Thus, Dr. Griner must choose not just between his “job and the jab,” as the Fifth Circuit has phrased it, he must also choose between pursuing his passion for healing children with congenital defects and taking the Injection. This despite the fact that the only justification for forcing Dr. Griner to take the injection is the assertion that doing so will prevent Dr. Griner from transmitting SARS-CoV-2 to his patients and other health care workers with whom he comes in contact, something the [CDC](#) readily admits the Injection simply does not do.

The lawsuit insists the CMS Mandate must be “struck down” because overwhelming evidence—along with admission by the CDC Director—shows that the injections do not prevent transmission, infection, or reinfection in those who receive them. And despite the [windfall profits](#) being made by the big pharma giants making the Injections, the CDC has [admitted](#) that both the “vaccinated” and “unvaccinated” are equally likely to

spread COVID-19.

Regardless of CDC Definition Change, Injections Are Treatments, Not Vaccines

Furthermore, the lawsuit states the Injections fail to confer immunity “but are claimed to reduce the severity of symptoms experienced by those infected by SARS-CoV-2.” With this in mind, Plaintiff argues the shots are instead treatments and not vaccines, as that term has already been defined in the law. Displaying the CDC’s [changing narrative](#) connected to COVID “vaccines” in the brief, and the fact the CMS Mandate rests squarely on the basis that the Injection prevents transmission, the suit reveals:

In fact, the CDC has actually changed its definitions of “vaccine” and “vaccination” so that the Injections would fit within the new definition. Until recently, the Centers for Disease Control defined a “Vaccine” as: “A product that stimulates a person’s immune system to produce immunity to a specific disease, protecting the person from that disease.

The CDC also previously defined “Vaccination” as: “The act of introducing a vaccine into the body to produce immunity to a specific disease.”

Both prior definitions fit the common understanding of those terms. To be vaccinated meant that the recipient should have lasting, robust immunity to the disease targeted by the vaccine.

But on Sept. 1, 2021, the CDC quietly rewrote these definitions. It changed the definition of a “Vaccine” to: “A ~~product that stimulates a person’s immune system to produce immunity to a specific disease, protecting the person from that disease~~ [preparation](#) that is used to stimulate the body’s immune response against diseases.” It changed the definition of “Vaccination” to: “The act of introducing a vaccine into

the body to produce ~~immunity~~ to protection from a specific disease.”

Thus, the CDC has eliminated the word “immunity” from its definitions of “Vaccine” and “Vaccination.” Upon information and belief, the CDC did so because it recognizes that the Injections do not produce immunity to the disease known as COVID-19.

This is a critical factual and legal distinction. The Supreme Court has long held that the right to refuse medical treatment is a fundamental human right. Since the Injections do not stop the transmission of SARS-CoV-2, as a matter of fact, they are not “vaccines” as a matter of law. Instead, they are a therapeutic or medical treatment which Dr. Griner has the fundamental human right to refuse.

In great detail, the lawsuit expands on the conviction held by numerous experts that the Injections are treatments, not vaccines. The claim reminds us that the FDA [categorizes](#) the shots as “CBER-Regulated Biologics,” otherwise known as “therapeutics,” which falls under the “Coronavirus Treatment Acceleration Program.”

Indeed, among the eight professional examples offered in the suit to corroborate that the Injections do not create an immunity that prevents the transmission of COVID-19 to others, the case quoted NIAID Director [Dr. Anthony Fauci’s](#) declaration to NPR on July 27, 2021, when he [stated](#), “We know now as a fact that [vaccinated people with COVID-19] are capable of transmitting the infection to someone else.” Additionally, the head of the Oxford vaccine team Professor [Sir Andrew Pollard](#), is quoted in the case as saying on Oct. 8, 2021:

“We don’t have anything that will stop transmission, so I think we are in a situation where herd immunity is not a possibility, and I suspect the virus will throw up a new variant that is even better at infecting vaccinated

individuals.”

Martin Insists Injections are Gene Therapy Medical Devices

Furthermore, Plaintiff declares that with rapidly waning effects, the Injections are not “vaccines,” but are instead “gene therapy medical devices” and should be appropriately classified as such. As illustrated in the screenshot below, Moderna ([Pfizer](#) uses the same technology) recognizes that its mRNA platform is not a vaccine. Instead, it is “gene therapy in the form of biological “software” developed to genetically “hack” the machinery of human cells to construct a specific protein.

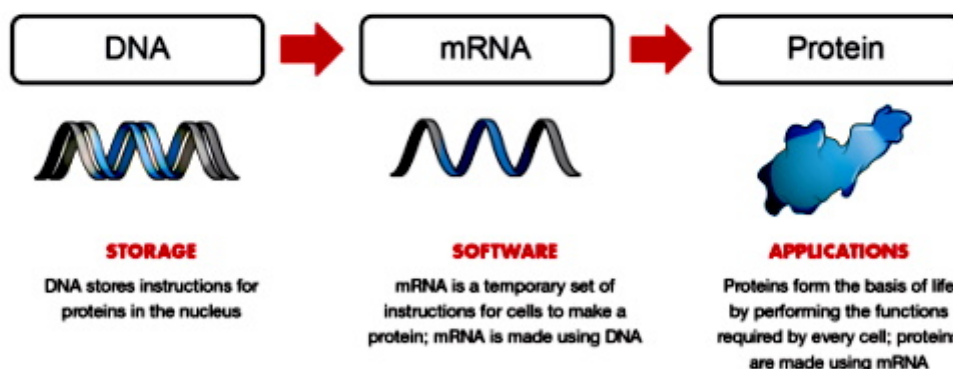
Enabling Drug Discovery & Development

We built Moderna on the guiding premise that if using mRNA as a medicine works for one disease, it should work for many diseases. And, if this is possible – given the right approach and infrastructure – it could meaningfully improve how medicines are discovered, developed and manufactured.

Our Operating System

Recognizing the broad potential of mRNA science, we set out to create an mRNA technology platform that functions very much like an operating system on a computer. It is designed so that it can plug and play interchangeably with different programs. In our case, the "program" or "app" is our mRNA drug - the unique mRNA sequence that codes for a protein.

We have a dedicated team of several hundred scientists and engineers solely focused on advancing Moderna's platform technology. They are organized around key disciplines and work in an integrated fashion to advance knowledge surrounding mRNA science and solve for challenges that are unique to mRNA drug development. Some of these disciplines include mRNA biology, chemistry, formulation & delivery, bioinformatics and protein engineering.



Our mRNA Medicines – The ‘Software of Life’

When we have a concept for a new mRNA medicine and begin research, fundamental components are already in place.

Generally, the only thing that changes from one potential mRNA medicine to another is the coding region – the actual genetic code that instructs ribosomes to make protein. Utilizing these instruction sets gives our investigational mRNA medicines a software-like quality. We also have the ability to combine different mRNA sequences encoding for different proteins in a single mRNA investigational medicine.

We are leveraging the flexibility afforded by our platform and the fundamental role mRNA plays in protein synthesis to pursue mRNA medicines for a broad spectrum of diseases.

Screens

hot / [Moderna mRNA Platform](#)

Elaborating further on the role the mRNA plays in the Injections, the lawsuit summarizes that the specific protein that human cells are “hacked” to create is the [spiked protein](#) of the disease. Essentially, the Injections genetically modify human cells to make the same toxic protein

that the disease itself creates—the spiked protein. With no known method to reverse the [detrimental effects](#) of the Injections, the lawsuit continues, explaining:

These spiked proteins adhere to the endothelial cells of humans, the very cells that line the entire cardiovascular system. The spike proteins adhere to the interior of the cardiovascular system like thorns on a rose bush, causing a variety of detrimental effects, the short- and long-term impact of which are currently unknown and unknowable.

According to a June 01, 2021, bio-distribution study from the Japanese Regulator Agency, 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...”

Causes of Action As Campaign Gets Underway

The lawsuit lays out three Causes of Action against Defendants, the first being the “Violation of Fifth and Fourteenth Amendment Substantive Due Process.” According to Plaintiff, the CMS Mandates violates the liberty protected by the Fifth and Fourteenth Amendments to the Constitution, including “rights of personal autonomy, self-determination, bodily integrity and the right to reject medical treatment.” With no compelling interest available to Defendants to prove the necessity of mandating the shots, Plaintiff again reminds that the Injections “are simply ineffective against the current variant” and were only somewhat effective against the original SARS-CoV-2 strain.

The Second Cause of Action explains Defendant’s Violation of the Fifth and Fourteenth Amendments related to the Equal Protection Clause, which “prohibits classifications that affect some groups of citizens differently than others.” By creating two classes of healthcare workers—the injected and uninjected—the CMS Mandate dictates the members of one class

(the uninjected) get terminated. These unvaccinated employees cannot advance their careers, provide for their families, or pay their mortgages. On the other hand, the injected get to keep their jobs, advance their careers, and pay their bills. Yet, the situations of these two classes are indistinguishable because vaccinated healthcare workers can become infected and reinfected with SARS-CoV-2 and can transmit the disease to fellow workers, patients, and visitors. The lawsuit asserts:

Discriminating against the uninjected controverts the goals of the Equal Protection Clause—i.e., to abolish barriers presenting unreasonable obstacles to advancement on the basis of individual merit.

Pursuant to the Fifth and Fourteenth Amendments, Plaintiff is entitled to temporary, preliminary, and permanent injunctive relief restraining Defendants from enforcing the CMS Mandate.

The Third Cause of Action insists that by issuing the CMS Mandate, Defendants are violating the Constitution of the United States “in that they invade and encroach upon sovereign powers that reside solely in the States and have never been relinquished by the States to the Federal Government.” According to the lawsuit, the CMS Mandate rests upon a general police power asserted by the Federal Government—a power it does not have. Therefore, the CMS Mandate is an [ultra vires](#) act taken by the Federal Government because the powers the Federal Government claims to assert belong to and are retained by the States.

With the filing of Griner v. Biden, Dr. Martin’s [campaign to expose](#) the illegal corruption behind the [pandemic “vaccine” narrative](#) is underway. Emphatically, Martin states that without hesitation, the vaccine needs to be called what it is—a gene therapy injection. Noting a desperate need for [“truth](#) in advertising,” he explains:

“If we start calling [the “vaccine”] the “gene therapy

injection,” a lot less people will roll up their sleeves—and roll up the sleeves of their children—to actually get the shot. And by the way, if you decide to roll up your own sleeve for an experimental gene therapy, have at it, I don’t care. What I do care about is forcing other people to do it, and coercing other people to do it. And holding their jobs or their livelihoods at gunpoint to get them to do it.”

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