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13 **SUPERIOR COURT OF THE STATE OF CALIFORNIA**

14 **IN AND FOR THE COUNTY OF FRESNO**

15 MICHELLE SPENCER,

16 Plaintiff,

17 vs.

18 COMMUNITY HEALTH SYSTEM dba
19 COMMUNITY MEDICAL CENTERS; and DOES
20 1 through 20,

21 Defendants.

Case No.: 25CECG03557

Unlimited Civil Case

**COMPLAINT FOR DAMAGES AND
INJUNCTIVE RELIEF**

[Civil Code § 1709, Labor Code § 1102.5,
Business & Professions Code § 17200, Civil
Procedure Code § 526, Civil Code §§ 3422 and
3423]

DEMAND FOR JURY TRIAL

26 Plaintiff complains and alleges as follows:

27 **INTRODUCTION**

1. This case arises from Defendant Community Medical Centers’ (“CMC”) systemic fraud, unlawful retaliation, and suppression of critical medical data showing that its workplace policies caused a catastrophic surge in unborn baby deaths.

2. Plaintiff Michelle Spencer, a Registered Nurse at CMC’s Community Regional Medical Center (“CRMC”), witnessed firsthand an exponential increase in unborn baby deaths caused by specific workplace policies.

3. Plaintiff witnessed CMC's patient injury data deliberately and selectively concealed from staff, patients, and regulators. Plaintiff exposed this data out of concern for the safety of pregnant mothers and their unborn children.

4. Plaintiff experienced retaliation by CMC, including stripping her of an earned bonus and demoting her employee status after she leaked an internal email (Exhibit A – Record High Dead Babies Email) documenting a statistically significant over 400% surge in unborn baby deaths.

5. CMC's conduct was and is:

a. **Fraud** (Civil Code § 1709 and common law): As a fiduciary, knowingly concealing danger to pregnant women and babies, and sabotaging regulators, while misdirecting staff for CMC's financial gain and to Plaintiff's detriment.

b. **Retaliation** (Labor Code § 1102.5): Retaliating against a whistleblower who reported CMC's unlawful, immoral, dangerous, and unethical workplace practices.

c. **Unethical business practice** (Business & Professions Code § 17200): Unfair business practices exploiting and endangering Plaintiff and her patients for CMC's unethical financial gain.

THE PARTIES

Plaintiff

6. Plaintiff Michelle Spencer (“Ms. Spencer”), also known by her married name Michelle Gershman, is a Registered Nurse licensed in the State of California and has resided in Fresno County at all relevant times.

1 7. Ms. Spencer has been employed by Defendant Community Medical Centers since
2 approximately August 7, 2017, working on the third floor of Community Regional Medical Center
3 (“CRMC”), which floor is comprised of the Antepartum, Postpartum, and Labor & Delivery Units.
4 Ms. Spencer serves on different units at different times depending on her primary assignment and
5 daily hospital needs. As an RN, her role is comprehensive to provide direct patient care to expectant
6 mothers and babies. Her work includes educating herself on medical facts and providing patients
7 with relevant facts that in her professional judgment are necessary for informed consent/refusal of
8 medical interventions.

9 8. Ms. Spencer does not have a written employment agreement with CMC, but rather is
10 a verbal hire. She currently works part-time for CMC, and part of her compensation includes
11 retention bonuses paid to both full-time and part-time employees in good standing.

12 9. Prior to becoming a whistleblower, Ms. Spencer was always an employee in good
13 standing who received her scheduled retention bonus along with her regular paycheck and good
14 scores on her annual evaluations by her direct supervisors. She was praised by colleagues and
15 management for her professional knowledge, skill, teamwork, compassion, positive attitude, good
16 rapport with patients and hospital staff, and similar qualities of an exemplary RN employee.

17 10. As a direct witness to CMC’s fraudulent concealment of workplace policy-related
18 deaths and injuries, Ms. Spencer has personal knowledge of the facts alleged herein.

19 11. She suffered tangible harm from CMC’s fraud, retaliation, and unfair business
20 practices as set forth herein.

21 12. Ms. Spencer has acted and is acting in the public interest, by exposing CMC’s
22 misconduct, including reporting internally to supervisors, complaining to regulators, and respecting
23 patient privacy while communicating essential facts and requested opinion with media outlets.

24 13. As a licensed nurse, Plaintiff serves in a fiduciary-like capacity to her patients, with
25 duties of honesty, competence, loyalty, and avoiding financial conflicts of interest. Congruent with
26 these fiduciary-like duties and the best interests of her patients, Plaintiff has diligently requested that
27 CMC formally and in good faith (1) investigate the exponential increase in unborn baby deaths and
28 patient injuries directly correlating with CMC’s workplace policies beginning in March 2021, and

1 continuing through the present, and (2) appropriately release to Plaintiff the statistically significant
2 CMC-wide data and analysis so that Plaintiff can best perform her fiduciary-like duty of honesty and
3 competence¹ to her patients.

4 **Defendant**

5 14. Defendant Community Health Systems dba Community Medical Centers (CMC) is a
6 California non-profit corporation headquartered in Fresno, California. Defendant was formerly
7 known as (including at relevant times identified in this Complaint as CMC or Defendant)
8 Community Hospitals of Central California. Defendant operates a regional healthcare network,
9 including the hospital Community Regional Medical Center (“CRMC”) in Fresno where Plaintiff
10 was employed. Community Provider Network is included in Defendant Community Health System’s
11 network to support and incentivize physicians. And the Community Provider Network division of
12 Community Health System also includes Defendant’s medical foundation Community Health
13 Partners. At all times relevant herein, CMC conducted business in Fresno County and exercised
14 direct control over CRMC’s policies, staffing, and patient care protocols. References herein to
15 Defendant or CMC are references to Community Health Systems.

16 15. Plaintiff is informed and believes that each and every one of the unlawful acts and
17 omissions alleged herein were performed by, approved by, ratified by, and/or attributable to,
18 Defendant CMC, through its officers, directors, managerial employees, agents, representatives,
19 contractors, and/or other employees, and that said acts and failures to act were within the course and
20 scope of said agency, representative capacity, contract, employment, and/or direction and control.

21 16. Plaintiff is informed and believes that CRMC is wholly-owned and operated by
22 CMC, and as such the policies and practices that affect the violations as alleged herein were
23 implemented and/or directed to be implemented by Defendant CMC in concert with CRMC. The
24 unlawful and/or violative practices of the hospital were overseen, approved, and/or directed to be
25 implemented by the owning and operating company.

26
27
28 ¹ Cal. Code Regs., tit. 16, § 1443.5.

17. Per Defendant's policies, similar unlawful and/or violative practices have been implemented at CMC's other owned and operated healthcare facilities.

18. At all relevant times, Defendant was Plaintiff's "employer" as used in Labor Code section 1102.5, and Defendant contributed to, and/or caused the damages to Plaintiff through the conduct of its agents, representatives, contractors, and/or employees.

19. DOES 1–20 are sued under fictitious names pursuant to Code of Civil Procedure § 474. Plaintiff is currently unaware of their true identities due to Defendant CMC’s concealment as alleged herein, but Plaintiff will amend this complaint upon discovery. These persons or entities may include, but are not limited to, executives, healthcare professionals, trade organization representatives, regulators, and/or researchers collaborating with Defendant to perpetuate the unlawful activity alleged herein.

JURISDICTION AND VENUE

20. This action arises under the common law, and the following statutory law: Civil Code § 1709, Labor Code § 1102.5, and Business and Professions Code § 17200.

21. This Court has jurisdiction to grant injunctive relief pursuant to Civ. Proc. Code § 526 and Cal. Civ. Code §§ 3422 and 3423.

22. The above-captioned court is the proper venue for this action, pursuant to Civ. Proc. Code §§ 393 and 395, in that Plaintiff's employment with Defendant and the alleged retaliation by Defendant took place in Fresno, within the jurisdiction of this Court. And Plaintiff's report to the California Department of Public Health (CDPH), as alleged below, occurred at the CDPH Fresno field office.

23. Jurisdiction is proper under Civ. Proc. Code § 410.10. The amount of damages sought herein qualifies the Court for jurisdiction in this unlimited civil case.

GENERAL ALLEGATIONS

Covid-19 Vaccination Changed Everything

24. Before Spring 2021, including during the first year of Covid-19 (February 2020 – February 2021), working on the third floor at CRMC was routinely straightforward and often calm for hospital staff. Contrary to the news reports about hospitals overrun with patients, CRMC had

1 regular or low patient populations during the first year of Covid-19. It was only upon CMC's
2 workplace policies of Covid-19 vaccine distribution, beginning in Spring 2021 and thereafter, that
3 CRMC's third floor was transformed into a constantly difficult and overrun hospital.

4 25. Indeed, prior to the public's Covid-19 vaccination beginning Spring 2021, Plaintiff
5 roughly estimated that CRMC's third floor units averaged about four unborn baby deaths per year, or
6 one or two per month. Whatever the exact number, staff considered that "normal" or the baseline.
7 Plaintiff's ability to estimate the number was limited to her personal observations, such as reviewing
8 her patient charts, conversations with patients and colleagues, and watching the boards that track
9 patients through the hospital units.

10 26. But beginning in Spring 2021 and thereafter, Plaintiff estimated CMC's fetal demise
11 rate spiked to approximately 4 per week—an exponential increase (between 767% to 5,100%) from
12 pre-2021 levels according to her rough estimate. Lacking access to a full data set (i.e., CMC-wide
13 medical records), Plaintiff could only estimate from her limited observation. And yet her observation
14 was not isolated because Plaintiff and colleagues observed that the spike in unborn baby deaths
15 (whatever the exact number) caused a nightmarish time at the hospital. Plaintiff would come to work
16 at CRMC Fresno and there would often be a dead baby (even if not on that day, recently enough to
17 be discussed by staff as current). Management circulated an email to staff about this matter that was
18 so shocking it could not be ignored. See Exhibit A – Record High Dead Babies Email. Not only did
19 the increase in unborn baby deaths occur, but mothers suddenly (beginning March 2021 and
20 continuing thereafter during the Covid-19 vaccine distribution to pregnant women per hospital
21 policies) began having more frequent and more significant health problems (i.e., vascular, clotting,
22 hemorrhaging) that did not occur prior to Spring 2021 based on Plaintiff's direct observations and
23 conversations with colleagues. For example, Plaintiff observed the rate of strokes became so high
24 that Defendant had to change policies by giving blood thinning medications to certain mothers for
25 stroke risk after delivering babies.

26 27. Over the course of 2021 it was becoming increasingly clear to staff that the data-
27 supported reason for the record high numbers of dead babies was that in Spring 2021 and thereafter,
28 CMC was aggressively promoting Covid-19 vaccines to pregnant women, including requiring

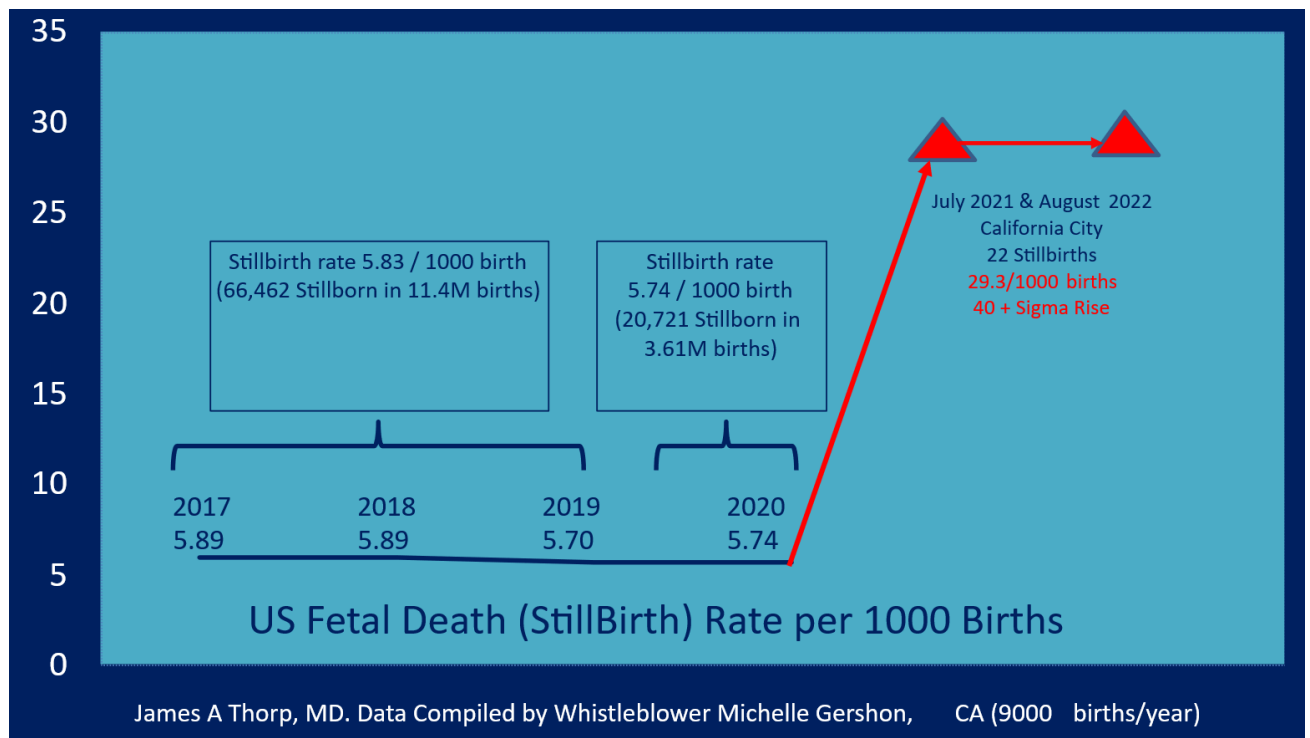
1 OBGYNs with hospital privileges (and their staff) to administer vaccines without knowing or
2 disclosing risks or benefits. The CMC staff on postpartum (where Plaintiff worked primarily) did not
3 give Covid vaccines, but was required by hospital policy to push other vaccines (i.e., flu, Tdap,
4 MMR) and other drugs such as birth control to moms, and Hep B and Vitamin K shots for newborns.
5 But again, the more frequent and more significant health problems in mothers and babies did not
6 occur prior to Spring 2021, based on Plaintiff's direct observations and conversations with
7 colleagues.

8 28. CMC leveraged its partnerships with organizations such as UCSF Fresno, California
9 Health Sciences University, and Inspire Health Group, to formulate and support strategies pressuring
10 patients into accepting Covid-19 vaccination and other vaccines it assumed must be "routine". For
11 example, on Oct 10, 2022, Dr. New Sang, a pediatrician who profited from Covid-19 vaccine
12 distribution, aggressively pushed Covid vaccines on all of his staff, CMC women's services staff,
13 and children in his practice, and he donated 2.5 million dollars to CMC. CMC hosted a press
14 conference for him in the picnic area outside of the hospital where they were praising him for being
15 the one of the first in the valley to give children the Covid vaccine. They called him a hero. The local
16 media was present.²

17 29. Julie Christopherson RNC, C-EFM is an RN Navigator for Perinatal Care &
18 Bereavement with CMC. Ms. Christopherson's responsibilities include managing the aftermath of
19 unborn baby deaths, speaking with families, and sending babies to the morgue. She is the author of
20 the Record High Dead Babies Email (Exhibit A). Ms. Christopherson aided CMC's unlawful activity
21 to conceal that vaccines caused the record high number of unborn baby deaths at CMC in 2021 and
22 thereafter. CMC gave Ms. Christopherson a special award for her efforts. Ms. Christopherson in turn
23 has declined to speak with Plaintiff because Ms. Christopherson disapproves of Plaintiff's
24 whistleblowing, and Ms. Christopherson has expressed bias against unvaccinated children and their
25 parents.

26 ² See e.g., <https://gvwire.com/2022/10/10/oh-baby-sang-family-donates-2-5m-to-upgrade-newborn-care-at-crmc/> ("More than 60% of Fresno county's babies- about 10,000 each year – are born at the
27 system's two hospitals."). Compare <https://www.communitymedical.org/specialties-and-departments/labor-and-delivery> ("more than 60% of Fresno County's babies — about 8,000 each
28 year — are born at Community.")

30. While investigating Plaintiff's whistleblowing in 2022, Ms. Christopherson examined CMC's data and observed that nearly all of the unborn baby deaths at CMC hospitals, beginning Spring 2021 and through the present, occurred in Covid-19 vaccinated mothers. Ms. Christopherson verbally shared this statistic (comparing vaccinated to unvaccinated) with at least one colleague, who then shared the statistic with Plaintiff. Plaintiff's need for the information was to ensure competent performance of RN duties. The number of unborn baby deaths at CMC hospitals in Covid-19 unvaccinated mothers, beginning Spring 2021 and through the present, consistently matched the same lower background rate as 2020 and previous years. James A. Thorp, MD, an OB/GYN physician, produced the following graph to assist Plaintiff in illustrating the important data:



31. To professionals and reasonable observers, such a plain observation exposes Covid-19 vaccination as causative of unborn baby death, or provides such a high correlation as to warrant immediate and formal investigation. This conclusion is further supported by evidence of significant injuries among Covid-19 vaccinated mothers and their children born at CMC hospitals. Multiple safety signals were triggered at CMC hospitals, and yet all of the signals were dismissed by CMC management in order to perpetuate the fraud and unethical business practices as alleged herein.

1 32. In addition to the record high number of unborn baby deaths, Plaintiff observed
2 spikes in countless other injuries to mothers and babies, especially cardiovascular. At the same time
3 (beginning Spring 2021 and thereafter), the neonatal intensive care unit (NICU) on the fourth floor
4 also experienced such dramatic spikes in injuries that the patient population nearly doubled. CRMC
5 was forced to take extraordinary measures to keep up with patient demand. From direct observation
6 and conversations with colleagues after March 2021, Plaintiff learned of increasing numbers of
7 babies being born at CMC with conditions such as missing fingers and toes, heart murmurs, and
8 jaundice. For example, after March 2021 CMC raised the threshold (effectively changing the
9 definition) for jaundice because so many babies had high bilirubin. As another example, Plaintiff
10 observed an alarming increase in babies with respiratory issues.

11 33. Defendant CMC's top executives knew the post-Covid vaccination poor health trends
12 were happening throughout its hospital system. For example, it was common knowledge in the
13 medical industry that NICUs were mostly calm during the year 2020 (the first year of Covid-19), but
14 hospitals sought to expand their NICUs immediately after the Covid-19 vaccine rollout in 2021 and
15 thereafter while mothers were being Covid-19 vaccinated. For financial gain, Defendant
16 intentionally and actively concealed that Covid-19 vaccines were the cause of the increased demand
17 on its hospitals. Defendant's financial statements³ show such increased demand in the form of record
18 high financial gains. Defendant received the financial benefit of their policies to push vaccination
19 and conceal injuries, and externalized the cost of those policies onto patients and healthcare
20 professionals such as Plaintiff trying to protect her patients.

21 34. CMC's medical records of unborn baby deaths and patient injuries include the
22 reported vaccination status of all patients (injured, uninjured, deceased, and living). Consequently,
23 CMC has statistically significant data equivalent to a control group comparison of vaccinated versus
24 unvaccinated patients. As alleged herein, CMC analyzed such data and concealed both the data and
25 CMC's internal analysis because the data unmistakably shows vaccines cause greater harm than
26 benefit to pregnant women and their babies.

27 _____
28 ³ See e.g., Form 990s and audit documentation at
<https://projects.propublica.org/nonprofits/organizations/941156276>

35. In the beginning of the Covid-19 pandemic and vaccine rollout, Plaintiff relied upon and was in harmony with Defendant's pro Covid-19 vaccine messaging. For example, Plaintiff and her mother bought supplies and spent countless hours during the day and night making over 2,000 handmade masks and donating masks to hospitals including CRMC and Clovis Community, and to staff such as nurses. Plaintiff could have made more money as a travelling nurse but remained loyal to Defendant, evidencing reliance on Defendant's transparency and promises. It was only upon the release of the Record High Dead Babies Email in September 2022 that Plaintiff's suspicions were confirmed. Prior to September 2022, and in reliance on Defendant's false representations about Covid-19 vaccine safety for pregnant women, Plaintiff incurred substantial out-of-pocket expenses that Plaintiff would not have incurred but for her reasonable reliance, including but not limited to:

- thousands of dollars in nurse education expenses (including for example educational materials in print and online; and in person research costing gas money and childcare expenses) where Plaintiff followed the misdirection of management (as Plaintiff spent her own funds to educate herself on matters highlighted by Defendant including Covid-19) as the cause of miscarriages, in order to perform her work responsibilities; and
- hundreds of dollars for approximately five extra scrubs and two extra pairs of shoes to be used at the hospital, as she was instructed by management to fear and focus on Covid-19 as the threat while told the Covid-19 vaccine was the cure.

Plaintiff's economic losses are particularly significant as she lives paycheck-to-paycheck, and the money could have been spent elsewhere to help her family, especially now that she is a widow and has three children to raise alone.

Plaintiff does not seek compensation for any physical or medical injury caused by the administration or use of any Covid-19 vaccine or other covered countermeasure. The injuries and losses are employment-based only, and not from the direct receipt or administration of a covered countermeasure to Plaintiff.

Whistleblower Retaliation

36. Immediately after receiving the Record High Dead Babies Email, Plaintiff preserved the evidence of Exhibit A with multiple independent news sources, and repeatedly called for

1 investigation of vaccine causation in her conversations with CMC management. Specifically, there
2 were multiple clinical supervisors with whom Plaintiff discussed the Record High Dead Babies
3 Email in order to escalate an investigation into vaccine causation. Plaintiff reasonably believed such
4 managers had authority to formally investigate or escalate investigation through the chain of
5 management. For example, with her supervisors Plaintiff utilized emphatic language (i.e., “what the
6 heck is going on, why are these babies dying?!”) while continuing to emphasize her point that the
7 increase in dead babies was abnormal and that management needed to investigate vaccine causation.
8 Plaintiff suggested the Covid vaccines as causative but was gaslit by management who continued to
9 make unsubstantiated excuses such as “pesticides” as a more likely cause of the record high dead
10 babies at CMC. Plaintiff diligently followed the standards of ethical whistleblowing and therefore
11 did not violate hospital rules.

12 37. After CMC learned (on October 18, 2022) of Plaintiff’s lawful preservation of
13 evidence with the media, CMC immediately commenced a biased investigation into Plaintiff to
14 concoct a way to silence Plaintiff and any of her colleagues who might also be inclined to become
15 whistleblowers or otherwise support Plaintiff.

16 38. On or about December 7, 2022, Plaintiff met yet again with CMC management to
17 discuss the whistleblowing. CMC showed no interest to Plaintiff in investigating the cause of the
18 dead babies, which prompted Plaintiff to ask management directly, ‘Why are you investigating me
19 and not the reason the babies are dying?!’ CMC management fabricated threats of HIPAA violation
20 even though CMC knew that Plaintiff shared no confidential patient information but only aggregate
21 data (deidentified statistical facts). CMC’s disinterest in conducting a good faith investigation into
22 the cause of the dead babies, and to silence and isolate Plaintiff, is further evidenced by CMC’s
23 failure to conduct interviews of healthcare professionals with personal knowledge corroborating
24 vaccination as the cause of death, and failure to report on any rigorous examination of medical
25 records.

26 39. On December 22, 2022 Plaintiff sent an email to management with CMC Human
27 Resources to reiterate her complaint that CMC was wrongly investigating Plaintiff for
28 whistleblowing rather than investigating the cause of death for the unborn babies:

1 “I would like to state my concerns, in writing, for patient health and safety at our
2 hospital, and with a focus on the impact that the Covid vaccines appear to have on
3 unborn babies. I received that email from Julie C. on September 8th, 2022, addressed
4 to the nurses in the obstetrics department including me. It confirmed that we are in
5 possession of information indicating that the vaccines are potentially responsible for
6 the deaths of our patients’ babies in utero. It explained that there was a record number
7 of fetal demises in August alone. Before the vaccines came out around March 2021,
8 we seemed to have 1 to 2 fetal demises per month, based on my observations. The
9 hospital has an obligation to investigate these deaths to determine whether there is a
10 correlation to the vaccination campaign. At a minimum, each fetal demise should be
11 reported in the VAERS system, and it is my understanding that these demises have
12 not been reported.

13 “I would like to add that medical professionals have a responsibility to provide
14 informed consent to each of our patients. Patients are supposed to be given
15 information necessary, such as true risks versus benefits to receiving a drug and they
16 should have a choice based on non-biased information to decide whether or not to
17 take the vaccines. The hospital’s interest in promoting the vaccinations should not
18 override the informed consent of the patients, and I think it is the hospital’s obligation
19 to vigorously investigate the link between the vaccination campaign and the striking
20 rise in fetal demise, to make sure that our patients are fully informed of the risks.

21 “I realize that I am being investigated by the hospital because I have reported the
22 increase in fetal deaths as reported in the email. As I said at the meeting on December
23 9th, 2022 with the human resources team, I believe that it is the hospital’s
24 responsibility to investigate and report on the underlying concerns. At that meeting, it
25 was not clear to me that the hospital is undertaking that investigation, so I wanted to
26 make sure that you were aware of this, so that the hospital can undertake necessary
27 measures to look into this extremely serious situation involving the health and
28 wellbeing of our patient population.”

40. CMC management responded the same day, “Thank you for the information. I have
escalated it to my leadership.”

41. CMC then prepared a nondisclosure agreement (NDA) and a document dated
December 20, 2022, titled Final Written Warning, incorrectly claiming that Plaintiff violated
hospital policies by whistleblowing, and falsely claiming Plaintiff endangered patient privacy by
whistleblowing. Plaintiff was asked to sign without having time to read the documents. Plaintiff
declined and instead signed the Final Written Warning on January 20, 2023 to acknowledge receipt,
and Plaintiff did not sign the NDA.

42. CMC’s retaliatory action included, but was not limited to, denying Plaintiff her
earned \$5,000 retention bonus in December 2022 by claiming she was no longer in good standing

1 because of her whistleblowing in the form of evidence preservation and calls for investigation to
2 supervisors and publicly to reach authorities (thereby creating accountability upon CMC
3 management that was gaslighting her).⁴

4 **Workplace Environment Adverse to Whistleblowing**

5 43. At all relevant times, CMC intentionally maintained the workplace environment to be
6 illogically and dogmatically supportive of every vaccine, rather than being driven by data and
7 observation. CMC management, including the CEO, marketed and self-promoted the organization's
8 commitment to data-driven decision-making, when in reality CMC's decisions on vaccines were
9 driven by financial gain rather than CMC's medical data.

10 44. This work environment ensured raw deference to select authorities promoting and
11 selling vaccines including but not limited to Covid-19, Hep B, flu, pneumonia, Tdap, and MMR.
12 Consequently, CMC made willful decisions to conceal and suppress its own data and observations
13 exposing the actual risk versus benefit of pharmaceutical products causing greater patient harm than
14 benefit. CMC's decisions for financial gain included institutionally perpetuating a "pro-vaccine"
15 "pro-pharma" reputation at an externalized cost, including the cost of babies killed by vaccines. Such
16 reputation was leveraged by CMC to ensure its ongoing and future contract opportunities and
17 pharmaceutical-based financial gain, including but not limited to, contracts and funding from the
18 University of California, San Francisco, and access to the CDC's Vaccines for Children Program.⁵

20 ⁴ CMC's applicable Employee Retention Guidelines state, "Only employees who were eligible to
21 receive the first retention incentive will be eligible to receive the second incentive, provided they meet
22 the following criteria: ... Employees who have or receive a Final Written Warning within 6 months
of either payment, are not eligible for the respective retention incentive."

23 ⁵ Participation in the VFC program is effectively mandatory for CMC's pediatricians who serve
24 Medicaid populations. In California, pediatricians (and family practice physicians) who treat Medicaid
25 patients must enroll in the VFC program to be eligible to provide Medicaid-covered vaccines. Under
26 the VFC program, with financial gains to CMC, pediatricians are required to administer all vaccines
27 listed on the CDC's vaccine schedule to eligible children, with narrow exceptions. Providers may not
28 charge patients for vaccines supplied through VFC, and purchasing vaccines privately for Medicaid
patients is financially infeasible because patients' families cannot be billed. As a result, termination
by VFC, or a physician's inability to order vaccines from the VFC program effectively eliminates a
physician's ability to provide vaccines to Medicaid-eligible children through CMC, which is a core
aspect of primary care per CMC policies. States like California require participation in the program as
a condition to provide Medicaid-covered vaccines.

1 Examples of CMC's illogical and dogmatic workplace environment include but are not limited to
2 excessively monitoring and investigating employees who questioned administration of vaccines, and
3 then insulting and denigrating the employees based on appeal to authority rather than data and
4 observation. In these actions Defendant actively disrespected Plaintiff's ethical obligation as a nurse
5 to 'Do No Harm'.

6 45. Therefore, when Plaintiff became a whistleblower by releasing the Record High Dead
7 Babies Email, and then speaking to supervisors and on independent news podcasts afterward in the
8 following months about CMC forcing nurses to give vaccines, CMC retaliated against Plaintiff by
9 downgrading Plaintiff's employee standing from good to corrective, thereby removing her earned
10 bonus, and sending a message to staff: 'whistleblowers will be punished'.

11 46. Plaintiff and her colleagues are keenly aware of CMC's bias in favor of vaccines and
12 against the unvaccinated. To illustrate CMC's unethical and unscientific bias in favor of vaccines to
13 perpetuate its fraud as alleged herein, based on her years working at CRMC and speaking with
14 colleagues, Plaintiff reasons as follows: if hypothetically about one-half of pregnant women in
15 Spring 2021 and thereafter began receiving injections of a *vitamin* promoted by naturopathic doctors
16 within the Community Provider Network, and if CMC immediately observed > 400% increase in
17 unborn baby deaths together with the vitamin rollout and uptake, CMC would have *immediately*:

- 18 a. thoroughly interviewed its healthcare professionals with personal knowledge of
19 the matter, and documented the interviews;
- 20 b. supported and defended any of its healthcare professional employee
21 whistleblowers with the courage to engage in the professional and protected
22 conduct of whistleblowing;
- 23 c. conducted a control group study of its medical records databases (comparing
24 vitamin injected mothers to un-injected) to confirm the vitamin as causative;
- 25 d. reported the control group findings (redacted of personally identifiable
26 information) to regulators and staff to ensure that pregnant mothers no longer
27 receive the deadly vitamin injections;

- e. cooperated with regulators to encourage and assist their investigations and any prosecutions;
- f. taken additional necessary and appropriate steps to inform patients of the deadly vitamin injections;
- g. worked with the press and the public to issue appropriate statements to protect and serve the community's health; and
- h. accepted awards and accolades for a job well done protecting pregnant women and babies from the deadly vitamin injections.

However, because in reality the deadly injection is a vaccine, and not a vitamin, CMC shut down the entire good faith investigation and reporting process, and supplanted it with a fraudulent cover-up that perpetuated its vaccine-driven financial gains, as alleged herein.

Sabotaging The Regulators

47. On or about May 5, 2023, Plaintiff contacted the California Department of Public Health (CDPH) in person with the information she learned in Exhibit A (Record High Dead Babies Email), and an explanation of CMC's retaliation against her for whistleblowing. CDPH instructed Plaintiff to submit a statement in writing, which Plaintiff did on May 5, 2023, as follows: "CRMC has data where they found a correlation between mothers given the Covid vaccine while pregnant and a 450% increase in fetal demises. There used to be 1 fetal demise per month at the hospital, but after March 2021, there was an average of 20 fetal demises every month. I was harassed after I spoke out about this public safety issue and denied a retention bonus (\$5,000) for being a whistleblower. My boss said this is Nationwide and that its not just happening at CRMC."

48. CMC then provided false information to CDPH that the record high unborn baby deaths at CMC was not caused by aggressive Covid-19 vaccine policies. This is evidenced, for example, by the absence of Covid-19 vaccine information in the regulator's file provided by public records request to Plaintiff, together with Plaintiff's conversations with un-interviewed supervisors and colleagues (including but not limited to the existence of the vaccinated versus unvaccinated data comparison and analysis by management; and the ever-increasing discussion among staff that Covid-19 vaccines are causative of the fetal demises but that CMC will punish those who speak about it),

1 and the regulator's failure to conduct a good faith investigation that the true vaccinated versus
2 unvaccinated comparison data (uniquely possessed and withheld by Defendant) would necessitate.

3 49. CDPH responded by telephone only to Plaintiff, on or about May 31, 2023. CDPH
4 provided no substantive information regarding the record high unborn baby deaths at CMC, nor any
5 investigation or other regulatory action. Plaintiff diligently and patiently waited for CDPH to
6 perform its investigative and regulatory duties, but the matter was uninvestigated by CDPH and
7 concealed by CMC.

8 50. For example, CDPH provided Plaintiff with no evidence of compliance with Health
9 and Safety Code § 1279.2, especially subsection (d), "The department shall notify the complainant
10 and licensee in writing of the department's determination as a result of an inspection or report."

11 51. CMC is aware that Health & Safety Code § 1279.2 imposes mandatory, non-
12 discretionary duties on CDPH to:

- 13 a. Conduct immediate onsite inspections within 48 hours or two business days of
14 receiving any report or complaint indicating an "ongoing threat of imminent
15 danger of death or serious bodily harm" [§ 1279.2(a)(1)];
- 16 b. Complete investigations within 45 days of receiving such reports or complaints [§
17 1279.2(b)];
- 18 c. Provide written notice of its determination to both the complainant and the
19 licensee [§ 1279.2(d)]; and
- 20 d. Document extenuating circumstances if it fails to meet these deadlines [§
21 1279.2(c)].

22 52. CMC is aware that Health & Safety Code § 100325 further requires⁶ CDPH to:

- 23 a. Conduct "special investigations" into sources of morbidity and mortality affecting
24 public health; and

25
26 ⁶ Health & Saf. Code, § 100325 states, "The department shall cause special investigations of the
27 sources of morbidity and mortality and the effects of localities, employments, conditions and
28 circumstances on the public health and the department shall perform other duties as may be required
in procuring information for state and federal agencies regarding the effects of these conditions on
the public health."

1 b. Collect and report data on conditions impacting public health to state and federal
2 agencies.

3 53. Plaintiff's complaint to CDPH unequivocally demonstrated an "ongoing threat of
4 imminent danger of death or serious bodily harm" under § 1279.2(a)(1). For example, unborn baby
5 deaths constitute "serious bodily harm" under California law. And CMC-wide data showed a
6 statistically significant over 400% spike in unborn baby deaths immediately after Covid-19
7 vaccination of pregnant mothers, which was an unprecedented safety signal that reasonable
8 regulators would understand warrants immediate public health investigation.

9 54. The cause (vaccines) was ongoing and unaddressed by CMC. CMC actively utilized
10 its special influence, in violation of its fiduciary duties to patients, to prevent "special investigation"
11 into the sources of mortality (vaccine-induced unborn baby deaths) at CMC, despite Plaintiff's
12 whistleblowing report providing probable cause and data uniquely available to CMC confirming the
13 highly likely, if not certain, cause as Covid-19 vaccination. This is evidenced, for example, by the
14 absence of Covid-19 vaccine information in the regulator's file provided by public records request to
15 Plaintiff, together with Plaintiff's conversations with un-interviewed supervisors and colleagues
16 (including but not limited to the existence of the vaccinated versus unvaccinated data comparison
17 and analysis by management; and the ever-increasing discussion among staff that Covid-19 vaccines
18 are causative of the fetal demises but that CMC will punish those who speak about it), and the
19 regulator's failure to conduct a good faith investigation that the true vaccinated versus unvaccinated
20 comparison data (uniquely possessed and withheld by Defendant) would necessitate.

21 55. CMC is aware that CDPH's duty is ongoing (e.g., to investigate under §§ 1279.2 and
22 100325), as is CMC's fraudulent scheme. CDPH has never clearly and unequivocally refused to act,
23 because it has not substantively communicated with Plaintiff. On or about May 31, 2023, Plaintiff
24 received a call from a representative of CDPH who said essentially that CDPH investigated and
25 found that the hospital was not doing anything outside of hospital policy. CDPH declined to follow-
26 up in writing with Plaintiff or provide details.⁷

27 ⁷ On June 25, 2025, Plaintiff learned for the first time that CDPH closed its investigation into Plaintiff's
28 complaint stating, "Your complaint regarding Community Regional Medical Center was closed due
to unsuccessful attempts to contact you." Plaintiff immediately responded by email to CDPH the same

1 56. Defendant provided false medical information to CDPH (including but not limited to
2 concealing vaccination as the cause of death of unborn babies) with regard to patient records, in
3 violation of Defendant's fiduciary duty to patients, in order to induce CDPH to reject Plaintiff's
4 report and cease CDPH's statutory responsibilities.

5 57. Defendant knew that Plaintiff needed accurate medical information to perform her
6 RN responsibilities for her patients. CMC's concealment of material facts was an active sabotage of
7 CDPH's investigation and reporting, in order to perpetuate the intentional misrepresentations and
8 unethical business practices alleged herein. CMC consummated the fraud by inducing CDPH to
9 reject Plaintiff's report and cease CDPH's statutory responsibilities. Consequently, CMC made
10 record high financial gains commensurate with record high dead babies.

11 58. CMC has legal obligations to report unborn baby deaths to the State of California,
12 and such reports are aggregated into searchable statistical databases.⁸ On or about May 8, 2025,
13 Plaintiff met with the Fresno County Board of Supervisors. And on June 6, 2025, Supervisor Nathan
14 Magsig provided Plaintiff with a Table titled "Registered Fetal Deaths by Year, County of Fresno",
15 from the CDPH's records of the California Comprehensive Fetal Death Profile ("CCFDF"), accessed
16

17 day, "That is a lie. I received a call from a woman on 5/31/23. I can find the name because I wrote it
18 down. She said that they investigated and found that the hospital wasn't doing anything outside of their
19 policy. I wrote this down in my notes so to tell me that couldn't get a hold of me is a complete lie.
There should be some documentation somewhere of me coming in and if it was deleted or closed
without notifying me, then I will need to report to someone above CDPH."

20 ⁸ Cal Health and Safety Code §§ 102950 - 102970 provide the procedures applicable to CMC for
21 preparation of unborn baby death certificates. See e.g., Health & Saf. Code, § 102955 ("A funeral
22 director, or if there is no funeral director, the person acting in lieu thereof, shall prepare the
23 certificate and register it with the local registrar.") And see
24 <https://information.auditor.ca.gov/pdfs/reports/2023-110.pdf> ("Although state law requires a funeral
25 home to "prepare" the fetal death certificate and register it with the local registrar, these provisions
26 do not mandate which entity—whether hospitals or funeral homes—is responsible for starting the
27 process. In some cases, the hospital where the fetal death occurred will start a new fetal death
28 certificate and enter the necessary medical information into the certificate. Sometimes, the family's
chosen funeral home will be the party to start the new certificate and then work with the hospital
where the fetal death occurred to obtain the necessary medical information. In the relatively rare
cases in which state law requires a coroner to investigate a fetal death, the coroner is generally the
party that starts the new fetal death certificate.... After a local registrar registers a fetal death, the
registrar forwards the fetal death certificate to the California Department of Public Health (CDPH),
which is responsible for registering, maintaining, and issuing certified copies of records of all
California births and deaths.")

June 3, 2025. The CCFDF Table shockingly underreports the actual number of unborn baby deaths in Fresno County. And the CCFDF Table is further inaccurate by claiming that every death every year is not vaccine related. The CCFDF Table directly contradicts the information in the Record High Dead Babies Email, and in CMC's medical records. Defendant CMC is aware of CDPH's false reporting to the public, and CMC willingly perpetuates the fraud in order to conceal their unlawful activity for financial gain.

59. Rather than support Plaintiff with evidence, Defendant CMC undermined Plaintiff's complaint to sabotage the California Department of Public Health complying with its statutory duties to conduct a good faith investigation and agency report. Defendant suppressed the information in the Record High Dead Babies Email so that further corroborating information in CMC-wide databases would remain concealed. Consequently, CDPH misrepresented life-altering data that concealed vaccine danger to pregnant women and babies. Defendant's policy of silence was to reject vaccine causation of fetal demise (including to reject potential causation and inquiry) and to wrongly misdirect postpartum mothers that something went wrong during their pregnancy that led to the fetal death. The mothers were not being told the truth. They were left confused and grief stricken and without answers while Defendant concealed the truthful answers about vaccine risk that would have saved the babies and mothers and allowed nurses like Plaintiff to properly care for these patients.

60. An injunction must issue to effectuate a good faith and independently verified collection and analysis of Defendant CMC's medical databases concerning the unborn baby deaths for the period in question, to ensure accurate reporting to agencies and others (such as Plaintiff) who rely upon such statistical information in the performance of ongoing professional duties regulated by law.

FIRST CAUSE OF ACTION
Fraud
(Common Law -- Concealment, Deceit, False Representation)
(Civil Code § 1709)

61. Plaintiff realleges all paragraphs above as though fully set forth herein.

62. Civ. Code, § 1709 states, "One who willfully deceives another with intent to induce him to alter his position to his injury or risk, is liable for any damage which he thereby suffers." And

1 the next section of the Civil Code states at § 1710, “A deceit, within the meaning of the last section,
2 is either: 1. The suggestion, as a fact, of that which is not true, by one who does not believe it to be
3 true; 2. The assertion, as a fact, of that which is not true, by one who has no reasonable ground for
4 believing it to be true; [or] 3. The suppression of a fact, by one who is bound to disclose it, or who
5 gives information of other facts which are likely to mislead for want of communication of that fact”.⁹

6 63. At all relevant times alleged herein, Defendant was the employer and supervisor of
7 Plaintiff and under a special duty to disclose to Plaintiff the extraordinary risk to Plaintiff’s safety,
8 RN license, and reputation, which risk Defendant created by intentionally concealing the vaccine-
9 correlated medical data on baby deaths that exposed Covid-19 vaccination as a deadly medical
10 intervention for CMC financial gain. Such data was maintained for all CMC hospital facilities and
11 therefore included but was not limited to patient injuries and deaths in Plaintiff’s patient population
12 of mothers and babies on the third floor at CRMC. The scientific and professional utility of such
13 CMC-wide data is based on the large population size (cohort). Such data was and is material and
14 statistically powerful enough to confirm or change the policies that Defendant required Plaintiff to
15 follow. At all relevant times Defendant represented to Plaintiff that Covid-19 vaccines were safe for
16 Plaintiff’s patient population, but Defendant knew it was false when Defendant reviewed the above-
17 referenced data. Defendant perpetuated the ‘safe and effective’ deception by misdirection, disclosing
18 in detail other information about Covid-19 and the vaccines. Defendant concealed the above-
19 referenced data from Plaintiff to prevent Plaintiff and her colleagues from learning the true risk to
20 CMC’s pregnant patients. Defendant intended that Plaintiff rely on Defendant’s misrepresentations,
21 as set forth herein. Had the truth (data and analysis comparing vaccinated to unvaccinated) been
22 promptly disclosed, Plaintiff would not have incurred the losses and injuries as set forth herein, but
23 rather Plaintiff would have been promptly supported to fulfill her professional responsibilities as a
24 registered nurse to her patients. As such, Defendant’s intentional concealment of the data and
25 analysis proving the Covid-19 vaccines were unsafe for Plaintiff’s patients was a substantial factor in
26 causing Plaintiff’s harm as set forth herein.

27 _____
28 ⁹ Civil Code §§ 1709 and 1710 are recognized as continuations of the common law. (*Mirkin v.*
Wasserman (1993) 5 Cal.4th 1082, 1091-1092).

1 64. Plaintiff witnessed firsthand the exponential increase in unborn baby deaths directly
2 correlating with pregnant women who received a Covid vaccine and then would deliver a dead baby
3 a close number of days or weeks following their injection. CMC's aggressive promotion of Covid-19
4 vaccines to pregnant women beginning in Spring 2021 (including but not limited to CMC's
5 obstetrics doctors working for the hospital in their own clinic with hospital privileges), and
6 continuing through the present with aggressive vaccine promotional activities by CMC.

7 65. Part of Plaintiff's work flow when receiving a patient is to check their vaccines status
8 (i.e., flu, pneumonia, MMR, and TDAP) and if the patient is not following the hospital's vaccine
9 schedule, the hospital staff are ordered to attempt to give the vaccine before the patient discharges.
10 Of course, these women are allowed to refuse but the healthcare workers are instructed by the
11 hospital to sell or persuade the women on the vaccines with slogans such as "They're safe and
12 effective and you're not up to date, so you are not fully protected from the disease." Most of the
13 women get "up to date" because of raw fear, and they are not informed of the true risks of the
14 vaccinations.

15 66. CMC as an artificial entity cannot experience personal safety risk, but rather personal
16 safety risks are externalized to CMC staff, such as Plaintiff, for whatever role they served in CMC's
17 unlawful and fraudulent conduct alleged herein, namely that CMC knew the Covid-19 vaccine was
18 killing babies in the womb, CMC willfully concealed the data in order to continue its financial gain
19 and "pro-vaccine" environment, and CMC deceptively encouraged staff to inform family members
20 the cause of their baby's death was not the vaccine but rather suggest another cause, such as the
21 family's poor health, genetics, pesticides, food, or a virus. Consistent with her legal obligations (i.e.,
22 privacy law), Plaintiff's role has been to tell the available truth about the babies' likely cause of
23 death, and to share factual information with patients about vaccine danger. Plaintiff has greatly
24 desired to quit employment at CMC, but is respecting the wish of her mother Christine Spencer
25 before she died, 'do not quit, Michelle, because those babies need you, and you're saving them.'¹⁰
26 Christine Spencer died November 29, 2021.

27 _____
28 ¹⁰ Plaintiff loves taking care of mothers and babies as an RN and her dream is to run a wellness clinic
unbeholden to pharmaceutical interests. Plaintiff believes that by continuing to work at CRMC she is

1 67. Defendant breached its duty to Plaintiff by purposefully and intentionally concealing
2 or suppressing material facts including, but not limited to, the following:

- 3 a. CMC-wide data on the record high numbers of baby deaths caused by vaccination
4 policies approved by CMC;
- 5 b. CMC's executive-level decision to perform no formal or credible investigation
6 into the record high numbers of baby deaths caused by vaccination policies
7 approved by CMC;
- 8 c. CMC's executive-level cover-up, including but not limited to evidence
9 suppression and public relations strategies, regarding the record high numbers of
10 baby deaths caused by vaccination policies approved by CMC; and
- 11 d. CMC's financial conflicts of interest to promote and sell vaccination eviscerated
12 the professional, fiduciary, moral, and ethical duties to protect pregnant mothers
13 and babies from vaccine injury.

14 68. Defendant breached its duty to Plaintiff by purposefully and intentionally making
15 false representations as set forth above. Plaintiff has relied to her detriment on Defendant's
16 misrepresentations, as set forth herein, including but not limited to being pushed into silence and
17 isolation by management, and sabotaged by her employer when communicating with regulators.

18 69. Defendant was uniquely positioned to exclusively possess facts relating to the above-
19 described vaccine risks in the Fresno population cohort and Plaintiff's workplace conditions and
20 dangers, and Defendant knowingly and purposefully misrepresented and concealed such facts from
21 Plaintiff. Lacking access to the data and tools to analyze it, Plaintiff was reasonably unaware of the
22 true and accurate danger to herself and her patients caused by Defendant's misrepresentations and
23 concealment. Defendant is still intentionally misrepresenting and concealing these dangers,
24 preventing Plaintiff and her patients from assessing the true liability and outright horror that
25 Defendant misrepresents and conceals for financial gain. Such ongoing misrepresentation and
26 concealment prevent Plaintiff from proactively taking precautionary measures to protect her patients,

27 _____
28 saving lives, by informing her patients of the dangers of vaccines. CMC has tried to silence Plaintiff,
but Plaintiff trusts in God to give her strength to stand against the powerful corporate Defendant.

1 safety, RN license, and reputation necessary to properly and ethically serve the community and
2 perform her job. Becoming a whistleblower, and now the plaintiff in this case, is Plaintiff's
3 reasonable proactive response to Defendant's ongoing misrepresentations and concealment.

4 70. The concealed data was material to Plaintiff's professional duties, including her
5 obligation to provide informed consent/refusal to patients, assess medical risks, and advocate for
6 patient safety. If Defendant would cease concealing the true extent of vaccine-related unborn baby
7 deaths, Plaintiff would be in a position to properly provide informed consent/refusal and serve
8 patients consistent with her obligations. See footnote 1. Currently, Plaintiff estimates from
9 observation the babies at CRMC are still dying at the alarmingly high rate of approximately 20 per
10 month in the vaccinated population. Plaintiff has observed that mothers who deliver now have
11 received more vaccines during pregnancy than ever before, including Flu, Tdap, Covid-19, and
12 HPV. For example, Plaintiff has observed mothers harassed by Defendant's policies to take the
13 Tdap vaccine at 28 weeks gestation and then many mothers deliver quickly and prematurely after
14 that, and Defendant has no interest in investigating this either, despite Plaintiff's ongoing pleas with
15 management.

16 71. Plaintiff has observed a sharp double standard from Defendant, whereby Defendant
17 investigates informed refusal of vaccines but not vaccine injury. For example, a patient family
18 member (not a patient) complained about Plaintiff educating a mother (Plaintiff's patient) with
19 scientific facts about Hep B risk, and in response Plaintiff's supervisor said that Defendant would
20 follow up with CDPH within 30 days. When the supervisor asked Plaintiff what happened, Plaintiff
21 explained that Plaintiff gave informed consent to the patient about Hep B and the patient didn't want
22 the vaccine. So a family member (not the patient) complained. Without identifying any false
23 statements made by Plaintiff, Plaintiff's supervisor summarily sided with the family member, as the
24 supervisor said something to the effect of, 'It's not about your beliefs Michelle, it's about what is
25 required of you per your institution.' Plaintiff told the supervisor the Hep B scientific facts and
26 asked 'why is it that I complain about dead babies and no one bats an eye but some family member
27 complains about informed consent in vaccination and then I get investigated almost immediately?'
28

1 72. Plaintiff reasonably maintains that patients have a right to transparency and true
2 informed consent/refusal. For example, on the MAR, when Plaintiff scans the Hep B vaccine, she is
3 prompted 'Education provided by RN or MD?' and then Plaintiff selects yes after providing
4 informed consent/refusal to the best of her ability and despite Defendant's policies to withhold from
5 Plaintiff the vital data on patient outcomes, comparing vaccinated to unvaccinated, that would
6 corroborate Plaintiff's complaints to management about vaccine causation, and allow Plaintiff to
7 properly care for and protect patients, to avoid Plaintiff's employment-based injuries and losses
8 alleged herein.

9 73. Per written policies, CMC executives received internal reports (such as the 'Record
10 High Dead Babies' Email, and Plaintiff's December 22, 2022 email) confirming the spike in unborn
11 baby deaths post-vaccination. Despite this, CMC directed staff to continue promoting vaccines
12 without disclosing CMC-known risks, demonstrating willful intent to deceive both employees and
13 patients.

14 74. By expending out of pocket costs, and also continuing to perform her responsibilities
15 at work to care for her patients on the third floor, Plaintiff has actually and justifiably relied to her
16 detriment on Defendant's misrepresentations that the vaccines were 'safe and effective' for pregnant
17 women. Plaintiff relied on her employer to maintain accurate medical records (i.e., to maintain
18 correct medical diagnoses of vaccine injury and death), so Plaintiff has been actively hindered in her
19 efforts to provide informed consent/refusal and treat patients consistent with her obligations (see
20 footnote 1), and this caused harm (and is a source of ongoing harm) to Plaintiff, and was a
21 substantial factor, in the form of extraordinary risk to Plaintiff's safety, RN license, and reputation.
22 These risks are not hypothetical, but rather actual risks that have already manifested in various
23 measures as set forth herein.

24 75. Defendant has investigated Plaintiff for attempting to educate patients about informed
25 refusal, and called Plaintiff into the manager's office on pretense in order to scold Plaintiff for same.
26 The adverse effects of Defendant's intentional misrepresentations reverberate into the present day, as
27 Plaintiff interacts at work and in the community with the patients and family members of patients her
28

1 employer clandestinely killed and injured.¹¹ Wearing her required work uniform, and not afforded
2 the time or opportunity to explain, Plaintiff is unable to escape the daily personal safety risk and
3 reputational damage caused by Defendant's intentional misrepresentations. For example, when
4 Plaintiff walks into the hospital in the morning, she often reminds herself, "As I walk through the
5 valley of the shadow of death, I will fear no evil." If Defendant had truthfully and transparently
6 investigated and disclosed the risks (i.e., in relation to the data behind the Record High Dead Babies
7 Email), then Plaintiff would not suffer these employment-based injuries.

8 76. And the adverse effects of Defendant's cover-up also remain as stains upon Plaintiff's
9 employment record, as Defendant has targeted Plaintiff as a problem employee simply for Plaintiff
10 doing the right thing, such that certain managers refuse to even speak with Plaintiff, effectively
11 branding Plaintiff with a scarlet letter for Plaintiff's colleagues to take notice. Together this creates
12 an unfair burden upon Plaintiff uniquely in the performance of her workplace duties, as Plaintiff was
13 subjected to the trauma of record high dead babies in her patient population, and then gaslit by
14 management on the cause while Plaintiff called for investigation into vaccines, and was unfairly
15 targeted and actively undermined as a problem employee by management. For example, Plaintiff
16 learned of one staffer who mentioned to the resident doctors that there is a whistleblower, so to be
17 careful, meaning they have had conversations to avoid Plaintiff.

18 77. At all times, including to the present day, Plaintiff has lacked access to Defendant's
19 complete dataset and analysis necessary to achieve full awareness of the calculable risk of Covid-19
20 vaccines to pregnant women that would guide an evidence-based informed consent/refusal, and
21 properly redress the systemic errors in her patients' medical records.

22
23
24
25 ¹¹ The risk of violent blowback from Defendant's intentional misconduct is neither a normal,
26 inherent, nor acceptable part of Plaintiff's job. The personal safety risk uniquely created by
27 Defendant is a tangible presence in Plaintiff's life that requires Plaintiff to proactively expend
28 personal time and resources maintaining personal protection and security measures. Plaintiff is
required to be simultaneously vocal publicly to evidence that she never condoned or supported
Defendant's misconduct, and yet this invites unwanted attention to herself. And the tangible risk is
compounded by Plaintiff's ongoing reliance upon the hospital to accurately report, as evidenced by
Plaintiff continuing her employment in the face of these risks.

1 78. CMC intentionally concealed and conceals vaccine risks to ensure Plaintiff and other
2 nurses continue administering vaccines under the false belief of safety, thereby protecting CMC's
3 financial interests.

4 79. As a direct and proximate cause of Defendant's wrongful acts and omissions, Plaintiff
5 has sustained financial harm, including but not limited to loss of an earned bonus and damage to
6 reputation and career (e.g., loss of career advancement opportunities, diminished earning capacity,
7 professional stigmatization, reputational harm), and personal safety risk. The full extent of each of
8 Plaintiff's damages is not yet known, but shall be in amounts proven at trial.

9 80. Defendant acted with malice, fraud, and oppression (Civil Code § 3294) by
10 intentionally concealing vaccine risks and falsifying medical data to protect financial gains,
11 retaliating against Plaintiff to suppress whistleblowing, and authorizing, ratifying, or knowingly
12 permitting these acts through its officers, directors, and managing agents. Such conscious disregard
13 for patient and employee safety justifies punitive damages (i.e., to deter future misconduct). CMC
14 policies required the reporting upward to CMC senior supervisors who report to executives of the
15 whistleblower information that Plaintiff shared with her supervisors and discussed with media and
16 regulators, evidencing direct awareness and participation among Defendant's executives, including
17 but not limited to the willful policy choice to perpetuate the fraud alleged herein and continue
18 financial gain to the detriment of staff including Plaintiff.

19 81. Plaintiff is further entitled to injunctive relief under Civil Code §§ 3422 and 3423 and
20 Code of Civil Procedure § 526, including but not limited to:

- 21 a. A court order compelling CMC to pay for a good faith investigation and analysis,
22 by a qualified third party, of Defendant CMC's medical databases concerning the
23 unborn baby deaths for the period in question, to ensure accurate reporting to
24 agencies and others (such as Plaintiff) who rely upon such statistical information
25 in the ongoing performance of professional duties regulated by law.
- 26 b. A permanent injunction requiring CMC to report unborn baby deaths to VAERS
27 based on the results of the third-party investigation and analysis of CMC's
28 medical databases; and

1 c. A permanent injunction barring CMC from enforcing policies that coerce staff to
2 administer vaccines without informed consent/refusal.

3 82. Plaintiff is entitled to attorneys' fees and costs under Code of Civil Procedure §
4 1021.5, as this action: (a) Enforces important rights affecting the public interest (e.g., exposing
5 CMC's fraudulent concealment of vaccine dangers to pregnant women and unborn babies); (b)
6 Confers a significant benefit on the general public and a large class of persons (pregnant patients and
7 medical professionals in Fresno and beyond); and (c) Necessitates private enforcement due to
8 government agencies' failure to act on Plaintiff's reports (e.g., CDPH's refusal to investigate).

9 **SECOND CAUSE OF ACTION**
10 **Retaliation**
11 **(Violation of Labor Code § 1102.5)**

12 83. Plaintiff realleges all paragraphs above as though fully set forth herein.

13 84. Labor Code § 1102.5(b) provides that an employer may not retaliate against an
14 employee for disclosing information to a governmental or investigative body, or a supervisor where
15 such supervisor has investigative authority, regarding violation of law or noncompliance "if the
16 employee has reasonable cause to believe that the information discloses a violation of state or federal
17 statute, or a violation of or noncompliance with a local, state, or federal rule or regulation, regardless
18 of whether disclosing the information is part of the employee's job duties."

19 85. In September 2022, in order to preserve the evidence and verbally request
20 investigation by authorities, Plaintiff disclosed Exhibit A (Record High Dead Babies Email) to
21 independent media outlets revealing CMC's concealment of statistically significant unborn baby
22 deaths linked to Covid-19 vaccines, confirming CMC's violation of:

- 23 a. 42 U.S.C. § 300aa-25 (requirement for reporting vaccine adverse events to the
24 VAERS database);
25 b. Informed consent/refusal laws (requirement for healthcare professionals to
26 provide informed consent/refusal to patients, including, but not limited to, Civil
27 Code § 1714, Health & Saf Code § 24170 et seq., and applicable California
28 statutes governing unprofessional conduct of healthcare professional licensees);

- 1 c. Civil Code § 1709 (prohibiting fraudulent concealment of medical risks for
2 financial gain, as described in the first cause of action above); and
3 d. Business & Professions Code § 17200 (prohibiting unethical business practices,
4 as described in the third cause of action below).

5 86. Simultaneously in September, and regularly thereafter in October and November
6 2022, Plaintiff complained to CMC Management about the matters addressed in the Record High
7 Dead Babies Email by requesting that the matters be investigated to show the likely cause, namely
8 the hospital's workplace policies on Covid-19 vaccines.

9 87. By October 2022, Defendant knew that Plaintiff had successfully preserved the
10 evidence of the Record High Dead Babies Email in such a way that Defendant could not suppress
11 the information with threats, intimidation, or any political leverage with regulators. And Defendant
12 knew that Plaintiff was publicly requesting that supervisors and regulators investigate.

13 88. On December 7, 2022 and December 22, 2022, Plaintiff escalated the whistleblowing
14 by formally reporting these matters to CMC Management and complaining that CMC was failing to
15 investigate vaccine caused unborn baby deaths, violating multiple laws as set forth herein.

16 89. Plaintiff was not made aware by CMC Management whether regulators were in fact
17 investigating the matter, even though it was likely many regulators were aware because of Plaintiff's
18 evidence preservation method and public calls for investigation. On May 5, 2023, Plaintiff submitted
19 her whistleblower complaint to the California Department of Public Health, reporting CMC's failure
20 to investigate and report, active cover-up of the deadly risk to pregnant mothers and babies, and
21 retaliation against her for whistleblowing. She also reported (on or about May 25, 2023) her
22 whistleblower information to the California Labor Commissioner, but experienced an unproductive
23 proceeding that proved unable to redress the immediate and ongoing threat to patients and her
24 workplace conditions.

25 90. At all times making the evidence preservation, disclosures, and communications to
26 media, management, and regulators, Plaintiff reasonably and in good faith believed they were part of
27 or in connection with Defendant's ongoing violations of law and noncompliance with common law
28

1 and statutory principles as alleged herein, including but not limited to Defendant's breach of
2 fiduciary duty to patients, and externalizing risk onto others including Plaintiff.

3 91. Defendant retaliated against Plaintiff through wrongful acts and omissions as set forth
4 herein. The timing and nature of CMC's retaliatory actions demonstrate a direct link to Plaintiff's
5 whistleblowing. CMC retaliated against Plaintiff for her protected disclosures through adverse
6 employment actions, including but not limited to:

- 7 a. Denying Plaintiff her earned \$5,000 retention bonus (December 2022), claiming
8 she was not in good standing due to whistleblowing,
- 9 b. Issuing a baseless "Final Written Warning" (dated December 20, 2022, and forced
10 upon Plaintiff on January 20, 2023), falsely accusing her of violating hospital
11 policies.
- 12 c. Demoting Plaintiff's employment status from good standing to corrective action,
13 harming her professional reputation and future advancement opportunities.
- 14 d. Creating an adverse work environment by subjecting Plaintiff to heightened
15 scrutiny and unwarranted investigation immediately after learning of Plaintiff's
16 complaints to management (September through December 2022) and evidence
17 preservation with the media. And as set forth above, CMC sustained and escalated
18 its professional ostracization, workplace isolation, and career sabotage even after
19 Plaintiff submitted her CDPH report (May 2023).

20 92. Defendant's policies, practices and procedures in these matters caused Plaintiff's
21 harm and damages, including, but not limited to, risking Plaintiff's safety, RN license, and
22 reputation necessary to properly and ethically serve the community and perform her job. As a direct
23 and proximate cause of Defendant's wrongful acts and omissions, Plaintiff has sustained financial
24 harm in the form of economic losses and non-economic losses, including but not limited to loss of an
25 earned bonus and damage to reputation and career (e.g., loss of career advancement opportunities,
26 diminished earning capacity, professional stigmatization, reputational harm). The full extent of each
27 of Plaintiff's damages is not yet known, but shall be in amounts proven at trial.
28

93. Defendant acted with malice, fraud, and oppression (Civil Code § 3294), as set forth herein, by intentionally concealing vaccine risks and falsifying medical data to protect financial gains, retaliating against Plaintiff to suppress whistleblowing, and authorizing, ratifying, or knowingly permitting these acts through its officers, directors, and managing agents. Such conscious disregard for patient and employee safety justifies punitive damages (i.e., to deter future misconduct).

94. Plaintiff is further entitled to recovery and reimbursement of attorneys' fees and costs of suit herein (pursuant to Labor Code § 1102.5(j)).

95. Plaintiff is further entitled to injunctive relief under Civil Code §§ 3422 and 3423 and Code of Civil Procedure § 526, including, but not limited to, removal of all retaliatory disciplinary records from Plaintiff's employment file, including the baseless "Final Written Warning."

THIRD CAUSE OF ACTION
Unethical Business Practices
(Violation of California Business and Professions Code § 17200)

96. Plaintiff realleges all paragraphs above as though fully set forth herein.

97. California's Unfair Competition Law (Bus. & Prof. Code § 17200) prohibits unlawful, unfair, and fraudulent business acts or practices, and prohibits unfair, deceptive, untrue or misleading advertising. Defendant CMC engaged in each form of misconduct:

a. Unlawful acts and practices: Defendant violated multiple statutes as alleged above, including Civil Code § 1709 (fraud), Labor Code § 1102.5 (retaliation), 42 U.S.C. § 300aa-25 (VAERS reporting), Informed consent/refusal laws (i.e., Civil Code § 1714, Health & Saf Code § 24170 et seq., and the applicable California statutes governing unprofessional conduct of healthcare professional licensees). Defendant's unlawful conduct was so extensive and deceptive that it catalyzed further violations of law by regulators, including for example CDPH's ongoing noncompliance with Health & Safety Code §§ 1279.2 and 100325.

b. Unfair acts and practices: CMC's conduct was immoral, unethical, and substantially injurious to patients (i.e., withholding critical safety data, causing

preventable deaths and injuries), employees (i.e., forcing staff under threat of retaliation to administer unsafe vaccines regardless of staff not knowing the risks), and community health (i.e., suppressing data that could change vaccine policies while exposing Defendant's injurious policies).

c. Fraudulent acts and practices: CMC intentionally misled patients, staff, and regulators by concealing statistically significant vaccine-induced unborn baby deaths. CMC falsely claimed vaccines were safe for pregnancy despite CMC's internal data and analysis proving otherwise, and CMC falsified medical records and death certificates to conceal vaccine causation.

d. Unfair, deceptive, untrue and misleading advertising: CMC intentionally promoted vaccines as safe to patients while knowing the vaccines were unsafe.

98. CMC acted unethically for financial gain. For example, CMC disregarded patient safety and instead unscientifically prioritized vaccine sales and CMC's financially important alliances with institutions promoting and selling vaccines. CMC acted unethically by prioritizing financial gains by maintaining silence about vaccine risk. CMC experienced increased hospital demand and expanded services (financial gain) necessitated by vaccine injuries, and paid high executive salaries accordingly. CMC extorted staff compliance by tying employment good standing and financial incentives (such as the retention bonus) to employee silence about the actual risk of vaccination.

99. CMC externalized the risks and injuries of its unlawful conduct onto Plaintiff as described above. As a direct and proximate cause of Defendant's wrongful acts and omissions, Plaintiff has sustained financial harm, including but not limited to out-of-pocket expenses, loss of an earned bonus, and damage to reputation and career (e.g., loss of career advancement opportunities, diminished earning capacity, professional stigmatization, reputational harm). Plaintiff has sustained and experiences ongoing personal safety risk as described above. The full extent of each of Plaintiff's damages is not yet known, but shall be in amounts proven at trial.

100. Defendant acted with malice, fraud, and oppression (Civil Code § 3294) by intentionally concealing vaccine risks and falsifying medical data to protect financial gains,

1 retaliating against Plaintiff to suppress whistleblowing, and authorizing, ratifying, or knowingly
2 permitting these acts through its officers, directors, and managing agents. Such conscious disregard
3 for patient and employee safety justifies punitive damages (i.e., to deter future misconduct).

4 101. Injunctive relief is necessary as CMC's practices injured a broad class of patients
5 (especially pregnant women and their babies). Government agencies (i.e., CDPH) have failed to act,
6 necessitating private enforcement. Plaintiff is entitled to injunctive relief under Civil Code §§ 3422
7 and 3423 and Code of Civil Procedure § 526, as set forth in paragraph 81 above.

8 102. Plaintiff is entitled to attorney fees and costs under Code of Civil Procedure § 1021.5,
9 as this action: (a) Enforces an important right affecting the public interest (exposing CMC's
10 fraudulent concealment of vaccine dangers to pregnant women and unborn babies); (b) Confers a
11 significant benefit on the general public and a large class of persons (patients, medical professionals,
12 and the larger community); and (c) Necessitates private enforcement due to government agencies'
13 failure to act on Plaintiff's reports (e.g., CDPH's refusal to investigate).

14 **REQUEST FOR RELIEF**

15 For the foregoing reasons, Plaintiff respectfully requests that judgment be entered against
16 Defendant, finding that Defendant violated the Civil Code, Labor Code, and Business and
17 Professions Code, as set forth above, and ordering Defendant to provide relief as follows:

18 **A.** To pay general damages in an amount to be determined according to proof at trial;

19 **B.** To pay special and consequential damages such as lost wages and any lost benefits
20 that Plaintiff should have earned, in an amount to be determined according to proof at trial;

21 **C.** To pay 10% interest per annum on the lost wages described above through the time of
22 judgment;

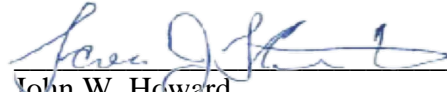
23 **D.** To pay punitive damages;

24 **E.** For injunctive relief as requested in paragraphs 60, 81, 95, and 101;

25 **F.** To pay an award of costs of suit and reasonable attorney fees and costs incurred in
26 bringing this action; and

27 **G.** For any other relief deemed just and proper by this Court.
28

1 Dated: July 30, 2025



John W. Howard
Scott J. Street
Peter C. Shelling
Michelle D. Volk
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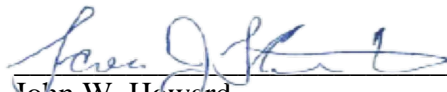
6 Gregory J. Glaser
7 **Greg Glaser, Attorney at Law**

8 Attorneys for the Plaintiff

9
10 **DEMAND FOR JURY TRIAL**

11 Plaintiff respectfully hereby demands trial by jury on all claims and issues, except for
12 injunctive relief.

13 Dated: July 30, 2025

14
15 

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18 and

19 Gregory J. Glaser
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21 Attorneys for the Plaintiff