

Sequence of Events (Indicating Malice)

06 July 2021:

Dawn Johnson (DoJ) **Slip Opinion** supporting mandates – Includes numerous contradictions, but states “DoD should seek presidential waiver [IAW Title 10 U.S. Code § 1107a] before it imposes [an EUA] vaccination requirement.”

04 Aug 2021:

Aaron Siri Esq. responds to Dawn Johnson with this **Response Letter**, refuting her claim that vaccine mandates can be imposed despite an individual’s legal right to refuse EUA products. “Not only does [your] argument defy common sense, but **Section 564’s** history, statutory framework, and implementation all reflect that “the option to accept or refuse” was intended to continue the longstanding principle that it is not permissible to coerce anyone to receive an unlicensed medical product.”

09 Aug 2021:

SECDEF publishes **Message to the Force** memo indicating his intent to mandate COVID-19 vaccines. “I want you to know that I will seek the President’s approval to make the vaccines mandatory no later than mid-September, or immediately upon the U.S. Food and Drug Administration (FDA) licensure, whichever comes first.” The language of “seeking President’s approval” is consistent with federal law and **military regulations** regarding EUA products. **No such approval was ever sought or granted.**

23 Aug 2021:

Comirnaty (BLA125742; License number 2229) receives **approval for a single day**. Approved purple cap vials were never manufactured.

24 Aug 2021:

The BLA-approved Comirnaty had expired by the time SECDEF issued the **Vaccine Mandate Memo**: “Mandatory vaccination against COVID-19 will only use COVID-19 vaccines that receive full licensure from the Food and Drug Administration (FDA), in accordance with FDA-approved labeling and guidance.”

26 Aug – 8 Sept 2021:

The Navy Saga. U.S. Navy was the first branch to implement the military

VIOLATIONS OF LAW

On August 15th, 2022, a group of nine (9) officers from four (4) Military Branches of Service and the Coast Guard, filed a **Whistleblower Report** protected under Title 10 USC § 1034. This report outlines the DoD’s unlawful execution of its 24 August 2021 Mandate for all service members to receive an FDA licensed COVID-19 vaccine. **The report explains that as of September 1, 2022, no fully-licensed product for SARS-CoV-2 is available to administer to service members. It is unlawful to mandate or coerce American citizens to use EUA products.** This is codified by multiple federal laws and applies to all service members. It is unlawful to mislabel or misrepresent medical products. It is a medical battery to administer injections without full informed consent. It is unlawful to discriminate against American citizens based on their religious beliefs. DoD knew their actions were unlawful and proceeded with their harmful policies despite the violations of US law and DoD regulations.

FAILED INTERNAL PROCESSES

DoD Service Members have diligently exhausted every internal administrative tool available attempting to alert military leadership of the ongoing violations of law. These administrative tools include Equal Opportunity Complaints, Article 138 (UCMJ) Complaints, Inspector General Complaints, Congressional Inquiries, etc. The DoD has ignored or improperly dismissed these requests for investigations and remedial action. DoD has punished and unlawfully separated Service Members who do not comply with mandates. **Administrative processes are overwhelmingly and deliberately used in lieu of trial by Court Martial trial to avoid rules of evidence** and potential findings by a military judge regarding the (il)legality of mandating an EUA product.

MEDICAL MALFEASANCE, FRAUD and BATTERY

Every service member injected under the DoD’s mandate has been vaccinated with an EUA product that legally should have been voluntary. Before the August 24, 2021 DoD mandate, approximately 50% of the DoD was injected. After the mandate was issued, that number IMMEDIATELY jumped to approximately 80% and gradually increased to an unverifiable percentage, likely over 90%. The August 24, 2021 *mandate occurred immediately following the FDA’s issuance of a BLA-agreement letter for Comirnaty*, which caused many service members to comply under the fraud they were being given a fully-licensed product. Instead, the DoD continued to exclusively use experimental, emergency use vials.

Prior to 20 May 2022, the fully licensed products (Comirnaty; License #2229 & Spikevax; License #2256) DID NOT EXIST. Suddenly, since May 20, 2022, there have appeared on various military bases a *small number of “Comirnaty-labeled” vials. There is mounting evidence that these “Comirnaty-labeled” vials have been labeled fraudulently.*

IMMEDIATE, ANOMALOUS INCREASE IN “COVID RELATED” DEATHS POST MANDATE

From the first reported U.S. COVID case in January 2020 until the August 2021 mandate (20 months), DoD lost ~22 military members, averaging ~one death per month. **Between September 2021 and January 2022, DoD experienced a 400% increase in “COVID-related” deaths.** The DoD’s public website asserts these service members died of COVID: <https://www.defense.gov/Spotlights/Coronavirus-DOD-Response/>. However, the data tells a more disturbing story and suggests deaths related to the EUA shots. By the end of January, 90 military members had died. Their average age was 45. The increase in deaths halted in May 2022 at 95 total members and has not increased since.

“VACCINATED” SERVICE MEMBERS

As of August 17, 2022, **DoD Reports 1,989,697** fully vaccinated and **30,413** partially vaccinated service members. There are no published DoD statistics on boosted individuals and boosters have not been mandated. **At least 70,000 service members have resisted the unlawful mandate to date, which is 4.86% of our military are not “fully-vaccinated.”**

Executive Summary: Dept of Defense Legal Violations and Ignored Injuries

vaccination mandate on **26 Aug**. All official policy letters echoed SECDEF's order to only utilize Fully licensed products. However, on **3 Sept** USN, Surgeon General published the military's first "**Interchangeability**" **memo**. USMC Generals raised concern the following day via **email**. On **8 Sept**, The Asst. Secretary of the Navy legitimizes the Surgeons General's memo (who had stated in Feb 2021 **email** it would take Presidential Waiver to mandate EUA vaccines).

13 Sep 2021:

National Institutes of Health published an announcement on **DailyMed**: "At present, Pfizer does not plan to produce any product with these new NDCs and labels over the next few months while EUA authorized product is still available and being made available for U.S. distribution." **Shows NO intent to produce FDA-approved vaccines.**

14 Sep 2021:

Acting Assistant Secretary of Defense of Health Affairs, Dr. Terry Adirim, publishes a **memo** unlawfully asserting EUA products are interchangeable with approved products: "Per FDA guidance, these two vaccines are "interchangeable" and DoD health care providers should "use doses distributed under the EUA to administer the vaccination series as if the doses were the licensed vaccine." **Legal requirements for "interchangeability" NOT met.**

21 Oct 2021:

Dr Peter Marks, CBER Director, **Testified in Court** (p.11): "While FDA determined Comirnaty and Pfizer-BioNTech Covid-19 vaccine are medically interchangeable, there are legal distinctions between BLA-approved and EUA- authorized products. For example, products approved under BLAs are required to have the labeling that was approved as part of the BLA, whereas products authorized under the EUA would have the EUA labeling, and there may also be differences in manufacturing sites for BLA and EUA vaccine." (Fits with Title 42 U.S. Code § 262).

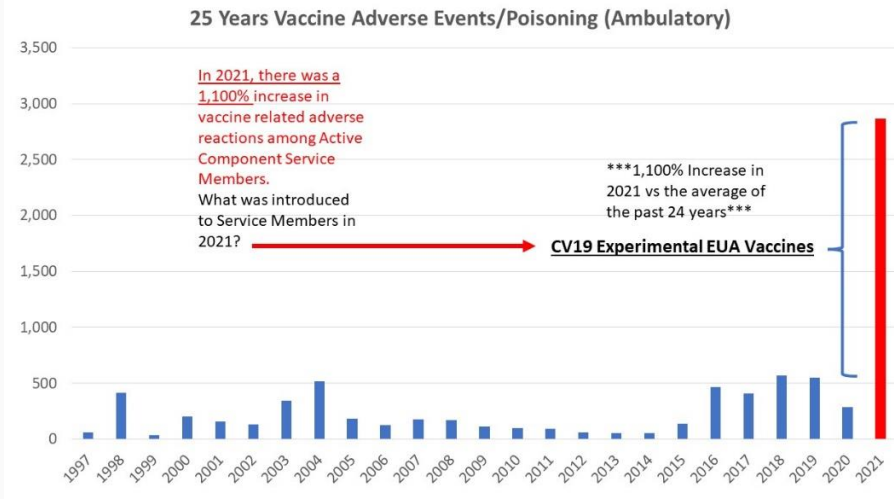
20 May 2022:

DoJ Attorney's inform (p.7) the courts: "Plaintiffs' speculation objection is unfounded. While they may believe that FDA-approved vaccines are "not available," the Comirnaty-labeled vaccine is in fact available for DoD to order as of

DoD's unlawful policies have created a dire military readiness crisis due to forced separation of highly experienced, dedicated career military officers and enlisted personnel.

VACCINE SAFETY SIGNALS

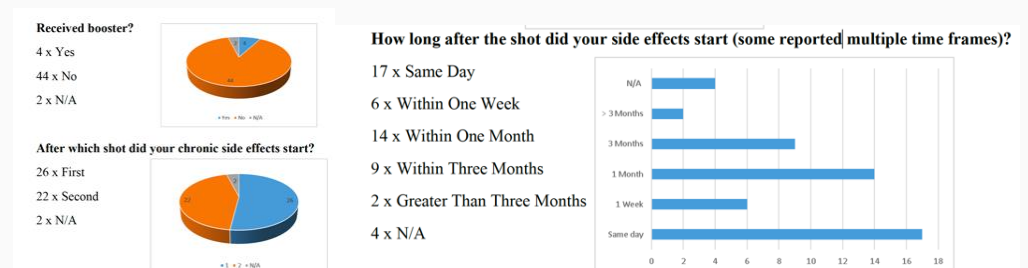
Traditionally, medical professionals look for variations, otherwise known as signals, to determine potential safety concerns. **DoD data over a 25-year period reveals that in 2021, there has been a 1,100% increase in members suffering from a sustained vaccine related injury.** Military medical professionals, including Drs. Long, Chambers, Bashaw, and Sigoloff, have been sounding the alarm to Congress regarding these alarming safety signals. Their medical expertise has resulted in persecution, ostracism and being removed by Command from their medical responsibilities.



NOTE: This data alone should have halted the vaccination program and resulted in an official investigation. It did not. Concerned service members have resorted to independently collecting verifiable data, such as the survey of fifty (50) self-reporting service members below.

MILITARY AVIATION COVID INJECTION ADVERSE REACTION SURVEY

From January 6, 2022 to July 6, 2022, a voluntary and anonymous survey was conducted of a small sampling of injection-injured aircrew and aviation-associated individuals. The intent was to provide candid feedback to Military Commanders on the second order effects of the experimental COVID shots in the military. **Military medical personnel have largely ignored and dismissed members' concerns. Injured service members have been intimidated to prevent report of medical complications.** They fear reprisal and loss of their flight status and pay. The survey was completed online, and all 50 participants remained anonymous unless they chose otherwise. The survey revealed:



today's date" If "Comirnaty-labeled" vials were not available until 20 May, 2022, what had been given to service members before that date?

16 June 2022:

After nearly 10 months of contesting, **at least 7,100 Service members were unlawfully separated.** Then, suddenly Defense Health Agency published new **policy** stating "(3) [Service Members] have the option to accept or refuse the EUA product and are free from any consequences of refusing administration of the product." To compare, DoD suffered ~7000KIA in 20+ years of conflict in Afghanistan and the Middle East.

This is extremely significant due to the review comments from **29 Oct 2021** found on a service level **[Comment Coordination Matrix]:**

"We are all operating under the belief that the lot issue is a distinction without a difference from a health/safety/medical/legal perspective. As the services have taken action, possibly include adverse action, based on a belief that the distinction is one without meaningful difference, OSD retrenchment signifying that the distinction does matter would probably require significant remedial actions."

DoD knew there were legal violations. Leadership continued anyway.

Vaccine Injured: Please share your stories here: **Truth For Health Foundation Citizens Vaccine Injury Reporting System™ (CVIRS™)**.

Call to Action:

Sign the **Petition** to ensure Congress investigates the Dept of Defense's illegal activities. Follow the hyperlink or the QR Code. We need Congress to act!

FIRST-HAND TESTIMONIES:

Case 1_03: USN Captain (O-6), Unit Commander, male in mid 40s. Developed autoimmune disorder and hospitalized within 72 hours of injection. As a commander, it triggered an official SITREP of injury which was sent to Navy Command Headquarters highlighting his vaccine injury. The SITREP stated the command anticipated no media coverage. He has "several" other vaccine injured service members under his command. Suspected injuries include heart attacks and one death of an otherwise healthy sailor in his command post vaccination (official cause awaiting the coroner's report). The Captain remains anonymous for fear of reprisal and losing his command.

"When I was injured and hospitalized from the vaccine I was ordered to take, my leadership expressed concern I would be less effective at ordering and pressuring sailors under my command to take the vaccine."

Case 1_07: USAF Major, 32-year male, active athlete in excellent health. Approved for separation from the Air Force prior to the DoD's order to vaccinate. Although he had an approved separation date, his request to waive the COVID-19 vaccination requirement was denied by the Air Combat Command (ACC) Commander. He was subsequently threatened with disciplinary action for failure to comply and reluctantly vaccinated. By the following week, he was hospitalized and diagnosed with pericarditis. Follow up appointments with Air Force medical were dismissive, despite deteriorating conditions such as bilateral tinnitus, tingling and numbness in his extremities, as well as lingering neurological abnormalities.

"I stress every day about whether my continuing symptoms will end. I am now applying for VA disability which will likely result in costs to the taxpayer over an indefinite number of years in order to take care of my ongoing issues. This vaccination was not necessary and was not worth the risks. I was young, healthy, and naturally immune."

Case 1_09: USAF Reservist, female in mid-30's. Actively discouraged by her commander to seek a religious accommodation. Told it would have a negative effect on her career and informed "not being vaccinated is not conducive to military service." Within 72 hours of vaccination, she developed visual distortions and vertigo. Sent to the ER and initially diagnosed with Vertical Nystagmus, which resulted in a CT scan. The CT scan revealed she suffered from FOUR different strokes: three in her occipital lobe, and the other in her brain stem. Continuous occupational therapy has not resulted in improvement. She is facing medical discharge from the military.

"My future in the military is now uncertain...how am I to continue serving the country that I love, much less live a normal fulfilling life? My civilian career has been placed in jeopardy as well....I put it all on the line for my country."

And many others...(evidence presented before Congress)

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Exhibit A

Defense Medical Surveillance System (DMSS) Defense Medical Epidemiology Database (DMED) DoD Data - January 2022										
Diagnosis or Injury	Query Date	2016	2017	2018	2019	2020	Total 2016-2020	Avg Injuries Per Year 2016-2020	2021 (Partial Year)	Percent Increase in 2021
All Diseases & Injuries										
All Disease & Injuries (Amb)	1/19/2022	2,059,630	2,058,379	2,022,663	2,110,383	1,976,724	10,227,779	2,045,555.80	21,512,583	1052%
All Disease & Injuries (Hosp)	1/19/2022	43,786	43,338	42,024	43,493	40,052	212,693	42,538.60	54,776	129%

Executive Summary: Dept of Defense Legal Violations and Ignored Injuries



QR Code to Petition

ACRONYMS EXPLAINED

EUA: Emergency Use Authorization

BLA: Biologics License Application

NDC: National Drug Code

SECDEF: Secretary of Defense

SitRep Situation Report

Neuromuscular & Skeletal Systems										
Diseases of the Nervous System	1/19/2022	82,435	81,998	81,382	85,012	80,786	411,613	82,322.60	863,013	1048%
Diseases of the Eye & Adnexa	1/19/2022	88,091	87,712	86,417	91,503	79,529	433,252	86,650.40	280,206	323%
Migraine	1/19/2022	15,734	15,714	16,462	17,116	16,331	81,357	16,271.40	73,490	452%
Seizures (Amb)	1/10/2022	196	148	130	150	123	747	149.40	489	327%
Guillain-Bare Syndrome (Amb)	1/10/2022	66	79	71	85	65	366	73.20	403	551%
Acute Transverse Myelitis in Demyelinating Disease of CNS	1/19/2022	46	57	48	35	34	220	44.00	202	459%
Demyelinating Diseases of the CNS	1/19/2022	785	737	690	677	648	3,537	707.40	3,444	487%
Multiple Sclerosis	1/19/2022	479	391	367	400	385	2,022	404.40	2,750	680%
Rhabdomyolysis (Hosp)	1/10/2022	216	209	227	222	198	1,072	214.40	440	205%
Rhabdomyolysis (Amb)	1/10/2022	706	696	740	755	669	3,566	713.20	5,162	724%
Eye Disorder (Amb)	1/10/2022	6,044	6,013	5,647	6,312	5,623	29,639	5,927.80	11,892	201%
Extra Pyramidal (Amb)	1/10/2022	1,509	1,474	1,339	1,371	1,338	7,031	1,406.20	3,669	261%
Bell's Palsy (Amb)	1/10/2022	483	462	457	447	450	2,299	459.80	1,338	291%

Cardiovascular System										
Diseases of the Blood & Blood-forming Organs & Certain Disorders Involving the Immune Mechanism										
Acute Myocardial Infarction (Amb)	1/10/2022	324	370	376	366	372	1,808	361.60	1,650	456%
Hypertension (Amb)	1/10/2022	2,308	2,323	2,363	2,392	2,415	11,801	2,360.20	53,846	2281%
Acute Myocarditis (Amb)	1/21/2022	84	92	116	159	108	559	111.80	307	275%
Acute Pericarditis (Amb)	1/10/2022	535	538	522	531	499	2,625	525.00	850	162%
Nontraumatic subarachnoid hemorrhage	1/19/2022	219	139	134	170	196	858	171.60	640	373%
Pulmonary Embolism (Amb)	1/19/2022	678	701	668	716	968	3,731	746.20	3,489	468%
Tachycardia (Amb)	1/10/2022	845	814	893	903	849	4,304	860.80	2,595	301%
Disease of the Arteries (Amb)	1/10/2022	3,164	2,965	2,938	3,096	2,860	15,023	3,004.60	6,069	202%
Cerebral Infarction (Amb)	1/10/2022	887	848	858	888	887	4,368	873.60	3,136	359%

Reproductive System & Birth										
Spontaneous Abortion (First Occurrence)	1/19/2022	2,668	2,532	2,475	2,608	2,404	12,687	2,537.40	2,164	85%
Spontaneous Abortion (All Occurrences)	1/10/2022	1,431	1,518	1,493	1,578	1,477	7,497	1,499.40		0%
Congenital Malformations (Amb)	1/19/2022	11,710	11,131	10,456	11,081	10,153	54,531	10,906.20	18,951	174%
Infertility, Female (Amb)	1/19/2022	2,261	2,262	2,243	2,340	2,262	11,368	2,273.60	11,748	517%
Infertility, Male (Amb)	1/19/2022	2,187	2,287	2,037	2,152	1,990	10,653	2,130.60	8,365	393%
Ovarian Dysfunction (Amb)	1/19/2022	862	936	908	945	1,022	4,673	934.60	4,086	437%
Dysmenorrhea (Amb)	1/10/2022	3,104	3,403	3,481	3,943	3,900	17,831	3,566.20	12,539	352%

Vaccine Administration											
T50.B95A Adverse Effect of Other Viral Vaccine, Initial Encounter	Unassigned							914	182.80	1,281	701%