

THE COVID FALLACIES



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The Untold Story of the U.S. Defense Department's
COVID-19 vaccine mandate.

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PROLOGUE

The Department of Defense is implementing COVID-19 policies that ***hinder its ability to defend the United States.***

In light of the threats we face today, ***that is a big deal.***

The DoD's COVID-19 policies involve five fallacies.¹ *This document analyzes them with intent to expose the unlawful, unconstitutional injustices and personal harm occurring within the DoD that should have every freedom-loving American deeply concerned. As Abraham Lincoln stated in January 1838,*

“Shall we expect some transatlantic military giant, to step the Ocean, and crush us at a blow? Never!--All the armies of Europe, Asia and Africa combined, with all the treasure of the earth (our own excepted) in their military chest; with a Buonaparte for a commander, could not by force, take a drink from the Ohio, or make a track on the Blue Ridge, in a trial of a thousand years. At what point then is the approach of danger to be expected? I answer, if it ever reach us, it must spring up amongst us. It cannot come from abroad. If destruction be our lot, we must ourselves be its author and finisher. As a nation of freemen, we must live through all time, or die by suicide.”²

¹ A fallacy, according to Merriam-Webster, is “a false or mistaken idea.” (“Fallacy.” *Merriam-Webster*, 2022. www.merriam-webster.com/dictionary/fallacy. Accessed 30 Dec. 2021.)

² Lincoln, Abraham. “Lyceum Address.” 27 Jan. 1838, Young Men’s Lyceum, Springfield IL. *Speeches and Writings*. www.abrahamlincolnonline.org/lincoln/speeches/lyceum.htm. Accessed 30 Dec. 2021.

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CHAPTER 1

Follow the Lawful Order

The DoD claims its COVID-19 vaccine and testing mandates are lawful orders that can and should be followed.

On August 9, Secretary of Defense (SecDef) Lloyd Austin sent a message to the Force in which he stated “COVID-19 vaccines...will ensure we remain the most lethal and ready force in the world.”³ Two weeks later on August 24, he mandated “full vaccination of all members of the Armed Forces under DoD authority.”⁴ The DoD considers this a lawful order. On November 18, Air Force Secretary Frank Kendall said “Willfully disobeying a lawful order is incompatible with military service, and to get a vaccination is a lawful order.”⁵

What constitutes a lawful military order is defined by the United States Manual for Courts-Martial (MCM). According to Article 92 of the MCM, “a general order is lawful unless it is contrary to the Constitution, the laws of the United States, or lawful superior orders or for some other reason is beyond the authority of the official issuing it.”⁶ Additionally, “The order must not conflict with statutory or constitutional rights of the person receiving the order.”⁷

³ Austin III, Lloyd J. Memo to Department of Defense Employees. “Message to the Force.” 09 Aug 2021. Memorandum for Record. OSD007202-21/CMD009440-21. media.defense.gov/2021/Aug/09/2002826254/-1/-1/0/Message-to-the-Force-Memo-Vaccine-FINAL.PDF

⁴ Austin III, Lloyd J. Memo to Senior Pentagon Leadership, et al. “Mandatory Coronavirus Disease 2019 Vaccination of Department of Defense Service Members.” 24 Aug 2021. Memorandum for Record. OSD007764-21/CMD010116-21. media.defense.gov/2021/Aug/25/2002838826/-1/-1/0/MEMORANDUM-FOR-MANDATORY-CORONAVIRUS-DISEASE-2019-VACCINATION-OF-DEPARTMENT-OF-DEFENSE-SERVICE-MEMBERS.PDF

⁵ Cohen, Rachel. “Over 23,500 Airmen and Guardians Say No to COVID Vaccines as Final Deadline Passes.” Air Force Times, 03 Dec. 2021. www.airforcetimes.com/news/your-air-force/2021/12/03/over-23500-airmen-and-guardians-say-no-to-covid-vaccines-as-final-deadline-passes/. Accessed 31 Dec. 2021.

⁶ U.S. Joint Service Committee on Military Justice. “The Manual for Courts-Martial United States (2019 Edition).” p. IV-27. www.loc.gov/rr/frd/Military_Law/pdf/MCM-2019.pdf.

⁷ U.S. Joint Service Committee on Military Justice. “The Manual for Courts-Martial United States (2019 Edition).” p. IV-24. www.loc.gov/rr/frd/Military_Law/pdf/MCM-2019.pdf.

In order to understand the pertinent statutory rights, it is necessary to understand the difference between a vaccine’s full FDA approval and an authorization for its emergency use. According to Harvard Law, “A Biologics License Application, or BLA, is FDA’s standard ‘full approval’ mechanism for biological products, including therapeutics and vaccines...By contrast, an Emergency Use Authorization, or EUA, is just that—an authorization to distribute an otherwise unapproved product (or an approved product for an unapproved use) during an emergency formally declared by the Secretary of Health & Human Services.”⁸ In summary, a BLA approval constitutes full FDA approval, whereas EUA only grants authorization for a product’s limited use in an emergency (see Figure 1).

BLA (Biologics License Application) approval	=	Full FDA “Approval”
EUA (Emergency Use Authorization)	=	FDA “Authorization”

Figure 1. BLA vs EUA

According to 21 U.S. Code §360bbb-3, which addresses “Authorization for medical products for use in emergencies,” individuals who are administered an EUA product must be informed of the “significant known and potential benefits and risks of such use” as well as “alternatives to the product that are available,” and must be given “the option to accept or refuse administration of the product.”⁹ In

⁸ Sherkow, Jacob S., Ouellette, Lisa L., Price, Nicholson, and Sachs, Rachel. “What’s the Difference Between Vaccine Approval (BLA) and Authorization (EUA)?” *Harvard Law Petrie-Flom Center*, 15 June 2021, blog.petrieflom.law.harvard.edu/2021/06/15/whats-the-difference-between-vaccine-approval-bla-and-authorization-eua/. Accessed 01 Jan. 2022.

⁹ 21 U.S. Code § 360bbb-3 - Authorization for Medical Products for Use in Emergencies, *Legal Information Institute*, Cornell Law School, www.law.cornell.edu/uscode/text/21/360bbb-3. Accessed 29 Dec. 2021.

other words, individuals have the legal option to refuse an EUA product, and therefore the DoD *cannot* mandate (require without consent) an EUA vaccine.¹⁰

For an administration eager to vaccinate every single American (whether or not scientific evidence justifies it), this law posed a problem: How to mandate a vaccine that has not received full FDA approval? One might think the answer is simple—just have the FDA approve the vaccine. However, full FDA approval of a COVID-19 vaccine would mean the other COVID-19 vaccines would lose their authorizations for emergency use, since one of the criteria for issuance of an EUA is that “that there is no adequate, approved, and available alternative to the product for diagnosing, preventing, or treating such disease or condition.”¹¹ If a COVID-19 vaccine was to receive full FDA approval, then that would constitute an “adequate, approved, and available alternative” to the other EUA vaccines, and their authorizations for emergency use would be revoked.¹²

¹⁰ SecDef Austin specified in his August 24th order that “mandatory vaccination against COVID-19 will only use COVID-19 vaccines that receive full licensure from the Food and Drug Administration”. (Austin III, Lloyd J. Memo to Senior Pentagon Leadership, et al. “Mandatory Coronavirus Disease 2019 Vaccination of Department of Defense Service Members.” 24 Aug 2021. Memorandum for Record. OSD007764-21/CMD010116-21. media.defense.gov/2021/Aug/25/2002838826/-1/-1/0/MEMORANDUM-FOR-MANDATORY-CORONAVIRUS-DISEASE-2019-VACCINATION-OF-DEPARTMENT-OF-DEFENSE-SERVICE-MEMBERS.PDF.) The only exception to this is “if the President determines, in writing, that complying with such requirement is not in the interests of national security,” in accordance with 10 USC §1107a - Emergency Use Products. To date, the President has not signed such a waiver. ([uscode.house.gov/view.xhtml?req=\(title:10%20section:1107a%20edition:prelim\)%20OR%20\(granuleid:USC-prelim-title10-section1107a\)&f=treesort&edition=prelim&num=0&jumpTo=true](https://uscode.house.gov/view.xhtml?req=(title:10%20section:1107a%20edition:prelim)%20OR%20(granuleid:USC-prelim-title10-section1107a)&f=treesort&edition=prelim&num=0&jumpTo=true))

¹¹ According to Children’s Health Defense (CHD) in its lawsuit against the FDA, “The black letter law is clear. There can be no biologic license approved to a medical product for diagnosing, preventing or treating COVID-19 if there is also still an Emergency Use Authorization for the same medical product serving the same purpose.” (United States, Eastern District of Tennessee. Children’s Health Defense v. Food and Drug Administration, 1:21-cv-00200-DCLC-CHS (E.D. Tn. Oct. 20, 2021) cdn.locals.com/documents/47656/47656_h9iscg4r4q4qflx.pdf Accessed 28 Dec. 2021.)

¹² The FDA has revoked EUAs in the past when the “agency determined that the legal criteria for issuing an EUA are no longer met.” (“Coronavirus (COVID-19) Update: FDA Revokes Emergency Use Authorization for Chloroquine and Hydroxychloroquine.” U.S. Food and Drug Administration, 15 June 2020, www.fda.gov/news-events/press-announcements/coronavirus-covid-19-update-fda-revokes-emergency-use-authorization-chloroquine-and. Accessed 28 Dec. 2021.)

In circumvention of this issue, the FDA approved a COVID-19 vaccine called COMIRNATY, which isn't currently available in the U.S.¹³ The FDA claims COMIRNATY is similar enough to Pfizer-BioNTech (another COVID-19 vaccine that is currently under EUA) that they can be used "interchangeably."¹⁴ In this way, the government makes an argument to essentially mandate an EUA vaccine since it is "interchangeable" with a fully-approved vaccine, while the other EUA vaccines can keep their authorizations for emergency use, since the fully-approved vaccine is not technically "available."

COMIRNATY and Pfizer-BioNTech Interchangeability. On September 14, 2021, the DoD released a memorandum in which it stated "Per FDA guidance, [Comirnaty and Pfizer-BioNTech] 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.' *Consistent with FDA guidance*, DoD health care providers will use both the Pfizer- BioNTech COVID-19 vaccine and the Comirnaty COVID-19 vaccine interchangeably for the purpose of vaccinating Service members."¹⁵ Of note, the document referenced by the DoD as its foundation for

¹³ On August 23, 2021, the FDA approved BioNTech Manufacturing GmbH's vaccine Biologics License Application (BLA) #125742, HHS US License No. 2229, stating: "You may label your product with the proprietary name, COMIRNATY." (Malarkey, Mary A. and Gruber, Marion F. Memo to Mr Amit Patel. "BLA Approval." p. 2, 23 August 2021. Communication between Pfizer, Inc. and the Food and Drug Administration. www.fda.gov/media/151710/download. Accessed 28 Dec. 2021.) "At present (13 Sept 21), Pfizer does not plan to produce any product with these new [Comirnaty National Drug Codes] and labels over the next few months while EUA authorized product is still available and being made available for U.S. distribution." ("DailyMed Announcements." NIH, U.S. National Library of Medicine, 13 Sep. 2021, dailymed.nlm.nih.gov/dailymed/dailymed-announcements-details.cfm?date=2021-09-13. Accessed 29 Dec. 2021.) Also, "Although COMIRNATY (COVID-19 Vaccine, mRNA) is approved to prevent COVID-19 in individuals 16 years of age and older, there is not sufficient approved vaccine available for distribution to this population in its entirety at the time of reissuance of this EUA." (O'Shaughnessy, Jacqueline. Memo to Mr Amit Patel. "EUA Re-issued." 16 Dec. 2021. Communication between Pfizer, Inc. and the Food and Drug Administration. webfiles.pfizer.com/Letter-Of-Authorization. Accessed 29 Dec. 2021.)

¹⁴ "The Pfizer-BioNTech COVID-19 Vaccine that uses Tris buffer and COMIRNATY (COVID-19 Vaccine, mRNA) that uses the Tris buffer have the same formulation and can be used interchangeably." (O'Shaughnessy, Jacqueline. Memo to Mr Amit Patel. "EUA Re-issued." 16 Dec. 2021. Communication between Pfizer, Inc. and the Food and Drug Administration. webfiles.pfizer.com/Letter-Of-Authorization. Accessed 29 Dec. 2021.)

¹⁵ [italics added] Terry. Memo to Secretary of the Army (Manpower and Reserve Affairs) et al. "Mandatory Vaccination of Service Members using the Pfizer-BioNTech COVID-19 and Comirnaty COVID-19 Vaccines." 14 Sep. 2021. Memorandum for Record. milehighveveningnews.com/wp-content/uploads/2021/10/COVID-19-COMIRNATY-EUA-BLA-equivalent-memo_v3.1-clean-DIGITAL.pdf.

this critical decision is an FDA Question and Answer webpage.¹⁶ Based on this informal Q&A, the DoD routinely refers to the Pfizer-BioNTech and COMIRNATY vaccines as the “Pfizer-BioNTech/COMIRNATY vaccine” giving the impression they are the same product.¹⁷ In summary, the DoD relies on FDA guidance (that COMIRNATY and Pfizer-BioNTech are interchangeable) as the basis for its vaccine mandate. There is only one problem with this. Per the FDA’s website,

FDA Guidance is not legally binding.¹⁸

Furthermore, the FDA does not formally recognize these two products as being interchangeable. The Purple Book is the FDA’s “Database of Licensed Biological Products” that contains “information about all FDA-licensed biological products regulated by the Center for Drug Evaluation and Research (CDER), including licensed biosimilar and interchangeable products, and their reference products.” The Purple Book includes “The date on which a biological product was licensed,” as well as whether a licensed biological product “has been determined by the FDA to be biosimilar to or interchangeable with a reference biological product (an already-licensed FDA biological product).”¹⁹ As of December 21, 2021, a search in the Purple Book for “COVID-19” yields a single result: “Comirnaty (COVID-19 Vaccine, mRNA) - BLA Number: 125742.”²⁰ The COMIRNATY page states there are “no biosimilar” and “no interchangeable” products. In fact, the Pfizer-BioNTech vaccine is not listed anywhere, in any form, within the Purple Book. The FDA also confirms on its website that COMIRNATY is FDA approved, but Pfizer-BioNTech is authorized for

¹⁶ “Q&A for Comirnaty (COVID-19 Vaccine mRNA).” U.S. Food and Drug Administration, 07 Dec. 2021, www.fda.gov/vaccines-blood-biologics/qa-comirnaty-covid-19-vaccine-mrna. Accessed 29 Dec. 2021.

¹⁷ Cisneros, Gilbert R. Jr. Memo to Senior Pentagon Leadership. “Force Health Protection Guidance (Supplement 23) Revision 3 - Department of Defense Guidance for Coronavirus Disease 2019 Vaccination Attestation, Screening Testing, and Vaccination Verification.” 20 Dec. 2021. Memorandum for Record. [media.defense.gov/2021/Nov/15/2002892852/-1/-1/O/FHP-GUIDANCE-\(SUPPLEMENT-23\)-REV-2-DOD-GUIDANCE-FOR-COVID-19-VACCINATION-ATTESTATION-SCREENING-TESTING-AND-VACCINATION-VERIFICATION-CORRECTED-COPY.PDF](https://media.defense.gov/2021/Nov/15/2002892852/-1/-1/O/FHP-GUIDANCE-(SUPPLEMENT-23)-REV-2-DOD-GUIDANCE-FOR-COVID-19-VACCINATION-ATTESTATION-SCREENING-TESTING-AND-VACCINATION-VERIFICATION-CORRECTED-COPY.PDF).

¹⁸ “What is the Difference Between the Food, Drug, and Cosmetic Act (FD&C Act), FDA Regulations, and FDA Guidance?” U.S. Food and Drug Administration, 28 Mar 2018. www.fda.gov/about-fda/fda-basics/what-difference-between-federal-food-drug-and-cosmetic-act-fdc-act-fda-regulations-and-fda-guidance. Accessed 02 Jan. 2022.

¹⁹ “Purple Book Database of Licensed Biological Products - About.” U.S. Food and Drug Administration, purplebooksearch.fda.gov/about. Accessed 28 Dec. 2021.

²⁰ “Purple Book Database of Licensed Biological Products - Search COVID-19.” U.S. Food and Drug Administration, purplebooksearch.fda.gov. Accessed 28 Dec. 2021.

emergency use.²¹ According to the FDA, these two vaccines are legally distinct and separate.

In November 2021, the U.S. District Court for the Northern District of Florida rejected the government's claim of complete interchangeability between the FDA-approved COMIRNATY and the EUA Pfizer-BioNTech.²² The DoD argued that "once the FDA licensed Comirnaty, all EUA-labeled vials essentially became Comirnaty, even if not so labeled."²³ However, the court found this argument "unconvincing," stating that "FDA licensure does not retroactively apply to vials shipped before BLA approval."²⁴ The court held that "as a legal matter, vaccines sent before August 23—and vaccines produced after August 23 in unapproved facilities—remain 'product[s] authorized for emergency use.'"²⁵ However, the court supported the DoD's reliance on the FDA's guidance that the vaccines are interchangeable (though not retroactively), and since the DoD's order specifically stated that only FDA-approved vaccines would be mandated, the court found no need for immediate injunctive relief against the DoD's mandate.²⁶ In summary, the court supported the notion that a service member can be mandated to take an FDA-approved COVID-19 vaccine, even one labeled EUA, if the actual vaccine being mandated was produced after August 23 in an approved facility in accordance with the BLA license.

²¹ "Comirnaty and Pfizer-BioNTech COVID-19 Vaccine." U.S. Food and Drug Administration, www.fda.gov/emergency-preparedness-and-response/coronavirus-disease-2019-covid-19/comirnaty-and-pfizer-biontech-covid-19-vaccine#additional Accessed 28 Dec. 2021.

²² Nevradakis, Michael. "Federal Judge Rejects DoD Claim that Pfizer EUA and Comirnaty Vaccines Are 'Interchangeable.'" *LifeSite*, 13 Dec. 2021. www.lifesitenews.com/news/federal-judge-rejects-dod-claim-that-pfizer-eua-and-comirnaty-vaccines-are-interchangeable/. Accessed 28 Dec. 2021.

²³ United States, Northern District of Florida. Doe 1 et al v. Austin et al, 3:21-cv-01211-AW-HTC (N.D. Fl. Nov. 12, 2021) p. 13, pandemictimeline.com/wp-content/uploads/2021/12/DOE-et-al-v.-AUSTIN-et-al-case-number-3-21-cv-01211-12-NOV-21-US-District-Court-for-the-Northern-District-of-Florida-pages-12-15.pdf. Accessed 28 Dec. 2021.

²⁴ United States, Northern District of Florida. Doe 1 et al v. Austin et al, 3:21-cv-01211-AW-HTC (N.D. Fl. Nov. 12, 2021) p. 14, pandemictimeline.com/wp-content/uploads/2021/12/DOE-et-al-v.-AUSTIN-et-al-case-number-3-21-cv-01211-12-NOV-21-US-District-Court-for-the-Northern-District-of-Florida-pages-12-15.pdf. Accessed 28 Dec. 2021.

²⁵ United States, Northern District of Florida. Doe 1 et al v. Austin et al, 3:21-cv-01211-AW-HTC (N.D. Fl. Nov. 12, 2021) p. 14, pandemictimeline.com/wp-content/uploads/2021/12/DOE-et-al-v.-AUSTIN-et-al-case-number-3-21-cv-01211-12-NOV-21-US-District-Court-for-the-Northern-District-of-Florida-pages-12-15.pdf. Accessed 28 Dec. 2021.

²⁶ At least not enough to issue an injunction.

The question becomes, are service members being given either COMIRNATY vaccines or Pfizer-BioNTech vaccines that were manufactured after August 23 in approved facilities? Anything else, according to the U.S. District Court for the Northern District of Florida, would be unlawful.

COMIRNATY availability. As of October 2021, COMIRNATY was not available in the United States.²⁷ According to the CDC in December 2021,

“COMINARTY products are not orderable at this time...Pfizer has provided the following statement regarding COMINARTY...: ‘Pfizer received FDA BLA license on 8/23/2021 for its COVID-19 vaccine for use in individuals 16 and older (COMIRNATY). At that time, the FDA published a BLA package insert that included the approved new COVID-19 vaccine tradename COMIRNATY and listed 2 new NDCs (0069-1000-03, 0069-1000-02) and images of labels with the new tradename. 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. As such, the CDC, AMA, and drug compendia may not publish these new codes until Pfizer has determined when the product will be produced with the BLA labels.’”²⁸

In October 2021, a service member asked the medical staff at DiLorenzo Health Clinic (the military medical treatment facility in the Pentagon) about the availability of COMIRNATY, and was told “Pfizer has not made any Comirnaty. There is no expected date when we will receive Comirnaty” (see Figure 1b).²⁹

²⁷ Steiber, Zachary. Lee, Meiling. “Pfizer’s COVID-19 Vaccine With Comirnaty Label Still Not Available in US.” NTD, 14 Oct. 2021, ntdca.com/pfizers-covid-19-vaccine-with-comirnaty-label-still-not-available-in-us/. Accessed 29 Dec. 2021.

²⁸ “Preview Posting of COVID-19 Vaccine Codes and Crosswalk for Currently Authorized Vaccines and Anticipation of Potential Vaccine Availability under Emergency Use Authorization (EUA).” Centers for Disease Control and Prevention, www.cdc.gov/vaccines/programs/iis/COVID-19-related-codes.html. Accessed 28 Dec. 2021.

²⁹ www.dthc.capmed.mil/SitePages/Home.aspx

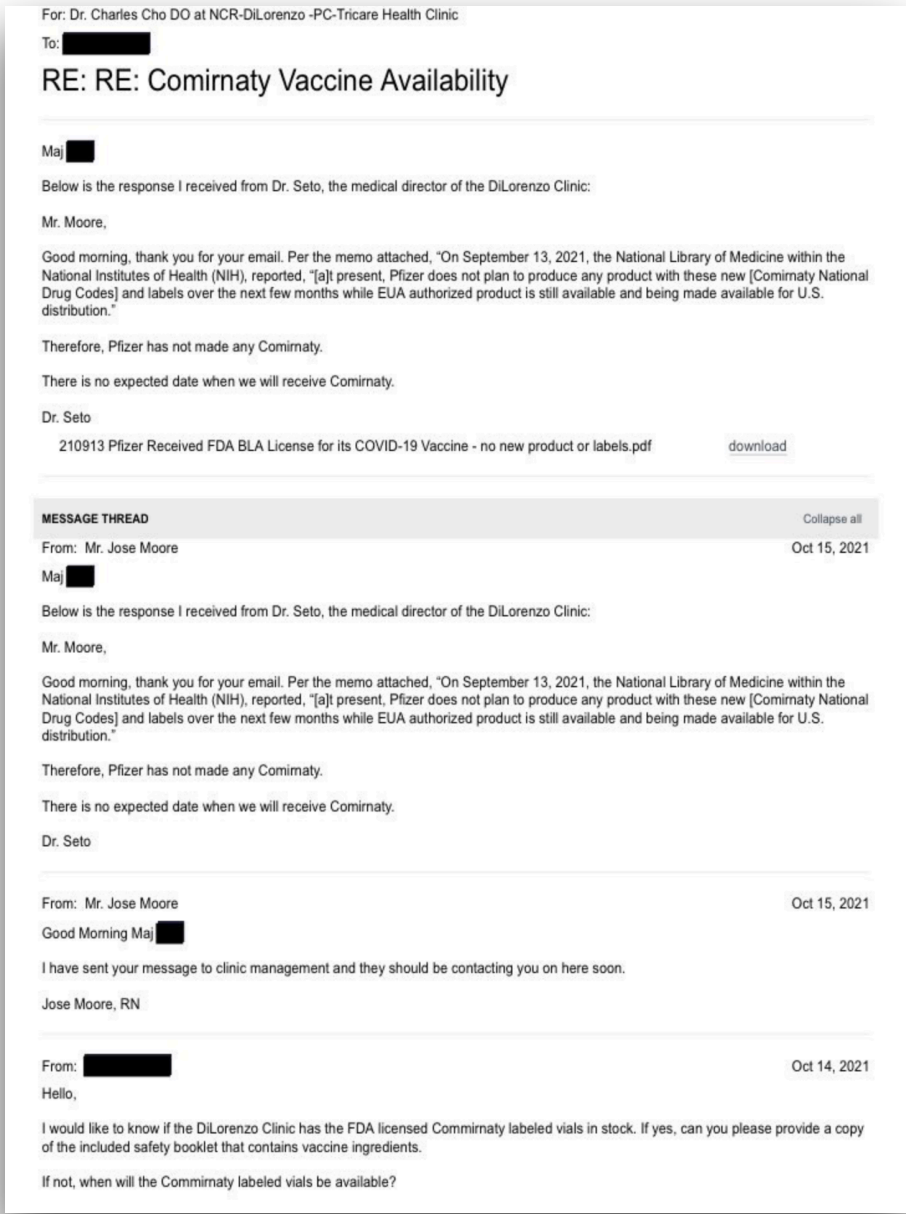


Figure 1b. Email communication showing unavailability of COMIRNATY

BLA-approved Pfizer-BioNTech. It is practically impossible to determine which lots of Pfizer-BioNTech are BLA-approved, and which are under EUA. According to Pfizer-BioNTech’s Health Care Provider Lot Letter, “The lots that are BLA-approved

for administration may be found at cvdvaccine-us.com/resources.”³⁰ However, one has to dig through that website to find what appears to be a list of nine Pfizer-BioNTech COVID-19 vaccine lots (see Figure 2), although the original letter with the BLA approval only listed seven additional lot numbers. However, this list is simply labeled “Additional Lot Details—Lot Numbers” with no other information. It is unclear how service members are supposed to determine which vaccine lot numbers are BLA-approved and fully licensed by the FDA. Many service members have asked their medical teams and leadership for this information, with conflicting results.

Additional Lot Details – Lot Numbers

FD7220
FE3592
FF2587
FF2588
FF2590
FF2593
FF8841
FH8027
FH8028

Figure 2. Pfizer-BioNTech Vaccine Lot Numbers

COVID-19 Testing. The DoD is also mandating COVID-19 testing for all unvaccinated personnel. In its December 2021 memo, the DoD stated “Once the applicable mandatory vaccination date has passed, COVID-19 screening testing...is required at least weekly for Service members entering a DoD facility who are not fully vaccinated, including those who have an exemption request under review, or who are exempted from COVID-19 vaccination.”³¹ According to the memo, these tests “must have Instructions for Use and FDA approval, 510(K) premarket clearance or have an FDA Emergency Use Authorization.”³² However, per 21 U.S. Code

³⁰ Boyce, Donna. “Pfizer-BioNTech COVID-19 Vaccine IMPORTANT PRODUCT INFORMATION.” 23 Aug. 2021. See document attached to [TheCOVIDFallacies.com](https://www.dropbox.com/s/z680x3tbgd62ty6/114.pdf?dl=0) at www.dropbox.com/s/z680x3tbgd62ty6/114.pdf?dl=0.

“Additional Lot Details.” Pfizer-BioNTech Website, webfiles.pfizer.com/additional-lot-details-v3. Accessed 28 Dec. 2021.

³¹ Cisneros, Gilbert R. Jr. Memo to Senior Pentagon Leadership. “Force Health Protection Guidance (Supplement 23) Revision 3 - Department of Defense Guidance for Coronavirus Disease 2019 Vaccination Attestation, Screening Testing, and Vaccination Verification.” p. 2, 20 Dec. 2021. Memorandum for Record. media.defense.gov/2021/Dec/20/2002912718/-1/-1/0/FHP-GUIDANCE-SUPPLEMENT-23-REV-3-DOD-GUIDANCE-FOR-COVID-19-VACCINATION-ATTESTATION-SCREENING-TESTING-AND-VACCINATION-VERIFICATION.PDF.

³² [italics added] Cisneros, Gilbert R. Jr. Memo to Senior Pentagon Leadership. “Force Health Protection Guidance (Supplement 23) Revision 3 - Department of Defense Guidance for Coronavirus Disease 2019 Vaccination Attestation, Screening Testing, and Vaccination Verification.” p. 26, 20 Dec. 2021. Memorandum for Record. media.defense.gov/2021/Dec/20/2002912718/-1/-1/0/FHP-GUIDANCE-SUPPLEMENT-23-REV-3-DOD-GUIDANCE-FOR-COVID-19-VACCINATION-ATTESTATION-SCREENING-TESTING-AND-VACCINATION-VERIFICATION.PDF.

§360bbb-3, EUA products require informed consent.³³ In essence, the DoD is mandating COVID-19 testing without ensuring only FDA-approved products are used. Therefore, any service member who is offered a non-FDA-approved COVID-19 test has the legal authority not to consent to the use of that product, and any order for a service member to take a non-FDA-approved COVID-19 test is unlawful.

In summary, the DoD's COVID-19 vaccine mandate order, while lawful on its face (since the order specifies only FDA-approved vaccines will be mandated) is incapable of being legally enforced since it is impossible to determine which vaccine lots have received BLA approval (the only vaccines that can legally be mandated). Alternatively, if there is no FDA-approved vaccine available in the U.S. at all, then the vaccine mandate order is null and void (and therefore unlawful except for the intentional verbiage of the order specifying only FDA-approved vaccines will be mandated) since it requires the administration of EUA vaccines in order to comply. Such an order would be contrary to the laws of the United States which require consent be given for medical products under Emergency Use Authorization (21 U.S. Code §360bbb-3). For the same reason, the DoD's COVID-19 testing mandate is also unlawful insofar as it requires service members to use non-FDA approved tests without informed consent.

For the reasons presented above, the DoD's claims that its COVID-19 vaccine and testing mandates are lawful orders that can and should be followed *are fallacies*.

³³ United States, 21 U.S. Code § 360bbb-3 - Authorization for Medical Products for Use in Emergencies, *Legal Information Institute*, Cornell Law School, www.law.cornell.edu/uscode/text/21/360bbb-3. Accessed 29 Dec. 2021.

CHAPTER 2

Safe and Effective

The DoD claims COVID-19 vaccines are safe and effective.

There is much debate surrounding the safety and efficacy of COVID-19 vaccines. Americans place a significant amount of trust in their government, especially the FDA and CDC—agencies that play key roles in the protection and safety of the public. No matter where you turn, the mantra is the same: COVID-19 vaccines are “safe and effective.”

- “COVID-19 vaccines are safe and effective.”³⁴ — CDC
- COMIRNATY is “safe and effective in preventing COVID-19.”³⁵ — FDA
- “As the pandemic continues to impact the country, science has shown that vaccination continues to be the safest and most effective way to prevent COVID-19.”³⁶ — CDC

To support its vaccine mandate, the DoD similarly states “COVID-19 vaccines are safe and highly effective.”³⁷ Despite its claim that only FDA-approved COVID-19 vaccines will be used for the mandate, the DoD also permits non-FDA approved vaccines to meet its mandate requirement—even *those vaccines that are still undergoing clinical trials*. In a December 2021 memo, the DoD stated “Individuals must be vaccinated with vaccines that are either fully licensed or authorized for

³⁴ “Safety of COVID-19 Vaccines.” Centers for Disease Control and Prevention, 29 Dec. 2021, www.cdc.gov/coronavirus/2019-ncov/vaccines/safety/safety-of-vaccines.html. Accessed 29 Dec. 2021.

³⁵ “Q&A for Comirnaty (COVID-19 Vaccine mRNA).” U.S. Food and Drug Administration, 07 Dec. 2021, www.fda.gov/vaccines-blood-biologics/qa-comirnaty-covid-19-vaccine-mrna. Accessed 29 Dec. 2021.

³⁶ “Coronavirus (COVID-19) Update: FDA Takes Additional Actions on the Use of a Booster Dose for COVID-19 Vaccine.” U.S. Food and Drug Administration, 20 Oct. 2021, www.fda.gov/news-events/press-announcements/coronavirus-covid-19-update-fda-takes-additional-actions-use-booster-dose-covid-19-vaccines. Accessed 29 Dec. 2021.

³⁷ Austin III, Lloyd J. Memo to Department of Defense Employees. “Message to the Force.” 09 Aug 2021. Memorandum for Record. OSD007202-21/CMD009440-21. media.defense.gov/2021/Aug/09/2002826254/-1/-1/0/Message-to-the-Force-Memo-Vaccine-FINAL.PDF.

emergency use by the Food and Drug Administration (FDA)...listed for emergency use on the World Health Organization Emergency Use Listing...or approved for use in a clinical vaccine trial for which vaccine efficacy has been independently confirmed.”³⁸ In 2019, this would have been in direct contradiction to existing regulations for Air Force aviators. The Official Air Force Aerospace Medicine Approved Medications document (dated 13 May 2019) clearly stated “All medications and immunizations used by flying personnel must be FDA approved.”³⁹ The current version of this document (dated 10 Feb 21) no longer includes that statement. The new version now states “IAW [AFI]48-110, FDA vetted vaccines do not require any down/up change,” meaning no flight status limitations are required for “FDA vetted” vaccines. It is not clear what constitutes an “FDA vetted” vaccine.⁴⁰ This guidance change calls into question the DoD’s judgement in blindly permitting the use of experimental vaccines by aviators, when in the past this would have been considered an anathema. According to the DoD, the “safety and effectiveness” of the COVID-19 vaccines is unassailable—even by its own standards.⁴¹ However, we owe it to our service members to ask these questions— are COVID-19 vaccines safe, and are they effective?

Are COVID-19 vaccines safe? Safety, as defined by Merriam-Webster, means “freedom from harm or danger” and “the state of not being dangerous or harmful.”⁴² If COVID-19 vaccines are safe, they should be neither dangerous nor

³⁸ Cisneros, Gilbert R. Jr. Memo to Senior Pentagon Leadership. “Force Health Protection Guidance (Supplement 23) Revision 3 - Department of Defense Guidance for Coronavirus Disease 2019 Vaccination Attestation, Screening Testing, and Vaccination Verification.” p. 2, 20 Dec. 2021. Memorandum for Record. media.defense.gov/2021/Dec/20/2002912718/-1/-1/0/FHP-GUIDANCE-SUPPLEMENT-23-REV-3-DOD-GUIDANCE-FOR-COVID-19-VACCINATION-ATTESTATION-SCREENING-TESTING-AND-VACCINATION-VERIFICATION.PDF.

³⁹ United States Air Force. “Official Air Force Aerospace Medicine Approved Medications.” 13 May 2019. See document attached to [TheCOVIDFallacies.com](https://www.dropbox.com/s/f8nsvqjj3ygdvtv/40.pdf?dl=0) at www.dropbox.com/s/f8nsvqjj3ygdvtv/40.pdf?dl=0.

⁴⁰ AFI48-110 makes no mention of “FDA vetted” vaccines.

⁴¹ Interestingly, several prominent politicians and media pundits have previously stated their lack of trust in the safety of the COVID-19 vaccines, prior to the 2020 election. (“Vaccine Skepticism by Democrats.” TikTok Video, MP4, uploaded by @ian_robinson. See document attached to [TheCOVIDFallacies.com](https://www.dropbox.com/s/ivpxi96nxpntmd/126.mp4?dl=0) at www.dropbox.com/s/ivpxi96nxpntmd/126.mp4?dl=0.

⁴² “Safety.” *Merriam-Webster*, 2022. www.merriam-webster.com/dictionary/safety. Accessed 28 Dec. 2021.

harmful. While the long-term safety of the COVID-19 vaccines is not and cannot be known at this time, we are able to evaluate evidence of their near-term safety.⁴³

Immediately after the DoD's COVID-19 vaccine mandate went into effect, an Air Force Reserve Technical Sergeant who serves part-time as an Air Transport Craftsman was ordered to either take a COVID-19 vaccine or request an exemption. She began the process of submitting medical and religious accommodation requests. Upon discovering her intent to seek exemption, her commander discouraged her from doing so by telling her that "not having the shot is not conducive to military service" and that she would be throwing away her entire career if she refused to take it. At a mandatory briefing she was ordered to attend where medical staff "educated" service members seeking vaccine exemptions, she asked whether or not the vaccines being administered were fully FDA-approved or under EUA.⁴⁴ She was told COMIRNATY was "the brand name for the Pfizer shot," and that she would receive the FDA-approved shot. Seeing no other option, she submitted to the vaccine mandate and received her shots in October and November 2021. Prior to her second shot, she asked the medical staff additional questions about the vaccine's safety. As a result of her questions, her commander threatened her with discipline for being "unprofessional." The day after her second shot, she developed vision problems. The next day she suffered vertigo and was unable to walk without falling. The following day she developed a rare vertical nystagmus condition where she could not control the vertical twitching of her eyes. She went to the hospital where, after receiving numerous tests, she was told she had suffered four different strokes within her brain stem and occipital lobe. Her neurologist stated unequivocally that her condition was the direct result of the

⁴³ The Mayo Clinic admits that "because COVID-19 vaccines clinical trials only started in the summer of 2020, it's not yet clear if these vaccines will have long-term side effects ("COVID-19 Vaccines: Get the Facts." *Mayo Clinic*, 2021. www.mayoclinic.org/diseases-conditions/coronavirus/in-depth/coronavirus-vaccine/art-20484859#vaccine-benefits. Accessed 30 Dec. 2021.) Regarding the long-term effects of COVID-19 vaccines on pregnant women's offspring, a November 2021 study published by the National Institutes of Health stated "we currently have no data to assess the outcome of maternal COVID-19 vaccination on offspring health, and this may take years to generate." (Karrow, Niel A. et al. "Maternal COVID-19 Vaccination and Its Potential Impact on Fetal and Neonatal Development." *Vaccines*, vol. 9, no. 11, p. 1351. doi.org/10.3390/vaccines9111351. Accessed 30 Dec. 2021.)

⁴⁴ As part of the DoD's attempt to convince service members to take a COVID-19 vaccine, medical providers are instructed to provide information about the vaccines to service members. An example of one of these Medical Fact Sheets, as well as a detailed scientific rebuttal of it, is available here: (Stanislawski, David. "DoD Med Fact Sheet and Rebuttal." *Midwest Public Health Coalition*. Accessed 09 Dec. 2021. See document attached to TheCOVIDFallacies.com at www.dropbox.com/s/5ixy31jbzqzw60i/45.pdf?dl=0.

COVID-19 vaccine. Since early November she is no longer on military orders, has been unable to work her civilian job due to her medical condition, and struggles financially due to the loss of income and medical expenses.

Some additional examples of service members suffering adverse reactions to the COVID-19 vaccines are listed below.

- A Marine F-35 pilot suffered Bell's Palsy (one side of his face was completely numb) for several days after his first shot.
- An Air Force active duty officer suffered a seizure only minutes after his first Pfizer shot.
- An Air Force Reserve T-6 pilot suffered severe, months-long headaches, dizziness, tinnitus, and tachycardia that sent him to the emergency room on three different occasions.
- An Army Signals Intelligence officer suffered severe migraines and bruising over his entire body within 24 hours of receiving his second dose.
- A Marine H-1/TH-57 pilot suffered chest tension and severe fatigue less than one day after receiving his first Pfizer shot.
- An Air Force Reserve A-10 pilot was hospitalized for heart attack symptoms, including numbness and tingling in his left arm, chest pain, nausea, convulsions, shortness of breath, and fatigue after receiving the COVID-19 vaccine.
- A Navy Reserve officer suffered Guillain-Barre Syndrome (half of his body was paralyzed for several days) after receiving the vaccine.
- A Navy P-3 pilot developed shingles after receiving the vaccine. The flight doc told him it was "probably just stress" and refused to report the incident in VAERS.
- An Army CW3 suffered intense chest pain and pressure with corresponding numbness in his left arm after receiving the vaccine.

Regardless of rate of incidence, people are suffering adverse reactions to COVID-19 vaccines, and not only in the DoD.⁴⁵ Despite the growing evidence, the CDC alleges “serious safety problems are rare,” and even goes so far as to say “An adverse event can be caused by the vaccine or can be caused by a coincidental event not related to the vaccine.”⁴⁶ The question is - Are these events truly rare?

The CDC monitors adverse reactions to U.S.-licensed vaccines through the Vaccine Adverse Event Reporting System (VAERS).⁴⁷ According to VAERS, as of December 17, 2021, there have been 986,756 COVID-19 vaccine-related adverse events. However, in December 2021, Columbia University released a study in which they found that “VAERS deaths are underreported by a factor of 20, consistent with known VAERS under-ascertainment bias.”⁴⁸ If this study is true, the real number of COVID-19 vaccine-related adverse events could be nearly 20 million.⁴⁹ Incredibly, the number of deaths associated with the COVID-19 vaccine *that have been reported* is “more than double the number of deaths associated with all other vaccines combined since the year 1990.”⁵⁰

In light of reported (and unreported) adverse physiological reactions that reveal a threat to the health of our service members—particularly those involved in aviation—and pose real danger to the readiness of our military, one would expect the DoD to aggressively research these events. In fact, DoD regulations require it. DoD Instruction 6205.02 *DoD Immunization Program*, states “All immunization programs must include, at a minimum, procedures that...Implement patient safety

⁴⁵ *Real Not Rare*, 2022. www.realnotrare.com/realstories. Accessed 29 Dec. 2021.

⁴⁶ “Safety of COVID-19 Vaccines.” Centers for Disease Control and Prevention, 29 Dec. 2021, www.cdc.gov/coronavirus/2019-ncov/vaccines/safety/safety-of-vaccines.html. Accessed 29 Dec. 2021.

⁴⁷ “Vaccine Adverse Event Reporting System.” U.S. Health and Human Services, 2021, vaers.hhs.gov/index.html. Accessed 29 Dec. 2021.

⁴⁸ Pantazatos, Spiro and Seligmann, Herve. “COVID Vaccination and Age-Stratified All Cause Mortality Risk.” ResearchGate, Oct. 2021, DOI:[10.13140/RG.2.2.28257.43366](https://doi.org/10.13140/RG.2.2.28257.43366). Accessed 15 Dec. 2021.

⁴⁹ $983,756 \times 20 = 19,675,120$

⁵⁰ “VAERS Summary for COVID-19 Vaccines Through 12/17/2021.” VAERS Analysis, 25 Dec. 2021, vaersanalysis.info/2021/12/25/vaers-summary-for-covid-19-vaccines-through-12-17-2021/. Accessed 29 Dec 2021.

surveillance following immunizations that detects, evaluates, reports, investigates, and clinically manages vaccine-associated adverse events.”⁵¹

To date, there is no known DoD effort to detect, evaluate, report, investigate and manage COVID-19 vaccine-associated adverse events.

On the contrary, there are documented cases of cover-up and retribution against those who speak out. For example, Lieutenant Colonel Theresa Long is a U.S. Army Flight Surgeon at Fort Rucker in Alabama who is board-certified in Aerospace Medicine with a Master’s in Public Health. In late 2021 she filed an affidavit under the Military Whistleblower Protection Act, in which she stated the following:

“I personally observed the most physically fit female Soldier I have seen in over 20 years in the Army, go from Collegiate level athlete training for Ranger School, to being physically debilitated with cardiac problems, newly diagnosed pituitary brain tumor, thyroid dysfunction within weeks of getting vaccinated. Several military physicians have shared with me their firsthand experience with a significant increase in the number of young Soldiers with migraines, menstrual irregularities, cancer, suspected myocarditis and reporting cardiac symptoms after vaccination. Numerous Soldiers and DOD civilians have told me of how they were sick, bed-ridden, debilitated, and unable to work for days to weeks after vaccination. I have also recently reviewed three flight crew members’ medical records, all of which presented with both significant and aggressive systemic health issues. Today I received word of one fatality and two ICU cases on Fort Hood; the deceased was an Army pilot who could have been flying at the time. All three pulmonary embolism events happened within 48 hours of their vaccination. I cannot attribute this result to anything other than the Covid 19 vaccines as the source of these events. Each person was in top physical condition before the inoculation, and each suffered the event within 2 days post vaccination. Correlation by itself does not equal causation, however, significant causal patterns do exist that raise correlation into a probable cause; and the burden to prove otherwise falls on the authorities such as the CDC, FDA, and pharmaceutical manufacturers. I find the illnesses, injuries and fatalities observed to be the proximate and causal effect of the Covid 19 vaccinations.”⁵²

⁵¹ Department of Defense, “DoD Immunization Program, DoD Instruction 6205.02.” 23 July 2019. www.esd.whs.mil/Portals/54/Documents/DD/issuances/dodi/620502p.pdf?ver=2019-07-23-085404-617.

⁵² Long, Theresa Dr. (LTC). “Affidavit of LTC. Theresa Long M.D. in Support of a Preliminary Injunction Order”. americasfrontlinedoctors.org/2/wp-content/uploads/2021/09/AFFIDAVIT_OF_LTC2_Long.pdf. Accessed 09 Dec. 2021.

Out of concern for her pilots, LTC Long reported the incidents to her command. The Army's response was shocking. "After I reported to my command my concerns that in one morning I had to ground three out of three pilots due to vaccine injuries, the next day my patients were canceled, my charts were pulled for review, and I was told that I would not be seeing acute patients anymore, just healthy pilots there for their flight physical." She also stated "I can report of knowing over fifteen military physicians and healthcare providers who have shared experiences of having their safety concerns ignored and being ostracized for expressing or reporting safety concerns as they relate to COVID vaccinations."⁵³

The DoD's behavior regarding this matter is unconscionable, especially since military pilots are strictly forbidden from taking or receiving many different types of drugs and vaccines without "thorough review."⁵⁴ For example, in order for a military pilot to ingest such benign products as Aspirin, Lipitor, Tamiflu, or dietary supplements (vitamins), he or she must receive specific permission from a flight surgeon and undergo a prescribed ground trial period to test for adverse reactions.⁵⁵ Furthermore, as the efficacy of the COVID-19 vaccines continues to decline (or, more likely, the knowledge of their actual efficacy increases), the CDC now recommends booster shots.⁵⁶ In light of the DoD's homage to CDC guidance (with the notable exception of CDC acknowledgement that the vaccines do not prevent the spread of the virus or prevent individuals from getting sick with COVID-19), it is not unreasonable to expect the DoD will mandate booster shots in

⁵³ Long, Theresa Dr. (LTC). "Affidavit of LTC. Theresa Long M.D. in Support of a Preliminary Injunction Order". americasfrontlinedoctors.org/2/wp-content/uploads/2021/09/AFFIDAVIT_OF_LTC2_Long.pdf. Accessed 09 Dec. 2021.

⁵⁴ United States Air Force. "Official Air Force Aerospace Medicine Approved Medications." 10 Feb 2021. See document attached to TheCOVIDFallacies.com at www.dropbox.com/s/k0ddc0b2ygsyax1/154.pdf?dl=0.

⁵⁵ United States Air Force. "Official Air Force Aerospace Medicine Approved Medications." 10 Feb 2021. See document attached to TheCOVIDFallacies.com at www.dropbox.com/s/k0ddc0b2ygsyax1/154.pdf?dl=0.

⁵⁶ According to the CDC, "Everyone ages 18 and older should get a booster shot." ("COVID-19 Vaccine Booster Shots." Center for Disease Control and Prevention, 29 Nov. 2021. www.cdc.gov/coronavirus/2019-ncov/vaccines/booster-shot.html. Accessed 06 Dec. 2021 (document revised 28 Dec. 2021). See document attached to TheCOVIDFallacies.com at www.dropbox.com/s/zhzkw3km3yoztgz/41.pdf?dl=0.) In a November 2021 ruling, a US District Court in Louisiana stated "If boosters are needed six months after being 'fully vaccinated,' then how good are the COVID-19 vaccines, and why is it necessary to mandate them?" (United States, Western District of Louisiana. State et al v. Becerra et al, 3:21-cv-03970-TAD-KDM (W.D. La. Nov. 30, 2021), www.scribd.com/document/543842459/Judge-Terry-Doughty-s-memorandum-order-blocking-COVID-19-vaccine-mandate-for-healthcare-workers#download. Accessed 04 Dec. 2021.)

the near future.⁵⁷ Repeated exposure to a vaccine known to cause adverse reactions—regardless of rarity—results in an increased threat to the health, safety and readiness of the force. This threat is both real and significant. Below are just a few data points that should give the DoD pause.

- The American Heart Association published a study in which it found “mRNA vaccines dramatically increase risk of developing heart diseases,” concluding that the mRNA vaccines “dramatically increase inflammation on the endothelium and T cell infiltration of cardiac muscle and may account for the observations of increased thrombosis, cardiomyopathy, and other vascular events following vaccination.”⁵⁸
- According to Dr. Peter Schirmacher, Director of the Pathological Institute of the University of Heidelberg, a COVID-19 vaccine is “Cause of Death in 30-40% of Autopsies of Recently Vaccinated.”⁵⁹
- An October 2021 study accomplished by Columbia University found “the risks of COVID vaccines and boosters outweigh the benefits in children, young adults, and older adults with low occupational risk or previous coronavirus exposure. Our findings raise important questions about current

⁵⁷ (Shane, Leo III. “Pentagon Considering COVID Booster Mandate for All Troops.” Military Times, 10 Dec. 2021, www.militarytimes.com/news/pentagon-congress/2021/12/10/pentagon-considering-covid-booster-mandate-for-all-troops/. Accessed 10 Dec. 2021.) In December 2021, Air Force Surgeon General encouraged a COVID-19 vaccine booster, stating “Be a good teammate - get a booster.” (Miller, Robert I. Memo to Airmen and Guardians. Memorandum for Record. See document attached to TheCOVIDFallacies.com at www.dropbox.com/s/4g3fext6457k5il/116.pdf?dl=0.)

⁵⁸ Gundry, Steven R. “Abstract 10712: Observational Findings of PULS Cardiac Test Findings for Inflammatory Markers in Patients Receiving mRNA Vaccines.” *Circulation*, vol. 144 Suppl 1, no. A10712, https://www.ahajournals.org/doi/10.1161/circ.144.suppl_1.10712. Accessed 30 Dec. 2021.

⁵⁹ “Chef-Pathologe der Uni Heidelberg Drängt Auf Mehr Obduktionen von Geimpften.” *Ausberger Allgemeine*, 01 Aug. 2021. www.augsburger-allgemeine.de/panorama/Corona-Chef-Pathologe-der-Uni-Heidelberg-draengt-auf-mehr-Obduktionen-von-Geimpften-id60235361.html. Accessed 30 Dec. 2021.

“Chief Pathologist at the University of Heidelberg Urges More Autopsies of Vaccinated People.” *Ausburger Allgemeine*, 01 Aug. 2021. www.augsburger-allgemeine.de/panorama/Corona-Chef-Pathologe-der-Uni-Heidelberg-draengt-auf-mehr-Obduktionen-von-Geimpften-id60235361.html. Accessed 30 Dec. 2021. See document attached to TheCOVIDFallacies.com at www.dropbox.com/s/6tpa291alrdrnrfq/131.pdf?dl=0.

COVID mass vaccination strategies and warrant further investigation and review.”⁶⁰

- A surprising number of world-class athletes (nearly all of whom are vaccinated) are suffering heart-related health issues.⁶¹
- A study by the University of Oxford found that risks of COVID-19 vaccine-induced myocarditis in males under 40 are significantly higher than the risk of the same condition following COVID-19 sickness.⁶²
- The Canadian Covid Care Alliance released a comprehensive safety and ethics study of Pfizer’s COVID-19 vaccine and found that “The Pfizer 6 month data shows that Pfizer’s COVID-19 inoculations cause more illness than they prevent.”⁶³ The report concluded with the recommendation that “the inoculations should be withdrawn immediately.”⁶⁴
- A group of prominent attorneys and doctors notified the FAA that “pilots are operating commercial aircraft in contravention of Do-Not-Fly regulations...

⁶⁰ Pantazatos, Spiro and Seligmann, Herve. “COVID Vaccination and Age-Stratified All Cause Mortality Risk.” ResearchGate, Oct. 2021, DOI:[10.13140/RG.2.2.28257.43366](https://doi.org/10.13140/RG.2.2.28257.43366). Accessed 02 Jan. 2022.

⁶¹ (“Video Compilation of Athletes Dying.” Video, MP4. Accessed 30 Dec 2021. See video attached to [TheCOVIDFallacies.com](https://www.dropbox.com/s/m5gvmbvrlvq74o/132.mp4?dl=0) at www.dropbox.com/s/m5gvmbvrlvq74o/132.mp4?dl=0.) (“405 Athlete Cardiac Arrests, Serious Issues, 237 Dead, After COVID Shot.” Real Science, 03 Jan. 2022. goodsciencing.com/covid/athletes-suffer-cardiac-arrest-die-after-covid-shot/. Accessed 05 Jan. 2022.) (Chinchilla, Data. “Analysis of Football Injury Data From 2015-2021. Are Heart-Related Injuries More Frequent in the Year 2021?” The COVID World, 26 Dec. 2021. thecovidworld.com/analysis-of-football-injury-data-from-2015-2021-are-heart-related-injuries-more-frequent-in-year-2021/. Accessed 02 Jan. 2022.)

⁶² Patone, Martina, et al. “Risk of Myocarditis Following Sequential COVID-19 Vaccinations by Age and Sex.” medRxiv, 25 Dec. 2021. doi.org/10.1101/2021.12.23.21268276. Accessed 01 Jan. 2022.

⁶³ “The Pfizer Inoculations for COVID-19 More Harm Than Good.” Canadian Covid Care Alliance, 2021, www.canadiancovidcarealliance.org/wp-content/uploads/2021/12/The-COVID-19-Inoculations-More-Harm-Than-Good-REV-Dec-16-2021.pdf. accessed 01 Jan. 2022.

⁶⁴ “The Pfizer Inoculations for COVID-19 More Harm Than Good.” Canadian Covid Care Alliance, 2021, www.canadiancovidcarealliance.org/wp-content/uploads/2021/12/The-COVID-19-Inoculations-More-Harm-Than-Good-REV-Dec-16-2021.pdf. Accessed 01 Jan. 2022.

which disallow medical clearance of pilots who have taken non-FDA approved medical products.”⁶⁵

While it may be difficult to label a vaccine as either “safe” or “unsafe,” since safety is relative, the evidence reveals that COVID-19 vaccines are causing harm, and therefore the DoD’s claim that they are safe *is a fallacy*.

Are COVID-19 vaccines effective? “Effective” is defined as “producing a result that is wanted” or “having an intended effect.”⁶⁶ According to the DoD, the intended effect of a COVID-19 vaccine is to protect service members and their families, units, ships, and co-workers.”⁶⁷ Additionally, the DoD believes COVID-19 vaccines are “essential to the health...of the Force.”⁶⁸ Here we analyze the DoD’s claims that a COVID-19 vaccine will “protect” service members and keep them “healthy.”

1. The vaccine will protect service members.

2. The vaccine will keep service members healthy.

To better understand these claims and the following analysis of them, Figure 3 differentiates various categories of SARS-CoV-2 infection and COVID-19 symptoms, and how personnel may be considered healthy or unhealthy.

⁶⁵ Dundas, Leigh T, et al. Memo to Stephen M. Dickson, et al. “Notice to the FAA Regarding Pilots Operating Aircraft Following COVID-19 Vaccination.” 15 Dec. 2021. Communication between concerned professionals, the FAA, and major airlines. nationwidewalkout.com/wp-content/uploads/sites/3/2021/12/file_scan.pdf. Accessed 01 Jan. 2022.

⁶⁶ "Effective." *Merriam-Webster*, 2022. www.merriam-webster.com/dictionary/effective. Accessed 28 Dec. 2021.

⁶⁷ Austin III, Lloyd J. Memo to Department of Defense Employees. “Message to the Force.” 09 Aug 2021. Memorandum for Record. OSD007202-21/CMD009440-21. media.defense.gov/2021/Aug/09/2002826254/-1/-1/0/Message-to-the-Force-Memo-Vaccine-FINAL.PDF.

⁶⁸ Austin III, Lloyd J. Memo to Secretaries of the Military Services, et al. “Coronavirus Disease 2019 Vaccination for Members of the National Guard and Ready Reserve.” 30 Nov 2021. Memorandum for Record. media.defense.gov/2021/Nov/30/2002900918/-1/-1/1/MEMORANDUM-ON-CORONAVIRUS-DISEASE-2019-VACCINATION-FOR-MEMBERS-OF-THE-NATIONAL-GUARD-AND-THE-READY-RESERVE.PDF.

	HEALTHY	UNHEALTHY
A. NOT INFECTED with SARS-CoV-2	1: NO HISTORY OF SARS-CoV-2 Infection	
	2: RECOVERED FROM SARS-CoV-2 Infection	
B. INFECTED with SARS-CoV-2	3: NO COVID-19 Symptoms	
		4: MILD COVID-19 Symptoms
		5: MODERATE/SEVERE COVID-19 Symptoms
		6: DEATH from COVID-19

Figure 3. Healthy vs Unhealthy

1. The vaccine will protect service members. The DoD claims that COVID-19 vaccines will “protect you.” The word “protect” means “to cover or shield from exposure, injury, damage, or destruction.”⁶⁹ Therefore, the DoD believes that COVID-19 vaccines will “cover or shield” service members (as well as their families, units, ships, and co-workers) from exposure to, or injury/damage/destruction from the SARS-CoV-2 virus. In essence, the DoD claims a COVID-19 vaccine protects you from SARS-CoV-2 infection (see Group A in Figure 3). And since you cannot spread what you do not have, by extension the DoD claims that a COVID-19 vaccine will prevent the spread of the SARS-CoV-2 virus.

Some may argue the SecDef’s claims of vaccine protection applied to the COVID-19 illness, as opposed to the SARS-CoV-2 virus that causes it. However, in his August 9th memo, Austin’s concern over “infection rates” was discussed as rationale for recommending the vaccine mandate. Since a person is “infected” by the SARS-CoV-2 virus—not COVID-19—his expressed concern over “infection rates” referred to the infection rate of the SARS-CoV-2 virus.⁷⁰ This is corroborated by Joe Biden, who stated in his September 2021 Executive Order 14043 “the best way to slow the spread of COVID-19 and to prevent infection by the Delta variant or other

⁶⁹ “Protect.” Merriam-Webster, 2022. www.merriam-webster.com/dictionary/protect. Accessed 5 Dec. 2021.

⁷⁰ Austin III, Lloyd J. Memo to Department of Defense Employees. “Message to the Force.” 09 Aug 2021. Memorandum for Record. OSD007202-21/CMD009440-21. media.defense.gov/2021/Aug/09/2002826254/-1/-1/0/Message-to-the-Force-Memo-Vaccine-FINAL.PDF.

variants is to be vaccinated.”⁷¹ Even the CDC claims “COVID-19 vaccines... help people avoid getting the virus that causes COVID-19.”⁷² There is no doubt that these claims of vaccine protection speak to protection against the virus itself. Is the DoD correct to claim that the COVID-19 vaccine protects people from getting infected with the SARS-CoV-2 virus?

- In October 2021, Epidemiologist Dr. Paul Alexander reviewed 37 different studies on the efficacy of COVID-19 vaccines and found “while the vaccines provide individual benefits to the vaccinee, and especially to older high-risk people, the public benefit of universal vaccination is in grave doubt. As such, Covid vaccines should not be expected to contribute to eliminating the communal spread of the virus or the reaching of herd immunity. This unravels the rationale for vaccine mandates and passports.”⁷³
- One of the studies reviewed by Dr. Alexander was a CDC-funded study conducted in July and August 2021. It revealed no significant difference in SARS-CoV-2 transmission between vaccinated and unvaccinated people. The study found that “clinicians and public health practitioners should consider vaccinated persons who become infected with SARS-CoV-2 to be no less infectious than unvaccinated persons.”⁷⁴
- On November 29, 2021, a U.S. district court in Missouri found a glaring lack of evidence in the government’s case pertaining to the ability of vaccines to

⁷¹ [emphasis added] United States, Executive Office of the President [Joseph R. Biden, Jr]. Executive order 14043: Requiring Coronavirus Disease 2019 Vaccination for Federal Employees. 09 Sep. 2021. Federal Register, vol. 86, no. 175, 14 Sep. 2021, pp. 50989-90, www.govinfo.gov/content/pkg/FR-2021-09-14/pdf/2021-19927.pdf.

⁷² “COVID-19 Vaccine Effectiveness: What We Know about How Well the Vaccines Are Working”. Centers for Disease Control and Prevention, 10 Nov. 2021, accessed 03 Dec 2021 (document no longer available), www.cdc.gov/coronavirus/2019-ncov/vaccines/effectiveness/how-they-work.html. Accessed 03 Dec. 2021. See document attached to TheCOVIDFallacies.com at www.dropbox.com/s/nh0kpwh7voigkvn/6.pdf?dl=0.

⁷³ Alexander, Paul Elias. “37 Studies on Vaccine Efficacy that Raise Doubt on Vaccine Mandate.” Brownstone Institute, 28 Oct. 2021, brownstone.org/articles/16-studies-on-vaccine-efficacy/. Accessed 17 Dec. 2021.

⁷⁴ Salvatore, Phillip P., et al, “Transmission potential of vaccinated and unvaccinated persons infected with the SARS-CoV-2 Delta variant in a federal prison, July-August 2021.” medRxiv, COVID-19 SARS-CoV-2 preprints collection, doi.org/10.1101/2021.11.12.21265796. Accessed 28 Nov. 2021.

prevent virus transmission.⁷⁵ According to the judge, the government “lacks evidence showing that vaccination status has a direct impact on spreading COVID” in the relevant facilities, and even quoted the government’s own admission that “the effectiveness of the vaccine[s] to prevent disease transmission by those vaccinated [is] not currently known.” The court held that “No one questions that protecting patients and healthcare workers from contracting COVID is a laudable objective. But the Court cannot, in good faith, allow [the government] to enact an unprecedented mandate that lacks a ‘rational connection between the facts found and the choice made.’”⁷⁶

- On November 30, 2021, a U.S. district court in Louisiana found, based on evidence presented, that “COVID-19 vaccines do not prevent transmission of the disease among the vaccinated or mixed vaccinated/unvaccinated population,” and “people who have been *fully vaccinated still become infected*.”⁷⁷
- On January 2, 2022, Defense Secretary Lloyd Austin, who is double-vaccinated and received a booster shot in October, announced he had symptomatic COVID-19.⁷⁸

For the reasons stated above, the DoD’s claim that a COVID-19 vaccine will protect service members and their families/units/ships/co-workers by preventing infection or spread of the SARS-CoV-2 virus *is a fallacy*.

2. The vaccine will keep service members healthy. The DoD claims that COVID-19 vaccines will keep service members “healthy.” “Healthy” also means *not unhealthy*, i.e., not sick with COVID-19, which implies that COVID-19 vaccines prevent people from getting sick with the COVID-19 illness, regardless of whether

⁷⁵ On November 10, 2021, 10 states filed for an injunction to block the federal vaccine mandate issued by the Centers for Medicare and Medicaid Services (CMS).

⁷⁶ United States, Eastern District of Missouri. *State v. Biden*, 4:21-cv-01329-MTS (E.D. Mo. Dec. 1, 2021), ago.mo.gov/docs/default-source/press-releases/cms-injunction.pdf?sfvrsn=ed822d9d_2.

⁷⁷ [italics added] United States, Western District of Louisiana. *State et al v. Becerra et al*, 3:21-cv-03970-TAD-KDM (W.D. La. Nov. 30, 2021), www.scribd.com/document/543842459/Judge-Terry-Doughty-s-memorandum-order-blocking-COVID-19-vaccine-mandate-for-healthcare-workers#download&from_embed. Accessed 04 Dec.2021.

⁷⁸ Ditzler, Joseph. “Defense Secretary Lloyd Austin Tests Positive for the Coronavirus.” *Stars and Stripes*, 03 Jan 2022. www.stripes.com/theaters/us/2022-01-02/defense-secretary-lloyd-austin-positive-coronavirus-4159794.html Accessed 03 Jan. 2022.

or not the vaccine prevents the spread of SARS-CoV-2 (since a person can have the virus and be asymptomatic/healthy—Group 3 in Figure 1).⁷⁹ If the DoD's claim is true, then people groups with high vaccination rates ought to have correspondingly low COVID-19 case rates, and we need only refer to the unambiguous scientific evidence to verify if this is true.

- In August 2021, the European Journal of Epidemiology published a study that spanned 68 countries and 2,947 U.S. counties.⁸⁰ The study found “no discernible relationship between percentage of population fully vaccinated and new COVID-19 cases.” In fact, it even found “a marginally positive association such that countries with higher percentage of population fully vaccinated have higher COVID-19 cases per 1 million people.” For example, both Iceland and Portugal “have over 75% of their population fully vaccinated and have more COVID-19 cases per 1 million people than countries such as Vietnam and South Africa that have around 10% of their population fully vaccinated.” The country with the highest number of new COVID-19 cases was Israel, which had one of the highest percentages of population fully vaccinated (60%).⁸¹ In summary, according to this study, *people groups with higher vaccination rates have higher rates of COVID-19 cases.*
- Denmark set a record for their highest daily increase of new COVID-19 cases, despite achieving an 87% population vaccination rate.⁸² The European Center for Disease Control (ECDC) promptly blamed the unvaccinated, while

⁷⁹ A similar claim made by Joe Biden, who stated in a July 2021 town hall “You're not going to get Covid if you have these vaccinations” (Dale, Daniel and Subramaniam, Tara. “Fact Check: Biden Makes False Claims about Covid-19, Auto Prices and Other Subjects at CNN Town Hall.” CNN, Cable News Network, 22 July 2021, www.cnn.com/2021/07/22/politics/fact-check-biden-cnn-town-hall-july/index.html. Accessed 03 Dec. 2021.).

⁸⁰ To avoid the confirmation bias trap, we observe research that spans multiple countries and/or reviews multiple independent studies. More credit is given to broader and more comprehensive research.

⁸¹ Subramanian, S.V. and Kumar, Akhil. “Increases in COVID-19 are unrelated to levels of vaccination across 68 countries and 2947 counties in the United States.” *European Journal of Epidemiology*, 30 Sep. 2021. doi.org/10.1007/s10654-021-00808-7. Accessed 03 Dec. 2021.

⁸² “World Coronavirus #Countries.” *Worldometers.info*, 2021, www.worldometers.info/coronavirus/country/denmark/. Accessed 03 Dec. 2021.

Denmark simultaneously pushed boosters as the solution.⁸³ If the unvaccinated are the cause of the increased infection rate, why would boosters for the already vaccinated be necessary?

- In December 2021, France set a new daily record in COVID-19 cases, despite 76% of the country's population being fully vaccinated.⁸⁴
- The German government released a report in December showing 96% of COVID cases involving the "Omicron variant" are among fully vaccinated.⁸⁵
- In December, a CDC report showed 79% of COVID-19 cases involving the "Omicron" variant occurred in vaccinated people.⁸⁶

According to research and statistics from the United States as well as Europe, COVID-19 vaccines are ineffective at preventing people from getting sick with COVID-19. At this point the goal posts are moved to include the expectation of "COVID-19 breakthrough infections."⁸⁷ Now the narrative reflects that COVID-19 vaccines may not prevent you from getting sick with COVID-19 as promised, *but they will protect you from really bad symptoms*. Per the CDC, "Fully vaccinated

⁸³ Kumar, Ajeet. "Denmark Records Highest COVID Cases Despite Inoculating 88% Of Its Population." Republic World, 16 Nov. 2021, www.republicworld.com/world-news/europe/denmark-records-highest-covid-cases-despite-inoculating-88-percent-of-its-population.html. Accessed 03 Dec. 2021.

⁸⁴ "France Hits New Record in Daily Covid Cases." RT News, 08 Dec. 2021. www.rt.com/news/542521-france-hit-new-covid-record/. Accessed 03 Dec. 2021.

⁸⁵ Menahan, Chris. "Germany: Gov't Reports 96% of Omicron Cases Among Fully Vaccinated, 4% Are Unvaccinated." Information Liberation, 30 Dec. 2021, www.informationliberation.com/?id=62769. Accessed 01 Jan. 2022.

⁸⁶ "SARS-CoV-2 B.1.1.529 (Omicron Variant) - United States, December 1-8, 2021." Centers for Disease Control and Prevention, 10 Dec. 2021, www.cdc.gov/mmwr/volumes/70/wr/mm7050e1.htm?s_cid=mm7050e1_w. Accessed 10 Dec. 2021.

⁸⁷ The word "breakthrough" implies "rareness." The European Journal of Epidemiology study showed higher numbers of COVID-19 cases are found in people groups with higher vaccination rates. "Breakthrough cases" are anything but rare.

people with a vaccine breakthrough infection are less likely to develop serious illness than those who are unvaccinated and get COVID-19.”⁸⁸

It is impossible to directly measure the palliative effectiveness of a vaccine when the act of vaccination precludes any comparison to that patient’s unvaccinated response to the disease. In other words, if a person takes the vaccine and subsequently falls ill with COVID-19, one cannot necessarily say “the vaccine made the symptoms mild,” since there is no way to know whether that patient would have had worse, better, or equal symptoms had they not taken the vaccine.⁸⁹ The only way to study whether or not COVID-19 vaccines dampen COVID-19 symptoms is to compare the severity of symptoms of large groups of vaccinated and unvaccinated SARS-CoV-2-infected people. That depends on accurate, unbiased research, free from the influence of any person or organization interested or invested in a particular outcome. It also requires a large pool of unvaccinated people of similar demographics for comparison. This group of unvaccinated people seems to be being rushed to extinction.⁹⁰

It is natural to expect that a nation-wide effort to create a vaccine for a specific disease would be effective, especially since extremely high efficacy was publicly promised by the manufacturers. There is plenty of scientific evidence demonstrating vaccine effectiveness in symptom mitigation, which the DoD relies heavily on—usually at the exclusion of evidence that the COVID-19 vaccine is not preventing transmission or infection. But, it should also be noted that research exists that shows COVID-19 vaccines do not always prevent people from having

⁸⁸ “The Possibility of COVID-19 after Vaccination: Breakthrough Infections”. Centers for Disease Control and Prevention, 09 Nov. 2021, document revised 17 Dec 2021, [cdc.gov/coronavirus/2019-ncov/vaccines/effectiveness/why-measure-effectiveness/breakthrough-cases.html](https://www.cdc.gov/coronavirus/2019-ncov/vaccines/effectiveness/why-measure-effectiveness/breakthrough-cases.html). Accessed 03 Dec. 2021. See document attached to [TheCOVIDFallacies.com](https://www.dropbox.com/s/qksvOfvy9afqwu2/17.pdf?dl=0) at www.dropbox.com/s/qksvOfvy9afqwu2/17.pdf?dl=0.

⁸⁹ That did not stop Defense Secretary Austin, who came down with COVID-19 in January 2022, from stating “As my doctor made clear to me, my fully vaccinated status — and the booster I received in early October — have rendered the infection much more mild than it would otherwise have been.” (Ditzler, Joseph. “Defense Secretary Lloyd Austin Tests Positive for the Coronavirus.” Stars and Stripes, 03 Jan 2022. www.stripes.com/theaters/us/2022-01-02/defense-secretary-lloyd-austin-positive-coronavirus-4159794.html. Accessed 03 Jan. 2022.)

⁹⁰ On September 9, 2021, Biden told unvaccinated Americans “We’ve been patient, but our patience is wearing thin.” (Biden, Joseph R. Jr. “Remarks by President Biden on Fighting the COVID-19 Pandemic.” 09 Sep 2021, The White House, Briefing Room, Washington DC. Speeches and Remarks. www.whitehouse.gov/briefing-room/speeches-remarks/2021/09/09/remarks-by-president-biden-on-fighting-the-covid-19-pandemic-3/. Accessed 03 Dec. 2021.)

serious COVID-19 symptoms, therefore the DoD's claim that "vaccines will keep you healthy" cannot be true.⁹¹

- According to Public Health England data, during the period between February and August 2021, "the case-fatality rate among the fully vaccinated population [was] 257% higher than the case-fatality rate among the unvaccinated population," and the "hospitalisation-fatality rate among the fully vaccinated population [was] 195% higher than the hospitalisation-fatality rate among the unvaccinated population."⁹²
- Another UK study conducted in September 2021 found that vaccinated patients have a 370% increased risk of dying from COVID-19 compared to unvaccinated patients.⁹³
- A weekly report from Public Health Scotland revealed that fully vaccinated people accounted for 90% of COVID-19 deaths in the three months leading up to November 26, 2021.⁹⁴

With this evidence, it is clear that "vaccines don't entirely reduce the risk of either catching the disease or being hospitalised or dying of it."⁹⁵ Therefore, the DoD's claims that a COVID-19 vaccine will keep service members healthy *is a fallacy*.

⁹¹ Perhaps "vaccines *might* keep you healthy" would be a more truthful claim, but that is hardly language worthy to support a federal vaccine mandate.

⁹² "Breaking - Fully Vaccinated Account for a Huge 74% of Covid-19 Deaths in the UK Summer Wave According to Latest Public Health England Report." The Exposé, 18 Sep. 2021, dailyexpose.uk/2021/09/18/fully-vaccinated-account-for-74-percent-of-covid-19-deaths-in-the-uk/. Accessed 09 Dec. 2021.

⁹³ ("SARS-CoV-2 variants of concern and variants under investigation in England - Technical briefing 23." Public Health England, 17 Sep 2021, assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1018547/Technical_Briefing_23_21_09_16.pdf. Accessed 03 Dec 2021.) ("Vaccinated 370% More Likely to Die of Covid Delta Strain Than 'Purebloods' -UK Govt. Data as of Sept 2021." NewsRescue, 21 Sep. 2021. newsrescue.com/vaccinated-370-more-likely-to-die-of-covid-delta-strain-than-purebloods-uk-govt-data-as-of-sept-2021/. Accessed 03 Dec. 2021.)

⁹⁴ "Fully Vaccinated Account for 9 in Every 10 COVID-19 Deaths Since August According to Latest Official Data." The Exposé, 03 Dec. 2021, dailyexpose.uk/2021/12/03/fully-vaccinated-account-for-9-in-every-10-covid-19-deaths-since-august-according-to-latest-official-data/. Accessed 30 Dec. 2021.

⁹⁵ Conway, Ed. COVID-19: Data Shows Vaccines Reduce Risk of Hospitalisation and Death - But You Need to Read it With a Clear Head." Sky News, 28 Jul. 2021. news.sky.com/story/covid-19-data-shows-vaccines-reduce-risk-of-hospitalisation-and-death-but-you-need-to-read-it-with-a-clear-head-12365728. Accessed 30 Dec. 2021.

There are many cases where vaccinated service members are contracting the SARS-CoV-2 virus and suffering from COVID-19, further demonstrating the ineffectiveness of the COVID-19 vaccines. A few of these situations are mentioned below.

- “In September 2021 during our drill weekend, one of our vaccinated pilots got COVID and infected 8 others in our squadron, all of whom were vaccinated.” — Air Force HH-60G Pilot
- “My squadron just went to Key West for three weeks training, and they left all unvaccinated personnel behind. They are now suffering a COVID outbreak in the double-digits.” — Navy F/A-18 Pilot
- “Two of my fellow pilots, both vaccinated, got COVID-19. One was so sick he was bed-ridden for two weeks, given steroid shots, and was put on an inhaler. The other pilot, along with his entire family of four, got COVID and he said he had the worst symptoms—and he is the only one in his family who is vaccinated. Both pilots were unable to perform their assigned duties for nearly two weeks, despite being vaccinated.” — Marine Corps C-130 Pilot

In light of the evidence presented, the DoD’s claim that the COVID-19 vaccines are safe and effective *is a fallacy*.

CHAPTER 3

All About Readiness

The DoD claims its COVID-19 vaccine mandate is required for military readiness.

On May 20, 2021, Deputy Secretary of Defense Kathleen Hicks stated in a memo that “Vaccination enhances operational readiness.”⁹⁶ On August 9, Secretary of Defense Austin stated “COVID-19 vaccines...will ensure we remain the most lethal and ready force in the world. Get the shot...Stay ready.”⁹⁷ Two weeks later on August 24, he mandated “full vaccination of all members of the Armed Forces,” in order “to protect the Force and defend the American people.”⁹⁸ On November 30, he claimed vaccination “is essential to the health and readiness of the Force.”⁹⁹ Secretary of the Army Christine Wormuth stated “Vaccinating our Soldiers against COVID-19 is first and foremost about Army readiness.”¹⁰⁰

⁹⁶ Hicks, Kathleen H. and Hyten, John E. Memo to Senior Pentagon Leadership, et al. “Methods to Enable and Encourage Vaccination Against Coronavirus Disease 2019.” 20 May 2021. Memorandum for Record. media.defense.gov/2021/May/20/2002675314/-1/-1/0/MEMORANDUM-ON-METHODS-TO-ENABLE-AND-ENCOURAGE-VACCINATION-AGAINST-COVID-19.PDF.

⁹⁷ Austin III, Lloyd J. Memo to Department of Defense Employees. “Message to the Force.” 09 Aug 2021. Memorandum for Record. OSD007202-21/CMD009440-21. media.defense.gov/2021/Aug/09/2002826254/-1/-1/0/Message-to-the-Force-Memo-Vaccine-FINAL.PDF.

⁹⁸ Austin III, Lloyd J. Memo to Senior Pentagon Leadership, et al. “Mandatory Coronavirus Disease 2019 Vaccination of Department of Defense Service Members.” 24 Aug 2021. Memorandum for Record. OSD007764-21/CMD010116-21. media.defense.gov/2021/Aug/25/2002838826/-1/-1/0/MEMORANDUM-FOR-MANDATORY-CORONAVIRUS-DISEASE-2019-VACCINATION-OF-DEPARTMENT-OF-DEFENSE-SERVICE-MEMBERS.PDF

⁹⁹ Austin III, Lloyd J. Memo to Secretaries of the Military Services, et al. “Coronavirus Disease 2019 Vaccination for Members of the National Guard and Ready Reserve.” 30 Nov 2021. Memorandum for Record. media.defense.gov/2021/Nov/30/2002900918/-1/-1/1/MEMORANDUM-ON-CORONAVIRUS-DISEASE-2019-VACCINATION-FOR-MEMBERS-OF-THE-NATIONAL-GUARD-AND-THE-READY-RESERVE.PDF.

¹⁰⁰ “Active Army Achieves 98 Percent Vaccination Rate with Less Than One Percent Refusal Rate.” U.S. Army Public Affairs, 16 Dec. 2021. www.army.mil/article/252821/active_army_achieves_98_percent_vaccination_rate_with_less_than_one_percent_refusal_rate. Accessed 01 Jan. 2022.

The DoD considers COVID-19 to be a significant threat to military readiness, and believes a vaccine mandate is necessary to enhance and maintain readiness. In light of the turmoil this mandate has caused, these specific claims about readiness—the impetus for the mandate—deserve close scrutiny.

1. The COVID-19 vaccine will enhance operational readiness.

2. The COVID-19 vaccine will keep service members ready.

1. The COVID-19 vaccine will enhance operational readiness. Readiness, according to the DoD, is “the ability of military forces to fight and meet the demands of assigned missions.”¹⁰¹ Merriam-Webster’s definition of “enhance” is “to increase or improve (something).”¹⁰² Therefore, in order for the COVID-19 vaccine mandate to enhance readiness, the vaccine must “increase or improve” the military’s ability to “fight and meet the demands of assigned missions.” However, a vaccine cannot increase the ability of military forces to fight, since a service member who is unable to fight due to COVID-19 sickness cannot have their ability to fight restored by a vaccine. All a COVID-19 vaccine can possibly do is *prevent the decline* of an existing fighting ability by keeping service members “healthy” in order to stay “ready” by “protecting them” from sickness.

As such, the DoD’s claim that a COVID-19 vaccine will enhance operational readiness *is a fallacy*.

2. The COVID-19 vaccine will keep service members ready. The DoD claims that COVID-19 vaccines will keep service members “ready.” Claiming that a COVID-19 vaccine will keep service members “ready” implies that by not receiving a COVID-19 vaccine, a service member will be unable to stay ready, and therefore a COVID-19 vaccine is required to maintain readiness (otherwise, there is no need to mandate it). What effect does COVID-19 have on military readiness, and was the DoD not “ready” in 2020 or during the first part of 2021 when COVID-19 ran rampant and before an “approved” vaccine was available and mandated? According to the DoD’s Institute for National Strategic Studies, “what we know about COVID-19 suggests that average service members should experience

¹⁰¹ United States, Department of the Armed Forces, Joint Chiefs of Staff, “Doctrine for the Armed Forces - Joint Publication 1.” *U.S. Department of Defense*, 25 Mar. 2013 Change 1 dated 12 July 2017. p. GL-10. www.jcs.mil/Portals/36/Documents/Doctrine/pubs/jp1_ch1.pdf?ver=2019-02-11-174350-%20967. Accessed 03 Dec 2021.

¹⁰² “Enhance.” *Merriam-Webster*, 2022. www.merriam-webster.com/dictionary/enhance. Accessed 5 Dec. 2021.

minimal symptoms, and those that do require hospitalization will likely recover.”¹⁰³ What does the evidence show?

There are 3.49 million service members and civilians in the DoD.¹⁰⁴ According to official DoD data as of December 1, 2021, there have been 254,805 cases of COVID-19 within the military population and 73,029 within the civilian population, for a total of 327,834 (see Figure 4).¹⁰⁵ This constitutes only 9.38% of the total number of DoD personnel that have had COVID-19 - that is *cumulative* since the start of the pandemic.¹⁰⁶ Of the DoD’s COVID-19 cases thus far, 453 have led to death. Of those 453 deaths, 376 (83%) of them occurred in the civilian population, which is not surprising given the general health differences between the two

	Total DoD Personnel	COVID-19 Cases	Hospitalized	Recovered	Deaths
MILITARY	2,595,937	254,805	2,291	251,305	77
	74.29%	7.29%	0.07%	7.19%	0.002%
CIVILIAN	898,581	73,029	2,073	65,123	376
	25.71%	2.09%	0.06%	1.86%	0.01%
TOTAL	3,494,518	327,834	4,364	316,428	453
		9.38%	0.12%	9.05%	0.01%

Source: <https://www.defense.gov/Spotlights/Coronavirus-DOD-Response/> (current as of 12/1/21)

Figure 4. DoD COVID-19 Cases

¹⁰³ DiEuliis, Diane and Junor, Laura. “Ready or Not: Regaining Military Readiness During COVID19.” *Institute for National Strategic Studies, National Defense University*, 10 April 2020. inss.ndu.edu/Media/News/article/2145282/ready-or-not-regaining-military-readiness-during-covid19/. Accessed 06 Dec. 2021.

¹⁰⁴ 2020 data; assuming 2021 difference is negligible for this discussion. (“2020 Demographics: Total DoD Personnel.” *U.S. Department of Defense*, demographics.militaryonesource.mil/chapter-1-total-military-force. Accessed 03 Dec. 2021.)

¹⁰⁵ “Coronavirus: DOD Response.” *U.S. Department of Defense*, 01 Dec. 2021, document revised weekly, www.defense.gov/Spotlights/Coronavirus-DoD-Response/. Accessed 03 Dec. 2021. See document attached to [TheCOVIDFallacies.com](https://www.dropbox.com/s/kfk94b9h4k3mgm/21.pdf?dl=0) at www.dropbox.com/s/kfk94b9h4k3mgm/21.pdf?dl=0.

¹⁰⁶ By comparison, influenza and pneumonia “sickened 20% to 40% of U.S. Army and Navy personnel” in 1918. (Mease, Luke E. and Smith, Arron M. “Surveillance Snapshot: A simple model estimating the impact of COVID-19 on lost duty days among U.S. service members.” *Medical Surveillance Monthly Report*, vol. 28, no. 09, Sep. 2021, p. 17. health.mil/Reference-Center/Reports/2021/09/01/Medical-Surveillance-Monthly-Report-Volume-28-Number-09. Accessed 06 Dec. 2021.)

demographic populations. To put these numbers in perspective, the DoD tragically suffered 1,108 suicides during the same time period (.03%).¹⁰⁷

Based on the DoD's own COVID-19 statistics, including a cumulative hospitalization rate for all personnel of 4,364 (.12%), *there is no evidence to suggest that the DoD was not ready to fight in 2020 and early 2021, nor is there any evidence to suggest that a vaccine mandate will keep it ready.* In early 2020, the Brookings Institution observed:

“[I]t is reasonable to say that the U.S. military has not been severely affected by the novel coronavirus. The preponderance of uniformed personnel and their families are young, which helps of course... The armed forces will face an increasingly challenging path forward through the rest of the calendar year and into 2021. Yet it is worth signaling to the American people — and to any of the nation's potential foes — why the resulting strains on readiness, though significant, should be tolerable. One key structural advantage going forward is that the military is built to deal with attrition, whether from battle or any other cause, and still keep its fighting integrity....As with much of the rest of society, the key to effectiveness in the [military's] tasks will be widespread testing, especially for those in close quarters...That fact, combined with a military culture that will adapt as always to adverse conditions, bodes well for future U.S. military readiness even in these most challenging times.”¹⁰⁸

In fact, over the last two years DoD leadership has, on numerous occasions, reflected on its ability to *maintain readiness despite the pandemic.*

- In May 2020, a DoD news article titled “DOD Maintains Watch Despite Pandemic,” quoted then-Defense Secretary Mark Esper as stating that even

¹⁰⁷ There were 580 suicides in the DoD in 2020 (an average of 48 per month). Since the DoD's 2021 suicide data has not yet been released, extrapolating the 2020 numbers to 2021 yields 528 (48 per month from Jan through November) for a total of 1,108. (“CY 2020 Annual Suicide Report.” *U.S. Department of Defense*, msrc.fsu.edu/news/study-reveals-top-reason-behind-soldiers-suicides. Accessed 05 Dec. 2021.) Yet, the DoD considers COVID-19 to be “the greatest proximate challenge to our Nation's security.” (Hicks, Kathleen H. and Hyten, John E. Memo to Senior Pentagon Leadership, et al. “Methods to Enable and Encourage Vaccination Against Coronavirus Disease 2019.” 20 May 2021. Memorandum for Record. media.defense.gov/2021/May/20/2002675314/-1/-1/0/MEMORANDUM-ON-METHODS-TO-ENABLE-AND-ENCOURAGE-VACCINATION-AGAINST-COVID-19.PDF. Accessed 03 Dec. 2021.)

¹⁰⁸ Burke, Thomas, Dycus, Chesley, O'Hanlon, Michael, Reid, Erik, and Worst, Jessica. “COVID-19 and Military Readiness: Preparing for the long game.” *Brookings*, 22 Apr. 2020, www.brookings.edu/blog/order-from-chaos/2020/04/22/covid-19-and-military-readiness-preparing-for-the-long-game/. Accessed 06 Dec. 2021.

as the military counters the coronavirus, it “is still taking steps to implement the strategy” of dynamic force employment in support of the National Defense Strategy.¹⁰⁹

- In November 2020, the acting Secretary of Defense Christopher Miller praised all DoD employees by stating “you have never wavered from your mission...while tackling the greatest public health crisis in more than a century;” and reaffirmed his confidence that “our military will continue to rise to the occasion...innovating, adapting, and overcoming any obstacle to see our mission through.”¹¹⁰
- In December 2020, the DoD Inspector General released a report on the disinfection of DOD facilities in response to COVID-19, and found that “DoD personnel reduced the risk of exposure to COVID-19 and further protected DoD personnel from the spread of COVID-19 in DoD workspaces.”¹¹¹
- In March 2021, the DoD Inspector General released a report on Public Health Emergency (PHE) readiness at military installations, finding that “As a result of the measures that commanders implemented to prepare for PHEs, and respond to and recover from the COVID-19 pandemic, installation personnel protected lives and *sustained mission-critical operations*.”¹¹²
- In November 2021, the Department of the Air Force sent a memo to all Airmen and Guardians that praised “sustained support during the COVID-19

¹⁰⁹ “DOD Maintains Watch Despite Pandemic.” *U.S. Department of Defense*, 04 May 2020, www.defense.gov/News/News-Stories/Article/Article/2175778/dod-maintains-watch-despite-pandemic/. Accessed 06 Dec. 2021.

¹¹⁰ Miller, Christopher C. Memo to Department of Defense Employees. “Thanksgiving Day Message to the Department.” 24 Nov. 2020. Memorandum for Record. OSD011265-20/CMD014042-20. media.defense.gov/2020/Nov/24/2002541336/-1/-1/0/THANKSGIVING-DAY-MESSAGE-TO-THE-DEPARTMENT.PDF.

¹¹¹ “Audit of the Disinfection of Department of Defense Facilities in Response to Coronavirus Disease-2019.” *U.S. Department of Defense Inspector General*, 18 Dec. 2020, Report No. DODIG-2021-036. media.defense.gov/2020/Dec/22/2002556075/-1/-1/1/DODIG-2021-036.PDF. Accessed 06 Dec. 2021.

¹¹² [italics added] “Audit of Public Health Emergency Readiness at Military Installations.” *U.S. Department of Defense Inspector General*, 31 Mar. 2021, Report No. DODIG-2021-070. media.defense.gov/2021/Apr/02/2002613240/-1/-1/1/DODIG-2021-070.PDF. Accessed 06 Dec. 2021.

pandemic," and stated "Despite the numerous challenges...your dedication to the mission never wavered."¹¹³

In early 2021, Joint Chiefs of Staff Vice Director for Operations, Maj. Gen. Jeff Taliaferro testified before the House Armed Services Committee, where he stated, "The services and the commands have worked very hard over the last year to make sure that we can operate in a COVID environment, before vaccines were available... the addition of the vaccine should make us more capable in that environment. But we've already demonstrated over the last year that we're fully capable of operating in a COVID environment."¹¹⁴

This shows that the DoD has been able to maintain readiness and complete its mission despite the coronavirus pandemic, and therefore the decision to mandate COVID-19 vaccination on the grounds of maintaining readiness does not hold up. Nonetheless, the DoD's claim that a COVID-19 vaccine will maintain readiness must be scrutinized. To examine this issue, we ask: Does a COVID-19 vaccine 1) significantly dampen COVID-19 symptoms, and 2) are the potential adverse reactions to the vaccine insignificant enough to justify mandating it for all service members with threat of termination for non-submission? In other words, *is the benefit of this mandate worth the cost?*

It is important to understand that DoD policy decisions regarding military readiness should be made with consideration given to their *overall effect* on readiness. The net overall effect must be positive for a decision to positively impact readiness. Any policy, however well-intentioned, that has a net negative impact on readiness is misguided. Consider the following hypothetical example: One day our military leaders, cognizant that physical strength is a significant benefit for front-line troops, decide to boost the physical strength of all service members by mandating the injection of muscle-building steroids, despite evidence that suggests such steroids negatively impact cardiovascular health. There is a high likelihood that multiple injections will be required.

How would service members react to such a mandate? Should they be forced to accept the injections, since, after all, they have already submitted to other

¹¹³ Kendall, Frank et al. Memo to Airmen and Guardians. 23 Nov 2021. Memorandum for Record. See document attached to TheCOVIDFallacies.com at www.dropbox.com/s/w1aaf3806st527e/29.pdf?dl=0.

¹¹⁴ Mittlestatdt, Natalia. "Navy, Air Force Allegedly Issuing Blanket Denials of Religious from COVID Vax Mandate." 03 Jan. 2022. justthenews.com/politics-policy/coronavirus/navy-air-force-allegedly-issuing-blanket-denials-religious-exemptions. Accessed 04 Jan. 2022.

mandatory injections? How would the public react? Should the DoD implement such a mandate when the questionable and narrow benefits could easily be eclipsed by the overall negative health impact on the entire force? Would it not be prudent for the DoD to first conduct comprehensive research studies on the safety and effectiveness of the injections, as well as a cost/benefit analysis of the policy's potential overall impact on readiness, and perhaps even give the service members the choice of whether or not to accept whatever risk may be exposed?

Since the overall mission of the DoD is "to provide the military forces needed to deter war and ensure our nation's security," any policy decisions that deter readiness also deter mission success.¹¹⁵ Therefore, it is absolutely essential for senior military leaders to focus major policy decisions through the lens of overall military readiness, carefully analyzing the cost and benefit of each decision—before the decision is made. Absent any known DoD cost/benefit analysis of this vaccine mandate, a cursory review is provided here for high-level discussion and consideration.

Potential Benefits of the Vaccine Mandate. As shown in Chapter 2, the only possible real benefit that a COVID-19 vaccine might provide is the dampening of COVID-19 symptoms. One might think that this would necessarily benefit military readiness, but according to the DoD's Defense Health Agency (DHA), the main direct impact of COVID-19 on DoD readiness comes from lost duty days due to quarantine and isolation.¹¹⁶ Even if a COVID-19 vaccine is effective at dampening COVID-19 symptoms, it cannot prevent lost duty days due to quarantine because it does not prevent SARS-CoV-2 infection. If a service member is known to have contracted or been exposed to SARS-CoV-2, he or she is quarantined—regardless of symptom presence or severity.¹¹⁷

The only effective alternative available to the DoD is to attempt to prevent infection in the first place. Per the DHA, "Prevention of COVID-19 infections can have a significant positive impact on service member availability for missions and training.

¹¹⁵ U.S. Department of Defense. "About." www.defense.gov/About/. Accessed 06 Dec. 2021.

¹¹⁶ Mease, Luke E. and Smith, Arron M. "Surveillance Snapshot: A simple model estimating the impact of COVID-19 on lost duty days among U.S. service members." *Medical Surveillance Monthly Report*, vol. 28, no. 09, Sep. 2021, p. 17. health.mil/Reference-Center/Reports/2021/09/01/Medical-Surveillance-Monthly-Report-Volume-28-Number-09. Accessed 06 Dec. 2021.

¹¹⁷ Paradoxically, if a COVID-19 vaccine can dampen symptoms without preventing virus spread, that may cause personnel who display minimal or no symptoms to not realize they are infected with the virus, which may in turn lead to increased spread of the disease.

Ongoing efforts using all available infection prevention tools, including immunization, non-pharmaceutical interventions, and policies designed to prevent new infections should be pursued by Commanders and leaders at all levels of the DoD in order to optimize training tempo and readiness activities.”¹¹⁸ Since the COVID-19 vaccines are proven to be ineffective as an “infection prevention tool,” the DoD should look to the other more effective—and less restrictive—means to prevent infection. Methods that are already available to and used by the DoD.¹¹⁹

Costs of the Vaccine Mandate. The costs of the DoD’s COVID-19 vaccine mandate include 1) adverse reactions to the vaccine, 2) personnel losses due to termination for vaccine denial, and 3) damages to retention and recruiting due to loss of faith in leadership.¹²⁰

Cost #1: Adverse reactions. According to the Mayo Clinic, “Because COVID-19 vaccines clinical trials only started in the summer of 2020, it’s not yet clear if these vaccines will have long-term side effects.”¹²¹ While it is impossible to assign a cost to the vaccine’s unknown long-term side effects, that cost is most assuredly not zero, given the short-term adverse effects that many service members have suffered thus far. A small sample of DoD vaccine-related adverse events is listed below, all of which negatively affect military readiness. It is important to note that even before COVID-19, the DoD was suffering a severe pilot shortage, with the Air Force shortage of 2,100 pilots being the most critical.¹²²

¹¹⁸ Mease, Luke E. and Smith, Arron M. “Surveillance Snapshot: A simple model estimating the impact of COVID-19 on lost duty days among U.S. service members.” *Medical Surveillance Monthly Report*, vol. 28, no. 09, Sep. 2021, p. 17. health.mil/Reference-Center/Reports/2021/09/01/Medical-Surveillance-Monthly-Report-Volume-28-Number-09. Accessed 06 Dec. 2021.

¹¹⁹ For example, in June 2020 the DoD implemented a robust testing and surveillance program. 061. download.militaryonesource.mil/12038/MOS/Infographic/covid-19-infographic-surveillance.pdf

¹²⁰ While the DoD’s manpower, resource, and financial costs of implementing this mandate are significant, they are not discussed here.

¹²¹ “COVID-19 Vaccines: Get the Facts.” *Mayo Clinic*, 2021. www.mayoclinic.org/diseases-conditions/coronavirus/in-depth/coronavirus-vaccine/art-20484859#vaccine-benefits. Accessed 30 Dec. 2021.

¹²² Parrish, Karen. “Air Force Official Details ‘National Aircrew Crisis.’” *U.S. Department of Defense*, 29 Mar. 2017, www.defense.gov/News/News-Stories/Article/Article/1134560/air-force-official-details-national-aircrew-crisis/. Accessed 09 Dec. 2021. See also, Parrish, Karen. “Congress Probes Military Pilot Shortage.” *U.S. Department of Defense*, 30 Mar. 2017, www.defense.gov/News/News-Stories/Article/Article/1135200/con%2%80%A6robes-military-pilot-shortage/source/GovDelivery/igphoto/2001897580/. Accessed 09 Dec. 2021.

- An Air Force F-16 pilot suffered tightness in his chest, tingling in his arms and legs, and chronic fatigue after his second Moderna shot, and has been grounded from flying pending diagnosis.
- A Navy P-3 pilot suffered myocarditis after his first Pfizer shot and was grounded from flying indefinitely.
- An Air National Guard F-16 pilot suffered a massive heart attack one week after vaccination, and was found dead in his hotel room while on a layover. The doctor refused to investigate the cause of death as vaccine-related.
- An Air Force C-130 pilot suffered severe brain fog while flying within weeks of receiving his second Moderna shot. He could not land the plane and the copilot had to take over.
- An Air Force F-15 pilot developed pericarditis one month after receiving his second Pfizer shot, and has been grounded from flying indefinitely.
- A Navy P-3 pilot suffered myocarditis after her second Pfizer shot that required emergency room treatment and in-patient hospital care. She was grounded from flying pending evaluation by a cardiologist, and will require a waiver if found fit to return to flying duties.
- An Air Force F-16 pilot developed ulcerative colitis after his first Moderna shot, and was grounded. The waiver process would take so long he decided to retire from the military.
- An Air Force A-10 pilot suffered a pulmonary embolism. He was found lying in the parking lot in front of his squadron, and will likely never fly again.
- An Air Force pilot training student suffered severe chest pressure 1-2 weeks after his second Moderna shot, and was grounded from flying pending a diagnosis.
- An Air Force Air Transport Craftsman suffered four strokes immediately after her second Pfizer shot in November 2021, and has been unable to work since.¹²³

¹²³ The full details of her story are shared in Chapter 2

These stories become even more concerning when combined with the knowledge that military aviators often hesitate to report adverse vaccine reactions for fear of being grounded, or worse, being permanently medically disqualified from flying.¹²⁴ For example, in December 2021, an Army Warrant Officer revealed:

“I’m an aviator in the Army, got the J&J at the end of AUG. 2-3 weeks later I had trouble breathing and extreme heart issues. I didn’t want to lose my job so I stayed quiet and didn’t say a word. Kept working. Looking back, not the correct move but that’s what I did. I saw three civilian docs outside the military and got an EKG from a family friend all out of pocket. All three at a minimum said Pericarditis. No one is tracking in the military this happened to me. I don’t really know what to do but I know I don’t want anyone else to experience this as well as I physically can’t handle a booster. Was wondering if I could talk to a flight doc that I can trust. I didn’t go into my post’s hospital due to I feel as if I can’t trust most leadership. I saved all my results so I have the evidence.” — Army Warrant Officer

An Air Force pilot described “episodes of racing heart rates, almost like a feeling of anxiety, for no reason” for months after receiving the Moderna vaccine.

“I am currently still flying in the Air Force and do not want to do anything to risk losing my medical [flight clearance] by coming forth with my side effects...You can see the dilemma that I am faced with. I want to report my side effects so that I can receive treatment and not have to take the booster but I run the risk of being grounded and losing my medical again. I know I’m not the only person is in this situation.” — Air Force C-17 Pilot

The number of service members suffering adverse reactions from the COVID-19 vaccine is significant, and poses a serious threat to military readiness.

Cost #2: Personnel Losses. Many thousands of military personnel have requested exemptions to the COVID-19 vaccine mandate for medical, religious, or administrative reasons. In the Air Force alone, over 23,500 airmen and guardians have declined the COVID-19 vaccine. According to the Air Force Times, “Some 2,300 people in the Guard and Reserve won administrative exceptions, indicating they plan to leave the service of their own volition. The service is still working through about 10,500 religious exemption requests, including nearly 6,000 from

¹²⁴ This issue exists in the civilian airline industry as well, as revealed by American Airlines pilot Greg Pearson. (“Vaccine Injured Pilot Reveals: ‘There are Pilots That Are Going to Work with Crushing Chest Pains!’” *The COVID World*, 02 Jan. 2022. thecovidworld.com/vaccine-injured-pilot-reveals-there-are-pilots-that-are-going-to-work-with-crushing-chest-pains/. Accessed 02 Jan. 2022.)

Guardsmen and Reservists.”¹²⁵ It is worth emphasizing that *in the Air Force alone, 2,300 people have elected to leave military service rather than be forced to receive an experimental vaccine.*¹²⁶ That number by itself (2,300)—representing the Air Force only—is 500% more than all the COVID-19-related deaths in the entire U.S. military to date. These are not the young, inexperienced people who are leaving—most of the younger troops gave in to the mandate pressure long ago. Those leaving are the highly-trained and experienced professionals, many with close to 20 years of service—these are the instructors, evaluators, and elite operators of our military.¹²⁷

Cost #3: Lost Faith. The difficulty of quantifying the cost of thousands of service members losing faith in DoD leadership, policies and processes, in no way lessens its significance. The main reasons DoD personnel have lost faith are the appearance that medical and religious exemption requests stood no chance of being approved, the lack of appreciation and respect for their many years of service and sacrifice, and the facade of integrity in senior military leadership.¹²⁸

¹²⁵ Cohen, Rachel. “Over 23,500 Airmen and Guardians Say No to COVID Vaccines as Final Deadline Passes.” *Air Force Times*, 03 Dec. 2021. www.airforcetimes.com/news/your-air-force/2021/12/03/over-23500-airmen-and-guardians-say-no-to-covid-vaccines-as-final-deadline-passes/. Accessed 31 Dec. 2021.

¹²⁶ “Experimental Coronavirus Vaccine Highly Effective.” *National Institutes of Health*, 12 Jan 2021. www.nih.gov/news-events/nih-research-matters/experimental-coronavirus-vaccine-highly-effective. Accessed 06 Dec. 2021.

¹²⁷ According to Mike Berry of the Stars and Stripes, “It defies logic that the Pentagon would be so willing to purge thousands of service members. It costs American taxpayers millions of dollars for the military to produce a commander, aviator, Special Forces operator, chaplain or JAG — not to mention the years of institutional knowledge and experience that will be lost.” (Berry, Mike. “DOD Must Honor Religious Accommodations On Shots.” *Stars and Stripes*, 15 Sep. 2021, www.stripes.com/opinion/2021-09-15/dod-must-honor-religious-accommodations-covid-vaccine-2898682.html. Accessed 11 Dec. 2021.)

¹²⁸ Discharging service members for not taking the COVID-19 vaccine is not enough for the DoD—they will also be punished. “Service members separated due to refusal of the COVID-19 vaccine will not be eligible for involuntary separation pay,” according to the Air Force officials, “and will be subject to recoupment of any unearned special or incentive pays.” (“Department of the Air Force Releases COVID-19 Policy.” *Department of the Air Force*, 08 Dec. 2021, www.af.mil/News/Article-Display/Article/2866211/department-of-the-air-force-releases-covid-19-policy/fbclid/IwAROCg6KNaf0jIX1fLYwwNg8yLdbLlvFqzT_QWFDRvmkulMxt2s5QUX1QJN4/. Accessed 13 Dec. 2021.)

On numerous occasions the DoD has publicly claimed no predisposition to deny Religious Accommodation Requests (RAR). However, numerous firsthand accounts demonstrate the opposite.

- During a party at his home, an Air Force Major General was quoted as saying “while I can’t say there is a formal predilection to deny the religious accommodation requests, they are essentially all going to be denied.”
- While discussing the factual inaccuracies contained in his memorandum in which he recommended denial for a subordinate’s religious accommodation request, an Air Force Brigadier General stated “I was provided a denial template from my boss and instructed to change the name and a few other words, and to recommend denial for all of these.”
- An Air Force wing commander, after recommending approval of all the RARs he received, was verbally reprimanded by a General and told he “made the wrong decision” and his “loyalty to the Air Force” was in doubt.

Such flagrant violations of integrity, ethics, regulations and law have real consequences not only to those suffering them, but to the people they influence. According to a study of new military recruits in 2012 and 2013 conducted by the DoD’s Defense Human Resources Activity office, nearly half of all new recruits cited “personal connections such as family members and friends” as important or very important in their decision to enlist. According to the study’s author, “Relatives are what the military calls key ‘influencers’ because of their ability to steer young people into, or away from, the military.” The report showed that 86% of new Air Force airmen had a close relative who had served, followed by 82% of Navy, 79% of Army, and 77% of Marine recruits.¹²⁹

Sadly, as a result of the actions of DoD leadership, many service members are losing faith in an institution they once loved and are now expressing new hesitancy to recommend military service to others, especially their own children. Following are but a few examples.

- “I come from a military family. My Grandfather and great uncle were both Navy Captains with 25+ years of service. My Grandfather on the other side, and great grandfather before him also served. My wife comes from five

¹²⁹ Thompson, Mark. “Here’s Why the U.S. Military is a Family Business.” *Time*, 10 Mar. 2016, time.com/4254696/military-family-business/. Accessed 12 Dec. 2021

generations of Marines. She used to be a pilot in the Navy as well. We used to talk about which one of our three kids was going to follow in the family's footsteps and fly for the military. Now we will not be recommending service to any of our family friends and especially to our children. We are saddened to even say something like that based on how much service has meant to us, and our family history." —Navy F/A-18 Pilot

- "My son was planning to proudly serve in the USAF his entire childhood. Now he knows that he can't trust our leaders enough to sign his life away in good conscience. Having served 19 years in the USAF plus 4 years of training prior to that, I can say that up until 2020/21, I always considered it a calling and was proud to serve. Now I see that it is not a worthy calling, but rather, just another job. Between the Afghanistan departure debacle and the blatantly idiotic Covid response, it's obvious that our troops and airman have never been less respected by those who claim to lead us. I just can't remain part of an organization like that." —Air Force Instructor Pilot
- "I had hoped that my son would serve. I can no longer trust that leaders, who are there to protect the constitutional rights of their subordinates as their oath states, will follow that oath. My son is free to make his own choices when the time comes. However, unless there is a major shift, I will continue to discourage him from the military if that is what he chooses." — Army AH-64 Pilot
- "My trust in senior Navy and military leadership has never been lower." — Navy Pilot
- "I would tell people to pray about it before joining the military. It's a sinking ship right now in my opinion. As for me, I now do not trust AF 'leadership' to do the right thing and would not fight their wars for them. In some ways, I feel discharge and winning a civil court case is better than staying in. I do not want to serve in an AF that has quit fighting for our God-given rights." — Air Force Pilot
- "I have Constitutionally protected rights even while in the military, yet our leadership dismiss these rights in the name of a virus with a nearly 100% survival rate in military demographics, excellent re-purposed treatments, and that is consistently mutating to become less dangerous. How can they be so short-sighted??" — Navy Pilot

- “This whole process has shed a spotlight on what was before operating behind the scenes. I, fairly implicitly, trusted the ‘system’ and therefore the people that managed the ‘system,’ but seeing what I have seen and knowing what I now know it will be impossible to go back to that happy place of loving my job and knowing that I am doing good while trusting those above me to be doing the same.” — Air Force Flight Nurse
- “I recently met a young Paratrooper that was refused a necessary knee surgery by his physician due to refusing the COVID-19 vaccine and the fact that he would soon be removed from service due to this. Needed in Kabul in August but written off and simply uncared for upon his return. The lack of medical ethics is truly appalling.” — Army Infantry Officer
- “I have removed all Air Force paraphernalia from my house and asked family members to never waste their money on such things ever again. Something that was once a point of great pride and part of who I am has become a subject of disgust based on how senior ‘leadership’ is behaving. I once cherished opportunities to talk about my career to children and encourage them to join. But now I would take every opportunity to preserve their values and find an institution that actually has value.” — Air Force Pilot
- “My niece and nephew, in ROTC and signed for enlistment, are not going to join now. This is a religious purge. I can't imagine a Godless military.” — Air Force Space Launch Officer
- “I’m honestly not even sure if I want to stay in at this point, not sure if I hope my RAR is approved or not. I'm tired of living with all the sheep in this clown show. I want my freedom. And they've already ruined any career I hoped I could have. Yet I know we need good people in the military who will not blindly follow unlawful orders.” — Air Force Pilot
- “Makes me vomit all the times I've heard something along the lines of: ‘we are a people first organization.’” — Naval Flight Officer
- “I can no longer recommend military service for our nation’s treasure; the talent and lives of our youth. The reason is simply the solemn oath as an officer is no longer adhered to by our leadership; except for a few. Those few that uphold their oath to the Constitution are being relieved of command, punished, or ostracized for questioning the legality of forcing those under their charge into taking an experimental drug with questionable efficacy and

untold dangers. Until the military officer regains his backbone and follows their solemn oath to the Constitution, the institution of the military is no longer worthy of national esteem.” — Air Force Pilot

- “It is mind boggling that the military is pursuing a monolithic policy in the name of readiness that is actually an impediment to readiness. The military has clearly become just another political weapon for this administration. It is a disgrace that our military leaders do not stand up and do what’s right rather than buckling under political pressure.” — Navy Pilot
- “It's really sad. My commander just put one pilot in the squadron on non-participating status. The memorandum used to notify him had no reason. He's got 18 years in. Flew tons of C17 missions over the years. Talk about a morale killer, loss of trust in leadership, and loss of faith in the military. I'm going to retire because of all this.” — Air Force Pilot
- “I was asked when my forced retirement ceremony was going to be. My response was ‘I find myself in a place after 31 plus years of service, not having anything positive to pass on to our young Airmen, I don’t think a ceremony for this occasion would be appropriate.’ I think they got the message.” — Air Force Career Enlisted Aviator with 7,500 flight and 500 combat hours
- “I've lost trust and confidence in my chain of command. They are unable and unwilling to look out for the well being of service members, either spiritually or physically, or for the welfare of service members' families. I lack confidence that, in the current environment, the DoD and Air Force will demonstrate any true respect for my personal religious convictions. I am preparing for that eventuality. In the event my religious accommodation is denied, I feel my continuation in military service may not be in the best interest of my family or me. Therefore, I'm preparing for that possibility. What may be even worse is that I've lost trust, confidence, and faith in our medical system. I suspect too many in that system have lost their way and no longer see the interests of their patients as a priority, especially with the expansion of corporate control over so much of the industry.” — Air Force Instructor Pilot
- “I’m 3rd generation military. Marine hornet pilot by trade, reservist now. I’m a TOPGUN graduate and long time instructor. I have given tons of sim and flight line tours over the years. Everyone thinks I have the absolutely coolest

job, and I tend to agree. But I recently gave two tours on my way out the door to the Individual Ready Reserve and I just couldn't in good conscience encourage any of the young men and women to join the military given the current state. It's obvious that leadership is so committed to one political party they have lost all regard for the Marine, sailor, soldier or airman. It is apparent that the oath to the constitution goes out the door for many when the commander in chief gives an unconstitutional order. The people I work with (vaxxed and unvaxxed) are still some of the best and brightest in the world, but the senior and mid-grade leadership has sold their soul for one more promotion, prioritizing self over service. What has been going on in the military has done lasting damage to the trust and confidence, not to mention morale and retention. I believe the long lasting effects of the DoD's unconscionable behavior will be seen in the next few years and may last decades." — Marine Corps F-18 Pilot

- "All I've ever wanted was to be a warrior for a righteous cause. A citizen defender of a freedom-loving empire where I could enjoy the fruits of my labors with my wife and children. And with that chapter completed, to care for God's creation in peace and security while teaching my children and my children's children. In the last two years I've had what remaining shreds of idealism I've held dashed, with the prospect that my own government will continue to tear apart the ideals of the constitution I've sworn to defend. What's more, it is clear that they will persecute me, and those like me for the crime of existing. I don't know what the future has in store, but I anticipate that I will be thrown into a fight that I never wanted. That I will be reluctantly forced into battle where good men are the 'enemy.' I pray to my Maker to give me the strength for what follows. If they try hard enough they can probably take my life, my home, my livelihood and those of my family and friends. But they will never take my soul, which belongs to God. And they can never extinguish the spirit of freedom which exists like a beautiful star in the heavens, forever beyond the reach of their shadow. '... and the dust returns to the ground it came from, and the spirit returns to God who gave it.'" — Air Force Pilot

Costs vs. Benefits Conclusion. The costs of the DoD's COVID-19 vaccine mandate compared to the benefits are summarized in Figure 5. Whereas 1) military readiness is the impetus for the DoD's COVID-19 vaccine mandate, 2) lost duty days constitute the greatest effect on military readiness, and 3) dampening COVID-19 symptoms does not prevent lost duty days since a service member who tests positive for SARS-CoV-2 is quarantined regardless of symptoms, the benefits of a

COVID-19 vaccine mandate fail to outweigh the real and significant costs, and the policy decisions being made are more of a threat to military readiness than SARS-CoV-2.

COSTS	BENEFITS
Adverse reactions to vaccine	Dampened COVID-19 symptoms
Thousands of service members discharged	
Damage to recruiting due to lost faith in DoD leadership	

Figure 5. COVID-19 Vaccine Mandate Costs vs. Benefits

Since the benefits are clearly not worth the cost in this analysis, the decisions being made by the DoD surrounding this mandate are nonsensical. There are already measures in place for the military to use less restrictive means to continue to have a medically ready force. One of these measures is to recognize natural immunity to the SARS-CoV-2 virus as has been recognized for other viruses in the past.

Natural Immunity. According to the CDC, “natural immunity is acquired from exposure to the disease organism through infection with the actual disease.”¹³⁰ The Brownstone Institute states “Immunology and virology 101 have taught us over a century that natural immunity confers protection against a respiratory virus’s outer coat proteins, and not just one, e.g. the SARS-CoV-2 spike glycoprotein. There is even strong evidence for the persistence of antibodies. Even the CDC recognizes natural immunity for chicken-pox and measles, mumps, and rubella, but not for COVID-19.”¹³¹

The DoD has previously recognized natural immunity when allowing exemptions to vaccination requirements. The DoD regulation titled “Immunizations and Chemoprophylaxis for the Prevention of Infectious Diseases,” current as of 2018, is applicable to all military branches. It allows for consideration of medical

¹³⁰ “Immunity Types.” *Centers for Disease Control and Prevention*, 24 Sep. 2021, www.cdc.gov/vaccines/vac-gen/immunity-types.htm. Accessed 05 Dec. 2021.

¹³¹ Alexander, Paul Elias. “137 Research Studies Affirm Naturally Acquired Immunity to Covid-19: Documented, Linked, and Quoted.” *Brownstone Institute*, 17 Oct. 2021, brownstone.org/articles/79-research-studies-affirm-naturally-acquired-immunity-to-covid-19-documented-linked-and-quoted/. Accessed 12 Dec. 2021.

exemptions from immunizations based on “the health of the vaccine candidate and the nature of the immunization,” and provides “General examples of medical exemptions” including “evidence of immunity based on serologic tests, documented infection, or similar circumstances.”¹³² However, Secretary Austin disregarded this DoD regulation by stating “Those with previous COVID-19 infection are not considered fully vaccinated.”¹³³ Therefore, service members must be vaccinated against SARS-CoV-2 even if they have already been infected with the virus and fully recovered. The DoD provided no medical or scientific reason or justification for its disregard of natural immunity.¹³⁴ As such, a review of the medical and scientific evidence surrounding COVID-19 and natural immunity is appropriate.

- The Browning Institute consolidated “137 of the highest-quality, complete, most robust scientific studies and evidence reports/position statements on natural immunity as compared to the COVID-19 vaccine-induced immunity.”¹³⁵ As an example of the findings, one study—published in *Nature* in May 2021—found that “mild infection with SARS-CoV-2 induces robust antigen-specific, long-lived humoral immune memory in humans.”¹³⁶ In other words, “People who recover from mild COVID-19 have bone-marrow cells

¹³² United States, Headquarters of the Departments of the Army, the Navy, the Air Force, and the Coast Guard, “Immunizations and Chemoprophylaxis for the Prevention of Infectious Diseases.” 07 Oct 2013 Certified Current 16 Feb 2018. media.defense.gov/2017/Mar/16/2001717444/-1/-1/0/CIM_6230_4G.PDF.

¹³³ Austin III, Lloyd J. Memo to Senior Pentagon Leadership, et al. “Mandatory Coronavirus Disease 2019 Vaccination of Department of Defense Service Members.” 24 Aug 2021. Memorandum for Record. OSD007764-21/CMD010116-21. media.defense.gov/2021/Aug/25/2002838826/-1/-1/0/MEMORANDUM-FOR-MANDATORY-CORONAVIRUS-DISEASE-2019-VACCINATION-OF-DEPARTMENT-OF-DEFENSE-SERVICE-MEMBERS.PDF

¹³⁴ One would think that natural immunity to COVID-19 would be a focal point for research in order to better understand its effects on the spread of the virus. However, when the CDC was asked for information regarding any known cases of naturally immune individuals spreading SARS-CoV-2, the CDC stated “that information is not collected.” (Andoh, R. Centers for Disease Control and Prevention, Final Response Letter. 05 Nov. 2021. Response sent via email. #21-02152-FOIA. twitter.com/MichaelPSenger/status/1458953737397948418/photo/1.)

¹³⁵ Alexander, Paul Elias. “137 Research Studies Affirm Naturally Acquired Immunity to Covid-19: Documented, Linked, and Quoted.” *Brownstone Institute*, 17 Oct. 2021, brownstone.org/articles/79-research-studies-affirm-naturally-acquired-immunity-to-covid-19-documented-linked-and-quoted/. Accessed 12 Dec. 2021.

¹³⁶ Turner, J.S, et al. “SARS-CoV-2 Infection Induces Long-Lived Bone Marrow Plasma Cells in Humans.” *Nature*, vol. 595, 2021, pp. 421-425. doi.org/10.1038/s41586-021-03647-4. Accessed 13 Dec. 2021.

that can churn out antibodies for decades...the study provides evidence that immunity triggered by SARS-CoV-2 infection will be extraordinarily long-lasting.”¹³⁷

- In November 2021, Harvard published a study showing “if you’ve recovered from COVID, it is completely nonsensical for you to be vaccinated. **You have virtually no chance of being re-infected.**”¹³⁸ The study found “no re-infection among those with prior COVID-19, contributing to 74,557 re-infection-free person-days, adding to the evidence base for the robustness of naturally acquired immunity.”¹³⁹

If natural immunity has been shown to provide effective protection against the SARS-CoV-2 virus, why does the DoD refuse to recognize it?¹⁴⁰ If the COVID-19 vaccine mandate is really about readiness, and natural immunity to the SARS-CoV-2 virus is demonstrated in many cases to be more effective than the vaccines, why is the DoD explicitly ignoring natural immunity at the cost of readiness? Discharging naturally immune individuals for not taking the vaccine is a direct threat to readiness.

According to DoD data, 316,428 service members have recovered from COVID-19.¹⁴¹ It is not known how many of these were vaccinated, but it is safe to assume that by recovering from the disease they have acquired some level of natural immunity. If the DoD were to recognize the effectiveness of natural immunity and not require

¹³⁷ Callaway, Ewen. “Had COVID? You’ll Probably Make Antibodies for a Lifetime.” *Nature*, 27 May 2021, www.nature.com/articles/d41586-021-01442-9. Accessed 13 Dec. 2021.

¹³⁸ [emphasis in original] Fan-Yun Lan, Amalia, et al. “Continued Effectiveness of COVID-19 Vaccination among Urban Healthcare Workers during Delta Variant Predominance.” *medRxiv*, Public and Global Health Series, 16 Nov. 2021, doi.org/10.1101/2021.11.15.21265753. Accessed 12 Dec. 2021.

¹³⁹ Fan-Yun Lan, Amalia, et al. “Continued Effectiveness of COVID-19 Vaccination among Urban Healthcare Workers during Delta Variant Predominance.” *medRxiv*, Public and Global Health Series, 16 Nov. 2021, doi.org/10.1101/2021.11.15.21265753. Accessed 12 Dec. 2021.

¹⁴⁰ A US District Court court recently found that the government “plainly contradicts itself regarding the value of natural immunity,” and stated “Such contradictions are tell-tale signs of unlawful agency actions.” (United States, Eastern District of Missouri. *State v. Biden*, 4:21-cv-01329-MTS (E.D. Mo. Dec. 1, 2021), ago.mo.gov/docs/default-source/press-releases/cms-injunction.pdf?sfvrsn=ed822d9d_2.)

¹⁴¹ “Coronavirus: DOD Response.” *U.S. Department of Defense*, 01 Dec. 2021, document revised weekly, www.defense.gov/Spotlights/Coronavirus-DoD-Response/. accessed 03 Dec. 2021. See document attached to TheCOVIDFallacies.com at www.dropbox.com/s/kfkw94b9h4k3mgm/21.pdf?dl=0.

COVID-19-recovered service members to be vaccinated, that would have a direct and significant positive impact on maintaining military readiness. The many thousands of military personnel declining the vaccine who have recovered from COVID-19 would be able to continue serving in military. This cannot be overstated: recognizing natural immunity *would have a greater positive effect on maintaining military readiness than a COVID-19 vaccine mandate ever could.*

The Mandate's Effect on Readiness. The COVID-19 vaccine, which Secretary of Defense Austin promised would "ensure we remain the most lethal and ready force in the world," fails to keep service members lethal or ready, and is therefore incapable of ensuring military readiness and mission success.¹⁴² Listed below is indisputable evidence of this.

- Secretary of State Blinken's diplomatic mission was "upended" due to COVID-19 amongst accompanying service members, all of whom were vaccinated.¹⁴³
- The littoral combat ship USS Milwaukee was unable to depart Naval Station Guantanamo Bay due to an outbreak of COVID-19 onboard, *despite the fact that 100% of the crew members were vaccinated.*
- In December 2021, Camp Humphreys in Korea experienced a significant COVID-19 outbreak. "The entire base is getting run over with COVID right now. We are on lockdown. Not allowed to leave our rooms per my chain of command. Almost the entire base is vaccinated. The command said they haven't seen this many cases even since covid started." — Army AH-64 Pilot
- "I work for the Special Operations Command in Africa. You wouldn't believe the mission impact vaccinated people getting covid is having not only at the headquarters but down on the continent as well. I see the reports every time someone in AFRICOM gets covid and the majority of the time they are fully vaccinated. My command is 99% vaccinated and you would think I was carrying the plague for not being vaccinated."

¹⁴² Austin III, Lloyd J. Memo to Department of Defense Employees. "Message to the Force." 09 Aug 2021. Memorandum for Record. OSD007202-21/CMD009440-21. media.defense.gov/2021/Aug/09/2002826254/-1/-1/0/Message-to-the-Force-Memo-Vaccine-FINAL.PDF.

¹⁴³ Lee, Matthew. "Airmen Test Positive for COVID-19 as Virus Upends Blinken's Diplomatic Mission." *Air Force Times*, 19 Dec. 2021. www.airforcetimes.com/news/your-air-force/2021/12/19/airmen-test-positive-for-covid-19-as-virus-upends-blinkens-diplomatic-mission/. Accessed 26 Dec. 2021.

- “In the past few months, five of my fully-vaccinated pilot bros tested positive (one became very sick and required multiple ER visits). We have an off-station alert duty detachment, and I am not allowed to participate in that critical mission since unvaccinated members are not allowed to travel.” — Air Force F-16 Pilot
- “There have been multiple times where our drop zone safety team has been short-manned (due to COVID and other reasons) and the schedulers have had to scramble to find someone to cover. Every time that happens, I am available and volunteer to help (since I’m qualified), and every single time I am told ‘no’ solely because I am not vaccinated. My Director of Operations actually told me he wished he could use me.” — Air Force C-130 Flight Engineer
- “My vaccinated peers are dropping like flies, succumbing to COVID-19. They have to quarantine for 10 days. To further ‘improve readiness,’ I am benched from flying since I am unvaccinated and they ‘can’t afford to use flight hours’ on me since my future is uncertain.” — Navy MH-60 Pilot
- “Two of my fully vaccinated colleagues tested positive with COVID, at different times, and had to be quarantined. Everyone in our office had direct contact with these individuals, but only myself and the one other unvaccinated individual in the office had to quarantine as well, even though neither of us had any symptoms. We had to quarantine only because we were unvaccinated. Both of us tested negative multiple times before returning to work but the COVID-positive individual was allowed to return to work even though he continued to test positive for several days afterward.” — Marine Corps JAG
- “One of my squadron flight engineers, who was vaccinated, got COVID and was out for weeks because of it.” — Marine Corps KC-130 Flight Engineer
- “My fighter squadron deployed in support of a high-priority/no-fail presidential support mission. Seven maintenance personnel and two vaccinated pilots got sick with COVID-19 and had to be quarantined.” — Air Force F-15C Pilot

Ironically, in many instances it is the *unvaccinated service members* who are enabling readiness.

- “I have not been vaccinated, and I have never been sick with COVID-19. It is kind of ironic, since we are told that nothing works better than a vaccine, that one morning I was contacted by our squadron scheduler who asked me if I could fly

tomorrow because a guy—who is fully vaccinated—just got COVID and now there is a line that needs to be filled.” — Air Force Instructor Loadmaster

- “I am unvaccinated. My squadron recently sent two crews (12 people), all of whom were vaccinated, to Canada. When they returned to the U.S., some were not feeling well and got tested on their own volition. Eight of them have COVID-19! They were all quarantined. In a few days, we have a night sortie in which six aircrew must complete a critical night training event, and I am the only Aircraft Commander able to fly the sortie. If it wasn’t for me, we would have to cancel that flight and six aircrew would become Non-Mission-Ready.” — Air Force C-130 Pilot
- “In my flight, three pilots and three sensor operators all got COVID, and all were vaccinated. They were quarantined at home, along with another pilot and sensor operator (both vaccinated) who were in close contact with them. I am unvaccinated, and I was called in to help fill the schedule.” — Air Force Remotely Piloted Aircraft Pilot
- “My squadron had a vaccinated pilot get sick with COVID causing him to be unable to fly. I am unvaccinated and I had to cover a flight he fell out of. Another unvaccinated pilot had to cover academics and a simulator event for him as well. The following week, another vaccinated pilot was unable to fly due to COVID (his entire family, all vaccinated, got COVID). Both myself and my unvaccinated colleague—the only two unvaccinated pilots in the squadron—have not missed a single day over the past two years for being sick.” — Air Force A-10 Pilot

The DoD claims that a COVID-19 vaccine mandate is necessary for military readiness. However, the major damage to military readiness from COVID-19 comes from lost duty days, which comes from testing positive for SARS-CoV-2, and it is a well-known fact that a COVID-19 vaccine cannot and does not prevent service members from contracting the virus. Therefore, combined with the costs of the mandate, **it is IMPOSSIBLE for a COVID-19 vaccine mandate to have any significant positive effect on military readiness.** For the reasons discussed, the DoD’s claims that a COVID-19 vaccine will keep service members ready and a COVID-19 vaccine mandate is necessary for military readiness are *fallacies*.

CHAPTER 4

Freedom of Religion

The DoD claims to value the Constitution of the United States, which protects the free exercise of religion.

Every service member swears an oath to the Constitution of the United States—the “supreme Law of the Land.”¹⁴⁴ This Oath of Office has its roots in Article VI, Clause 3, of the Constitution, which states in pertinent part that “all executive... officers...of the United States...shall be bound, by oath or affirmation, to support this Constitution.”¹⁴⁵ The text of the Oath comes from 5 USC §3331, which directs individuals in the civil service or uniformed services to pledge the following:

“I, [name], do solemnly swear (or affirm) that I will support and defend the Constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; that I take this obligation freely, without any mental reservation or purpose of evasion; and that I will well and faithfully discharge the duties of the office on which I am about to enter. So help me God.”¹⁴⁶

The DoD claims to value the Constitution. In a February 5, 2021 memo, Secretary of Defense Austin reminded service members and Federal civil servants that “we each take an Oath of Office on entering into public service...to support and defend the Constitution of the United States against all enemies foreign and domestic.” He stated, “We will not tolerate actions that go against the fundamental principles of

¹⁴⁴ U.S. Constitution, Art VI, Cl 2. *Constitution Annotated - Analysis and Interpretation of the U.S. Constitution*. constitution.congress.gov/browse/essay/artVI_C2_1_1_3/.

¹⁴⁵ U.S. Constitution of the United States. *Constitution Annotated - Analysis and Interpretation of the U.S. Constitution*. constitution.congress.gov/constitution/.

¹⁴⁶ 5 U.S. Code § 3331 - Oath of Office, *Legal Information Institute*, Cornell Law School, www.law.cornell.edu/uscode/text/5/3331. Accessed 29 Dec. 2021. For a detailed review of the history of the Oath of Office, see United States Army. Headquarters of the Army. “Military Law Review - Department of the Army Pamphlet 27-100-25.” July 1964. www.loc.gov/rr/frd/Military_Law/Military_Law_Review/pdf-files/276073-1.pdf. Accessed 31 Dec. 2021.

the oath we share.”¹⁴⁷ According to the Air Force’s Profession of Arms Center of Excellence, the Oath “is more than a formality that adds flair to a commissioning or promotion ceremony. It provides the foundation of our military.”¹⁴⁸ If the Oath of Office, which prescribes allegiance to the Constitution, provides the foundation of our military, then upholding the Constitution as well as “the Laws of the United States...made in Pursuance thereof” should be of utmost importance to the DoD.¹⁴⁹

Freedom of Religion. According to the Religious Freedom Restoration Act (RFRA) of 1993, “The framers of the Constitution, recognizing free exercise of religion as an unalienable right, secured its protection in the First Amendment to the Constitution.”¹⁵⁰ Pursuant to the Free Exercise Clause of the Constitution, the RFRA specifically prohibits governments from substantially burdening religious exercise “without compelling justification.” Any exceptions require the government to show that the burden to the person “is in furtherance of a compelling governmental interest” and “is the least restrictive means of furthering that compelling governmental interest.”¹⁵¹ There is no military exception to RFRA.¹⁵² The Department of Defense (DoD) applies RFRA through DoD Instruction (DoDI) 1300.17,

¹⁴⁷ Austin, Lloyd. Memo to Senior Pentagon Leadership. “Stand-Down to Address Extremism in the Ranks.” 05 Feb. 2021. Memorandum for Record. United States Army. Headquarters of the Army. “Military Law Review - Department of the Army Pamphlet 27-100-25.” July 1964. Accessed 31 Dec. 2021. media.defense.gov/2021/Feb/05/2002577485/-1/-1/0/STAND-DOWN-TO-ADDRESS-EXTREMISM-IN-THE-RANKS.PDF.

¹⁴⁸ *The Oath of Office: Officer*. United States Air Force, Profession of Arms Center of Excellence. [www.airman.af.mil/Portals/17/002%20All%20Products/006%20Trifolds/Oath Pamphlet for Officer.pdf?ver=2015-12-22-113949-437](https://www.airman.af.mil/Portals/17/002%20All%20Products/006%20Trifolds/Oath%20Pamphlet%20for%20Officer.pdf?ver=2015-12-22-113949-437). Accessed 30 Dec. 2021.

¹⁴⁹ U.S. Constitution, Art VI, Cl 2. *Constitution Annotated - Analysis and Interpretation of the U.S. Constitution*. constitution.congress.gov/browse/essay/artVI_C2_1_1_3/.

¹⁵⁰ 42 U.S. Code § 2000bb-1 - Free Exercise of Religion Protected, *Legal Information Institute*, Cornell Law School, www.law.cornell.edu/uscode/text/42/2000bb-1. Accessed 29 Dec. 2021.

¹⁵¹ U.S. Congress. “H.R. 1308 — 103rd Congress: Religious Freedom Restoration Act of 1993.” 04 Nov 1993. www.govtrack.us/congress/bills/103/hr1308. Accessed 31 Dec. 2021. “The burden of proof is placed upon the DoD Component, not the individual requesting the exemption.” (Department of Defense, “Religious Liberty in the Military Services, DoD Instruction 1300.17.” 01 Sep. 2020, p. 5. www.esd.whs.mil/Portals/54/Documents/DD/issuances/dodi/130017p.pdf. Accessed 01 Jan. 2022.)

¹⁵² United States District Judge Reed O’Connor stated “The COVID-19 pandemic provides the government no license to abrogate [constitutional] freedoms. There is no COVID-19 exception to the First Amendment. There is no military exclusion from our Constitution.” (United States, Northern District of Texas. *U.S. Navy SEALs 1-26, et al., v. Joseph Biden, Jr., et al.*, 4:21-cv-01236-O (N.D. Jan. 03, 2022) p. 2. firstliberty.org/wp-content/uploads/2022/01/Navy-SEALs-PI-Order-.pdf.)

Religious Liberty in the Military Services, September 1, 2020, which states “In accordance with RFRA and the guidance in this issuance, DoD Components will normally accommodate practices of a Service member based on sincerely held religious belief,” that do not have “an adverse impact on military readiness, unit cohesion, good order and discipline, or health and safety.”¹⁵³

It is well known that the COVID-19 vaccines were researched, developed or tested using stem cells derived from aborted babies—information which Pfizer sought to downplay.¹⁵⁴ Many service members oppose abortion on religious and/or moral grounds, and are unable to take COVID-19 vaccines. Regardless of what others think, those service members have the God-given, constitutionally-protected right to freely exercise their religion. If the government wants to mandate a vaccine that burdens those religious beliefs, the law requires that the government proves that 1) the burden is in furtherance of a compelling governmental interest, and 2) the burden is the least restrictive means of furthering that compelling governmental interest. According to DoDI 1300.17, “The means that is least restrictive to the requestor’s religious practice and that does not impede a compelling governmental interest will be determinative.”¹⁵⁵

1. Compelling Governmental Interest. The compelling governmental interest is the mitigation of COVID-19 in support of military readiness. However, the government must show that the burden—the vaccine mandate—is in *furtherance* of that interest. “Furtherance” is the act of helping forward, advancing, or promoting.¹⁵⁶ The DoD has not demonstrated that the COVID-19 vaccine is able to

¹⁵³ Department of Defense, “Religious Liberty in the Military Services, DoD Instruction 1300.17.” 01 Sep. 2020, p. 4-5. www.esd.whs.mil/Portals/54/Documents/DD/issuances/dodi/130017p.pdf. Accessed 01 Jan. 2022. The DoD has provided no evidence to suggest that granting a service member’s religious accommodation request for exemption to the COVID-19 vaccine mandate will have an adverse impact on military readiness, unit cohesion, good order and discipline, or health and safety. On the contrary, taking a COVID-19 vaccine may adversely impact military readiness (see Chapter 3) and the health and safety of service members (see Chapter 2).

¹⁵⁴ Richardson, Valerie. “Pfizer downplays COVID-19 Vaccine’s Ties to Fetal Tissue From Abortions: Project Veritas.” *The Washington Times*, 07 Oct. 2021. www.washingtontimes.com/news/2021/oct/7/pfizer-execs-sought-sidestep-queries-covid-vaccine/. Accessed 30 Dec. 2021.

¹⁵⁵ Department of Defense, “Religious Liberty in the Military Services, DoD Instruction 1300.17.” 01 Sep. 2020, p. 11. www.esd.whs.mil/Portals/54/Documents/DD/issuances/dodi/130017p.pdf. Accessed 01 Jan. 2022.

¹⁵⁶ “Furtherance.” *Merriam-Webster*, 2022. www.merriam-webster.com/dictionary/furtherance. Accessed 5 Dec. 2021.

mitigate COVID-19 to the extent that military readiness is forwarded, advanced, or promoted. In fact, the COVID-19 vaccine is demonstrably incapable of doing so.¹⁵⁷ Therefore, the vaccine mandate burden is *not* in furtherance of a compelling government interest.

2. Least Restrictive Means. The government must also show that the burden is the least restrictive means possible of furthering the compelling government interest. Even if COVID-19 vaccines were able to further that interest, they are not the least restrictive means. Forcing a service member to either violate his or her religious beliefs by taking a COVID-19 vaccine or suffer punishment and discharge from service *cannot be the least restrictive means when other less restrictive means were used for nearly two years prior to vaccine availability.* The DoD used a variety of other means to successfully mitigate COVID-19 in 2020 and most of 2021, including COVID-19 testing, health surveillance, contact tracing, quarantines, social distancing, mask-wearing, telework, etc.¹⁵⁸

As the Brookings Institute pointed out, “As with much of the rest of society, the key to effectiveness in the [military’s] tasks will be widespread testing, especially for those in close quarters. Fortunately, the availability of testing should increase substantially over the very time frame over which most readiness concerns will intensify. That fact, combined with a military culture that will adapt as always to adverse conditions, bodes well for future U.S. military readiness even in these most challenging times.”¹⁵⁹ The vaccine mandate is *not* the least restrictive means of furthering the compelling government interest.

¹⁵⁷ As shown in Chapters 1-3.

¹⁵⁸ MilitaryOneSource. “DOD COVID-19 Testing and Surveillance for Total Force Health.” *U.S. Department of Defense*, 19 June 2020, download.militaryonesource.mil/12038/MOS/Infographic/covid-19-infographic-surveillance.pdf. Accessed 11 Dec. 2021. When Defense Secretary Austin came down with symptomatic COVID-19 in January 2022, he demonstrated telework as a viable (less-restrictive) means of maintaining readiness, stating “I plan to attend virtually this coming week those key meetings and discussions required to inform my situational awareness and decision making. I will retain all authorities.” (Ditzler, Joseph. “Defense Secretary Lloyd Austin Tests Positive for the Coronavirus.” *Stars and Stripes*, 03 Jan 2022. www.stripes.com/theaters/us/2022-01-02/defense-secretary-lloyd-austin-positive-coronavirus-4159794.html. Accessed 03 Jan. 2022.)

¹⁵⁹ Burke, Thomas, Dycus, Chesley, O’Hanlon, Michael, Reid, Erik, and Worst, Jessica. “COVID-19 and Military Readiness: Preparing for the long game.” *Brookings*, 22 Apr. 2020, www.brookings.edu/blog/order-from-chaos/2020/04/22/covid-19-and-military-readiness-preparing-for-the-long-game/. Accessed 06 Dec. 2021.

Exemptions. According to the DoD’s vaccine mandate order, “Mandatory vaccination of Service members will be subject to...any administrative or other exemptions established in Military Department policy.”¹⁶⁰ Each military department has procedures in place to accommodate service member’s religious beliefs. Once the COVID-19 vaccine went into effect, many service members submitted administrative, medical, and religious accommodation requests for exemption from the mandate. See Figure 6 for the latest numbers of these requests.

Branch	Component	Administrative Exemption		Temporary or Permanent Medical		Religious Accommodation		Sources	Current as of
		Requested	Approved	Requested	Approved	Requested	Approved		
ARMY	Active							https://www.army.mil/article/252821/active_army_achieves_98_percent_vaccination_rate_with_less_than_one_percent_refusal_rate	16 Dec 21
	Guard/Reserve	?	?	?	6,263	1,746	0		
	Civilian				Note 1				
AIR FORCE	Active		144		971	11,053	0	https://www.af.mil/News/Article-Display/Article/2831845/daf-covid-19-statistics-nov-30-2021/ https://www.af.mil/News/Article-Display/Article/2882742/daf-processes-religious-	21 Dec 21
	Guard/Reserve	?	2,063	?	1,076				
	Civilian		?		?				
MARINES	Active					3,192	0	https://nypost.com/2021/12/29/marines-havent-approved-any-religious-exemptions-for-covid-19-vaccine/	23 Dec 21
	Guard/Reserve	?	?	?	?				
	Civilian								
NAVY	Active				261	2,877	0	https://www.navy.mil/us-navy-covid-19-updates/	29 Dec 21
	Guard/Reserve	?	?	?	9	283			
	Civilian				?	?			
TOTAL		?	2,207	0	8,580	19,151	0		

1) This number includes administrative exemptions.

Figure 6. DoD COVID-19 Vaccine Exemption Requests

Although thousands of medical and administrative exemptions to the COVID-19 vaccine have been granted, it is apparent the DoD does not intend to approve any religious accommodation requests. The Air Force claims its disapprovals are “due to military readiness considerations.”¹⁶¹ This begs the question, if a service member’s request for religious accommodation from the COVID-19 vaccine mandate cannot be approved due to “military readiness considerations,” on what

¹⁶⁰ Austin III, Lloyd J. Memo to Senior Pentagon Leadership, et al. “Mandatory Coronavirus Disease 2019 Vaccination of Department of Defense Service Members.” 24 Aug 2021. Memorandum for Record. OSD007764-21/CMD010116-21. media.defense.gov/2021/Aug/25/2002838826/-1/-1/0/MEMORANDUM-FOR-MANDATORY-CORONAVIRUS-DISEASE-2019-VACCINATION-OF-DEPARTMENT-OF-DEFENSE-SERVICE-MEMBERS.PDF

¹⁶¹ “DAF Processed Religious Accommodation Requests.” Secretary of the Air Force Public Affairs, 22 Dec. 2021. www.af.mil/News/Article-Display/Article/2882742/daf-processes-religious-accommodations-requests/. Accessed 01 Jan 2022.

basis can a service member's medical or administrative exemption request be approved?¹⁶² In other words, if not taking the vaccine is a threat to military readiness for someone requesting a religious exemption from it, why is not taking the same vaccine not a threat to military readiness for someone granted medical or administrative exemption from it? To grant administrative and medical vaccine exemption requests while denying the same requests based on religion is discriminatory and unlawful.

Due Process. To be clear, the DoD has set in motion the process of discharging thousands of service members based on their religious beliefs. Since the DoD claims to value the Constitution, and the Constitution guarantees the right to due process, surely the DoD is conducting this process in a 1) transparent and 2) fair manner within the law, pursuant to the due process clause of the Constitution.¹⁶³

1. Transparency. The DoD claims its religious accommodation process is transparent. According to DOD Instruction 5400.11 *DoD Privacy and Civil Liberties Programs*, "The records used in any determination about any individual will be maintained with such accuracy, relevancy, timeliness, and completeness as is reasonably necessary to assure fairness to the individual in the determination," and requires transparency "about information policies and practices" in order to "provide clear and accessible notice regarding creation, collection, use, processing, storage, maintenance, dissemination, and disclosure of" personal information.¹⁶⁴

According to Under Secretary of the Air Force Gina Ortiz Jones, "We'll continue to be as transparent and thorough as possible throughout this process and update everyone on the status of requests in a timely fashion...We want to ensure Airmen

¹⁶² As US District Court Judge Reed O'Connor stated, "the vaccine mandate fails strict scrutiny. The mandate treats comparable secular activity (e.g., medical exemptions) more favorably than religious activity...those who receive religious exemptions are medically disqualified. Those who receive medical exemptions are not. But the activity itself—forgoing the vaccine—is identical. " (United States, Northern District of Texas. *U.S. Navy SEALs 1-26, et al., v. Joseph Biden, Jr., et al.*, 4:21-cv-01236-O (N.D. Jan. 03, 2022), p. 14. [firstliberty.org/wp-content/uploads/2022/01/Navy-SEALs-PI-Order-.pdf](https://www.firstliberty.org/wp-content/uploads/2022/01/Navy-SEALs-PI-Order-.pdf).)

¹⁶³ "Due Process." *Legal Information Institute*, Cornell Law School, www.law.cornell.edu/wex/due_process. Accessed 01 Jan. 2022.

¹⁶⁴ Department of Defense, "DoD Privacy and Civil Liberties Program, DoD Instruction 5400.11." 29 Jan. 2019 Change 1 08 Dec. 2020, pp. 17,19. www.esd.whs.mil/Portals/54/Documents/DD/issuances/dodi/540011p.pdf. Accessed 01 Jan. 2022.

and Guardians have the information necessary to make well-informed decisions.”¹⁶⁵ Is the Air Force being transparent and ensuring its members have the information necessary to make well-informed decisions?

As part of the Religious Accommodation Request process, service members submit their request to their supervisor/commander who reviews the request along with supplemental information, then provides a written recommendation to the overall commander to either approve or deny the member’s request. If the process is truly transparent, the DoD should have no issue allowing the service member requesting the accommodation access to the documents and recommendations used during the course of the process, especially since members whose requests were denied need this information in order to formulate their appeals.¹⁶⁶ *In fact, federal law requires it.* According to the Privacy Act of 1974 (5 U.S.C. § 522a), “Each agency that maintains a system of records shall— (1) upon request by any individual to gain access to his record or to any information pertaining to him which is contained in the system, permit him...to review the record and have a copy made of all or any portion thereof in a form comprehensible to him.” Is the DoD following this federal regulation?

- An Air Force First Lieutenant had his religious accommodation request denied. When he asked his squadron commander for the documentation, he was told “Just because the govt makes a record that is about you, doesn’t mean you are entitled to receive it.”
- An Air Force Major had his religious accommodation request denied. He asked his commander for all the paperwork so he could draft a well-informed appeal and was told “I’m sorry but they are not allowing us to release the full packages back to you at this time.”
- An Air Force Master Sergeant’s religious accommodation request was denied. When he asked for the full package so he could formulate his appeal, he was told “Per DoD and SAF, these items are being processed under FOIA.”
- An Air Force Master Sergeant requested the memorandum that was relied upon in the denial of his request so he could “accurately present his appeal.”

¹⁶⁵ “DAF Processed Religious Accommodation Requests.” Secretary of the Air Force Public Affairs, 22 Dec. 2021. www.af.mil/News/Article-Display/Article/2882742/daf-processes-religious-accommodations-requests/. Accessed 01 Jan 2022.

¹⁶⁶ At the time of this writing, 100% of these religious accommodation requests have been denied.

He was told he is “not entitled to the ‘legal reviews or the commanders recommendations’ at this time,” and that he would not be given extra time to submit a FOIA request, and that if he failed to respond after 72 hours he would be processed as a “refusal.”

- “I requested copies of my religious accommodation packet from the brigade legal Judge Advocate (JA). The JA suggested the only way I would be able to receive copies would be to file a FOIA request. I told him, ‘pursuant to the Privacy Act, I am entitled to receive unredacted copies of my packet to include, but not limited to endorsements, routing information and any changes.’ He said there are certain exemptions that exist that allow Brigade to not release information in the case they don’t want to. I asked for him to show me those guidelines and what the exemption they were using, he refused. I then asked if he would look at the Privacy Act with me so I could highlight the portions that indicate I am entitled to my records, he refused. I then asked if he would write on paper that he was denying me access and reasons for his denial, and again he refused.” — Army AH64 Pilot
- “I requested my religious accommodation packet and was told to submit a FOIA request. I responded that according to the Privacy Act I am entitled to my records, but they still denied my request. I submitted a formal complaint and haven’t heard anything back.” — Army Chief Warrant Officer/AH-64 Pilot
- “I was notified that my religious accommodation request was denied. I sent an email to my commander asking for my package so that I could craft my appeal. An hour later I got a one-line response stating ‘I’m not authorized to release the RAR package we sent forward.’ I then asked for an extension so I could get that information. I was told I would not get an extension and if I didn’t respond in 72 hours with an appeal then, my commander would ‘have to start a Letter of Reprimand process for failure to obey the order to be vaccinated.’ I sent my appeal with an email that stressed the fact that my due process rights were violated and reserving my right to amend my appeal. I got an email from my wing commander offering directions on how to file a FOIA request.” — Air Force Nurse
- An Air Force TSgt submitted a FOIA request for the documents used to deny her religious accommodation request. What she received was redacted to the point she was unable to use it in the writing of her appeal (see Figure 7).

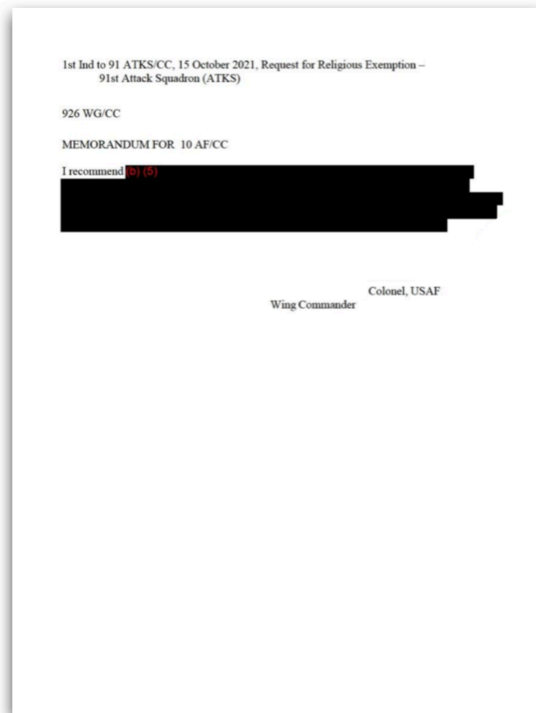
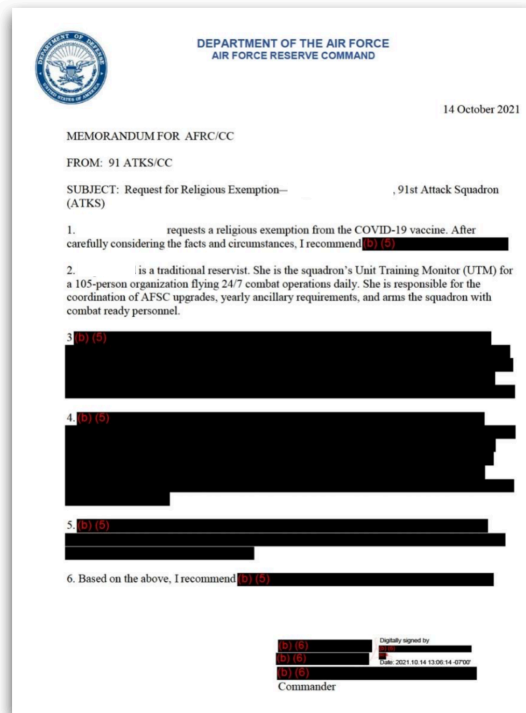


Figure 7. A Religious Accommodation Request document received by an Air Force Tech Sergeant in response to her FOIA request (redactions by Air Force).

- An Air Force Lieutenant Colonel’s religious accommodation request was denied. After requesting the documentation used to support the decision, he was told he needed to initiate a FOIA request, which he did. The pertinent documents he received in the response to his FOIA request were so heavily redacted he was unable to garner any information on why his request was denied (see Figure 8).

(b) (5)

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(b) (5)

DEPARTMENT OF THE AIR FORCE
AIR FORCE RESERVE COMMAND

4 November 2021

MEMORANDUM FOR AFRC/CC

FROM: AFRC RELIGIOUS RESOLUTION TEAM (RRT)
215 Richard Ray Blvd
Raham AFB, CA 95098

SUBJECT: MAJCOM4 Level Religious Resolution Team (RRT) Recommendation,
III, 10 AF

Reference: (a) DAFF 52-201, 23 June 2021, *Religious Freedom in the Department of the Air Force*

- The RRT for met in-person on to review the Religious Accommodation Request for the COVID-19 vaccination. Members of the RRT represented were: AFRC7A, AFRC56, AFRC7A and AFRC7C.
- (b) (5)
- SRT Recommendation (b) (5)
- JA recommendation (b) (5)
- (b) (5)
- For further information please contact (b) (5)

(b) (6)

DEPARTMENT OF THE AIR FORCE
AIR FORCE RESERVE COMMAND

15 Oct 21

MEMORANDUM FOR AFRC/CC, 301 FWCC, 10 AF/CC, 301 JA

FROM: 301 FW/14 (b) (5)

SUBJECT: Religious Accommodation Request for Immunization Waiver by

Reference: (a) DODI 1300.17, *Religious Liberty in the Military Services*, 1 Sept 20.

(b) AFI 4-1, 7 Aug 12, *Air Force Standards*.

(c) AFI 48-10, 10 Feb 18, *Immunizations and Chemoprophylaxis for the Prevention of Infectious Diseases*.

(d) AFDP 52-2, 28 Jul 20, *Accommodation of Religious Practices in the Air Force*.

(e) DAFF 52-201, *Religious Freedom in*

- On (b) (5) formally requested a religious accommodation IAW AFI 52-201 for exemption from immunizations. This request followed 9 prior meetings with me to discuss the member's faith traditions and extent the member to the religious accommodation process and possible outcomes.
- (b) (5)
- (b) (5)

(b) (5)

(b) (5)

- The member has waived in writing his right to privileged communication on this issue, and has authorized me to advise leadership on this matter. The waiver is included in the member's MDR.
- IAW AFI 48-10, 2-6, in the Air Force, no permanent exemptions for religious accommodations are granted, and the MAJCOM commander is the designated approval and revocation authority for any and all temporary immunization exemptions. Further the member must be consulted by the commander as to the adverse impact the request may cause on deployability, assignment, and/or international travel and a military physician as to the disease concerned, specific vaccine information including product constraints, benefits, and risks, and potential risks of infection incurred by unimmunized individuals.
- IAW AFDP 52-2, 1-4 the member will have a temporary exemption from immunization requirements while the request is pending.
- IAW DoDI 1300.17, Table 1 and AFI 48-10, review and approval must be completed by the MAJCOM/CC. Written notification to the service member must be provided when final disposition is completed.

- For requests requiring no waiver:
 - If the requesting member is on active duty orders in CONUS, the approving authority has 30 business days from service member submission for review, final action, and written notification to the service member of the decision.
 - If the requesting member is on active duty orders OCONUS or is a Reserve Component service member not on active status, the approving authority has 60 days from service member submission for review, final action, and written notification to the service member of the decision.
- For requests requiring waiver:
 - If the requesting member is on active duty orders in CONUS, the accommodation request must reach the approving authority NLT 20 days from the date of the member's submission to the commander or supervisor. The approving authority has 60 days for review, final action, and written notification to the service member of the decision.
 - If the requesting member is on active duty orders OCONUS or is a Reserve Component service member not on active status, the accommodation request must reach the approving authority NLT 60 days from the date of the member's submission to the commander or supervisor. The approving authority has 60 days for review, final action, and written notification to the service member of the decision.

(b) (5)

(b) (5)

(b) (6)

301FW/14g Chapman

AFRC/CC AFRC/CC AFRC/CC AFRC/CC

Air Force Reserve
Commander Sawitke

Subject: (b) (5) TMT #

Recommendation: (b) (5) AD Phase/Unit

Code	Reason	Code	Other	Reason	Code	Date
(b) (5)						
(b) (5)						

Approval Authority: (b) (5) Other: (b) (5)

(b) (5)

(b) (5)

Discussion:

(b) (5)

Staff Recommendation: (b) (5)

Comment:

Recommendation:

(b) (5) (b) (5)

Comment:

Action: (b) (5)

Version: 2.0, 3 Oct 14

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Figure 8. Pertinent Religious Accommodation Request documents received by Air Force Lt Col in response to his FOIA request (redactions by Air Force).

How can service members effectively appeal the denial of their religious accommodation request if they are kept from knowing the details of why their request was denied? The DoD is invoking a special exemption of the Privacy Act found in 5 U.S.C. § 552a(d)(5) – Special Exemption for Information Compiled for Civil Action, which states “[N]othing in this [Act] shall allow an individual access to any information compiled in reasonable anticipation of a civil action or proceeding.”¹⁶⁷ This begs the question, is the DoD denying religious accommodation requests *in anticipation of a lawsuit*? In any case, the DoD’s claim that its religious accommodation processes are transparent *is a fallacy*.

2. Fairness. The DoD claims its religious accommodation request processes are fair. According to DoDI 1300.17, “Officials charged with making recommendations or taking final action on a Service member’s request for the accommodation of religious practices will review each request individually, considering the full range of facts and circumstances relevant to the specific request.”¹⁶⁸

Lt Col Brandi King is an Air Force Reserve C-5M pilot with 19 years of service. In early 2021, she was appointed to lead the Air Force Chief of Staff’s new Rated Diversity Improvement initiative, the purpose of which is to develop innovative new ways to attract and encourage underrepresented minority groups towards service in the Air Force in order to increase diversity in the Air Force’s aviation career fields leading to overall readiness.¹⁶⁹ Lt Col King was requested by name to lead this high-profile effort for at least three years, and by taking the position she accepted

¹⁶⁷ 5 U.S.C. § 552a(d)(5) - Special Exemption for Information Compiled for Civil Action, *Legal Information Institute*, Cornell Law School, <https://www.law.cornell.edu/uscode/text/5/552a>. Accessed 11 Jan 2022.

¹⁶⁸ Department of Defense, “Religious Liberty in the Military Services, DoD Instruction 1300.17.” 01 Sep. 2020. www.esd.whs.mil/Portals/54/Documents/DD/issuances/dodi/130017p.pdf. Accessed 01 Jan. 2022. Air Force policy, for example, is “to place a high value on the rights of Air Force members to observe the tenets of their respective religions or to observe no religion at all. Through this policy, the Air Force maintains an environment in which people can realize their highest potential.” (Secretary of the Air Force, “Accommodation of Religious Practices in the Air Force, Air Force Policy Directive 52-2.” 28 July 2020, p. 10. static.e-publishing.af.mil/production/1/af_hc/publication/afpd52-2/afpd52-2.pdf.)

¹⁶⁹ According to the DoD, diversity and equality are critical to military readiness. “We are committed to making the DoD a workplace of choice that is characterized by diversity, equality, and inclusion... We continue to enhance diversity and ensure equality across our entire workforce...equality is critical to Total Force readiness.” “Office for Diversity, Equity, and Inclusion.” *U.S. Department of Defense*, diversity.defense.gov/DoD-Diversity-and-Inclusion-Initiatives/. Accessed 13 Dec. 2021.

what amounted to a \$35,000 per-year pay cut (she is also an airline pilot) in order to lead an effort she strongly believed in and was highly qualified to lead. According to Just the News:

“[Lt Col King] received a call Sept. 11 from a superior who ordered her to either get the COVID-19 vaccine, present a valid medical exemption, or submit a Religious Accommodation Request (RAR) by Oct. 3. She said she would submit the RAR. Between Sept. 11 and Sept. 28, she was called four different times by her supervisor, who ‘urged me not to file for religious accommodation because he wanted to keep me in the Air Force, wanted me to receive my retirement pension, and he did not believe religious accommodations would be granted,’ according to King’s religious discrimination complaint. The supervisor told King that she ‘would be subject to court martial, dishonorable discharge...if I was not granted accommodation and refused the Covid-19 vaccine,’ the complaint reads. On Sept. 28, when she was asked again about getting vaccinated or submitting the RAR, she said she was getting the information together for requesting the religious exemption. Her supervisor said that if she intended to submit the RAR, her new orders — which she had already received and which would have begun with the new fiscal year — would be canceled. Her orders were canceled on Sept. 29. King submitted the RAR on Oct. 3, and it was denied on Oct. 22.”¹⁷⁰

The DoD and Air Force demonstrated considerable hypocrisy by hiring a female pilot to lead the Air Force Chief of Staff’s Rated Diversity Improvement initiative in order to increase readiness, then firing her (cancelling her Reserve orders) the moment she expressed *her intent* to follow orders by submitting a religious accommodation request for exemption from the COVID-19 vaccine mandate. Apparently the Air Force supports diversity, unless it is diversity of thought.

Official Air Force policy states “An Airman’s expression of sincerely held beliefs may not be used as the basis for any adverse personnel action, discrimination, or denial of promotion.”¹⁷¹ Punishing a service member for merely stating an intent to exercise her religious rights is in direct violation of Air Force policy, the RFRA, and the First Amendment to the Constitution. The Air Force Reserve 4th Air Force Commander’s actions call into question his understanding of and dedication to Air

¹⁷⁰ Mittelstadt, Natalia. “Air Force Diversity Officer: Bid for Religious Exemption from Vax Mandate Cost Her Plum Job.” *Just the News*, 03 Nov. 2021, justthenews.com/nation/religion/air-force-reservist-diversity-dept-fired-requesting-religious-exemption-covid-19. Accessed 13 Dec. 2021

¹⁷¹ Secretary of the Air Force, “Accommodation of Religious Practices in the Air Force, Air Force Policy Directive 52-2.” 28 July 2020. static.e-publishing.af.mil/production/1/af_hc/publication/afpd52-2/afpd52-2.pdf.

Force policy, the laws of the United States, and the Constitution he swore to uphold.¹⁷²

As previously mentioned in Chapter 3, multiple senior DoD leaders have revealed a predisposition to deny all religious accommodation requests.

- During a party at his home, an Air Force Major General was quoted as saying “while I can’t say there is a formal predilection to deny the religious accommodation requests, they are essentially all going to be denied.”
- While discussing the factual inaccuracies contained in his memorandum in which he recommended denial for a subordinate’s religious accommodation request, an Air Force Brigadier General stated “I was provided a denial template from my boss and instructed to change the name and a few other words, and to recommend denial for all of these.”
- An Air Force wing commander, after recommending approval of all the RARs he received, was verbally reprimanded by a General and told he “made the wrong decision” and his “loyalty to the Air Force” was in doubt.

In another example, an Air Force Master Sergeant submitted a religious accommodation request. His commander reviewed his request and determined that if the request was granted, it would have *minimal impact* on his ability to carry out required duties, *would not affect* unit cohesion, good order, discipline, or safety, and that less restrictive means *can be used* to meet the compelling governmental interest. Yet, the commander recommended disapproval and the Master Sergeant’s religious accommodation request was denied.

¹⁷² King, Brandi. Memo to Military Equal Opportunity. “Religious Discrimination Complaint - Orders Cancellation.” 24 Oct. 2021. Memorandum for Record and Supporting Documents. [justthenews.com/sites/default/files/2021-10/EO_MG_JTP_24%20Oct%2021_BBKing-1_Redacted.pdf](https://www.justthenews.com/sites/default/files/2021-10/EO_MG_JTP_24%20Oct%2021_BBKing-1_Redacted.pdf). The official Air Force position that Lt Col King’s orders were cancelled because “orders are often times temporary and end at the end of the fiscal year” is easily disproven. (Mittelstadt, Natalia. “Air Force Diversity Officer: Bid for Religious Exemption from Vax Mandate Cost Her Plum Job.” *Just the News*, 03 Nov. 2021, [justthenews.com/nation/religion/air-force-reservist-diversity-dept-fired-requesting-religious-exemption-covid-19](https://www.justthenews.com/nation/religion/air-force-reservist-diversity-dept-fired-requesting-religious-exemption-covid-19). Accessed 13 Dec. 2021.)

The DoD's claim that its religious accommodation processes are fair *is a fallacy*.¹⁷³

With respect to service members' religious freedom, the DoD has failed to follow the law and uphold the Constitution. Therefore, the DoD's claim that it values the Constitution—and the free exercise of religion and due process it protects—is a *fallacy*.

¹⁷³ US District Court Judge Reed O'Connor stated "The record overwhelmingly demonstrates that the Navy's religious accommodation process is an exercise in futility." (United States, Northern District of Texas. *U.S. Navy SEALs 1-26, et al., v. Joseph Biden, Jr., et al.*, 4:21-cv-01236-O (N.D. Jan. 03, 2022) firstliberty.org/wp-content/uploads/2022/01/Navy-SEALs-PI-Order-.pdf.)

CHAPTER 5

The Greatest Challenge

The DoD claims COVID-19 is “the greatest proximate challenge to our Nation’s security.”

The DoD has repeatedly stated “the greatest proximate challenge to our Nation’s security is coronavirus disease 2019 (COVID-19).”¹⁷⁴ Where and how the DoD came to such a conclusion is unclear, but it is abundantly clear from the evidence provided in *The COVID Fallacies* that the greatest challenge to the security of the United States *is not COVID-19 itself*.

Since the beginning of COVID-19, we have witnessed reprehensible and unchallenged behavior on the part of DoD leadership based on nothing but falsehoods and fallacies. We have seen threats of punishment and discharge for not following unlawful orders. We have heard unfounded claims about the safety and efficacy of experimental vaccines. We have read unprecedented mandates based on arbitrary and capricious assertions about military readiness. We have observed farcical respect for Constitutionally-protected religious freedom. And we have witnessed theatrical processes belying willful violation of the law.

These actions are not without consequence. In the name of fighting a disease that has minimal effect on the U.S. military population, our DoD is purging many thousands of highly-trained, highly-experienced, and highly-dedicated servicemen and women, and in doing so, is decimating the faith so many have held in a once-prestigious department with core values based on loyalty, duty, respect, integrity, service, excellence, honor, courage, commitment, connection and character.

The greatest challenge to our Nation’s security comes from within, for “if destruction be our lot, we must ourselves be its author and finisher.”¹⁷⁵

¹⁷⁴ Hicks, Kathleen H. and Hyten, John E. Memo to Senior Pentagon Leadership, et al. “Methods to Enable and Encourage Vaccination Against Coronavirus Disease 2019.” 20 May 2021. Memorandum for Record. media.defense.gov/2021/May/20/2002675314/-1/-1/0/MEMORANDUM-ON-METHODS-TO-ENABLE-AND-ENCOURAGE-VACCINATION-AGAINST-COVID-19.PDF. Accessed 03 Dec. 2021.

¹⁷⁵ Lincoln, Abraham. “Lyceum Address.” 27 Jan. 1838, Young Men’s Lyceum, Springfield IL. Speeches and Writings. www.abrahamlincolnonline.org/lincoln/speeches/lyceum.htm. Accessed 30 Dec. 2021.

“So, I am being kicked out of the Air Force because I am a health risk to the force, thus ‘adversely impacting mission accomplishment.’ Meanwhile, I will be walking around in airports nationwide, flying all people—including Airmen—to their destinations as part of my airline pilot duties, and doing so as an unvaccinated pilot under religious accommodations provided by my Federally-contracted airline employer.”

— Air Force Pilot