26 Aug 2022

From: Commander Robert A. Green Jr., USN/1117
To: Assistant Secretary of the Navy (Manpower & Reserve Affairs)
Via: (1) Commander, Maritime Expeditionary Security Group TWO
(2) Vice Admiral John Fuller, Naval Inspector General
(3) Commander, Navy Expeditionary Combat Command
(4) Commander, United States Fleet Forces Command
(5) Chief of Naval Operations

Subj: COMPLAINT OF WRONG UNDER ARTICLE 1150, U.S. NAVY REGULATIONS AGAINST VICE ADMIRAL JOHN FULLER

Ref: (a) Article 1150, U.S. Navy Regulations
(b) JAGINST 5800.7G, Chapter III
(c) SECNAVINST 5800.12C
(d) 42 USC § 2000bb-1; Religious Freedom Restoration Act (RFRA)
(e) Appeal of EO Complaint Dismissal by Captain Jeffrey Grant, 28 Feb 2022

Encl: (1) Complaint of Wrong Under Art 1150, U.S. Navy Regulations Against Admiral Grady for Unlawful Order, Submitted by CDR Robert A. Green, 27 Nov 2021
(2) Complaint of Wrong Under Art 1150, U.S. Navy Regulations Against Vice Admiral Kilby for Unlawful Order, Submitted by CDR Robert A. Green, 27 Nov 2021
(3) Complaint of Wrong Under Art 1150, U.S. Navy Regulations Against Admiral DiGuardo for Unlawful Order, Submitted by CDR Robert A. Green, 27 Nov2021
(4) Complaint of Wrong Under Art 1150, U.S. Navy Regulations Against Vice Admiral Nowell for Unlawful Religious Discrimination, Submitted by CDR Green on 23 Dec 2021
(5) Naval Inspector General Notification of Case Closures, 22 Dec 2021
(6) Pfizer Announcement that Comirnaty will not be produced, NIH Website, 13 Sep 2021
(7) Defense Health Agency Freedom of Information Act Response 21-00359, 20 Apr 2022
(8) Surgeon General of the Navy Memo, Interchangeability of FDA-Approved Vaccine Comirnaty and FDA-Authorized Pfizer-BioNTech EUA Vaccine, 3 Sep 2021
(9) Assistant Secretary of the Navy (Manpower and Reserve Affairs), Mandatory Vaccination of Service Members using Pfizer-BioNTech and Comirnaty COVID-19 Vaccines, 8 Sep 2021
(10) Assistant Secretary of Defense Health Affairs, Mandatory Vaccination of Service Members using Pfizer-BioNTech and Comirnaty COVID-19 Vaccines, 14 Sep, 2021
(11) Whistleblower Report of Illigal DoD Activity, Signed by nine officers from the Army, Navy, Marine Corp, Air Force, and Coast Guard, Submitted to Congress on 15 August 2022
(12) Naval Inspector General Notification of Case Closure (Case 202106692), 5 Aug 2022
(13) Report of Navy-Endorsed Violations of Law, Regulation, and Constitutional Rights, to all members of the HASC and SASC by CDR Robert A Green Jr., 7 January 2022
(14) Declaration of Commander Robert A. Green Jr., USN, U.S. District Court Northern District of Texas, Case 4:21-cv-01236-O, Document 134, filed 28 February 2022
(15) DoD Pilot Whistleblower Injury Report, Submitted to Congress by concerned DoD Pilots
(16) Dismissal of Article 1150 Complaint by Admiral Lescher, 5 January 2022
(17) Dismissal of Article 138 Complaint by Admiral Caudle, 7 January 2022

1. This complaint of wrong under reference (a) is submitted in compliance with reference (b).

2. Complainant Information:

    a. Current Command: Maritime Expeditionary Security Group TWO

    b. Command at time of alleged wrong: Maritime Expeditionary Security Group TWO

    c. PRD: September, 2022

    d. Current mailing address and e-mail address:
    [redacted]

    e. Permanent home address and email address:
    [redacted]

3. Respondent Information:

    a. Rank and Name: Vice Admiral John Fuller, USN

    b. Organization: Naval Inspector General

4. Complaint:

    a. Type of Alleged Wrong: Violation of UCMJ Article 92 – Failure to obey order or regulation; For dereliction of duty as the Naval Inspector General, wrongfully dismissing credible allegations of Senior Leader misconduct, and unlawfully covering up the UCMJ violations committed by Admiral Christopher Grady, Vice Admiral James Kilby, Vice Admiral John Nowell, and Rear Admiral Joseph DiGuardo.

        (1) Date alleged wrong discovered: 5 August, 2022

        (2) Date written request for redress was submitted to complainant's commanding officer: N/A

        (3) Date answer to request for redress was received: N/A

        (4) Number of calendar days between alleged wrong and submission of complaint: 21 days

        (5) Specific, detailed explanation of alleged wrong committed (Paragraph numbering starts at "(1.)" for the detailed explanation):

(1.) On 27 November 2021 I filed complaints, enclosures (1), (2), and (3), against Admiral Grady, Vice Admiral Kilby, and Rear Admiral DiGuardo, for issuing unlawful orders violating 21

USC § 360bbb-3, 10 USC § 1107a, department implementing regulations, and Articles 92 and 94 of the Uniform Code of Military Justice (UCMJ). On 23 December 2021 I filed a complaint, enclosure (4), against Vice Admiral Nowell, then Chief of Naval Personnel, for violations of the Religious Freedom Restoration Act, DODINST 1300.17, and BUPERSINST 1730.11A.

(2.) These complaints were forwarded to the Naval Inspector General as required by reference (b). Due to the respondents' ranks, the implementing regulation governing these complaints is SECNAVINST 5800.12C, reference (c), titled "Investigation of Allegations made against Senior Officials of the Department of the Navy." This instruction identifies the Naval Inspector General as the Component-Designated Official (CDO) responsible for making credibility determinations for misconduct allegations against Senior Navy Officials including all active duty Navy officers in grades O-7 and above. The very first action required of the Naval Inspector General upon receipt of a Senior Official allegation of misconduct is to determine if that allegation is credible. SECNAVINST 5800.12C specifies that if an allegation is determined to be credible, the next required action is to "report it to the DoD OIG within five working days of the date a subject is identified." There is no requirement in SECNAVINST 5800.12C to forward reports to the DoD Office of Inspector General (DoD OIG) for allegations determined by the CDO to be *not* credible. SECNAVINST5800.12C then states that the Naval Inspector General must "[i]nvestigate all credible allegations of misconduct made against the DON Senior Official/Senior Officials" if the DoD OIG does not conduct or reassign the investigation.

(3.) Vice Admiral Fuller had an obligation to investigate the allegations made in enclosures (1), (2), (3), and (4) due to the credible nature of those allegations. Reference (c) defines a credible allegation as an "allegation that if proven, would constitute…a violation of a provision of criminal law, including but not limited to reference (h) [UCMJ]." This complaint demonstrates the following points:

1) All four complaints were credible allegations that included substantial evidence that the respondents broke federal laws. These credible allegations have since been confirmed through whistleblower documents, federal court rulings, and related filings.

2) Vice Admiral Fuller's refusal to investigate the allegations against Admiral Grady, Vice Admiral Kilby, Vice Admiral Nowell, and Rear Admiral DiGuardo amounts to an ongoing, and demonstrably conscious, cover-up of grievous policy mistakes by the Department of Defense.

3) Vice Admiral Fuller's refusal to investigate allegations related to COVID-19 "policy" is a dereliction of his duties as the Naval Inspector General. His failure to fulfill his duties directly enabled the perpetration of significant harm to service members including the complainant.

(4.) In enclosures (1) through (3), I demonstrated that no fully licensed COVID-19 vaccine product was available, leaving only EUA products as options to comply with the vaccine mandate. Admiral Grady, Vice Admiral Kilby, and Rear Admiral DiGuardo issued orders mandating COVID-19 vaccination without the licensed products being made available. I provided evidence that they promulgated those orders knowing that there was an ongoing legal concern about mandating EUA products. Furthermore, they promulgated those orders in collusion with the Navy

Surgeon General, Rear Admiral Gillingham, whose 3 September 2021 memo regarding interchangeability was the basis used by Navy officials to illegally mandate EUA products.

(5.) These allegations were (and continue to be) credible. Vice Admiral Fuller, in his role as the Naval Inspector General was the assigned CDO for these complaints. That means that in accordance with SECNAVINST 5800.12C, Vice Admiral Fuller, and only Vice Admiral Fuller, was the sole individual responsible for determining the credibility of these complaints. SECNAVINST 5800.12C does not permit DoD OIG to reverse a positive determination of credibility by the Naval Inspector General nor does it permit the DoD OIG to stop or otherwise obstruct the investigation of an allegation determined credible by the Naval Inspector General. Vice Admiral Fuller's forwarding of the complaints to the DoD OIG indicated he deemed or determined them credible in accordance with SECNAVINST 5800.12C. As previously noted, SECNAVINST 5800.12C requires that the Naval Inspector General initiate an investigation of credible allegations if the DoD OIG does not. These subsequent investigations did not occur.

(6.) Upon receipt of the forwarded credible allegations, the DoD OIG dismissed these cases. A Naval Inspector General memorandum dated 22 Dec 2021, enclosure (5), attempts to place responsibility for the subsequent case closures on the DoD OIG dismissal of these credible allegations. However, Vice Admiral Fuller had an obligation and a duty to investigate these credible allegations since the DoD OIG did not investigate nor assign the investigation to another organization. As the individual responsible for investigating the credible allegations per SECNAVINST 5800.12C, Vice Admiral Fuller was derelict in his duties. The Naval Service has a right to a Naval Inspector General who will not cave to political pressure nor to undue command influence in fulfilling his duties. Had Vice Admiral Fuller initiated a full investigation into the allegations against Admiral Grady, Vice Admiral Kilby, and Rear Admiral DiGuardo, he may have uncovered the significant unlawfulness surrounding forced administration of EUA products that were previously known within the DoD and have since been exposed by both whistleblowers and by subsequent costly and untimely legal proceedings.

(7.) To understand this complicated issue, it is important to fully explain the law surrounding the emergency use of unauthorized products within the context of a declared emergency. First, Americans never lose the right to legally refuse an EUA product. The law controlling the use of EUA products, 21 USC § 360bbb, Authorization for medical products for use in emergencies, imposes significant responsibilities upon the government to inform Americans of their rights. The only exception to the government's duty to inform citizens of their rights is in a narrowly defined presidential waiver process for the military per 10 USC §1107a. This exception only waives the required condition that service members be informed of their right to refuse an EUA product. The 105th Congress passed 10 USC § 1107 into law as part of the Fiscal Year 1998 National Defense Authorization Act as a result of the injuries sustained by Gulf War veterans due to forced administration of investigational new drugs. This was quickly followed by the passage of 10 USC § 1107a, which specifically addressed use of EUA products. Similar to the Constitutional violation of failing to provide a suspect their Miranda Rights, not informing a potential recipient of their right to accept or decline an EUA product, either by presidential waiver or by omission, does not remove the underlying rights protected by statute and the Constitution.

(8.) Prior to the administration of an EUA product, the recipient is required to be informed inter alia of the option to accept or refuse administration of the EUA product, as codified in 21 USC §

360bbb-3(e)(1)(A)(II)(iii). This right is a required condition that the Secretary of Health and Human Services (HHS) shall include for the authorization of any unapproved product covered by an emergency declaration. This means that by law, no one can mandate EUA products and the Government must inform recipients of their right to refuse. This law covers all types of EUA products including test kits[1], masks[2], and COVID-19 vaccines, all of which senior officials continue to attempt to unlawfully mandate. As the Navy commits the fraud of presenting EUA products as if they are licensed, service members are not being informed of their right to exercise the option to refuse administration of EUA products, nor are they provided with any other required information such as the risks associated with the products. Instead, military leaders are coercing service members into accepting administration of EUA products through unlawful threats against their careers and livelihoods. This fraud is enabled by Vice Admiral Fuller's negligence in failing to investigate and act upon my credible complaints in enclosures (1) through (3).

(9.) In a memorandum issued on 9 August 2021, Secretary of Defense (SECDEF) Lloyd Austin indicated his comprehension of EUA law, stating, "I will seek the President's approval to make the vaccines mandatory no later than mid-September, or immediately upon the U.S. Food and Drug Administration (FDA) licensure, whichever comes first."[3] On 23 August 2021, the FDA approved (fully licensed) the first COVID-19 vaccine under the trade name Comirnaty®. The FDA ended its legal marketing status that same day.[4] The next day, SECDEF issued a memorandum that stated "[m]andatory vaccination against COVID-19 will only use COVID-19 vaccines that receive full licensure from the Food and Drug Administration (FDA), in accordance with FDA-approved labeling and guidance."[5] (Emphasis added). Shortly thereafter, in a posting on the National Institute of Health website, enclosure (6), Pfizer announced it would not produce any of the licensed product "over the next few months while EUA authorized product is still available and being made available for U.S. distribution." For nine months afterwards, the lack of fully licensed product has been confirmed by hundreds of service members, who have provided military leadership hundreds of complaints, many with photo evidence, indicating all vials found in Military Treatment Facilities were EUA products. A Freedom of Information Act (FOIA) response from the Defense Health Agency (DHA) in April 2022, enclosure (7), confirmed DHA had no record of "Comirnaty" COVID-19 vaccines being ordered, received, in stock, available, or administered to any service member by any service branch (Army, Navy, Marine Corps, Air Force, or Coast Guard).

(10.) Subordinate commanders including Admiral Grady, Vice Admiral Kilby, and Rear Admiral DiGuardo, failed to adhere to both the law and to SECDEF guidance regarding licensure of medical products. These commanders ordered service members to become vaccinated against COVID-19 without consideration for the EUA status of available vaccines. The Navy quickly realized it had a serious legal issue on its hands, likely the impetus for the Navy Surgeon General,

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[1] https://www.fda.gov/medical-devices/coronavirus-disease-2019-covid-19-emergency-use-authorizations-medical-devices/in-vitro-diagnostics-euas-antigen-diagnostic-tests-sars-cov-2, accessed 14 Aug 22

[2] https://www.fda.gov/medical-devices/coronavirus-disease-2019-covid-19-emergency-use-authorizations-medical-devices/personal-protective-equipment-euas, accessed 14 Aug 22

[3] https://media.defense.gov/2021/Aug/09/2002826254/-1/-1/0/MESSAGE-TO-THE-FORCE-MEMO-VACCINE.PDF, accessed 10 Aug 2022

[4] The approval of Comirnaty® listed the marketing beginning and end date as 23 Aug 2021.

[5] https://media.defense.gov/2021/Aug/25/2002838826/-1/-1/0/MEMORANDUM-FOR-MANDATORY-CORONAVIRUS-DISEASE-2019-VACCINATION-OF-DEPARTMENT-OF-DEFENSE-SERVICE-MEMBERS.PDF, accessed 10 Aug 2022

Rear Admiral Gillingham, to author the very first memorandum attempting to claim interchangeability of the EUA product with the fully licensed product. Rear Admiral Gillingham's memo, enclosure (8), dated 3 September 2021, states that "[t]he FDA-approved vaccine, and the vaccine used under the EUA, have the same formulation, and can be used interchangeably to provide the COVID-19 vaccination series without presenting any safety or effectiveness concerns. Navy medical providers can use Pfizer-BioNTech doses previously distributed under the EUA to administer mandatory vaccinations."

(11.) Mr. Hogue, in your role as Acting Assistant Secretary of the Navy, Manpower and Reserve Affairs, you signed a similar memorandum, enclosure (9), only 5 days later, on 8 September 2021, claiming that "[n]avy medical providers can use Pfizer-BioNTech doses previously distributed under the EUA to administer mandatory vaccinations." Finally, Assistant Secretary of Defense for Health Affairs (ASD HA) Dr. Terry Adirim, wrote a 14 September 2021 memorandum, enclosure (10), stating "these two vaccines are interchangeable and DoD health care providers should use doses distributed under the EUA to administer the vaccination series as if the doses were the licensed vaccine."

(12.) These three memoranda attempt to take medical advice from the FDA and use it as the basis for stripping the legal rights sailors have to decline receipt of an EUA product. Dr. Adirim specifically cites the FDA's Q&A website to justify use of EUA Pfizer-BioNTech vaccines in lieu of the FDA-approved Comirnaty.[6] The FDA website did not address the legal difference between the products, nor was it a determination of biosimilarity or interchangeability, which has specific statutory requirements per 42 USC § 262(k) - Licensure of Biological Products as Biosimilar or Interchangeable. The law cites critical requirements for interchangeable products, including that: 1) a sponsor must submit an application for licensure of the biosimilar product, 2) both products become fully licensed before being declared interchangeable, and 3) per 42 USC § 262(k)7(A), "[a]pproval of an application under this subsection [Licensure of Biological Products as Biosimilar or Interchangeable] may not be made effective by the Secretary until the date that is 12 years after the date on which the reference product was first licensed under subsection (a)." In accordance with federal law 42 USC § 262(k), no product may be legally declared interchangeable with Comirnaty® until at least 24 August **2033**.[7]

(13.) Mr. Hogue, you, Dr. Adirim, Rear Admiral Gillingham, and every military commander who cited the above memoranda as justification for their unlawful orders, ignored the legal distinction between the two products. Most notable of these legal distinctions is that one was a non-existent licensed product and the other an available EUA product, which imposes a requirement on the administrator, or the mandator, to inform recipients of their inherent right to refuse. This legal distinction was clearly cited by the FDA in every Pfizer BioNTech and Moderna EUA re-issuance letter since full licensure.[8] The FDA's Director of the Center for Biologics

[6] This website provides medical advice regarding the use of the EUA product to complete a "vaccination series." This website does not purport to make a legal determination about the use of forced or mandated EUA products. https://www.fda.gov/vaccines-blood-biologics/qa-comirnaty-covid-19-vaccine-mrna, accessed 10 Aug 2022

[7] As further evidence, the FDA's authoritative source for approved biologics, the "Purple Book," lists "no interchangeable data at that time" for Comirnaty®: https://purplebooksearch.fda.gov/results?query=COVID-19%20Vaccine,%20mRNA&title=Comirnaty, 10 Aug 22

[8] See page 16 of the most recent EUA reissuance letter for an example: https://www.fda.gov/media/150386/download, accessed 10 Aug 2022.

Evaluation and Research, Dr. Peter Marks, also attempted to correct this misunderstanding via testimony in federal court. In a sworn statement on 21 October 2021, Dr. Marks stated:

> "The determination that FDA made for Comirnaty and Pfizer-BioNTech Covid-19 vaccine should not be confused with the statutory interchangeability determination that FDA may make when reviewing a BLA for a biological product manufactured by one company and comparing it with a biological product manufactured by a different company…The statutory interchangeability determination requires a licensed reference product and a subsequent applicant seeking licensure, which is not present here… While FDA determined Comirnaty and Pfizer-BioNTech Covid-19 vaccine are medically interchangeable, there are legal distinctions between BLA-approved and EUA-authorized products. For example, products approved under BLAs are required to have the labeling that was approved as part of the BLA, whereas products authorized under the EUA would have the EUA labeling." (Emphasis added).

(14.) This legal distinction was willfully ignored by every commander attempting to impose the unlawful EUA product mandate including, but not limited to, Admiral Grady, Vice Admiral Kilby, and Rear Admiral DiGuardo, the respondents in enclosures (1) through (3). The issue was easily understood by simply reading the applicable laws and the FDA Emergency Use Authorization documents. Dr. Peter Marks' statement in federal court involving the misuse of "interchangeability" was also immediately noted by service members who simply paid attention, and dutifully notified their chains of command through numerous Article 138 and Inspector General complaints. What makes Vice Admiral Fuller's refusal to investigate this matter particularly egregious is that the testimony quoted above from Dr. Marks was filed in federal court by the defendants in that case including Secretary of Defense Lloyd Austin, and Vice Admiral Fuller's own immediate supervisor, Secretary of the Navy Carlos Del Toro. When reading this court testimony, it is difficult, if not impossible, to view the Navy's false interchangeability argument as ignorance of the law. Rather, the defendants in that case, including Vice Admiral Fuller's own immediate supervisor, Secretary Del Toro, had positive knowledge of the law governing interchangeability as early as 21 October 2021, through the testimony of their own FDA expert. The fact that they continued pushing the fraudulent narrative that the two products were legally interchangeable demonstrates a willful negligence and a desire to defend the institution rather than the Constitution as they have sworn an oath to do. An investigation of this matter by Vice Admiral Fuller could have easily uncovered these facts and then could have been used to protect vulnerable service members from unlawful orders and subsequent consequences. Instead, Vice Admiral Fuller, potentially covering-up for his own immediate supervisor, Secretary Del Toro, elected not to investigate this matter.

(15.) Service members, including myself, have attempted to appeal to our leadership by alerting them to these specific violations of law. However, either through an epidemic of careerism or a distinctive lack of moral courage in the senior military ranks, our appeals have gone unanswered, dismissed, or worse, many of us have been retaliated against. The failures of my own numerous appeals to leadership including Equal Opportunity complaints, multiple Article 138 requests for redress, and these complaints under U.S. Navy Regulation 1150 are what compelled me to draft the 15 August 2022 Military Whistleblower report to Congress, enclosure (11). This report, signed my myself and eight other courageous leaders who contributed significantly, is an appeal to

Congress asking for their intervention and support in upholding the rule of law in the face of rampant DoD negligence amidst this illegal activity.

(16.) Although, the 15 August 2022 Whistleblower Report dealt primarily with the unlawful administration of EUA products, it is far from the only unlawful activity the DoD is attempting to perpetrate and which the Naval Inspector General is subsequently ignoring. Specifically, the Department of the Navy through the office of the Chief of Naval Personnel was (and continues) violating the Religious Freedom Restoration Act and the associated military implementing regulations. I became aware of, and was personally harmed by these violations, through the actions of Vice Admiral Nowell, then Chief of Naval Personnel. I submitted a request for religious accommodation from receiving a COVID-19 vaccination due to my sincerely held religious convictions, including the principle of therapeutic proportionality, which preclude me from receiving such a medical treatment. Vice Admiral Nowell personally denied my religious accommodation on 23 November 2021 without fulfilling the requirements established by federal law 42 USC § 2000bb-1 and military regulation DODINST 1300.17. I was also provided substantial evidence of the unlawful and discriminatory denials of all Religious Accommodation Requests from a whistleblower inside Vice Admiral Nowell's office. This evidence came in the form of a Standard Operating Procedure (SOP) written by Vice Admiral Nowell's staff, which outlines the internal process Vice Admiral Nowell and his staff used for preparing, processing, and systematically denying Religious Accommodation Requests. I provided an exhaustive analysis of exactly how Vice Admiral Nowell's SOP violated federal law and military regulation, and provided that analysis to the CNO in the form of a complaint under U.S. Naval Regulation 1150, enclosure (4), on 23 December 2021. Several federal courts issued preliminary injunctions preventing continued adverse actions for those service members who submitted Religious Accommodation Requests, indicating the Navy, and other branches of the military, have likely violated federal law through the systematic denial of those requests.

(17.) My complaint with Vice Admiral Nowell's SOP as evidence was forwarded to the Naval Inspector General on 27 December 2021. In accordance with SECNAVINST 5800.12C, the Naval Inspector General is required to determine if an allegation is credible. For seven months I received no word on the Naval Inspector General's determination of credibility. I finally received a notification of case closure from the Office of the Naval Inspector General in an email dated 5 August 2022, enclosure (12). The email notification of case closure states that Vice Admiral Nowell's actions do not warrant an investigation because the Naval Inspector General "did not find sufficient evidence to constitute a credible allegation of misconduct by a DON senior official."

(18.) The fact that the Naval Inspector General can find "no evidence" when that evidence has been provided and extensively analyzed, defies common sense to the point that it is hard not to see the case closure as anything other than a possible effort to protect an institution that intends to allow ideology rather than the rule of law to govern their actions. On 7 January 2022, I wrote a memorandum for all members of the House and Senate Armed Services Committees, enclosure (13), which included both my complaint and the evidence of Vice Admiral Nowell's unlawful actions. My complaint was also submitted as an exhibit to Judge O'Connor's federal district court in the Northern District of Texas, and was used as a key piece of evidence in the U.S. NAVY SEALs 1-26 v AUSTIN lawsuit. On 3 January 2022, Judge O'Connor issued a preliminary injunction against the Department of the Navy precluding them from discharging the plaintiffs from the Naval Service. The Judge cited the evidence I provided multiple times in his ruling,

including on pages 10 and 11 where he walks through the steps of the SOP to show that the Navy's Religious Accommodation denial process confirms the plaintiffs' fears that their leadership has "no patience or tolerance for service members who refuse COVID-19 vaccination for religious reasons and wants them out of the SEAL community."[9]

(19.) The plaintiff's legal team requested that Judge O'Connor expand the preliminary injunction to protect a class of plaintiff's made up of all Navy service members who documented religious objections to receiving the COVID-19 vaccination. I was asked by the plaintiff's legal team to provide a declaration to the court to confirm the veracity of my complaint against Vice Admiral Nowell as well as the authenticity of the evidence I provided in that complaint. My declaration, enclosure (14), was submitted to the court on 28 February 2022 as Exhibit 1 of the "Appendix in Support of Plaintiff's Motion for Classwide Preliminary Injunction."[10]

(20.) On 28 March 2022, Judge O'Connor granted a classwide preliminary injunction protecting all Navy service members with religious objections from being discharged due to exercising those religious objections to receipt of a COVID-19 vaccine. In his ruling, Judge O'Connor, once again cited the evidence I provided in multiple sections, including on page 20 where the Judge stated in his own words that "[t]he evidence overwhelmingly indicates that class members' [religious accommodation] requests and appeals will be summarily denied with "boilerplate" language and "simplistic" analysis."[11] Curiously, using the same complaint and evidence, Judge O'Connor "found" the evidence that Vice Admiral Fuller and his staff could not. This evidence was significant enough for a Federal Judge to enjoin a military department from engaging in continued unlawful actions, but was not significant enough for Vice Admiral Fuller to "find" credible, let alone initiate an investigation.

(21.) Vice Admiral Fuller's failure to fulfill his duties as the Naval Inspector General has had significant ramifications and second order impacts which have caused harm to service members in multiple ways. An investigation into these various complaints could have paused the vaccination mandate long enough to allow the military to adequately study the safety and efficacy of the emergency use products in question. Instead, the Department of Defense charged full steam ahead. One of the impacts of the continuing vaccination campaign includes a growing number of vaccine injuries that are being ignored or otherwise swept under the rug. A whistleblower report submitted by concerned DoD pilots to member of Congress, enclosure (15), highlights the personal statements from service members injured by vaccines as well as vaccine injuries that have gone unreported in VAERS (contrary to regulation). It is important to note that no service member in this report received a fully licensed product. All injuries discussed in enclosure (15) were a result of the administration of emergency use vaccine products.

(22.) Vice Admiral Fuller's failure to fulfill his duties as Naval Inspector General has also been a contributing factor to the loss of trust in the Navy. The Navy's current retention and recruiting crisis is an indication that service members and potential recruits do not trust that leaders are capable or willing to do the right thing. The Naval Inspector General's historical motto is "The Conscience of the Navy." It would appear that the Office of the Naval Inspector General is no

[9] https://www.courtlistener.com/docket/60824061/66/us-navy-seals-1-26-v-biden/, accessed 24 August 2022
[10] https://www.courtlistener.com/docket/60824061/134/us-navy-seals-1-26-v-biden/, accessed 24 August 2022
[11] Emphasis on the word "evidence" via underline added. https://www.courtlistener.com/docket/60824061/140/us-navy-seals-1-26-v-biden/, accessed 24 August 2022

longer the "conscience of the Navy," but a protector of the institution when it is harmed by leaders choosing ideology and their own careers over defending the Constitution and rule of law.

(23.) In sworn testimony for NAVY SEALs 1-26 v AUSTIN , Vice Chief of Naval Operations, Admiral Lescher, admitted that the Navy had 7,000 gapped operational billets at sea. That amounts to approximately 25 billets per ship in the US Navy, which is a significant readiness concern. In that same deposition, Admiral Lescher was asked under oath about the potential, self-imposed "vaccine-policy" loss of the over 4,000 Navy sailors who are not vaccinated due to their religious beliefs. Admiral Lescher responded "[T]hat would be a hard loss for the Navy…And so this is the hard element of whether they all of that class left the Navy or some subset didn't, clearly in the context of these messages, that would be not the best outcome for the Navy to lose that size of a Force."[12] Admiral Lescher's concern for the readiness impact that would occur from a loss of 4,000 sailors, does not seem to outweigh his desired intent to discharge those sailors from the service. Discharging service members of conscience is perpetrating significant and potentially irreparable harm to Navy warfighting readiness. According to a 24 August 2022 USNI article, the Navy has discharged over 1,500 service members for being unvaccinated.[13] An additional 4,000 sailors, unlawfully discharged, will undoubtedly be a significant blow to readiness.

(24.) Admiral Lescher is the same leader who ultimately dismissed my U.S. Navy Regulation 1150 complaints against Admiral Grady, Vice Admiral Kilby, and Rear Admiral DiGuardo. He cited Vice Admiral Fuller's 22 December 2021 memo, enclosure (5), in his reasoning for dismissing my complaints. He also made a very incongruent statement in his reasoning for dismissing my complaints. In Admiral Lescher's dismissal, enclosure (16), he stated that my "four Complaints of Wrong are being returned as improper under references (a) and (b). Section 0304(c)(3) of reference (b) lists general policies of the DoD, the DoN, and the Navy as improper subjects of complaints." I received a nearly identical dismissal for a separate complaint from current USFF Commander, Admiral Caudle. In Admiral Caudle's dismissal, enclosure (17), he stated "the complaint of wrong is a matter of general policy…and in accordance with reference (b)…is an improper subject of a complaint of wrong." In an Equal Opportunity complaint appeal submitted to Admiral Caudle on 28 February 2022, reference (e), I pointed out the potential deceit behind the apparent collusion between himself and Admiral Lescher in dismissing my complaints. In that correspondence I noted that there is no general policy in the DoD or Navy that permits the mandate of an EUA vaccine. Any person attempting to mandate an EUA vaccine is violating multiple department and service regulations, multiple articles of the UCMJ, as well as federal law and thus cannot be enforcing a matter of general policy because an unlawful order must be disobeyed. The violations listed in my complaints, committed by specific individuals (Admiral Grady, Vice Admiral Kilby, and Rear Admiral DiGuardo), were the subjects intended for redress, not the general lawful policies of the DoD and the Navy.

(25.) Vice Admiral Fuller's failure to act resulted in personal harm. He had an opportunity to investigate these matters and potentially end the attempts by my chain of command to unlawfully force EUA products on me. My refusal to accept an EUA product was the basis for my chain of command relieving me of my duties as Executive Officer of Maritime Expeditionary Security Squadron EIGHT. This occurred on 7 January 2022, two days after Admiral Lescher used Vice

[12] *U.S. Navy Seals 1-26, et al., v. Lloyd Austin III, et al.*, Case No: 22-10077, Document 00516435036, filed 16 Aug 22
[13] https://news.usni.org/2022/08/24/navy-exceeds-1500-covid-19-vaccine-refusal-separations, accessed 25 Aug 22

Admiral Fuller's dismissal of the Inspector General cases as the basis for dismissing my U.S. Navy Regulation 1150 complaints. I was also slated to attend the one-year in-residence Senior Officer Graduate Education program at the United States Naval War College beginning in February of 2022. This program was unlawfully taken from me in retaliation for exercising my right to not consent to the administration of EUA products.

(26.) Vice Admiral Fuller's failure to act on my complaint against Admiral Grady, may have been a contributing factor to Admiral Grady's continued career progression. Admiral Grady, was apparently the originator of unlawful orders within the Navy related to the administration of EUA products as if they were fully licensed products. Admiral Grady's immediate subordinates, Vice Admiral Kilby and Rear Admiral DiGuardo, promulgated these orders and in so doing became complicit in Admiral Grady's unlawful actions. Vice Admiral Fuller elected not to place the matter under investigation upon receipt of my complaints. Less than three weeks after my complaint against Admiral Grady, the United States Senate, on 16 December 2021, confirmed him as the 12th Vice Chairman of the Joint Chiefs of Staff. I am without firsthand knowledge of whether an investigation into Admiral Grady's unlawful orders could or should have kept the Senate from confirming him as the Vice Chairman of the Joint Chiefs of Staff. However, it is within the realm of reasonable understanding to assume that Congress would not confirm an individual into a higher role if that person was then under investigation for potentially issuing unlawful orders in violation of their oath of office. Further, it seems apparent that his continued career progression was enabled by his aggressive approach in forcing the administration and receipt of EUA products through a vaccination campaign directed at service members regardless of the rule of law.

(27.) Finally, Vice Admiral Fuller's failure to act was a key enabler of Vice Admiral Nowell's continued violations of the Religious Freedom Restoration Act. Vice Admiral Nowell's process to deny religious accommodation requests without adequate, individual analysis, and without proof of the government's compelling interest continued long after the Naval Inspector General was made aware of these credible allegations on 27 December 2021. The preliminary injunction granted to the Navy Seals occurred on 3 January 2022, but that only stopped Vice Admiral Nowell from pursuing discharge for the Navy Seals who were plaintiffs in that case. As previously noted, the classwide preliminary injunction did not occur until 28 March 2022. Notably, a preliminary injunction can only be granted if the Judge is convinced that the plaintiffs have a substantial likelihood of success on the merits of their case. In his classwide preliminary injunction ruling, Judge O'Connor stated that "[t]his Court has already determined that Defendants have substantially burdened plaintiffs' religious beliefs… The Navy has not conducted individualized assessment of class members' religious accommodation requests, which demonstrates a pattern of disregard for RFRA rights." The preliminary injunction ruling by Judge O'Connor has already been to the Supreme Court, which upheld the injunction, essentially confirming Judge O'Connor's assessment that the plaintiffs have a substantial likelihood of proving a violation of their rights under federal law. The fact that this and the other RFRA focused military cases are being granted preliminary injunctions (most recently the Air Force and Marine Corp) should be a resounding wake-up call to military leaders that basic human and constitutional rights are not waived when one volunteers to serve their country and further that it is every military leader's sworn duty to uphold those rights.

(28.) Most of the Navy's senior officials and their subordinate commanders seem unconcerned about their own violations of the Religious Freedom Restoration Act and the Free Exercise Clause. Although the Courts have enjoined the Navy from discharging these sailors, the Navy is still, to this day, processing service members' Religious Accommodation Request and Appeal denials unlawfully by ignoring the requirements of RFRA. These RFRA violations have been confirmed by a Federal Judge and the United States Supreme Court. Although responsibility rests with the commanders who issued unlawful orders, it is clear that their legal advisors, particularly those within the Judge Advocate General Corp (JAGC), have completely failed their commanders by implementing or enabling 'goal seeking legal guidance' rather than providing legally sound interpretation and advice. It also appears that the vast majority of senior military leaders are unaware that the Supreme Court has recently ruled that they can be held personally and financially liable for their violations of the Religious Freedom Restoration Act as ruled in the Supreme Court case, *Tanzin v. Tanvir*, 141 S. Ct. 486 (2020). I find it highly likely that if these commanders, including Vice Admiral Nowell, had received a legal briefing about their personal financial risk with regard to RFRA violations, we would have seen approval of religious accommodation requests, instead of pre-determined mass denials.

(29.) Vice Admiral John Fuller was my very first Commanding Officer in the Navy when I reported aboard the USS MASON (DDG 87) following my commissioning in 2007. Although we served together for only a short time, I believed [then] CDR Fuller to be a solid leader and mentor to the sailors in his charge. I had great respect for him and no reason to question his loyalty to the Constitution or the rule of law. However, under the circumstances, and in light of the rampant lawlessness being ignored by Vice Admiral Fuller, I am compelled to bring this matter forward and request a full investigation.

(30.) Mr. Hogue, reference (b) requires me to submit this complaint to you, as the Assistant Secretary of the Navy for Manpower and Reserve Affairs, because Vice Admiral Fuller, as the Naval Inspector General, reports directly to the Secretary of the Navy. However, I am deeply concerned that you are unable to consider and investigate this complaint in an unbiased manner. You contributed to the Department of the Navy's misinformation campaign by issuing a memorandum about interchangeability and allowing that memorandum to be used fraudulently to impress upon sailors that they did not have a legal right to decline the administration of an EUA product. Due to your implication in these matters, I respectfully request you recuse yourself from ruling on this complaint.

(31.) The JAGC, particularly those responsible for advising on administrative law in the OJAG offices, are complicit with the unlawful execution of EUA product mandates. These legal advisors disregarded extensive and relevant sections of the law in order to advise commanders that mandating an EUA product was somehow lawful. The OJAG's apparent failure to simply read the statutory requirements for interchangeability, 42 USC § 262(k), is a disgraceful negligence of duty. The subsequent failures of many Judge Advocates to stand up for the most fundamental First Amendment Religious Freedom rights are ethical violations that must be reported. Every single Judge Advocate who cannot prove they advised against their commanders' unlawful actions should have ethics complaints filed against their state bar license. I respectfully request that any Judge Advocate, particularly those in the OJAG offices and any Judge Advocate whose commander recommended or signed a denial of a religious accommodation request based on the advice of counsel, recuse themselves from advising on this complaint.

(6) I respectfully request that the individual with adjudication authority over this matter:

1. Immediately end the unlawful mandate of emergency use products with a Navy-wide notice of sailors' rights of informed consent and means for redress;

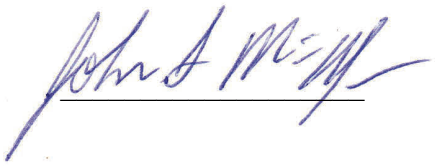
2. Immediately cease the unlawful and discriminatory review process for Navy Religious Accommodations;

3. Rescind my Religious Accommodation Request Denial and all such denials to date; and,

4. Re-review each Religious Accommodation Request in accordance with law and regulation, including meeting the government's burden of proof as required by 42 USC § 2000bb-1 and DODINST 1300.17.

5. I CERTIFY THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, AND THIS COMPLAINT IS SUBMITTED PER THE GUIDELINES AND PROCEDURAL REQUIREMENTS IN CHAPTER III, MANUAL OF THE JUDGE ADVOCATE GENERAL.

SIGNATURE OF COMPLAINANT:  Date: 26 August 2022

SIGNATURE OF WITNESS:  Date: 26 August 2022

PRIVACY ACT STATEMENT

1. Authority. 10 U.S.C. §§ 938, 8013.

2. Principal purpose(s). Used by command authorities and the Office of the Judge Advocate General to review, take action, and make recommendations to the Secretary of the Navy on Article 138, UCMJ, and Article 1150, U.S. Navy Regulations, complaints of Wrong.

3. Routine uses. The Blanket Routine Uses that appear at the beginning of the Department of the Navy's compilation in the Federal Register apply.

4. Mandatory or voluntary disclosure and effect on individual not providing information. Providing requested information is voluntary; however, failure to do so may result in delayed command action and Secretarial review, or the inability to notify complainant of the Secretary's decision.

27 Nov 21

From: Commander Robert A. Green Jr., USN/1117
To: Chief of Naval Operations
Via: (1) Commander, Maritime Expeditionary Security Squadron EIGHT
(2) Admiral Christopher Grady
(3) Commander, Navy Expeditionary Combat Command
(4) Commander, Maritime Expeditionary Security Group TWO

Subj: COMPLAINT OF WRONG UNDER ARTICLE 1150, U.S. NAVY REGULATIONS

Ref: (a) Article 1150, U.S. Navy Regulations
(b) JAGINST 5800.7G, Chapter III
(c) 21 U.S.C. 360bbb (e)(1)(A)(ii)
(d) 10 U.S.C 1107a
(e) DODINST 6200.02, 27 Feb, 2008
(f) DoDINST 6205.02, 23 Jul, 2019
(g) BUMEDINST 6230.15B, 7 Nov, 2013
(h) SECDEF Memo of 24 Aug 2021, *Mandatory Coronavirus Disease 2019 Vaccination of Department of Defense Service Members*
(i) SECNAV WASHINGTDON DC 302126Z Aug 21(ALNAV 062/21)
(j) CNO WASHINGTON DC 311913Z Aug 21 (NAVADMIN 190/21)
(k) Surgeon General of the Navy, *INTERCHANGABILITY OF FOOD AND DRUG ADMINISTRATION-APPROVED PFIZER-BIONTECH VACCINE COMIRNATY® AND FOOD AND DRUG ADMINISTRATION-AUTHORIZED PFIZER-BIONTECH VACCINE UNDER EMERGENCY USE AUTHORIZATION,* 3 Sep, 2021
(l) Assistant Secretary of the Navy (Manpower and Reserve Affairs), Mandatory Vaccination of Service Members using Pfizer-BioNTech COVID-19 and Comirnaty COVID-19 Vaccines, 8 Sep, 2021
(m) Assistant Secretary of Defense Health Affairs, Mandatory Vaccination of Service Members using Pfizer-BioNTech COVID-19 and Comirnaty COVID-19 Vaccines, 14 Sep, 2021
(n) Uniform Code of Military Justice
(o) Manual for Courts-Martial
(p) Equal Opportunity Complaint Memorandum Against Captain John E. Ouellette for Religious Discrimination [with 12 Enclosures] 8 Nov, 2021

Encl: (1) Email received on 8 Sep 2021, Subject: *Mandatory COVID Vaccine - ADM Grady VOCO - 30 September Completion*

1. This complaint of wrong under reference (a) is submitted in compliance with reference (b).

2. Complainant Information:

a. Current Command: Maritime Expeditionary Security Squadron EIGHT

b. Command at time of alleged wrong: Maritime Expeditionary Security Squadron EIGHT

c. PRD: August, 2022

d. Current mailing address and e-mail address:
[redacted]

e. Permanent home address and email address:
[redacted]

3. Respondent Information:

a. Rank and Name: Admiral Christopher Grady, USN

b. Organization: United States Fleet Forces Command

4. Complaint:

a. Type of Alleged Wrong: Denial of complainant's Constitutional rights under the Fifth Amendment through an unlawful order violating 21 U.S.C. 360bbb-3, 10 USC 1107a, department and service implementing regulations, and Articles 92 and 94 of the Uniform Code of Military Justice (UCMJ).

(1) Date alleged wrong discovered: 8 September, 2021

(2) Date written request for redress was submitted to complainant's commanding officer: N/A

(3) Date answer to request for redress was received: N/A

(4) Number of calendar days between alleged wrong and submission of complaint: 80 days

(5) Specific, detailed explanation of alleged wrong committed:

On 8 September, 2021 I received an email from my ISIC promulgating a verbal order of the commander (VOCO) from

Admiral Grady, enclosure (1)[1], directing the vaccination of all sailors within the United States Fleet Forces (USFF) command. This order contained an unlawful element in that it attempted to mandate vaccination with Federal Drug Administration (FDA) Emergency Use Authorized (EUA) vaccines contrary to law. The following paragraphs explain in detail how Admiral Grady acted contrary to law, initiated an unlawful order, and wronged me personally through that order.

The order, as promulgated in enclosure (1), is unlawful for a number of reasons. Most importantly, this order is a direct violation of service member rights to bodily integrity protected under the Fifth Amendment to the United States Constitution because, by misrepresenting the nature of the obligation to receive an EUA vaccine, it effectively coerces service members into accepting vaccination, and suffering a violation of their bodily integrity, *without due process of law*, as further discussed below. Case law from multiple federal court cases have enumerated these rights including in the *Doe v. Rumsfeld* case which was a result of the last Department of Defense (DoD) attempt to enact a hastily conceived and reactionary vaccination program that violated due process. In specifically addressing service member's right to bodily integrity, Judge Sullivan stated that "[t]he Court is persuaded that the right to bodily integrity and the importance of complying with legal requirements...are among the highest public policy concerns one could articulate."[2] Supreme Court case opinions have also explicitly listed the importance of bodily integrity including in *Schmerber v. California*, ("[t]he integrity of an individual's person is a cherished value of our society")[3] and *Washington v. Harper*, ("[t]he forcible injection of medication into a nonconsenting person's body represents a substantial interference with that person's liberty").[4]

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[1] The email promulgating Admiral Grady's verbal order originated with Vice Admiral Kilby. In that email he attaches the 3 Sep 21 Surgeon General of the Navy's memo, reference (k), which is used, unlawfully, as justification for mandating an EUA vaccine.

[2] *Doe v. Rumsfeld*, 297 F.Supp.2d 119 (D.D.C. 2003). In the "Irreparable Harm" section of Judge Sullivan's ruling, the Judge noted that the "Court is persuaded that requiring a person to submit to an inoculation without informed consent or the presidential waiver is an irreparable harm for which there is no monetary relief." In that same section, he also noted that "[i]t is impossible to tell with any certainty what the long-term effects of the vaccination will be. Regardless, plaintiffs submit that no monetary award can adequately compensate individuals whose right to informed consent has been violated."

[3] *Schmerber v. California*, 384 U.S. 757 (1966)

[4] *Washington v. Harper*, 494 U.S. 210 (1990)

The order in enclosure (1) violates federal law pursuant to 21 U.S.C. 360bbb-3(e)(1)(A)(ii) and 10 U.S.C 1107a. 21 U.S.C. 360bbb-3(e)(1)(A)(ii) states, in part, that the person has "the option to accept or refuse the administration of the product." Relevant DoD and Navy instructions, references (e) through (g), are also very clear and align with law per references (c) and (d). Finally, under 10 U.S.C 1107a, a service member's right to accept or refuse the administration of a product approved for emergency use can only be waived by the President of the United States if "the President determines, in writing, that complying with such requirement is not in the interests of national security."[5]

Therefore, since no written Presidential waiver has been signed in accordance with 10 U.S.C. 1107a, no EUA COVID-19 vaccine (or any other EUA product) may be mandated to service members. The only COVID-19 vaccine that has received full approval from the FDA is COMIRNATY®. COMIRNATY® is not currently available in the United States by the government's own admission in oral arguments on 3 November, 2021 in the *Doe v. Austin* case in United States District Court Northern District of Florida.[6] Service members who wish to be vaccinated have a right to do so, but these same service members also have the right to refuse if the vaccine presented to them at the time of vaccination is anything other than the fully FDA Approved COMIRNATY®. Despite making knowingly false statements that the Pfizer EUA Vaccine was "interchangeable" with the FDA approved vaccine, the DoD/DOJ has now admitted that no vaccine manufactured prior to FDA approval is in fact an FDA approved vaccine.[7] Not only does this demonstrate for a fact that the order issued to me was unlawful, it also establishes that the DoD was, or should have been, aware that the order was unlawful.

On 24 August, 2021, only one day after the FDA granted full approval for the COMIRNATY® vaccine, the Secretary of Defense issued a memorandum, reference (h), directing the Secretaries of the Military Departments to begin immediate vaccination of all members of the Armed Forces against COVID-19. In this memorandum, Secretary Austin adhered to law in stating that "[m]andatory vaccination against COVID-19 will only use COVID-19 vaccines that receive full licensure from the Food and Drug Administration (FDA), in accordance with

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[5] To date, this written Presidential waiver has not occurred.

[6] John *Doe, et al., v. Lloyd Austin III In His Official Capacity as Secretary of Defense, et al.*, Case No: 3:21cv1211, Transcript 3 Nov, 2021

[7] *JOHN DOE #1-#14 and JANE DOE #1-#2, v. LLOYD AUSTIN, III, in his official capacity as Secretary of Defense, et al.*, 3:21-cv-1211-AW-HTC, Document 47.

FDA-approved labeling and guidance."[8] Subsequently, Secretary of the Navy Del Toro, also released guidance in ALNAV 062/21, reference (i), ordering that all DON service members be fully vaccinated "with an FDA approved vaccination against COVID-19."[9] Both civilian leaders' guidance explicitly described the right of service members to voluntarily accept receipt of an EUA vaccine. Your guidance released via NAVADMIN 190/21, reference (j), also specified that "service members will be fully vaccinated against COVID-19 through administration of vaccines that have received Food and Drug Administration (FDA) licensure or through the voluntary administration of vaccines under FDA Emergency Use Authorization (EUA)." Guidance from civilian leadership of the Navy and the Service Chief was clear and aligned with both the law, per references (c) and (d), and DoD/Navy Policy, per references (e) through (g). All three of these leaders explicitly mandated only the FDA approved vaccines while allowing voluntary receipt of EUA vaccines. Subordinate military commanders, however, quickly began taking liberties with the SECDEF, SECNAV, and CNO guidance and began unlawfully mandating EUA vaccines as if they were fully licensed and approved by the FDA. The cascading series of unlawful orders appear to have begun with Admiral Grady.

As service members, including myself, continued to find only EUA vaccines at local vaccination sites, certain individuals attempted to justify the unlawful orders via memoranda arguing that the FDA-approved COMIRNATY® had the same formulation as one of the available EUA vaccines and therefore could be used interchangeably. Examples include communications from the Surgeon General of the Navy (SGN), Assistant Secretary of the Navy Manpower and Reserve Affairs (ASN M&RA), and Assistant Secretary of Defense Health Affairs (ASD HA), in references (k), (l), and (m) respectively. The statements that these individuals make regarding the interchangeability of an EUA vaccine with a fully approved and licensed vaccine is problematic for a number of reasons. First, their statements are unlawful in that there are no statutes or processes in 21 U.S.C. 360bbb-3 or 10 U.S.C. 1107a to replace an approved vaccine with a substantially equivalent EUA vaccine while stripping from that EUA vaccine the attached right of potential recipients to freely accept or decline its

[8] Underlined emphasis on the word "only" added. Additionally, SECDEF states that service members may choose to get vaccinated with an Emergency Use Authorized vaccine, but notes that the choice is voluntary. At no point in his memorandum does Secretary Austin deviate from the law and mandate an EUA vaccine.

[9] Like Secretary Austin, Secretary Del Toro also notes the voluntary nature of vaccinations with an EUA COVID-19 vaccine. At no point in his order does SECNAV mandate vaccination with an EUA vaccine.

administration, or to otherwise mandate an EUA vaccine except as expressly permitted in 10 U.S.C. 1107a via a written Presidential waiver. These individuals have no standing in law or any authority to permit interchangeability and in their memoranda they reference no greater authority than an FDA press release and a "Q&A" answer on the FDA's website. The legal authority of interchangeability notwithstanding, the subordinate commanders, including Admiral Grady, have attempted to mandate EUA vaccines, and in so doing, are usurping an exclusively presidential prerogative while defying the authority of the department, the service secretaries, and you, the Service Chief. These commanders are subsequently attempting to justify their unlawful actions by utilizing legally irrelevant statements made by ASD HA, ASN M&RA, and SGN. Admiral Grady's defiance of lawful guidance as promulgated in references (h) through (j) combined with his usurpation of presidential authority under Title 10, raises serious questions about whether Admiral Grady, in unlawfully ordering mandatory vaccinations with an EUA vaccine, also violated Article 94 of the Uniform Code of Military Justice (UCMJ). Art. 94 (a)(1) of UCMJ states that any person who "with intent to usurp or override lawful military authority refuses, in concert with any other person, to obey orders or otherwise do his duty or creates any violence or disturbance is guilty of mutiny." The elements at issue here involve Admiral Grady attempting to usurp presidential authority while working in concert with individuals claiming interchangeability outside of permissible statutes of law, and refusing to obey lawful orders as promulgated in references (h) through (j). All the elements of Article 94 (a)(1) - Mutiny or Sedition, appear to have been met by Admiral Grady in promulgating the unlawful portions of the order contained in enclosure (1).

In addition to possible violations of Article 94, Admiral Grady's order clearly meets all the elements for an unlawful order as detailed in the Manual for Courts Martial (MCM). Regarding lawfulness, MCM 18.c(1)(c) lists three main elements that could cause an order to be unlawful. MCM 18.c(1)(c) states, in part, that a general order or regulation "is lawful unless it is contrary to the Constitution, the laws of the United States, or lawful superior orders." In the case of the unlawful portions of the order from enclosure (1), Admiral Grady violated my right to due process protecting my bodily integrity under the Fifth Amendment of the Constitution, he violated the law as detailed in references (c) and (d), and he violated the lawful orders of superiors as promulgated in references (h) through (j). Coincidently, Admiral Grady's order from enclosure (1) achieves the perfect trifecta of

lawlessness by attaining each possible element of being unlawful as derived from MCM 18.c(1)(c). In addition to being a violation of law and regulation, Admiral Grady's order wronged me by causing me personal detriment, denied me my right to due process under the Fifth Amendment, and was the occasion, and arguably the root cause, for me being subjected to unlawful harassment and discrimination as further detailed in reference (p).

Due to significant concerns regarding conflict of interest, I respectfully request that all members of OJAG CODE 13 and any JAG at a command or working for a commander who promulgated similar orders, recuse themselves from the legal analysis of this complaint that would normally occur. Additionally, in the event this reaches ASN M&RA for final review, I respectfully request that the Assistant Secretary also recuse himself due to his involvement per reference (l). I further remind reviewers of this complaint, that this is a protected communication under 10 U.S.C. 1034 and its implementing regulations.

(6) As redress I respectfully request that you rescind the unlawful portions of the orders in question and I respectfully request that you redistribute the new lawful orders via widest dissemination possible.

5. I CERTIFY THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, AND THIS COMPLAINT IS SUBMITTED PER THE GUIDELINES AND PROCEDURAL REQUIREMENTS IN CHAPTER III, MANUAL OF THE JUDGE ADVOCATE GENERAL.

SIGNATURE OF COMPLAINANT:  Date: 27 NOV 21

SIGNATURE OF WITNESS:  Date: 27 Nov 21

Green, Robert A LCDR USN MSRON EIGHT (USA)

From: Rowland, David M CAPT USN MESG TWO (USA) <david.rowland1@navy.mil>
Sent: Wednesday, September 8, 2021 11:53 AM
To: Cutler, Nathan S CDR USN NAVHOSP PORS VA (USA); Swearingen, Cody C LT USN MESG TWO (USA); Witte-Hunt, Kevin A CDR USN MESG TWO (USA); Fournell, David G MCPO USN MESG TWO (USA); albert.l.benoit@navy.mil; Margalus, Jeffrey D CDR USN MSRON TWO (USA); Wilson, Matthew L (Matt) MCPO USN MSRON TWO (USA); Bobby.R.Jones@me.navy.mil; Gregory.Leveque@me.navy.mil; howard.robinson@me.navy.mil; Ouellette, John E CAPT USN MSRON EIGHT (USA); robert.a.green1@navy.mil; Green, Robert A LCDR USN MSRON EIGHT (USA); Stokes, Rebecca L MCPO USN MSRON EIGHT (USA); kelly.ward@navy.mil; Ward, Kelly C CAPT USN MSRON TEN (USA); joseph.gulledge1@navy.mil; adam.powars
Cc: Wilson, Courtney William (Bill) CPO USN MESG TWO (USA); MESG2 _MEDICAL_INQUIRIES; Grant, Jeffrey Thomas CAPT USN MESG TWO (USA)
Subject: FW: Mandatory COVID Vaccine - ADM Grady VOCO - 30 September Completion
Attachments: Memorandum For NAVMED Echelon 3 Activities_v3.pdf
Signed By: david.rowland1@navy.mil

Leaders,

See the direct order below.

By the end of the month, every sailor will either receive shot #1, be fully vaccinated, or declare their refusal to get vaccinated.
-- As you can see from RDML DiGuardo, I owe **daily updates.**

LT Swearingen (MESG-2 JAG) is the collector/tracker of pg-13s.

CDR Cutler (MESG-2 Doc) determines who is on the list of "no action" WRT vaccines. Ensure your medical teams are connected to him and my medical staff.
-- CDR Cutler and his team are the final adjudicators of who should be on the list of "no action."

Doc Cutler - Pls get with Doc Penny to determine the info flow for those daily updates. Via medical? Directly from me to the boss? Via JAG? ....I would assume via medical.

MSRON-4: My staff will work directly with your Garrison OIC.

MSRON-8&10: This is tricky for SELRES but not for FTS and active duty.

V/R,
CDRE

CAPT David M. Rowland
Commodore
Maritime Expeditionary Security Group TWO
(o) 757-492-8714
(c) 757-642-8695
SIPR: david.rowland1@navy.smil.mil
2465 Guadalcanal Rd.
Virginia Beach, VA 23459-9207

ENCLOSURE 1

From: Diguardo, Joseph Anthony J RDML USN COMNAVEXPDCMBTCOM VA (USA) <joseph.a.diguardo1@navy.mil>
Sent: Wednesday, September 8, 2021 10:46 AM
To: Rowland, David M CAPT USN MESG TWO (USA) <david.rowland1@navy.mil>; Eckhart, Charles Benjamin (Chuck) CAPT USN EODGRU 2 (USA) <charles.eckhart@navy.mil>; Chen, Cameron <cameron.chen@eu.navy.mil>; Deviney, Jeffrey Corbin (Jeff) CAPT USN NCG TWO (USA) <jeffrey.deviney1@navy.mil>; Haywood, Joseph <joseph.haywood@me.navy.mil>; Layton, Daniel S CAPT USN ECRC NORFOLK VA (USA) <daniel.s.layton1@navy.mil>; Eakins, Devron L CDR USN NAVEXINTCOM (USA) <devron.l.eakins.mil@us.navy.mil>; Williams, Kurt D CAPT USN NAVELSG (USA) <kurt.williams@navy.mil>; McClelland, Jacquelyn (Jackie) RDML USN NAVELSG (USA) <jacquelyn.mcclelland.mil@us.navy.mil>
Cc: Hayes, Richard D III CAPT USN COMNAVEXPDCMBTCOM VA (USA) <richard.d.hayes1@navy.mil>; Thompson, Jeremy F CAPT USN NECCPAC (USA) <jeremy.thompson@navy.mil>; Barnes, Jeffery A MCPO USN COMNAVEXPDCMBTCOM VA (USA) <jeffery.barnes@navy.mil>; Kleinschnittger, Ken J CAPT USN EODGRU 1 (USA) <ken.kleinschnittger1@navy.mil>; Riethmiller, Matthew C CAPT USN NCG 1 (USA) <matt.riethmiller@navy.mil>; Wilke, Timothy B CAPT USN MESG 1 (USA) <timothy.wilke@navy.mil>; HEALY, GARETH <Gareth.Healy@fe.navy.mil>; Blum, Arthur R CAPT USN COMNAVEXPDCMBTCOM VA (USA) <arthur.blum@navy.mil>; Penny, Michael G CAPT USN COMNAVEXPDCMBTCOM VA (USA) <michael.g.penny4@navy.mil>
Subject: FW: Mandatory COVID Vaccine - ADM Grady VOCO - 30 September Completion

CDREs
See below and move out. Attached also gives all force leaders some detail for education. Deadline is the end of the month for FFC aligned forces. Daily updates required. RESFOR 120 day timeline does not apply for our forces so EOM is the goal. Work through details and reach out for help if required. YOU must lead from the front.
VR
D

J.A. DiGuardo Jr.
RDML, USN
Commander,
Navy Expeditionary Combat Command (NECC)
Navy Expeditionary Combat Command Pacific (NECCPAC)
Phone: 757-462-4316 ext 314/316
VOSIP: 302-434-0460
SIPR: joseph.a.diguardo1@navy.smil.mil

From: Kilby, James Wells VADM USN USFFC (USA) <james.w.kilby.mil@us.navy.mil>
Sent: Wednesday, September 8, 2021 9:56 AM
To: Caudle, Daryl L VADM USN COMSUBLANT (USA) <daryl.l.caudle.mil@us.navy.mil>; Aeschbach, Kelly A VADM USN NAVIFOR SUFFOLK VA (USA) <kelly.a.aeschbach.mil@us.navy.mil>; Dwyer, Daniel W VADM USN SECOND FLEET (USA) <daniel.w.dwyer.mil@mail.mil>; McLane, Brendan R RADM USN COMNAVSURFLANT NOR (USA) <brendan.r.mclane@navy.mil>; Meier, John F RADM USN COMNAVAIRLANT NOR VA (USA) <john.f.meier3.mil@us.navy.mil>; Miller, Andrew T CAPT USN COMSUBLANT (USA) <andrew.t.miller.mil@us.navy.mil>; Diguardo, Joseph Anthony J RDML USN COMNAVEXPDCMBTCOM VA (USA) <joseph.a.diguardo1@navy.mil>; Wettlaufer, Michael A (Mike) RADM USN COMSC NORFOLK VA (USA) <michael.a.wettlaufer.mil@us.navy.mil>; Nashold, Elizabeth A (Liz) SES USN NAVIFOR SUFFOLK VA (USA) <elizabeth.a.nashold.civ@us.navy.mil>; Davies, Brian Llewellyn RDML USN COMSUBGRU 2 (USA) <brian.l.davies.mil@us.navy.mil>; Via, Darin K RDML USN NAVMED EAST PORS VA (USA) <darin.k.via@navy.mil>; McCall, Wesley R RDML USN COMNAVREG SE JAX FL (USA) <wesley.r.mccall.mil@us.navy.mil>; Luchtman, Fredrick R RDML USN COMNAVSAFECEN NOR VA (USA) <fredrick.r.luchtman.mil@us.navy.mil>; Via, Darin K RDML USN NAVMED EAST PORS VA (USA) <darin.k.via.mil@mail.mil>; Okon, John A RADM USN DCNO N2N6 (USA) <john.a.okon.mil@us.navy.mil>; Kiss, Thomas K SES USN NWDC (USA) <thomas.k.kiss.civ@us.navy.mil>; Peck, Randall Willem RDML USN PRESINSURV VA BCH VA (USA) <randall.w.peck1@navy.mil>; Brophy, Richard T Jr RDML USN COMCARSTRKGRU FOUR (USA) <richard.t.brophy2.mil@us.navy.mil>; Lederer, Marc S RDML USN COMSC NORFOLK VA

(USA) <marc.s.lederer2.mil@us.navy.mil>
Cc: Kilby, James Wells VADM USN USFFC (USA) <james.w.kilby.mil@us.navy.mil>; Lindsey, Yancy <yancy.b.lindsey.mil@us.navy.mil>; Houston, William Joseph RADM USN COMSUBLANT (USA) <william.j.houston2.mil@us.navy.mil>; Pyle, Fred I RADM USN USFFC (USA) <fred.i.pyle.mil@us.navy.mil>; Mueller, Andrew J RDML USN USFFC (USA) <andrew.j.mueller.mil@us.navy.mil>; Swartz, Matthew H SES USN USFFC (USA) <matthew.h.swartz2.civ@us.navy.mil>; Rock, Charles W RADM USN COMNAVREG MIDLANT VA (USA) <charles.rock1@navy.mil>; Robertson, Scott F. RDML (CSG-2 <scott.robertson@cvn69.navy.mil>; Renshaw, Curt A RDML USN COMUSNAVCENT BAHRAIN (USA) <curt.a.renshaw.mil@us.navy.mil>; Cheeseman, Richard J Jr RDML USN COMCARSTRKGRU TEN (USA) <rick.cheeseman@navy.mil>; Katz, Robert D RDML USN COMEXSTRKGRU TWO (USA) <robert.d.katz@navy.mil>; Hood, J D SES USN USFFC (USA) <jeffrey.d.hood6.civ@us.navy.mil>; Blackmon, Kenneth Richard (Ken) RDML USN COMTHIRDFLT (USA) <kenneth.r.blackmon.mil@us.navy.mil>; Whalen, Todd E CAPT USN COMNAVSURFLANT NOR (USA) <todd.e.whalen2@navy.mil>; Sardiello, Carlos A RDML USN USFFC (USA) <carlos.a.sardiello.mil@us.navy.mil>; Palmer, Adam D CAPT USN COMSUBLANT (USA) <adam.d.palmer2.mil@us.navy.mil>; Becker, Brian C CAPT USN COMNAVAIRLANT NOR VA (USA) <brian.c.becker.mil@us.navy.mil>; Durkin, Michael R SES USN COMNAVEXPDCMBTCOM VA (USA) <michael.r.durkin2.civ@us.navy.mil>; Cade, Steven C SES USN (USA) <steven.c.cade.civ@us.navy.mil>; Lynch, Hans E CAPT USN COMSC NORFOLK VA (USA) <hans.e.lynch.mil@us.navy.mil>; Valdes, Guido F CAPT USN NAVMED EAST PORS VA (USA) <guido.f.valdes.mil@mail.mil>; Aamodt, David L CAPT USN NWDC (USA) <david.l.aamodt.mil@us.navy.mil>; Spencer, Michael T CAPT USN USFFC (USA) <michael.t.spencer20.mil@us.navy.mil>; Mosley, Jarrod L CDR USN USFFC (USA) <jarrod.l.mosley.mil@us.navy.mil>; Collins, Matthew Timothy CAPT USN USFFC (USA) <matthew.t.collins.mil@us.navy.mil>; Blumberg, Gary A CAPT USN USFFC (USA) <gary.a.blumberg.mil@us.navy.mil>; Brown, Kevin J CAPT USN USFFC (USA) <kevin.j.brown50.mil@us.navy.mil>; Hoelz, Joseph G CAPT USN USFFC (USA) <joseph.g.hoelz.mil@us.navy.mil>; Santicola, Ryan CDR USN USFFC (USA) <ryan.santicola.mil@us.navy.mil>; Mcgregor, Michael E CIV USN USFFC (USA) <michael.e.mcgregor3.civ@us.navy.mil>; Spencer, Michael T CAPT USN USFFC (USA) <michael.t.spencer20.mil@us.navy.mil>; Blumberg, Gary A CAPT USN USFFC (USA) <gary.a.blumberg.mil@us.navy.mil>; Snodgrass, Matthew I CDR USN USFFC (USA) <matthew.snodgrass@navy.mil>
Subject: Mandatory COVID Vaccine - ADM Grady VOCO - 30 September Completion

Team,

Sending for the benefit of the group as not everyone was present at the Huddle this morning. ADM Grady issued a VOCO to the commanders present to have those unvaccinated personnel complete by 30 September – this means either they have received their first shot or signed a page 13 stating they don't intend to do so.

Separately, there was some discussion this past week about the potential for OPNAV to issue additional guidance to streamline the conversation regarding the BioNTech and Comirnaty versions of the vaccine (WRT to EUA vs. federal licensing). Attached is a memo from the SG commemorating the facts and establishing that there is no difference amongst the two. No further guidance is anticipated at this point.

Please let me know how we can continue to assist.

V/r,
DCOM

VADM Jim Kilby, USN
DCOM, U.S. Fleet Forces Command
CTF 80
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SIPR: james.kilby@navy.smil.mil
Office: (757) 836-2997
Cell: (703) 946-0652

27 Nov 21

From: Commander Robert A. Green Jr., USN/1117
To: Commander, U.S. Fleet Forces Command
Via: (1) Commander, Maritime Expeditionary Security Squadron EIGHT
(2) Vice Admiral James Kilby
(3) Commander, Navy Expeditionary Combat Command
(4) Commander, Maritime Expeditionary Security Group TWO

Subj: COMPLAINT OF WRONG UNDER ARTICLE 1150, U.S. NAVY REGULATIONS

Ref: (a) Article 1150, U.S. Navy Regulations
(b) JAGINST 5800.7G, Chapter III
(c) 21 U.S.C. 360bbb (e)(1)(A)(ii)
(d) 10 U.S.C 1107a
(e) DODINST 6200.02, 27 Feb, 2008
(f) DoDINST 6205.02, 23 Jul, 2019
(g) BUMEDINST 6230.15B, 7 Nov, 2013
(h) SECDEF Memo of 24 Aug 2021, *Mandatory Coronavirus Disease 2019 Vaccination of Department of Defense Service Members*
(i) SECNAV WASHINGTDON DC 302126Z Aug 21(ALNAV 062/21)
(j) CNO WASHINGTON DC 311913Z Aug 21 (NAVADMIN 190/21)
(k) Surgeon General of the Navy, *INTERCHANGABILITY OF FOOD AND DRUG ADMINISTRATION-APPROVED PFIZER-BIONTECH VACCINE COMIRNATY® AND FOOD AND DRUG ADMINISTRATION-AUTHORIZED PFIZER-BIONTECH VACCINE UNDER EMERGENCY USE AUTHORIZATION,* 3 Sep, 2021
(l) Assistant Secretary of the Navy (Manpower and Reserve Affairs), Mandatory Vaccination of Service Members using Pfizer-BioNTech COVID-19 and Comirnaty COVID-19 Vaccines, 8 Sep, 2021
(m) Assistant Secretary of Defense Health Affairs, Mandatory Vaccination of Service Members using Pfizer-BioNTech COVID-19 and Comirnaty COVID-19 Vaccines, 14 Sep, 2021
(n) Uniform Code of Military Justice
(o) Manual for Courts-Martial
(p) Equal Opportunity Complaint Memorandum Against Captain John E. Ouellette for Religious Discrimination [with 12 Enclosures] 8 Nov, 2021

Encl:(1) Email received on 8 Sep 2021, Subject: *Mandatory COVID Vaccine - ADM Grady VOCO - 30 September Completion*

1. This complaint of wrong under reference (a) is submitted in compliance with reference (b).

2. Complainant Information:

a. Current Command: Maritime Expeditionary Security Squadron EIGHT

b. Command at time of alleged wrong: Maritime Expeditionary Security Squadron EIGHT

c. PRD: August, 2022

d. Current mailing address and e-mail address:
[redacted]

e. Permanent home address and email address:
[redacted]

3. Respondent Information:

a. Rank and Name: Vice Admiral James Kilby, USN

b. Organization: United States Fleet Forces Command

4. Complaint:

a. Type of Alleged Wrong: Denial of complainant's Constitutional rights under the Fifth Amendment through an unlawful order violating 21 U.S.C. 360bbb-3, 10 USC 1107a, department and service implementing regulations, and Articles 92 and 94 of the Uniform Code of Military Justice (UCMJ).

(1) Date alleged wrong discovered: 8 September, 2021

(2) Date written request for redress was submitted to complainant's commanding officer: N/A

(3) Date answer to request for redress was received: N/A

(4) Number of calendar days between alleged wrong and submission of complaint: 80 days

(5) Specific, detailed explanation of alleged wrong committed:

On 8 September, 2021 I received an email from my ISIC promulgating an email order from Vice Admiral Kilby, enclosure

(1)[1], directing the vaccination of all sailors within the Navy Expeditionary Combat Command (NECC) command. This order contained an unlawful element in that it attempted to mandate vaccination with Federal Drug Administration (FDA) Emergency Use Authorized (EUA) vaccines contrary to law. The following paragraphs explain in detail how Vice Admiral Kilby acted contrary to law, promulgated an unlawful order, and wronged me personally through that order.

The order, as promulgated in enclosure (1), is unlawful for a number of reasons. Most importantly, this order is a direct violation of service member rights to bodily integrity protected under the Fifth Amendment to the United States Constitution because, by misrepresenting the nature of the obligation to receive an EUA vaccine, it effectively coerces service members into accepting vaccination, and suffering a violation of their bodily integrity, *without due process of law*, as further discussed below. Case law from multiple federal court cases have enumerated these rights including in the *Doe v. Rumsfeld* case which was a result of the last Department of Defense (DoD) attempt to enact a hastily conceived and reactionary vaccination program that violated due process. In specifically addressing service member's right to bodily integrity, Judge Sullivan stated that "[t]he Court is persuaded that the right to bodily integrity and the importance of complying with legal requirements...are among the highest public policy concerns one could articulate."[2] Supreme Court case opinions have also explicitly listed the importance of bodily integrity including in *Schmerber v. California*, ("[t]he integrity of an individual's person is a cherished value of our society")[3] and *Washington v. Harper*, ("[t]he forcible injection of medication into a nonconsenting person's body represents a substantial interference with that person's liberty").[4]

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[1] The email promulgating Admiral Grady's verbal order originated with Vice Admiral Kilby. Vice Admiral Kilby attached the 3 Sep 21 Surgeon General of the Navy's memo, reference (k), which he used, unlawfully, as justification for mandating an EUA vaccine.

[2] *Doe v. Rumsfeld*, 297 F.Supp.2d 119 (D.D.C. 2003). In the "Irreparable Harm" section of Judge Sullivan's ruling, the Judge noted that the "Court is persuaded that requiring a person to submit to an inoculation without informed consent or the presidential waiver is an irreparable harm for which there is no monetary relief." In that same section, he also noted that "[i]t is impossible to tell with any certainty what the long-term effects of the vaccination will be. Regardless, plaintiffs submit that no monetary award can adequately compensate individuals whose right to informed consent has been violated."

[3] *Schmerber v. California*, 384 U.S. 757 (1966)

[4] *Washington v. Harper*, 494 U.S. 210 (1990)

The order in enclosure (1) violates federal law pursuant to 21 U.S.C. 360bbb-3(e)(1)(A)(ii) and 10 U.S.C 1107a. 21 U.S.C. 360bbb-3(e)(1)(A)(ii) states, in part, that the person has "the option to accept or refuse the administration of the product." Relevant DoD and Navy instructions, references (e) through (g), are also very clear and align with law per references (c) and (d). Finally, under 10 U.S.C 1107a, a service member's right to accept or refuse the administration of a product approved for emergency use can only be waived by the President of the United States if "the President determines, in writing, that complying with such requirement is not in the interests of national security."[5]

Therefore, since no written Presidential waiver has been signed in accordance with 10 U.S.C. 1107a, no EUA COVID-19 vaccine (or any other EUA product) may be mandated to service members. The only COVID-19 vaccine that has received full approval from the FDA is COMIRNATY®. COMIRNATY® is not currently available in the United States by the government's own admission in oral arguments on 3 November, 2021 in the *Doe v. Austin* case in United States District Court Northern District of Florida.[6] Service members who wish to be vaccinated have a right to do so, but these same service members also have the right to refuse if the vaccine presented to them at the time of vaccination is anything other than the fully FDA Approved COMIRNATY®. Despite making knowingly false statements that the Pfizer EUA Vaccine was "interchangeable" with the FDA approved vaccine, the DoD/DOJ has now admitted that no vaccine manufactured prior to FDA approval is in fact an FDA approved vaccine.[7] Not only does this demonstrate for a fact that the order issued to me was unlawful, it also establishes that the DoD was, or should have been, aware that the order was unlawful.

On 24 August, 2021, only one day after the FDA granted full approval for the COMIRNATY® vaccine, the Secretary of Defense issued a memorandum, reference (h), directing the Secretaries of the Military Departments to begin immediate vaccination of all members of the Armed Forces against COVID-19. In this memorandum, Secretary Austin adhered to law in stating that "[m]andatory vaccination against COVID-19 will only use COVID-19 vaccines that receive full licensure from the Food and Drug Administration (FDA), in accordance with

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[5] To date, this written Presidential waiver has not occurred.

[6] John *Doe, et al., v. Lloyd Austin III In His Official Capacity as Secretary of Defense, et al.*, Case No: 3:21cv1211, Transcript 3 Nov, 2021

[7] *JOHN DOE #1-#14 and JANE DOE #1-#2, v. LLOYD AUSTIN, III, in his official capacity as Secretary of Defense, et al.*, 3:21-cv-1211-AW-HTC, Document 47.

FDA-approved labeling and guidance."[8] Subsequently, Secretary of the Navy Del Toro, also released guidance in ALNAV 062/21, reference (i), ordering that all DON service members be fully vaccinated "with an FDA approved vaccination against COVID-19."[9] Both civilian leaders' guidance explicitly described the right of service members to voluntarily accept receipt of an EUA vaccine. CNO guidance released via NAVADMIN 190/21, reference (j), also specified that "service members will be fully vaccinated against COVID-19 through administration of vaccines that have received Food and Drug Administration (FDA) licensure or through the voluntary administration of vaccines under FDA Emergency Use Authorization (EUA)." Guidance from civilian leadership of the Navy and the Service Chief was clear and aligned with both the law, per references (c) and (d), and DoD/Navy Policy, per references (e) through (g). All three of these leaders explicitly mandated only the FDA approved vaccines while allowing voluntary receipt of EUA vaccines. Subordinate military commanders, however, quickly began taking liberties with the SECDEF, SECNAV, and CNO guidance and began unlawfully mandating EUA vaccines as if they were fully licensed and approved by the FDA. Vice Admiral Kilby continued the cascading series of unlawful orders as demonstrated in enclosure (1).

As service members, including myself, continued to find only EUA vaccines at local vaccination sites, certain individuals attempted to justify the unlawful orders via memoranda arguing that the FDA-approved COMIRNATY® had the same formulation as one of the available EUA vaccines and therefore could be used interchangeably. Examples include communications from the Surgeon General of the Navy (SGN), Assistant Secretary of the Navy Manpower and Reserve Affairs (ASN M&RA), and Assistant Secretary of Defense Health Affairs (ASD HA), in references (k), (l), and (m) respectively. The statements that these individuals make regarding the interchangeability of an EUA vaccine with a fully approved and licensed vaccine is problematic for a number of reasons. First, their statements are unlawful in that there are no statutes or processes in 21 U.S.C. 360bbb-3 or 10 U.S.C. 1107a to replace an approved vaccine with a substantially equivalent EUA vaccine while stripping from that EUA vaccine the attached right of potential recipients to freely accept or decline its

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[8] Underlined emphasis on the word "only" added. Additionally, SECDEF states that service members may choose to get vaccinated with an Emergency Use Authorized vaccine, but notes that the choice is voluntary. At no point in his memorandum does Secretary Austin deviate from the law and mandate an EUA vaccine.

[9] Like Secretary Austin, Secretary Del Toro also notes the voluntary nature of vaccinations with an EUA COVID-19 vaccine. At no point in his order does SECNAV mandate vaccination with an EUA vaccine.

administration, or to otherwise mandate an EUA vaccine except as expressly permitted in 10 U.S.C. 1107a via a written Presidential waiver. These individuals have no standing in law or any authority to permit interchangeability and in their memoranda they reference no greater authority than an FDA press release and a "Q&A" answer on the FDA's website. The legal authority of interchangeability notwithstanding, the subordinate commanders, including Vice Admiral Kilby, have attempted to mandate EUA vaccines, and in so doing, are usurping an exclusively presidential prerogative while defying the authority of the department, the service secretaries, and the Service Chief. These commanders are subsequently attempting to justify their unlawful actions by utilizing legally irrelevant statements made by ASD HA, ASN M&RA, and SGN. Vice Admiral Kilby's defiance of lawful guidance as promulgated in references (h) through (j) combined with his usurpation of presidential authority under Title 10, raises serious questions about whether Vice Admiral Kilby, in unlawfully ordering mandatory vaccinations with an EUA vaccine, also violated Article 94 of the Uniform Code of Military Justice (UCMJ). Art. 94 (a)(1) of UCMJ states that any person who "with intent to usurp or override lawful military authority refuses, in concert with any other person, to obey orders or otherwise do his duty or creates any violence or disturbance is guilty of mutiny." The elements at issue here involve Vice Admiral Kilby attempting to usurp presidential authority while working in concert with individuals claiming interchangeability outside of permissible statutes of law, and refusing to obey lawful orders as promulgated in references (h) through (j). All the elements of Article 94 (a)(1) - Mutiny or Sedition, appear to have been met by Vice Admiral Kilby in promulgating the unlawful portions of the order contained in enclosure (1).

In addition to possible violations of Article 94, Vice Admiral Kilby's order clearly meets all the elements for an unlawful order as detailed in the Manual for Courts Martial (MCM). Regarding lawfulness, MCM 18.c(1)(c) lists three main elements that could cause an order to be unlawful. MCM 18.c(1)(c) states, in part, that a general order or regulation "is lawful unless it is contrary to the Constitution, the laws of the United States, or lawful superior orders." In the case of the unlawful portions of the order from enclosure (1), Vice Admiral Kilby violated my right to due process protecting my bodily integrity under the Fifth Amendment of the Constitution, he violated the law as detailed in references (c) and (d), and he violated the lawful orders of superiors as promulgated in references (h) through (j). Coincidently, Vice Admiral Kilby's order from enclosure (1) achieves the perfect

trifecta of lawlessness by attaining each possible element of being unlawful as derived from MCM 18.c(1)(c). In addition to being a violation of law and regulation, Vice Admiral Kilby's order wronged me by causing me personal detriment, denied me my right to due process under the Fifth Amendment, and was the occasion, and arguably the root cause, for me being subjected to unlawful harassment and discrimination as further detailed in reference (p).

Due to significant concerns regarding conflict of interest, I respectfully request that all members of OJAG CODE 13 and any JAG at a command or working for a commander who promulgated similar orders, recuse themselves from the legal analysis of this complaint that would normally occur. Any commander adjudicating or endorsing this complaint should also recuse themselves if they are the respondent in a similar complaint. Additionally, in the event this reaches ASN M&RA for final review, I respectfully request that the Assistant Secretary recuse himself due to his involvement per reference (l). I further remind reviewers of this complaint, that this is a protected communication under 10 U.S.C. 1034 and its implementing regulations.

(6) As redress I respectfully request that you rescind the unlawful portions of the orders in question and I respectfully request that you redistribute the new lawful orders via widest dissemination possible.

5. I CERTIFY THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, AND THIS COMPLAINT IS SUBMITTED PER THE GUIDELINES AND PROCEDURAL REQUIREMENTS IN CHAPTER III, MANUAL OF THE JUDGE ADVOCATE GENERAL.

SIGNATURE OF COMPLAINANT:  Date: 27NOV21

SIGNATURE OF WITNESS:  Date: 27 Nov 21

27 Nov 21

From: Commander Robert A. Green Jr., USN/1117
To: Commander, U.S. Fleet Forces Command
Via: (1) Commander, Maritime Expeditionary Security Squadron EIGHT
(2) Rear Admiral Joseph DiGuardo
(3) Commander, Navy Expeditionary Combat Command
(4) Commander, Maritime Expeditionary Security Group TWO

Subj: COMPLAINT OF WRONG UNDER ARTICLE 1150, U.S. NAVY REGULATIONS

Ref: (a) Article 1150, U.S. Navy Regulations
(b) JAGINST 5800.7G, Chapter III
(c) 21 U.S.C. 360bbb (e)(1)(A)(ii)
(d) 10 U.S.C 1107a
(e) DODINST 6200.02, 27 Feb, 2008
(f) DoDINST 6205.02, 23 Jul, 2019
(g) BUMEDINST 6230.15B, 7 Nov, 2013
(h) SECDEF Memo of 24 Aug 2021, *Mandatory Coronavirus Disease 2019 Vaccination of Department of Defense Service Members*
(i) SECNAV WASHINGTDON DC 302126Z Aug 21(ALNAV 062/21)
(j) CNO WASHINGTON DC 311913Z Aug 21 (NAVADMIN 190/21)
(k) Surgeon General of the Navy, *INTERCHANGABILITY OF FOOD AND DRUG ADMINISTRATION-APPROVED PFIZER-BIONTECH VACCINE COMIRNATY® AND FOOD AND DRUG ADMINISTRATION-AUTHORIZED PFIZER-BIONTECH VACCINE UNDER EMERGENCY USE AUTHORIZATION,* 3 Sep, 2021
(l) Assistant Secretary of the Navy (Manpower and Reserve Affairs), Mandatory Vaccination of Service Members using Pfizer-BioNTech COVID-19 and Comirnaty COVID-19 Vaccines, 8 Sep, 2021
(m) Assistant Secretary of Defense Health Affairs, Mandatory Vaccination of Service Members using Pfizer-BioNTech COVID-19 and Comirnaty COVID-19 Vaccines, 14 Sep, 2021
(n) Uniform Code of Military Justice
(o) Manual for Courts-Martial
(p) Equal Opportunity Complaint Memorandum Against Captain John E. Ouellette for Religious Discrimination [with 12 Enclosures] 8 Nov, 2021

Encl:(1) Email received on 8 Sep 2021, Subject: *Mandatory COVID Vaccine - ADM Grady VOCO - 30 September Completion*

1. This complaint of wrong under reference (a) is submitted in compliance with reference (b).

2. Complainant Information:

a. Current Command: Maritime Expeditionary Security Squadron EIGHT

b. Command at time of alleged wrong: Maritime Expeditionary Security Squadron EIGHT

c. PRD: August, 2022

d. Current mailing address and e-mail address:
[redacted]

e. Permanent home address and email address:
[redacted]

3. Respondent Information:

a. Rank and Name: Rear Admiral Joseph DiGuardo, USN

b. Organization: Navy Expeditionary Combat Command

4. Complaint:

a. Type of Alleged Wrong: Denial of complainant's Constitutional rights under the Fifth Amendment through an unlawful order violating 21 U.S.C. 360bbb-3, 10 USC 1107a, department and service implementing regulations, and Articles 92 and 94 of the Uniform Code of Military Justice (UCMJ).

(1) Date alleged wrong discovered: 8 September, 2021

(2) Date written request for redress was submitted to complainant's commanding officer: N/A

(3) Date answer to request for redress was received: N/A

(4) Number of calendar days between alleged wrong and submission of complaint: 80 days

(5) Specific, detailed explanation of alleged wrong committed:

On 8 September, 2021 I received an email from my ISIC promulgating an email order from Rear Admiral DiGuardo,

enclosure (1)[1], directing the vaccination of all sailors within the Navy Expeditionary Combat Command (NECC) command. This order contained an unlawful element in that it attempted to mandate vaccination with Federal Drug Administration (FDA) Emergency Use Authorized (EUA) vaccines contrary to law. The following paragraphs explain in detail how Rear Admiral DiGuardo acted contrary to law, promulgated an unlawful order, and wronged me personally through that order.

The order, as promulgated in enclosure (1), is unlawful for a number of reasons. Most importantly, this order is a direct violation of service member rights to bodily integrity protected under the Fifth Amendment to the United States Constitution because, by misrepresenting the nature of the obligation to receive an EUA vaccine, it effectively coerces service members into accepting vaccination, and suffering a violation of their bodily integrity, *without due process of law*, as further discussed below. Case law from multiple federal court cases have enumerated these rights including in the *Doe v. Rumsfeld* case which was a result of the last Department of Defense (DoD) attempt to enact a hastily conceived and reactionary vaccination program that violated due process. In specifically addressing service member's right to bodily integrity, Judge Sullivan stated that "[t]he Court is persuaded that the right to bodily integrity and the importance of complying with legal requirements...are among the highest public policy concerns one could articulate."[2] Supreme Court case opinions have also explicitly listed the importance of bodily integrity including in *Schmerber v. California*, ("[t]he integrity of an individual's person is a cherished value of our society")[3] and *Washington v. Harper*, ("[t]he forcible injection of medication into a nonconsenting person's body represents a substantial interference with that person's liberty").[4]

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[1] The email promulgating Admiral Grady's verbal order originated with Vice Admiral Kilby. Rear Admiral DiGuardo forwarded the email after adding his own guidance. He also forwarded the 3 Sep 21 Surgeon General of the Navy's memo, reference (k), which he used, unlawfully, as justification for mandating an EUA vaccine.

[2] *Doe v. Rumsfeld*, 297 F.Supp.2d 119 (D.D.C. 2003). In the "Irreparable Harm" section of Judge Sullivan's ruling, the Judge noted that the "Court is persuaded that requiring a person to submit to an inoculation without informed consent or the presidential waiver is an irreparable harm for which there is no monetary relief." In that same section, he also noted that "[i]t is impossible to tell with any certainty what the long-term effects of the vaccination will be. Regardless, plaintiffs submit that no monetary award can adequately compensate individuals whose right to informed consent has been violated."

[3] *Schmerber v. California*, 384 U.S. 757 (1966)

[4] *Washington v. Harper*, 494 U.S. 210 (1990)

The order in enclosure (1) violates federal law pursuant to 21 U.S.C. 360bbb-3(e)(1)(A)(ii) and 10 U.S.C 1107a. 21 U.S.C. 360bbb-3(e)(1)(A)(ii) states, in part, that the person has "the option to accept or refuse the administration of the product." Relevant DoD and Navy instructions, references (e) through (g), are also very clear and align with law per references (c) and (d). Finally, under 10 U.S.C 1107a, a service member's right to accept or refuse the administration of a product approved for emergency use can only be waived by the President of the United States if "the President determines, in writing, that complying with such requirement is not in the interests of national security."[5]

Therefore, since no written Presidential waiver has been signed in accordance with 10 U.S.C. 1107a, no EUA COVID-19 vaccine (or any other EUA product) may be mandated to service members. The only COVID-19 vaccine that has received full approval from the FDA is COMIRNATY®. COMIRNATY® is not currently available in the United States by the government's own admission in oral arguments on 3 November, 2021 in the *Doe v. Austin* case in United States District Court Northern District of Florida.[6] Service members who wish to be vaccinated have a right to do so, but these same service members also have the right to refuse if the vaccine presented to them at the time of vaccination is anything other than the fully FDA Approved COMIRNATY®. Despite making knowingly false statements that the Pfizer EUA Vaccine was "interchangeable" with the FDA approved vaccine, the DoD/DOJ has now admitted that no vaccine manufactured prior to FDA approval is in fact an FDA approved vaccine.[7] Not only does this demonstrate for a fact that the order issued to me was unlawful, it also establishes that the DoD was, or should have been, aware that the order was unlawful.

On 24 August, 2021, only one day after the FDA granted full approval for the COMIRNATY® vaccine, the Secretary of Defense issued a memorandum, reference (h), directing the Secretaries of the Military Departments to begin immediate vaccination of all members of the Armed Forces against COVID-19. In this memorandum, Secretary Austin adhered to law in stating that "[m]andatory vaccination against COVID-19 will only use COVID-19 vaccines that receive full licensure from the Food and Drug Administration (FDA), in accordance with

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[5] To date, this written Presidential waiver has not occurred.

[6] John *Doe, et al., v. Lloyd Austin III In His Official Capacity as Secretary of Defense, et al.*, Case No: 3:21cv1211, Transcript 3 Nov, 2021

[7] *JOHN DOE #1-#14 and JANE DOE #1-#2, v. LLOYD AUSTIN, III, in his official capacity as Secretary of Defense, et al.*, 3:21-cv-1211-AW-HTC, Document 47.

FDA-approved labeling and guidance."[8] Subsequently, Secretary of the Navy Del Toro, also released guidance in ALNAV 062/21, reference (i), ordering that all DON service members be fully vaccinated "with an FDA approved vaccination against COVID-19."[9] Both civilian leaders' guidance explicitly described the right of service members to voluntarily accept receipt of an EUA vaccine. CNO guidance released via NAVADMIN 190/21, reference (j), also specified that "service members will be fully vaccinated against COVID-19 through administration of vaccines that have received Food and Drug Administration (FDA) licensure or through the voluntary administration of vaccines under FDA Emergency Use Authorization (EUA)." Guidance from civilian leadership of the Navy and the Service Chief was clear and aligned with both the law, per references (c) and (d), and DoD/Navy Policy, per references (e) through (g). All three of these leaders explicitly mandated only the FDA approved vaccines while allowing voluntary receipt of EUA vaccines. Subordinate military commanders, however, quickly began taking liberties with the SECDEF, SECNAV, and CNO guidance and began unlawfully mandating EUA vaccines as if they were fully licensed and approved by the FDA. Rear Admiral DiGuardo continued the cascading series of unlawful orders as demonstrated in enclosure (1).

As service members, including myself, continued to find only EUA vaccines at local vaccination sites, certain individuals attempted to justify the unlawful orders via memoranda arguing that the FDA-approved COMIRNATY® had the same formulation as one of the available EUA vaccines and therefore could be used interchangeably. Examples include communications from the Surgeon General of the Navy (SGN), Assistant Secretary of the Navy Manpower and Reserve Affairs (ASN M&RA), and Assistant Secretary of Defense Health Affairs (ASD HA), in references (k), (l), and (m) respectively. The statements that these individuals make regarding the interchangeability of an EUA vaccine with a fully approved and licensed vaccine is problematic for a number of reasons. First, their statements are unlawful in that there are no statutes or processes in 21 U.S.C. 360bbb-3 or 10 U.S.C. 1107a to replace an approved vaccine with a substantially equivalent EUA vaccine while stripping from that EUA vaccine the attached right of potential recipients to freely accept or decline its

[8] Underlined emphasis on the word "only" added. Additionally, SECDEF states that service members may choose to get vaccinated with an Emergency Use Authorized vaccine, but notes that the choice is voluntary. At no point in his memorandum does Secretary Austin deviate from the law and mandate an EUA vaccine.

[9] Like Secretary Austin, Secretary Del Toro also notes the voluntary nature of vaccinations with an EUA COVID-19 vaccine. At no point in his order does SECNAV mandate vaccination with an EUA vaccine.

administration, or to otherwise mandate an EUA vaccine except as expressly permitted in 10 U.S.C. 1107a via a written Presidential waiver. These individuals have no standing in law or any authority to permit interchangeability and in their memoranda they reference no greater authority than an FDA press release and a "Q&A" answer on the FDA's website. The legal authority of interchangeability notwithstanding, the subordinate commanders, including Rear Admiral DiGuardo, have attempted to mandate EUA vaccines, and in so doing, are usurping an exclusively presidential prerogative while defying the authority of the department, the service secretaries, and the Service Chief. These commanders are subsequently attempting to justify their unlawful actions by utilizing legally irrelevant statements made by ASD HA, ASN M&RA, and SGN. Rear Admiral DiGuardo's defiance of lawful guidance as promulgated in references (h) through (j) combined with his usurpation of presidential authority under Title 10, raises serious questions about whether Rear Admiral DiGuardo, in unlawfully ordering mandatory vaccinations with an EUA vaccine, also violated Article 94 of the Uniform Code of Military Justice (UCMJ). Art. 94 (a)(1) of UCMJ states that any person who "with intent to usurp or override lawful military authority refuses, in concert with any other person, to obey orders or otherwise do his duty or creates any violence or disturbance is guilty of mutiny." The elements at issue here involve Rear Admiral DiGuardo attempting to usurp presidential authority while working in concert with individuals claiming interchangeability outside of permissible statutes of law, and refusing to obey lawful orders as promulgated in references (h) through (j). All the elements of Article 94 (a)(1) - Mutiny or Sedition, appear to have been met by Rear Admiral DiGuardo in promulgating the unlawful portions of the order contained in enclosure (1).

In addition to possible violations of Article 94, Rear Admiral DiGuardo's order clearly meets all the elements for an unlawful order as detailed in the Manual for Courts Martial (MCM). Regarding lawfulness, MCM 18.c(1)(c) lists three main elements that could cause an order to be unlawful. MCM 18.c(1)(c) states, in part, that a general order or regulation "is lawful unless it is contrary to the Constitution, the laws of the United States, or lawful superior orders." In the case of the unlawful portions of the order from enclosure (1), Rear Admiral DiGuardo violated my right to due process protecting my bodily integrity under the Fifth Amendment of the Constitution, he violated the law as detailed in references (c) and (d), and he violated the lawful orders of superiors as promulgated in references (h) through (j). Coincidently, Rear Admiral DiGuardo's order from enclosure (1) achieves the

perfect trifecta of lawlessness by attaining each possible element of being unlawful as derived from MCM 18.c(1)(c). In addition to being a violation of law and regulation, Rear Admiral DiGuardo's order wronged me by causing me personal detriment, denied me my right to due process under the Fifth Amendment, and was the occasion, and arguably the root cause, for me being subjected to unlawful harassment and discrimination as further detailed in reference (p).

Due to significant concerns regarding conflict of interest, I respectfully request that all members of OJAG CODE 13 and any JAG at a command or working for a commander who promulgated similar orders, recuse themselves from the legal analysis of this complaint that would normally occur. Any commander adjudicating or endorsing this complaint should also recuse themselves if they are the respondent in a similar complaint. Additionally, in the event this reaches ASN M&RA for final review, I respectfully request that the Assistant Secretary recuse himself due to his involvement per reference (l). I further remind reviewers of this complaint, that this is a protected communication under 10 U.S.C. 1034 and its implementing regulations.

(6) As redress I respectfully request that you rescind the unlawful portions of the orders in question and I respectfully request that you redistribute the new lawful orders via widest dissemination possible.

5. I CERTIFY THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, AND THIS COMPLAINT IS SUBMITTED PER THE GUIDELINES AND PROCEDURAL REQUIREMENTS IN CHAPTER III, MANUAL OF THE JUDGE ADVOCATE GENERAL.

SIGNATURE OF COMPLAINANT: _____ Date: 27NOV21

SIGNATURE OF WITNESS: _____ Date: 27 Nov 21

23 Dec 21

From: Commander Robert A. Green Jr., USN/1117
To: Chief of Naval Operations
Via: (1) Commander, Maritime Expeditionary Security Squadron EIGHT
(2) Vice Admiral John B. Nowell
(3) Commander, United States Fleet Forces Command
(4) Commander, Navy Expeditionary Combat Command
(5) Commander, Maritime Expeditionary Security Group TWO

Subj: COMPLAINT OF WRONG UNDER ARTICLE 1150, U.S. NAVY REGULATIONS

Ref: (a) Article 1150, U.S. Navy Regulations
(b) JAGINST 5800.7G, Chapter III
(c) SECDEF Memo of 24 Aug 2021, Mandatory Coronavirus Disease 2019 Vaccination of Department of Defense Service Members
(d) SECNAV WASHINGTDON DC 302126Z Aug 21(ALNAV 062/21)
(e) CNO WASHINGTON DC 311913Z Aug 21 (NAVADMIN 190/21)
(f) 42 U.S.C. 2000bb-1
(g) DOD Instruction 1300.17, Religious Liberty in the Military Services
(h) BUPERSINST 1730.11a, Standards and Procedures Governing the Accommodation of Religious Practices

Encl: (1) DCNO (N1) Standard Operating Procedure (SOP), Religious Accommodations SOP Nov 2021
(2) DCNO (N1) Disapproval of Religious Accommodation Through Waiver of Immunization Requirements, To CDR Robert A Green Jr., 23 Nov 21

1. This complaint of wrong under reference (a) is submitted in compliance with reference (b).

2. Complainant Information:

    a. Current Command: Maritime Expeditionary Security Squadron EIGHT

    b. Command at time of alleged wrong: Maritime Expeditionary Security Squadron EIGHT

    c. PRD: August, 2022

    d. Current mailing address and e-mail address:
    [redacted]

    e. Permanent home address and email address:
    [redacted]

3. Respondent Information:

    a. Rank and Name: Vice Admiral John Nowell, USN

    b. Organization: Deputy Chief of Naval Operations (N1)

Enclosure (4)

4. Complaint:

a. Type of Alleged Wrong: Denial of complainant's Constitutional rights under the First and Fifth Amendments through a violation of 42 U.S.C. 2000bb-1, DODINST 1300.17, and BUPERSINST 1730.11A.

(1) Date alleged wrong discovered: 29 November, 2021

(2) Date written request for redress was submitted to complainant's commanding officer: N/A

(3) Date answer to request for redress was received: N/A

(4) Number of calendar days between alleged wrong and submission of complaint: 24 days

(5) Specific, detailed explanation of alleged wrong committed:

On 15 September 2021, I submitted a request to waive COVID-19 immunization requirements due to my religious beliefs that preclude me from receiving a COVID-19 vaccination. I submitted an addendum to that request on 19 October 2021. The Deputy Chief of Naval Operations (DCNO)(N1), Vice Admiral Nowell, signed and dated a disapproval of my request on 23 November 2021.

My religious accommodation request was processed by the OPNAV N131 Religious Accommodation team. Enclosure (1) is the Standard Operating Procedure (hereafter DCNO(N1) SOP) that Vice Admiral Nowell and his staff followed to handle the vast increase in COVID-19 related immunization waiver requests resulting from the various military COVID-19 vaccine orders, references (c) through (e). The DCNO(N1) SOP instructs OPNAV N131 staffers on the exact steps to take upon receipt of a religious accommodation request including computer screenshots that demonstrate what lines of text to write and what buttons to click. The DCNO(N1) SOP is broken down into 6 phases, complete with 50 total steps. Many of the steps are fairly innocuous such as Phase 0 Step 2 which requires the staffer to "[r]eply all to the [accommodation request] email and acknowledge receipt of the request with the following response:" Several of the DCNO(N1) SOP steps, however, are not innocuous and provide clear evidence of violations of law per 42 U.S.C. 2000bb-1, and regulations per DODINST 1300.17 and BUPERSINST 1730.11A. I will demonstrate in this complaint that I have been wronged by Vice Admiral Nowell's violations of law and regulations through his use of the DCNO(N1) SOP process in denying my request for religious accommodation. Specifically, I will use the DCNO(N1) SOP to demonstrate 1) that the disapproval of my religious accommodation request was pre-determined, 2) that the letter Vice Admiral Nowell sent disapproving my religious accommodation request was a form template, and 3) that the case-by-case review of my request required by law and regulation was a fraud designed to have the appearance of following regulation but was actually conducted after my disapproval letter was written, all DCNO(N1) documentation supporting my disapproval was packaged, and all intermediate routing steps of my religious accommodation request was completed.

The first 13 steps of the DCNO(N1) SOP are preparation steps in which the OPNAV N131 staffer verifies that the request has all of the required documents and that those documents are moved to the appropriate folder on the shared drive. If the religious accommodation request does have all of the proper documents, then astonishingly, the very first processing step a staffer makes is to add the disapproval template to the folder and to rename the disapproval template file to include the Last Name, First Name, and Rank of the religious accommodation requester. This is done in Step 14.

The very next step, Step 15 on page 7, asks the staffer to open the disapproval template and update the "TO:" line with the requester's Name, Rank, and Designator. DCNO(N1) SOP Step 15 also shows a picture of the disapproval template complete with highlighted portions to indicate what must be replaced with the requester's information in order to prepare the disapproval for routing. There is no approval template mentioned in the SOP. In fact, there is no indication that an approval template has ever been written. I found it shocking that Vice Admiral Nowell permits a process so riddled with systemic religious discrimination that my request was not even reviewed before a disapproval letter was added, tailored to include my name, and only then was routed for review.

The next several steps of the DCNO(N1) SOP direct the OPNAV N131 staffer to prepare the religious accommodation package for routing within their document routing system. Step 20 lists who must review the religious accommodation request including BUMED (Rear Admiral Gillingham), Policy and Strategy (N0975), the Officer Plans and Policy Office, the Special Assistant for Legal Matters, N1 Fleet Master Chief, Total Force Manpower and Personnel Plans and Policy (N13 Front Office), and finally Manpower, Personnel, Training, and Education (N1 Front Office). I felt betrayed to know that my religious accommodation request went to these offices for review with a pre-prepared disapproval letter already included within the package.

Once routing/review is completed by the above offices, the OPNAV N131 staffer begins to package groups of religious accommodation requests together for final signature. This is done in Steps 30 through 32. Step 33 directs the OPNAV N131 staffer to update an internal memo from N13 to Vice Admiral Nowell. This internal memo asks Vice Admiral Nowell to "sign TABs A1 through A10, letters disapproving immunization waiver requests based on sincerely held religious beliefs." TAB B lists all supporting documents including the original religious accommodation request from the requester. It is clear from the DCNO(N1) SOP that all TAB A letters are the same disapproval template letters prepared by the OPNAV N131 staffers in Step 15 immediately upon receipt of the initial religious accommodation request.

Steps 35-38 list the first time an OPNAV N131 staffer is asked to actually read through the religious accommodation request and begin to list details from the request in a spreadsheet for Vice Admiral Nowell's "review". There is a note in ALL CAPS which emphasizes the importance of this review to building the façade that the religious accommodation requests are receiving a case-by-case examination. The note states: "THIS IS THE MOST CRITICAL STEP IN THE ENTIRE PROCESS AND THE CNO AND CNP ARE RELYING ON YOU TO ENSURE THAT YOUR REVIEW IS THOUROUGH AND ACCURATE. DO NOT RUSH THIS PROCESS AND ENSURE THAT YOU UNDERSTAND BEFORE MOVING FORWARD." This step is critical to disguising the systemic religious discrimination within the DCNO(N1) SOP process because according to reference (h) they are required to review each request "on a case-by-case basis, giving consideration to the full range of facts and circumstances relevant to the specific request." Reference (h) goes on to state that "[r]equests to accommodate religious practices should not be approved or denied simply because similar requests were approved or denied." The most significant problem with the DCNO(N1) SOP is that the case-by-case "review" does not happen until Step 35 in the process. By this point, my disapproval letter had already been written (Step 15), my religious accommodation request and related documents had already been returned from the various required reviewing offices (Steps 16-29), my disapproval and religious accommodation request had already been packaged within a batch of other similar requests (Steps 30-32), and, finally, an internal memo had already been drafted from DCNO (N13) to DCNO (N1) requesting that Vice Admiral Nowell disapprove my religious accommodation request (Step 33). All this occurred prior to the official "review" of my religious accommodation request required by law and regulation.

After my entire disapproval package was built and then prepared for Vice Admiral Nowell to sign, the DCNO(N1) SOP Steps 35-38 finally direct the OPNAV N131 staffer to read the entirety of my religious accommodation request package including my original request, the BUMED Memo, and the Legal Memo.

They are then directed to add any additional pertinent information from the package and place that information into a spreadsheet. This spreadsheet is evidence, not of a true case-by-case review of the religious accommodation request, because the result at this point in the DCNO(N1) SOP process, is a forgone conclusion. This spreadsheet is evidence instead of the systematic and deliberate attempts taken by Vice Admiral Nowell and his staff to appear compliant with regulatory requirements while actually depriving me of my rights to due process under the Fifth Amendment and my rights to freedom of religious expression under the First Amendment of the Constitution.

In addition to fraudulently attempting to appear legal and in compliance with regulation, it is plainly clear that the DCNO(N1) SOP process is also designed to streamline the subsequent (and pre-determined) disapproval upon receipt of a religious accommodation request. The DCNO(N1) SOP, especially Step 35, makes it clear that the secondary goal (after streamlining the pre-determined disapproval), is to protect Vice Admiral Nowell from potential legal blowback in the event he is asked for proof that a case-by-case review was completed for each religious accommodation request. Even though the DCNO(N1) SOP is blatantly defying requirements under both law and regulation, in my personal disapproval letter, enclosure (2), Vice Admiral Nowell made the statement that "[a]ll requests for accommodation of religious practices are assessed on a case-by-case basis." Vice Admiral Nowell goes on to state that "[i]n making this decision, I reviewed reference (g) [my religious accommodation request], including the endorsements from your chain of command, the local chaplain and the advice of Chief, Bureau of Medicine and Surgery in reference (h)." While the DCNO(N1) SOP cannot prove that Vice Admiral Nowell is lying in making this last statement, enclosure (1) does prove that any review of my religious accommodation request that Vice Admiral Nowell may or may not have conducted, had no bearing on my discriminatory and pre-determined disapproval which he signed on 23 November, 2021.

Vice Admiral Nowell and his staff are ignoring the requirements of both the Religious Freedom Restoration Act and DODINST 1300.17. The requirements under law, per reference (f), and the requirements of policy, per reference (g), oblige the Navy to accommodate my religious freedom unless 1) the military policy, practice, or duty is in furtherance of a compelling governmental interest, and 2) it is the least restrictive means of furthering that compelling governmental interest. Both references (f) and (g) also place the burden of proof for the compelling governmental interest and least restrictive means "upon the DoD Component and not upon the individual requesting the exemption." In denying my request, as demonstrated throughout both enclosures (1) and (2), Vice Admiral Nowell failed to prove a compelling governmental interest. In fact, Vice Admiral Nowell denied my request using a disapproval template and relied upon a BUMED Memo which was also a preprepared template. Neither the disapproval template used by Vice Admiral Nowell, nor the BUMED template used by Rear Admiral Gillingham, addressed in any way the overwhelming evidence I provided in my original religious accommodation request from 15 September 2021, and my addendum from 19 October 2021.

Vice Admiral Nowell has violated both law and regulation in utilizing the discriminatory process established in the DCNO(N1) SOP. This process attempts to circumvent established standards required by both law and regulation while attempting to hide unlawful actions behind an intentionally designed façade meant to wrongfully appear compliant with regulatory standards. The discriminatory process used by Vice Admiral Nowell to disapprove my religious accommodation request has caused me personal detriment by denying me my right to due process under the Fifth Amendment and my right to freedom of religious expression under the First Amendment of the Constitution. The process used by Vice Admiral Nowell to review religious accommodation requests must be brought into compliance with law and regulation immediately before more sailors are harmed.

I have deep concerns that this complaint, detailing the discriminatory disapproval process for religious accommodations in the Navy, will not be properly address and will instead be ignored and dismissed. Due to these concerns I intend to copy this communication to both the House and Senate Armed

Services Committees in the hope that this will ensure that all unlawful religious discrimination in the Navy is properly addressed. I also remind reviewers of this complaint that this is a protected communication under 10 U.S.C. 1034 and its implementing regulations.

(6) As redress I respectfully request that you immediately cease the unlawful and discriminatory review process for Navy Religious Accommodations and that you rescind my disapproval and all such disapprovals executed to date. I also request that you re-review each such religious accommodation request in accordance with law and regulation, including meeting the government's burden of proof as required by 42 U.S.C. 2000bb-1 and DODINST 1300.17.

5. I CERTIFY THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, AND THIS COMPLAINT IS SUBMITTED PER THE GUIDELINES AND PROCEDURAL REQUIREMENTS IN CHAPTER III, MANUAL OF THE JUDGE ADVOCATE GENERAL.

SIGNATURE OF COMPLAINANT:  Date: 12/23/21

SIGNATURE OF WITNESS:  Date: 23dec 21

PRIVACY ACT STATEMENT

1. Authority. 10 U.S.C. §§ 938, 8013.

2. Principal purpose(s). Used by command authorities and the Office of the Judge Advocate General to review, take action, and make recommendations to the Secretary of the Navy on Article 138, UCMJ, and Article 1150, U.S. Navy Regulations, complaints of Wrong.

3. Routine uses. The Blanket Routine Uses that appear at the beginning of the Department of the Navy's compilation in the Federal Register apply.

4. Mandatory or voluntary disclosure and effect on individual not providing information. Providing requested information is voluntary; however, failure to do so may result in delayed command action and Secretarial review, or the inability to notify complainant of the Secretary's decision.

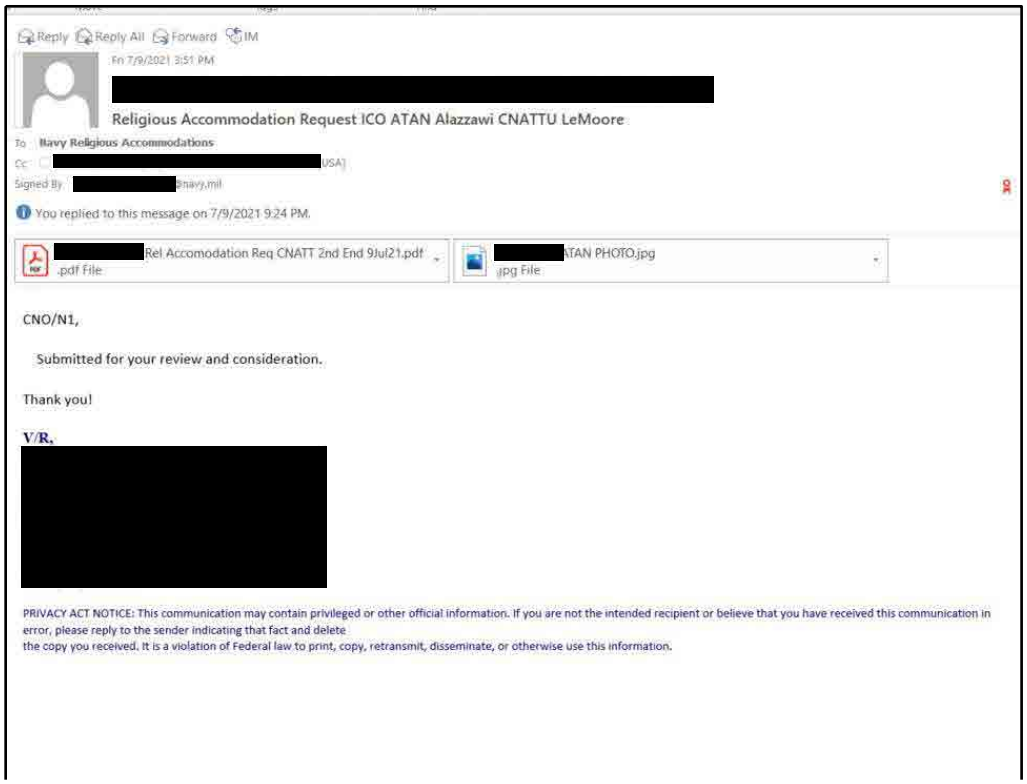
Religious Accommodations

Background: On 22 January 2014, SECDEF released a new DoDI (see TAB A) changing the way requests for religious accommodation would be routed and reviewed. Previously, Commanding Officers had the authority to approve or deny requests for religious accommodation. There was no consistency and some Commanding Officers did not significantly evaluate the request. The DoDI transferred the decision authority for all requests for religious accommodation that fall outside current uniform and grooming standards as well as Navy policy to CNP. In order to ensure each request is given due consideration, the DoDI instructs CNP to view each request in its entirety. Each request is evaluated on a case by case basis. For example, a request from an operational member to grow a beard may be denied, while the same request made by a Sailor on shore duty could be approved. Whatever the decision, it is only valid while the Sailor's circumstances remain the same. If the Sailor executes PCS orders or the nature of the Sailor's work changes significantly, a new request will have to be routed. The Sailor must abide by current Navy standards and policy while the request is being adjudicated. Reservists also fall under this instruction. They are required to submit their requests via the same channels as active duty.

Step-by-Step Instructions

Phase 0 (Steps 1 – 5)

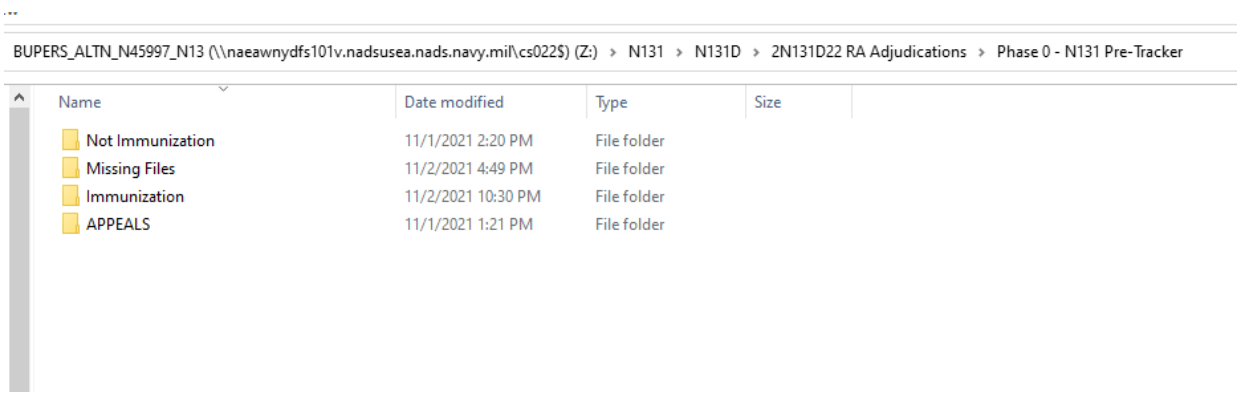
1. N131 receives Religious Accommodation (RA) requests via a functional email distro, ALTN_Navy_Religious_Accommodations@navy.mil. The inbox only reliably receives email from NMCI email addresses, so submitters are encouraged to send an email without an encrypted endorsement first to ensure communication is received. Here is an example of an email requesting consideration of an RA:



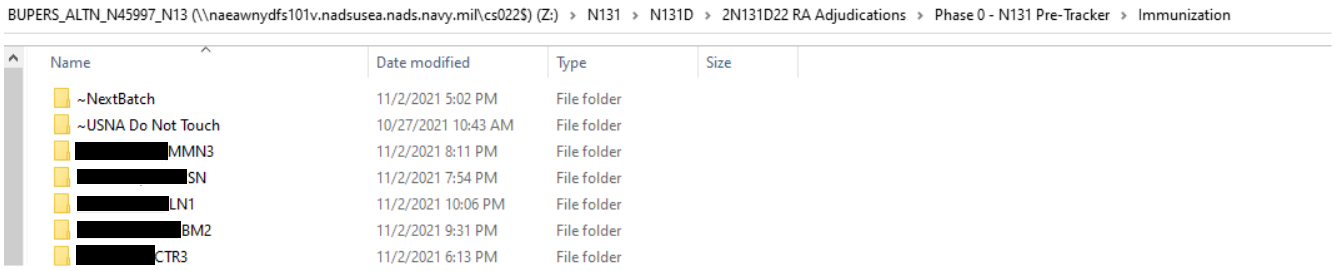
2. Reply all to the email and acknowledge receipt of the request with the following response:

> YN2,
>
> I have received your message and will begin routing the RA package for [redacted].
>
> An individual response letter will be returned to the command once the member's accommodation has been adjudicated.
>
> Very Respectfully,

3. Go to the Phase 0 - N131 Pre-Tracker folder on the shared drive and select the appropriate folder.



4. Create a new folder with the following nomenclature: Last, First RANK.

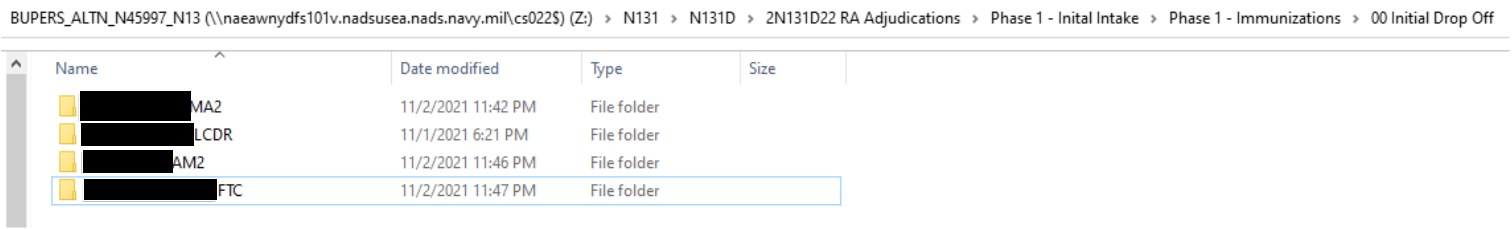


5. Drag and drop a copy of the request and the original email.

Phase 1a (Steps 6 – 13)

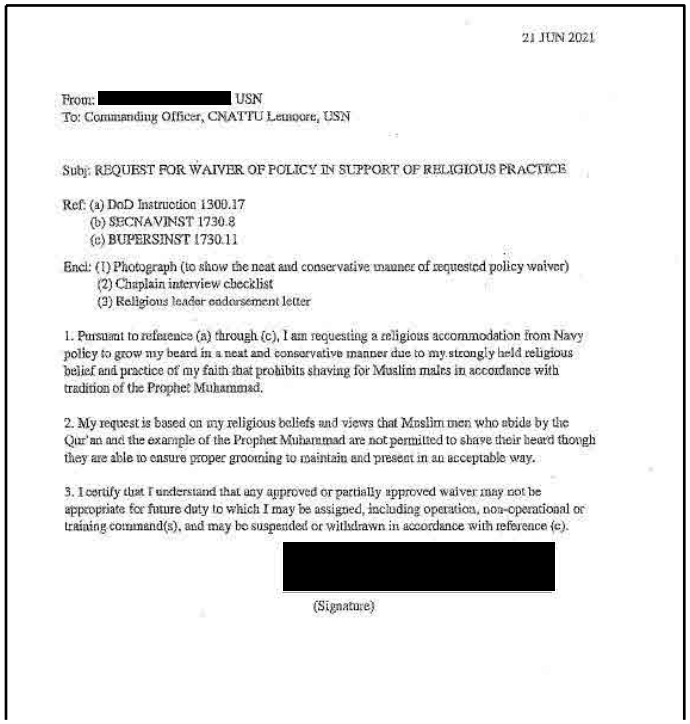
6. Open the RA Tracker located on the shared drive at N131 > N131D > 2N131D23 RA Tracker > Data tab. Add the new request to the bottom of the spreadsheet and ensure there are no duplicate entries. Fill in all vacant fields using the Original request as the authoritative data source

7. Move the file to the Phase 1 - Initial Intake\Phase 1 - Immunizations\00 Initial Drop Off folder.



8. Open the original request to ensure the following are included IAW BUPERSINST 1730.11A and MILPERSMAN 1730-020: (Appeals only require member's request and command endorsement)
    a. Member's Request
    b. Command Endorsement (+Second Endorsement if not an O-6 Command)
    c. Chaplain Memo
    d. Chaplain Checklist
    e. Page 13 (Immunizations Only)

9. The Member's request should look like this and addressed to the CO, or CNO or DCNO (N1)



21 JUN 2021

From: [redacted] USN
To: Commanding Officer, CNATTU Lemoore, USN

Subj: REQUEST FOR WAIVER OF POLICY IN SUPPORT OF RELIGIOUS PRACTICE

Ref: (a) DoD Instruction 1300.17
(b) SECNAVINST 1730.8
(c) BUPERSINST 1730.11

Encl: (1) Photograph (to show the neat and conservative manner of requested policy waiver)
(2) Chaplain interview checklist
(3) Religious leader endorsement letter

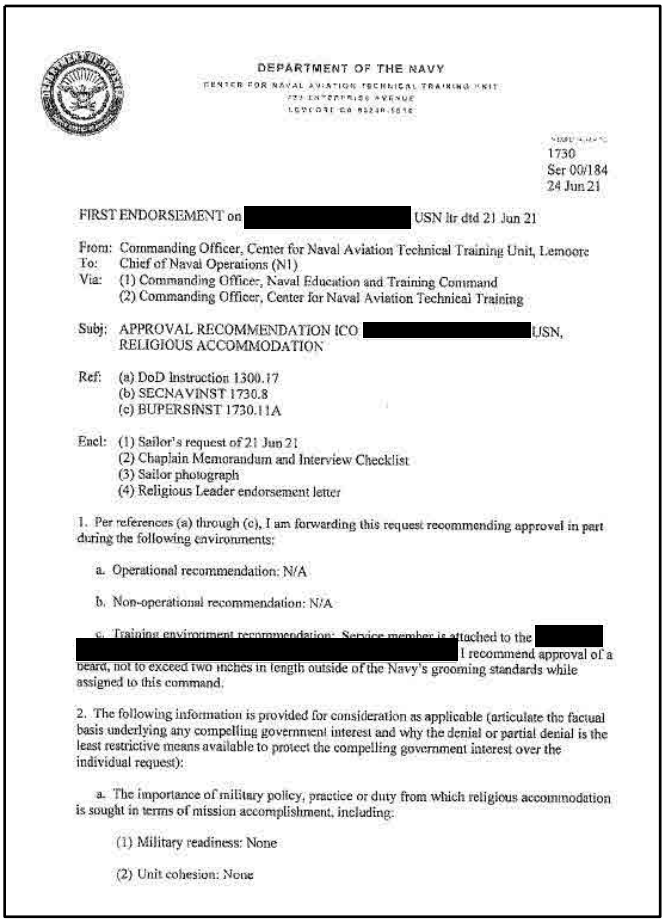
1. Pursuant to reference (a) through (c), I am requesting a religious accommodation from Navy policy to grow my beard in a neat and conservative manner due to my strongly held religious belief and practice of my faith that prohibits shaving for Muslim males in accordance with tradition of the Prophet Muhammad.

2. My request is based on my religious beliefs and views that Muslim men who abide by the Qur'an and the example of the Prophet Muhammad are not permitted to shave their beard though they are able to ensure proper grooming to maintain and present in an acceptable way.

3. I certify that I understand that any approved or partially approved waiver may not be appropriate for future duty to which I may be assigned, including operation, non-operational or training command(s), and may be suspended or withdrawn in accordance with reference (c).

[redacted]
(Signature)

10. A Command Endorsement with a CO recommendation (ISIC required if not an O-6);



DEPARTMENT OF THE NAVY
CENTER FOR NAVAL AVIATION TECHNICAL TRAINING UNIT
[redacted]

1730
Ser 00/184
24 Jun 21

FIRST ENDORSEMENT on [redacted] USN ltr dtd 21 Jun 21

From: Commanding Officer, Center for Naval Aviation Technical Training Unit, Lemoore
To: Chief of Naval Operations (N1)
Via: (1) Commanding Officer, Naval Education and Training Command
(2) Commanding Officer, Center for Naval Aviation Technical Training

Subj: APPROVAL RECOMMENDATION ICO [redacted] USN, RELIGIOUS ACCOMMODATION

Ref: (a) DoD Instruction 1300.17
(b) SECNAVINST 1730.8
(c) BUPERSINST 1730.11A

Encl: (1) Sailor's request of 21 Jun 21
(2) Chaplain Memorandum and Interview Checklist
(3) Sailor photograph
(4) Religious Leader endorsement letter

1. Per references (a) through (c), I am forwarding this request recommending approval in part during the following environments:

a. Operational recommendation: N/A

b. Non-operational recommendation: N/A

c. Training environment recommendation: Service member is attached to the [redacted] I recommend approval of a beard, not to exceed two inches in length outside of the Navy's grooming standards while assigned to this command.

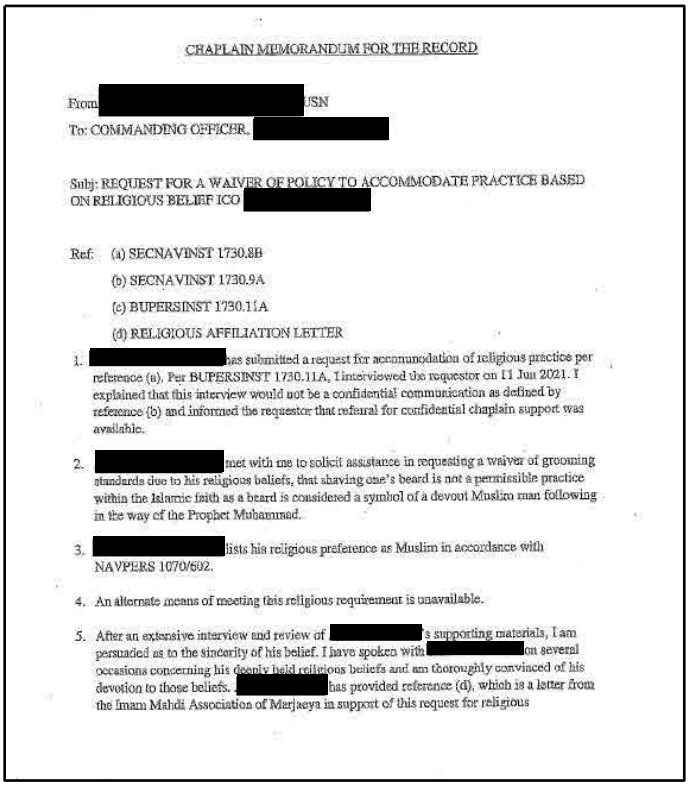
2. The following information is provided for consideration as applicable (articulate the factual basis underlying any compelling government interest and why the denial or partial denial is the least restrictive means available to protect the compelling government interest over the individual request):

a. The importance of military policy, practice or duty from which religious accommodation is sought in terms of mission accomplishment, including:

(1) Military readiness: None

(2) Unit cohesion: None

11. Chaplain Memorandum for the Record and interview checklist from the Chaplain who interviewed the Sailor about the request for religious accommodation.



CHAPLAIN MEMORANDUM FOR THE RECORD

From: [redacted] USN

To: COMMANDING OFFICER, [redacted]

Subj: REQUEST FOR A WAIVER OF POLICY TO ACCOMMODATE PRACTICE BASED ON RELIGIOUS BELIEF ICO [redacted]

Ref: (a) SECNAVINST 1730.8B
(b) SECNAVINST 1730.9A
(c) BUPERSINST 1730.11A
(d) RELIGIOUS AFFILIATION LETTER

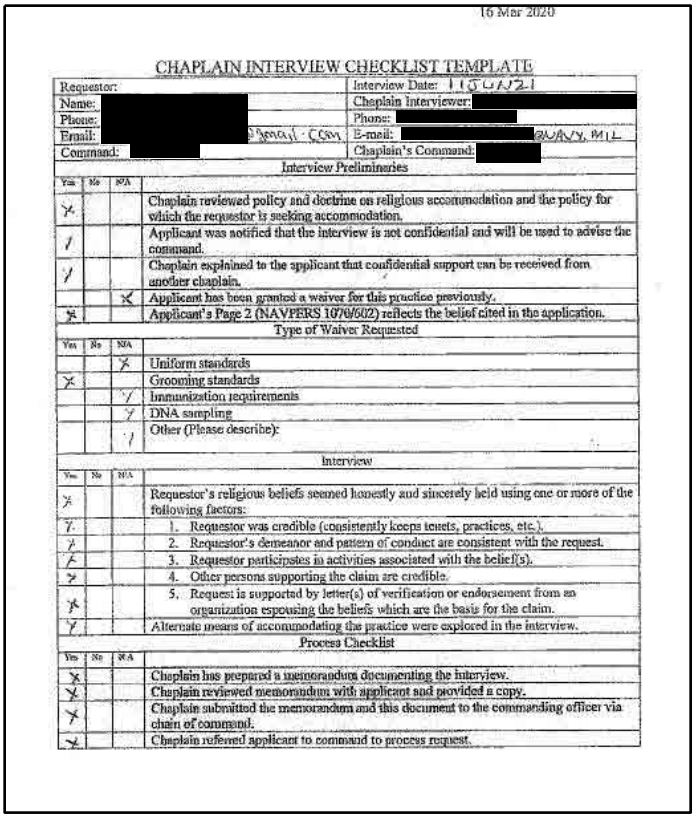
1. [redacted] has submitted a request for accommodation of religious practice per reference (a). Per BUPERSINST 1730.11A, I interviewed the requestor on 11 Jun 2021. I explained that this interview would not be a confidential communication as defined by reference (b) and informed the requestor that referral for confidential chaplain support was available.

2. [redacted] met with me to solicit assistance in requesting a waiver of grooming standards due to his religious beliefs, that shaving one's beard is not a permissible practice within the Islamic faith as a beard is considered a symbol of a devout Muslim man following in the way of the Prophet Muhammad.

3. [redacted] lists his religious preference as Muslim in accordance with NAVPERS 1070/602.

4. An alternate means of meeting this religious requirement is unavailable.

5. After an extensive interview and review of [redacted]'s supporting materials, I am persuaded as to the sincerity of his belief. I have spoken with [redacted] on several occasions concerning his deeply held religious beliefs and am thoroughly convinced of his devotion to those beliefs. [redacted] has provided reference (d), which is a letter from the Imam Mahdi Association of Marjaeya in support of this request for religious



16 Mar 2020

CHAPLAIN INTERVIEW CHECKLIST TEMPLATE

Requestor:	Interview Date: 11 JUN 21
Name: [redacted]	Chaplain Interviewer: [redacted]
Phone: [redacted]	Phone: [redacted]
Email: [redacted]	E-mail: [redacted]
Command: [redacted]	Chaplain's Command: [redacted]

Interview Preliminaries

Yes	No	N/A	
X			Chaplain reviewed policy and doctrine on religious accommodation and the policy for which the requestor is seeking accommodation.
X			Applicant was notified that the interview is not confidential and will be used to advise the command.
X			Chaplain explained to the applicant that confidential support can be received from another chaplain.
		X	Applicant has been granted a waiver for this practice previously.
X			Applicant's Page 2 (NAVPERS 1070/602) reflects the belief cited in the application.

Type of Waiver Requested

Yes	No	N/A	
		X	Uniform standards
X			Grooming standards
		X	Immunization requirements
		X	DNA sampling
		X	Other (Please describe):

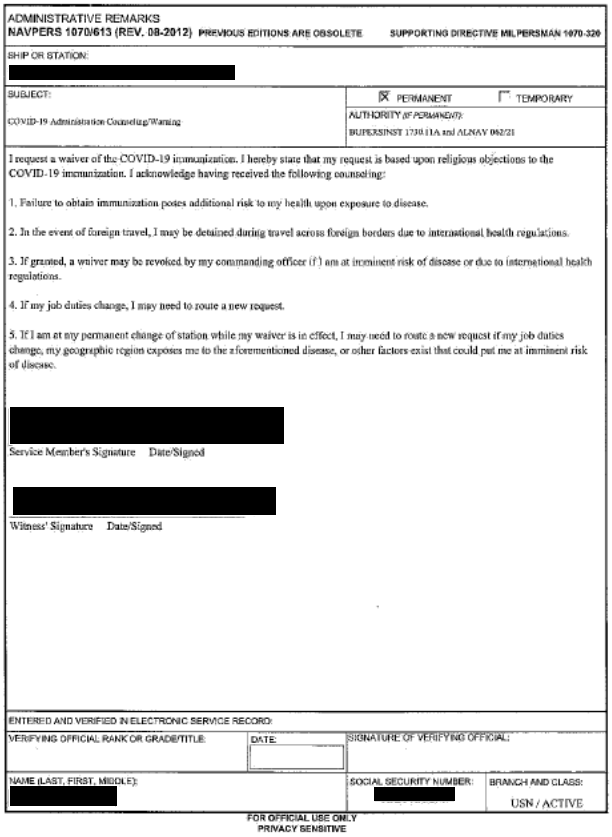
Interview

Yes	No	N/A	
X			Requestor's religious beliefs seemed honestly and sincerely held using one or more of the following factors:
X			1. Requestor was credible (consistently keeps tenets, practices, etc.).
X			2. Requestor's demeanor and pattern of conduct are consistent with the request.
X			3. Requestor participates in activities associated with the belief(s).
X			4. Other persons supporting the claim are credible.
X			5. Request is supported by letter(s) of verification or endorsement from an organization espousing the beliefs which are the basis for the claim.
X			Alternate means of accommodating the practice were explored in the interview.

Process Checklist

Yes	No	N/A	
X			Chaplain has prepared a memorandum documenting the interview.
X			Chaplain reviewed memorandum with applicant and provided a copy.
X			Chaplain submitted the memorandum and this document to the commanding officer via chain of command.
X			Chaplain referred applicant to command to process request.

12. Page 13 (Immunizations Only)



ADMINISTRATIVE REMARKS
NAVPERS 1070/613 (REV. 08-2012) PREVIOUS EDITIONS ARE OBSOLETE SUPPORTING DIRECTIVE MILPERSMAN 1070-320

SHIP OR STATION: [redacted]

SUBJECT: COVID-19 Administration Counseling/Warning

☒ PERMANENT ☐ TEMPORARY

AUTHORITY (IF PERMANENT): BUPERSINST 1730.11A and ALNAV 062/21

I request a waiver of the COVID-19 immunization. I hereby state that my request is based upon religious objections to the COVID-19 immunization. I acknowledge having received the following counseling:

1. Failure to obtain immunization poses additional risk to my health upon exposure to disease.

2. In the event of foreign travel, I may be detained during travel across foreign borders due to international health regulations.

3. If granted, a waiver may be revoked by my commanding officer if I am at imminent risk of disease or due to international health regulations.

4. If my job duties change, I may need to route a new request.

5. If I am at my permanent change of station while my waiver is in effect, I may need to route a new request if my job duties change, my geographic region exposes me to the aforementioned disease, or other factors exist that could put me at imminent risk of disease.

[redacted]
Service Member's Signature Date/Signed

[redacted]
Witness' Signature Date/Signed

ENTERED AND VERIFIED IN ELECTRONIC SERVICE RECORD:

VERIFYING OFFICIAL RANK OR GRADE/TITLE | DATE | SIGNATURE OF VERIFYING OFFICIAL:

NAME (LAST, FIRST, MIDDLE): [redacted] | SOCIAL SECURITY NUMBER: [redacted] | BRANCH AND CLASS: USN / ACTIVE

FOR OFFICIAL USE ONLY
PRIVACY SENSITIVE

13. If all the documents are included and completed properly route to RA Adjudications\Phase 1 - Initial Intake\Phase 1 - Immunizations\01 Ready For Processing

    a. If any of those items are missing, send to 02 Packages Awaiting Documents so the command can be contacted to inquire their whereabouts or the reasons for the error.
        i. Contact Command via email and follow up with a phone call within 48 hours
        ii. Ensure the folder is labeled with the missing documents

    b. If there are multiple files send to 03 Folders That Need to Be Consolidated so the items can be consolidated and routed to are missing, send to 02 Packages Awaiting Documents so the command can be contacted to 01 Ready For Processing.

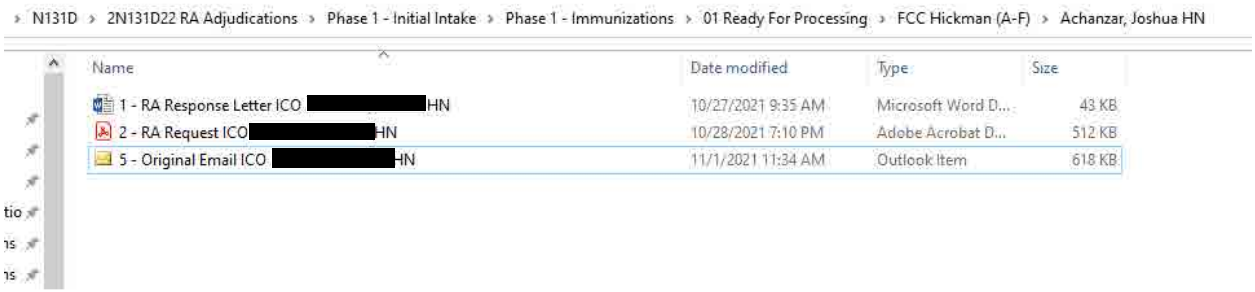
    c. If the request is for a Sailor assigned to a joint command, move it to 04 Sailors Jointly Assigned - Do Not Process

    d. If the member sends an email withdrawing their request, add the email to their folder and move to 05 Member Withdrawn - DO NOT PROCESS\

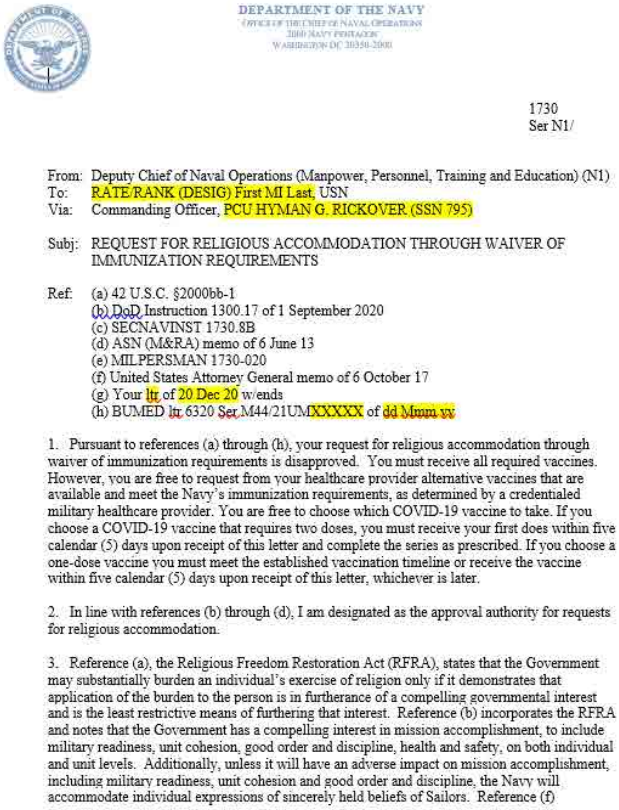
    e. For any other issues, move to 06 Other Issues - LT Neuer Review

Phase 1 (Steps 14 – 15)

14. Inside the Phase 1 - Immunizations\01 Ready For Processing folder, add the most recent RA Response Letter template and rename the files to the following nomenclature:
    a. 1 - RA Response Letter ICO *Last First RANK*
    b. 2 - RA Request ICO *Last First RANK*
    c. 5 - Original Email ICO *Last First RANK*



15. Open 1 - RA Response Letter ICO Last, First RANK to update the response letter to reflect the new request's specific information from the 2 – RA Request ICO Last, First RANK document. The highlighted sections below are the sections that will need to be updated. Save those changes and route to Phase 3 after verification of all five initial documents are confirmed from Step 8.



DEPARTMENT OF THE NAVY
OFFICE OF THE CHIEF OF NAVAL OPERATIONS
2000 NAVY PENTAGON
WASHINGTON DC 20350-2000

1730
Ser N1/

From: Deputy Chief of Naval Operations (Manpower, Personnel, Training and Education) (N1)
To: RATE/RANK (DESIG) First MI Last, USN
Via: Commanding Officer, PCU HYMAN G. RICKOVER (SSN 795)

Subj: REQUEST FOR RELIGIOUS ACCOMMODATION THROUGH WAIVER OF IMMUNIZATION REQUIREMENTS

Ref: (a) 42 U.S.C. §2000bb-1
(b) DoD Instruction 1300.17 of 1 September 2020
(c) SECNAVINST 1730.8B
(d) ASN (M&RA) memo of 6 June 13
(e) MILPERSMAN 1730-020
(f) United States Attorney General memo of 6 October 17
(g) Your ltr of 20 Dec 20 w/ends
(h) BUMED ltr 6320 Ser M44/21UMXXXXX of dd Mmm yy

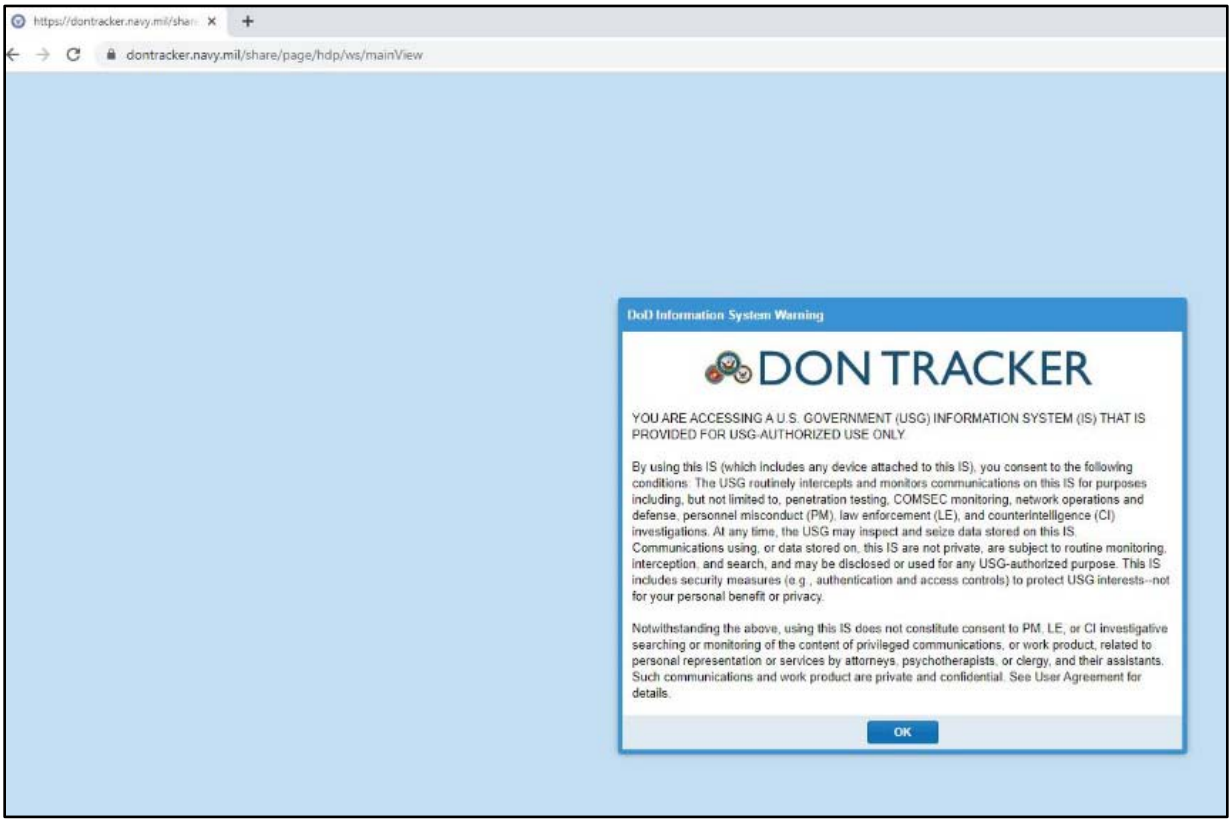
1. Pursuant to references (a) through (h), your request for religious accommodation through waiver of immunization requirements is disapproved. You must receive all required vaccines. However, you are free to request from your healthcare provider alternative vaccines that are available and meet the Navy's immunization requirements, as determined by a credentialed military healthcare provider. You are free to choose which COVID-19 vaccine to take. If you choose a COVID-19 vaccine that requires two doses, you must receive your first does within five calendar (5) days upon receipt of this letter and complete the series as prescribed. If you choose a one-dose vaccine you must meet the established vaccination timeline or receive the vaccine within five calendar (5) days upon receipt of this letter, whichever is later.

2. In line with references (b) through (d), I am designated as the approval authority for requests for religious accommodation.

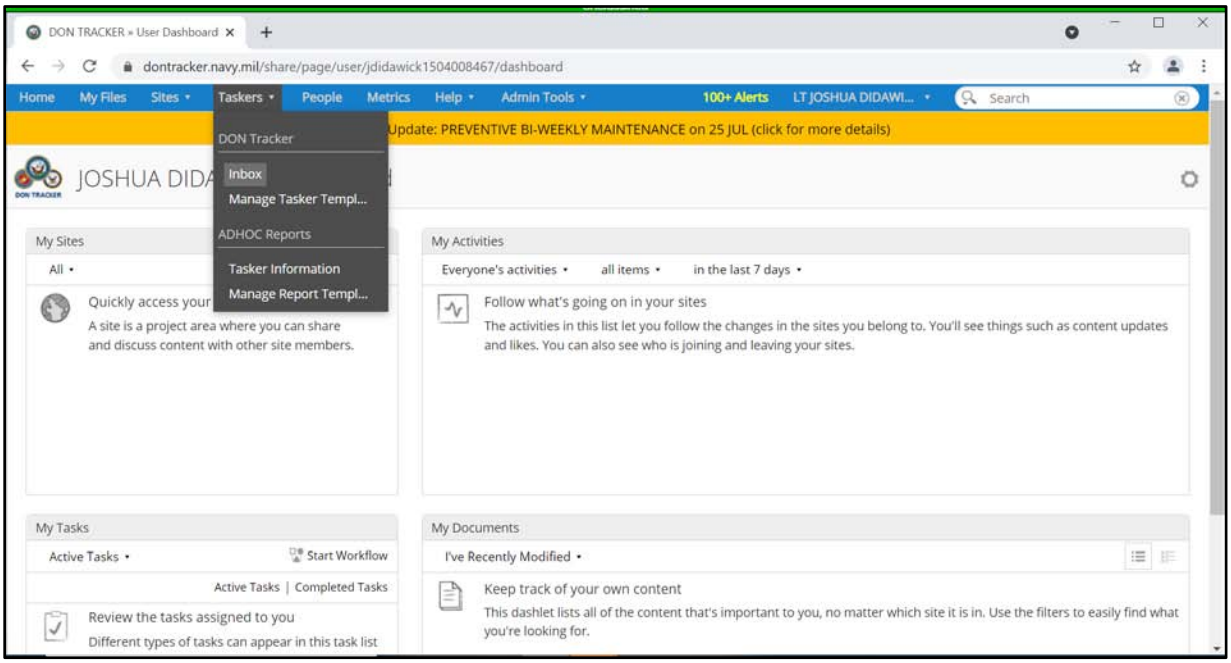
3. Reference (a), the Religious Freedom Restoration Act (RFRA), states that the Government may substantially burden an individual's exercise of religion only if it demonstrates that application of the burden to the person is in furtherance of a compelling governmental interest and is the least restrictive means of furthering that interest. Reference (b) incorporates the RFRA and notes that the Government has a compelling interest in mission accomplishment, to include military readiness, unit cohesion, good order and discipline, health and safety, on both individual and unit levels. Additionally, unless it will have an adverse impact on mission accomplishment, including military readiness, unit cohesion and good order and discipline, the Navy will accommodate individual expressions of sincerely held beliefs of Sailors. Reference (f)

Phase 3 (Steps 16 – 28)

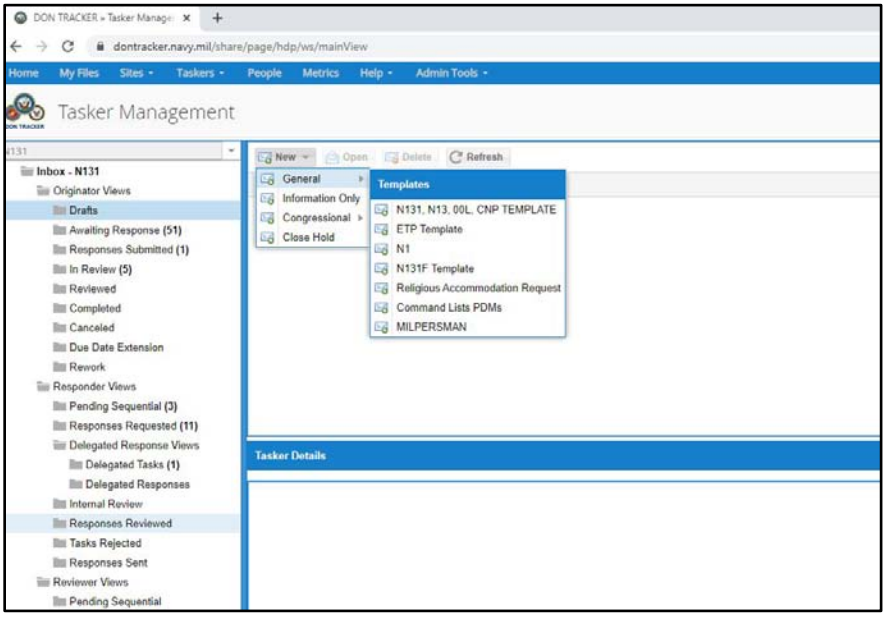
16. Uploaded into DonTracker. Visit dontracker.navy.mil to log in.



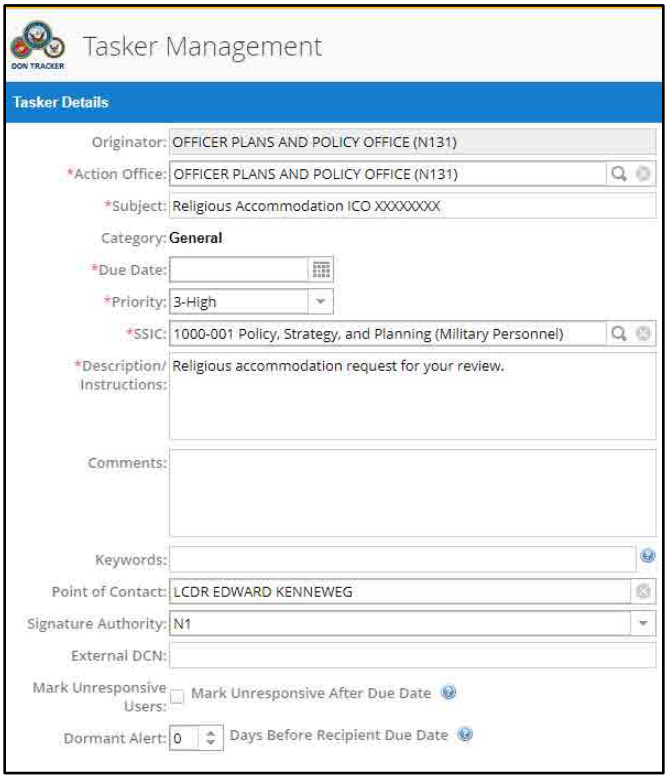
17. Once logged in, go to Taskers > Inbox



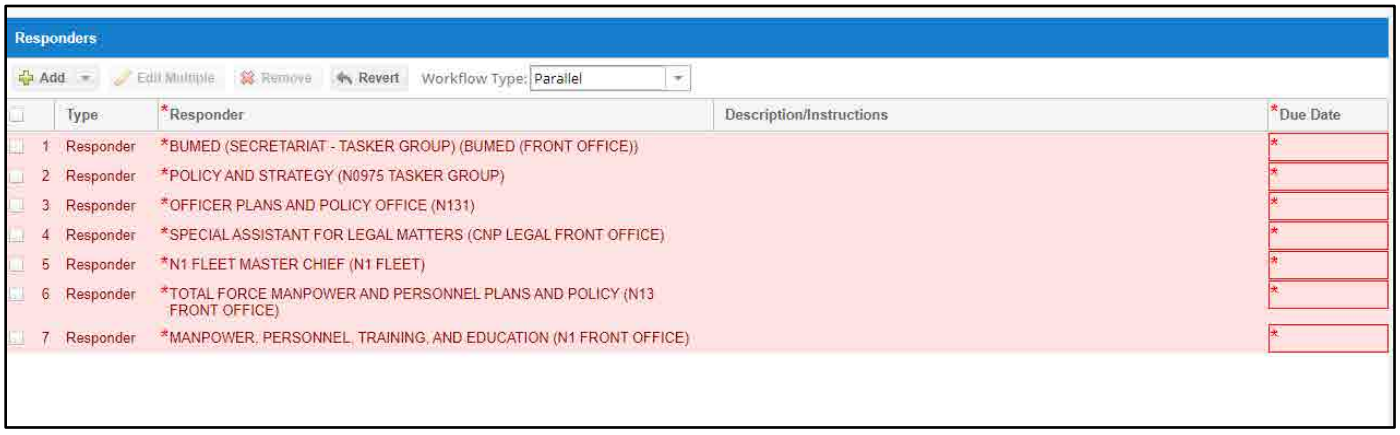
18. Once at the Inbox, select New > Templates > Religious Accommodation Request.



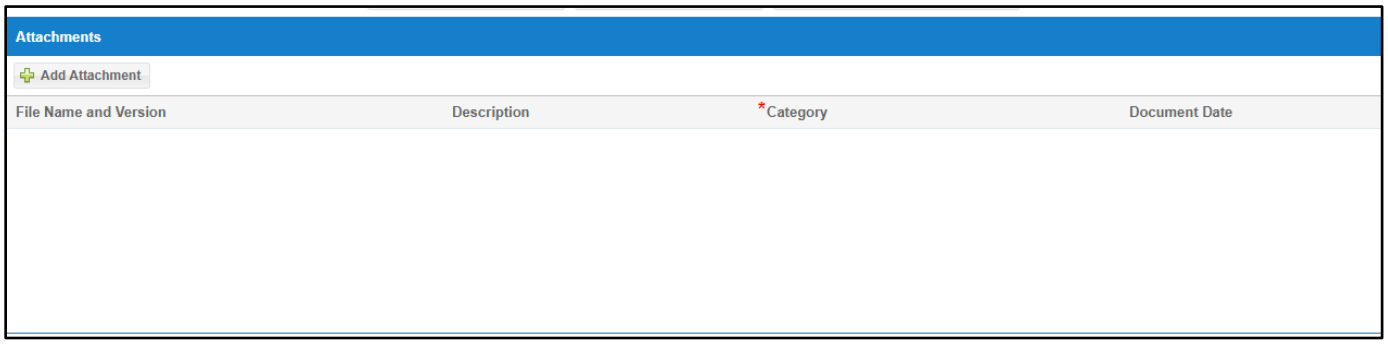
19. Under Tasker Details fill in the following information:
    a. Subject—Religious Accommodation ICO *Rank/Rate Last Name*;
    b. Due Date—Due date is 7 days, but select the next business day;
    c. Priority—Select Medium;
    d. Point of Contact—Insert the name of the person who is responsible for the process.



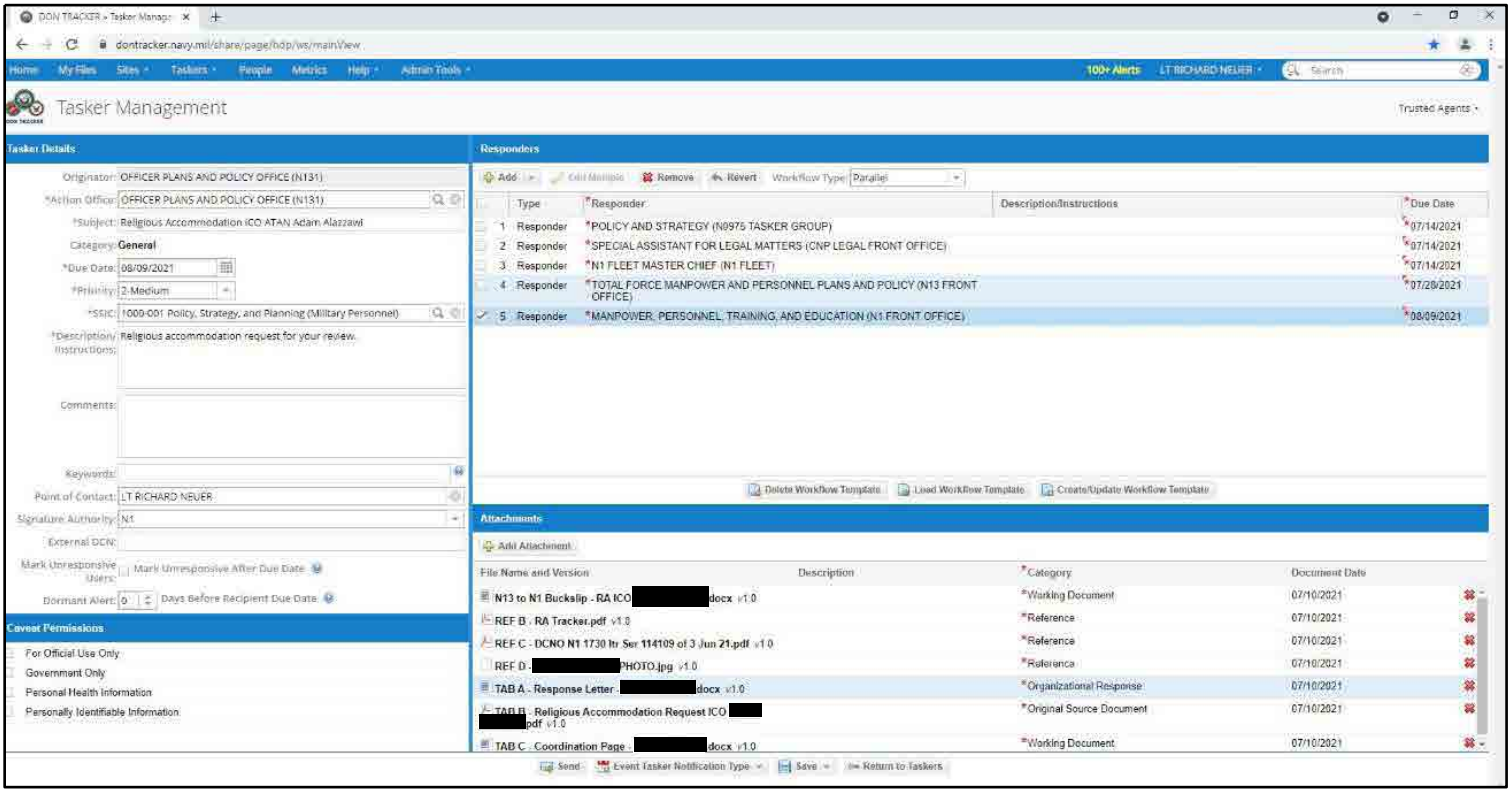
20. Under Responders, is where you designate who reviews the tasker and their respective deadlines.
    e. Due Dates will automatically be populated based on the 7-day deadline;
        i. BUMED (SECRETARIAT - TASKER GROUP) (BUMED (FRONT OFFICE))
        ii. POLICY AND STRATEGY (N0975 TASKER GROUP)
        iii. SPECIAL ASSISTANT FOR LEGAL MATTERS (CNP LEGAL FRONT OFFICE)
        iv. N1 FLEET MASTER CHIEF (N1 FLEET)



21. In the Attachments section, select Add Attachment > Add Local Files > then select and categorize the following files:
    f. 1 - RA Response Letter ICO *Last First RANK* (Organizational Response)
    g. 2 - RA Request ICO *Last First RANK* (Original Source Document)

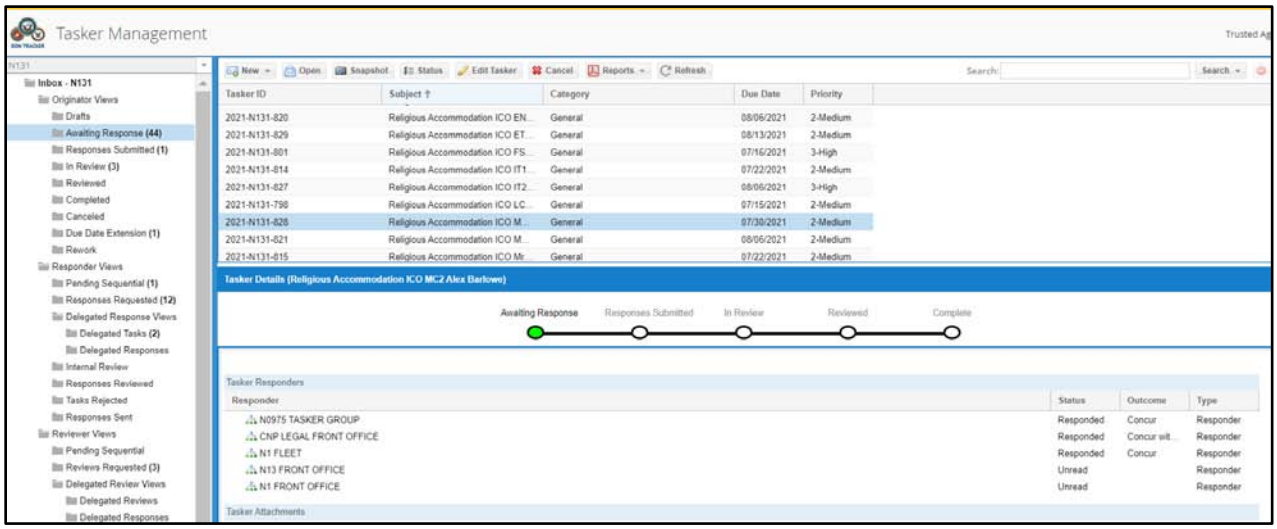


22. Below is completed tasker. If no other changes are necessary, click Send to begin the workflow.



23. Once the workflow has started, you will receive the following message.

24. You must periodically check the status of the by going to your Inbox > Awaiting Responses. The taskers can be sorted by tasker number, subject, due date, etc. By clicking on a tasker, you can see where the tasker is in the process in the Tasker Details window,



25. Retrieve legal memos from the following folder: RA Adjudications\New Legal Memo Dropoff and add to the folder.

26. Once a response by BUMED populates, download the BUMED Memo to the member's folder. Ensure the name and date of member's request are accurate (if not correct send back for rework).

27. Update Date/Serial in Ref H on the Response Letter (1 - Response Letter ICO Last, First RANK)

DEPARTMENT OF THE NAVY
OFFICE OF THE CHIEF OF NAVAL OPERATIONS
2000 NAVY PENTAGON
WASHINGTON DC 20350-2000

1730
Ser N1/

From: Deputy Chief of Naval Operations (Manpower, Personnel, Training and Education) (N1)
To: RATE/RANK (DESIG) First MI Last, USN
Via: Commanding Officer, PCU HYMAN G. RICKOVER (SSN 795)

Subj: REQUEST FOR RELIGIOUS ACCOMMODATION THROUGH WAIVER OF IMMUNIZATION REQUIREMENTS

Ref: (a) 42 U.S.C. §2000bb-1
(b) DoD Instruction 1300.17 of 1 September 2020
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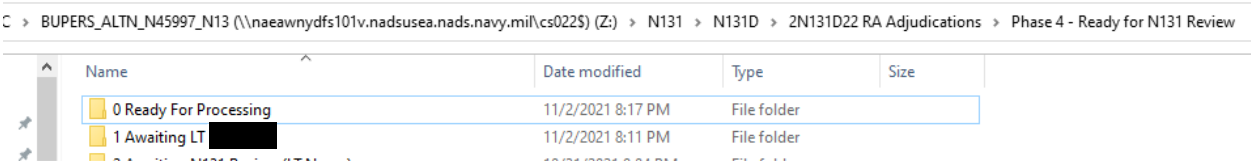
(e) MILPERSMAN 1730-020
(f) United States Attorney General memo of 6 October 17
(g) Your ltr of 20 Dec 20 w/ends
(h) BUMED ltr 6320 Ser M44/21UMXXXXX of dd Mmm yy

1. Pursuant to references (a) through (h), your request for religious accommodation through waiver of immunization requirements is disapproved. You must receive all required vaccines. However, you are free to request from your healthcare provider alternative vaccines that are available and meet the Navy's immunization requirements, as determined by a credentialed military healthcare provider. You are free to choose which COVID-19 vaccine to take. If you choose a COVID-19 vaccine that requires two doses, you must receive your first does within five calendar (5) days upon receipt of this letter and complete the series as prescribed. If you choose a one-dose vaccine you must meet the established vaccination timeline or receive the vaccine within five calendar (5) days upon receipt of this letter, whichever is later.

2. In line with references (b) through (d), I am designated as the approval authority for requests for religious accommodation.

3. Reference (a), the Religious Freedom Restoration Act (RFRA), states that the Government may substantially burden an individual's exercise of religion only if it demonstrates that application of the burden to the person is in furtherance of a compelling governmental interest and is the least restrictive means of furthering that interest. Reference (b) incorporates the RFRA and notes that the Government has a compelling interest in mission accomplishment, to include military readiness, unit cohesion, good order and discipline, health and safety, on both individual and unit levels. Additionally, unless it will have an adverse impact on mission accomplishment,

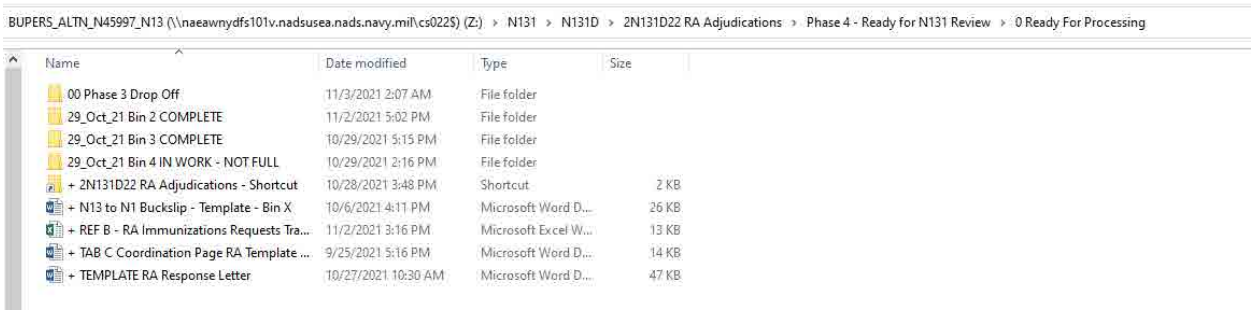
28. Once a tasker has been responded to by N0975, CNP LEGAL FRONT OFFICE, N1 FLEET, and BUMED, send to the Phase 4 folder - 0 Ready For Processing / 00 Phase 3 Drop Off



29. Do not forward unless all stakeholders have reviewed and following documents are in the folder:
    a. 1 - RA Response Letter ICO *Last First RANK*
    b. 2 - RA Request ICO *Last First RANK*
    c. 3 - RA Legal Memo ICO *Last First RANK*
    d. 4 - BUMED Memo ICO *Last First RANK*
    e. 5 - Original Email ICO *Last First RANK*

Phase 4 (Steps 29 – 44)

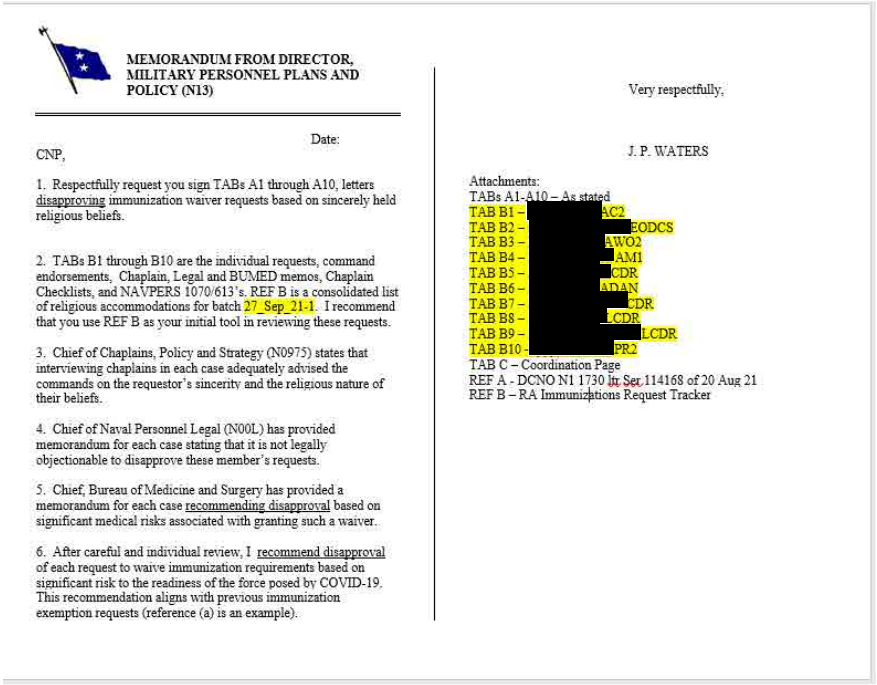
30. Create a new folder with the following nomenclature:
    a. DD_MON_YY – In Progress



31. Add 10 folders from 00 Phase 3 Drop Off folder
    a. Priority (CMD Triad/Other Priority)
    b. Officers/E-9
    c. Oldest to Newest Active Duty/MOB/RECALL
    d. SELRES

32. Add the following documents to the DD_MON_YY – In Progress folder
    a. N13 to N1 Buckslip - Template
    b. REF B - RA Immunizations Requests Tracker Template
    c. TAB C Coordination Page RA Template
    d. REF A - DCNO N1 1730 ltr Ser 114168 of 20 Aug 21

33. Open N13 to N1 Buckslip. Update the date and list of 10 attachments based on the selected files.



MEMORANDUM FROM DIRECTOR, MILITARY PERSONNEL PLANS AND POLICY (N13)

Date:

CNP,

1. Respectfully request you sign TABs A1 through A10, letters disapproving immunization waiver requests based on sincerely held religious beliefs.

2. TABs B1 through B10 are the individual requests, command endorsements, Chaplain, Legal and BUMED memos, Chaplain Checklists, and NAVPERS 1070/613's. REF B is a consolidated list of religious accommodations for batch 27_Sep_21-1. I recommend that you use REF B as your initial tool in reviewing these requests.

3. Chief of Chaplains, Policy and Strategy (N0975) states that interviewing chaplains in each case adequately advised the commands on the requestor's sincerity and the religious nature of their beliefs.

4. Chief of Naval Personnel Legal (N00L) has provided memorandum for each case stating that it is not legally objectionable to disapprove these member's requests.

5. Chief, Bureau of Medicine and Surgery has provided a memorandum for each case recommending disapproval based on significant medical risks associated with granting such a waiver.

6. After careful and individual review, I recommend disapproval of each request to waive immunization requirements based on significant risk to the readiness of the force posed by COVID-19. This recommendation aligns with previous immunization exemption requests (reference (a) is an example).

Very respectfully,

J. P. WATERS

Attachments:
TABs A1-A10 – As stated
TAB B1 – [redacted]AC2
TAB B2 – [redacted]EODCS
TAB B3 – [redacted]AWO2
TAB B4 – [redacted]AM1
TAB B5 – [redacted]CDR
TAB B6 – [redacted]ADAN
TAB B7 – [redacted]CDR
TAB B8 – [redacted]LCDR
TAB B9 – [redacted]LCDR
TAB B10 – [redacted]PR2
TAB C – Coordination Page
REF A - DCNO N1 1730 ltr Ser 114168 of 20 Aug 21
REF B – RA Immunizations Request Tracker

34. Open the following document: REF B - RA Immunizations Requests Tracker Template

No.	Name	Rate	Rank	DESIG	Tasker #	Religion	Specifics	Duty Type	Requesting Command	Homeport	AC RC	Folder	Compelling Government Interest
1	[redacted]	BM3	E4	N/A	N131-1291	Christian	Immunizations	CONUS Sea	USS Nimitz (CVN 68)	VA, NORFOLK	AC	Here	Health/Safety of the Force
2												Here	Health/Safety of the Force
3												Here	Health/Safety of the Force
4												Here	Health/Safety of the Force
5												Here	Health/Safety of the Force
6												Here	Health/Safety of the Force
7												Here	Health/Safety of the Force
8												Here	Health/Safety of the Force
9												Here	Health/Safety of the Force
10												Here	Health/Safety of the Force

Page 1

35. Begin filling in the spreadsheet after reading through the entirety of the buckslip, original request, BUMED and Legal Memos and add any pertinent information for DCNO (N1) to consider. THIS IS THE MOST CRITICAL STEP IN THE ENTIRE PROCESS AND THE CNO AND CNP ARE RELYING ON YOU TO ENSURE THAT YOUR REVIEW IS THOUROUGH AND ACCURATE. DO NOT RUSH THIS PROCESS AND ENSURE THAT YOU UNDERSTAND BEFORE MOVING FORWARD.

36. Ensure all the information (dates/name spellings/letter formatting) match.

37. Move to the right side of the spreadsheet.

Least Restrictive Means Analysis	Synopsis: Full Range of the facts Member's Request	Synopsis: Full Range of the facts CO's Endorseme	Synopsis: Full Range of the Chief of	Synopsis: Full Range of the facts BUMED	Synopsis: Full Range of the facts Legal	N13 Recommendation
All alternative measures for preventing spread of disease are insufficient due to unique circumstances inherent in naval service. Vaccination is the only viable option for achieving the compelling interest.	EXAMPLE SUMMARY: BM3 Crisp's request for waiver from immunizations using fetal cell lines in development and testing, including the COVID-19 vaccine, is based on his religious beliefs that the human body was created by God and the individual is responsible for its stewardship. Mandating a vaccine that in his opinion has not undergone more rigorous trials is a violation of his liberty of conscience. The member included a letter of support from Grace Community Bible Church with his request. BM3 Crisp serves aboard USS NIMITZ (CVN 68).	CO's endorsement recommends disapproval.	Chaplain states their beliefs are sincere.	BUMED recommends disapproval based on significant medical risks associated with granting such a waiver.	Legal states it is not legally objectionable to disapprove the request.	Recommend disapproval of the request due to the negative impact to military readiness and health of the force.
All alternative measures for preventing spread of disease are insufficient due to unique circumstances inherent in naval service. Vaccination is the only viable option for achieving the compelling interest. Immunity is not instantaneous, and Sailors assigned to shore must be ready to deploy at a moment's notice.			Chaplain states their beliefs are sincere.	BUMED recommends disapproval based on significant medical risks associated with granting such a waiver.	Legal states it is not legally objectionable to disapprove the request.	Recommend disapproval of the request due to the negative impact to military readiness and health of the force.
			Chaplain states their beliefs are sincere.	BUMED recommends disapproval based on significant medical risks associated with granting such a waiver.	Legal states it is not legally objectionable to disapprove the request.	Recommend disapproval of the request due to the negative impact to military readiness and health of the force.
			Chaplain states their beliefs are sincere.	BUMED recommends disapproval based on significant medical risks associated with granting	Legal states it is not legally objectionable to disapprove the	Recommend disapproval of the request due to the negative impact to military readiness and health of the
			Chaplain states their beliefs are sincere.	BUMED recommends disapproval based on significant medical risks associated with granting such a waiver.	Legal states it is not legally objectionable to disapprove the request.	Recommend disapproval of the request due to the negative impact to military readiness and health of the force.
			Chaplain states their beliefs are sincere.	BUMED recommends disapproval based on significant medical risks associated with granting such a waiver.	Legal states it is not legally objectionable to disapprove the request.	Recommend disapproval of the request due to the negative impact to military readiness and health of the force.
			Chaplain states their beliefs are sincere.	BUMED recommends disapproval based on significant medical risks associated with granting	Legal states it is not legally objectionable to disapprove the	Recommend disapproval of the request due to the negative impact to military readiness and health of the
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			Chaplain states their beliefs are sincere.	BUMED recommends disapproval based on significant medical risks associated with granting	Legal states it is not legally objectionable to disapprove the	Recommend disapproval of the request due to the negative impact to military readiness and health of the
			Chaplain states their beliefs are sincere.	BUMED recommends disapproval based on significant medical risks associated with granting such a waiver.	Legal states it is not legally objectionable to disapprove the request.	Recommend disapproval of the request due to the negative impact to military readiness and health of the force.

38. When Complete, save changes as DD_MON_YY

39. Open "TAB C - Coordination Page – *Rank/Rate Last Name*" to update the dates on the coordination page to the current date of processing to match the folder. Save the changes.

COORDINATION PAGE

Sailor Request - Accommodation from MILPERSMAN 1730-020 to waive immunization requirements.

DCNO N1 Response – Disapproval (Member and Fleet Safety)

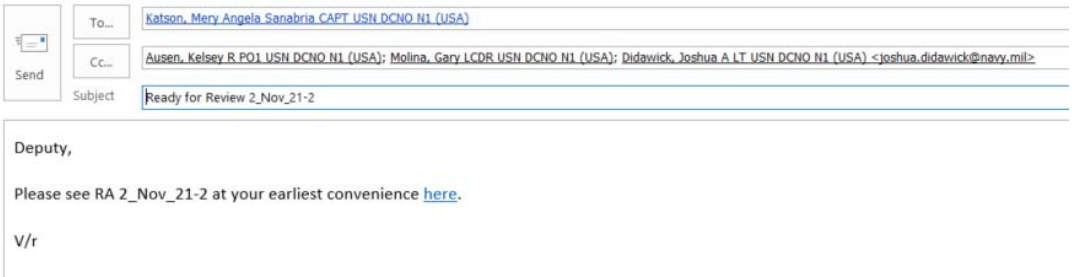
Office/Dept	Point of Contact/Title	Phone	Date	Remarks
OPNAV (N0975)	LCDR S. Deese	(703) 695-3824	25 Sep 21	The interviewing chaplain adequately advised the command on the requestor's sincerity and the religious nature of their beliefs.
OPNAV N1 FLT equity for Officers	FLTCM W. Koshoffer	(703) 604-2616	25 Sep 21	Concur/ No
OPNAV N1 JAG	CDR A. Leahy	(703) 604-5804	25 Sep 21	Concur
OPNAV (N131)	CDR D. Cua	(703) 604-5023	25 Sep 21	Concur
OPNAV (N13)	RADM J. P. Waters	(703) 604-5040		
OPNAV (N1)	VADM John B. Nowell, Jr	(703) 604-2748	_____	_____

40. Upon Completion of the file modification, move entire file to 4 - Ready for N131 Review\2 Awaiting N131 Review (LT Didawick) or 3 Awaiting N131 Review (CDR Cua) based on your assigned reviewer identified on the organization chart.
41. Rename Folder and files with appropriate batch number
    a. DD_MON_YY-1 (1st Batch)
    b. DD_MON_YY-2 (2nd Batch)

42. After Review from Phase 4 is complete, drop files in the following folder: \\naeawnydfs101v.nadsusea.nads.navy.mil\CS021$\BUPERS_ALTN_N45997_N1\COVID-19 RA

43. Link the spreadsheet in the folder to the locations by pressing CTRL+K on the word "here"

44. Email the N13 Front office that the folder is ready.



Phase 5 (Steps 45 – 47)

45. The request will be routed through the deputy to N13. Once a decision is made by N13, the N13 Administrative Assistant will update the Coordination Page and Buckslip then send the request to N1 via email.

46. Once a final decision has been made on the request, N1 will return the signed TAB A – Response Letter – RA ICO *Rank/Rate Last Name*.

47. N13 Front Office will save the letter in the Sailor's RA Request folder as "DCNO Signed – *Rank/Rate Last Name* RA" and a notification email will be sent to N131.

Phase 6 (Steps 48 – 50)

48. An email containing that letter is emailed to the Sailor via their command by replying to the original email request.

49. Update the RA Tracker workbook's Data tab to reflect the dates of the process and approval/disapproval.

50. Move the folder to RA Adjudications > 00 ARCHIVED REQUESTS.

DEPARTMENT OF THE NAVY
OFFICE OF THE CHIEF OF NAVAL OPERATIONS
2000 NAVY PENTAGON
WASHINGTON DC 20350-2000

1730
Ser N1/115772
23 Nov 21

From: Deputy Chief of Naval Operations (Manpower, Personnel, Training and Education) (N1)
To: CDR Robert A. Green Jr., USN
Via: Commanding Officer, Maritime Expeditionary Security Squadron EIGHT

Subj: REQUEST FOR RELIGIOUS ACCOMMODATION THROUGH WAIVER OF IMMUNIZATION REQUIREMENTS

Ref: (a) 42 U.S.C. §2000bb-1
(b) DoD Instruction 1300.17 of 1 September 2020
(c) SECNAVINST 1730.8B
(d) ASN (M&RA) memo of 6 Jun 13
(e) MILPERSMAN 1730-020
(f) United States Attorney General memo of 6 Oct 17
(g) Your ltr of 19 Oct 21 w/ends
(h) BUMED ltr 6320 Ser M44/21UM41350 of 28 Oct 21

1. Pursuant to references (a) through (h), your request for religious accommodation through waiver of immunization requirements is disapproved. You must receive all required vaccines. However, you are free to request from your healthcare provider alternative vaccines that are available and meet the Navy's immunization requirements, as determined by a credentialed military healthcare provider. You are free to choose which COVID-19 vaccine to take. If you choose a COVID-19 vaccine that requires two doses, you must receive your first dose within five calendar (5) days upon receipt of this letter and complete the series as prescribed. If you choose a one-dose vaccine you must receive the vaccine within five calendar (5) days upon receipt of this letter.

2. In line with references (b) through (d), I am designated as the approval authority for requests for religious accommodation.

3. Reference (a), the Religious Freedom Restoration Act (RFRA), states that the Government may substantially burden an individual's exercise of religion only if it demonstrates that application of the burden to the person is in furtherance of a compelling governmental interest and is the least restrictive means of furthering that interest. Reference (b) incorporates the RFRA and notes that the Government has a compelling interest in mission accomplishment, to include military readiness, unit cohesion, good order and discipline, health and safety, on both individual and unit levels. Additionally, unless it will have an adverse impact on mission accomplishment, including military readiness, unit cohesion and good order and discipline, the Navy will accommodate individual expressions of sincerely held beliefs of Sailors. Reference (f)

emphasizes that only those interests of the highest order can overbalance legitimate claims to the free exercise of religion.

4. All requests for accommodation of religious practices are assessed on a case-by-case basis. In line with references (b) and (c), determination of a request for religious accommodation requires consideration of the following factors:

a. Impact on military readiness, unit cohesion, good order and discipline, health and safety

b. Religious importance of the request

c. Cumulative impact of repeatedly granting similar requests

d. Whether there are alternatives available to meet the requested accommodation and

e. How other such requests have been treated

5. In making this decision, I reviewed reference (g), including the endorsements from your chain of command, the local chaplain and the advice of Chief, Bureau of Medicine and Surgery in reference (h).

a. A waiver of immunizations would have a predictable and detrimental effect on your readiness and the readiness of the Sailors who serve alongside you in both operational and non-operational (including training) environments. Primary prevention of disease through immunizations has been a key enabler for maintaining force health and avoiding disease-related non-battle injury. Granting your request will have a direct and foreseeable negative impact on the compelling Government interests of military readiness and health of the force.

b. While serving in the U.S. Navy, you will inevitably be expected to live and work in close proximity with your shipmates. I find that disapproval of your request for a waiver of immunization requirements is the least restrictive means available to preserve the Department of Defense's compelling interest in military readiness, mission accomplishment and the health and safety of military Service Members.

6. The Navy is a specialized community governed by a discipline separate from that of the rest of society. While every Sailor is welcome to express a religion of choice or none at all, our greater mission sometimes requires reasonable restrictions. You have my sincere best wishes for your continued success in your Navy career.

NOWELL.JOHN.BLACKWELDER.JR.1057611835
Digitally signed by NOWELL.JOHN.BLACKWELDER.JR.1057611835
Date: 2021.11.23 12:58:47 -05'00'

JOHN B. NOWELL, JR

Copy to:
OPNAV (N131, N0975)
BUMED

DEPARTMENT OF THE NAVY
NAVAL INSPECTOR GENERAL
1254 9TH STREET SE
WASHINGTON NAVY YARD, DC 20374-5006

22 Dec 21

MEMORANDUM FOR VICE CHIEF OF NAVAL OPERATIONS

SUBJECT: Complaint of Wrongs Under Article 138, Uniform Code of Military Justice

Reference: (a) CDR Robert A. Green, USN, ltr of 17 Jul 20
(b) JAGINST 5800.7G, Ch. III

Reference (a) is a complaint of wrongs alleging that ADM Christopher Grady, VADM James Kilby, and RDML Joseph DiGuardo unlawfully issued a mandatory vaccination order for service members because the COVID-19 vaccine is still under emergency use authorization and no presidential waiver has been approved. You forwarded reference (a) to this office for review as required by Section 0302(f) of reference (b).

We reviewed the information you provided in reference (a). We fowarded the matter to the Department of Defense Office of Inspector General (DoD OIG). DoD OIG reviewed and evaluated this matter and dismissed the case. Based on DoD OIG's decision, this case is now closed. This matter is returned to you for further processing in accordance with reference (b), including any required notification to the complainant.

I am the point of contact should you or your staff have any questions. My phone number is 571-919-0408.

P. D. Schmid

P.D. SCHMID
By direction

Enclosure (5)

NEWS: DailyMed Announcements

SEPTEMBER 13, 2021

Pfizer received FDA BLA license for its COVID-19 vaccine

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.

Return to News Index

Enclosure (6)

Enclosure 10. DHA FOIA Response (Redacted)

DEFENSE HEALTH AGENCY
7700 ARLINGTON BOULEVARD, SUITE 5101
FALLS CHURCH, VIRGINIA 22042-5101

April 20, 2022

[redacted]

DHA Initial Case No: 21-00359 (Other category) Requester's Tracking No 256601:

Dear [redacted]:

Thank you for your Freedom of Information Act (FOIA) request received by the Defense Health Agency (DHA) on September 13, 2022. This correspondence serves as a final response to your request.

A review of your request shows that you are seeking:

[*How many COVID19 Vaccines under the name COMIRNATY (not under the name Pfizer BioNTech COVID-19 Vaccine) the DoD ordered, received, has on stock, has available, administered to service members, by service branches (Army, Navy, Marine Corps, Air Force, and Coast Guard) and when. How many COVID19 Vaccines under the name COMIRNATY (not under the name Pfizer BioNTech COVID-19 Vaccine) is scheduled to receive in the future by service branches*.]

After conducting a search, it was determined that the DHA does not have records in response to your request. Although this does not constitute a denial because no records were found or withheld, you may appeal to the appellate authority if you are not satisfied with this response.

Your appeal must be written and postmarked within 90 calendar days of the date of this letter, should cite the above referenced case number, and should be clearly marked "Freedom of Information Act Appeal." To submit electronically, email DHA.FOIAappeals@mail.mil. To submit via postal delivery, send your written appeal to:

Defense Health Agency
FOIA Service Center
Attention: FOIA Appellate Authority
7700 Arlington Boulevard, Suite 5101
Falls Church, VA 22042-5101

In addition, please note you have the right to seek dispute resolution services from the DHA FOIA Public Liaison via the following contact information:

Defense Health Agency
Enterprise Administration and Systems Integration Division
Attn: DHA FOIA Public Liaison
7700 Arlington Blvd, Suite 5101
Falls Church, VA 22042-5101
Email: DHA.FOIAPublicLiaison@mail.mil
Phone: 1+ (571) 438-2740

If you are unable to resolve your FOIA dispute through our FOIA Public Liaison, the Federal FOIA Ombudsman's office offers mediation services through the Office of Government Information Services (OGIS) to help resolve disputes between FOIA requesters and Federal agencies. You may contact OGIS via the following:

National Archives and Records Administration
Office of Government Information Services
8601 Adelphi Road - OGIS
College Park, MD 20740-6001
Email: ogis@nara.gov
Phone: 1+ (202) 741-5770 or Toll Free: 1-877-684-6448

If you have any questions about the processing of your request under the FOIA, please contact the DHA FOIA Requester Service Center at (703) 275-6017, or email us at DHA.FOIA@mail.mil.

FOIA Officer
DHA FOIA Requester Service Center

DEPARTMENT OF THE NAVY
BUREAU OF MEDICINE AND SURGERY
7700 ARLINGTON BOULEVARD
FALLS CHURCH VA 22042

IN REPLY REFER TO
6300
Ser M00/21M00035
3 Sep 21

MEMORANDUM FOR COMMANDER, NAVAL MEDICAL FORCES ATLANTIC
COMMANDER, NAVAL MEDICAL FORCES PACIFIC
COMMANDER, NAVAL MEDICAL FORCES SUPPORT COMMAND

Subj: INTERCHANGABILITY OF FOOD AND DRUG ADMINISTRATION-APPROVED PFIZER-BIONTECH VACCINE COMIRNATY® AND FOOD AND DRUG ADMINISTRATION-AUTHORIZED PFIZER-BIONTECH VACCINE UNDER EMERGENCY USE AUTHORIZATION

Ref: (a) Comirnaty® Biologics License Application
(b) Emergency Use Authorization for Pfizer-BioNTech COVID-19 vaccine of 23 Aug 2021

1. Purpose. Address the interchangeability of the Food and Drug Administration (FDA)-approved Comirnaty® and FDA-authorized Pfizer-BioNTech Coronavirus Disease 2019 (COVID-19) vaccine.

2. Background. On 23 August 2021, the FDA approved the Biologics License Application submitted by Pfizer-BioNTech for individuals 16 years of age and older, reference (a). On the same day the FDA revised the Emergency Use Authorization (EUA) for the Pfizer-BioNTech COVID-19 vaccine for individuals 12-15 years of age and for a third dose in immunocompromised individuals, reference (b).

3. The FDA-approved vaccine, and the vaccine used under the EUA, have the same formulation, and can be used interchangeably to provide the COVID-19 vaccination series without presenting any safety or effectiveness concerns. Navy medical providers can use Pfizer-BioNTech doses previously distributed under the EUA to administer mandatory vaccinations.

B. L. GILLINGHAM

Copy to:
COMPACFLT
COMUSFLTFORCOM
OPNAV (N3N5)
HQMC HS

Enclosure (8)

THE ASSISTANT SECRETARY OF THE NAVY
(MANPOWER AND RESERVE AFFAIRS)
1000 NAVY PENTAGON
WASHINGTON, D.C. 20350-1000

SEP 0 8 2021

MEMORANDUM FOR ASSISTANT SECRETARIES OF THE NAVY
CHIEF OF NAVAL OPERATIONS
COMMANDANT OF THE MARINE CORPS
GENERAL COUNSEL OF THE NAVY

SUBJECT: Use of Pfizer-BioNTech Vaccine for Mandatory Vaccination

Reference: (a) Secretary of Defense memorandum, dtd 24 Aug 2021
(b) ALNAV 062/21, Department of Navy Mandatory COVID-19 Vaccination Policy
(c) Comirnaty® Biologics License Application Approval, dtd 23 Aug 2021
(d) Bureau of Medicine and Surgery Memorandum, Ser M00/21M00035, dtd 3 Sep 2021

This memorandum clarifies that mandatory COVID-19 vaccinations under references (a) and (b) can utilize the Pfizer-BioNTech and Comirnaty® vaccines because the two vaccines are the same formulation and are interchangeable.

On 23 August 2021, the U.S. Food and Drug Administration (FDA), per reference (c), approved the first COVID-19 vaccine, Pfizer-BioNTech, for the prevention of COVID-19 in individuals 16 years of age and older, and announced that the vaccine will be marketed as Comirnaty®. Since December 11, 2020, the Pfizer-BioNTech vaccine has been available under an Emergency Use Authorization (EUA) for individuals 16 years of age and older, and the authorization was expanded to include those 12 through 15 years of age on May 10, 2021. These two vaccines have the same formulation. The FDA's press announcement is available online at https://www.fda.gov/news-events/press-announcements/fda-approves-first-covid-19-vaccine.

On 24 August 2021, the Secretary of Defense mandated COVID-19 vaccinations for service members on active duty or in the Ready Reserve, using only COVID-19 vaccines that receive full FDA licensure in accordance with FDA-approved labeling and guidance. Per the FDA's guidance, the Pfizer-BioNTech vaccine distributed under the EUA and the licensed Comirnaty® vaccine have the same formulation and are interchangeable. Navy medical providers can use Pfizer-BioNTech doses previously distributed under the EUA to administer mandatory vaccinations. The Surgeon General has provided amplifying guidance at reference (d).

Maintaining the readiness of our force is everyone's responsibility. Vaccinations continue to be the most effective tool available to prevent the spread of COVID-19.

Robert D. Hogue
Acting

Enclosure (9)

SUBJECT: Use of Pfizer-BioNTech Vaccine for Mandatory Vaccination

Distribution:
ASN (EI&E)
ASN(FM&C)
ASN(M&RA)
ASN(RD&A)
ACMC
VCNO
DUSN
GC
AUDGEN
CHINFO
CNR
DMCS
DNS
JAG
DON CIO
NAVIG
NCIS
OCMO
OLA
OSBP
Echelon 1 and 2 Commands

ASSISTANT SECRETARY OF DEFENSE

1200 DEFENSE PENTAGON
WASHINGTON, DC 20301-1200

HEALTH AFFAIRS

MEMORANDUM FOR ASSISTANT SECRETARY OF THE ARMY (MANPOWER AND RESERVE AFFAIRS
ASSISTANT SECRETARY OF THE NAVY (MANPOWER AND RESERVE AFFAIRS
ASSISTANT SECRETARY OF THE AIR FORCE (MANPOWER AND RESERVE AFFAIRS
DIRECTOR, DEFENSE HEALTH AGENCY

SUBJECT: Mandatory Vaccination of Service Members using the Pfizer-BioNTech COVID-19 and Comirnaty COVID-19 Vaccines

On August 23, 2021, the U.S. Food and Drug Administration (FDA) approved the biologics license application for the Comirnaty vaccine, made by Pfizer-BioNTech, as a two-dose series for prevention of coronavirus disease 2019 (COVID-19) in persons aged 16 years or older. Previously, on December 11, 2020, the FDA issued an Emergency Use Authorization (EUA) for the Pfizer-BioNTech COVID-19 vaccine, which has the same formulation as the Comirnaty vaccine. Per FDA guidance, these two vaccines are "interchangeable" and DoD health care providers should "use doses distributed under the EUA to administer the vaccination series as if the doses were the licensed vaccine."[1]

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 in accordance with Secretary of Defense Memorandum, "Mandatory Coronavirus Disease 2019 Vaccination of Department of Defense Service Members," August 24, 2021.

My point of contact for this guidance is Colonel Michael J. Berecz, who may be reached at (703) 681-8463 or michael.j.berecz.mil@mail.mil.

ADIRIM.TERRY.A.1523847127
Digitally signed by ADIRIM.TERRY.A.1523847127
Date: 2021.09.14 11:02:05 -04'00'

Terry Adirim, M.D., M.P.H., M.B.A.
Acting

cc:
Surgeon General of the Army
Surgeon General of the Navy
Surgeon General of the Air Force
Joint Staff Surgeon

[1] FDA, "Q&A for Comirnaty (COVID-19 Vaccine mRNA)," https://www.fda.gov/vaccines-blood-biologics/qa-comirnaty-covid-19-vaccine-mrna, accessed September 10, 2021.

15 August 2022

Memorandum for all Members of Congress from Concerned Service Members

Subject: Whistleblower Report of Illegal Department of Defense Activity

Encl: (1) Pfizer Announcement that Comirnaty will not be produced, NIH Website, 13 Sep 2021
(2) Defense Health Agency Freedom of Information Act Response 21-00359, 20 Apr 2022
(3) Assistant Secretary of Defense Health Affairs, Mandatory Vaccination of Service Members using Pfizer-BioNTech and Comirnaty COVID-19 Vaccines, 14 Sep 2021
(4) Unsigned Proposed Mandatory Vaccination of Service Members Replacement Memo submitted to Dr. Terry Adirim on 20 Oct, 2021
(5) Component Comment Review Matrix for Proposed Military Vaccination of Service Members Memorandum, Submitted 29 Oct 2021
(6) Coker v. Austin, USDC Northern District of Florida, Document 88-1, 20 May 2022
(7) Military Whistleblower Photographs of "Comirnaty-Labeled" vaccine product taken at USCG Sector Juneau, AK, 10 Jun 2022
(8) CDC COVID-19 Vaccine Lot Number and Expiration Date Database
(9) Declaration of 1LT Mark C. Bashaw, US Army, 4 Aug 2022
(10) FDA Comirnaty Supplement Approval, 16 Dec 2021
(11) Declaration of LT Chad R. Coppin, USCG, 30 Jul 2022

1. The undersigned hereby submit this report under the Military Whistleblower Protection Act (10 USC § 1034) as duty requires us to advocate for the rights of all American citizens and for the rights of service members across all branches of the Armed Forces. Pursuant to 28 USC § 1746, the undersigned declare under penalty of perjury as follows:

2. Since 24 August 2021, the Department of Defense (DoD) has unlawfully administered Emergency Use Authorized (EUA) products (i.e., products authorized but not approved by the Food and Drug Administration (FDA)) *as if* they were fully licensed FDA approved products. Military members have not been allowed to exercise their legal right to refuse EUA products, despite the Department of Justice's (DOJ) assertion that "Comirnaty-labeled" vaccines only became available for the DoD to order on 20 May 2022. Evidence also exists that the new "Comirnaty-labeled" products are not FDA approved in accordance with applicable laws.

3. Americans never lose the right to legally refuse an EUA product. EUA law 21 USC § 360bbb imposes significant responsibilities upon the government to inform Americans of their rights. The only exception to the government's duty to inform citizens of their rights is in a narrowly defined presidential waiver process for the military per 10 USC §1107a. This exception only waives the required condition that service members be informed of their right to refuse an EUA product. The 105th Congress passed 10 USC § 1107 into law as part of the Fiscal Year 1998 National Defense Authorization Act as a result of the injuries sustained by Gulf War veterans due to forced administration of investigational new drugs. This was quickly followed by the passage of 10 USC § 1107a, which specifically addressed use of EUA products. Similar to the Constitutional violation of failing to provide a suspect their Miranda Rights, not informing a potential recipient of their right to accept or decline an EUA product, either by presidential waiver or by omission, does not remove the underlying rights protected by statute and the Constitution.

4. Prior to the administration of an EUA product, the recipient is required to be informed inter alia of the option to accept or refuse administration of the EUA product, as codified in 21 USC § 360bbb-3(e)(1)(A)(II)(iii). This right is a required condition that the Secretary of Health and Human Services (HHS) shall include for the authorization of any unapproved product covered by an emergency declaration. This means that by law, no one can mandate EUA products and the Government must inform recipients of their right to refuse. Service members are not being informed of the option to refuse administration of EUA products, nor are they provided with any other required information such as the risks associated with the product. Instead, military leadership is coercing service members into accepting administration of EUA products through unlawful threats against their careers and livelihoods. The failure of numerous appeals to leadership, Equal Opportunity complaints, Article 138 requests for redress, Inspector General complaints, and Congressional inquiries filed by the undersigned and those similarly situated, indicate that the military has no intention of following the law or their own regulations. Accordingly, Congress must act swiftly to end this unlawfulness and preserve the rights, readiness, and character of the military.

5. The law justly enshrines the principle that where there is risk, there must be legally effective informed consent. There must be full disclosure of relevant information and it must be absent coercion and undue influence. For risky medical products, like EUA pandemic products, Congress provides complete liability protection against any claim of loss for all persons and entities who are involved in the manufacture, distribution, planning, or administration of those products. 42 USC § 247d-6d(a)2(A) defines loss very broadly, listing everything from death to fear of emotional injury to property loss from business interruptions. For clarity, persons and entities covered by liability protections include product developers, manufacturers, and administrators (health care personnel), as well as all related governmental personnel at the local, state, and federal levels, including members of Congress and the DoD. Accepting administration of an emergency use product means the individual accepts all the health, legal, financial, and medical risks arising from that product.

6. Injured recipients (or their families, in the event of death) who voluntarily received an EUA product only have one legal method to recoup losses: by filing a compensation claim through the Countermeasure Injury Compensation Program (CICP) as per 42 USC § 247d-6e. To date, there are 8,808 total COVID-19 related claims in the CICP. Claims of loss typically have a benefit cap of $379,000, however HHS has not granted a single dollar to those 8,808 claimants.[1] Due to complete liability protections during declared emergencies, neither the Executive Branch of government nor any manufacturer, developer, producer, or administrator of covered products have any incentive to ensure the safety or efficacy of the products they are providing. The pandemic demonstrated that without congressional action the executive branch and administrative state will continue to baselessly declare and extend emergencies, exercising powers that exceed federal authority.

7. In a memorandum issued on 9 August 2021, Secretary of Defense (SECDEF) Lloyd Austin indicated his comprehension of EUA law, stating, "I will seek the President's approval to make the vaccines mandatory no later than mid-September, or immediately upon the U.S. Food and Drug Administration (FDA) licensure, whichever comes first."[2] On 23 August 2021, the FDA approved

[1] https://www.hrsa.gov/cicp/cicp-data#table-1, accessed 10 Aug 2022
[2] https://media.defense.gov/2021/Aug/09/2002826254/-1/-1/0/MESSAGE-TO-THE-FORCE-MEMO-VACCINE.PDF, accessed 10 Aug 2022

(fully licensed) the first COVID-19 vaccine under the trade name Comirnaty®. Of interest, the FDA ended its legal marketing status that same day.[3] The next day, SECDEF issued a memorandum that stated "[m]andatory vaccination against COVID-19 will only use COVID-19 vaccines that receive full licensure from the Food and Drug Administration (FDA), in accordance with FDA-approved labeling and guidance."[4] Shortly thereafter, in a posting on the National Institute of Health website, enclosure (1), Pfizer announced they would not produce any of the licensed product "over the next few months while EUA authorized product is still available and being made available for U.S. distribution." For nine months afterwards, this lack of fully licensed product has been confirmed by hundreds of service members, who have provided military leadership hundreds of complaints, many with photo evidence, indicating all vials found in Military Treatment Facilities were EUA products. A Freedom of Information Act (FOIA) response from the Defense Health Agency (DHA) in April 2022, enclosure (2), confirmed DHA had no record of "Comirnaty" COVID-19 vaccines being ordered, received, in stock, available, or administered to any service member by any service branch (Army, Navy, Marine Corps, Air Force, or Coast Guard).

8. Subordinate commanders failed to adhere to both the law and to SECDEF guidance regarding licensure of products. Military commanders ordered service members to become vaccinated against COVID-19 without consideration for the EUA status of available vaccines. The mandate also set an unrealistic policy of 100% vaccination. DoD instructions clearly provide for religious accommodation and medical exceptions to vaccines, nearly 100% of which are being systematically disapproved. Federal courts have acknowledged that the military's implementation of these instructions have been so egregious that numerous injunctions have been levied against the DOD for violating the Constitution, Religious Freedom Restoration Act, and DoD policy.

9. The DoD induced confusion by publishing memoranda asserting that the FDA-approved Comirnaty® could be used interchangeably with EUA products. Assistant Secretary of Defense for Health Affairs (ASD HA), Dr. Terry Adirim, wrote a 14 September 2021 memorandum, enclosure (3), stating "these two vaccines are interchangeable and DoD health care providers should use doses distributed under the EUA to administer the vaccination series as if the doses were the licensed vaccine." In her memorandum, she cited the FDA's Q&A website to justify use of EUA Pfizer-BioNTech vaccines in lieu of Comirnaty®. The website provided medical advice regarding the use of the EUA product to complete a "vaccination series," stating medical providers could use the two products "interchangeably to provide the COVID-19 vaccination series without presenting any safety or effectiveness concerns."[5] The FDA website did not address the legal difference between the products, nor was it a determination of biosimilarity or interchangeability, which has specific requirements per 42 USC § 262(k) - Licensure of Biological Products as Biosimilar or Interchangeable. The law cites critical requirements for interchangeable products, including that: 1) a sponsor must submit an application for licensure of the biosimilar product, 2) both products become fully licensed before being declared interchangeable, and 3) per 42 USC § 262(k)7(A), "[a]pproval of an application under this subsection [Licensure of Biological Products as Biosimilar or Interchangeable] may not be made effective by the Secretary until the date that is 12 years after

[3] The approval of Comirnaty® listed the marketing beginning and end date as 23 Aug 2021.
[4] https://media.defense.gov/2021/Aug/25/2002838826/-1/-1/0/MEMORANDUM-FOR-MANDATORY-CORONAVIRUS-DISEASE-2019-VACCINATION-OF-DEPARTMENT-OF-DEFENSE-SERVICE-MEMBERS.PDF, accessed 10 Aug 2022
[5] https://www.fda.gov/vaccines-blood-biologics/qa-comirnaty-covid-19-vaccine-mrna, accessed 10 Aug 2022

the date on which the reference product was first licensed under subsection (a)." By law, no product may be legally declared interchangeable with Comirnaty® until at least 24 August **2033**. As further evidence, the FDA's authoritative source for approved biologics, the "Purple Book," lists "no interchangeable data at that time" for Comirnaty®.[6] Dr. Adirim, and every military commander who cited her memo as justification for their unlawful orders, ignored the legal distinction between the two products, most notably that one was a licensed product and the other an EUA product, which comes with an inherent right to refuse. This legal distinction was clearly cited by the FDA in every Pfizer BioNTech and Moderna EUA re-issuance letter since full licensure.[7]

10. The DoD cannot claim ignorance with regard to the legal differences between an EUA product and a licensed product that purports to be medically interchangeable but has not become statutorily interchangeable per 42 USC § 262(k). SECDEF statements reflected comprehension of legal requirements associated with EUA products. Additionally, an unsigned memo that was developed by the DoD to replace Dr. Adirim's 14 September 2021 memo, enclosure (4), provided specific guidance that if a service member rejected the EUA product, Health Care Providers should secure and offer the fully licensed product "prior to any punitive action being taken against the Service Member." An official internal review, enclosure (5), provided by reviewers of this memo, demonstrates the subsequent attempt to cover up the DoD's grievous mistake. One comment even acknowledges that this correction "subverts" the current vaccination policy and may open up the service to "increased litigation from individuals who have been mandated since 24 August to be vaccinated." The correction memo was ultimately rejected, demonstrating DoD's awareness and support of illegal prosecution of military members, and a lack of integrity to resolve the situation.[8]

11. When the DOD's unlawful misrepresentation of interchangeability began to fail in federal court, the DoD and DOJ began to allege that the Pfizer EUA vaccine products were compliant with Biologics License Application (BLA) requirements. They coined the term "BLA-Compliant" in an effort to argue that mandating an EUA product was lawful. BLA requirements, however, include an obligation to properly label biologic products. EUA products are not compliant with BLA requirements because the EUA label does not match the BLA approved product label (i.e. Comirnaty®). Senior DoD officials, supported by the DOJ, misrepresented, circumvented, obfuscated, and ultimately violated U.S. law to achieve the unreasonable and detrimental goal of 100% vaccination of the military. Military leadership's disregard for U.S. law has not been limited to vaccines. COVID-19 test kits[9] and masks[10], all of which are EUA products, have been mandated as well.

12. Until May 2022, EUA products were the only COVID-19 vaccines available to the U.S. military. FDA approved vaccines were not available. In spite of this, military leaders coerced and

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[6] https://purplebooksearch.fda.gov/results?query=COVID-19%20Vaccine,%20mRNA&title=Comirnaty, 10 Aug 22
[7] See page 16 of the most recent EUA reissuance letter for an example: https://www.fda.gov/media/150386/download, accessed 10 Aug 2022.
[8] In this same memo, the author admits they are "operating under the belief that the lot issue is a distinction without a difference from a… legal perspective." They also admit that to reverse course and admit "that the distinction does matter would probably require significant remedial actions." See page 5 of enclosure (5) to read these comments.
[9] https://www.fda.gov/medical-devices/coronavirus-disease-2019-covid-19-emergency-use-authorizations-medical-devices/in-vitro-diagnostics-euas-antigen-diagnostic-tests-sars-cov-2, accessed 14 Aug 22
[10] https://www.fda.gov/medical-devices/coronavirus-disease-2019-covid-19-emergency-use-authorizations-medical-devices/personal-protective-equipment-euas, accessed 14 Aug 22

attempted to force administration of EUA products on unwilling service members, pursuing punitive action against many who did not comply. On 20 May 2022, the DOJ filed a memorandum on behalf of the defendants (Austin, et al), enclosure (6), in the Coker v. Austin case in Federal District Court for the Northern District of Florida in which they attempted to undermine the plaintiff's legal standing to challenge in court by asserting that "[w]hile they [the plaintiffs] may believe that FDA-approved vaccines are "not available," the Comirnaty-labeled vaccine is in fact available for DoD to order as of today's date [20 May 2022]." Shortly thereafter, "Comirnaty-labeled" products began appearing in very limited quantities on military installations, including the "Comirnaty-labeled" product seen in enclosure (7). The sudden appearance of "Comirnaty-labeled" vials indicate that the DoD was mandating the use of EUA vaccines for nine months prior to May 2022.

13. In accordance with 21 USC § 360bbb-3(c), the Secretary of HHS may only authorize a product for emergency use if there is no fully licensed product available. The HHS Secretary is further obligated by 21 USC § 360bbb-3(g) to review the progress made by fully licensed products and potentially revoke a product's emergency authorization if a fully licensed product becomes available. If the "Comirnaty-labeled" products identified in enclosure (7) are licensed products, the HHS Secretary should have revoked the various authorizations enabling unapproved EUA biological products to remain on the market. These revocations have not occurred.

14. The status of the new "Comirnaty-labeled" product is also in question. The CDC maintains a database, enclosure (8), of "all lots for COVID-19 vaccines made available under Emergency Use Authorization (EUA) for distribution in the United States."[11] The vial depicted in enclosure (7), which is "Comirnaty-labeled," has the lot number FW1331. This lot number appears in the CDC EUA database as testified by military whistleblower, 1LT Mark Bashaw, per enclosure (9). Misrepresenting an EUA manufactured lot of vaccine product as a fully licensed product is a violation of labeling requirements per 42 USC § 262.

15. Further evidence of potential fraud related to the "Comirnaty-labeled" product pictured in enclosure (7) is Pfizer's admission that the vaccine product with lot number FW1331 was not produced in a BLA approved manufacturing facility. The 16 December 2021 FDA approval letter licensing Comirnaty®, enclosure (10), specifies that the licensed product be manufactured at the Pfizer Manufacturing facility in Puurs, Belgium. Per the testimony provided by LT Coppin in enclosure (11), Pfizer admits that Lot Number FW1331 was actually manufactured in France, not in the approved facility in Belgium. Fully licensed products are required to follow all Biologic License Application requirements. Affixing a "Comirnaty-label" on a product that has not followed all BLA requirements constitutes fraudulent labeling – a federal crime.

16. With regard to fraudulent labeling, 42 USC § 262(b) clearly states that "[n]o person shall falsely label or mark any package or container of any biological product or alter any label or mark on the package or container of the biological product so as to falsify the label or mark." The penalties for such violations are stated in 42 USC § 262(f): "Any person who shall violate, or aid or abet in violating, any of the provisions of this section shall be punished upon conviction by a fine not exceeding $500 or by imprisonment not exceeding one year, or by both such fine and imprisonment." It is also important to note that fraud voids liability protections and consent agreements. The DoD and its distributed commands (and commanders) may be exposing

[11] Enclosure (8) is the database intro page: https://vaccinecodeset.cdc.gov/LotNumber, accessed 5 Aug 2022

themselves to significant liability by willfully misrepresenting these biologics. Furthermore, as there is no long-term safety data for these products, a link between COVID-19 vaccination and long-term health problems could have a crippling impact on the future readiness of our military. Fraudulent activity and health impacts could result in extraordinary cost to the taxpayer. These challenges add to the DoD's current recruiting and retention crisis brought on by the systemic violation of rights and the destruction of sacred trust with service members.

17. The military is hemorrhaging outstanding military men and women of conscience, who are attempting to defend the rule of law at great personal cost. The DoD has unlawfully discharged thousands of service members for exercising their legal right to decline emergency use products. Ensuring timely DoD adherence to U.S. law requires Congressional action. As the oversight authority, you have the ability to investigate the HHS Secretary's recurring declarations of emergency, as well as potential crimes associated with unlawful administration of EUA products and biologic product labeling fraud. Failure to take swift action will cause continued, irreversible harm to the basic human rights of American citizens while further damaging our national security.

18. Like you, we swore an oath to support and defend the Constitution against all enemies, foreign and domestic. Despite spending our careers focused on foreign enemies, it appears the greatest current threat to our Constitution, to the rule of law, and to U.S. military readiness comes from within. On behalf of service members who share our concerns, as well as the citizens we stand in harm's way to protect, we request that you promptly investigate these matters and hold accountable those found to have acted unlawfully. Please end illegal EUA mandates and all related fraudulent activity to ensure that our military can once again be counted on to uphold the rule of law in support of our Constitution.

Executed on 15 August, 2022.

John S. McAfee
Colonel, USAF

Jon C. Cheek
Lt. Colonel, US Army

Olivia K. Degenkolb
Commander, USN

Robert A. Green Jr.
Commander, USN

David I. Beckerman
Major, USAF

Patrick D. Wier
LCDR, USN

Joshua P. Hoppe
Capt, USMC

Chad R. Coppin
LT, USCG

Mark C. Bashaw
1LT, US Army

NEWS: DailyMed Announcements

SEPTEMBER 13, 2021

Pfizer received FDA BLA license for its COVID-19 vaccine

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.

Return to News Index

Enclosure (1)

Enclosure 10. DHA FOIA Response (Redacted)

DEFENSE HEALTH AGENCY
7700 ARLINGTON BOULEVARD, SUITE 5101
FALLS CHURCH, VIRGINIA 22042-5101

April 20, 2022

[redacted]

DHA Initial Case No: 21-00359 (Other category) Requester's Tracking No 256601:

Dear [redacted]:

Thank you for your Freedom of Information Act (FOIA) request received by the Defense Health Agency (DHA) on September 13, 2022. This correspondence serves as a final response to your request.

A review of your request shows that you are seeking:

[*How many COVID19 Vaccines under the name COMIRNATY (not under the name Pfizer BioNTech COVID-19 Vaccine) the DoD ordered, received, has on stock, has available, administered to service members, by service branches (Army, Navy, Marine Corps, Air Force, and Coast Guard) and when. How many COVID19 Vaccines under the name COMIRNATY (not under the name Pfizer BioNTech COVID-19 Vaccine) is scheduled to receive in the future by service branches*.]

After conducting a search, it was determined that the DHA does not have records in response to your request. Although this does not constitute a denial because no records were found or withheld, you may appeal to the appellate authority if you are not satisfied with this response.

Your appeal must be written and postmarked within 90 calendar days of the date of this letter, should cite the above referenced case number, and should be clearly marked "Freedom of Information Act Appeal." To submit electronically, email DHA.FOIAappeals@mail.mil. To submit via postal delivery, send your written appeal to:

Defense Health Agency
FOIA Service Center
Attention: FOIA Appellate Authority
7700 Arlington Boulevard, Suite 5101
Falls Church, VA 22042-5101

In addition, please note you have the right to seek dispute resolution services from the DHA FOIA Public Liaison via the following contact information:

Defense Health Agency
Enterprise Administration and Systems Integration Division
Attn: DHA FOIA Public Liaison
7700 Arlington Blvd. Suite 5101
Falls Church, VA 22042-5101
Email: DHA.FOIAPublicLiaison@mail.mil
Phone: 1+ (571) 438-2740

If you are unable to resolve your FOIA dispute through our FOIA Public Liaison, the Federal FOIA Ombudsman's office offers mediation services through the Office of Government Information Services (OGIS) to help resolve disputes between FOIA requesters and Federal agencies. You may contact OGIS via the following:

National Archives and Records Administration
Office of Government Information Services
8601 Adelphi Road - OGIS
College Park, MD 20740-6001
Email: ogis@nara.gov
Phone: 1+ (202) 741-5770 or Toll Free: 1-877-684-6448

If you have any questions about the processing of your request under the FOIA, please contact the DHA FOIA Requester Service Center at (703) 275-6017, or email us at DHA.FOIA@mail.mil.

[redacted]
FOIA Officer
DHA FOIA Requester Service Center

ASSISTANT SECRETARY OF DEFENSE

1200 DEFENSE PENTAGON
WASHINGTON, DC 20301-1200

HEALTH AFFAIRS

MEMORANDUM FOR ASSISTANT SECRETARY OF THE ARMY (MANPOWER AND RESERVE AFFAIRS
ASSISTANT SECRETARY OF THE NAVY (MANPOWER AND RESERVE AFFAIRS
ASSISTANT SECRETARY OF THE AIR FORCE (MANPOWER AND RESERVE AFFAIRS
DIRECTOR, DEFENSE HEALTH AGENCY

SUBJECT: Mandatory Vaccination of Service Members using the Pfizer-BioNTech COVID-19 and Comirnaty COVID-19 Vaccines

On August 23, 2021, the U.S. Food and Drug Administration (FDA) approved the biologics license application for the Comirnaty vaccine, made by Pfizer-BioNTech, as a two-dose series for prevention of coronavirus disease 2019 (COVID-19) in persons aged 16 years or older. Previously, on December 11, 2020, the FDA issued an Emergency Use Authorization (EUA) for the Pfizer-BioNTech COVID-19 vaccine, which has the same formulation as the Comirnaty vaccine. Per FDA guidance, these two vaccines are "interchangeable" and DoD health care providers should "use doses distributed under the EUA to administer the vaccination series as if the doses were the licensed vaccine."[1]

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 in accordance with Secretary of Defense Memorandum, "Mandatory Coronavirus Disease 2019 Vaccination of Department of Defense Service Members," August 24, 2021.

My point of contact for this guidance is Colonel Michael J. Berecz, who may be reached at (703) 681-8463 or michael.j.berecz.mil@mail.mil.

ADIRIM.TERRY.A.1523847127
Digitally signed by ADIRIM.TERRY.A.1523847127
Date: 2021.09.14 11:02:05 -04'00'

Terry Adirim, M.D., M.P.H., M.B.A.
Acting

cc:
Surgeon General of the Army
Surgeon General of the Navy
Surgeon General of the Air Force
Joint Staff Surgeon

[1] FDA, "Q&A for Comirnaty (COVID-19 Vaccine mRNA)," https://www.fda.gov/vaccines-blood-biologics/qa-comirnaty-covid-19-vaccine-mrna, accessed September 10, 2021.

Enclosure (3)

OFFICE OF THE ASSISTANT SECRETARY OF DEFENSE

1200 DEFENSE PENTAGON
WASHINGTON, DC 20301-1200

HEALTH AFFAIRS

ACTION MEMO

FOR: TERRY ADIRIM, M.D., M.P.H., M.B.A., ACTING ASSISTANT SECRETARY OF DEFENSE FOR HEALTH AFFAIRS

FROM: David J. Smith, M.D., Deputy Assistant Secretary of Defense (Health Readiness Policy and Oversight) SMITH.DAVID.J.1085480975 Digitally signed by SMITH.DAVID.J.1085480975 Date: 2021.10.20 08:25:39 -04'00'

SUBJECT: Mandatory Vaccination of Service Members using the Pfizer-BioNTech/Comirnaty® Coronavirus Disease 2019 Vaccines

- Request your signature on the Action Memo at NEXT UNDER forwarding the Action Memo to the Under Secretary of Defense for Personnel and Readiness to approve the letters at TAB A that rescinds and replaces Assistant Secretary of Defense for Health Affairs Memorandum, Mandatory Vaccination of Service Members using the Pfizer-BioNTech Coronavirus Disease 2019 (COVID-19) and Comirnaty® COVID-19 Vaccines, September 14, 2021.

- The memorandum states that the Pfizer-BioNTech COVID-19 vaccine produced under Emergency Use Authorization (EUA) has the same formulation as the Pfizer-BioNTech/Comirnaty® vaccine produced under the Biologics License Application (BLA).

- The memorandum adds a statement that a Service member, after medical counseling, declines administration of the EUA-manufactured Pfizer-BioNTech COVID-19 vaccine but will accept the BLA-manufactured product. The Department of Defense health care providers should engage with their logistics chain to secure and administer the BLA-manufactured Pfizer-BioNTech/Comirnaty® product prior to any punitive action being taken against the Service member.

RECOMMENDATION: Sign the action memo next under.

COORDINATION: TAB B

Attachments:
As stated

Prepared by: CATMS2010202125C87X/UPR003415-21

Enclosure (4)

UNDER SECRETARY OF DEFENSE
4000 DEFENSE PENTAGON
WASHINGTON, DC 20301-4000

PERSONNEL AND READINESS

MEMORANDUM FOR SENIOR PENTAGON LEADERSHIP
COMMANDERS OF THE COMBATANT COMMANDS
DEFENSE AGENCY AND DOD FIELD ACTIVITY DIRECTORS

SUBJECT: Mandatory Vaccination of Service Members using the Pfizer-BioNTech/Comirnaty® Coronavirus Disease 2019 Vaccines

References: (a) Pfizer-BioNTech/COMIRNATY® Fact Sheet for Healthcare Providers Administering Vaccine
(b) Vaccine Information Fact Sheet for Recipients and Caregivers[2]
(c) Centers for Disease Control and Prevention's Morbidity and Mortality Weekly Report[3]

This memorandum rescinds and replaces Assistant Secretary of Defense for Health Affairs Memorandum, "Mandatory Vaccination of Service Members using the Pfizer-BioNTech COVID-19 and Comirnaty® COVID-19 Vaccines," dated September 14, 2021.

On August 23, 2021, the U.S. Food and Drug Administration (FDA) approved the Biologics License Application (BLA) for the Pfizer-BioNTech/Comirnaty® vaccine, manufactured by Pfizer-BioNTech, as a two-dose primary series for prevention of coronavirus disease 2019 (COVID-19) in persons aged 16 years or older. Previously, on December 11, 2020, the FDA issued an Emergency Use Authorization (EUA) for the Pfizer-BioNTech COVID-19 vaccine, which has the same formulation as the BLA produced Pfizer-BioNTech/Comirnaty® vaccine. Pfizer-BioNTech/COMIRNATY® Fact Sheet for Healthcare Providers Administering Vaccine (reference (a)), Vaccine Information Fact Sheet for Recipients and Caregivers (reference (b)), and the Centers for Disease Control and Prevention's Morbidity and Mortality Weekly Report (reference (c)), "Comirnaty has the same formulation and can be used interchangeably with the Pfizer-BioNTech COVID-19 vaccine used under EUA without presenting any safety or effectiveness concerns."

Consistent with FDA guidance, the Department of Defense (DoD) health care providers will utilize both the EUA-manufactured Pfizer-BioNTech COVID-19 vaccine and the BLA-manufactured Pfizer-BioNTech/Comirnaty® COVID-19 vaccine interchangeably for the purpose of vaccination Service members in accordance with Secretary of Defense Memorandum, "Mandatory Coronavirus Disease 2019 Vaccination of Department of Defense Service Members," dated August 24, 2021. Service members who request the BLA-manufactured Pfizer-BioNTech/Comirnaty COVID-19 vaccine for the primary two-dose series shall be informed of FDA guidance on Pfizer-BioNTech/Comirnaty®'s BLA formulation being the same as the Pfizer-BioNTech COVID-19 vaccine manufactured under (EUA and that FDA and CDC has advised that the two vaccines can be used interchangeably without presenting any safety or

effectiveness concerns. If a Service member, after medical counseling, declines administration of the EUA-manufactured Pfizer-BioNTech COVID-19 vaccine but will accept the BLA-manufactured product, DoD health care providers should engage with their logistics chain to secure and administer the BLA-manufactured Pfizer-BioNTech/Comirnaty® product prior to any punitive action being taken against the Service member

Please direct any questions or comments to the following email address: dha.ncr.ha-support.mbx.policy-hrpo-kmc@mail.mil.

Gilbert R. Cisneros, Jr.

COMPONENT COORDINATOR RESPONSE

October 29, 2021

SUBJECT: Proposed Directive-type Memorandum Mandatory Vaccination of Service Members using the Pfizer-BioNTech/Comirnaty® Coronavirus Disease 2019 Vaccines

On behalf of my Component, my formal response to this issuance is: Nonconcur. Below are comments that detail my Component's objections to this issuance.

My point of contact for this action is Lt Col David Sayers, usaf.pentagon.af-sg.mbx.team-covid-19@mail.mil.

X HENDRIX.CHRISTINA.MARIE.1253311483 Digitally signed by HENDRIX.CHRISTINA.MARIE.1253311483 Date: 2021.10.29 20:30:05 -04'00'

Double-click the 'X' to insert a digital signature or print and sign a hard copy.

Coordinating Official's Name: JOHN A. FEDRIGO
Coordinating Official's Position Title: Acting Assistant Secretary (Manpower and Reserve Affairs)
Coordinating Official's Component: Department of the Air Force

DoD ISSUANCE COORDINATION RESPONSE: Issuance Type and Number, "Title"						
CLASS	#	PAGE	PARA	BASIS FOR NON-CONCUR?	COMMENTS, JUSTIFICATION, AND ORIGINATOR JUSTIFICATION FOR RESOLUTION	COMPONENT AND POC NAME, PHONE, AND E-MAIL
Choose an item.	1	1	Throughout	☐	**Coordinator Comment and Justification:** This memo uses Comirnaty® and COMIRNATY® throughout the document. **Coordinator Recommended Change:** Use either all upper case throughout the document. **Originator Response: Choose an item.** **Originator Reasoning:**	AFMRA/SG3PM 703-681-9307 usaf.pentagon.af-sg.mbx.team-covid-19@mail.mil
U	2		2	☐	**Coordinator Comment and Justification:** original: "Pfizer-BioNTech/COMIRNATY® Fact Sheet for Healthcare Providers Administering Vaccine (reference (a)), Vaccine Information Fact Sheet for Recipients and Caregivers (reference (b)), and the Centers for Disease Control and Prevention's Morbidity and Mortality Weekly Report (reference (c)), "Comirnaty has the same formulation and can be used interchangeably with the Pfizer-BioNTech COVID" is an incomplete sentence **Coordinator Recommended Change:** consider leading in with IAW with the following references, etc… OR ADD states: "COMIRNATY has the same formulation…" **Originator Response: Choose an item.** **Originator Reasoning:**	AFMRA/SG3PM 703-681-9307 usaf.pentagon.af-sg.mbx.team-covid-19@mail.mil

DoD ISSUANCE COORDINATION RESPONSE: Issuance Type and Number, "Title"						
CLASS	#	PAGE	PARA	BASIS FOR NON-CONCUR?	COMMENTS, JUSTIFICATION, AND ORIGINATOR JUSTIFICATION FOR RESOLUTION	COMPONENT AND POC NAME, PHONE, AND E-MAIL
U	3		3	☐	**Coordinator Comment and Justification:** Admin change **Coordinator Recommended Change:** change vaccination to vaccinating "and the BLA-manufactured Pfizer-BioNTech/Comirnaty® COVID-19 vaccine interchangeably for the purpose of vaccinating Service members in accordance with Secretary of Defense Memorandum," **Originator Response: Choose an item.** **Originator Reasoning:**	AFMRA/SG3PM 703-681-9307 usaf.pentagon.af-sg.mbx.team-covid-19@mail.mil
U	4		3		**Coordinator Comment and Justification:** Admin change **Coordinator Recommended Change:** remove parenthesis from (EUA and add a period at end of last sentence "the Pfizer-BioNTech COVID-19 vaccine manufactured under EUA and that FDA and CDC has advised that the two vaccines can be used interchangeably without presenting any" **Originator Response: Choose an item.** **Originator Reasoning:**	AFMRA/SG3PM 703-681-9307 usaf.pentagon.af-sg.mbx.team-covid-19@mail.mil

DoD ISSUANCE COORDINATION RESPONSE: Issuance Type and Number, "Title"						
CLASS	#	PAGE	PARA	BASIS FOR NON-CONCUR?	COMMENTS, JUSTIFICATION, AND ORIGINATOR JUSTIFICATION FOR RESOLUTION	COMPONENT AND POC NAME, PHONE, AND E-MAIL
Choose an item.	5	2	1	☐	**Coordinator Comment and Justification:** This counseling can be provided by a Commander or someone in the chain of command. Medical can be available to answer any specific questions. **Coordinator Recommended Change:** Remove "medical". **"**If a Service member, after ~~medical~~ counseling, declines administration of the EUA-manufactured Pfizer-BioNTech COVID-19 vaccine but will accept the BLA-manufactured product, DoD health care providers should engage with their logistics chain to secure and administer the BLA-manufactured Pfizer-BioNTech/Comirnaty® product prior to any punitive action being taken against the Service member" **Originator Response: Choose an item.** **Originator Reasoning:**	AFMRA/SG3PM 703-681-9307 usaf.pentagon.af-sg.mbx.team-covid-19@mail.mil

DoD ISSUANCE COORDINATION RESPONSE: Issuance Type and Number, "Title"						
CLASS	#	PAGE	PARA	BASIS FOR NON-CONCUR?	COMMENTS, JUSTIFICATION, AND ORIGINATOR JUSTIFICATION FOR RESOLUTION	COMPONENT AND POC NAME, PHONE, AND E-MAIL
	6	1-2	all	☒	**Coordinator Comment and Justification: Significant concerns with the memo statement "Service members who request the BLA-manufactured Pfizer-BioNTech/Comirnaty COVID-19 vaccine for the primary two-dose series shall be informed of FDA guidance on Pfizer-BioNTech/Comirnaty®'s BLA formulation being the same as the Pfizer-BioNTech COVID-19 vaccine manufactured under (EUA and that FDA and CDC has advised that the two vaccines can be used interchangeably without presenting any safety or effectiveness concerns. If a Service member, after medical counseling, declines administration of the EUA-manufactured Pfizer-BioNTech COVID-19 vaccine but will accept the BLA-manufactured product, DoD health care providers should engage with their logistics chain to secure and administer the BLA-manufactured Pfizer-BioNTech/Comirnaty® product prior to any punitive action being taken against the Service member."** **The memo states the vaccines can be used interchangeably; however, this paragraph would suggest DoD considers them different, and as different, cannot carry out punitive action against the Service member until they have the opportunity for a BLA-manufactured vaccine. This subverts our current DAF vaccination mandate and may open up the Air Force for increased litigation from individuals who have been mandated since 24 August to be vaccinated. If there is no difference that can otherwise be communicated, we recommend non-concur with this paragraph as it subverts current policy. We are all operating under the belief that the lot issue is a distinction without a difference from a health/safety/medical/legal perspective. As the services have taken action, possibly include adverse action, based on a belief that the distinction is one without meaningful difference, OSD retrenchment signifying that the distinction does matter would probably require significant remedial actions.** **Coordinator Recommended Change: Non-concur as written.** **Originator Response:** Choose an item.	AFMRA/SG3PM 703-681-9307 usaf.pentagon.af-sg.mbx.team-covid-19@mail.mil

DoD ISSUANCE COORDINATION RESPONSE: Issuance Type and Number, "Title"						
CLASS	#	PAGE	PARA	BASIS FOR NON-CONCUR?	COMMENTS, JUSTIFICATION, AND ORIGINATOR JUSTIFICATION FOR RESOLUTION	COMPONENT AND POC NAME, PHONE, AND E-MAIL
					Originator Reasoning:	

DoD ISSUANCE COORDINATION RESPONSE: Issuance Type and Number, "Title"						
CLASS	#	PAGE	PARA	BASIS FOR NON-CONCUR?	COMMENTS, JUSTIFICATION, AND ORIGINATOR JUSTIFICATION FOR RESOLUTION	COMPONENT AND POC NAME, PHONE, AND E-MAIL

HOW TO FILL OUT THE DD 818 MATRIX

GENERAL GUIDANCE:

- **To sort table** by page/paragraph number, hover your mouse over the top of the first cell in the "page" column until a downward arrow appears; click and drag to the right to select both page and para columns. Under Paragraph on the Home ribbon, select A-Z button, set to sort by Column 3 and then Column 4, and select "OK." **To add new rows,** copy and paste a blank row to keep consistent formatting. **To add automatic numbering to column 2**, select entire column and click on the Numbering button under Paragraph on the Home ribbon.

COORDINATING OSD AND DOD COMPONENTS:

- Do not use the DD Form 818-1.
- Fill in the memo indicating your Component's position on the issuance. Fill in the authorized coordinator's name, position, and Component. The authorized coordinator (digitally) signs the response after the comment matrix has been completed. **Making additional changes after filling in a digital signature invalidates and removes the signature.**
- Use the comment matrix to provide comments to the OSD Component that created the issuance. Complete the header and footer and Columns 1 -7:

COLUMN 1	Enter the classification of the comment. If any material is **classified**, follow DoDM 5200.01 guidance for marking the document. If all comments are unclassified, mark the header and footer and ignore the column.
COLUMN 2	Order comments by the pages/paragraphs that they apply to in Columns 3 and 4.
COLUMNS 3&4	As stated.
COLUMNS 5	Only mark this box if you non-concur with the issuance and the comment in the applicable row is part of the basis for that non-concur. A nonconcur is typically used only when an issuance contains: (a) a violation of the law or contradiction of Executive Branch policy or of existing policy in a DoDD, DoDI, or other instrument approved by the Secretary or Deputy Secretary of Defense; or (b) an unnecessary risk to safety, life, limb, or DoD materiel; waste or abuse of DoD appropriations; or unreasonable burden on a DoD Component's resources.
COLUMN 6	Place only one comment per row. Enter your comment, justification, and recommended changes in the first two areas provided. If any material is **classified**, follow DoDM 5200.01 guidance for marking the document.
COLUMN 7	As stated.

DoD ISSUANCE COORDINATION RESPONSE: Issuance Type and Number, "Title"						
CLASS	#	PAGE	PARA	BASIS FOR NON-CONCUR?	COMMENTS, JUSTIFICATION, AND ORIGINATOR JUSTIFICATION FOR RESOLUTION	COMPONENT AND POC NAME, PHONE, AND E-MAIL

- **Review** the comments, **resolve** any conflicting views, and **confirm** that the completed matrix accurately represents your Component's position. Upload the form to the DoD Directives Program Portal in **Microsoft Word format (.docx)**, with the signed memo representing your Component's position.

IN THE UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF FLORIDA

BENJAMIN COKER, *et al.*, Plaintiffs, v. **LLOYD AUSTIN, III, in his official capacity as Secretary of Defense, *et al.*,** Defendants.	Case No. 3:21-cv-01211-AW-HTC

MEMORANDUM OF LAW IN SUPPORT OF DEFENDANTS' MOTION TO COMPEL

Enclosure (6)

As pertinent here, Plaintiffs challenge the Food and Drug Administration's ("FDA") approval of the Biologics License Application ("BLA") for the Comirnaty COVID-19 vaccine (including its explanation that certain lots of vaccine with an Emergency Use Authorization label are still BLA-compliant), and the Department of Defense's ("DoD") requirement that service members become vaccinated against COVID-19 with an FDA-approved vaccine. Plaintiffs contend that Comirnaty is "not available," they have "been denied" Comirnaty and a BLA-compliant vaccine, and DoD's requirement therefore violates their "informed consent rights."

Defendants propounded targeted discovery requests on March 25, 2022, requesting (as relevant here) the documents identified in Plaintiffs' initial disclosures (RFP 2) and information on which Plaintiffs would—or would not—take Comirnaty, Spikevax (the Moderna vaccine approved by the FDA), or a BLA-compliant vaccine (Interrogatories 3-8). Exs. 1-2. Plaintiffs' responses on April 24 failed to include any documents responsive to RFP 2 and provided non-responsive answers that failed to respond to the substance of Interrogatories 3-8. Ex. 3 at 2-3. Undersigned counsel then engaged Plaintiffs' counsel in multiple meet and confer discussions on April 29, May 6, May 16, and May 18 in an attempt to avoid seeking judicial intervention. Exs. 3-5. Through that process, Plaintiffs provided just three documents out of the many listed in their initial disclosures in response to RFP 2, and declined to provide

a further response to Interrogatories 3-8. Ex. 4 at 2; Ex. 5 at 1-2. Because the information requested is undeniably relevant and proportional to the needs of the case—indeed, Plaintiffs have never objected or suggested otherwise—Defendants request that the Court grant their motion and compel Plaintiffs' full and complete responses to RFP 2 and Interrogatories 3-8.[1]

STANDARD OF REVIEW

"Parties may obtain discovery regarding any nonprivileged matter that is relevant to any party's claim or defense and proportional to the needs of the case." Fed. R. Civ. P. 26(b)(1). The Supreme Court has "construed broadly" what constitutes relevant discovery, *Oppenheimer Fund, Inc. v. Sanders*, 437 U.S. 340, 351 (1978), and the Federal Rules "strongly favor full discovery whenever possible," *Farnsworth v. Procter & Gamble Co.*, 758 F.2d 1545, 1547 (11th Cir. 1985). The party resisting discovery "bears the burden of establishing lack of relevancy or undue burden." *Gober v. City of Leesburg*, 197 F.R.D. 519, 521 (M.D. Fla. 2000).

ARGUMENT

I. Defendants are Entitled to the Documents Identified in Plaintiffs' Initial Disclosures (RFP 2).

RFP 2: "Any and all documents identified in your initial disclosures in this

[1] Plaintiffs do not object to Defendants' motion as untimely, as the instant dispute arose within the last two weeks of discovery and Defendants diligently attempted to resolve it without court intervention. *See* Dkt. No. 48 ¶ 8; Ex. 4 at 5.

action." Ex. 1 at 5. Plaintiff's initial disclosures identified broad categories of documents, including "medical exemption requests and related documents (e.g., antibody tests)" and "medical records." Ex. 6 at 3-4.

Plaintiffs did not assert any objections to this request. Ex. 7 at 3; *see also Griffin v. GEICO Gen. Ins. Co.*, 2011 WL 13235056, at *2 (N.D. Fla. Oct. 25, 2011) ("Failure to make a proper timely objection, even though a party had one to make, waives the objection."). Plaintiffs responded:

> "Plaintiffs' Rule 26(a)(1) disclosures state that Plaintiffs are in possession of: administrative record materials; medical exemption requests and documents related to their medical exemption requests; Plaintiffs' medical records; Plaintiff's personnel records; and Plaintiffs' religious accommodation requests and appeals, and materials related to those requests or appeals. Defendants are already in possession of those documents. Please also see the documents produced in PL00001-00053 and PL00054-00103." Ex. 7 at 3.

Plaintiffs' document production, however, only contains antibody/COVID-19 test results for Plaintiffs Cothran, Morgan, and Stermer. Ex. 5 at 1. The production contains no other "related documents (e.g., antibody tests)" and no "medical records" for any Plaintiff, *id.*, even though eight other Plaintiffs listed those documents in their initial disclosures, Ex. 6.

By definition, this information is "relevant to any party's claim or defense." Fed. R. Civ. P. 26(b)(1). Initial disclosures reflect a party's identification of the documents within its possession, custody, or control that it "may use to support its

claims or defenses." Fed. R. Civ. P. 26(a)(1)(A)(ii). The information is also proportional to the needs of the case, as the broad categories of documents in Plaintiffs' initial disclosures makes it impossible for Defendants to know precisely what Plaintiffs may rely on in support of their claims, and includes documents beyond Defendants' possession, custody, or control. Ex. 6.[2] Plaintiffs have never contested the relevance and proportionality of this request. Ex. 7 at 3. Thus, Defendants are "entitled to copies of the documents which were . . . disclosed pursuant to Rule 26," *G.R. Harvill, Inc. v. Patel*, 2012 WL 13049555, at *3 (S.D. Ala. Feb. 16, 2012), and this Court should compel Plaintiffs to produce full and complete copies of the "related documents (e.g., antibody tests)" and "medical records" identified in their initial disclosures in response to RFP 2. *See also Diaz v. Goat Express, LLC*, 2021 WL 8199899, at *3-4 (N.D. Fla. June 1, 2021) (compelling production); *Whyte v. Alston Mgmt., Inc.*, 2011 WL 13107428, at *1 (S.D. Fla. July 27, 2011); *Mid-State Aftermarket Body Parts, Inc. v. Truck Ins. Exch.*, 2006 WL 2079940, at *2 (E.D. Ark. July 24, 2006); *Jenkins v. Miller*, 2019 WL 5558601, at *4 (D. Vt. Oct. 29, 2019).

II. Defendants are Entitled to Responsive Answers to Interrogatories 3-8.

Interrogatories 3 & 5: "Please identify any and all Plaintiffs who would take Comirnaty[/Spikevax], if available." Ex. 2 at 5.

[2] Plaintiffs' note that "Defendants are already in possession of those documents," Ex. 7 at 3, is incorrect, as demonstrated by the three antibody/COVID-19 test results Plaintiffs produced from third-party medical providers.

Interrogatories 4 & 6: "Please identify any and all Plaintiffs who would not take Comirnaty[/Spikevax], if available." *Id.*

Plaintiffs gave substantially the same objection and response to these requests:

"Plaintiffs object because this interrogatory is speculative. Defendants ask Plaintiffs whether they would take Comirnaty[/Spikevax] 'if available,' although Comirnaty[/Spikevax] is not available and Defendants admit they are not in possession of Comirnaty. Plaintiffs are thus required to guess whether they will receive a vaccine that may *never* be available to Plaintiffs. In other words, Plaintiffs must respond to a hypothetical that cannot occur right now and may never occur. Furthermore, this interrogatory requires Plaintiffs to speculate and provide answers without knowing whether or not the Department of Defense COVID-19 vaccine mandate will still be in effect when Comirnaty[/Spikevax] is 'available.' And for those Plaintiffs who have pending religious accommodation requests or appeals, they are improperly asked to guess whether they would take Comirnaty[/Spikevax] without knowing how Defendants might rule on their religious objections.

Considering these objections and without waiving same, Plaintiffs respond that they are committed to following lawful orders, subject to their religious beliefs, their rights of refusal, their medical needs, and whether the recommended medical treatments have received lawful and appropriate approval." Ex. 8 at 3-5.

These Interrogatories are undisputedly relevant and proportional to the needs of the case, and Plaintiffs have never argued otherwise. Fed. R. Civ. P. 26(b)(1); Ex. 8 at 3-5. Plaintiffs have placed FDA-approved vaccines squarely at issue in this case. Defendants are entitled to know which Plaintiffs would—or would not—take the FDA-approved vaccines, as the answer to that question would determine which Plaintiffs have (or lack) standing to challenge the FDA approval as well as the DoD's vaccination requirement as purportedly violating their informed consent rights. *See TransUnion LLC v. Ramirez*, 141 S. Ct. 2190, 2205 (2021) ("[U]nder Article III, an

injury in law is not an injury in fact."). These interrogatories also entail virtually no burden to answer, and the information they seek is obtainable solely from Plaintiffs. There is no basis for Plaintiffs to withhold responsive answers. *See Gober*, 197 F.R.D. at 521 (resisting party must show lack of relevance or undue burden).

Plaintiffs' speculation objection is unfounded. Ex. 8 at 3-5. While they may believe that FDA-approved vaccines are "not available," the Comirnaty-labeled vaccine is in fact available for DoD to order as of today's date. Nor does a responsive answer require any speculation: Plaintiffs are the only ones who can determine, yes or no, whether they would take Comirnaty or Spikevax. *See also* Fed. R. Civ. P. 33(a)(2) (noting that an interrogatory is not objectionable merely because it asks for an opinion). And Plaintiffs are the ones who have asserted challenges to the DoD vaccination requirement, notwithstanding the pendency of certain of their religious accommodation requests and appeals; they cannot use those pending requests both as a sword (in nevertheless moving forward with their claims) and as a shield (in resisting discovery intended to probe their standing to bring such claims). The Court should compel full and complete responses that answer the substance of Interrogatories 3-6. *See Bailey v. TransUnion LLC*, 2020 WL 13132941, at *12 (N.D. Ga. Apr. 24, 2020) (responding party "must answer the substance of the interrogatory").

Interrogatory 7: "Please identify any and all Plaintiffs who would take a BLA compliant vaccine, if available." Ex. 2 at 6.

Interrogatory 8: "Please identify any and all Plaintiffs who would not take a BLA compliant vaccine, if available." *Id.*

Plaintiffs did not object and gave the same response to both Interrogatories:

"Plaintiffs respond that they are committed to following lawful orders, subject to their religious beliefs, medical needs, their rights of refusal, and whether the recommended medical treatments have received lawful and appropriate approval. BLA-compliant vaccines – which Defendants defined as 'an EUA-labeled vaccine' are not FDA approved and are thus not subject to the DOD Mandate." Ex. 8 at 5.[3]

These Interrogatories seek relevant and proportional information for the same reasons as Interrogatories 3-6. In response to the Court's preliminary injunction opinion identifying BLA-compliant vaccines as a point of contention and noting that no Plaintiff claimed to have been denied a BLA-compliant dose, Plaintiffs filed an amended complaint attempting to address that deficiency. Thus, Defendants are entitled to know which Plaintiffs would (or would not) take a BLA-compliant vaccine—information that goes directly to Plaintiffs' standing and the merits of their claim. Moreover, Plaintiffs have waived any objections to these Interrogatories, *see Griffin*, 2011 WL 13235056, at *2, and the Court should therefore compel full and complete responses that address the substance of Interrogatories 7-8.

CONCLUSION

Defendants respectfully request that the Court compel Plaintiffs' full and complete responses to RFP 2 and Interrogatories 3-8.

[3] Plaintiffs misstate Defendants' definition of "BLA compliant." *See* Ex. 3 at 2 n.2.

Dated: May 20, 2022

Respectfully submitted,

BRIAN M. BOYNTON
Principal Deputy Assistant Attorney General

ALEXANDER K. HAAS
Director, Federal Programs Branch

ANTHONY J. COPPOLINO
Deputy Director

/s/ *Catherine M. Yang*
ANDREW E. CARMICHAEL
AMY E. POWELL
Senior Trial Counsel
ZACHARY A. AVALLONE
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Trial Attorneys
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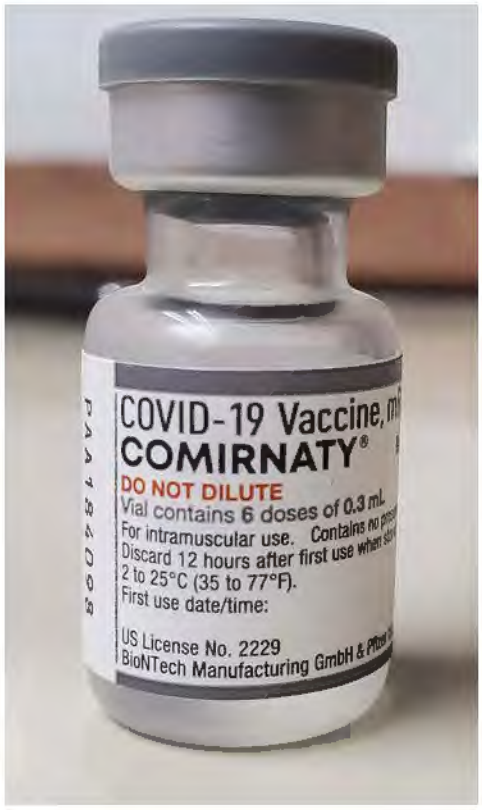
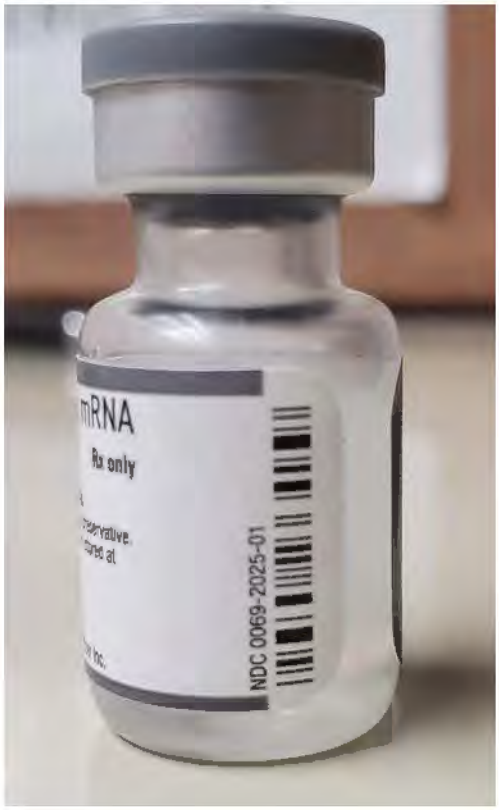
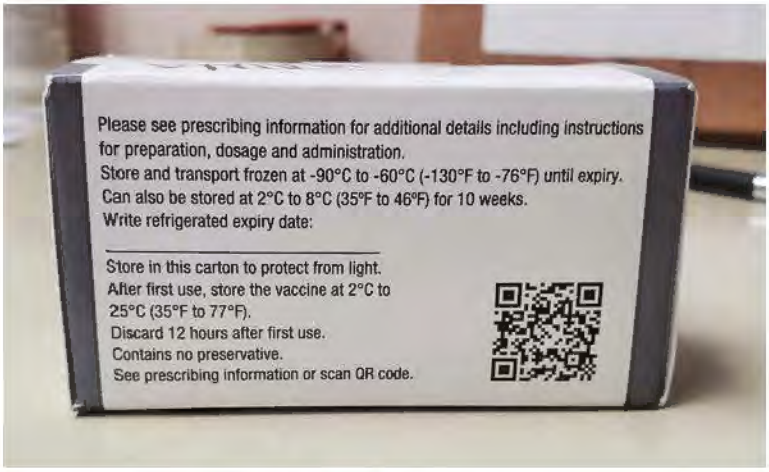
Civil Division, Federal Programs Branch
1100 L Street, N.W.
Washington, DC 20005
Tel: (202) 514-4336
Fax: (202) 616-8470
Email: catherine.m.yang@usdoj.gov

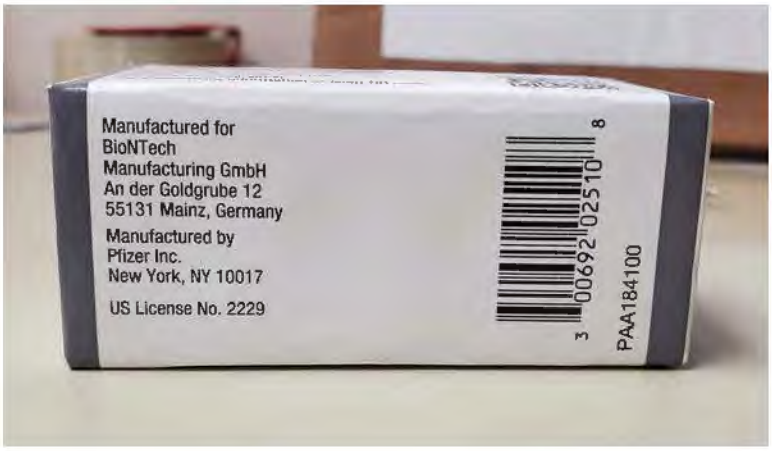
Counsel for Defendants

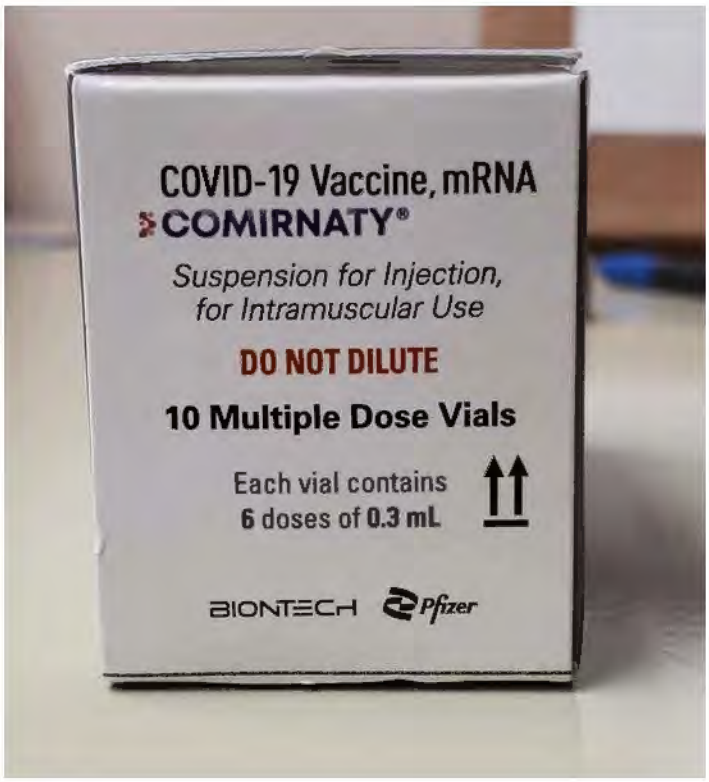
Military Whistleblower Photographs of Comirnaty-Labeled vaccine product
Taken at USCG Sector Juneau, Alaska on 10 June 2022











Enclosure (7)

COVID-19 Vaccine Lot Number and Expiration Date Report

Important Note!

The Centers for Disease Control and Prevention (CDC) COVID-19 Vaccine Lot Number and Expiration Date Report is available to public health, healthcare, and pharmacy organizations located within the United States for vaccine administration, inventory, and reporting purposes.

Access to this report is strictly managed by registration only. Registration will not be granted for personal use or to confirm validity of vaccination. Registration requests will be denied for the following users:

- Using personal emails (e.g., Gmail, Yahoo, MSN)
- Seeking the report to verify vaccinations
- Located outside of the US jurisdiction and territories

CDC does not store individual vaccination records. Individuals seeking this information should contact the organization that administered their vaccine or their respective state immunization registry. Click the following link for additional resources to assist people in finding their vaccination record.

General Information and FAQs

The COVID-19 Vaccine Lot Number and Expiration Date Report is available via registration only. Registered users can access COVID-19 vaccine lot numbers and expiration dates provided to CDC by the vaccine manufacturers from downloadable tabular files for use in vaccine administration, inventory management, and jurisdictional immunization information systems. These files contain all lots for COVID-19 vaccines made available under Emergency Use Authorization (EUA) for distribution in the United States. The downloadable file includes the manufacturer, the National Drug Codes (NDCs) for Unit of Sale (boxes/cartons) and Unit of Use (vials) for each lot number, and the manufacture date and expiration date.

Reports will be updated daily Monday through Friday as new lots are released by each manufacturer, or as updates are made to the lot expiration dates. Please note that as manufacturers confirm their product stability data, some expiration dates may be updated.

How do I register to request access to lot number and expiration date report?

Access to lot number and expiration date information is controlled for security reasons. To request access to the lot number and expiration date data files, complete the registration page, acknowledge the terms and conditions for access and use of the data, and create a password. We will evaluate your request and send the registration approval decision within 48 hours to the email address you provided during registration. If approved, the email will include a link and instructions for accessing the report.

How can this report help improve data quality and processes?

Correctly entered lot number and expiration date data improve the ability to monitor product safety; identify issues with lots; trace or decrement inventory; and identify expired product that may not have been administered. The vials and cartons for COVID-19 vaccines authorized under EUAs are not 2D barcoded following the standards used for products licensed by the US Food and Drug Administration, so lot number and expiration dates may not be scanned into systems. Lot information must be entered manually in many cases, which increases the risk for errors and omissions in the reported data.

CDC encourages systems to use these new files as a reference that can be integrated into workflows to assist in capturing and validating lot number and expiration date information. Manufacturers will continue to provide QR codes on their products that link to their sites, where individual lot expiration dates can be looked up.

UNITED STATES SENATE
SENATOR RON JOHNSON
Senate Homeland Security and Governmental Affairs Committee
328 Hart Senate Office Building
Washington, DC 20510

DECLARATION OF 1LT. MARK C. BASHAW IN SUPPORT OF SENATOR RON JOHNSON INVESTIGATION INTO THE SAFETY AND EFFICACY OF COVID-19 VACCINES

---

1. My name is 1LT Mark C. Bashaw. I am over 18 years of age, and I am not suffering under any mental disability and am competent to make this declaration under penalty of perjury. I am able to read and write, and I make this Declaration voluntarily and of my own free will and accord. No one has used any threats, force, pressure, or intimidation to make me sign this Declaration, nor has anyone offered or given to me any monetary or non-monetary compensation or reward for making this Declaration. I understand that I am making this Declaration under the penalty of perjury. I have read the statements in this Declaration, and they are my understanding of the facts. Any medical opinion provided in this Declaration is based upon a reasonable degree of medical certainty. I have personal knowledge, experience and understanding of these matters, and I make this Declaration in support of the truth of the contents contained herein.

2. This Declaration is a communication and testimony solicited by and made to a Member of Congress. I make this Declaration as a whistle blower under the Military Whistleblower Protection Act, Title 10 U.S.C. § 1034.

3. I make this affidavit, as a whistle blower under the Military Whistleblower Protection Act, Title 10 U.S.C. § 1034, in support of the above referenced MOTION as expert testimony in support thereof.

4. The opinions expressed here are my own and arrived at from my persons, professional and educational experiences taken in context, where appropriate, by scientific data, publications, treatises, opinions, documents, reports, and other information relevant to the subject matter and are not those of the Army or Department of Defense or any component thereof.

5. I am an active duty commissioned Officer in the U.S. Army. I currently serve at the APHC at Aberdeen Proving Ground (APG), Maryland. I serve in the Preventative Medicine (67C) career field and my specialty is Entomology (72B). My official duties include participating in fact-finding inquiries and investigations to determine potential public health risk to DoD personnel from diseases caused by insects and other non-battle related injuries. I received an Associates of Science in Environmental Studies through the Community College of the Air Force (CCAF) in 2010, a Bachelor of Science degree in Management Studies from the University of Maryland, University College in 2013, and a Master of Science in Entomology from the University of Nebraska Lincoln in 2018.

6. I enlisted in the U.S. Air Force on 17 January 2006 and currently have 16 years of total active federal military service (TAFMS). I have served tours overseas to include Japan, Republic of Korea, Germany and multiple deployments to Africa, Middle East, and Central America. I directly commissioned in the U.S. Army Medical Service Corps in September 2019. I initially attended the Direct Commission Course at Fort Sill, OK, followed by the Basic Officer Leadership Course at Fort Sam Houston, TX. I was then stationed at the APHC in January 2020. While at the APHC, I have successfully served as the Headquarters and Headquarters Company (HHC) Commander from May 2020 to July 2021. Currently, I serve in the Entomological Science Division as a Medical Entomologist.

7. My specific duties at the Entomological Science Division within Army Public Health Center (APHC) required that I participate in fact-finding information regarding entomological threats to public health and safety, and properly communicate the risk to our Soldiers. These threats included insect borne diseases, zoological, and other potential non-battle related issues. I also supervised three enlisted Soldiers (Preventative Medicine Specialists, 68S). Additionally, I worked in a mosquito insectary to help with quality checks and standard operating procedures (SOPs). My official duties also include supporting the Army Public Health Program (Army Regulation 40-5) by sustaining the readiness of the force by protecting Army personnel from potential and actual harmful exposures to chemical, biological, radiological, nuclear, and high yield explosive (CBRNE) warfare agents; endemic communicable diseases; food, water, and vector-borne diseases; zoonotic diseases; ionizing and nonionizing radiation; combat and operational stressors; heat, cold, altitude, and other environmental extremes; environmental and occupational hazards; toxic industrial chemicals and toxic industrial materials.

8. Throughout the implementation of the experimental emergency use authorized (EUA) COVID19 mRNA injections, I was aware of enormous safety signals in the Centers for Disease Control's (CDC) Vaccine Adverse Event Reporting System (VAERS). In September and October of 2021, I started communicating these concerns to the Army Public Health Center COVID19 Task Force to get the Risk Communication Strategy changed to include the concerning VAERS data and frontline doctor testimony. I was ignored. Shortly thereafter, I was targeted for not participating with COVID19 experimental emergency use authorized products (masks, tests, and mRNA injections). I was then charged with Article 92 UCMJ and sent to a Special Court Martial (United States v 1LT Mark Bashaw) on 28-29 April 2022. I was convicted and sentenced to "no additional punishment" by the Judge. I explained throughout the court martial that these COVID19 experimental EUA products are dangerous and deadly. I also gave testimony regarding my initial and formal Article 138 UCMJ complaint that was initiated on 26 November 2021 against my commander, after I was unlawfully discriminated against on 23 November 2021.

9. On 29 July 2022, I registered for a CDC Vaccine Lot Number and Expiration Date Report Account. Within the DOD and USCG, there have been questions with certain "Comirnaty Labeled" vial lots that have been showing up on base medical clinics. Many medical personnel and commanders around the DoD and USCG have been claiming these are the FDA Approved and Licensed vials. **However, these lot numbers are listed on the CDC's Emergency Use Authorized (EUA) COVID19 Lot Listing.**

10. The following is an excerpt from the CDC's COVID-19 Vaccine Lot Number and Expiration Date Report Database, **"These files contain all lots for COVID-19 vaccines made available under Emergency Use Authorization (EUA) for distribution in the United States. The downloadable file includes the manufacturer, the National Drug Codes (NDCs) for Unit of Sale (boxes/cartons) and Unit of Use (vials) for each lot number, and the manufacture date and expiration date."**

11. Using the CDC's database, I was able to verify that the "Comirnaty Labeled" vials with **lot number FW1331**, that has shown up on various U.S. military and U.S. Coast Guard bases (Whistleblower Declaration: LT Chad Coppin, USCG, 30July2022), **is listed on CDCs COVID-19 Vaccines under Emergency Use Authorized (EUA) List.** There's obviously confusion as to why experimental COVID19 EUA vials are still being manufactured and new EUA authorizations are being granted (i.e., NOVAVAX), if we have a "supposed" fully FDA Approved and Licensed vials available. There's also confusion as to why this alleged fully FDA Approved and Licensed product is on the CDC's official EUA Lot Listing.

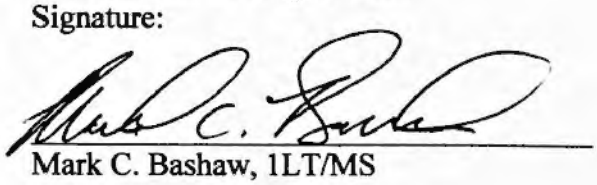
12. As of 22 July 2022, there have been 29,790 deaths from these experimental EUA COVID19 injections and 1,357,940 adverse injuries, according to the CDC's VAERS data. There's also been 1,000 peer review studies about the adverse injuries related to these experimental EUA COVID19 injections (https://community.covidvaccineinjuries.com/compilation-peer-reviewed-medical-papers-of-covid-vaccine-injuries/). Additionally, on 06 January 2022, a federal court ordered the FDA to release the COVID19 vaccine documents. It was these documents that the FDA relied heavily on to facilitate a fully FDA Approved and Licensed COIVID19 injection. These documents also corroborate the concerning safety signals.

13. Important to note that "Covered Persons" (i.e., U.S. Government, manufacturer, distributor....) with respect to administration or use of a "covered countermeasure" (i.e., EUA COVID19 mRNA injections, masks, and tests) "shall be immune from suit and liability.... (Title 42 U.S.C. Section 247d-6d [a] [1])." Also, Title 21 U.S.C. 360bbb-3 has important "Required Conditions" associated with EUA products and Title 10 U.S.C. section 1107a has important requirements, specifically for Service Members. **According to Army FRAGO 5, "Commanders will ensure sufficient doses of Department of Defense Approved vaccines are on hand and available for their unit. Soldiers may at any time still voluntarily receive any other vaccine approved for emergency use." Again, according to the CDC lot listing, the only vial lots that exist are under emergency use authorization.** Therefore, required conditions such as, the right to accept or refuse participation with such EUA products is a **REQUIRED CONDITION** per Title 21 and Title 10 sections listed above.

14. To date, there are no available FDA Approved masks and tests for the prevention and/or detection of COVID19 (SARS-CoV-2), they are all EUA and fall under the same federal statutes listed above. These EUA products have been weaponized against individuals who lawfully chose not to participate with the experimental EUA COVID19 injections. However, everyone has the right to accept or refuse such experimental EUA products without fear of reprisal, again, according to the federal statutes above. However, Commanders around the DoD are initiating reprisal against their Service Members. This is an unlawful practice.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on: 04 August 2022
Signature:

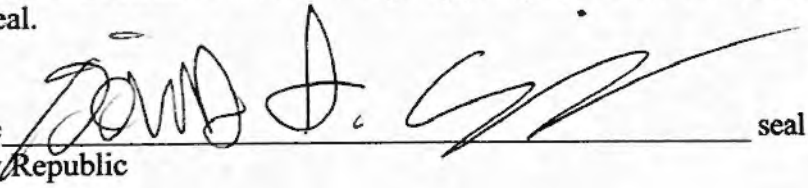


Mark C. Bashaw, 1LT/MS

Maryland State
Anne Arundel County

On 08/04/2022 date before me, as Notary and as Jurat Certificate of Acceptance by court officer, Mark Charles Bashaw personally appeared and proved to me on the basis of satisfactory evidence to be the man whose Name is subscribed to the within attached instrument and acknowledged to me that he executed the same in his authorized capacity, and that by his autograph on the instrument the man executed, the instrument.

I certify under PENALTY OF PERJURY under the lawful laws of Maryland State and the STATE OF MARYLAND that the foregoing paragraph is true and correct Witness my hand and official seal.

Signature  seal
of Notary Republic

David A. Chiodaroli
NOTARY PUBLIC
Anne Arundel County
MARYLAND
MY COMMISSION EXPIRES August 11, 2025

Our STN: BL 125742/36 **SUPPLEMENT APPROVAL**

BioNTech Manufacturing GmbH
Attention: Amit Patel
Pfizer Inc.
235 East 42nd Street
New York, NY 10017

December 16, 2021

Dear Mr. Patel:

We have approved your request submitted and received on November 18, 2021, to supplement your Biologics License Application (BLA) under section 351(a) of the Public Health Service Act for COVID-19 Vaccine, mRNA (COMIRNATY), to include a new 30 microgram dose formulation (Tris/Sucrose) of COMIRNATY manufactured at the Pfizer Manufacturing Belgium NV, Puurs, Belgium (Pfizer, Puurs) facility.

LABELING

We hereby approve the draft content of labeling including the Package Inserts submitted under amendment 10, dated December 13, 2021, and the draft carton and container labels submitted under amendment 6, dated December 9, 2021.

CONTENT OF LABELING

As soon as possible, but no later than 14 days from the date of this letter, please submit the final content of labeling (21 CFR 601.14) in Structured Product Labeling (SPL) format via the FDA automated drug registration and listing system, (eLIST) as described at http://www.fda.gov/ForIndustry/DataStandards/StructuredProductLabeling/default.htm. Content of labeling must be identical to the Package Inserts submitted on December 13, 2021. Information on submitting SPL files using eLIST may be found in the guidance for industry *SPL Standard for Content of Labeling Technical Qs and As* at http://www.fda.gov/downloads/Drugs/GuidanceComplianceRegulatoryInformation/Guidances/UCM072392.pdf.

The SPL will be accessible via publicly available labeling repositories.

CARTON AND CONTAINER LABELS

Please electronically submit final printed carton and container labels identical to the carton and container labels submitted on December 9, 2021, according to the guidance for industry *Providing Regulatory Submissions in Electronic Format — Certain Human Pharmaceutical Product Applications and Related Submissions Using the eCTD Specifications* at https://www.fda.gov/regulatory-information/search-fda-guidance-documents/providing-regulatory-submissions-electronic-format-certain-human-pharmaceutical-product-applications.

All final labeling should be submitted as Product Correspondence to this BLA, STN BL 125742, at the time of use and include implementation information on Form FDA 356h.

ADVERTISING AND PROMOTIONAL LABELING

You may submit two draft copies of the proposed introductory advertising and promotional labeling with Form FDA 2253 to the Advertising and Promotional Labeling Branch at the following address:

Food and Drug Administration
Center for Biologics Evaluation and Research
Document Control Center
10903 New Hampshire Ave.
WO71–G112
Silver Spring, MD 20993-0002

You must submit copies of your final advertising and promotional labeling at the time of initial dissemination or publication, accompanied by Form FDA 2253 (21 CFR 601.12(f)(4)).

All promotional claims must be consistent with and not contrary to approved labeling. You should not make a comparative promotional claim or claim of superiority over other products unless you have substantial evidence or substantial clinical experience to support such claims (21 CFR 202.1(e)(6)).

Please submit an amendment to all pending supplemental applications for this BLA that include revised labeling incorporating a revised content of labeling that includes this change.

We will include information contained in the above-referenced supplement in your BLA file.

Sincerely,

Jerry P. Weir, Ph.D.
Director
Division of Viral Products
Office of Vaccines
Research and Review
Center for Biologics
Evaluation and Research

UNITED STATES SENATE
SENATOR RON JOHNSON
328 Hart Senate Office Building
Washington, DC 20510

DECLARATION OF LT CHAD R. COPPIN

---

1. My name is LT Chad R. Coppin. I am over 18 years of age, and I am not suffering under any mental disability and am competent to make this declaration under penalty of perjury. I am able to read and write, and I make this Declaration voluntarily and of my own free will and accord. No one has used any threats, force, pressure, or intimidation to make me sign this Declaration, nor has anyone offered or given to me any monetary or non-monetary compensation or reward for making this Declaration. I understand that I am making this Declaration under the penalty of perjury. I have read the statements in this Declaration, and they are my understanding of the facts. I have personal knowledge, experience and understanding of these matters, and I make this Declaration in support of the truth of the contents contained herein.

2. This Declaration is a communication and testimony solicited by and made to a Member of Congress. I make this Declaration as a whistle blower under the Military Whistleblower Protection Act, Title 10 U.S.C. § 1034.

3. I am a Lieutenant in the United States Coast Guard (USCG) currently serving at Sector Juneau as the Prevention Chief of Inspections Division. My next rotation date for future assignment is 01 July 2024, which also coincides with my retirement eligibility date after attaining 22 overall years of active-duty service with 10 years as a commissioned officer.

4. I enlisted in the USCG in March 2002. Upon graduating Basic Training I was assigned to USCGC HEALY, an icebreaker out of Seattle, WA. After two deployments conducting missions in the Arctic Circle and down south to McMurdo, Antarctica, I was selected to attend the Airman program in North Bend, Oregon in pursuit of Aviation Maintenance Technician (AMT) A-school. Upon successful completion and graduation from AMT A-school I was advanced to E-4 in December 2003 and began my USCG aviation career. I served at AIRSTA Barber's Point, Hawaii and AIRSTA Sacramento, CA spanning 2004-2014 as an aviation mechanic and aircrew aboard the mighty HC-130H Hercules. I earned my Basic Aircrew, Dropmaster, Sensor Systems Operator (Instructor), and Flight Engineer (Instructor) qualifications. As an E-5 Flight Engineer, my command entrusted me with the greatest level of responsibility acting as the conduit between the Pilots (commissioned officers) and the enlisted aircrew. Our missions included long range Search and Rescue (SAR), Law Enforcement (LE) and medical evacuation missions with an area of responsibility spanning the Pacific Ocean, from Japan to Central and South

America. I was in charge of running aircraft systems, managing in-flight emergency procedures, conducting ground maintenance evolutions while deployed to foreign countries and qualifying other enlisted members into various aircrew positions. During my tour at AIRSTA Sacramento, I completed my Bachelor's Degree (Magne Cum Laude) in Aeronautical Science through Embry-Riddle Aeronautical University and was selected to attend Officer Candidate School (OCS) at the US Coast Guard Academy. I departed AIRSTA Sacramento and reported to OCS in January 2014.

5. I received my commission as an Ensign (O1-E) in May 2014 and transferred to Sector Puget Sound in Seattle, WA to start my new career path as an Operational Ashore Prevention Officer. I earned numerous vessel inspection qualifications, provided new construction oversight for small passenger vessels, inspected large foreign container ships, oil tankers and the Washington State Ferry System. I interacted daily with the public and advised on federal regulations while maintaining commercial vessel operator compliance within our maritime transportation system. I transferred to USCG District Thirteen in Seattle, WA in 2017 working for District Prevention Waterways (dpw), whose office is responsible for managing federal waterways, Aids to Navigation (ATON) and ensuring the safety of the boating public in Washington, Oregon, Idaho and Montana. In August 2020 I transferred to my current unit Sector Juneau, AK where I now serve as Chief of Inspections Division responsible for regulatory oversight of foreign and domestic vessel operations within Southeast Alaska. Since recruit training, I have now served honorably for over 20 years, and I will continue to do so, God willing.

6. As a commissioned officer in the United States Coast Guard, it is my responsibility to uphold the Coast Guard's core values of Honor, Respect, and Devotion to Duty. It is for this reason that I present the following information that brings into question the ability of the Department of Defense (DoD) and the Department of Homeland Security (DHS) to continue to push the lawful order of making service members partake in the injection of the "Comirnaty labeled" Covid-19 shots that recently appeared at select military installations across the country. On June 10th, 2022 a shipment of 60 Comirnaty vials packaged in six boxes of ten vials, was received by my Coast Guard medical clinic in Juneau, AK. I found this interesting as they arrived unannounced to any service members and to date, FDA approved Comirnaty labeled vials had never been seen in the USA. Prior to this date, only emergency use authorization shots have been available to fulfill the DoD/DHS mandate. I inquired to my medical staff as to where these Comirnaty labeled vials came from and it was revealed that the vials were shipped to our medical clinic from the US ARMY at Ft. Detrick, MD. I called Ft. Detrick with the information I had received in an email regarding the shipping and arrival instructions of Comirnaty to our Coast Guard unit. A US Army civilian contractor answered my call and confirmed they had sent our unit the package of 60 vials (6 boxes of 10 vials each) of Comirnaty "grey cap". He explained to me that the Comirnaty labeled vials were sent to Ft. Detrick from the Kalamazoo, MI Pfizer plant and Ft. Detrick then shipped them to our USCG bases. I requested any information about manufacturing locations of this product and he mentioned that I would have to call Pfizer at Kalamazoo, MI for any additional information and that he had nothing further to provide me.

7. After many hours working through Pfizer's customer service phone numbers to no avail, I eventually made contact with a Pfizer customer service representative on July 7, 2022 who could assist me with my question. The Pfizer Customer Service representative was able to look up our Lot number FW 1331 and stated as heard in the recording I have provided, that Lot FW1331 was manufactured in France. It was manufactured on January 28th, 2022 and expires on December 31, 2022. No other specific information regarding what Pfizer location, city or address in France was provided.

8. The significance of the France manufacturing location is that it is not an authorized manufacturing location as per the FDA's Comirnaty BLA Supplement Approval letter dated December 16, 2021. As written in the supplement approval letter to Mr. Patel, it states, "*We have approved your request submitted and received on November 18, 2021, to supplement your Biologics License Application (BLA) under section 351(a) of the Public Health Service Act for COVID-19 Vaccine, mRNA (COMIRNATY), to include a new 30 microgram dose formulation (Tris/Sucrose) of COMIRNATY manufactured at the Pfizer Manufacturing Belgium NV, Puurs, Belgium (Pfizer, Puurs) facility.*"

9. The significance of this to service members is that we are being told that our military medical clinics at select locations across the country have the FDA approved Comirnaty. Pfizer has stated on this recorded phone call that Lot number FW 1331 was manufactured in France which makes this not an FDA approved version for distribution in the United States of America according to the approved manufacturing locations declared in its BLA license. This invalidates the claim presented by Commanding Officers at Department of Defense and United States Coast Guard installations that the Comirnaty labeled vaccine being offered is actually FDA approved. Commanding Officer's are using this shipment of Comirnaty from Ft. Detrick to try and convince and coerce the remaining unvaccinated service members into compliance with their order to receive a fully FDA approved Covid-19 vaccine.

10. It is my hope that this information will generate an investigation to confirm the manufacturing locations of Comirnaty Lot FW1331 and other Lot numbers being shipped to US military installations from Ft. Detrick, MD. To date, Coast Guard medical clinics nor Pfizer has produced any documentation attesting to the manufacturing location of the Comirnaty labeled vials currently being offered to service members.

I declare under penalty of perjury that the foregoing is true and correct.
Executed on July 30, 2022.

Signature:

Chad R. Coppin, LT

NOTIFICATION OF CASE CLOSURE (CASE 202106692)

Office of the Naval Inspector General Senior Official Investigations Division (IG50) <navyig50@us.navy.mil>

Fri 8/5/2022 9:48 AM

To:Green, Robert A CDR USN MSRON EIGHT (USA) <robert.a.green11@navy.mil>;

Cc:Office of the Naval Inspector General Senior Official Investigations Division (IG50) <navyig50@us.navy.mil>;

Dear CDR Green,

This email is in response to the allegations made against a Department of the Navy senior official, which you provided in your complaint dated December 23, 2021. We received your complaint on December 27, 2021.

We reviewed and evaluated the information you provided. We applied applicable standards to your allegation. We determined that the alleged action did not warrant an investigation by this office because we did not find sufficient evidence to constitute a credible allegation of misconduct by a DON senior official.

The Department of Defense Office of Inspector General (DoD OIG) reviewed this matter and agreed with this office's conclusions. Based on DoD OIG's concurrence, this case is now closed.

Should you wish to obtain documents regarding the resolution of your complaint, you may submit a Freedom of Information Act (FOIA) request referencing the above case number. To submit a FOIA request please follow the steps at the following web address: https://www.secnav.navy.mil/ig/Pages/FOIA/SubmitFOIARequest.aspx

Should you wish to provide new information not yet presented to this office regarding your complaints, you may elect to resubmit a complaint with that additional information.

Thank you for bringing your concerns to our attention.

Very respectfully,

Office of the Naval Inspector General
Senior Official Investigations Division
1254 Ninth Street, S.E.
Washington Navy Yard DC 20374-5006
Navyig50@us.navy.mil

Enclosure (12)

7 January 2022

Memorandum for all Members of the House and Senate Armed Services Committees

From: Commander Robert Alan Green Jr., U.S. Navy

Subject: Report of Navy-Endorsed Violations of Law, Regulation, and Constitutional Rights

Encl: (1) Article 1150 Complaint of Wrong Against Vice Admiral Nowell for Unlawful Religious Discrimination, submitted by CDR Robert A. Green Jr. on 23 December 2021
(2) DCNO (N1) Standard Operating Procedure for Religious Accommodations Nov 2021

I am an active duty U.S. naval officer and hereby submit this report under the Military Whistleblower Protection Act (10 U.S.C. § 1034) to share my internal Navy complaint, enclosure (1), which documents multiple violations of law, regulation, and constitutional rights. These violations are being committed by Navy leadership against military service members who express sincere religious beliefs that preclude them from receiving a COVID-19 vaccination.

I received the Navy's standard operating procedure (SOP) for processing religious accommodations, enclosure (2), after the document was made public by another whistleblower. The SOP was drafted by the Navy's Manpower, Personnel, Training, and Education Office, which is led by Vice Admiral John Nowell. The SOP outlines the process for systematically denying COVID-19 religious accommodation requests, and provides proof of religious discrimination and multiple violations of regulation and constitutional rights. The SOP has been utilized by Vice Admiral Nowell and his staff to process the surge in religious accommodation requests following the Secretary of Defense's vaccine order of 24 August 2021. On 23 December 2021, I filed a complaint against Vice Admiral Nowell, enclosure (1), for his use of this unlawful and discriminatory process. My complaint was filed as an exhibit in the U.S. NAVY SEALs 1-26, et al., v. BIDEN, et al., federal court case in the Northern District of Texas that very afternoon. The evidence I provided in my complaint proved to be a crucial element in the case and was referenced multiple times by Judge O'Connor in his ruling, which granted a preliminary injunction to the plaintiffs on 3 January 2022.

In his ruling, Judge O'Connor stated "[t]he Navy provides a religious accommodation process, but by all accounts, it is theater." Additionally, he highlighted policy inconsistencies, pointing out that the Navy has granted exemptions to the vaccine mandate for a wide range of secular reasons, but insists on 100% vaccination or disciplinary action for all service members seeking religious accommodation. This is clearly discriminatory and a violation of the Constitution, federal law, and military regulation.

Despite Judge O'Connor's ruling, it appears the Navy intends to continue this discriminatory denial process. The Navy has proven incapable of policing itself. Therefore, I am requesting your involvement to ensure the free exercise of religion in the Navy, and throughout the military. Please demand accountability of our senior naval leaders for their unlawful actions and join in the call for an immediate end to religious discrimination in our military. The defense of our Nation requires that service members are free to serve without fear of discrimination or retaliation for faithfully adhering to the dictates of their conscience.

R. A. GREEN JR
CDR USN

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF TEXAS
FORT WORTH DIVISION

U.S. NAVY SEALs 1-3, on behalf of themselves and all others similarly situated; **U.S. NAVY EXPLOSIVE ORDNANCE DISPOSAL TECHNICIAN 1**, on behalf of himself and all others similarly situated; **U.S. NAVY SEALS 4-26**; **U.S. NAVY SPECIAL WARFARE COMBATANT CRAFT CREWMEN 1-5**; and **U.S. NAVY DIVERS 1-3**,

Plaintiffs,

v.

LLOYD J. AUSTIN, III, in his official capacity as United States Secretary of Defense; **UNITED STATES DEPARTMENT OF DEFENSE**; **CARLOS DEL TORO**, in his official capacity as United States Secretary of the Navy,

Defendants.

Case No. 4:21-cv-01236-O

DECLARATION OF COMMANDER ROBERT A. GREEN, JR., USN

Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury as follows:

1. I am over the age of eighteen and am competent to make this declaration.

2. I have served in the United States Navy since entering the Naval Academy in the summer of 2003. I have had an exemplary career marked by sustained superior performance in challenging billets from a diverse variety of Navy warfighting communities and command echelons. I spent five years as a reserve officer and government civilian (GS-13) within the Navy's Acquisitions Workforce before reaffiliating back to permanent active duty in 2019. I have completed highly technical postgraduate education programs at multiple academic

institutions and have leveraged that education to help initiate data analytics efforts at several major commands. In my promotion to the rank of Commander (O-5), the Navy saw fit to reward my exemplary performance with a merit reorder, essentially an early promotion based on merit. I was the Executive Officer (XO), or second-in-command, of Maritime Expeditionary Security Squadron EIGHT (MSRON-8). I am currently assigned to the staff of Maritime Expeditionary Security Group TWO (MESG-2).

3. I have sincere religious beliefs that preclude me from receiving the COVID-19 vaccination as ordered by my superiors in the Navy. I submitted a religious accommodation request on September 15, 2021, requesting that the Navy waive the requirement for me to become vaccination against the COVID-19 virus. I submitted an addendum to that request on October 19, 2021.

4. The Deputy Chief of Naval Operations (DCNO) (N1), Vice Admiral John B. Nowell, signed and dated a disapproval of my request on November 23, 2021. A copy of my denial letter is attached to this declaration as part of Exhibit A. I have subsequently submitted an appeal of Vice Admiral Nowell's disapproval to Admiral Michael M. Gilday, the Chief of Naval Operations (CNO). To my knowledge that appeal is still pending and has not been adjudicated.

5. On December 23, 2021, I filed a complaint under Article 1150, U.S. Navy Regulations, against Vice Admiral Nowell, for his violations of law and military regulations. In it I clearly explained that my complaint was a protected communication under the Military Whistleblower Protection Act, 10 U.S.C. § 1034. The basis for the complaint is that (1) the disapproval of my religious accommodation request was pre-determined, (2) the letter Vice Admiral Nowell sent disapproving my religious accommodation request was a form template, and (3) the case-by-case review of my request required by law and regulation was a fraud

designed to have the appearance of following regulation but was actually conducted after my disapproval letter was written, all DCNO (N1) documentation supporting my disapproval was packaged, and all intermediate routing steps of my religious accommodation request were completed. A copy of my complaint is attached to this declaration as Exhibit A.

6. In support of my complaint against Vice Admiral Nowell, I attached the Standard Operating Procedure (SOP) used by Vice Admiral Nowell and his staff to deny religious accommodation requests, which I was given by a member of Vice Admiral Nowell's staff. The SOP demonstrates clear violations of 42 U.S.C. §2000bb-1, DODINST 1300.17, and BUPERSINST 1730.11A by Vice Admiral Nowell and his staff. A copy of the SOP is attached to this declaration as part of Exhibit A.

7. Aside from the fact that the person I received the SOP from was a member of the DCNO's staff, the metadata in the SOP file demonstrates that it was created by the DCNO's office. The file shows that the author of the SOP was "Neuer, Richard A LTJG USN COMNAVDIST WASH DC (USA)." Richard Neuer, now a Lieutenant in the Navy, is a member of the DCNO N1 staff. In addition, the form denial letter shown in the SOP is nearly identical to my own denial letter, and nearly identical to all other denial letters I've seen that were given to others seeking religious accommodations, including sailors in circumstances very different from my own.

8. On Friday, January 7, 2022, four days after this Court issued the preliminary injunction relying in part on the SOP document attached to my complaint, I was relieved of my duty as XO of MSRON-8 and assigned to the staff of MESG-2.

9. In an email to the command, my commanding officer stated that I was relieved of duty "while a vaccine waiver works its way through the system." I was not relieved because of

my job performance. My commanding officer specifically stated: "Effective immediately CDR Green is no longer XO of MSRON EIGHT. He has been reassigned TAD to MESG2 while a vaccine waiver works its way through the system. CDR Green leaves huge shoes to fill, he was a professional who did excellent work and his presence and professionalism will be difficult to replace." A copy of this email is attached to this declaration as Exhibit B.

10. On January 7, 2022, I sent a memorandum to the members of the House and Senate Armed Services Committee under the Military Whistleblower Protection Act, 10 U.S.C. § 1034, urging Congress to call for an immediate end of religious discrimination in the military and urging them hold Navy leaders accountable for violating the constitutional rights of sailors. The memorandum is attached to this declaration as Exhibit C.

I declare (or certify, verify, or state) under penalty of perjury that the foregoing is true and correct.

Executed on February 26, 2022.

ROBERT A. GREEN, JR.

From: Department of Defense Pilots Concerned by the COVID-19 Vaccine Mandate

To: Members of United States House and Senate

As the Department of Defense continues to mandate the COVID-19 vaccine, a clear and concerning trend of vaccine-induced injuries has become apparent across the force. As more vaccine injuries are discovered, it is apparent that the vaccine poses a great risk to our Nation's Security both by forcing the loss of highly qualified service members and causing potentially career-ending or life-threatening injuries to those who remain in service.

Enclosed in this report are: 7 written statements from military pilots and other service members injured by the vaccine, an Aviation Safety Officer's discovery of vaccine injuries that have gone unreported in VAERS, and multiple anecdotal reports of individuals injured by COVID-19 vaccines. **This is just a small sample of many vaccine injured service members who have decided to come forward and share their heartbreaking stories**.

Amongst these reports is a service member who experienced **four strokes** after vaccination, a Marine officer who has been denied a medical exemption from his second Pfizer dose despite developing Pericarditis from the first, and a US Navy O-6 with grave concerns about the damage this vaccine mandate has done to the force. The enclosed reports are broken into four Tiers:

- Tier 1: Written reports from injured service members about their injury and subsequent negative consequences for themselves and their mission.
- Tier 2: Messages from direct communication with injured service members who fear reprisal for writing about their injuries and thus declined to make a written report
- Tier 3: Detailed, anecdotal stories on injured service members
- Tier 4: Anecdotal stories of injury collected from members across the DoD

Far too many, who felt compelled or forced to take the vaccine, have been injured and maimed permanently. Furthermore, those that remain unvaccinated **will** be driven out by the tens of thousands over religious convictions, justifiable fears for their safety, or concerns over bodily autonomy. **From a National Security and readiness perspective, this mandate is unsafe, illogical, and puts our military and our country at untold risk**. Our military cannot and should not injure its service members en masse through compelled vaccination. **We encourage you to take the following measure to assist our service members:**

- **Inquire with the DoD on tracking of vaccine injuries and what is being done about it**
- **Bring the issue of vaccine injuries to the attention of the public**
- **Propose legislation to end the vaccine mandates for service members.** The vaccine's benefits for America's most, healthy professionals simply do not outweigh the risks of losing them over injury or unlawful mandates

In this contentious global environment, we cannot afford to lose any service members, especially those who are highly qualified and extremely dedicated to upholding and defending our Constitution, and we certainly cannot continue to knowingly mandate something that injures them.

Respectfully,

Concerned DoD Pilots

Enclosure (15)

TIER 1 REPORTS

Written Stories from Injured Service Members

USAF Reservist, Master Sergeant, 30y/o Female

- Received two doses of Pfizer-BioNTech
- Hospitalized five days after the second dose for chronic blurred vision, headaches, and loss of balance
- Diagnosed with FOUR strokes occurring within hours of vaccination
- Months later, service member still cannot drive, see clearly, articulate thoughts properly, or move properly in dynamic terrain. Her military career is likely permanently over

DEPARTMENT OF THE AIR FORCE
AIR FORCE RESERVE COMMAND

09 Jan 2022

MEMORANDUM FOR THOSE CONCERNED
FROM: VACCINE INJURED SERVICE MEMBER
SUBJECT: COVID-19 vaccine injury of an Air Force MSgt

1. To whom it may concern and in a position to affect policy change. I am a Reservist in the United States Air Force where we "drill," or report for duty, one weekend a month. The following captures the events leading up to my injury and the negative impact on my life and the Air Force mission. On Saturday Sept 11.2021: The Air Force advised all airmen that tomorrow, Sept 12, all unvaccinated service members would be shuttled to the Fitness Center to get their first dose of the vaccine. We were told that if we choose not to get the vaccine, we could file for a Medical or Religious Exemption, or reject the shot without trying for an exemption and face discharge (with an undetermined discharge status).

2. Sept 12: Sunday: I decided I would pursue a Religious Exemption based on my sincerely held belief. I met with a base Chaplain, as required by the USAF, and spent the next month preparing and writing my request for accommodation.

3. On Saturday Oct 2.2021, Air Force leadership advised that if we were planning to refuse the shot, or planning to file for an exemption, we must attend a mandatory briefing first thing this morning. We were shuttled over to another building where personnel started to brief us. First, the briefing advised us that the information we are choosing to believe is incorrect and we only see what we are looking for. They called it "confirmation bias." They proceeded to advise us that the Russians and the Chinese have a big hold over our social media, and we need to be following medical websites, not just "Google." They however did not provide any evidence to this claim. Halfway through the briefing, they stopped briefing the concept of confirmation bias and changed to the benefits of the vaccine and how the benefits by far outweigh the risks. When members of the audience asked legitimate questions regarding the safety and efficacy of the vaccines, or the illegal use of EUA injections in the place of only approved vaccines that have received full licensure from the FDA, the presenter shut us down claiming it was "disinformation." No more questions were asked.

4. At the end of the briefing our Wing Commander got up to say a few words, which turned more into a Q&A. The room collectively wanted to know if we rejected the shot entirely, or if our exemptions got approved, what would happen? His words were, "not being vaccinated is not conducive to military service" along with "this is a lawful order by the officers appointed over you." He continued to advise that if exemptions were approved, you'd have to be reclassed to a non-deployable career field if one was available. If not, you'd be discharged. If you

rejected the shot without requesting an exemption, then we would be discharged under an undetermined service characterization (he couldn't advise if it was honorable, dishonorable, or anywhere in between). Based on what the Wing Commander briefed us, I felt that even if I had an approved accommodation, my career in the military was effectively over and pursuing an accommodation would be frowned upon.

5. I slept poorly that night as I was trying to weigh my options and decide what to do. I could not risk a dishonorable discharge as that is equivalent to a felony on the civilian side. But I also did not want the vaccine based on my firmly held belief. Thus, I made a very difficult decision that went against my conscience; and I regretted that decision ever since. But as my Wing Commander put it, "not being vaccinated is not conducive to military service" and I loved serving in the military.

6. The following morning on 3 October, I reported for duty. Within 30 minutes of arrival, all unvaccinated members had to report to the fitness center again to either file an exemption or get the vaccine. Based on my options, I felt coerced to get the vaccine. I cried all the way to the fitness center. Medical personnel asked which vaccine I was wanted, and I said "Pfizer, it's the only FDA approved one" and then received my first of two vaccinations. The fact that they were offering a choice between the different vaccines despite the SECDEF stating that only vaccines that have full FDA approval will be used to fulfill the order did not dawn on the medical providers. Knowing now that they coerced hundreds of my fellow service members into getting an experimental drug without their informed consent is criminal. My initial reaction to the injection was mild with typical fatigue and body aches that subsided after a day or two.

7. However, during our next drill the following month on Nov 7, I was shuttled to the fitness center again to get my second shot of the Pfizer vaccine. A headache soon developed on my way home, and I soon fell asleep. The next morning, I woke up like I hardly slept that night, but more concerning was that I was experiencing very unusual symptoms with my vision. Objects appeared to be waving like when you can see a mirage above hot pavement. This continued through the night. The following morning on Nov 9, I woke up at 1AM to utilize the bathroom. My vision had become so off that I was unable to balance. I fell out of the bed, fell again at the foot of the bed, and even fell off the toilet while sitting. I was experiencing extreme vertigo where I was unable to balance and unable to see straight. I literally crawled on the floor back to bed where I tried to research if this was a normal reaction after the vaccine, but my vision was so bad I could not read my computer device. I fell back asleep and woke up at 5AM and found that I had my vertigo subsided – but my vision was still the same as it was 48 hours prior.

8. My vision remained unusual through noon on Friday November 12th. To describe my vision; it appeared to be bouncing up and down. For example, a four foot tall fence post appeared to be eight feet tall while bouncing up and down. I asked my husband if he could see my eyes shaking and he said no. The next morning, I accompanied my husband for a retreat, but I could barely walk. I again asked him to look at my eyes and this time, he confirmed they were bounc-

ing up and down. We then proceeded to the Emergency Room fearing I was having some adverse reaction to the vaccine. The doctors there diagnosed me with Vertical Nystagmus. Vertical Nystagmus is very rare compared to Horizontal Nystagmus; so rare that doctors came in to see me out of curiosity just to observe my eyes as they've never seen it in all their combined medical careers. The doctors ordered a CT scan, which came back inconclusive but referred me to a Neurologist the following Monday.

9. Monday, Nov 15, the neurologist recognized my Nystagmus and ordered an MRI, MRV, MRA, EKG and extensive blood-work which were completed over the next three weeks. The results of the MRI showed I had two strokes! One in my occipital lobe was identified by the MRI but the other was in my Brain Stem and too small to show on the MRI. The doctors concluded this because Vertical Nystagmus is only present with a stroke in the Brain Stem. The Vertical Nystagmus slowly subsided over the next few days.

10. On Saturday, Dec 4 I woke up with terrible nausea and my vision reverted to how it was three weeks prior. I was terrified I had another stroke. My brother rushed me to the ER where they too thought I had another stroke. They admitted me for observation the next two nights to monitor my heart as I was at an increased risk for AFib. I remained in observation until they could perform an MRI on Monday.

11. That Monday, the results of the MRI showed I did not show any new strokes; but instead I had suffered more strokes than originally diagnosed during my first MRI. They advised that since some of the swelling had subsided, they were able to see three strokes in my Occipital Lobe in addition to the one in the brain stem that was still undetectable by MRI. Four total strokes within hours of receiving my second dose of the COVID vaccine. The doctors discharged me with a heart monitor to be worn for the next two weeks and put me on a 75mg blood thinner to take in conjunction with 81mg of Aspirin daily. This they said to reduce the risk of further blood clotting as a result of the vaccine.

12. On Thursday Dec 9, I had a tele-med appointment with my neurologist. I asked why I seemed to have regressed in symptoms if I did not have an additional stroke, and she stated that if I am stressed, fatigued, tired, etc., that my stroke symptoms can reappear. She ordered Occupational Therapy for my vision and referred me to a Neuropthamalogist. I had my first Occupational Therapist appointment on Jan 5.2022. The therapist is not optimistic I will see improvement but will know more in follow on appointments as they continue to monitor my condition. I am still waiting to see the Neuropthamalogist.

13. My future in the military is now uncertain as I am unable to drive, move confidently through dynamic terrain, or articulate my thoughts in the manner I am accustomed to. In the military we are taught the 9-Line Medivac report in ad nauseam. "Urgent" deals with wounds that are most severe to include anything that deals with the possible loss of life, limb, or eyesight. Knowing that my eyesight may forever be affected by this is devastating. My AFSC requires that I drive heavy machinery as well as scrutinize technical data. How am I expected to

do that with compromised vision? How am I to continue serving the country that I love, much less live a normal fulfilling life? My civilian career has been placed in jeopardy as well as my military career. I chose to serve in the United States armed forces and put it all on the line for my country. I never thought a vaccine mandate would be what brought that all to an end. Not only am I no longer able to fulfill my responsibilities to my employer, and the Airforce; I also can no longer take part in many hobbies that made me who I am today.

To my congressional delegates: We have all stuck our neck out in one way or another in order to better serve this great nation. I call on you now to do just that. These mandates are a glaring overreach of executive power. Please fight for our constitutional rights. Please fight for your constituents. Please stop these mandates. Please fight for me: if we can avoid one more case like mine, we will have succeeded. You have the power to stop this, so my family and I simply ask that you use it. To maintain our individual sovereignty, we always must have a choice. Freedom of choice is what this nation was built on, and the belief that I held close when volunteering to serve in the military. Please fight for others to have the choice I wasn't afforded.

[redacted]

Attachments:

1.Medical Letter
2.VAERS Report

[redacted]

Letter Details

[redacted]

[redacted] CLINIC OF NEUROLOGY [redacted]A

[redacted]

January 6, 2022

To whom it may concern,

[redacted] is being treated in my clinic for ischemic stroke. Patient underwent extensive evaluation for other po ible rea on for the troke At thi time the only expan ion that I have that troke i related to recent Pfizer COVID vaccine booster that was injected 2 days prior to development of the stroke.
I do not believe that it will be safe for the patient to receive any further COVID vaccinations

[redacted]

[redacted]

Gmail [redacted]

VAERS Report Confirmation

1 me age

info@vaers.org <info@vaers.org> Mon, Jan 10, 2022 at 6:48 PM
To: [redacted]

VAERS Vaccine Adverse Event Reporting System
www.vaers.hhs.gov

Report Confirmation Email

Thank you for using the VAERS on-line report submission system. The information you have provided will assist the Centers for Disease Control and Prevention (CDC) and Food and Drug Administration (FDA) in their effort to monitor the safety of all US-licensed vaccines. Your report was submitted on the date indicated below, and a igned a temporary E Report Number Plea e refer to the a igned E Report Number below if you need to contact us regarding this report.

If you have additional information that will contribute to our understanding of the reported event, or if you would like to obtain the permanent VAERS ID Number that was assigned to this report, please contact VAERS.

Date Form Completed	01/10/2022
Temporary VAERS E-Report No:	769810

For additional information on vaccine afety contact CDC INFO by calling (800) 232 4636 or vi it the CDC' Vaccines and Immunizations website. The National Vaccine Injury Compensation Program (VICP) is a separate program from VAERS and is administered by the Health Resources and Services Administration (HRSA). Reporting an adverse event to VAERS does not constitute filing a claim with the VICP. For more information about the VICP, call (800) 338 2382 or vi it the VICP Web ite

Patient identity is confidential

[redacted]

USN Pilot & Unit Commander, Captain, 44y/o Male

- O-6: Senior Leader in the USN
- Single dose of J&J vaccine, mild symptoms within 12 hours, but at day 4, sent to the ER
- Diagnosed with pancytopenia and a rare autoimmune disorder triggered by vaccine
- Unable to exercise and suffers from lingering side effects
- Has first person contact with other vaccine injured DoD members

MEMORANDUM FOR THOSE CONCERNED

From: CAPT [redacted] USN

Subj: Summary of impact after COVID-19 vaccine to Active Duty Naval Aviator

Encl: (1) VAERS Report
(2) NAVADMIN 225/21
(3) COVID19 vaccination medical exemption guidance 11 September 2021
(4) BUMED NOTICE 6300 3 September 2021
(5) COVID19 vaccine medical exemption process map
(6) [redacted]
(7) BUMED NOTE 6000

1. This memorandum is to contribute to the compilation of service members suffering adverse reactions and injury due to receiving COVID-19 vaccinations. It highlights the very real and substantial danger to the safety and health of our armed service members and is being submitted under protected communication with congressional members. I request to have my identity redacted and those mentioned in this memorandum if it is shared outside of these protected communication channels in accordance with the Whistle Blower Protection Act. I am currently serving as a Commanding Officer and am fearful my superiors will remove me from command and/or seek retribution harming my career if they become aware I had expressed my concerns in regard to the Navy's mandatory COVID-19 vaccination and discussed the damage I have suffered after receiving the COVID-19 vaccine.

2. I am currently stationed at [redacted] as the Commanding Officer of [redacted] and have over 22 years of active duty service as a Naval Aviator in the U.S. Navy. I have been stationed overseas, operated my aircraft in support of Combatant Commands world-wide, and executed deployments flying combat mission in Iraq and Afghanistan. My performance as a Naval Officer and pilot has been exceptional to date as evidenced by being the Commanding Officer of an operational squadron, screening for O6 command, designated as aircraft and mission commander in three military aircraft, an instructor pilot in two of these platforms, earning the highest marks on fitness reports, and consistently scoring the highest category on physical readiness tests.

3. In accordance with the Department of the Navy's policy to vaccinate against COVID-19 as required by Secretary of Defense mandate, I was ordered to receive two doses of a fully FDA licensed COVID-19 vaccine or a vaccine still under an EUA to meet deadlines required by the Department of the Navy. Knowing that there is currently no FDA approved vaccine available in the DoD I questioned the legality of the Navy requiring service members to take a COVID vaccine that was not FDA approved. The Navy's official response to this legal concern was a medical memo (Encl. 7) from the Department of the Navy Bureau of Medicine and Surgery (BUMED) stating the Pfizer EUA approved vaccine has the same formulation and can be used interchangeably with the Pfizer Comminaty vaccine that is FDA approved with no safety of effectiveness concerns. My commanding officer and chain of command considered this medical response to a legal concern sufficient to still order me to take a EUA approved vaccine. I remained reluctant to take the vaccine but was informed failure to vaccinate in 5 days would result in being Detached for Cause, relieving me of command, and be subject to Show Cause

proceedings on the bases of Misconduct, Moral or Professional Dereliction, and Substandard Performance resulting in an eventual dismissal from military service.
Thus, on 14 October, I reluctantly took the Johnson & Johnson COVID-19 vaccine in order to preserve my career and only source of income to support my wife and children. I now lament that decision and the effect it has had on my health.

4. In July 2021 I contracted COVID-19 and suffered a mild fever for two days and congestion for four days. I lost my sense of smell and taste for close to three weeks but in one week after manifesting symptoms I was back to my normal routine and able exercise daily with no limitations. In August 2021, I had multiple blood draws conducted to include a CBC panel that returned with normal results in all areas. Serological testing in August documented I had COVID-19 IgG and IgM antibodies. I completed my annual flight physical the beginning of October and was issued an up chit, the required documentation declaring I was medically healthy and cleared to operate military aircraft. One week later on 14 October 2021, I received the Johnson & Johnson COVID-19 vaccination. That same day I performed extensive callisthenic and anaerobic exercise with no limitations. At 0130 on 15 October, I woke up with a 101.8 fever, chills and significant fatigue and muscle aches. These symptoms continued until the evening of 16 October and through the day of 17 October I slowly improved and felt better. The morning of 18 October I was driving to work and felt tightness and pain in my chest and suffered light headedness and dizziness to the point I had to stop driving my vehicle. I phoned my wife and requested she pick me up and take me to [redacted] Hospital Emergency Room. I was admitted to [redacted] Hospital where I remained for four days as doctors investigated and ran tests on what was happening to my body. Initial blood test results were positive D-Dimer, indicating possible thrombus (blood clotting), as well as plummeting white blood cell, red blood cell and platelet counts; all below normal range. My spleen was identified to be enlarged and I was diagnosed with a newly developed autoimmune disease due to lack of intrinsic factor resulting in pernicious anemia caused by my body's inability to absorb vitamin B12; a condition that will require me to receive vitamin B12 shots for the rest of my life.
After four days of extensive exams and testing I was released from the hospital and directed to follow up with my Primary Care Provider (PCM) since my red and white blood cell and platelet counts were slowly improving and no clotting was discovered. My PCM has informed me I suffered from pancytopenia (low counts of all three types of blood cells) most likely caused by an interruption or reduction in my bone marrow function. I have been referred to a hematologist to provide follow on medical care for my newly developed autoimmune disease and to address my enlarged spleen.

5. At this point my future health and career are uncertain. Currently I still have swollen lymph nodes that continually cause me pain and discomfort, I am unable to exercise as I become fatigued walking up just two flights of stairs, I suffer periodic chest discomfort and tightness, shortness of breath, and lightheadedness. I have difficulty focusing at work and easily become fatigued. When I return home in the evening I am exhausted with no energy to interact with my family and usually need to lay down and rest.

6. Though I have currently met the DoD COVID-19 vaccine requirement and am fully vaccinated, I am fearful that the DoD will soon mandate all service members to start receiving COVID-19 boosters. I have begun the process of requesting permanent medical exemption from additional COVID-19 booster vaccinations that are likely to be mandated in the near future. Based on the injuries I have incurred from just one COVID-19 vaccination I am fearful another vaccination could result in more severe injuries or even my death. I am greatly concerned my permanent medical exemption request will be denied since the military is only recognizing a few

very specific vaccine injury conditions as qualifying for permanent medical exemption (Encl. 3). BUMED is refusing to consider any other contraindications to COVID vaccines and is making the default determination it is a greater risk to not receive COVID vaccines, remaining partially or fully unvaccinated, regardless of whether the service member has already recovered from COVID or has had other COVID vaccine related injuries outside the few specific conditions they have identified. Additionally, the process for requesting permanent exemption requires multiple levels of Navy medical endorsement with no ability to appeal or request an alternate review leaving service members with no recourse if one doctor in the process determines medical exemption is not warranted (Encl. 4 & 5).

7. I beseech members of Congress to immediately investigate the damage forced vaccination is having on the men and women serving in our armed forces. Two sailors, in my command alone, have suffered adverse effects and may no longer be able to deploy. I have fellow officers that have contacted me in confidence to discuss the myriad of health issues they have developed post vaccination. I have encouraged them to also come forward but some of them fear the risk this will have on their careers. Sadly, these sailors feel they need to hide the damage they have suffered or be punished and ostracized by Navy leaders for bringing doubt on the benefits of the vaccine. The DoD is rushing to vaccinate our entire force and making no effort to evaluate what effect this is having on service members. Our military has proven from the beginning of the pandemic we can operate in a COVID environment without vaccines. The DoD is now starting to see the majority of COVID positive service members being breakthrough cases from fully vaccinated personnel. Despite the increase in breakthrough cases the DoD continues to meet all operational requirements but justifies this accelerated timeline to vaccinate the entire force with no safety controls or tripwires to assess this effort, as being critical to military readiness, operations and national security. Navy leadership has directed all adverse reactions to the vaccine be reported in VAERS, a passive reporting system and database external to the DoD, resulting in no way to assess the impact adverse reactions and injuries are having on service members and our readiness. In stark contrast to this lack of assessment the Navy is going to great lengths to document, track, and report weekly all military members who have been ordered to receive the vaccine, who request religious or medical exemption, and those members who ultimately acquiesce and accept getting vaccinated.
I am requesting the DoD immediately suspend COVID-19 vaccination efforts and implore Congress to demand military leaders actively track and report the effect COVID vaccines have had on service members health, operational readiness and manpower.

[redacted]
CAPT USN

VAERS Vaccine Adverse Event Reporting System
www.vaers.hhs.gov

Adverse events are possible reactions or problems that occur during or after vaccination. Items **2, 3, 4, 5, 6, 17, 18 and 21** are **ESSENTIAL** and should be completed. Patient identity is kept confidential. Instructions are provided on the last two pages.

INFORMATION ABOUT THE PATIENT WHO RECEIVED THE VACCINE (Use Continuation Page if needed)

[redacted]

3. Sex: ☒ Male ☐ Female ☐ Unknown

4. Date and time of vaccination: (mm/dd/yyyy) 10/14/2021 Time: [redacted] ☐AM ☒PM

5. Date and time adverse event started: (mm/dd/yyyy) 10/18/2021 Time: 10:30 ☒AM ☐PM

7. Today's date: (mm/dd/yyyy) 11/04/2021

8. Pregnant at time of vaccination?: ☐ Yes ☒ No ☐ Unknown
(If yes, describe the event, any pregnancy complications, and estimated due date if known in item 18)

9. Prescriptions, over-the-counter medications, dietary supplements, or herbal remedies being taken at the time of vaccination:

10. Allergies to medications, food, or other products:

11. Other illnesses at the time of vaccination and up to one month prior:
None

12. Chronic or long-standing health conditions:
None

INFORMATION ABOUT THE PERSON COMPLETING THIS FORM

[redacted]

INFORMATION ABOUT THE FACILITY WHERE VACCINE WAS GIVEN

16. Type of facility: (Check one)
- ☐ Doctor's office, urgent care, or hospital
- ☒ Pharmacy or store
- ☐ Workplace clinic
- ☐ Public health clinic
- ☐ Nursing home or senior living facility
- ☐ School or student health clinic
- ☐ Other:
- ☐ Unknown

WHICH VACCINES WERE GIVEN? WHAT HAPPENED TO THE PATIENT?

17. Enter all vaccines given on the date listed in item 4: (Route is HOW vaccine was given, Body site is WHERE vaccine was given) Use **Continuation Page** if needed

Vaccine (type and brand name)	Manufacturer	Lot number	Route	Body site	Dose number in series
COVID19 (Janssen)	Janssen	[redacted]	* Intramuscular	Left Arm	1
select			select	select	select
select			select	select	select
select			select	select	select

18. Describe the adverse event(s), treatment, and outcome(s), if any: (symptoms, signs, time course, etc.)

Patient experienced chest pain, dizziness, light-headed on October 18, 2021 at 10:30 am. Patient called his primary care provider and was directed to go to the ER. Patient headed to [redacted] Hospital and admitted around 11:40 am. Patient was released on October 21, 2021 at 10:00 am.

Use **Continuation Page** if needed

19. Medical tests and laboratory results related to the adverse event(s): (include dates)

EKG - October 18, 2021, probable left atrial enlargement
Chest X-ray - October 18, 2021, normal

Use **Continuation Page** if needed

20. Has the patient recovered from the adverse event(s)?: ☐ Yes ☒ No ☐ Unknown

21. Result or outcome of adverse event(s): (Check all that apply)
- ☒ Doctor or other healthcare professional office/clinic visit
- ☒ Emergency room/department or urgent care
- ☒ Hospitalization: Number of days (if known) 4 [redacted]
- ☐ Prolongation of existing hospitalization (vaccine received during existing hospitalization)
- ☐ Life threatening illness (immediate risk of death from the event)
- ☐ Disability or permanent damage
- ☐ Patient died – Date of death: (mm/dd/yyyy) [redacted]
- ☐ Congenital anomaly or birth defect
- ☐ None of the above

ADDITIONAL INFORMATION

22. Any other vaccines received within one month prior to the date listed in item 4: Use **Continuation Page** if needed

Vaccine					Dose number in series	Date Given
select			select	select	select	
select			select	select	select	

23. Has the patient ever had an adverse event following any previous vaccine?: (If yes, describe adverse event, patient age at vaccination, vaccination dates, vaccine type, and brand name)
☐ Yes ☒ No ☐ Unknown

24. Patient's race: (Check all that apply)
☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander
☐ White ☒ Unknown ☐ Other:

25. Patient's ethnicity: ☐ Hispanic or Latino ☐ Not Hispanic or Latino ☒ Unknown

26. Immuniz. proj. report number: (Health Dept use only)

[redacted]

27. Status at vaccination: ☒ Active duty ☐ Reserve ☐ National Guard ☐ Beneficiary ☐ Other:

28. Vaccinated at Military/DoD site: ☐ Yes ☒ No

SAVE

17. Enter all vaccines given on the date listed in item 4 (continued):					Dose number in series
Vaccine (type and brand name)	Manufacturer	Lot number	Route	Body site	

22. Any other vaccines received within one month prior to the date listed in item 4 (continued):					Dose number in series	Date Given
Vaccine (type and brand name)	Manufacturer	Lot number	Route	Body site		

Use the space below to provide any additional information (indicate item number):

Additional Information for Item 9: Calcium, Magnesium, and Zinc.
Additional information for Item 19:
CBC panel, October 18, 2021, WBC low 2.89, RBC low 4.49, hematocrit low 39.2, MCH high 31.8, MCHC high 36.5, platelet count low 125, atypical lymphs high 4, total neutrophils low 1.24, total atypical lymphs high .10, D-Dimer test 0.6 high.

CT Angiogram pulmonary arteries - October 18, 2021, normal, no evidence of acute embolism.

Cholesterol - October 18, 2021, normal.

Epstein-Barr virus - October 18, 2021, normal.

CBC - October 19, 2021, WBC 3.78 low , RBC 4.17 low, hemaglobin 13.2 low, hematocrit 37.1 low, MCH 31.7 high, MCHC 35.6 high, platelet 115 low, monocytes 1 low, basophils 1 high, atypical lymphs 2 high, total neutrophils 1.71 low, total monocytes .03 low, total atypical lymphs .06 high.

Stress test - October 19, 2021 normal/passed.

Ultrasound of abdomen - October 19, 2021 spleen enlarged 13cm.

Hepatitis B and C - October 19, 2021, normal

CBC - October 20, 2021, WBC 4.76 normal low, RBC 4.76 normal low, hemaglobin 14.8 normal low, hematocrit 41.5 low, MCH 31.1 normal high, MCHC 35.7 high, MPV 9.2 low, basophils 1 high, atypical lymphs 4 high, total atypical lymphs 0.2 high.

Intrinsic Factor Blocking AB test - October 20, 2021, positive, signaling auto-immune disease development

Pathology Peripheral smear - October 19, 2021, RBC: no schistocytes, WBC: atypical lymphocytes, Platelets: rare plt clumps

Immature platelet fraction October 19, 2021, 1.60: thrombocytopenia

UNCLASSIFIED//

ROUTINE

R 132050Z OCT 21 MID600051034536U

FM CNO WASHINGTON DC

TO NAVADMIN

INFO SECNAV WASHINGTON DC

BT
UNCLAS
NAVADMIN 225/21

MSGID/NAVADMIN/CNO WASHINGTON DC/CNO/OCT//

SUBJ/COVID-19 CONSOLIDATED DISPOSITION AUTHORITY (CCDA)//

REF/A/DOC/SD/24AUG21/

REF/B/MSG/SECNAV/302126ZAUG21/

REF/C/MSG/CNO/311913ZAUG21/

REF/D/DOC/BUMED/7OCT13//

REF/E/DOC/BUPERS/16MAR20//

REF/F/DOC/OPNAV/15AUG20//

NARR/REF A IS THE SECRETARY OF DEFENSE MEMO MANDATING
CORONAVIRUS DISEASE 2019 VACCINATION FOR DEPARTMENT OF
DEFENSE SERVICE MEMBERS.
REF B IS ALNAV 062/21, 2021 2022 DEPARTMENT OF NAVY MANDATORY
COVID-19 VACCINATION POLICY.
REF C IS NAVADMIN 190/21, 2021-2022 NAVY MANDATORY
COVID-19 VACCINATION AND REPORTING POLICY.
REF D IS BUMEDINST 6230.15B, IMMUNIZATIONS AND CHEMOPROPHYLAXIS
FOR THE PREVENTION OF INFECTIOUS DISEASE.
REF E IS BUPERSINST 1730.11A, STANDARDS AND PROCEDURES
GOVERNING THE ACCOMMODATION OF RELIGIOUS PRACTICES.
REF F IS MILPERSMAN 1730 020, IMMUNIZATION EXEMPTIONS
FOR RELIGIOUS BELIEFS.//
POC/OPNAV/CAPT STEVEN TARR III, (703) 614-9250//EMAIL:
STEVEN.TARR1.MIL(AT)US.NAVY.MIL

RMKS/1. Purpose. This NAVADMIN announces the assignment of the Chief of Naval Personnel as the COVID Consolidated Disposition Authority (CCDA), and provides procedural guidance and reporting requirements for administrative disposition of individual Navy service members, active duty and Selected Reserve, who are not fully vaccinated per references (a) through (c).

2. Policy. In order to maximize readiness, it is the policy goal of the U.S. Navy to achieve a fully vaccinated force against the persistent and lethal threat of COVID-19.

2.a. In support of the above stated policy, and as directed by the Secretary of the Navys lawful order, the Navy has commenced a mandatory vaccination campaign per references (a) through (c). Navy service members refusing the COVID-19 vaccination, absent a pending or approved exemption, shall be processed for

administrative separation per this NAVADMIN and supporting references. To ensure a fair and consistent process, separation determinations will be centralized under the CCDA as outlined in the paragraphs below.

2.b. To date, over 98 percent of active duty U.S. Navy service members have met their readiness responsibility by completing or initiating a COVID-19 vaccination series. We applaud your commitment to ensuring the continued readiness of our worldwide deployable Navy. Tragically, there have been 164 deaths within the Navy family due to COVID 19, far exceeding the combined total of all other health or mishap related injuries and deaths over the same time period. 144 of these were not immunized and 20 had an undisclosed immunization status.

3. Definitions. For the purposes of this NAVADMIN, the following terms are defined.

3.a. Navy Service Members. Active duty service members and service members in the Selected Reserve only. Service members in the Individual Ready Reserve and U.S. Naval Academy and Naval Reserve Officers Training Corps midshipmen remain subject to the vaccine mandates in references (a) and (b), but will be adjudicated per their governing instructions rather than this NAVADMIN.

3.b. Active Duty Navy Service Members. Active duty Navy service members includes members of the Active Component and members of the Reserve Component on active duty in full time support (FTS).

3.c. Refusing the Vaccine. A Navy service member refusing the vaccine is one who has: (1) received a lawful order to be fully vaccinated against COVID-19; (2) is not or will not be fully vaccinated on the date required by the order; and (3) does not have a pending or approved exemption request per references (d) through (f).

3.d. Fully Vaccinated. Service members are considered fully vaccinated two weeks after completing an approved COVID-19 vaccination series per reference (c).

3.e. Senior Leader. A Navy senior leader is a flag officer or flag officer select, regardless of assignment; an officer serving as a commander, deputy commander, commanding officer, executive officer, chief of staff, chief staff officer, or officer in charge; or an enlisted member serving as a command master chief, chief of the boat, senior enlisted advisor, or command senior enlisted leader.

4. Deadlines. Per references (a) through (c), active duty Navy service members must be fully vaccinated against COVID 19 NLT 28 November 2021, and Ready Reserve Navy service members NLT 28 December 2021. New accessions must be vaccinated as soon as practicable following service entry.

4.a. For requested exemptions that are denied, specific instructions regarding the follow-on vaccination timeline or separation adjudication process will be included in the denial letter.

4.b. Administrative actions per this NAVADMIN may begin as soon as a Navy service member meets the definition of refusing the vaccine in paragraph 3.c.

5. Disposition Authority

5.a. Designation of the CCDA. The Chief of Naval Personnel (CNP) is the CCDA. The Chief of Navy Reserve (CNR) will provide support to the CCDA for cases involving Navy service members in the Selected Reserve.

5.b. Authorities for Vaccination Refusal. The CCDA is the officer show cause authority and enlisted separation authority for Navy service members who refuse the COVID-19 vaccine, except Entry Level Separation (ELS). For ELS, commanders and commanding officers are separation authorities per paragraph 6.b. Commanders and commanding officers will initiate administrative separation processing per paragraphs

7.a. and 7.b. The Vice Chief of Naval Operations retains authority for non judicial punishment and courts martial. Involuntary extension of enlistments is not authorized on the basis of administrative or disciplinary action for vaccination refusal. The CCDA may seek recoupment of applicable bonuses, special and incentive pays, and the cost of training and education for service members refusing the vaccine.

5.c. Other Misconduct. The withholding of disposition authority in reference (c) and this NAVADMIN does not extend to other misconduct, which may include misconduct related to vaccine refusal such as failing to wear a mask when required, falsifying vaccination records, or not complying with COVID testing requirements. If in doubt, commanders, commanding officers, and officers in charge should consult with their servicing staff judge advocate in determining disposition authority.

5.d. Separation Authority for Vaccine Refusal That Includes Other Misconduct. If a Navy service member is processed for administrative separation because of vaccine refusal that includes other misconduct, the CCDA will serve as the officer show cause authority or enlisted separation authority in accordance with paragraph 5.b.

5.e. Professional Qualifications. For Navy service members refusing the vaccine, the CCDA retains the authority for administrative processes regarding removal of warfare qualifications, additional qualification designations (AQD), Navy Enlisted Classifications (NEC), or sub-specialties, except in cases where removal authority is otherwise authorized by law or Executive Order (e.g. Director, Naval Nuclear Propulsion Program regarding nuclear qualifications).

5.f. Other Armed Forces Members Assigned to Navy Commands. For vaccine refusal cases involving Soldiers, Airmen, Guardians, Marines, or Coast Guardsmen assigned to Navy commands, the Navy commander, commanding officer, or officer-in-charge will report the case to the CCDA.

5.g. Navy Service Members in Non-Navy Billets. The CCDA will be responsible for identifying, coordinating, and adjudicating Navy service members refusing the vaccine while serving in non Navy billets (e.g., Joint, NATO).

6. Administrative Disposition Guidance; Immediate Actions.

6.a. Unvaccinated Senior Leaders. An unvaccinated senior leader without a pending or approved exemption calls into question the Navys trust and confidence regarding their ability to ensure unit readiness or to maintain good order and discipline. These senior leaders must begin vaccination immediately. This constitutes a lawful order. The immediate superior in command (ISIC), commander,

or commanding officer, as applicable, will notify in writing senior leaders refusing the vaccine that they have five (5) calendar days to initiate corrective action. If the senior leader does not begin a vaccination series or request an exemption within that five-day period, the ISIC, commander, or commanding officer will relieve the senior leader and initiate detachment for cause (DFC) per MILPERSMAN 1611-010, MILPERSMAN 1611-020, and MILPERSMAN 1616-010, as applicable.

6.a.(1). A sample report of misconduct is available at: https://www.mnp.navy.mil/group/navy-covid-19-reporting. The report will note that authority for disciplinary action is withheld by reference (c) and this NAVADMIN, and as such no disciplinary action was taken.

6.a.(2). Established notification procedures for relief of command triad members apply. The relief of any flag officer or officer selected for promotion to O-7 under this paragraph will be reported to the Naval Inspector General for review per DoDI 1320.04 and SECNAVINST 5800.12C.

6.b. Entry Level Separation (ELS). ELS processing is authorized per paragraph 5.b above per MILPERSMAN 1910-154 for Navy service members in an entry level status refusing the vaccine. ELS shall be reported per paragraph 9.

6.c. Because COVID-19 vaccination is now mandatory, commanders, commanding officers, or officers in charge, with the concurrence of the first flag officer in the chain of command, are authorized to temporarily reassign Navy service members who refuse the COVID-19 vaccine, regardless of exemption status, based on operational readiness or mission requirements.

6.d. Promotion, Transfer and Reenlistment. Commands shall not allow those refusing the vaccine to promote/advance, reenlist, or execute orders, with the exception of separation orders, until the CCDA has completed disposition of their case. Transfer orders may be cancelled by Navy Personnel Command.

7. Administrative Disposition Guidance; Future Actions. The actions in this paragraph shall be executed per paragraph 4.

7.a. Officer Administrative Separation. In the case of any officer, including any officer senior leader, who is refusing the vaccine, the cognizant commander or commanding officer shall submit a report of misconduct to Commander, Navy Personnel Command (PERS-834) per MILPERSMAN 1611-010. A template report is available at: https://www.mnp.navy.mil/group/navy-covid-19-reporting. Per SECNAVINST 1920.6D, the CCDA, as the show cause authority, has directed mandatory show cause processing for all officers on the bases of Misconduct, Moral or Professional Dereliction, and Substandard Performance, with the least favorable characterization of service as GENERAL (under honorable conditions), unless inclusion of another basis for separation warrants other than honorable. Additionally, report flag officers or officers selected for promotion to O-7 who are refusing the vaccine to the Naval Inspector General for review per DoDI 1320.04 and SECNAVINST 5800.12C. Officers separated under this subparagraph will not be eligible for involuntary separation pay and will be subject to recoupment of any unearned special or incentive pays.

7.b. Enlisted Administrative Separation. In the case of any enlisted service member, including any enlisted senior leader, who is refusing the vaccine, the cognizant commander or commanding officer shall initiate the process for administrative

separation under MILPERSMAN 1910-142, Commission of a Serious Offense, plus any additional basis known at the time of processing. The provisions of MILPERSMAN 1910 (series) apply; treat vaccine refusal cases as though they were listed in MILPERSMAN 1910-233. The CCDA is the separation authority unless a higher separation authority is required by MILPERSMAN 1910-704. The least favorable characterization of service shall be GENERAL (under honorable conditions), unless inclusion of another basis for separation warrants other than honorable. Enlisted service members separated under this subparagraph will not be eligible for involuntary separation pay and will be subject to recoupment of any unearned special or incentive pays.

7.c. Officer Promotion Delay. Per SECNAVINST 1420.3 or SECNAVINST 1412.6M, commanders and commanding officers shall delay the promotion of any officer refusing the vaccine. Delays shall be based upon pending administrative action and physical qualification. PERS-833 will make formal written notice to the officer following written notice by the commanding officer.

7.d. Enlisted Advancement Withhold. Per BUPERSINST 1430.16G, commanding officers shall withhold the advancement of any enlisted member refusing the vaccine. Advancement withholds shall be based upon pending administrative action and physical qualification.

7.e. Documentation in Fitness Reports and Enlisted Evaluations. Per MILPERSMAN 1610-015, failure to comply with individual medical readiness responsibilities will be documented in fitness reports and evaluations. Failure to be fully vaccinated against COVID-19 is a medical readiness failure.

7.e.(1). Commanding officers shall identify those refusing the vaccine and verify that the members have an initial counseling NAVPERS 1070/13 per MILPERSMAN 1610-015 in their local file (Page 13). If necessary, the initial NAVPERS 1070/13 directed in MILPERSMAN 1610-015 shall be issued. The NAVPERS 1070/13 counseling and warning ordering vaccination per NAVADMIN 190/21 may serve as the subsequent formal counseling required in MILPERSMAN 1610-015.

7.e.(2). Within 30 days of a Navy service member refusing the vaccine, reporting seniors shall issue a Special Fitness Report/Evaluation per MILPERSMAN 1610-015 and BUPERSINST 1610.10E. In addition to documenting failure to comply with individual medical readiness responsibilities, the report shall document other facts as appropriate, including any misconduct related to UCMJ Art. 92.

7.f. Terminal Leave. Navy service members who commence terminal leave on or before the applicable deadline in paragraph 4 are administratively exempted from vaccine requirements per BUMEDNOTE 6150 of 21 Sep 21 and BUMEDINST 6230.15B.

7.g. The authority for commanding officers in MILPERSMAN 1730-020 to revoke an approved religious accommodation exemption from COVID-19 vaccination is withheld.

8. Reporting

8.a. Officers and E-6 through E-9. Per MILPERSMAN 1611-010 and MILPERSMAN 1616-040, commands are required to inform PERS-834 (officers) and PERS-832 (enlisted) of incidents that could result in adverse action. This applies to vaccine refusal. Reports

should flag whether the service member is pending transfer or promotion/advancement.

8.b. E-5 and Below. Per MILPERSMAN 1616-050, misconduct not yet finally adjudicated need not be reported to Navy Personnel Command.

9. Data Collection and Record Retention

9.a. Navy echelon one and two commanders will forward information regarding those refusing the vaccine within their administrative chains of command to CNP for active duty Navy service members and CNR for Ready Reserve service members per CCDA guidance.

9.b. All commands must retain all records, materials and written communications, including emails, pertaining to vaccine refusals per SECNAV M-5210.1.

10. Points of contact. OPNAV POC: CAPT Steven Tarr III, comm (703) 614-9250, e-mail: steven.tarr1.mil(at)us.navy.mil. BUMED POC: BUMED COVID-19 CRISIS ACTION TEAM / (703) 681-1125 / e-mail: USN.NCR.BUMEDFCHVA.MBX.BUMED--- 2019-NCOV-RESPONSE-CELL(AT)MAIL.MIL OJAG POC: CDR Justin Pilling, comm (703) 614 5757, e mail: justin.d.pilling@navy.mil.

11. Released by ADM William Lescher, Vice Chief of Naval Operations, and VADM John B. Nowell, Jr., Chief of Naval Personnel.//

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COVID-19 mRNA Vaccine Provider Medical Exemption Guidance 11SEP2021

Permanent Medical Exemption

- Documented anaphylaxis after receipt of first COVID-19 vaccination or symptoms less than 4 hours after vaccination including hives/swelling, wheezing/shortness of breath, vomiting/diarrhea, hypotension. Can be vaccinated under guidance of Allergist, if available.
- Diagnosed with myocarditis / pericarditis after first COVID-19 vaccination or infection including ST elevation and/or enzymes.
- Temporal association of Stevens-Johnson Syndrome (SJS) or Guillain Barre Syndrome (GBS) that cannot be attributed to another underlying cause
- Thrombosis with Thrombocytopenia Syndrome (TTS)

Temporary Medical Exemption

- Currently in isolation / quarantine for COVID-19. Recommend they get vaccinated as soon as off isolation / quarantine.
- Pregnancy, although strongly recommend vaccination per ACOG / CDC guidance
- Monoclonal antibody administration against COVID-19 (90 days). Renewal of temporary medical exemption will be required every 30 days.
- If required for travel to be vaccinated in hospital Immunizations Clinic under guidance of Allergist
- If required to gather more information regarding special medical considerations on limited basis

Definitely Vaccinate

- Symptoms following first COVID-19 vaccination more than 4 hours after shot including malaise, fever, report of contracting COVID-19 from the vaccine, isolated throat tightness self-resolved, vasovagal reaction
- Currently breastfeeding
- Personally immunocompromised
- Concerns regarding infertility
- Concerns regarding medically vulnerable family members
- Reaction to other vaccines / medications / allergens that do not contain shared ingredients
- Allergic reaction to any foods, including eggs and gelatin, latex, preservatives, antibiotics, or metals including iron, nickel, cobalt, lithium, rare earth alloys

Refer questions to email: usn.Jacksonville.navhospjaxfl.list.covid-medical-waiver@mail.mil
or DHA Global Teleconsultation Portal: https://help.nmcp.med.navy.mil/path/user/Login.action

DEPARTMENT OF THE NAVY
BUREAU OF MEDICINE AND SURGERY
7700 ARLINGTON BOULEVARD
FALLS CHURCH VA 22042

IN REPLY REFER TO
6300
Ser M00/21M00035
3 Sep 21

MEMORANDUM FOR COMMANDER, NAVAL MEDICAL FORCES ATLANTIC
COMMANDER, NAVAL MEDICAL FORCES PACIFIC
COMMANDER, NAVAL MEDICAL FORCES SUPPORT COMMAND

Subj: INTERCHANGABILITY OF FOOD AND DRUG ADMINISTRATION-APPROVED PFIZER-BIONTECH VACCINE COMIRNATY® AND FOOD AND DRUG ADMINISTRATION-AUTHORIZED PFIZER-BIONTECH VACCINE UNDER EMERGENCY USE AUTHORIZATION

Ref: (a) Comirnaty® Biologics License Application
(b) Emergency Use Authorization for Pfizer-BioNTech COVID-19 vaccine of 23 Aug 2021

1. Purpose. Address the interchangeability of the Food and Drug Administration (FDA)-approved Comirnaty® and FDA-authorized Pfizer-BioNTech Coronavirus Disease 2019 (COVID-19) vaccine.

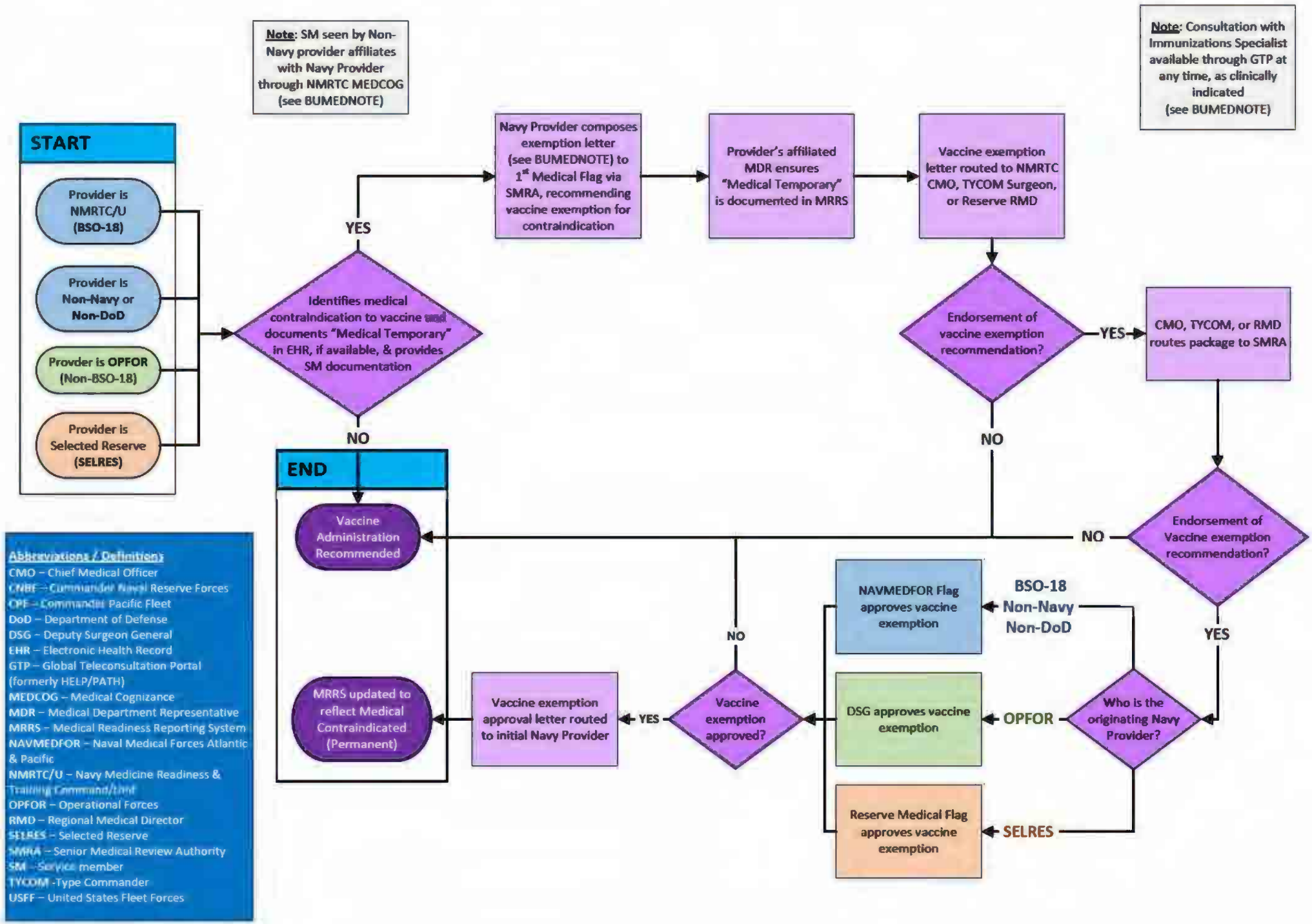
2. Background. On 23 August 2021, the FDA approved the Biologics License Application submitted by Pfizer-BioNTech for individuals 16 years of age and older, reference (a). On the same day the FDA revised the Emergency Use Authorization (EUA) for the Pfizer-BioNTech COVID-19 vaccine for individuals 12-15 years of age and for a third dose in immunocompromised individuals, reference (b).

3. The FDA-approved vaccine, and the vaccine used under the EUA, have the same formulation, and can be used interchangeably to provide the COVID-19 vaccination series without presenting any safety or effectiveness concerns. Navy medical providers can use Pfizer-BioNTech doses previously distributed under the EUA to administer mandatory vaccinations.

B. L. GILLINGHAM

Copy to:
COMPACFLT
COMUSFLTFORCOM
OPNAV (N3N5)
HQMC HS

Navy SARS-CoV-2 (COVID-19) Vaccine "Medical Contraindication" Permanent Exemption Approval Process



DEPARTMENT OF THE NAVY
BUREAU OF MEDICINE AND SURGERY
7700 ARLINGTON BOULEVARD
FALLS CHURCH VA 22042

Canc: Nov 2021
IN REPLY REFER TO
BUMEDNOTE 6000
BUMED-M3
16 Nov 2020

BUMED NOTICE 6000

From: Chief, Bureau of Medicine and Surgery

Subj: IMPLEMENTATION OF ELECTRONIC MEDICAL EVALUATION BOARD REPORT

Ref: (a) DoD Instruction 1332.18 of 17 May 2018
(b) SECNAVINST 1850.4F
(c) SECNAV M-1850.1
(d) NAVMED P-117
(e) BUMEDINST 6000.19
(f) DTM 18-004, Revised Timeliness Goals for the Integrated Disabiity Evaluation System of 30 Jul 2018
(g) DEPSECDEF memo of 13 Dec 18

1. Purpose. Navy Medicine Readiness and Training Commands (NAVMEDREADTRNCMD) must utilize the electronic Medical Evaluation Board Report (eMEBR) application in Limited Duty Sailor and Marine Readiness Tracker (LIMDU SMART) for all new cases where Service members are being considered for Disability Evaluation System (DES) referral (pre-DES), or when referred into the DES, and process cases per references (a) through (d), and enclosure (1) of reference (e). Reference (e) requires LIMDU SMART for processing Medical Evaluation Board (MEB) activities, where this notice provides direction on phased implementation timelines for use of eMEBR application in LIMDU SMART, by NAVMEDREADTRNCMD.

2. Scope and Applicability. This notice is applicable to patient administration departments, MEB offices, all healthcare providers (including operational medicine healthcare providers) delivering care to Sailors or Marines in medical treatment facilities. In addition, this notice provides a process to fulfill DES requirements as outlined in references (a) through (f).

3. Background. Expeditious processing of ill and injured Service members through the DES facilitates appropriate adjudication of their ability to continue naval Service, and additionally ensures we maintain a ready and lethal force. In reference (g), the Deputy Secretary of Defense directs Military Service Departments to complete DES processing within 180 calendar days from date of referral.

4. Action. To standardize, systemize, and optimize DES processing and meet quality and timeline goals in references (a) through (c), (f), and (g), Bureau of Medicine and Surgery (BUMED) directs Naval Medical Forces Atlantic and Naval Medical Forces Pacific to implement use of the asynchronous eMEBR application in LIMDU SMART across all

NAVMEDREADTRNCMDs in three phases by site, as outlined at https://esportal.med.navy.mil/bumed/rh/m3/M34/MEBs/DES/SitePages/Home.aspx. In addition, Naval Medical Forces Atlantic and Naval Medical Forces Pacific must ensure NAVMEDREAD-TRNCMDs provide support to operational medicine healthcare providers for integration into the MEB and LIMDU SMART processes.

5. Records Management

a. Records created as a result of this notice, regardless of format or media, must be maintained and dispositioned per the records disposition schedules located on the Department of the Navy Directorate for Administration, Logistics, and Operations, Directives and Records Management Division portal page at https://portal.secnav.navy.mil/orgs/DUSNM/DONAA/DRM/Records-and-Information-Management/Approved%20Record%20Schedules/Forms/AllItems.aspx.

b. For questions concerning the management of records related to this notice or the records disposition schedules, please contact the local records manager or the Department of the Navy Directorate for Administration, Logistics, and Operations, Directives and Records Management Division program office.

G. D. SHAFFER
Acting

Releasability and distribution:
This notice is cleared for public release and is available electronically only via the Navy Medicine Web site, http://www.med.navy.mil/directives/Pages/BUMEDNotes.aspx

USAF Fighter Pilot, Major, 36y/o Male

- Single dose of J&J, within 10 hours, forced to call paramedics and sent to ER
- Grounded from flight status for over a month
- Flight medicine, despite his adverse reaction, will not grant an exemption from further shots
- On 21 December, diagnosed with pericarditis and anaphylaxis

28 Oct 2021

MEMORANDUM FOR THOSE CONCERNED

FROM: VACCINE INJURED AIR FORCE FIGHTER PILOT

SUBJECT: Summary of impact after COVID-19 vaccine to an Air Force Fighter Pilot

1. This memorandum will highlight a substantial and specific danger to the safety of our armed services and is being submitted under protected communication with congressional members. I request to have my identity redacted if this memorandum is shared outside of these protected communication channels in accordance with the Whistle Blower Protection Act.

2. I am a current and qualified A-10 [redacted] instructor pilot stationed at [redacted] I hold advanced qualifications as a Formal Training Course Instructor Pilot, Mission Commander, Rescue Mission Commander Instructor, Forward Air Controller-Airborne instructor, and [redacted]. I have 1,958 flight hours, 864 instructor hours, trained hundreds of wingmen, flight leads, instructors, JTACs, and Ground Force Commanders. I have 219 combat hours in Syria and Iraq, and have been awarded multiple air medals and awards. The total cost of my training based on hours, qualifications, and ordinance is estimated to be $25M. I am one of many pilots across the DoD that are now recovering from a vaccine injury.

3. In order to be a fighter pilot, we must go through rigorous mental and physical medical screenings to fly high performance aircraft. As such, I have passed stringent initial screenings and yearly exams as exemplified in my medical records and physical fitness reports. I was able to perform in the excellent category of physical fitness my entire career and have excellent history of cardiovascular and muscular fitness. The day prior to taking the vaccine, I could run a 1.5 mile in less than 10.5 minutes and max out the high score in push-ups and sit-ups for our physical fitness evaluations. I rarely became ill and had no preconditions that threatened my health. I was a healthy 6'1", 190 lb 36-year-old. I have never been diagnosed with COVID-19 or received a positive COVID-19 test result.

4. In accordance with the Department of the Air Force's policy to vaccinate against COVID-19 as required by the SECDEF mandate, I received an order to receive two doses of a fully FDA licensed COVID-19 vaccine or vaccine still under an EAU to meet deadlines as outlined by the Department of the Air Force. Knowing the risks of side effects of taking COVID-19 vaccinations, I was reluctant to take the vaccine but was informed failure to comply would result in non-judicial punishment or court martial under Article 92 of the UCMJ, and administrative discharge from military service. On 2 October 2021, I was ordered by my direct supervisor to take a COVID-19 vaccine by 18 Oct 2021 or face termination of my 13-year military career. Thus, on 8 October, I reluctantly took the Johnson and Johnson COVID-19 vaccine in order to preserve my career and only source of income. I now regret that decision.

5. I took the vaccine at approximately 1000 am on Oct 8. At first, side effects of the J&J COVID-19 vaccine seemed normal throughout the day with muscle pain, soreness, and fatigue. At my home that evening while going to bed, I began experiencing numbness and tingling throughout my left shoulder, neck, and arm. It felt as if someone was squeezing my heart while an elephant was sitting on my chest. A sudden wave of nausea came over me and I got up to vomit. When I stood up, the nausea went away. However, my arms and legs began convulsing to the point at which I was unable to stand up without assistance for 9-10 minutes. Concerned I may be experiencing a heart attack or stroke, my wife helped me call 911. By the time the EMTs arrived at my home, the convulsions had mostly stopped. However, the chest tightness and numbness in my left arm remained. They performed a 12-lead ECG and determined my vitals were normal. I elected to try to get some rest at home that evening instead of going to the ER that night. The next day, 09 Oct 2021, the symptoms of tightness in chest, fatigue, and slight waves of nausea persisted so I was admitted into the [redacted] Emergency Room at 1031. There I received two ECG tests, a chest X-ray, and blood labs. Each test came back normal. I scheduled a D-Dimer test to detect the presence of blood clots. The test occurred at [redacted], on 11 Oct 2021. Dr. [redacted] reviewed the D-Dimer results and said they were normal. Symptoms of tightness in chest, fatigue, pain around the heart, and numbness in left arm and shoulder persisted periodically throughout the next two weeks. I visited cardiologist [redacted] on 20 Oct 2021 to discuss my ongoing symptoms and the results from the tests I had earlier in the month. He ordered an echocardiogram that was performed on Friday 21 Oct 2021 at [redacted] Hospital. The echo results were normal. Although no formal diagnosis exists at this point, all reported symptoms have been well documented by the aforementioned medical clinicians and doctors. Symptoms have persisted to the day of writing this memo. My primary care provider has filed the VAERS report for my reaction.

6. I have only been able to work on base three days in October since I took the injection. I am limited to a single event per day ground-based training. I have not been able to fly for three weeks since I took the vaccine. I was officially placed under Duties Not Including Flying (DNIF) status on [redacted] with a 30-day grounding.

a. Line of Duty struggles include being unable to fly, shortness of breath when teaching, fatigue going up and down stairs, not being able to work out to maintain my fitness, dealing with the stress of potentially never being able to fly again.

b. Family life and home life is also impacted. I am limited in my ability to play with my kids, I almost had to cancel a family vacation for my children's fall break. My wife has had to shoulder the burden of taking care of home tasks and the children. [redacted]

c. My mission at work is training [redacted] Losing one instructor for flying and limited ground-based training significantly burdens other instructor pilots to share the load. We have limited experienced instructors like myself, therefor we cannot afford to lose the instructors who are qualified to train new instructors. [redacted] If I lose my flying currency, [redacted] will be forced to rush less

experienced instructors into critical instructor roles. Additionally, this vaccine mandate is forcing some of our experienced instructor pilots with over 19 years of military service to leave the military. If we lose these instructors in addition to those suffering injuries, we will get into severe mission degradation territory.

7. I implore members of Congress to consider the effect this policy is having on our nation's fighting force. We are being forced to take a vaccine that is still under EUA to meet deadlines outlined by our service departments. The immediate impact on our readiness and health is staggering. No doubt I am not alone in these struggles as I have been in contact with several other members of the military that are also suffering from vaccine injury. I have encouraged them to also come forward despite the risk to their careers. I humbly request the DoD immediately cease the COVID-19 vaccine program to assess their safety, perform a mission impact and readiness study, and conduct a DoD wide survey of those that have been injured by the vaccine and are scared to come forward in fear of losing their careers. We must determine the true effects of these vaccines on our health, our readiness, and national security.

[redacted]
A-10C Instructor Pilot

Attachments:

1. Medical Records
[redacted]
3. Order to vaccinate
[redacted]

COVID-19 Vaccination Record Card

Please keep this record card, which includes medical information about the vaccines you have received.

Por favor, guarde esta tarjeta de registro, que incluye información

[redacted]

Last

First name

MI

Date of birth

Patient number *(medical record or IIS record number)*

Vaccine	Product Name/Manufacturer Lot Number	Date	Healthcare Professional or Clinic Site
1st Dose COVID-19		___/___/___ mm dd yy	
2nd Dose COVID-19		___/___/___ mm dd yy	
Other	covid-19 Janssen 10/8 [redacted]	21 mm dd yy	[redacted]
Other		___/___/___ mm dd yy	

Reminder! Return for a second dose!
¡Recordatorio! ¡Regrese para la segunda dosis!

Vaccine	Date / Fecha
COVID-19 vaccine Vacuna contra el COVID-19	_____/_____/_____ mm dd yy
Other Otra	_____/_____/_____ mm dd yy

Bring this vaccination record to every vaccination or medical visit. Check with your health care provider to make sure you are not missing any doses of routinely recommended vaccines.

For more information about COVID-19 and COVID-19 vaccine, visit **cdc.gov/coronavirus/2019-ncov/index.html**.

You can report possible adverse reactions following COVID-19 vaccination to the Vaccine Adverse Event Reporting System (VAERS) at **vaers.hhs.gov**.

Lleve este registro de vacunación a cada cita médica o de vacunación. Consulte con su proveedor de atención médica para asegurarse de que no le falte ninguna dosis de las vacunas recomendadas.

Para obtener más información sobre el COVID-19 y la vacuna contra el COVID-19, visite **espanol.cdc.gov/coronavirus/2019-ncov/index.html**.

Puede notificar las posibles reacciones adversas después de la vacunación contra el COVID-19 al Sistema de Notificación de Reacciones Adversas a las Vacunas (VAERS) en **vaers.hhs.gov**.

[redacted]

Result type: .Emergency Room Report
Date/Time of Service: October 09, 2021 12:51 MST
Result status: Unauth
Result title: ED Note
Contributed by: [redacted] on October 09, 2021 12:51 MST
Encounter info: [redacted] Emergency, 10/09/2021 -

* Preliminary Report *

Chief Complaint
Had COVID Vaccine yesterday developed CP with SOb at 2200 last night. Called EMS told to come to ED if worse this AM

Patient Information
[redacted] Age: 36 Years DOB: [redacted] Sex: Male

Provider patient care initiated: 10/09/21 12:21
Additional Information:
No qualifying data available.
ED Admitted Time / Means
ED Admitted Via - Ambulatory/POV - 10/09/21 10:31

History of Present Illness
Patient is a 36-year-old male previously healthy presented emergency department today for chest pain with shortness of breath. States that he had a Covid vaccine Johnson and Johnson yesterday around 10 AM. He did greater than 100 push-ups to help with blood flow later that day. Around 10 PM while laying in bed he felt crushing left-sided chest pressure and felt avulsions in all extremities although he did not lose consciousness or have any tongue biting urinary incontinence and he was aware throughout. This episode lasted shortly and then called the ambulance. By the time EMS showed up when he stood up he did feel quite a bit better with improvement in shortness of breath and chest pain although not completely resolved. Difficult vitals and had normal EKG per EMS and he decided to relax and sleep in his own bed. Woke up this morning still had mild chest discomfort and wanted to be evaluated here in the emergency department.

Denies any current nausea vomiting diarrhea. Denies any illicit drug use, does not smoke, does not drink, does not take any hormonal medication, has had no blood clots in the past, no family history, and did not have any prolonged resting periods and has had no leg swelling. No hemoptysis.

Review of Systems
Constitutional: [-] fever [-] chills
HENT: [-] sore throat
Eyes: [-] double vision
Respiratory: [-] cough [+] shortness of breath
Cardio: [+] chest pain
GI: [+] nausea, [-] vomiting, [-] blood in stool
GU: [-] dysuria
MSK: [-] Trauma
Skin: [-] wound
Neuro: [-] numbness [-] weakness [-] severe headaches

Problem List/Past Medical History
Ongoing
No qualifying data
Historical
No qualifying data

Medications
ibuprofen, 600 mg= 1 tab, Oral, Once
Tylenol, 1000 mg= 2 tab, Oral, Once

Allergies
No known allergies

Social History
Electronic Cigarette/Vaping
Electronic Cigarette Use: Never., 10/09/2021
Tobacco
Smoking tobacco use: Never (less than 100 in lifetime)., 10/09/2021

POC Lab Results
Point of Care Test Results
No qualifying data available.

EKG Results
EKG at 1119 shows heart rate 87, sinus rhythm, normal axis, normal intervals, no STEMI.

[redacted]

Endo/Heme/Allergies: [-] bleeding
Psych/Behavioral: [+] anxiety

Physical Exam

Vitals & Measurements
T: 36.5 °C (Tympanic) **HR:** 84(Peripheral) **RR:** 20 **BP:** 162/84 **SpO2:** 96%
HT: 185 cm **WT:** 90.4 kg **BMI:** 26.41
Other Vitals
Nursing note and vitals reviewed.

Constitutional: NAD, non-toxic appearing
HEENT: EOMI
Neck: FROM
Cardiovascular: Regular rate, regular rhythm
Pulmonary/Chest: non-labored breathing, clear to lung auscultation bilaterally, mild tenderness to palpation with left chest.
Abdominal: Non-distended, soft, non tender
Extremities: No BLE edema
Skin: no rashes
Neurological: CNII-XII intact, no seizure-like activity, strength 5/5 in all extremities, sensation intact in all extremities, no dysmetria, no dysdiadokinesis
Psychological: appropriate mood and affectNo qualifying data available.
DDX: Musculoskeletal strain, anxiety attack, ACS, GERD, pneumothorax, PE

Medical Decision Making
Patient is a 36-year-old male previously healthy presenting to the emergency department today greater than 12 hours after chest pain and shortness of breath episode. On arrival, reassuring vitals. On exam, mild left pectoral tenderness to palpation otherwise reassuring exam with no evidence of leg swelling with regular rate and rhythm and clear lungs and normal neuro exam.

Labs done in triage Show normal CBC, normal CMP, undetectable troponin. Chest x-ray showed no acute findings. EKG at 1119 shows heart rate 87, sinus rhythm, normal axis, normal intervals, no STEMI. Repeat EKG done at 1249 showed normal sinus rhythm, normal axis, normal intervals, no STEMI and no changes between EKGs.

Tylenol and ibuprofen mildly improved patient's symptoms. Unable to say for certain origin of symptoms. With his chest pain after workout yesterday, possibly musculoskeletal in origin with an anxiety component. Additionally possible vaccine reaction. With a heart score of 1 only positive for story, less likely ACS. Additionally with no risk factors for PE and PERC negative, unlikely pulmonary embolism.

Given close follow-up primary care physician and given close return precautions including any return of symptoms and discharged home with close primary care follow-up.

Assessment/Plan
Chest pain
Orders:
acetaminophen, 1,000 mg = 2 tab, Oral, Tab, Once, First Dose: 10/09/21 12:49:00 MST, Stop Date: 10/09/21 12:49:00 MST, First Dose Priority: STAT
ibuprofen, 600 mg = 1 tab, Oral, Tab, Once, First Dose: 10/09/21 12:49:00 MST, Stop Date: 10/09/21 12:49:00 MST, First Dose Priority: STAT
EKG, 10/09/21 12:49:00 MST, Stat, Chest Pain, Portable, 10/09/21 12:49:00 MST

Coded Diagnoses

[redacted]

Chest pain (Chest pain, unspecified, R07.9)
Shortness of breath (Shortness of breath, R06.02)
Convulsion (Unspecified convulsions, R56.9)

Signature Line
Electronically Signed on 10/09/2021 13:24 MST

[redacted]

[redacted]

Completed Action List:
* Perform by [redacted] on October 09, 2021 12:51 MST
* Modify by [redacted] on October 09, 2021 12:51 MST
* Modify by [redacted] on October 09, 2021 13:24 MST
* Sign by [redacted] on October 09, 2021 13:24 MST Requested by [redacted] on October 09, 2021 12:51 MST

[redacted]

Result type:	Chest Single View Adult Portable
Date/Time of Service:	October 09, 2021 11:09 MST
Result status:	Auth (Verified)
Result title:	Chest Single View Adult Portable
Contributed by:	[redacted] on October 09, 2021 12:02 MST
Verified by:	[redacted] on October 09, 2021 12:02 MST
Encounter info:	[redacted] Emergency, 10/09/2021 -

* Final Report *

Reason For Exam
Shortness of breath

Chest Single View Adult Portable
EXAM: Portable AP radiograph of the chest.

INDICATION: Shortness of breath

COMPARISON: None available.

FINDINGS:

Support Devices: None.

Lungs: No definite consolidation, interstitial abnormality or focal lesion.

Pleura: No pleural effusion. No pneumothorax.

Heart/Mediastinum: The cardiac silhouette appears normal in size. No pulmonary vascular congestion.

Musculoskeletal: Osseous structures grossly intact.

impression:
No acute cardiopulmonary abnormality.

I, the signing physician, have personally reviewed the examination and report on this patient and edited the report if necessary. I agree with the report as it is written.

Chest Single View Adult Portable [redacted]
* Final Report *

The workstation used in generating this report was [redacted]

Signature Line

***** Final Report *****

Dictated Date/Time: 10/09/21 12:02 pm MST Interpreted By:
[redacted]
Signature Date Time: 10/09/21 12:02 pm MST :AKA Signed By: [redacted]
[redacted]

Electronically Signed

Completed Action List:
* Order by [redacted] on October 09, 2021 10:51 MST
* Perform by [redacted] on October 09, 2021 11:09 MST
* VERIFY by [redacted] on October 09, 2021 12:02 MSTRequested on October 09, 2021 11:27 MST
* Review by [redacted] on October 09, 2021 12:04 MST
* Review by [redacted] on October 09, 2021 12:21 MST

Printed by: [redacted]
Printed on: 10/09/2021 13:17 MST

[redacted]

DEPARTMENT OF THE AIR FORCE
AIR FORCE RESERVE COMMAND

2 October 2021

MEMORANDUM FOR ALL UNVACCINATED [redacted]

FROM: [redacted]

SUBJECT: Order to Receive Mandatory COVID-19 Vaccine

References: (a) Secretary of Defense, *Mandatory Coronavirus Disease 2019 Vaccination of Department of Defense Service Members* (24 August 2021)
(b) Secretary of the Air Force, *Mandatory Coronavirus Disease 2019 Vaccination of Department of the Air Force Military Members* (03 September 2021)
(c) AFI 48-110_IP, *Immunizations and Chemoprophylaxis for the Prevention of Infectious Diseases* (16 February 2018)
(d) Assistant Secretary of Defense, *Mandatory Vaccination of Service Members using the Pfizer-BioNTech COVID-19 and Comirnaty COVID-19 Vaccines* (14 September 2021)

1. On 24 August 2021, the Secretary of Defense issued a mandate for all members of the Armed Forces under DoD authority on active duty or in the Ready Reserve, including the National Guard, to receive the COVID-19 vaccine (Reference (a)). Subsequently, on 3 September 2021, the Department of the Air Force issued additional guidance that, unless exempted, all Reserve Airmen will be fully vaccinated by 2 December (Reference (b)).

2. Mandatory vaccination will only use COVID-19 vaccines that receive full licensure from the Food and Drug Administration (FDA). Currently, that only includes the Pfizer COVID-19 vaccine, marketed as "Comirnaty," but could at a future date include Moderna's and Johnson & Johnson (J&J) COVID-19 vaccines if they receive full licensure from the FDA. Additionally, consistent with FDA guidance, DoD health care providers will use both the Emergency Use Authorized (EUA) Pfizer-BioNTech COVID-19 vaccine and the Comirnaty COVID-19 vaccine interchangeably for the purpose of vaccinating Service members.

a. Service members are considered "fully vaccinated" two weeks after completing the second dose of a two-dose COVID-19 vaccine or two weeks after receiving a single dose of a one-dose vaccine. Those with previous COVID-19 infections are not considered fully vaccinated.

b. "Proof of vaccination" as used in this order means proof of the (1) lot number and date of vaccination, as well as the (2) name, location, and contact information for the organization that administered the vaccine.

3. As of the date of this order, the [redacted] did not have record of your COVID-19 vaccination. As a result, and in accordance with the above paragraphs, I am ordering you to receive an initial dose of a COVID-19 vaccine with full licensure approval from the FDA (Comirnaty or Pfizer-BioNTech) AND provide proof by **18 October 2021**. Additionally, you are ordered to receive the second dose of the same vaccine AND provide proof by **18 November 2021**.

   a. If you previously received the completed vaccination series but your military medical records do not reflect it, you similarly are required to provide proof of vaccination by the dates listed above.

   b. The 18 October 2021 date above also applies to exemptions. This means you must provide either a completed request for a religious accommodation addressed to the AFRC/CC (delivered to me), or proof of a medical exemption approved by a military medical provider.

4. The Pfizer COVID-19 vaccine is not the only option available for complying with this order. Alternatively, you may choose to receive the two-shot Moderna COVID-19 vaccine or the single shot J&J COVID-19 vaccine. If you choose to receive the Moderna series vaccine, you must comply with the two deadlines listed above. If you choose to receive the J&J vaccine, you must comply with the first deadline listed above. It is YOUR responsibility to pay attention to these timelines.

5. If you have concerns about the COVID-19 vaccine, you have access to free advice and counseling through any of the installation agencies listed below. The completion dates listed should provide a reasonable amount of time in which to coordinate.

   a. Medical Concerns. [redacted] COVID-19 vaccination information office can be reached at [redacted] Additionally, a medical provider is available at each mass vaccination line to discuss individual questions or concerns.

   b. Legal Implications. The Area Defense Counsel's (ADC) Office can be reached at [redacted]

   c. Religious Concerns. Chaplain [redacted] can be reached at [redacted] or [redacted]

6. Our profession is a profession of arms, and we must be ready in every way to meet any challenge, anywhere, so we can fly, fight and win in the defense of our great Nation. Failure to comply with this lawful order may result in administrative action, including administrative discharge or separation, for failing to meet readiness requirements.

[redacted]

[redacted]

MEMORANDUM FOR [redacted]

1. I acknowledge receipt of this order on 2 Oct 21. I understand the dates for starting and completing the COVID-19 vaccination process. I also understand I must provide proof by the dates listed in the order.

2. I intend to do the following (initial):

   a. [redacted] Comply with the order and receive the COVID-19 vaccine as directed.
   b. _____ Request a military medical exemption with the understanding that I must provide proof of an approved exemption to the Commander by **18 October 2021**.
   c. _____ Submit a written religious accommodation request to the approving authority through the Commander by **08 October 2021**.
   d. _____ **Decline to get the COVID-19 vaccine as directed. I understand the consequences of refusing to get the vaccine as directed and I understand that my refusal may lead to my discharge from the Air Force.**

3. I understand that if I elect to seek an exemption, but do not provide proof of either an approved medical exemption or proof of a pending religious accommodation request by the dates/time specified above, I will be required to receive the COVID-19 vaccine NLT **28 October 2021**.

[redacted]

USN Pilot, Commander, 42y/o Male

- Constant tightness in chest, heart palpitations, difficulty breathing five days after second Pfizer dose
- Service member's cardiologist suspects Myocarditis
- Grounded from flying for months

17 DEC 2021

MEMORANDUM FOR THOSE CONCERNED

FROM: VACCINE INJURED U.S. NAVY PILOT

SUBJECT: Summary of Adverse Reaction to COVID-19 mRNA Vaccine

1. The intent of this memorandum is to highlight the potential dangers the mRNA vaccines pose to our young, healthy, active, and all-volunteer force. I understand that this memorandum is being submitted under protected communication with members of congress and request to have my identity redacted if shared outside of these protected communication channels in accordance with the Whistleblower Protection Act.

2. I am a current and qualified MH-60R Seahawk helicopter pilot in the U.S. Navy, and currently serve [redacted] I have served proudly, and honorably, for more than 19 years, and am scheduled for retirement in September of 2022. Throughout my career, I have obtained every advanced flight, instructor, and tactical qualification available to me while accumulating nearly 2,600 flight hours, with more than 1,000 instructor hours. Unfortunately, I am one of many members across the DoD who are now recovering from adverse effects, directly linked to the mRNA vaccine, specifically, the Pfizer vaccine authorized under the Emergency Use and Authorization Act.

3. As an active duty Naval Aviator, I have endured my fair share of physical and mental challenges to get where I am today. I have always passed my medical screenings without issue, and without delay, avoiding any unnecessary "groundings" in my flight status as a result of my physical and mental health. I have not had any issues or concerns in passing physical fitness tests, nor annual flight physicals. Throughout my entire flying career, I cannot recall a single time where I was "sick in quarters", resulting in missed flying or impacts to my job, related to any medical illness. Up until my second dose of the Pfizer vaccine, I was a healthy, 5'9", 155 lb, 41 year old aviator. Additionally, I have never been diagnosed with COVID-19, nor received a positive COVID-19 test result, during any of the PCR test screenings.

4. When the DoD introduced the mRNA vaccines to us in February of 2021, I volunteered to receive this vaccine based on the information available at that time, and the promise that receiving those, would allow for us (as Navy members), to avoid what was known as "pre-deployment sequester", or isolating in a hotel room for a minimum of 14-days prior to deployment. This "carrot", when dangled in front of me, along with the four-star leadership stating that we would return to pre-COVID life on deployment (foreign port visits), led me to believe that it was in my best interest to receive the experimental vaccine. I took my first dose of the Pfizer vaccine on 19 Feb 2021, and the second dose on 03 Mar 2021. I now regret this decision, and the thought process that led me to voluntarily accepting the vaccination.

5. Within five days of receiving the second dose of the Pfizer mRNA vaccine, I began to experience what I considered serious, adverse side effects. I began feeling constant tightness in my chest, heart palpitations, what felt to me like an extremely elevated heart rate, dizziness, and difficulty breathing. As previously stated, these symptoms began within five days of the second dose and continued to plague me for more than a month before I sought medical attention. I recall a Sunday afternoon, when I was driving my kids to the beach [redacted], when I had a sudden onset of

all the symptoms described above. The heart palpitations and difficulty breathing became so severe, that my vision became blurred and I felt as though I was nearing the point of losing consciousness. I was able to fight through the symptoms, and the very next day, I reported to medical [redacted]

6. The Senior Medical Officer [redacted] ran some basic diagnostic tests and ultimately determined that I should immediately report to an Emergency room at the nearest Naval Hospital which was [redacted] On the morning of 03 May, 2021, I was admitted into the Emergency Room for observation and testing. While in the ER, I received an EKG test, monitored for all vitals, and had an ultrasound performed on my heart. The heart was scanned using a cardiac ultrasound, x-rays, and data collected on heart activity with a standard 12-lead EKG. In addition, blood samples were collected to run lab tests for pericarditis indicators. No obvious abnormalities were detected, and all indications showed normal functionality of the heart. Based on no life-threatening or serious issues discovered in the Emergency Room, the direction was for a follow-on consultation with a cardiologist to further examine the symptoms I was experiencing. Following this visit to the Emergency Room, and the ongoing heart complications from the vaccine, the Senior Medical Officer (Flight Surgeon) [redacted] delayed the approval of my annual flight physical, and I found myself "grounded" from all flight duties, until the issue was resolved.

7. During the month of May 2021, I had two visits with a Cardiologist, and a final consult with the Cardiologist in early June 2021. The first visit was a standard consultation to review the ER findings and discuss treatment and options going forward. During this consultation, I was given a Holter monitor, that I wore on my chest to capture a minimum of 72 hours-worth of heart activity and returned to the medical treatment facility for analysis. Follow-up data from the monitor did not indicate anything alarming or abnormal. The second visit was to run an extensive, 30-minute echocardiogram, to obtain quality images of my heart and observe all functionality of the heart. The third and final visit was to conduct a "stress test", where I had a 12-lead EKG monitor my heart activity while running on a treadmill at increasing speeds and incline levels, to "stress" the heart, and observe its response. Overall findings concluded that no acute coronary syndrome existed, and the Doctor mentioned "it is possible that the Pfizer vaccine could have caused a case of myocarditis, but due to the length of time since symptoms began, difficult to directly link the two together."

8. It should be noted that at no point, did any of the medical professionals, volunteer to enter any of my adverse side effects into the VAERS system for properly documenting and reporting adverse side effects. When I asked about this, it was quickly dismissed, and again, none of the medical professionals wanted to document the adverse side effects and link it to the COVID-19 vaccine. I personally submitted a VAERS report for my symptoms on 27 JUN 2021, and the case number for my report is 572027.

9. The symptoms I experienced within days of receiving my second mRNA vaccine dose were serious adverse side effects and completely unnecessary given my previous health history. I humbly request the members of congress look into the effects of the COVID-19 vaccines on the overall health risks and benefits they may have on our service members. Forcing military service members to choose between vaccinations for a virus which they statistically have an extremely low risk of death or serious injury and their careers is unthinkable. Many, to include our current Commander-in-Chief, told us that the vaccines were voluntary and would never be mandated. Unfortunately, our leadership throughout the chain of command has changed their policy, and now demands we

choose between our careers and the vaccination. It is not difficult for me to envision the next mandate, booster shots for all service members. As someone who experienced a severe adverse reaction to the vaccine, I should not be required to take a booster, but can imagine being forced to choose between accepting a known health risk (previous adverse heart reaction like myocarditis), or losing my job and pension within months of retirement. The madness must stop. Please help us, I humbly implore the members of Congress to assist in taking a measured approach to looking at all the pros and cons of vaccinations while not alienating service members who have otherwise devoted their lives to serving our great nation.

[redacted]

CDR, USN

Attachments:

1) COVID-19 Vaccination Record
2) [redacted] Hospital Discharge Paperwork
3) Hospital Cardiology Paperwork

COVID-19 Vaccination Record Card

Please keep this record card, which includes medical information about the vaccines you have received.

Por favor, guarde esta tarjeta de registro, que incluye información

[redacted]

Last Name [redacted] First Name [redacted] MI

Date of birth [redacted] Patient number (medical record or IIS record number)

Vaccine	Product Name/Manufacturer Lot Number	Date	Healthcare Professional or Clinic Site
1st Dose COVID-19	PFIZER [redacted]	FEB 09 2021	[redacted]
2nd Dose COVID-19	PFIZER [redacted]	03 MAR 21 mm dd yy	[redacted]
Other		mm / dd / yy	
Other		mm / dd / yy	

Reminder! Return for a second dose!
¡Recordatorio! ¡Regrese para la segunda dosis!

Vaccine	Date / Fecha
COVID-19 vaccine Vacuna contra el COVID-19	MAR / 1 2 / 2021 mm dd yy
Other Otra	___/___/___ mm dd yy

Bring this vaccination record to every vaccination or medical visit. Check with your health care provider to make sure you are not missing any doses of routinely recommended vaccines.

For more information about COVID-19 and COVID-19 vaccine, visit **cdc.gov/coronavirus/2019-ncov/index.html**.

You can report possible adverse reactions following COVID-19 vaccination to the Vaccine Adverse Event Reporting System (VAERS) at **vaers.hhs.gov**.

Lleve este registro de vacunación a cada cita médica o de vacunación. Consulte con su proveedor de atención médica para asegurarse de que no le falte ninguna dosis de las vacunas recomendadas.

Para obtener más información sobre el COVID-19 y la vacuna contra el COVID-19, visite **espanol.cdc.gov/coronavirus/2019-ncov/index.html**.

Puede notificar las posibles reacciones adversas después de la vacunación contra el COVID-19 al Sistema de Notificación de Reacciones Adversas a las Vacunas (VAERS) en **vaers.hhs.gov**.

Document info

Result type:	Cardiology Outpatient Note
Result date:	[redacted]
Result status:	modified
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]

Cardiology Office Visit Note

Patient: [redacted] **DOB:** [redacted]

Chief Complaint
Palpitations and chest tightness

History of Present Illness
42-year-old active-duty male presents for evaluation of 2 months of palpitations accompanied with a sensation of chest tightness, continue to take another larger breath. Occurs spontaneously, no inciting or relieving factors, resolves quickly. Does not travel to back or arm. Palpitations feel like rapid heartbeat, he wears a heart monitor watch and says that he is normally in the 50s to 60s and will see his rate jump into the 120s. These symptoms occur daily, not associated with exertion, able to exercise regularly without symptoms. . No other associated symptoms. patient notes that symptom onset started approximately 7-10 days after he received second Pfizer Covid 19 vaccine dose. No other significant life changes or stressors, past medical history only notable for benign tumor of left hip requiring reconstruction and retained hardware.

Never smoker, rare alcohol use, family history of heart disease and HTN in his maternal grandmother, cancer in his father and paternal grandfather. Patient was prescribed Pepcid in the ER but did not pick it up due to long lines the pharmacy that day.

Review of Systems
General: no fatigue, weight gain, weight loss, fever, chills
HEENT: no eye pain, blurry vision, hearing loss, sore throat
Cardiac: + palpitations, + chest tightness, no lightheadedness, syncope, claudication, orthopnea, PND
Chest: no cough, wheezing, sputum production
Abd: no pain, reflux, anorexia, dysphagia, constipation, diarrhea, nausea, vomiting
GU: no dysuria, incontinence, nocturia, urinary retention
Heme: no easy bruising, bleeding, lymphadenopathy
MSK: no arthralgias, back pain, limb pain, myalgias
Neuro: no weakness, headache, seizure, tremors, falls, neuropathy, vertigo, imbalance

Problem List/Past Medical History
Ongoing
No qualifying data
Historical
No qualifying data

Procedure/Surgical History
- total hip left (05.2002)

Medications
Pepcid 20 mg oral tablet, 20 mg= 1 tab(s), Oral, Daily

Allergies
No Known Medication Allergies

Social History
Alcohol
Occasional Use, 05/24/2021
Tobacco
Smoking tobacco use: Never (less than 100 in lifetime)., 05/24/2021
Smoking tobacco use: Never (less than 100 in lifetime)., 05/24/2021

Family History
Cancer: Father - FH.
Colon cancer: Paternal Grandfather - FH.
Heart disease: Maternal Grandmother - FH.
Hypertension: Maternal Grandmother - FH.

EKG
24 May 2021: Sinus rhythm with ventricular response 66 bpm, PR interval 132 ms, QRS 96 ms, QTC 381

Psych: no anxiety, depression, insomnia, hypersomnolence, psychosis, SI, HI

ms, normal axis, no significant ST or T-wave changes, no evidence of preexcitation.

Physical Exam

Vitals & Measurements
HR: 66(Peripheral) **BP:** 121/80 **SpO2:** 99% **HT:** 173 cm
WT: 70.00 kg(Dosing) **WT:** 70 kg(Measured)
General: NAD, AAOX4, Well nourished, Not ill appearing.
Pulmonary: normal respiratory effort, CTA bilaterally, no wheezes, rales, or rhonchi.
Cardiac: Normal S1/S2, no murmurs, rubs, or gallops. No JVD, no caroitd bruits. No edema, normal radial/DP/PT pulses, warm, well perfused.
Gastrointestinal: Normal bowel sounds, soft, non-tender, non-distended, no abdominal bruits
Neuro: MAEx4, strength equal bilaterally, appears grossly neurologically intact.
Psychiatric: No depression, normal affect

Assessment/Plan
1. Chest pain, unspecified
Palpitations and chest pain occur spontaneous and multiple times a day, not associated with exertion, ongoing for 2 months since receiving second dose of Pfizer Covid-19 vaccine. No significant findings in the emergency department. Patient notes tachycardia at rest according to heart rate monitor watch.
Recommend 48 hour Holter monitor for evaluation of arrhythmia, an transthoracic echocardiogram.
Findings not suggestive of acute coronary syndrome.
Recommend patient trial Pepcid and evaluate for any change in his symptoms, will reorder in case prior prescription is no longer available.
No indication for duty restrictions at this time.
Will follow-up with patient once results of Holter monitor and echocardiogram available.
Ordered:
Pepcid 20 mg oral tablet, 1 tab(s), Oral, Daily, # 30 tab(s), 0 total refill(s), Maintenance, 1 tab(s) Oral Daily, Pharmacy: DOD SAN DIEGO PHARMACY [Last filled 05/24/21]
CV Echocardiogram Transthoracic

2. Palpitations
Ordered:
CV Extended Holter Monitor

Screening due
Ordered:
CV Electrocardiogram

A total of 30 minutes was spent during this encounter. >50% of the time was spent coordinating care and/or counseling the patient on the diagnosis, evaluation and therapeutic options.

Patient verbalized understanding and agreement with diagnosis and treatment plan. Discussed red flag warning signs, reason to return to clinic or present to emergency room. Verbalized importance of obtaining follow up after studies and consultation are complete. No barriers to understanding identified.

Signed by
[redacted]

Cardiology
[redacted]

Addendum by [redacted]

On the date of this encounter, I was immediately available to assist the resident in the care of the patient, and have reviewed the resident's findings and agree with the plan of care except where noted.

[redacted]
Staff Cardiologist
[redacted]

Document info

Result type:	ED Note Provider
Result date:	[redacted]
Result status:	authenticated
Performed by:	[redacted]
Verified by:	[redacted]
Modified by:	[redacted]

ED/UC Provider Note

Patient: [redacted] **DOB:** [redacted]

Basic Information
Time Seen:
[redacted]

Chief Complaint
cp, sob x 7 weeks

History of Present Illness
42 yo previously healthy male presenting to the emergency department for evaluation of 7 weeks of intermittent mitten substernal, pressure-like chest pain and associated shortness of breath. Patient reports over the past 7 weeks he has had intermittent episodes of palpitations relative tachycardia and mild to moderate chest pain which is occasionally exertional in nature. Patient brought this up with his primary care physician who referred him to the emergency department for further work-up. He reports no associated nausea, vomiting, fevers, chills, recent cough, abdominal pain or back pain associated with this.

Review of Systems
Constitutional: no fever, no chills, no temperature intolerance, no sweats, no weakness/fatigue, normal appetite, no thirst, unchanged weight.

Skin: no Jaundice, no rash, no lesions, no itching, no hair/nail changes, no bed sores.

ENMT: no ear pain/ringing, no sore throat, no congestion, no hoarseness, no dry mouth, no mouth sores.

Respiratory: no shortness of breath, no cough, no orthopnea, no wheezing, no sleep apnea.

Cardiovascular: moderate chest pain, mild palpitations, no edema, nodyspnea with exertion.

Problem List/Past Medical History
Ongoing
No qualifying data
Historical
No qualifying data

Allergies
No Known Medication Allergies

Social History
Tobacco
Smoking tobacco use: Never (less than 100 in lifetime)., 05/03/2021

Lab Results

Automated Hematology	LATEST RESULTS	
WBC	05/03/21 14:16	4.9
RBC	05/03/21 14:16	5.1
Hemoglobin	05/03/21 14:16	15.4

Gastrointestinal: no nausea, no vomiting, no diarrhea, no GI bleeding, no abdominal pain, no difficulty swallowing, no constipation.

Musculoskeletal: no back pain, no trauma, no muscle/joint pain, no falls.

Neurologic: no headache, no dizziness, no numbness, no weakness.

Psychiatric: no sleeping problems, no irritability, no mood swings/depression.

Heme/Lymph: no bleeding tendency, no bruising tendency, no petechaie, no swollen nodes.

Allergy/Immunologic: no seasonal allergies, no food allergies, no recurrent infections, no impaired immunity.

Additional ROS info: Except as noted in the above Review of Systems and in the History of Present Illness and all other systems have been reviewed and are negative or noncontributory.

Physical Exam

Vitals & Measurements

T: 36.7 °C (Oral) **HR:** 69(Peripheral) **RR:** 16 **BP:** 128/84 **SpO2:** 99%
WT: 70.5 kg(Measured) **WT:** 70.50 kg(Dosing)

General: alert, no acute distress, oriented x 4.

Skin: warm, dry.

Head: no trauma, normocephalic.

Neck: trachea midline, no adenopathy, no JVD.

Eye: equally reactive pupils, sclera clear.

Cardiovascular: regular rate and rhythm, absent murmurs.

Respiratory: lungs CTA, respirations normal work of breathing.

Abdomen: soft, non distended, no tenderness, present bowel sounds.

Extremities: edema absent, pulses normal.

Neurological: LOC _, CN II-XII intact, motor strength equal & normal bilaterally, sensation equal & normal bilaterally, speech normal.

Psychiatric: cooperative yes, affect normal, _ judgment, _ psychiatric thoughts.

Procedure

PROCEDURE NOTE: ED Cardiac Ultrasound
Performed by: [redacted]
Indication: chest pain and palpitations
Consent: Verbalconsent obtained from the Patientprior to the procedure. Indications, risks, and benefits explained at length.
Technique: [redacted]
Universal Protocol: A time out was performed and the correct patient was verified.
Sonographic Views: 3 view

Findings:
The patient's heart was scanned utilizing the above noted probe. The following views were obtained and evaluated. Cardiac activity

Hematocrit	05/03/21 14:16	45.5
MCV	05/03/21 14:16	88.9
MCH	05/03/21 14:16	30.1
MCHC	05/03/21 14:16	33.8
RDW CV	05/03/21 14:16	13.3
Platelets	05/03/21 14:16	364
MPV	05/03/21 14:16	9.1
Neutrophil % Auto	05/03/21 14:16	50.8
Lymphocyte % Auto	05/03/21 14:16	35.3
Monocyte % Auto	05/03/21 14:16	9.4
Eosinophil % Auto	05/03/21 14:16	3.5

was present. Noanechoic fluid collection was seen in the pericardium. Evidence of cardiac tamponade was notpresent. Right heart evaluation showed normal function without dilatation. Left heart evaluation showed normal function without dilatation. Evaluation of the IVC size and respiratory variation was Normal Exam. Patient tolerated the procedure well without apparent complication.

Impression: Normal Exam_

Limitations:_

Medical Decision Making

Well-appearing 42-year-old male presenting to the emergency department referred by primary care physician for cardiac work-up. Hemodynamically stable and afebrile with reassuring physical exam. Stat echo performed, no obvious abnormalities. Different initial differential includes ACS, myocarditis, pulmonary embolus, esophageal tears or rupture.

Normal chest x-ray, nonischemic ECG. Pending cardiac labs at this time.

Reexamination/Reevaluation

Patient still comfortable. Reviewed labs, no evidence of myocarditis or ACS. Suspect GERD versus pericarditis as cause of patient's chest pain at this time. Discussed treatment plan with patient. Heart score 1. PERC negative. Will refer to cardiology and primary care physician. Precautions and the need for follow-up discussed.

Will give short trial of Pepcid. Discussed use of Motrin with the patient as well for possible pericarditis

Assessment/Plan

1. Chest pain, unspecified

Orders:

Discharge Patient

Patient Education

Gastroesophageal Reflux Disease, Adult

Pericarditis

Follow Up

With	When	Contact Information
Cardiology		
Additional Instructions: They should contact you for an appointment. You do not hear in 2 to 3 days, please contact [redacted]		

Medication Reconciliation

New

famotidine (Pepcid 20 mg oral tablet)1 tabs Oral (given by mouth) every day. Refills: 0.

Basophil % Auto	05/03/21 14:16	0.8	
Imm. Granulocyte %	05/03/21 14:16	0.2	
Neutro Absolute	05/03/21 14:16	2.47	
Lymph Absolute	05/03/21 14:16	1.72	
Mono Absolute	05/03/21 14:16	0.46	
Eos Absolute	05/03/21 14:16	0.17	
Baso Absolute	05/03/21 14:16	0.04	
nRBC % Auto	05/03/21 14:16	0.0	
nRBC Absolute	05/03/21 14:16	0.00	
Imm. Granulocyte Absolute	05/03/21 14:16	0.01	
Immature Platelet Fraction	05/03/21 14:16	0.7	Low

Routine Chemistry	LATEST RESULTS
Sodium	05/03/21 14:16 138
Potassium Lvl	05/03/21 14:16 4.2
Chloride	05/03/21 14:16 98
CO2	05/03/21 14:16 31
AGAP	05/03/21 14:16 9
BUN	05/03/21 14:16 12
Creatinine Level	05/03/21 14:16 0.9
BUN/Creat Ratio	05/03/21 14:16 13.3
eGFR AA	05/03/21 14:16 122
eGFR Non-AA	05/03/21 14:16 105

Glucose Lvl	05/03/21 14:16	97
Calcium	05/03/21 14:16	10.0
Protein Total	05/03/21 14:16	7.3
Albumin	05/03/21 14:16	4.5
A/G Ratio	05/03/21 14:16	1.6
Bilirubin Total	05/03/21 14:16	0.35
Bilirubin Direct	05/03/21 14:16	<0.2
Alk Phos	05/03/21 14:16	68
ALT	05/03/21 14:16	26
AST	05/03/21 14:16	30
Globulin	05/03/21 14:16	2.8

Cardiac Isoenzymes	LATEST RESULTS
Troponin-T	05/03/21 14:16 <0.010

Diagnostic Results
XR Chest 2 Views

05/03/21 11:11:36
XR Chest 2 Views

REFERRING PROVIDER
[redacted]

CLINICAL INFORMATION
Shortness of breath

COMPARISON
04/26/2016

TECHNIQUE
Frontal and lateral view chest.

FINDINGS

Lungs: Clear.
Pleura: Unremarkable. No effusion or pneumothorax.
Cardiomediastinal Silhouette: Unremarkable.
Bones: Normal for age.
Soft Tissues: Normal.

IMPRESSION

* Normal.

Result Category: Routine

Final Report by: [redacted]

Signed By: [redacted]
ECG
Sinus rhythm rate of 55, normal intervals, normal axis, normal precordial progression. Upward sloping ST segment elevation, not concerning for acute ischemia. No significant ST segment elevation or T wave inversion otherwise. Ischemic ECG obtained at 1250. Compared with previous ECG

obtained on patient's ship by primary care physician with no dynamic changes

USAF Instructor Pilot, Major, 40y/o Male

- Single dose of J&J vaccine, mild symptoms within 24 hours, but on day 4, sent to the ER
- Suffering from ongoing neurological condition that is causing numbness in extremities, headache, shaking, and dizziness.
- Grounded from flying despite critical role as instructor pilot, requires waiver to return to flying that could take years

DEPARTMENT OF THE AIR FORCE
AIR FORCE RESERVE COMMAND

10 Nov 2021

MEMORANDUM FOR THOSE CONCERNED

FROM: CONCERNED AIR FORCE INSTRUCTOR PILOT

SUBJECT: Impact summary after COVID-19 vaccine to an Air Force Instructor Pilot

1. This memorandum is a short summary of the vaccine injury that I incurred after receiving a COVID-19 vaccination. It is being submitted under the provisions of the Whistle Blower Protection Act and I request to have my identity redacted if it is shared with these protected channels.

2. I am a current and qualified T-6A instructor pilot stationed [redacted]. I have served honorably for over 19 years in the USAF in three separate career fields as both enlisted and officer. As such, I have passed stringent medical screenings and I live a healthy lifestyle and have never experienced any significant health issues to date as a very healthy 40 year old male.

3. In accordance with the Air Force's policy to vaccinate against COVID-19 as required by the Secretary of Defense's mandate, I received an order to receive two doses of a fully FDA licensed COVID-19 vaccine or a vaccine still under an EAU to meet deadlines as outlined by the Department of the Air Force. Knowing that there is currently no FDA approved vaccine available within the DoD, I was reluctant to take the vaccine but was informed failure to comply would result in non judicial punishment or court martial. The Air Force threatened me with eventual dismissal from military service. Therefore, I reluctantly took the Johnson and Johnson COVID-19 vaccine on 24 September at 4 PM in order to preserve my career and only source of income. The following occurred after I received the vaccine.

4. The first 4 days after the injection, I had fever, chills, body aches, and a moderate headache with no apparent severe side effects. On the 4th day that rapidly changed. I suddenly felt as if a large knife was shoved through my head, both of my arms from the elbow down went numb, and I felt so dizzy and lightheaded that I could barely walk around without feeling like I was going to pass out. I Felt like I might pass out at any moment. I called my spouse to tell her to come home as quickly as possible. Frightened, my wife had our neighbor rush over to our house to take care of our scared children, and then rushed me to the hospital with symptoms of severe, stabbing headache, severe dizziness, nausea, numbness down both arms and legs, and a high heart rate.

5. I was rushed into the emergency room, where they administered IV antihistamines, pain killers, anti-nausea meds and fluids. They did a chest x-ray and ran blood labs. After an hour, the symptoms reduced slightly to a severe headache, moderate dizziness, and numbness. I was

discharged with a diagnosis of “Adverse effect of Covid-19 Vaccine, Paresthesia and Dizziness”. I combated these severe symptoms for nearly 28 days, to include a headache that did not subside with medication of any sort. I had several episodes of scary, uncontrollable shakiness. I have never experienced symptoms like this before in my life. Since the initial diagnosis, I have had three full blood lab panels, three EKG’s, an MRI, and an emergency CT Scan. I am currently waiting on a follow-up appointment with Neurology for full diagnosis.

6. I have returned to work on a limited office only duty status doing additional duties but am currently grounded from flight duties. I will remain grounded from flight status pending a full diagnosis and waiver process that could take months, or even years. I am also currently pursuing a Line of Duty determination to document this adverse reaction. My family is under an increased burden of stress as they take care of me and rotate regularly to observe me due to fears of possible sudden stroke, blood clot, or need of emergency care. This is no way to live.

7. I implore members of Congress to consider the effect this policy is having on our nation’s service member’s. We are being forced to take a vaccine that is still under EUA to meet deadlines outlined by our service departments. The immediate impact on our readiness and health is unknown, but I know I am not alone. I demand congress to put an immediate end to the DoD vaccine mandate. Congress is likely unaware of injuries like mine because our leadership is hiding them from you. Therefore, I felt compelled to speak out.

[redacted]
[redacted] Maj, USAFR

T-6 Instructor Pilot, [redacted]

Attachments:

1.Medical Record
2.VAERS Report
3.Order to vaccinate

[redacted]

[redacted]

Patient Visit Information

You were seen today for:

Adverse effect of COVID-19 vaccine

Your caregivers today were:

Primary Provider: [redacted]

Patient Instructions:

Received with this packet on 09/28/21 at 22:49
Acute Headache

Activity Restrictions or Additional Instructions:

Push fluids. Take otc excedrin migraine or ibuprofen for headache

Follow-Ups:

[redacted] has been referred to the following clinics/specialists for follow-up care:

1. PCP UNKNOWN Date: 2 days

[redacted]

Patient: [redacted]
Acct Num: [redacted]
Med Rec Num: [redacted]
Location: [redacted]
Primary Provider: [redacted]
Date: [redacted]

Patient Visit Information

You were seen today for:

Adverse effect of COVID-19 vaccine
Paresthesia
Dizziness

Your caregivers today were:

Primary Provider: [redacted]

Patient Instructions:

Received with this packet on 10/04/21 at 18:34
Dizziness
Paresthesia

Activity Restrictions or Additional Instructions:

Adverse reaction to COVID vaccine
Follow up with PCP tomorrow as scheduled

Follow-Ups:

[redacted] has been referred to the following clinics/specialists for follow-up care:

1. PCP UNKNOWN Date: 2 days

Report Confirmation
This confirmation may include updated information

VAERS ID: 1757020
E-Report Number: 667271
Date of Report: 10/02/2021
Date of Vaccination: 09/24/2021
Patient Age at Vaccination (years): 40.00
Vaccine Information:

1. COVID19 (COVID19 (JANSSEN)) / JANSSEN / [redacted]

USMC Infantry Captain, 28y/o Male

- Single dose of COVID-19 vaccine, chest pains within 24 hours, sent to ER four days after
- Diagnosed with likely pericarditis or pleurisy by cardiologist
- Still unable to exercise or exert himself
- Cardiologist recommended against further vaccination, however, military medical ignored recommendation despite never seeing the patient
- Has first person contact with other vaccine injured DoD members

14 December 2021

From: Captain [redacted], Marine Infantry Officer, [redacted]

To: The House and Senate Armed Services Committee

Subj: STATEMENT OF VACCINE INJURY

1. I took the first dose of the Pfizer/BioNTech on Monday 20 September 2021. Given my age (28), fitness level, presumed previous covid infection, reports of adverse vaccine reactions in my demographic, and unethical coercion methods, I did not want to get the vaccine. I knew at the time I was statistically at zero risk of covid. The vaccine could only increase my risks to negative health outcome, but, to my own shame and embarrassment, I regrettably succumbed to the pressure. Within 24 hours of receiving the first dose I experienced chest pain and shortness of breath. At first, I thought this may be typical vaccine reactions. However, the symptoms persisted continuously. Four days later, on Friday 24 September 2021 I called the [redacted], my military assigned health clinic aboard the [redacted]. After describing my symptoms, they recommended I go to the Emergency Room. I went to the ER and was tested with blood work, an EKG, and an X-ray. They deemed I was not in danger of immediate cardiac arrest and referred me to a cardiologist in town. The following week I went in person to 'sick call' at the [redacted] Health Clinic. There, they examined me and endorsed the cardiologist referral.

2. On 8 October, I met with my assigned cardiologist at the [redacted] Cardiology Clinic in [redacted]. My symptoms were continuous and daily up until this point. The severity of the pain led me to pray each night that I would wake up in the morning. The cardiologist did not see evidence of myocarditis but thought it could be pericarditis or pleurisy which are more difficult to detect given the tests the ER ran. He told me to take 800mg of ibuprofen each day to reduce the perceived inflammation that was occurring in my chest causing pain and shortness of breath. I did what he recommended and over the course of the next 10 days the symptoms slowly went away.

3. I had a follow up with the cardiologist on the 18 October 2021. He was pleased the ibuprofen reduced the symptoms, felt confident in his diagnosis, and told me it was probably safe to resume exercise. From then until early December, I exercised four times extremely lightly. Each attempt re-aggravated my symptoms and lasted for several days after. I still haven't attempted to restart an exercise routine because of this. I am scheduled for a stress echocardiogram test in early January.

4. After my appointment with the cardiologist on 18 October 2021, he wrote his doctor notes with his diagnosis of "likely pericarditis or at least pleurisy" and "I am recommending against receiving a second dose of the Pfizer vaccine related to these symptoms."

5. Through my chain of command, I routed my request for medical exemption for the second dose of the shot. What I considered a mere formality was denied by a medical officer at NAS Lemoore, who has never seen me as a

patient nor ever contacted my cardiologist. When I received his denial, I called his contact information and spoke to him on the phone for approximately 20 minutes. When I asked the medical officer about his adjudication, he incorrectly described my symptoms as occurring four days after the shot and told me that evidence of pericarditis would have occurred within 24 hours of the shot – which is precisely what happened to me. This was well documented for his adjudication. He then told me it was his responsibility from the Secretary of Navy and Secretary of Defense that everyone should be vaccinated unless the rarest of circumstances.

6. My immediate chain of command was surprised by this decision and decided to re-route the exemption straight to Quantico. Although we were told we would hear back on 16 November 2021, I have not received an official decision. My executive officer was told to expect a denial.

7. I joined the Marines Corps in the summer of 2016 out of deep pride and patriotism for my country. I have given it my all every day I put on the uniform. Unfortunately, it seems inevitable that I will be forced out of the Marine Corps with my name and character stigmatized with a general discharge. They will ensure I pay back tens of thousands of dollars of schooling, revoke my GI bill, take away my family's health insurance, and leave me with unresolved heart problems. I do not write this for sympathy or pity. It is not about me. I am a blessed man. I write this as a warning of what is happening to the military. There are thousands of military members that will be forced out because they refuse to violate their conscience. Further, we know some that get the vaccine will be injured like I was. We do not know the long-term consequences. Two of my best friends, one a green beret and the other a marine infantry officer, have been to the ER for chest pain for the first time in their life a few months after their second dose of the vaccine.

Subj: STATEMENT OF VACCINE INJURY

Name: [redacted]
Patient: [redacted] **DOB:** [redacted]
Date of Visit: 10/18/2021
Location: [redacted]
Dear Dr. Military Active,
I had the pleasure of seeing [redacted] in the [redacted] Cardiology Clinic on 10/18/2021 regarding their cardiac disease and associated risk factors.
He is here today for cardiovascular valuation related to symptoms of chest pain. He has no personal history of any significant cardiovascular disease and has no family history of premature ischemic heart disease. His son does have a murmur etiology unclear getting evaluated. There is also another family member second-degree who has an atrial septal defect.
He came to the emergency room recently with symptoms of chest pressure/discomfort. This happened after his first dose of the Pfizer Covid vaccine. He described a substernal chest pressure nonradiating moderate in intensity occurring at rest or with exertion. Even when he tries to pick up his son he feels a tightening discomfort. His symptoms are now completely resolved after using ibuprofen. Took about a few days before his pain was cut in half and another few days before completely resolved. His echocardiogram recently showed no pericardial effusion. He is extraordinarily hesitant to get a second dose of his vaccine because of these side effects and symptoms which I think is reasonable considering his likely pericarditis or at least pleurisy.
Fortunately in the emergency room his EKG was normal. Troponin was negative. D-dimer was negative. The rest of his blood test were unremarkable except for some very mild anemia with a hemoglobin of 13.3 which was normocytic.
Assessment/Plan: [redacted] is a 28 y.o. male with the following problems that we addressed today:
Pericarditis/pleurisy:
- Presumed diagnosis. No definite ECG evidence. Clinically seem like pericarditis/pleurisy. Resolved with ibuprofen. Occurred after the first dose of the Pfizer Covid vaccine. No evidence of pericarditis on his ECG. Normal cardiosilhouette on his chest x-ray.

Progress Notes

[redacted] at 10/19/2021 9:45 AM

Chief Complaint

Patient presents with

• Chest Pain

- Normal cardiovascular physical examination.
- Echocardiography did not show a pericardial effusion.
- I do not think any other cardiovascular testing is warranted. Doing a treadmill ECG stress test to exclude ischemic heart disease/coronary anomaly could be done although he does not have traditional risk factors for atherosclerotic heart disease and his symptoms have currently resolved.
- NSAIDs relieved his symptoms
- He will call with any questions/concerns or change in symptoms.

- I am recommending against receiving a second dose of the Pfizer vaccine related to these symptoms.

Diagnostic studies:
Echocardiograpy:
Echo 10/2021
Normal chamber sizes with normal right and left ventricular systolic function. Estimated ejection fraction 60%.
No significant valvular abnormalities.
No prior study for comparison

Stress testing:
None available

ECGs:
09/24/2021: Normal sinus rhythm. Normal ECG. Reviewed the tracing personally and directly with the patient

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Coronary angiography:
None available

CT imaging:
None available

X-ray imaging:
Chest x-ray on 9/24/2021: Normal. Reviewed images personally and directly with the patient.

Vascular imaging:
Normal

Patient Active Problem List
Diagnosis
• Atypical chest pain
No current outpatient medications on file prior to visit.
No Known Allergies
History reviewed. No pertinent surgical history.
No current facility-administered medications on file prior to visit.
Family History
Problem Relation Age of Onset
• No Known Problems Mother
• No Known Problems Father
• No Known Problems Brother
irregular heart beat

• Heart murmur Son

Social History

Socioeconomic History

• Marital status: Married

Spouse name: Not on file

• Number of children: Not on file

• Years of education: Not on file

• Highest education level: Not on file

Occupational History

• Not on file

Tobacco Use

• Smoking status: Never Smoker

• Smokeless tobacco: Never Used

Substance and Sexual Activity

• Alcohol use: Not on file

• Drug use: Not on file

• Sexual activity: Not on file

Other Topics Concern

• Not on file

Social History Narrative

• Not on file

Social Determinants of Health

Financial Resource Strain:

• Difficulty of Paying Living Expenses:

Food Insecurity:

• Worried About Running Out of Food in the Last Year:

• Ran Out of Food in the Last Year:

Transportation Needs:

• Lack of Transportation (Medical):

• Lack of Transportation (Non-Medical):

Review of Systems: All systems were reviewed and are negative or non-contributory except for those findings mentioned in the HPI.

O:

Visit Vitals

Laboratory Data: See EMR. I have reviewed the pertinent laboratory data and cardiac imaging.

Physical Activity:

• Days of Exercise per Week:

• Minutes of Exercise per Session:

Stress:

• Feeling of Stress :

Social Connections:

• Frequency of Communication with Friends and Family:

• Frequency of Social Gatherings with Friends and Family:

• Attends Religious Services:
• Active Member of Clubs or Organizations:
• Attends Club or Organization Meetings:
• Marital Status:
Intimate Partner Violence:
• Fear of Current or Ex-Partner:
• Emotionally Abused:
• Physically Abused:
• Sexually Abused:
Smoking Status Never Smoker

Lab Results

Component Value Date
WBC 6.80 09/24/2021
HGB 13.3 (L) 09/24/2021
HCT 38.9 (L) 09/24/2021
MCV 85.8 09/24/2021
PLT 216 09/24/2021

Total Protein

Date Value Ref Range Status
09/24/2021 7.7 6.3 - 8.2 g/dL Final

Sodium

Date Value Ref Range Status
09/24/2021 137 135 - 146 mmol/L Final

Potassium

Date Value Ref Range Status
09/24/2021 3.9 3.5 - 5.1 mmol/L Final

Glucose

Date Value Ref Range Status
09/24/2021 94 70 - 99 mg/dL Final

Creatinine

Date Value Ref Range Status
09/24/2021 1.00 0.66 - 1.25 mg/dL Final

CO2

Date Value Ref Range Status
09/24/2021 31 22 - 32 mmol/L Final

Chloride

Date Value Ref Range Status
09/24/2021 98 98 - 107 mmol/L Final

Calcium

Date Value Ref Range Status
09/24/2021 9.9 8.4 - 10.2 mg/dL Final

BUN

Date Value Ref Range Status
09/24/2021 16 6 - 20 mg/dL Final

Total Bilirubin
Date Value Ref Range Status
09/24/2021 0.4 0.2 - 1.3 mg/dL Final
AST
Date Value Ref Range Status
09/24/2021 28 15 - 59 U/L Final
ALT (SGPT)
Date Value Ref Range Status
09/24/2021 20 <=50 U/L Final
Alkaline Phosphatase
Date Value Ref Range Status
09/24/2021 62 38 - 126 U/L Final
Albumin
Date Value Ref Range Status
09/24/2021 4.8 3.5 - 5.0 g/dL Final
A/G Ratio
Date Value Ref Range Status
09/24/2021 1.7 1.0 - 2.0 (CALC) Final
No results found for: CHOL
No results found for: HDL
No results found for: LDLCALC
No results found for: TRIG
No results found for: CHOLHDL
No results found for: TSH
My personal interpretation of the lab values: The CBC was normal indicating no active infection based on normal WBC count and no anemia contributing symptoms based on normal hemoglobin. The platelet count was normal indicating no significant risk for bleeding.
The BMP was normal indicating no significant electrolyte abnormality or renal dysfunction contributing to the patient's symptoms.
Troponin was negative indicating no myocardial necrosis/infarction contributing to the symptoms reported.
I have reviewed notes from the patient's recent visit with ER.
"I connected with [redacted] on 10/19/2021 at [redacted] or Telephone Visit: telephone call and verified that I am speaking with the correct person using two patient identifiers.
I discussed the limitations of the evaluation and management by telemedicine and the current circumstances of the pandemic.
The patient expressed understanding and agreed to proceed.
I discussed the assessment and treatment plan with the patient. The patient was provided an opportunity to ask questions and all were answered. The patient agreed with the plan and demonstrated an understanding of the instructions.
I provided 22 minutes during this telehealth encounter.
Thank you for allowing me to participate in the care of [redacted]. Please call

with any questions or concerns.

eGFR

Date Value Ref Range Status

09/24/2021 89 >60 mL/min/1.73m2 Final

Comment:

The units for estimated GFR are mL/min/1.73 m2. Multiply by 1.21 to estimate GFR for African Americans. The estimated GFR equation has only been validated for ages 18-70 and assumes steady state renal function and no dialysis.

Lab Results

Component Value Date

TROPONINI <0.012 09/24/2021

Sincerely,

[redacted]

Cardiovascular Disease and Lifestyle Medicine Specialist

[redacted]

Heart Institute

[redacted]

Subj: STATEMENT OF VACCINE INJURY

From: [redacted] (Capt)
Sent: Friday, November 5, 2021 3:22 PM
To: [redacted]
Subject: Fw: For action - Medical Exemption Request from Marine

Good Afternoon Ma'am,

I unfortunately received the email below two hours ago. I called CDR [redacted] for his explanation of the rejection. We spoke for 20 minutes, and I made notes of some of the conversation. I wanted to send you the notes for documentation purposes and to update you.

Notes from call with CDR [redacted] at 1345 on 5 November 2021:

- He said he did not contact my doctor but consulted other experts on my paperwork.
- He said there is no evidence of my pericarditis diagnosis based on the tests my doctor and the ER conducted.
    - Note: This is contrary to the written diagnosis from my cardiologist.
    - Note: My cardiologist was referred to me by the [redacted] Health Clinic.
    - Note: The [redacted] was also who recommended that I go to the ER.
- He stated evidence of pericarditis would occur within a day of receiving the vaccine, but because I did not experience any symptoms for 4 days, this is evidence that it could not be pericarditis. I told him that is not what happened. The chest pain and shortness of breath began within 24 hours after receiving the shot. After the pain continued for four days, I called the [redacted] Health Clinic and they recommended I go to the ER. This is documented in my ER paperwork and the cardiologist's letter requesting exemption which was sent to him prior to his adjudication.
- He asked me why I waited so long to get my first dose of the vaccine. I asked why that was relevant. He said that he believes many exemptions that he is assigned to adjudicate are an illegitimate means by some personnel to avoid the vaccine.
- I asked CDR [redacted] why he thought it was prudent to overrule my heart doctor without ever seeing me as a patient. He emphasized that I was a Captain (lower rank than him), and he was only speaking to me as a courtesy and that he is not required to. He told me that it wasn't personal, but his responsibility from the chain of command (SecNav, SecDef) is that everyone should be vaccinated unless the rarest of circumstances like an allergic reaction or an adverse event such as myocarditis or pericarditis.
- I asked if it was his medical opinion that I am at greater risk of COVID-19, despite my adverse reaction, cardiologist doctor's diagnosis of pericarditis / pleurisy , previous infection, one dose of the vaccine, my age, and fitness level than I was from having another adverse reaction. He said he does not think I had an adverse reaction and maybe I experienced side effects like "feeling crummy".

I apologize for sending you this before the weekend because I know there isn't much that can be done before Monday. However, I wanted to give you a heads up of where things stand now. Thank you.

Very Respectfully,

[redacted]
Captain | USMC | Infantry
[redacted]

Re: Update: Request USMC second opinion Medical Exemption Disapproval

[redacted] (Capt) [redacted]
Thu 12/9/2021 12:26 PM
To: [redacted]
Good Afternoon Ma'am,

I was wondering if you have heard anything from Quantico. I see in the threaded messages above saying they were going to send you a response on 16 November. They then said that it was being finalized and you would receive a formalized response ASAP. They anticipate either 'concur with the original denial' or reject based on procedure.

Candidly, I am not sure how to plan going forward. This whole process has been nothing short of shocking. If what they are anticipating is true, a single naval medical officer who is not a heart specialist, at a different base, that has never seen me as a patient, unequivocally misinterpreted my symptoms, and never contacted my military appointed cardiologist will force me out of the Marine Corps. Since I am at 5.5 years of service, I don't rate a BOI by 0.5 years. I will owe the Marine Corps thousands of dollars to pay back school. I will lose the GI bill. I will be unemployed with heart problems, and my family will have no health insurance.

As I mentioned to you after the [redacted] run on 10 November, I am still experiencing symptoms of chest pain and shortness of breath when and for several days after exercising. I have only exercised 4 times since 20 September, and this has been true each time. I contacted my cardiologist for advice whether I should continue to exercise or not, and he scheduled me for a stress echocardiogram test for the first week in January.

I am appreciative of all your efforts and counsel. I write this email hoping for an update or an opportunity to talk to someone who is going to decide my fate.

Very Respectfully,

[redacted]
Captain | USMC | Infantry
[redacted]

USAF Staff Sergeant, 29y/o Male

- Sponsored athlete who received two doses of Moderna
- Experienced extreme distress and apprehension 5 minutes after receiving the second dose
- Chronic fatigue, faintness when sitting, difficulty driving, brain fog, and memory loss
- Diagnosed with “Long Hauler’s Syndrome” which is an emerging disease related to complications from the Vaccine
- Over a year later, still unable to exercise, think clearly or perform his job properly

[redacted] 13 February 2022

COVID-19 Vaccine Injury

FIRST SHOT: On 26 December 2020 I traveled to the [redacted] Armory, outside of [redacted] CA, where I received my first COVID-19 vaccine shot (Moderna, Lot# 011J20A). After receiving the initial dose, I had no immediate adverse effects. After a few weeks though, I did notice that I was constantly fatigued, and I no longer had the strength or stamina that I had before receiving the shot. To give some perspective, I was an avid gym goer and was even a sponsored athlete by [redacted] Nutrition. I know what was normal for me to feel in the gym or doing anything that requires me to exert myself. I knew right away that I felt off. During this time, I thought that maybe it was just my body getting used to the vaccine and that whatever was happening was just part of the acclamation process. I later find out that this is not the case.

SECOND SHOT: On 26 January 2021 I received my second COVID-19 vaccine shot (Moderna, Lot#030L20A) at the [redacted] MDG clinic in [redacted] CA. This is where my story drastically changes, for the worst. Upon approximately 5 minutes after receiving my shot, while in the observation area, I had an immediate reaction. The first symptom was an overwhelming sensation of apprehension. I felt as if I was in a state of paralysis. I couldn't talk, I couldn't move, and all I could do was just look around the room with my eyes. The second symptom that came soon after was a strong sensation of lightheadedness and faintness. I felt myself going pale, starting to sweat, and I could see the walls closing in from both sides of the room. I felt myself laying my head back and awaiting, for what I thought was, the inevitable to happen and that was for me to pass out. Approximately 3-4 minutes go by with these overpowering symptoms but I never actually faint. As I remain sitting down, the walls push back out, the feeling of apprehension releases its grips on me as I regain clarity and consciousness. I leave the clinic not really knowing what to do as I have never experienced anything like that before. I understood that this was extremely new and probably leaps and bounds from being researched enough to be FDA approved so I didn't say anything. I like to call this my "First Episode".

My reaction to the second shot was alarming. I have been all over the world, to include South Korea, Japan, Germany, Poland, Belgium, the United Kingdom, and last, but not least, Afghanistan. I have had a plethora of shots and have had to take all types of medications for me to travel to all these countries. In all my experience with receiving shots, vaccines, or taking medications, I have never had an immediate or long-lasting reaction like I did with the second COVID vaccine

shot. Having this understanding about myself I was worried about what was just injected into my body and what it was doing to me from the inside.

SYMPTOMS: As weeks go by, I start to notice weird things happening to me that trace back to the sensations and experience I had with my first episode. Along with the Chronic Fatigue and the lack of stamina and strength that stemmed from the first shot, I started to notice a lot of physiological symptoms. One of the most notable things that would happen to me was that every time I would sit down for more than about 10-15 minutes, I would get that extreme faintness feeling like I did with my first episode. These episodes would occur while doing the most menial tasks to include driving, getting my hair cut, sitting in on briefs and just merely sitting at my desk trying to do my work. The sensation would be so great that I would have to make excuses to get out of the hair cutting chair or I would have to walk out on briefs to "use the bathroom." The scariest times though would occur when I was driving and even happened a few times while I was conducting airfield checks, doing my job. I would have to pull over, get out and gather myself in order just to make it back to base. These episodes would occur for about 3-4 months.

The other symptoms that were extreme in their condition were my memory loss issues and brain fog. First, Ill expound on my experience with brain fog. Just to give some context on how bad my brain fog was, it was affecting/impairing my physical vision. I wouldn't be able to see clearly, and I would literally try to rub my eyes or attempt to refocus my eyes by looking at different things at different distances. It felt like a shade had been pulled over my eyes and I was looking through a constant haze. My brain fog would force me to constantly lose focus on simple/mindless tasks. It forced me to really think long and hard about things that used to just be second nature. I would also have to think about the words I would say before I would say them because it was difficult for me to communicate my thoughts to people. My wife still advocates to this day that she noticed that I would lose focus and it was difficult for me to speak in fluid sentences.

The brain fog may have been causing my memory issues but to this day I am not sure if it was the culprit. My memory would be extremely spotty. It was as if I was a hard drive in a computer and I would download the data to retain the information and then every other day, someone would delete that downloaded information. Again, it may have been the extreme brain fog that caused the lack of retention of information, or it could have been something else. All these symptoms

eventually were happening at the same time, compounding on top of each other, and would eventually lead me into a state of depression for about a month.

COMPLAINT/SEEKING MEDICAL HELP: Shortly after the second does was administered to me I filed a complaint with the [redacted] MDG. They were tracking personnel getting vaccinated and I wanted to make it known that I was experiencing some extreme adverse reactions that I have never felt before with any other type of shot or medication. After my complaint with the medical folks on base, I proceeded to seek treatment with my primary care doctor. I explained to him about all of the severe symptoms that I was experiencing and considering how new the vaccine was, he wanted me to get seen by both a neurologist and cardiologist for a workup in part with his own workup.

NEUROLOGIST: Throughout my visit with the neurologist, I underwent an MRI of the brain and 2 EEGs. An EEG stands for electroencephalogram and is a test that records the electrical signals of the brain by using small metal discs (called electrodes) that are attached to the scalp. The first EEG was an hour long in the clinic and the second EEG was conducted over a 5-day period. Keep in mind that I had to live my life as normal as I could with all these disks and electrode wires glued to my head with a recording device slung over my body. It was not fun. After all the testing was completed, thankfully, there was nothing notable about the findings. Although this was great news, it still wasn't answering the question of what was causing all my symptoms.

CARDIOLOGIST: Like my time with the neurologist, my cardiologist had me get an MRI and other scans completed of my heart, to include having an echocardiogram (Echo) done. An echocardiogram uses electrodes to check for heart rhythm and ultrasound technology to see how the blood moves through the heart. Upon my initial echo, I was told that I had a significant hole in my heart, also known as a patent foramen ovale (PFO). The PFO, likely to be congenital although never proven, was explained to me that it shouldn't be causing all the symptoms that I was experiencing. As time went on and further imaging was completed, I moved forward with having the PFO closed via an intravenous procedure (Non-invasive). The procedure took place on 10 July 2021. After this procedure was completed, I really didn't feel any different and in fact, I felt worse. After about a week after the procedure was completed, I admitted myself to the ER for complaints for extreme shortness of breath. Long story short, I was allergic to

the blood thinner that I was prescribed to take for 6 months post operation. This was also an interesting thing to note. This was the first medication that I have ever been allergic to. Was this another side affect from the vaccine? I am still not sure to this day. I was switched over to a different blood thinner, of which I had to stay on until 10 Jan 2022, to prevent blood clots from forming while the healing process was taking place in my heart. During this 6-month time frame I was still not feeling "normal". Even with the allergic reaction gone from the first blood thinner, I was still feeling off kilter and had all my initial symptoms but not as severe.

CURRENT STATUS: Considering my allergic reaction to the original blood thinner, I wanted to wait the full term of the postop (6 months) before I keep pursuing help with my symptoms. I wanted to make sure that I was not having any subtle allergic reactions from the second blood thinner. I recently got in touch with the VA and further complained to them about my symptoms. They were able to schedule me with an over the phone appointment with an infectious disease doctor that took place on 4 February 2022. After I explained to the doctor my symptoms and the duration of which I have had them, they explained to me that I have "Long Haulers Syndrome". She relayed to me that it is extremely rare for someone to still be feeling these symptoms well over a year after their shots. She also explained to me that unfortunately this can't be reversed, only the symptoms can be somewhat treated. She suggested for me to see a psychiatrist regarding the Chronic fatigue as well as the brain fog. She also said that there is a plan to develop "COVID Clinics" for people like me to help treat/manage the lasting affects from the vaccine. At this point and time though, this is only a concept and has not been put into motion yet. As it stands, I still have most of the symptoms that I started with just over a year ago. I don't have the faintness when I'm sitting down anymore but I do have moments where I get a strong sensation of it. I still suffer from chronic fatigue and a lack of strength and stamina. I still have brain fog but its not as severe as it used to be. I still catch myself losing focus and I sometimes still have a hard time being locked into a thought or even a conversation. I can no longer go to the gym, nor do I have the drive for it anymore. I can't do anything of which would require me to exert myself because of the faintness feeling that I get. I can barely walk up an incline without feeling weak and tired and I become out of breath quickly. As I have said before, I used to be a sponsored athlete, training in the gym routinely and I have never failed any PT test whether it was in the Army or the Air Force. In my current state, I feel as if I have suffered a loss, a loss of myself. My old self has

died, and I cannot get him back. I have complained to so many people, of which have told me that, “it was in my head” or “the shot is designed a certain way and it shouldn’t be causing me to have these symptoms.” I am tired of being scoffed and I am tired of people telling me what I should be feeling based on “the science”. What would be the ulterior motive with making something like this up? I was selected to become a fighter pilot, and I elected to pull myself from continuing forward due to the severe nature of these symptoms. I knew that I would not be able to handle the physical rigors that pilots face because I can’t event walk up an incline without being fatigued. This was my dream. That dream was taken from me. In addition, I am going to be a father in May. I am now scared that I won’t be able to do the physical and playful things that I should be able to do at 29 years of age with my daughter. I still feel as if I am bound by chains with these lingering symptoms. I am still fighting for ways, though, to help my symptoms. As I continue to share my story, there other stories that are being shared back to me, and these stories are just like mine. What I am going through is real. What others are going through is real.

USMC Aviation Safety Officer, Captain

- Discovered a disturbing trend in increased medical events following the release of the COVID-19 vaccine
- Clinic at this member's base admits noticing large influx of heart related issues
- These heart related issues following vaccination have not been tracked or reported in VAERS in any way

23 December 2021

My Name is Captain [redacted], and I make this report under The Military Whistleblower Protection Act, Title 10 U.S.C. § 1034, and DoD Directive 7050.6 protections.

I am an active duty Marine currently assigned to Marine Aircraft Group [redacted] (MAG-[redacted]) as the Aviation Safety Officer. As part of my duties, I review and endorse the Ground and Aviation Flash Reports (GRF, AFR) and the Safety Investigation Reports (SIR) of the MAG-[redacted] subordinate commands for routing to higher. I have been an ASO, with two previous commands, since 2017.

Over the course of the past six months, I began to notice an increase in report submissions outside of the occupational/accidental nature that I was familiar with for the past four years. Because I was seeing a new trend develop with an increase in Medical type reporting I asked personnel at the MCAS [redacted] Clinic to keep me informed of what they were seeing that was outside of my reporting chain. Clinic personnel reported to me a significant increase in heart related issues, Shortness of Breath, Bell's pasly and other conditions well outside what they would expect to see.

This lead me to begin tracking these conditions based on the only new variable, vaccination. Since I began, I have recorded 1 Gullain-Barr Syndrome, 2 Bell's palsy, 9 heart conditions, 3 Rhabdomyolysis cases among others.

These cases are exclusively within the confirmed vaccinated population aboard MCAS [redacted] and only a small percentage of the possible adverse vaccine reactions that I have heard of but could not positively confirm. Only a full review of the medical records at MCAS [redacted] would identify how many Marines have been injured through the vaccine administration. These are not being reported to VAERS. Or being tracked or monitored, in any capacity per my source within the Clinic, by Navy Medical as vaccine adverse reactions or injuries. The medical staff here will jump through hoops to find any possible explanation to avoid associating the vaccine to any of these reports or conditions.

[redacted]

RELEASE DATE: 21 OCT 2021 1740(Z)

CLASSIFICATION: Unclassified

FROM: MARINE AIRCRAFT GROUP-31 (MAG-31 2D MAW)

SUBJECT: Final: On-Duty, 04 OCT 2021, Ground, Sports, Recreation, and Individual Fitness, Event Report # 786410

1. GENERAL INFORMATION

AFSAS Report Number: 786410

Unit Control Number: 165

One Liner: Morning PT; Started feeling chest pains; Chest Pains; Rushed to the hospital

Convening Authority: MARINE AIRCRAFT GROUP-31

Echelon I: United States Marine Corps Forces Command

Echelon II: II MARINE EXPEDITIONARY FORCE

Echelon III: 2D MARINE AIRCRAFT WING

Echelon IV: MARINE WING SUPPORT GROUP-27

Echelon V: MARINE WING SUPPORT DETACHMENT-31

Event Duty Status: On-Duty

Event Type:
Tier 1: Sports & Recreation
Event Method of Initiation: Medical Log/Record

2. EVENT DATE/TIME

Event Date, Local: 04 OCT 2021

Event Time, Local: 0715

3. EVENT LOCATION

Location Description: --

Event Country: United States (USA)

US State: South Carolina

On Base: Yes

Nearest Base: MCAS Beaufort SC (Multi-Sites)

Latitude: 32 25.894 N

Longitude: 080 40.189 W

4. NARRATIVE

4.1. SEQUENCE OF EVENT

SNM woke up at 4 a.m. with pains in his chest. He thought it was just stomach pains regular stomach pains from dinner that night. He went to PT becasue he thought the pain would pass. They did a circuit course at PT which consisted of pushups, ball slams, rope lunges, and weighted squats. The PT session lasted for 30 minutes and when PT was over SNM stated he thinks he needs to go to medical because he was having chest pains. He went to the medical facility on MCAS Beaufort. From there he was referrred to Beaufort Memorial Hospital. SNM stayed at the hospital over night for observation and then was discharged the next day at 11:00.

4.2. INVESTIGATION CONCLUSIONS

After SNM was discharged from Beaufort Memorial Hospital he was diagnosed with having an adverse reaction to the COVID Vaccine shot he recieved on Friday.

4.3. BACKGROUND INFORMATION

4.3.1. Person Background Information

None, None

SNM was at morning PT and he began to have chest pains. He informed his NCO and then he went to medical. From there he was instructed to go to Beaufort Memorial Hospital.

72-Hour / 7-Day History is unremarkable

4.3.2. General Background Information

--

4.4. FACTORS

--

5. PRIMARY FINDINGS

FINDING 1: (CAUSAL)

SNM wsa diagnosed at the hospital for having an adverse reaction to the COVID dhot he had gotten on friday.

6. PRIMARY RECOMMENDATIONS

RECOMMENDATION 1 (317740):

Related Findings: 1
Hazard/Deficiency:
Recommendation 1: No recommendations can be made
AF Form 847: --
AFTO Form 22: --
Work Order Number: --
Control Number: --
Project Number: --
Function: --

Condition: --
Unit Control Number: --
OPR: null/
OCRs: --
RAC: --

7. OTHER FINDINGS OF SIGNIFICANCE

8. OTHER RECOMMENDATION OF SIGNIFICANCE

ORS 1 (317738):

Related Findings: --
Hazard/Deficiency:
1: No recommendation can be made.
AF Form 847: --
AFTO Form 22: --
Work Order Number: --
Control Number: --
Project Number: --
Function: --
Condition: --
Unit Control Number: --
OPR: null/
OCRs: --
RAC: 5

9. GLOSSARY OF ACRONYMS

--

10. REFERENCED AFSAS REPORTS

--

11. EVENT COST

Total Event Cost (Excluding Injury Cost): --

DoDI Injury Cost: $0.00

Total Event Cost with Injuries: $0.00

12. PERSONNEL INFORMATION

PERSON NUMBER: 1

Gender: Male
Age: 22
Grade: E3
Employment Status:
Tier 1: US Marines
Tier 2: Regular

Duty Status:
Tier 1: On
Tier 2: No Further Status
AFSC/Job Series: --
Assigned Organization: MARINE WING SUPPORT SQUADRON 273
Activity:
Tier 1: Sports/Recreation/Fitness Activities
Tier 2: Other Sports/Recreation/Fitness Activities
Injury Severity: First Aid Case
Injuries:
Injury: 1
Injured Body Part:
Tier 1: Internal Organs
Tier 2:Heart
Injury Type: --
Injury Mechanism:
Tier 1: Overexertion
Tier 2: Repetitive Movements
Person Associated with Object(s):
--

13. PERSON LEVEL HUMAN FACTORS

--

14. EVENT LEVEL DOD HUMAN FACTORS

--

15. OBJECTS INFORMATION

There are no Objects entered for this event.

16. SAFETY INVESTIGATION BOARD PERSONNEL

POSITION: SINGLE INVESTIGATING OFFICER

GROUND FLASH REPORT

Revised 15 Dec 20

NOTE: This report does not replace the COMNAVSAFECEN reporting requirements (MCO P5102.1B) or the Casualty reporting requirements (MCO 3040.4E) and/or Operational Incident reporting requirements (MCO 3504.2). The Privacy Act of 1974 (Public Law 93-579) applies to this form. MCO P5102.1B provides mishap definitions. Complete as many data blocks as applicable to the mishap/incident. (Utilize the Mishap Summary Section to provide any additional/amplifying information for data blocks if required.)

CUI
Controled Unclassified Information

REPORT TYPE		Initial					
Command:	2d MAW	**Regt/Group:**	MAG-14	**Bn/Sqdn:**	VMA-542	**Co/Section:**	AVIONICS
INCIDENT DATE (dd-mmm-yy):		11-Oct-21	**TIME**	1600	**LOCATION (City,State):**		MOREHEAD, NC

PERSONNEL INVOLVED

NAME: (LAST, F. M.)				**BRANCH OF SERVICE:**	USMC		
GENDER:	Male	**AGE**	34	**RANK**	GySgt		
MARITAL STATUS:	Married			**MOS/NEC:**	6332	**BILLET:**	6332
NUMBER OF DEPLOYMENTS:	2			**FORCE PRESERVATION RISK CATEGORY:**			Low
TIME SINCE RETURN:	> 12 months			**ASSIGNED TO USMC MENTORING PROGRAM:**			
MISHAP TYPE:	CLASS C	**LEAVE/LIBERTY/TAD STATUS:**				**INJURY TYPE (Choose all that apply)**	
DUTY STATUS:	OFF	**DISTANCE FROM BASE:**		<25 Miles		**Injury Type 1:**	Other
INCIDENT/MISHAP CATEGORY:	Recreational Off Duty					**Injury Type 2:**	
PROPERTY DAMAGE (Type and Estimated Cost if known)						**Injury Type 3:**	
DoD Property Damage	No	**Estimated cost: $**				**Other:**	CHEST PAINS CURRENTLY AT E.R.
Non-DoD Property Damage	No	**Estimated cost: $**				**PPED Usage:**	
CASUALTY STATUS/INJURY RELATED LOSSES:				**WBGT Index:**		**BAC:**	
MEDICAL TREATMENT REQUIRED:	Yes	**LOCATION:**	MOREHEAD	**PERSONAL PROTECTIVE EQUIPMENT USED:** (Choose all used)			
MEDICAL TREATMENT TYPE 1:	Unknown	**# DAYS:**		**PPE 1:**		**PPE 4:**	
MEDICAL TREATMENT TYPE 2:		**# DAYS:**		**PPE 2:**		**PPE 5:**	
MEDICAL TREATMENT TYPE 3:		**# DAYS:**		**PPE 3:**		**PPE 6:**	

MOTOR VEHICLE INFORMATION

MOTOR VEHICLE ONLY (VEHICLE TYPE)		**MOTOR VEHICLE LICENSURE/INSURANCE INFO:**			
BASE REGISTRATION:		**INSURANCE:**		**STATE:**	
SAFETY COURSE ATTENDED 1:				**DATE:**	
SAFETY COURSE ATTENDED 2:				**DATE:**	
SAFETY COURSE ATTENDED 3:				**DATE:**	
SAFETY COURSE ATTENDED 4:				**DATE:**	
SAFETY COURSE ATTENDED 5:				**DATE:**	
UNIT MOTORCYCLE MENTORSHIP MEMBER:		**DATE JOINED:**			
PMV-2/ATV INFO:	**YEAR:**	**MAKE:**	**MODEL:**	**ENGINE SIZE:**	

HUMAN FACTORS ANALYSIS AND CLASSIFICATION SYSTEM

HFACS CLASSIFICATION	HFACS 1	HFACS 2	HFACS 3	HFACS 4	HFACS 5	HFACS 6	COMMENTS
ACTS (AE100- AE206)							
PRECONDITONS (PE100-PE200)							
PHYSICAL PROBLEM (PC100-PC511)							
PERSONNEL FACTORS (PP100-PP109)							
SUPERVISORY VIOLATIONS (SV000-SV00V)							
PLANNED INAPPROPRIATE OPERATIONS (SP000-SP007)							
INADEQUATE SUPERVISION (SI000-SI008)							
RESOURCE PROBLEMS (OR000-OR009)							
PERSONNEL SELECTION & STAFFING (OS000-OS002)							
POLICY & PROCESS ISSUES (OP000-OP007)							
CLIMATE OR CULTURAL INFLUNENCES (OC000-OC005)							

MISHAP SUMMARY: (Provide an accurate explanation/description of the Mishap / Incident)

WHO: GYSGT SHAW, DALTON
WHAT: WENT TO MOREHEAD ER FOR CHEST PAINS.
WHEN: OCT 11, 2021 @1600
WHY: SNM EXPERIENCED REOCCURRING CHEST PAINS THIS WEEKEND AT HOME. SNM WAS SEEN 2 WEEKS AGO FOR THE SAME CONDITION. AS OF THE MORNING OF THE 12TH, SNM HAS BEEN RELEASED FROM THE HOSPITAL AFTER BEING DIAGNOSED WITH PNEUMONIA.

COMMAND POC:		**DATE:**	11-Oct-21	**PHONE#:**	252-721-1998
RMI-SIR EVENT NUMBER:		**LOCAL SERIAL NUMBER:**			

GROUND FLASH REPORT

Revised 15 Dec 20

NOTE: This report does not replace the COMNAVSAFECEN reporting requirements (MCO P5102.1B) or the Casualty reporting requirements (MCO 3040.4E) and/or Operational Incident reporting requirements (MCO 3504.2). The Privacy Act of 1974 (Public Law 93-579) applies to this form. MCO P5102.1B provides mishap definitions. Complete as many data blocks as applicable to the mishap/incident. (Utilize the Mishap Summary Section to provide any additional/amplifying information for data blocks if required.)

CUI
Controlled Unclassified Information

REPORT TYPE	Initial						
Command:	**2d MAW**	**Regt/Group:**	MAG 14	**Bn/Sqdn:**	MWSS 271	**Co/Section:**	AOPS/FUELS
INCIDENT DATE (dd-mmm-yy):	19-Nov-21	**TIME**	1000	**LOCATION (City,State):**	Bogue, NC/Camp Lejeune Naval Center/ Carolina East Hospital New Bern/ Portsmouth Medical Center, VA		

PERSONNEL INVOLVED

NAME: (LAST, F. M.)				**BRANCH OF SERVICE:**		USMC	
GENDER:	Male	**AGE**	23	**RANK**	**Sgt**		
MARITAL STATUS:	Married			**MOS/NEC:**	1391	**BILLET:**	**BULK FUEL SPECIALIST**
NUMBER OF DEPLOYMENTS:	0			**FORCE PRESERVATION RISK CATEGORY:**			Low
TIME SINCE RETURN:	No deployments			**ASSIGNED TO USMC MENTORING PROGRAM:**			Unknown
MISHAP TYPE:	Other Reportable/Ne	**LEAVE/LIBERTY/TAD STATUS:**				**INJURY TYPE (Choose all that apply)**	
DUTY STATUS:	ON	**DISTANCE FROM BASE:**			>100 Miles	**Injury Type 1:**	Other
INCIDENT/MISHAP CATEGORY:	Other					**Injury Type 2:**	
PROPERTY DAMAGE (Type and Estimated Cost if known)						**Injury Type 3:**	
DoD Property Damage	No	**Estimated cost:**				**Other:**	Gullain-Barr Syndrome
Non-DoD Property Damage	No	**Estimated cost:**				**PPED Usage:**	
CASUALTY STATUS/INJURY RELATED LOSSES:				**WBGT Index:**		**BAC:**	N/A
MEDICAL TREATMENT REQUIRED:	Yes	**LOCATION:**	Carolina East NC/ Portsmouth, Va	**PERSONAL PROTECTIVE EQUIPMENT USED:** (Choose all used)			
MEDICAL TREATMENT TYPE 1:	Hospitalized	**# DAYS:**	5	**PPE 1:**		**PPE 4:**	
MEDICAL TREATMENT TYPE 2:		**# DAYS:**		**PPE 2:**		**PPE 5:**	
MEDICAL TREATMENT TYPE 3:		**# DAYS:**		**PPE 3:**		**PPE 6:**	

MOTOR VEHICLE INFORMATION

MOTOR VEHICLE ONLY (VEHICLE TYPE)		**MOTOR VEHICLE LICENSURE/INSURANCE INFO:**			Not Applicable
BASE REGISTRATION:	Not Applicable	**INSURANCE:**	Not Applicable	**STATE:**	
SAFETY COURSE ATTENDED 1:				**DATE:**	
SAFETY COURSE ATTENDED 2:				**DATE:**	
SAFETY COURSE ATTENDED 3:				**DATE:**	
SAFETY COURSE ATTENDED 4:				**DATE:**	
SAFETY COURSE ATTENDED 5:				**DATE:**	
UNIT MOTORCYCLE MENTORSHIP MEMBER:	No	**DATE JOINED:**			
PMV-2/ATV INFO: **YEAR:**		**MAKE:**		**MODEL:**	**ENGINE SIZE:**

HUMAN FACTORS ANALYSIS AND CLASSIFICATION SYSTEM

HFACS CLASSIFICATION	HFACS 1	HFACS 2	HFACS 3	HFACS 4	HFACS 5	HFACS 6	COMMENTS
ACTS (AE100- AE206)							
PRECONDITONS (PE100-PE200)							
PHYSICAL PROBLEM (PC100-PC511)							
PERSONNEL FACTORS (PP100-PP109)							
SUPERVISORY VIOLATIONS (SV000-SV00V)							
PLANNED INAPPROPRIATE OPERATIONS (SP000-SP007)							
INADEQUATE SUPERVISION (SI000-SI008)							
RESOURCE PROBLEMS (OR000-OR009)							
PERSONNEL SELECTION & STAFFING (OS000-OS002)							
POLICY & PROCESS ISSUES (OP000-OP007)							
CLIMATE OR CULTURAL INFLUNENCES (OC000-OC005)							

MISHAP SUMMARY: (Provide an accurate explanation/description of the Mishap / Incident)

SNM went to the Camp Lejeune Naval Hospital yesterday at 1000 after showing residual signs of Gullain-Barr Syndrome. CLNH referred SNM to Eastern Carolina Medical Center in New Bern, NC. After further assessment and without a resident neurologist, Eastern Carolina referred SNM and transported by ambulance to medical facility in Portsmouth, VA where he can be seen and treated by a neurologist. Based on their assessment and through a competent medical authority's recommendation, they're predicting a 5 day outpatient treatment at the medical facility in Portsmouth, VA. Caroline East arranged transportation for SNM. SNM is expected to remain in Virginia until 11/25. SNM is pending location for Neurologist treatment for plasma transfusion.

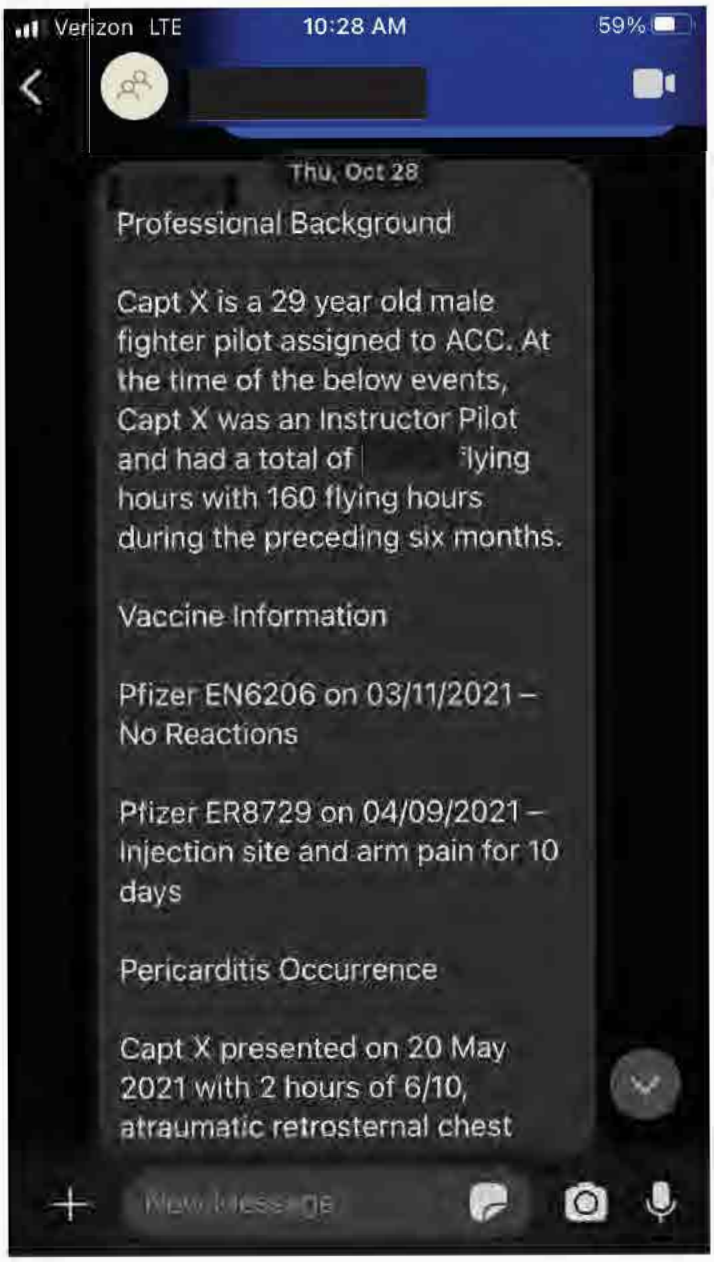
COMMAND POC:			**DATE:**	20211120	**PHONE#:**	252-466-0667	
RMI-SIR EVENT NUMBER:			**LOCAL SERIAL NUMBER:**			**MWSS27120211119IOI**	

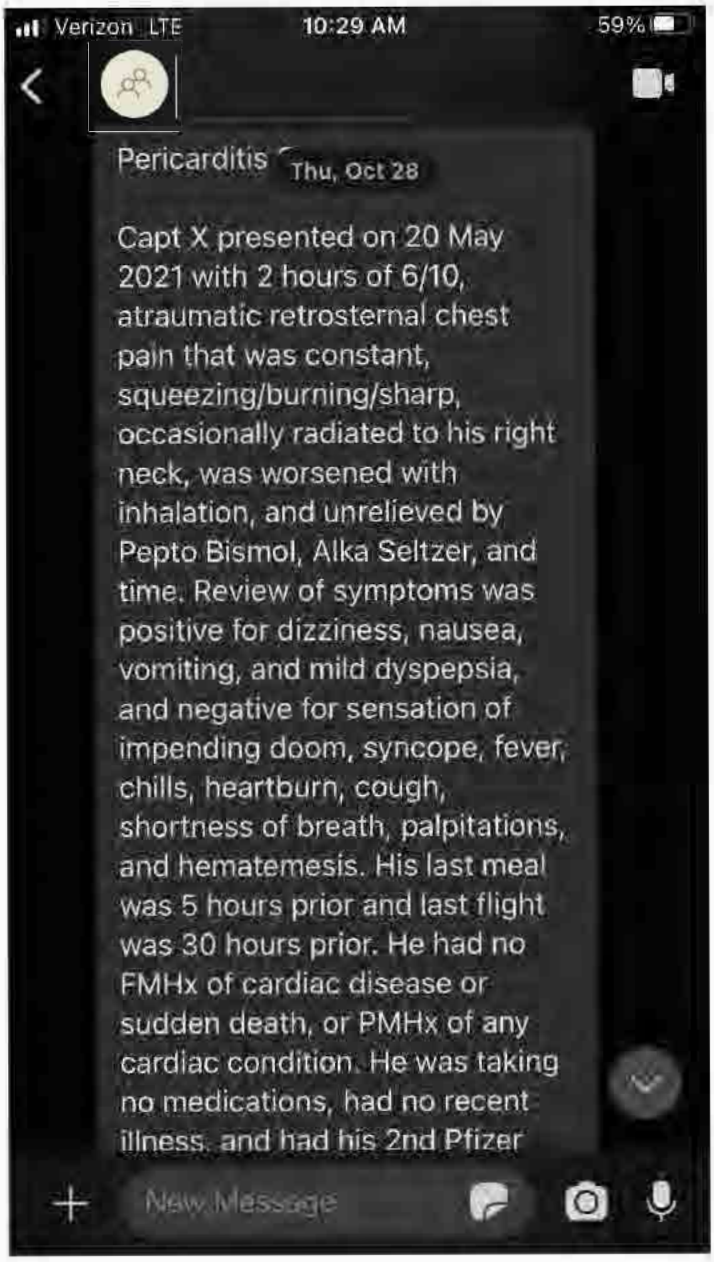
Event Date	Vaccine Date		SMM	EVENT	Symptoms	Diagnosis
8-Dec-21	8-Nov-21	Reported via MCAS Cherry Point Clinic Staff	M/22	Clinic visit due to Chest Pain and SOB	Chest Pain and SOB	Too much pre-workout
5-Dec-21	1-Oct-21	GFR VMGR-252 20211206 OTH	M/22/LCPL/	AT APPROXIMATELY 2312 SAID MAME MARINE APPROACHED THE ASHES AND THE DMCO COMPLAINING ABOUT SEVERE HEART PALPITATIONS AND REQUESTED ASSISTANCE GETTING TO THE HOSPITAL. THE ADMCO WAS DISPATCHED TO DRIVE SMM TO CARTERET HEALTH CARE IN MOREHEAD CITY. AT TIME OF DEPARTURE SMM WAS UNAWARE OF HAVING DONE ANYTHING IN PARTICULAR THAT WOULD HAVE CAUSED THIS ISSUE. SMM WAS DIAGNOSED WITH THE FLU AND ASSIGNED 3 DAYS SICK IN QUARTERS	SEVERE HEART PALPITATIONS	Flu
1-Dec-21	July & August	GFR VMGR-252 20211122 OTH 22-08	M/34/Sgt	SMM WAS ADMITTED TO MOREHEAD CITY EMERGENCY ROOM 20211122 AT 0200 AFTER HAVING DIFFICULTY BREATHING. DIAGNOSIS OF PNEUMONIA. CURRENTLY REMAINS HOSPITALIZED IN STABLE CONDITION UNDER OBSERVATION	SOB	Congestive Heart Failure
30-Nov-21	15-Jul-21	GFR VMGR-252 20211128 TRN 23-00	F/CPL/6276	SMM was transported to Carteret Health Care by her father. She started feeling slight back pain on Tuesday 23, November after running the CPT. Her back pain progressively got worse every day after. Today, Friday 26 November the pain had gotten severe enough where she could not move and had also felt pain in her kidneys. She is currently undergoing tests at the hospital for more information	Back Pain	UNKNOWN
22-Nov-21	8-Oct-21	Reported via MCAS Cherry Point Clinic	M/21/LCPL	Clinic visit due to Chest Pain	Chest Pain	UNKNOWN
19-Nov-21	16 Mar & 19 Apr	GFR 20211119 MWSS-271-IOI	M/23/SGT	SMM went to the Camp Lejeune Naval Hospital yesterday at 1000 after showing residual signs of Guillain-Barr Syndrome. CLNH referred SMM to Eastern Carolina Medical Center in New Bern, NC. After further assessment and without a resident neurologist, Eastern Carolina referred SMM and transported by ambulance to medical facility in Portsmouth, VA where he can be seen and treated by a neurologist. Based on their assessment and through a competent medical authority's recommendation, they're predicting a 5 day outpatient treatment at the medical facility in Portsmouth, VA. Carolina East arranged transportation for SMM. SMM is expected to remain in Virginia until 11/25. SMM is pending location for Neurologist treatment for plasma transfusion		Guillain-Barr Syndrome
19-Nov-21	11 May & Sept	Reported via MCAS Cherry Point Clinic Staff	M/24/CPL	12 May clinic visit for chest pain, 14 May clinic visit for chest pain, 19 Nov clinic visit for chest pain and SOB	Chest Pain and SOB	UNKNOWN
17-Nov-21	confirmed prior to event, but date	Reported via MCAS Cherry Point Clinic	M/24/Sgt	Several months of pleuritic chest discomfort post covid vaccination	Chest pain	UNKNOWN
16-Nov-21	Feb &March	Reported via MCAS Cherry Point Clinic Staff	M/26/SGT	F/U visit 11/16 for claims of L side chest pain for months. Clinic visit 8/25 for syncope and collapse	Chest Pain	UNKNOWN
15-Nov-21	12-Oct	Reported via MCAS Cherry Point Clinic Staff	M/21/CPL	Clinic visit due to Chest Pain	Chest Pain	UNKNOWN
15-Nov-21	Nov-21	Reported via MCAS Cherry Point Clinic Staff	F/24/Sgt	Bell's Palsy, flight surgeon refuses to consider vaccine adverse reaction. Calling it due to an epidural	facial paralysis, bilateral arm paralysis, blurry vision	Bell's Palsy
9-Nov-21	28-Oct	GFR VMGR-252 20211109 TRN 23-06	M/36/MAJ/Pilot AAMO	SMM was having generic pain and cramps (due to suspected severe dehydration) through the usualness after the completion of the CPT on 4 NOV 21 and went to base medical on morning of 9 Nov. Upon receiving lab results from MHCP the same day SMM was directed to go to ER. SMM was admitted to Carolina East 1400 on 9 Nov. SMM is currently in pain and receiving fluids, as well as further blood work. SMM is currently expected to remain through the night pending further recovery	pain and cramps	Rhadomyolysis
5-Nov-21	7/15 & 08/19	GFR VMFR-252 20211105 OTH 22-05	M/28/Sgt/ Ordnance Specialist	SMM came down to DMCO at barracks and complained about back pain resultant from the CPT ran earlier in the day, and said he had been vomiting due to the pain. The DMCO called 911 due to the pain SMM was in. EMS arrived at the barracks and took SMM to Carolina East Emergency Room. Presently, SMM is receiving fluids via IV and is suspected to be severely dehydrated. Expects release later today	BACK PAIN, VOMITING	Rhadomyolysis, Acute renal Failure
19-Oct-21	confirmed prior to event, but date unknown	GFR 20211020 MAG-14 MOD	M/31 / MP2	Sailor presented with pain in left forearm to Naval Clinic Cherry Point on 19 Oct 2021. Clinic referred Sailor to Emergency room in town for further attention. Sailor went to Carolina East Medical Center and was triaged in the emergency room. The sailor was given a referral for lab work at the Cherry Point Clinic the following day. Today the Sailor reported to medical, was given lab work and assigned 30 days light duty. Further information will be provided when obtained from the sailor	PAIN L FOREARM	Rhadomyolysis
13-Oct-21	3 May & 8 Oct	GFR VMA-223 20219013 CLASS E	M/30/LCpl	Marine took a prescribed medication and started experiencing breathing and heart problems. SMM was taken to hospital and evaluated at Carolina East Medical Center in New Bern, NC. Marines was treated and released with new prescription. No mention of a follow up listed	SOB, HEART ISSUES	UNKNOWN
11-Oct-21	3-Sep-21	GFR VMAQ-2 OCT112021	M/34/GySgt/Avionics	11 OCT 2021. SMM EXPERIENCED INTERMITTENT CHEST PAINS THIS WEEKEND AT HOME. SMM WAS SEEN 2 WEEKS AGO FOR THE SAME CONDITION. AS OF THE MORNING OF THE 12TH, SMM HAS BEEN RELEASED FROM THE HOSPITAL AFTER BEING DIAGNOSED WITH PNEUMONIA. On 20210915, SMM visited medical for chest pain. SMM said the weekend and throughout week he was feeling chest pain and dizziness. While attending a soccer game with kids and had to take a knee because he felt faint. A parent, who is a nurse, said his wife should drive home because he did not look good. While at medical they believe he may be having an adverse reaction to the COVID vaccine, due to no changes in his normal lifestyle. Medical has referred SMM to a cardiologist for review. That appointment has not been set yet as its still processing. SMM says he still has some pain and feels dizzy every so often. Currently SMM is at work and doing well, he states he can still feel discomfort and believes it could be from the vaccine. We are continuing to monitor and awaiting follow up with cardiologist. On 20210923, SMM visited medical to begin the process for a medical exemption to COVID 19 vaccine (2nd dose) while at medical, SMM explained he is still feeling chest pains and was directed to the Emergency Room in Morehead, NC. SMM is currently in route to ER. This command will update once they are available	CHEST PAIN	adverse reaction to the COVID Vaccine
4-Oct-21	1-Oct-21	None 788490	M/22/LCPL	SMM woke up at 4 a.m. with pains in his chest. He thought it was just stomach pains regular stomach pains from dinner that night. He went to PT because he thought the pain would pass. They did a circuit course at PT which consisted of pushups, ball slams, rope lunges, and weighted squats. The PT session lasted for 30 minutes and when PT was over SMM stated he thinks he needs to go to medical because he was having chest pains. He went to the medical facility on MCAS Beaufort. From there he was referred to Beaufort Memorial Hospital. SMM stayed at the hospital over night for observation and then was discharged the next day at 11:00	Stomach pain, Chest Pain	adverse reaction to the COVID Vaccine
25-Sep-21	26 Jul & 26 Aug	Ground Flash Report 25 Sept 2021	M/23/LCpl/ Mil Semi Stu	AT APPROXIMATELY 1530 PMO RECEIVED A CALL THAT A MARINE WAS PASS DOWN IN A BENCH UNRESPONSIVE AT C STREET AND 4TH STREET ON MCAS CHERRY POINT. EMS WAS CALLED AND ARRIVED AT THE SCENE. EMS WAS ABLE TO GET SMM RESPONSIVE AND NOTED THAT SMM WAS EXTREMELY INTOXICATED. SMM BECAME VERY UNCOOPERATIVE REFUSING TO GIVE ANY INFORMATION. EMS MADE THE DETERMINATION THAT SMM NEEDED TO BE EVALUATED AT CAROLINA EAST MEDICAL CENTER IN NEW BERN, NC. SMM WAS TRANSPORTED TO CAROLINA EAST MEDICAL CENTER AND THE DIVISION CHIEF IS SUPPORTING AT THE HOSPITAL. SDO WAS INFORMED BY THE STATION SGTMAJ AT 1735. SDO INFORMED COMMAND GROUP DIRECTLY AFTER THAT. AT 2000 SMM WAS RELEASED FROM THE HOSPITAL AND TAKEN BACK TO ROOM BY HIS DIVISION CHIEF. MEDICAL DOCTOR REPORTS NO DRUGS OR ALCOHOL WERE INVOLVED	SYNCOPE, ALTER MENTAL STATE	Dehydration
25-Sep-21	20 Sept & 9 Oct	Ground Flash Report 25 Sept 2021 Knee	M/34/SSgt/Airframes Cr	On 25 Sept 2021 SMM reported to Caroline East Medical Center with complaint of swelling in the knee that was painful and the area was hot to the touch. SMM was reported to have a fever in the range of 101-103 and exhibited body aches, sweating and shortness of breath. SMM was admitted for overnight observation, IV fluids and antibiotics and a CT. SMM was told to follow up with PCM after discharge. On 28 Sept 2021 SMM reported to MCAS Cherry Point clinic for his follow-up and was still found to have swelling in his knee, fever, chills and an elevated heart rate. SMM was given three days SIQ and told if symptoms worsen to go to the emergency room asap. SMM is current at Vidant Medical Center in Greenville NC for treatment of worsening symptoms and has been admitted for overnight observations, IV fluids and antibiotics	KNEE SWELLING AND PAIN	UNKNOWN
20-Sep-21	July & August	Reported via MCAS Cherry Point Clinic Staff	M/24/SGT	Bell's Palsy	Blurry vision, facial paralysis	Bell's Palsy
12-Sep-21	10 Sep & 01 Oct	GFR 20210912 MALS-14 MED	F/20/LCpl/Supply	INITIAL (12 Sept 2021): SMM was initially treated for severe pain on the side and released at Carteret Healthcare with medication. SMM returned to Carteret Healthcare (@2230 on 12 Sept 2021) for inability to keep the prescribed medication down and was diagnosed with a urinary tract infection (UTI). SMM was admitted and being monitored due to fever (officially admitted @ 0200 on 13 Sept 2021). UPDATE on 14 September 2021: SMM expected to be released on 15 Sept 2021. UPDATE on 16 September 2021: SMM released from Carteret Healthcare (@0930 on 15 Sept 2021). SMM is scheduled for follow-up on 30 Sept 2021 with primary care physician	SIDE PAIN	urinary tract infection (UTI)
18-Aug-21	26 Feb & 26 Mar	GFR VMFR-252 20210818 CATEGORY OTH	F/21/Sgt	AROUND 0200 ON 16 AUG 2021, SMM DROVE TO CAROLINA EAST NEW BERN NORTH CAROLINA FOR STOMACH PAIN. CAROLINA EAST MOVED HER VIA AMBULANCE TO VIDANT HEALTH IN GREENVILLE NORTH CAROLINA AROUND 0100 BECAUSE SHE WAS FOUND TO HAVE HIGH LIPASE LEVELS AND A HIGH CONCENTRATION OF LIVER ENZYMES. SMM IS CURRENTLY AT VIDANT HEALTH UNDER TREATMENT	Stomach Pain	UNKNOWN
29-Jun-21	6 May & 3 Jun	GFR VMFR-252 20210629 TRN 21-17	M/30/CPL/	SMM started that he was getting lightheaded during the run, SMM did not lose consciousness at any point and was coherent at all times. Medical informed us to call 911 due to the possible nature of the heat case, and SMM was picked up via ambulance at 0736 to be transported to the hospital in New Bern	lightheaded	UNKNOWN
28-Jun-21	19 Feb & 19 Mar	Refer # 456536	M/40/GySgt/ Ops Chief	At approximately 1130 on 20210626, SMM was found unconscious and gasping for air while building a deck at another Marine's residence. SMM regained consciousness after lifesaving steps were applied to include applying a sternum rub. SMM was put into a recovery position in AC with extra clothing removed while being monitored for a few hours following. SMM did not go to medical	SYNCOPE, SOB	Heat Exhaustion

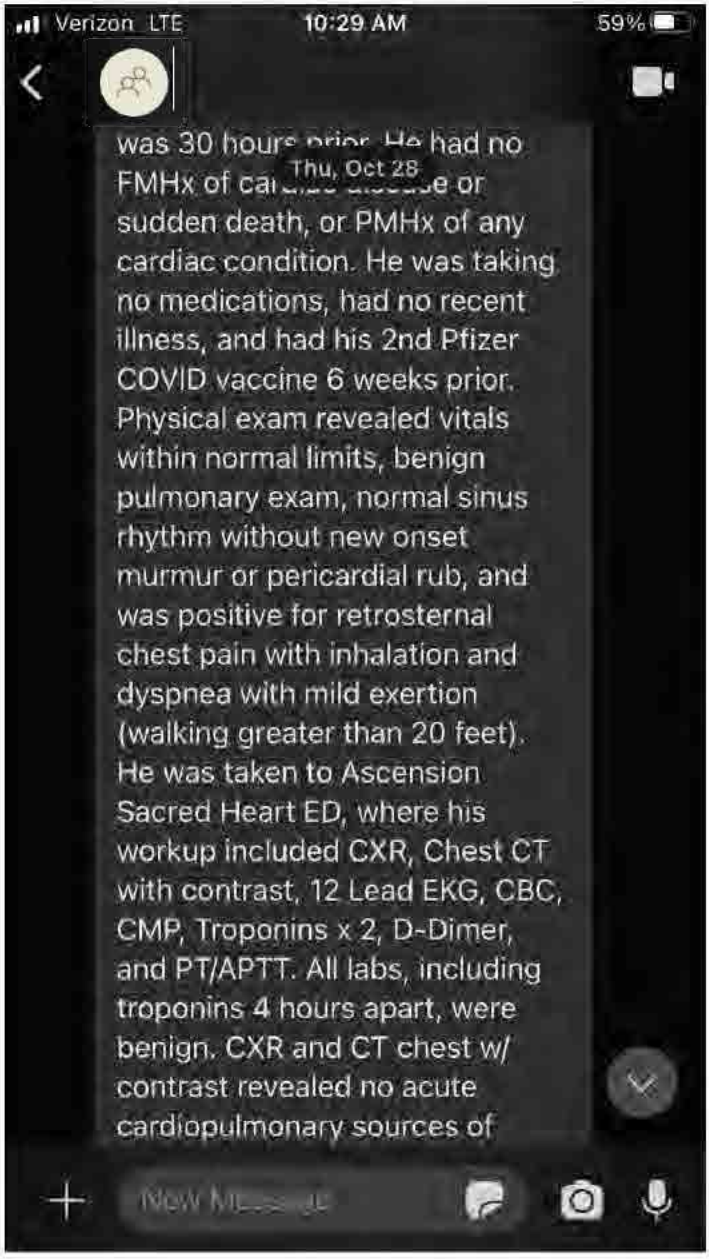
TIER 2 REPORTS

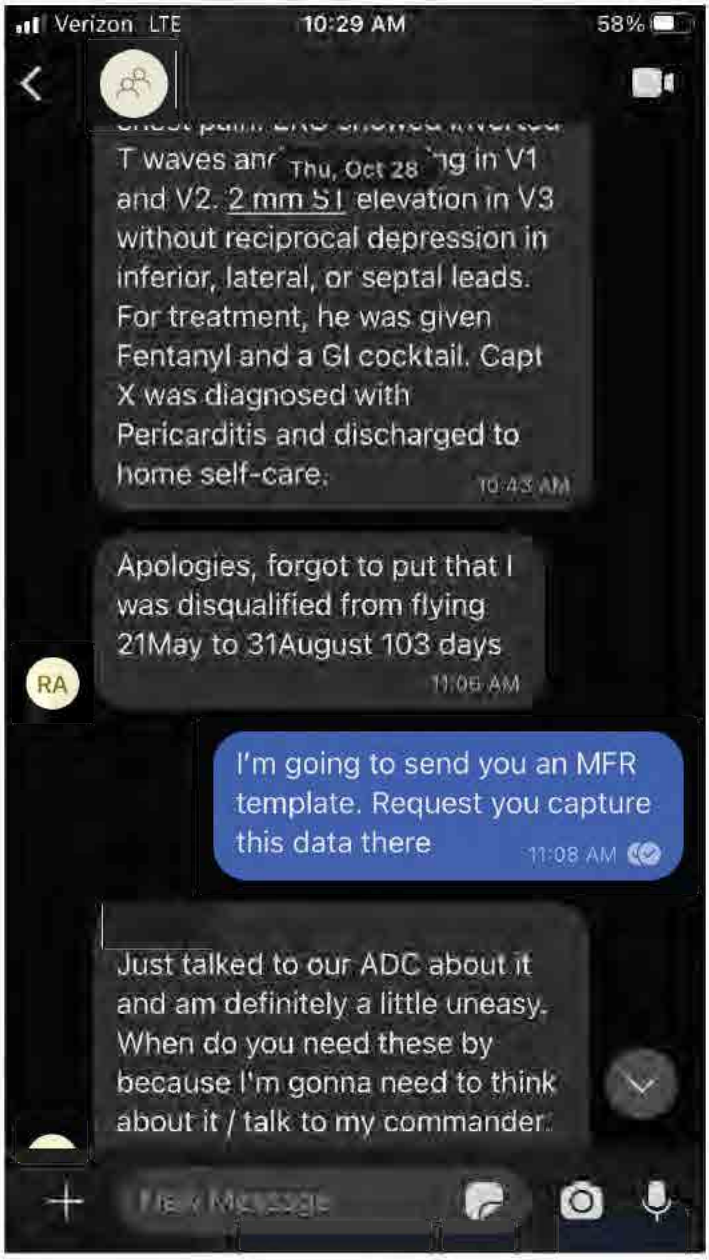
Captured Conversations with Injured Service Members

USAF Fighter Pilot, Captain, 29y/o male

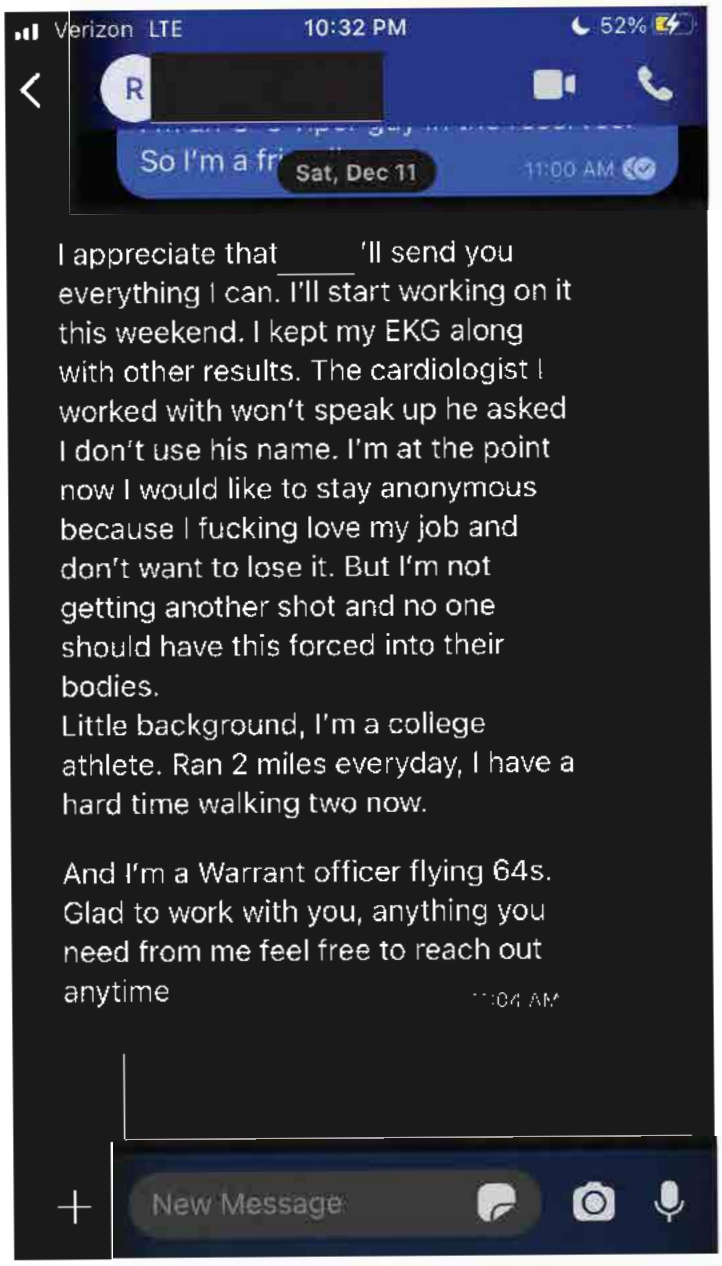




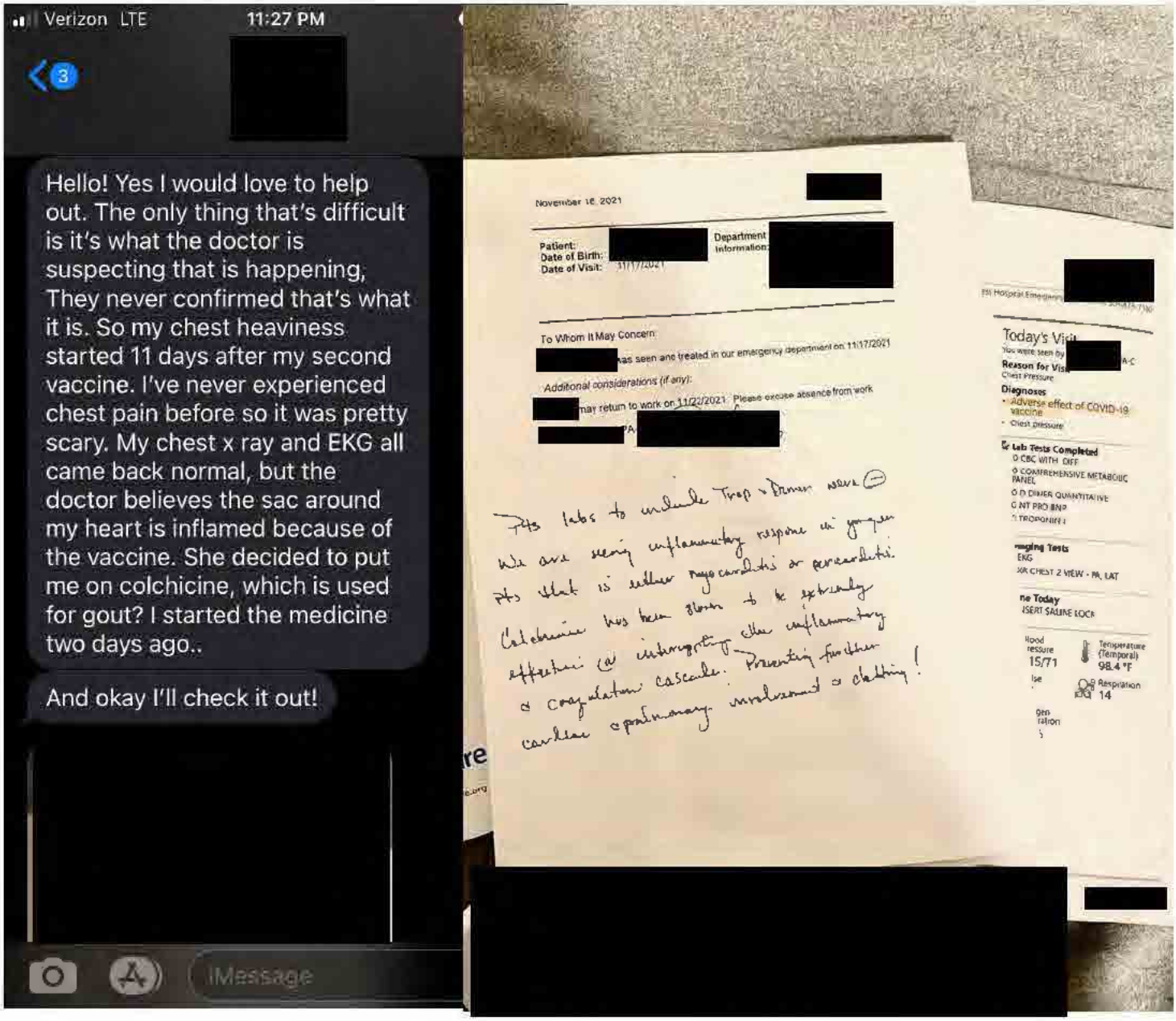

Verizon LTE
10:29 AM
59%
was 30 hours prior. He had no
Thu, Oct 28
FMHx of cardiac disease or
sudden death, or PMHx of any
cardiac condition. He was taking
no medications, had no recent
illness, and had his 2nd Pfizer
COVID vaccine 6 weeks prior.
Physical exam revealed vitals
within normal limits, benign
pulmonary exam, normal sinus
rhythm without new onset
murmur or pericardial rub, and
was positive for retrosternal
chest pain with inhalation and
dyspnea with mild exertion
(walking greater than 20 feet).
He was taken to Ascension
Sacred Heart ED, where his
workup included CXR, Chest CT
with contrast, 12 Lead EKG, CBC,
CMP, Troponins x 2, D-Dimer,
and PT/APTT. All labs, including
troponins 4 hours apart, were
benign. CXR and CT chest w/
contrast revealed no acute
cardiopulmonary sources of


Verizon LTE
10:29 AM
58%
T waves and
Thu, Oct 28
ng in V1
and V2. 2 mm ST elevation in V3
without reciprocal depression in
inferior, lateral, or septal leads.
For treatment, he was given
Fentanyl and a GI cocktail. Capt
X was diagnosed with
Pericarditis and discharged to
home self-care.
10:43 AM
Apologies, forgot to put that I
was disqualified from flying
21May to 31August 103 days
RA
11:06 AM
I'm going to send you an MFR
template. Request you capture
this data there
11:08 AM
Just talked to our ADC about it
and am definitely a little uneasy.
When do you need these by
because I'm gonna need to think
about it / talk to my commander.

Army Warrant Officer, AH-64

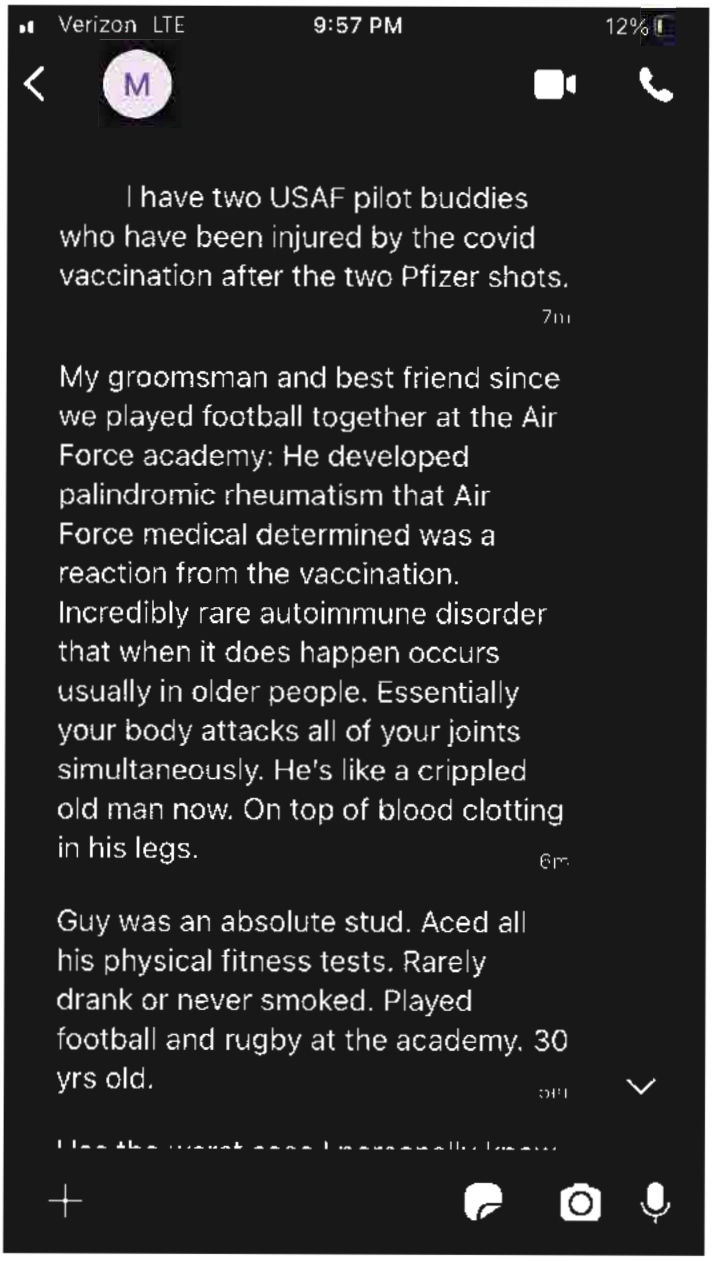


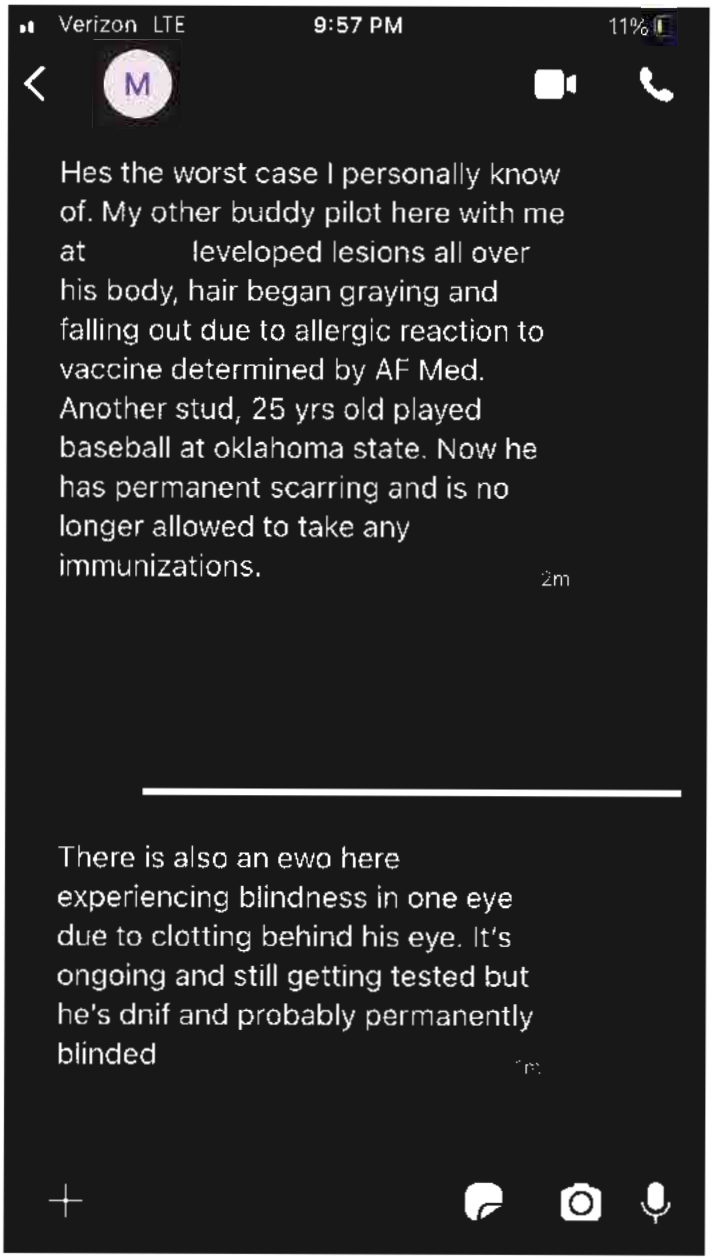
USAF Airman, 26y/o female



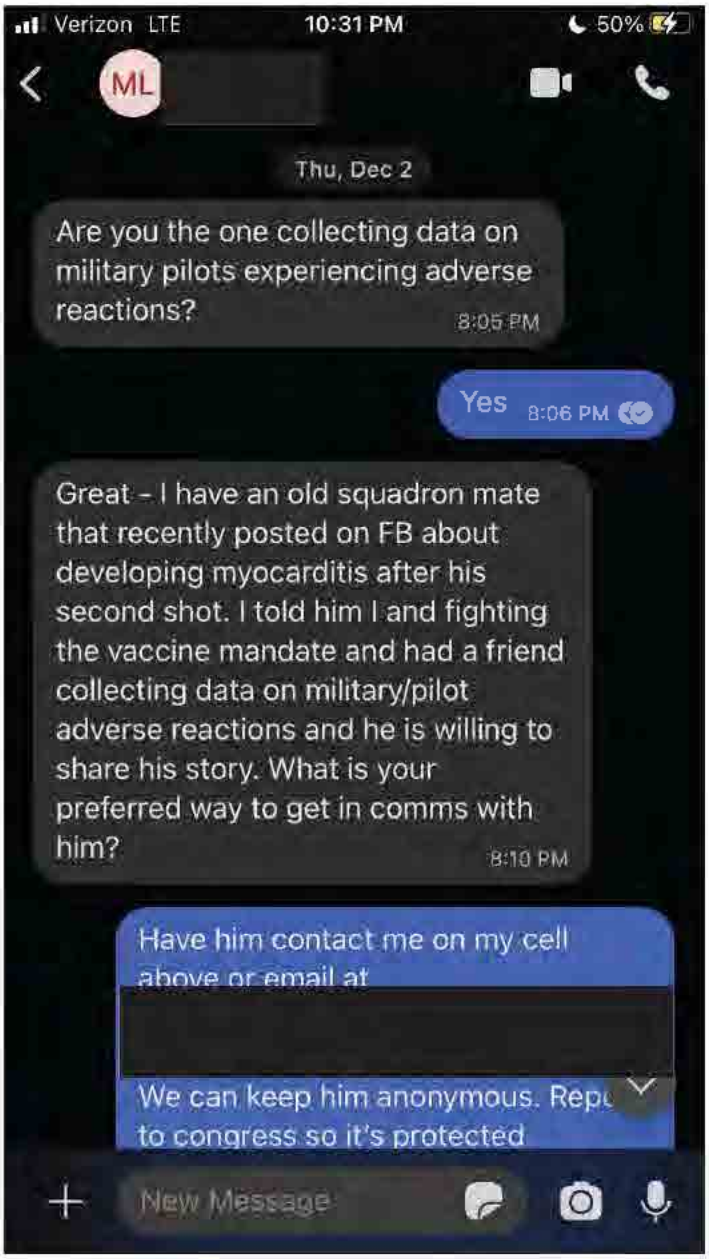
TIER 3 REPORTS

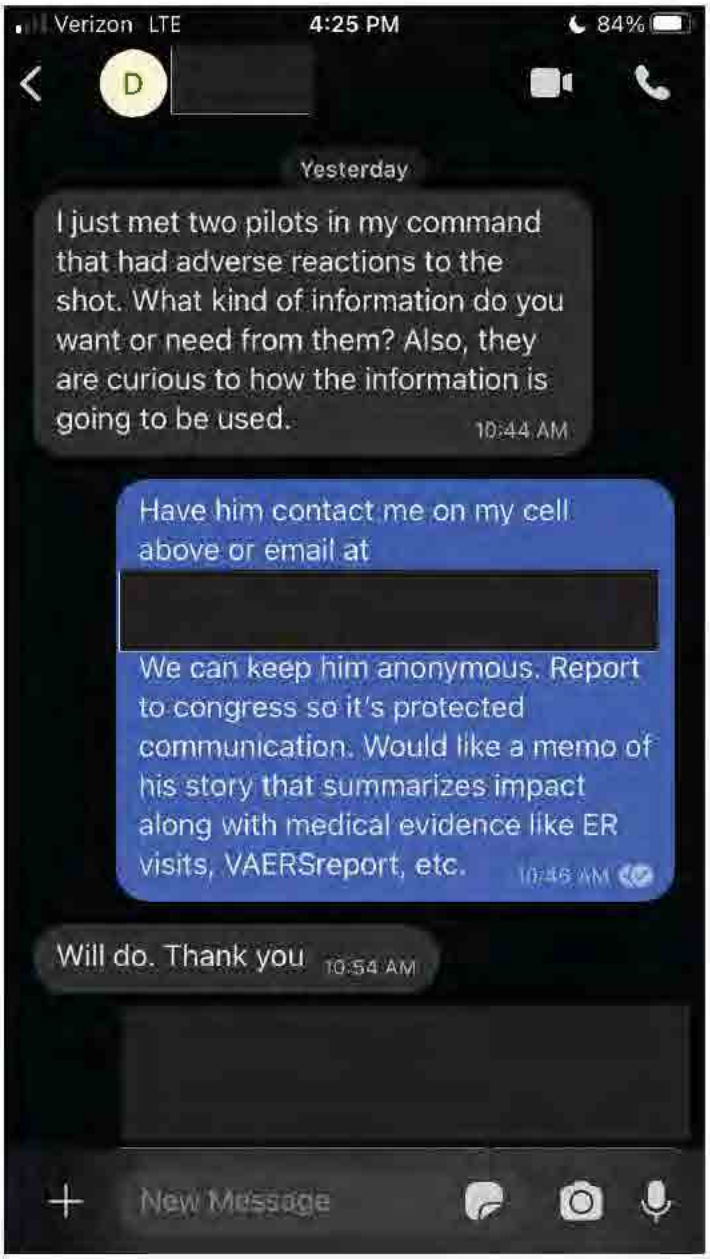
Detailed, Anecdotal Stories of Injured Service Members

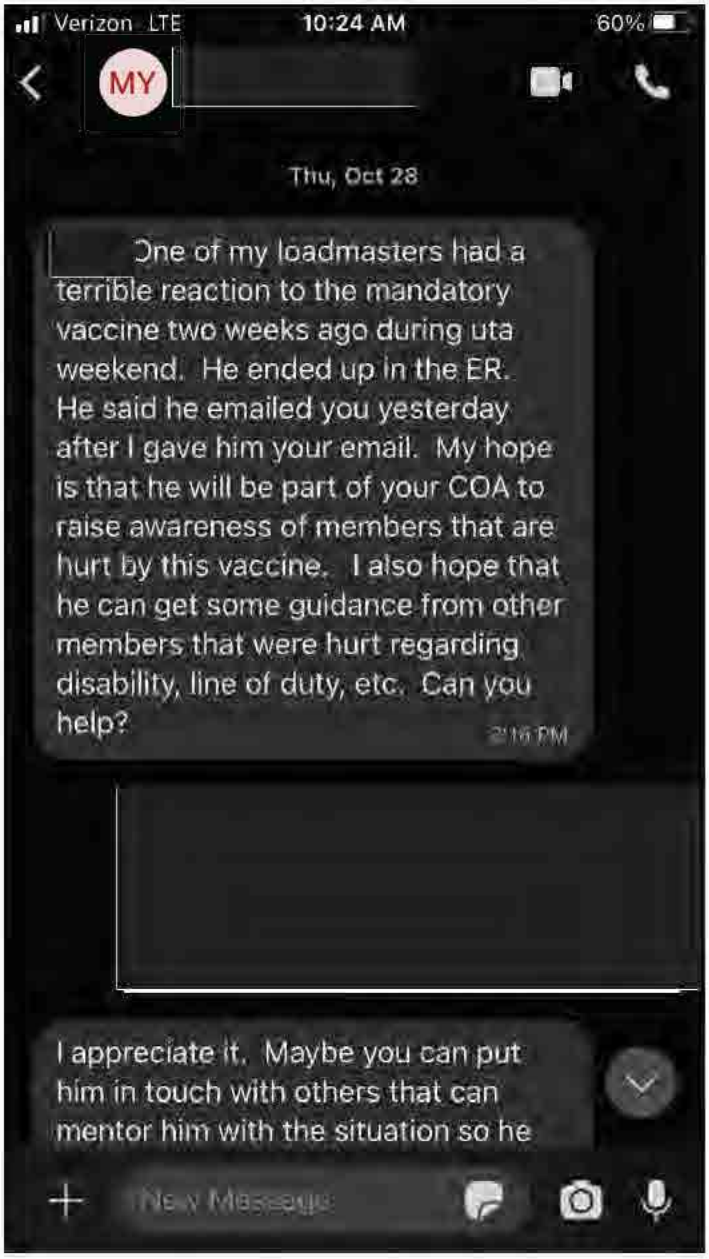


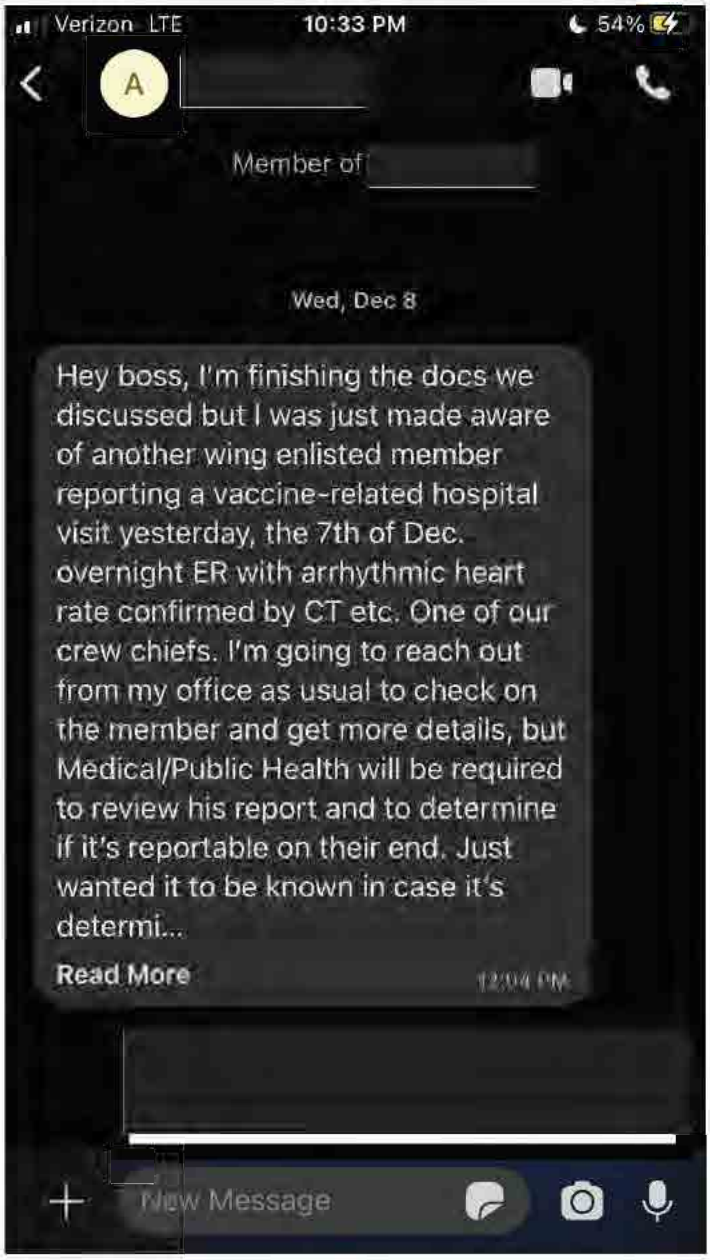


EWO: Electronic Warfare Officer

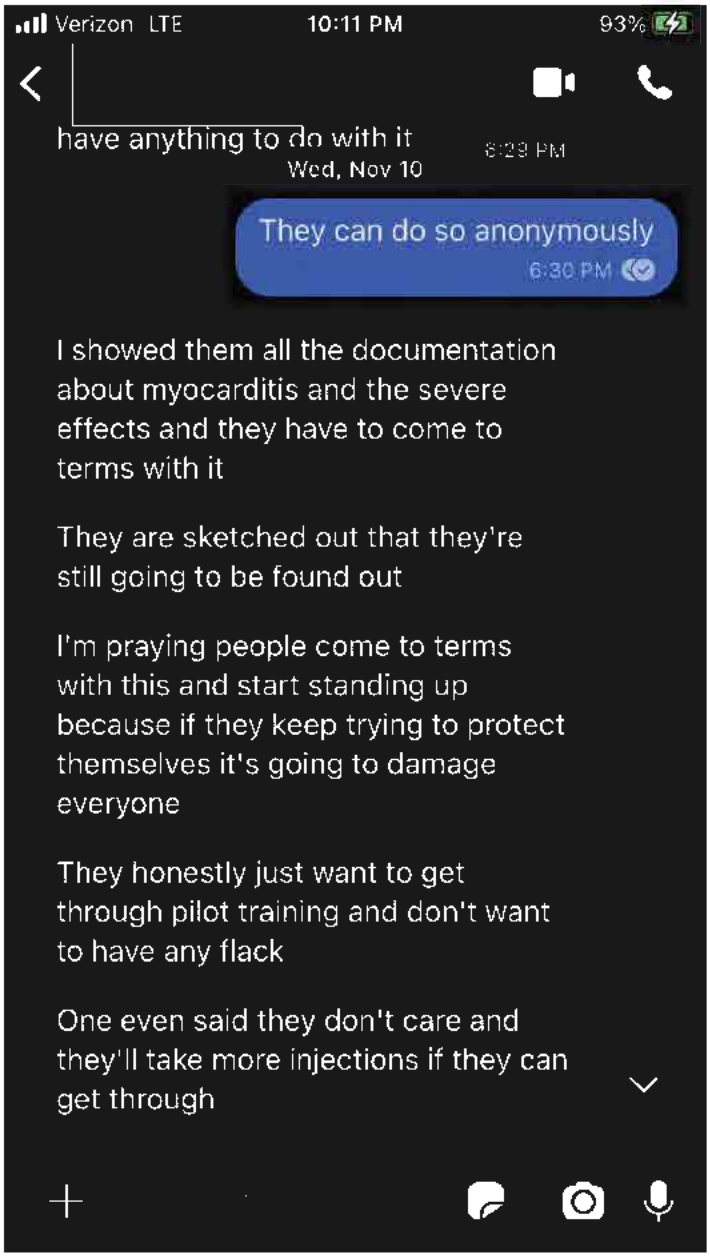

Verizon LTE
10:31 PM
50%
ML
[redacted]
Thu, Dec 2
Are you the one collecting data on military pilots experiencing adverse reactions?
8:05 PM
Yes
8:06 PM
Great - I have an old squadron mate that recently posted on FB about developing myocarditis after his second shot. I told him I and fighting the vaccine mandate and had a friend collecting data on military/pilot adverse reactions and he is willing to share his story. What is your preferred way to get in comms with him?
8:10 PM
Have him contact me on my cell above or email at
[redacted]
We can keep him anonymous. Repo
to congress so it's protected
New Message

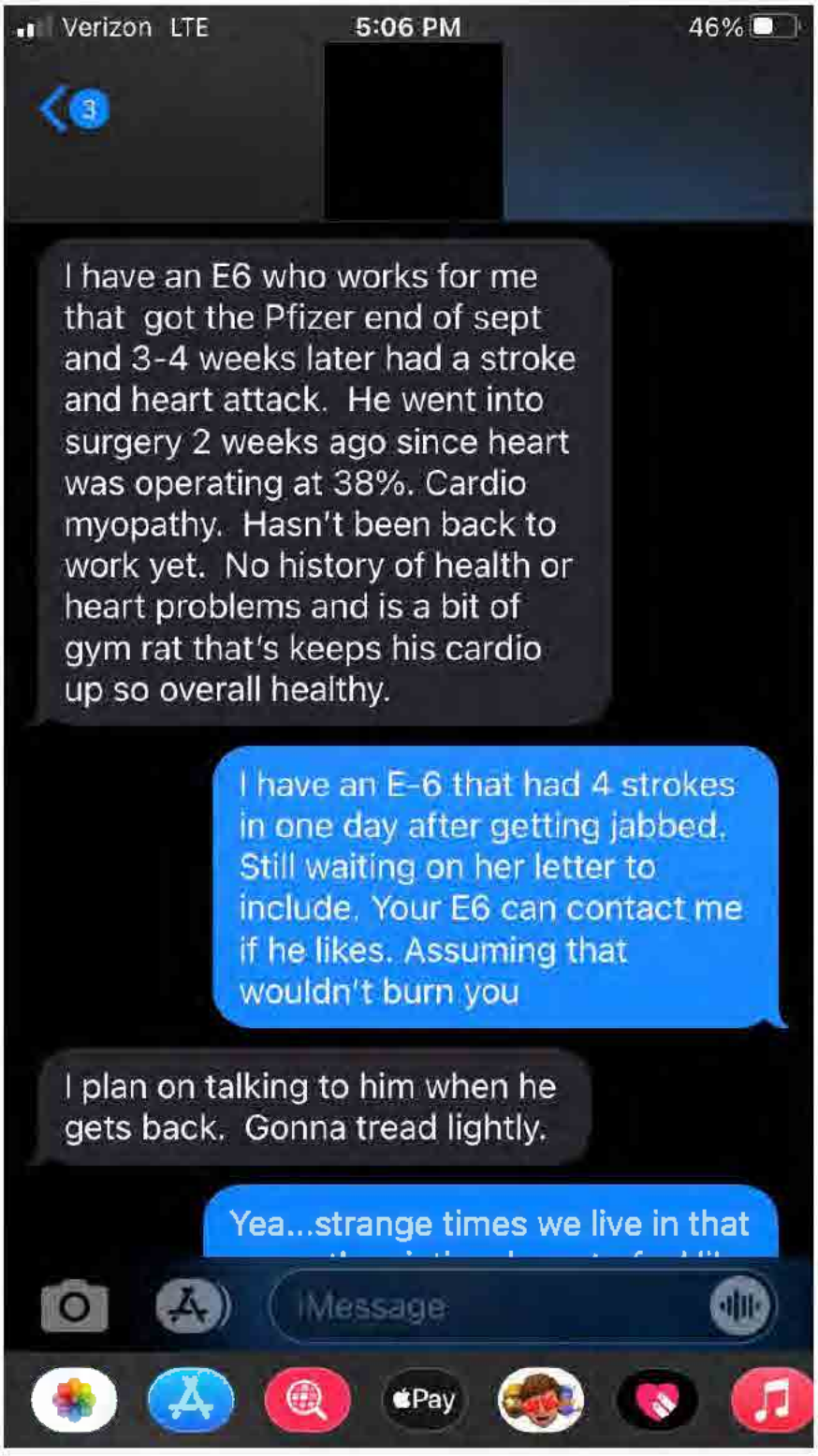

Verizon LTE
4:25 PM
84%
D
[redacted]
Yesterday
I just met two pilots in my command that had adverse reactions to the shot. What kind of information do you want or need from them? Also, they are curious to how the information is going to be used.
10:44 AM
Have him contact me on my cell above or email at
[redacted]
We can keep him anonymous. Report to congress so it's protected communication. Would like a memo of his story that summarizes impact along with medical evidence like ER visits, VAERSreport, etc.
10:45 AM
Will do. Thank you
10:54 AM
[redacted]
New Message


Verizon LTE
10:24 AM
60%
MY
Thu, Oct 28
One of my loadmasters had a terrible reaction to the mandatory vaccine two weeks ago during uta weekend. He ended up in the ER. He said he emailed you yesterday after I gave him your email. My hope is that he will be part of your COA to raise awareness of members that are hurt by this vaccine. I also hope that he can get some guidance from other members that were hurt regarding disability, line of duty, etc. Can you help?
2:16 PM
I appreciate it. Maybe you can put him in touch with others that can mentor him with the situation so he
New Message


Verizon LTE
10:33 PM
54%
A
Member of
Wed, Dec 8
Hey boss, I'm finishing the docs we discussed but I was just made aware of another wing enlisted member reporting a vaccine-related hospital visit yesterday, the 7th of Dec. overnight ER with arrhythmic heart rate confirmed by CT etc. One of our crew chiefs. I'm going to reach out from my office as usual to check on the member and get more details, but Medical/Public Health will be required to review his report and to determine if it's reportable on their end. Just wanted it to be known in case it's determi...
Read More
12:04 PM
New Message

Undergraduate Pilot Training student with two classmates suffering from chest pains and shortness of breath. The two students wished not to go on the record for fear of not graduating pilot training.




Verizon LTE
5:06 PM
46%
3
I have an E6 who works for me that got the Pfizer end of sept and 3-4 weeks later had a stroke and heart attack. He went into surgery 2 weeks ago since heart was operating at 38%. Cardio myopathy. Hasn't been back to work yet. No history of health or heart problems and is a bit of gym rat that's keeps his cardio up so overall healthy.
I have an E-6 that had 4 strokes in one day after getting jabbed. Still waiting on her letter to include. Your E6 can contact me if he likes. Assuming that wouldn't burn you
I plan on talking to him when he gets back. Gonna tread lightly.
Yea...strange times we live in that
iMessage
Pay

TIER 4 REPORTS

Anecdotal Stories of Injured Service Members

BRANCH OF SERVICE	ADVERSE REACTION(S)	ADDITIONAL INFORMATION WILLING TO SHARE
Active Army	Chest pain/pressure. L arm numbness.	Fort Riley CW3 AMSO
Civilian Contract Maintenance	Series of heart attacks and myocarditis 42 yo male no previous conditions	VX-31 NAWS China Lake
USMC	Heart irregularities	MCAS Yuma, AZ
USMC F-35 Pilot	Bell's Palsy - Half side of face numb for several days after first shot. Granted medical exemption from any further shots.	MCAS Yuma, AZ
USN Reserve	Guillain-Barre Syndrome - half body paralyzed for some days	NOSC San Antonio
Navy P-3 Pilot	Shingles	VP-30, flight doc said it "was probably just stress" and refused to report in VAERS
Air Force F-16 Pilot	After second dose of Moderna, tightness in chest, tingling in extremeties, cronic fatigue. Symptoms comensurate with myocarditis	Currently grounded from flight status for last 2 months pending full diagnosis.
Air Froce F-16 Pilot	First dose of Moderna, developed autoimmune desease called ulcerative colitis.	Grounded and waiver process would take too long, so retired from military
Navy, Aircrew	Second Dose Moderna, developed pericarditis	Flight Doc has been slow/reluctant to address the issue, apparently not taking it seriously
Air Force F-16 guardnman	48 yo male. Massive heart attack 8 days post vaccination. Found dead in hotel room while on layover	Data entered by someone familiar with the member. Doc refuses to investigate the cuase as vaccine
Air Force F-15 Pilot	Pericarditis 4 weeks after second dose Pfizer	29 year old taken to ER for heart attack symptoms. Grounded >100 days.
Army active duty drill sergeant	Heart problems	
Air Force student pilot	Shingles	24 years old
Navy P-3 Pilot	Myocarditis from the 1st Pfizer shot. Stayed in the ER multiple nights.	Mid-twenties. Downed from flight. Awaiting VAERS submission.
Navy P-3 Pilot	Myocarditis from second Pfizer shot. went to the ER for severe chest pain and was admitted to the hospital overnight and for the whole next day. admitting doc wrote on discharge paperwork it is myocarditis from the covid vaccine	27 yo female, no history of cardiac issues whatsoever. flight doc thankfully submitted a report to VAERS. downed from flight until i can be evaluated by a navy cardiologist. will require a waiver
Air Force F-15E WSO	Shingles	Maj (37 years old)
Air Force F16 Instructor Pilot	masive head congestion, clogged right ear, constant ringing / tinnitus in right ear (for 30 days)	
USAF active duty	seizure minutes after first Pfizer shot	30 years old, female, healthy, no medical history
USAF Reserve A-10 Pilot	pulmonary embolism, found in parking lot in front of squadron; likely never able to fly again.	Moody AFB
USAF AD KC-135 Pilot	uncontrollable twitches following first shot; exempted from further shots	Fairchild AFB
USAF AD F-16 Pilot	Psychosis, hallucinations, severe anxiety less than 12 hours the night of the second Pfizer BNT vaccine. Lasted the entire night.	35 years old, healthy, male
USAF AD C-130 Pilot	Headaches and brain fog after Moderna's 2nd shot. Symptoms worse while flying	Maj, Ramstein AB
USAF AD C-130 Pilot	Severe brain fog w/i weeks after Moderna's 2nd shot. Could not land plane--copilot had to take over.	Lt Col (Little Rock AFB)
Army AD Signals Intelligence	Mild headaches after 1st dose Moderna. SEVER migrains and bruising all across body w/i 24 hrs after 2nd dose	Capt (JBER, AK)
USMC H-1/TH-57	Chest tension/restriction/severe fatigue 24-hours after 1st Pfizer shot. Didn't take 2nd shot.	NAS Whiting Field
USAF T-38 IP	Chest pain and irregular heart rhythms after 1st Pfizer shot, took the 2nd shot with the same reaction	
USAF Reserve A-10 Pilot	Hospitalization for heart attack symptoms, Numbness/tingling if left arm, chest pain, nausea, convulsions, shortness of breath, fatigue.	DMAFB, VAERS case 1797985
Air Force C-17 reserve pilot	ER 36 hours after shot with chest pain, diagnosed pericarditis	
Air Force UPT student	Chest pressure occurring 1-2 weeks after second Moderna shot.	Took 2 weeks after initial doctor visit to get EKG, DNIF until labs and ultrasound come back

DEPARTMENT OF THE NAVY
VICE CHIEF OF NAVAL OPERATIONS
2000 NAVY PENTAGON
WASHINGTON DC 20350-2000

5800
Ser N09/22U100503
5 Jan 22

From: Vice Chief of Naval Operations
To: CDR Robert A. Green Jr., USN

Subj: COMPLAINTS OF WRONGS UNDER ARTICLE 1150, BY CDR ROBERT A. GREEN JR., USN

Ref: (a) Article 1150, U.S. Navy Regulations
(b) JAGINST 5800.7G, Chapter III

Encl: (1) CDR Robert A. Green, USN, ltrs of 27 Nov 21
(2) NAVIG Memo of 22 Dec 21

1. Per references (a) and (b), enclosure (1) was forwarded to the Naval Inspector General (NAVIG). Enclosure (1) consists of four Article 1150 Complaints of Wrongs against ADM Grady, VADM Kilby, RDML DiGuardo, and CAPT Rowland.

2. As noted in enclosure (2), NAVIG reviewed, evaluated, and dismissed your case. Your four Complaints of Wrongs are being returned as improper under references (a) and (b). Section 0304(c)(3) of reference (b) lists general policies of the DoD, the DoN, and the Navy as improper subjects of complaints. Consequently, further inquiry into this matter is terminated.

3. As required by subsection 0307 of reference (b), I have forwarded a report of your complaint and the NAVIG letter to the Secretary of the Navy, who will act as the final review authority in your case.

W. K. LESCHER

Copy to:
COMUSFFCOM
ADM Grady
VADM Kilby
RADM DiGuardo
CAPT Rowland

Enclosure (16)

DEPARTMENT OF THE NAVY
U.S. FLEET FORCES COMMAND
1562 MITSCHER AVENUE SUITE 250
NORFOLK VA 23551-2487

5800
Ser N01L/002
7 Jan 22

From: Commander, U.S. Fleet Forces Command
To: CDR Robert A. Green, Jr., USN

Subj: COMPLAINT OF WRONG UNDER ARTICLE 138, UCMJ, BY CDR ROBERT A. GREEN, JR., USN

Ref: (a) Article 138, UCMJ
(b) JAGINST 5800.7G, Chapter III
(c) SECDEF Memo, "Mandatory Coronavirus Disease 2019 Vaccination of Department of Defense Service Members," of 24 Aug 21
(d) ALNAV 062/21, "2021-2022 Department of the Navy Mandatory COVID-19 Vaccination Policy," of 24 Aug 21
(e) NAVADMIN 190/21, "2021-2022 Navy Mandatory COVID-19 Vaccination and Reporting Policy," of 31 Aug 21

Encl: (1) Original complaint with enclosures and endorsements

1. Per references (a) and (b), I reviewed enclosure (1) and determined that the complaint is improper for the following reason:

(a) Per references (c) through (e), the complaint of wrong is a matter of general policy in the Department of Defense and the Department of the Navy. As such, and in accordance with reference (b), the general policy on mandatory vaccination against the coronavirus disease 2019 (COVID-19) is an improper subject of a complaint of wrong submitted pursuant to reference (a).

2. My point of contact on this matter is LCDR Ingrid E. Paige, JAGC, U.S. Navy. She may be reached at 757-836-5957 or by e-mail at ingrid.e.paige.mil@us.navy.mil.

D. L. CAUDLE

Copy to:
COMNAVEXPDCMBTCOM
MESG TWO
MSRON EIGHT
OJAG Code 13

Enclosure (17)