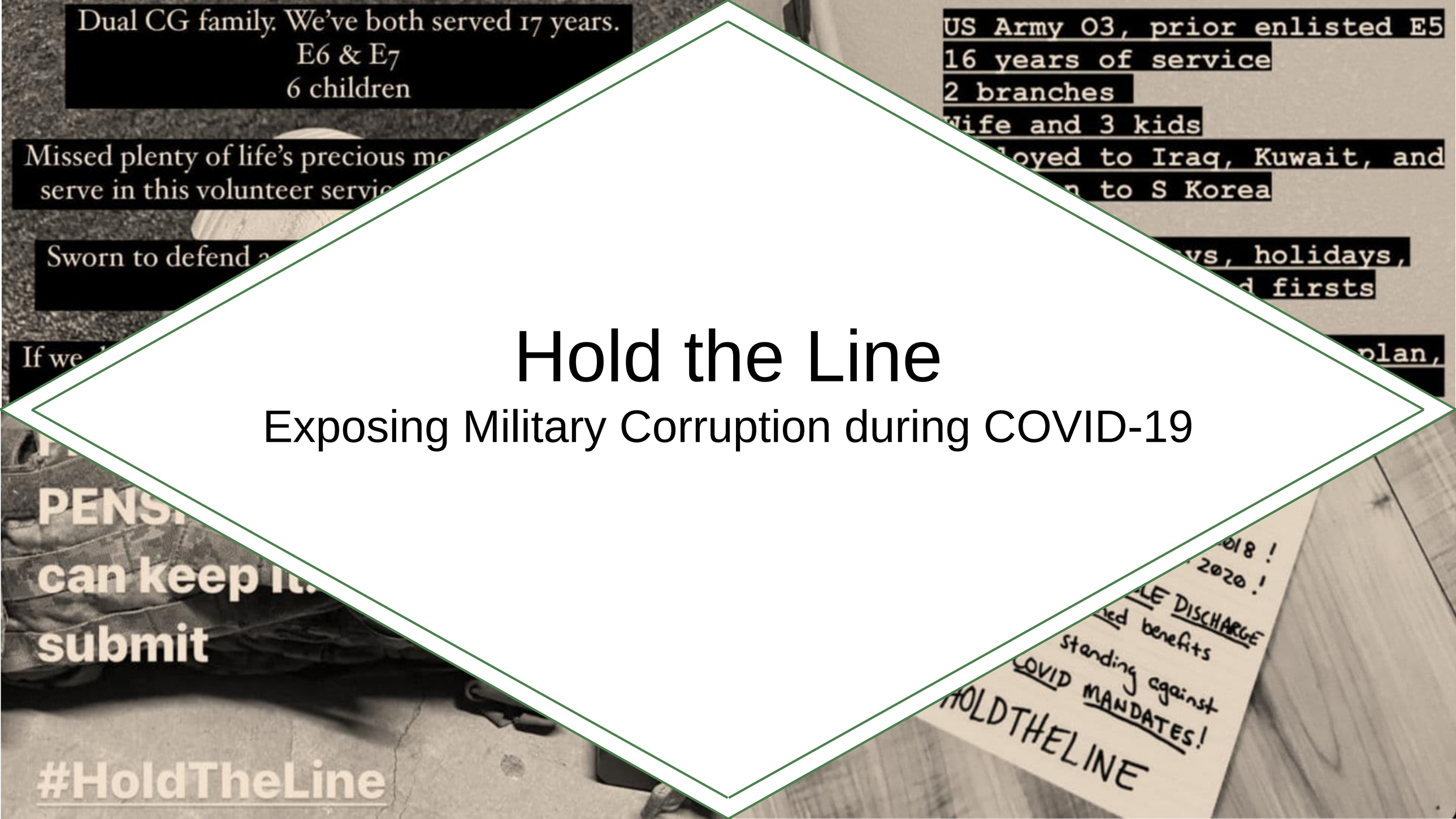
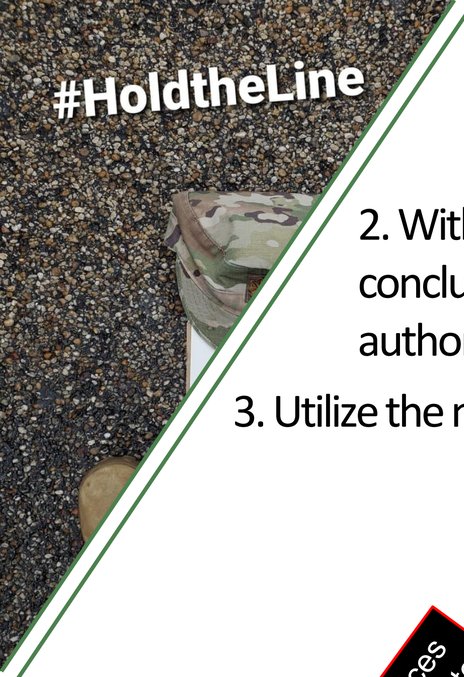


Hold the Line

Exposing Military Corruption during COVID-19



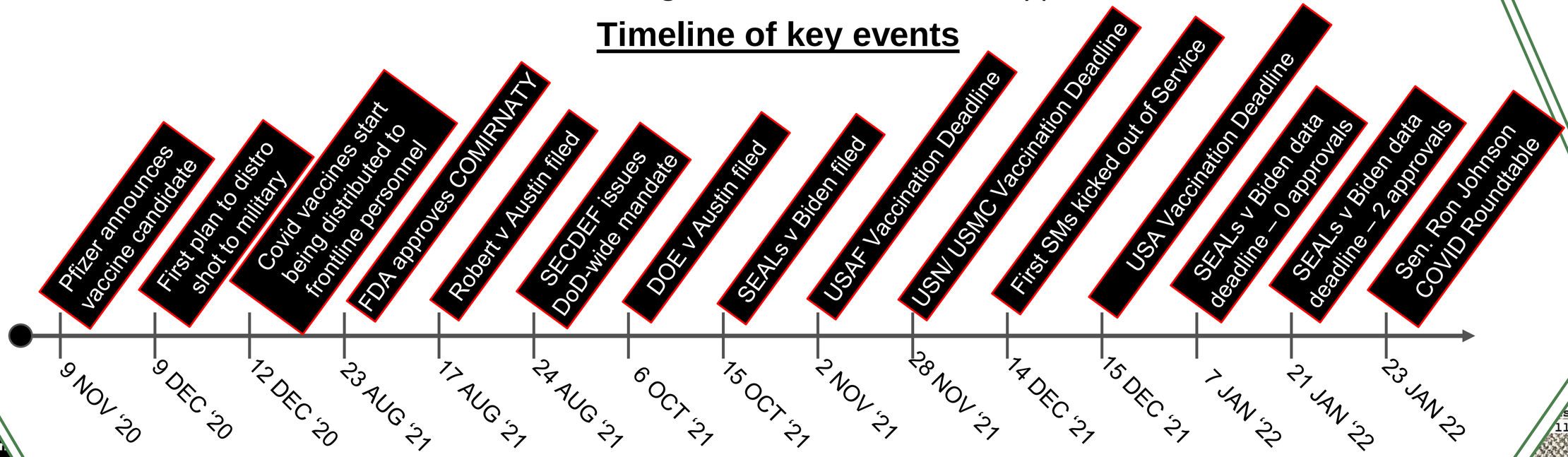
BLUF

1. This presentation will show irrefutable evidence that the DoD, in concert with the FDA and CDC, sought to create the conditions to mandate a vaccination campaign for DoD that was neither necessary nor legal.

2. Within this document there will be questions asked that, when answered honestly, should lead to the conclusions aforementioned, but holding those accountable for the answers is beyond the scope of the authors.

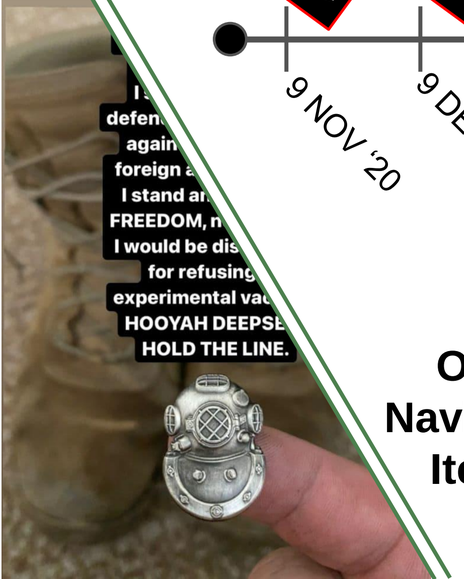
3. Utilize the mechanisms built into this document to go back and forth between key points or articles.

Timeline of key events



Other Navigation Items:

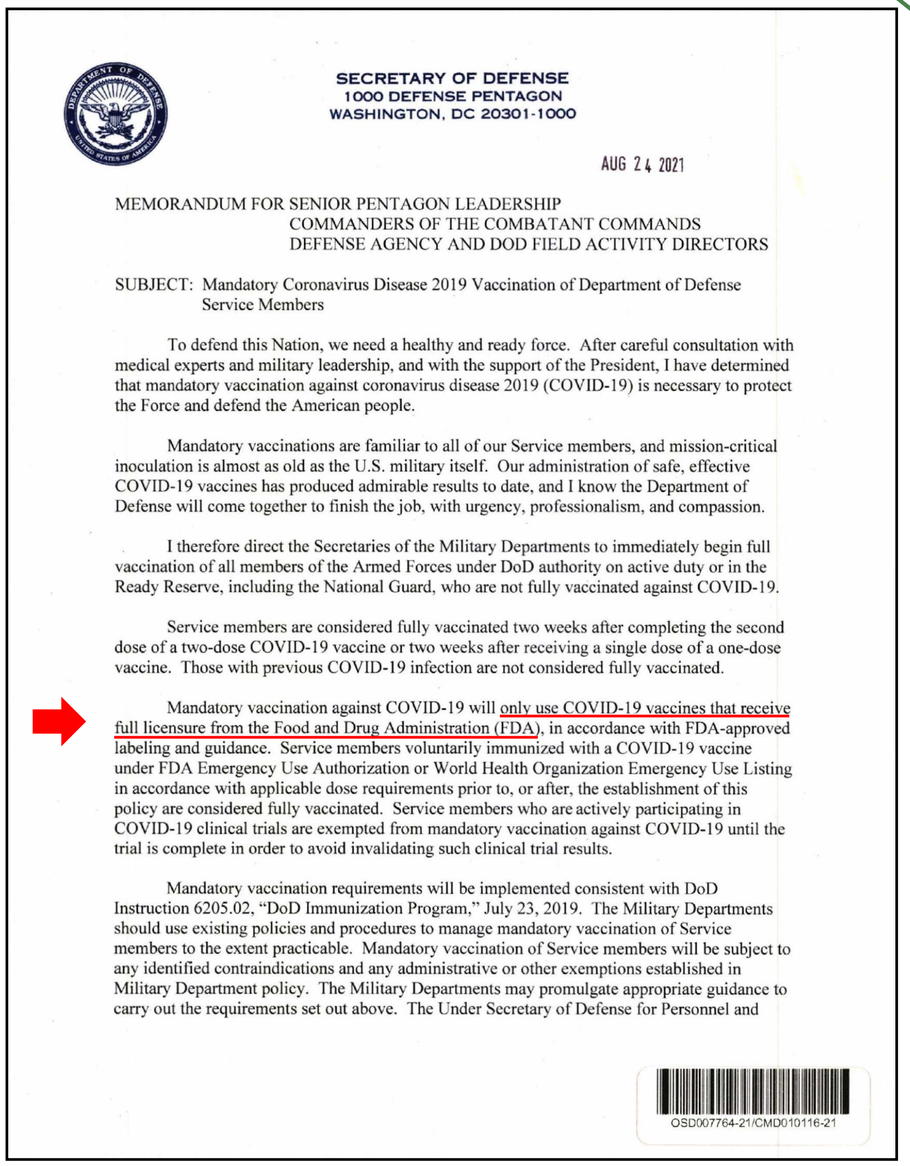
Fully Licensed	Title 21	21 USC 207.37c	Ref. Products	Approved RAs	Conclusions
5 mos. Post-approval	The Labels	Mil Mandates	Military CFR	Defense Med	
Comirnaty unavailable	EUA v Approved	Terry Adirim	Military Accommodations	Coercion	
Start/ End Dates	FOIA Exemption	Outside her authority	Discrimination	SECDEF Conflict	
	DHCP Letter			SECDEF Conflict 2	



THE ORDER

On August 24, 2021 Secretary of Defense Lloyd Austin signed a memo for the mandatory vaccination against Covid 19 for all Service Members

This memo explicitly states that the only vaccines for use will, ***“Receive full licensure from the Food and Drug Administration (FDA), in accordance with FDA-approved labeling and guidance.”***



SECRETARY OF DEFENSE
1000 DEFENSE PENTAGON
WASHINGTON, DC 20301-1000

AUG 24 2021

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

SUBJECT: Mandatory Coronavirus Disease 2019 Vaccination of Department of Defense Service Members

To defend this Nation, we need a healthy and ready force. After careful consultation with medical experts and military leadership, and with the support of the President, I have determined that mandatory vaccination against coronavirus disease 2019 (COVID-19) is necessary to protect the Force and defend the American people.

Mandatory vaccinations are familiar to all of our Service members, and mission-critical inoculation is almost as old as the U.S. military itself. Our administration of safe, effective COVID-19 vaccines has produced admirable results to date, and I know the Department of Defense will come together to finish the job, with urgency, professionalism, and compassion.

I therefore direct the Secretaries of the Military Departments to immediately begin full vaccination of all members of the Armed Forces under DoD authority on active duty or in the Ready Reserve, including the National Guard, who are not fully vaccinated against COVID-19.

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 infection are not considered fully vaccinated.

Mandatory vaccination against COVID-19 will only use COVID-19 vaccines that receive full licensure from the Food and Drug Administration (FDA), in accordance with FDA-approved labeling and guidance. Service members voluntarily immunized with a COVID-19 vaccine under FDA Emergency Use Authorization or World Health Organization Emergency Use Listing in accordance with applicable dose requirements prior to, or after, the establishment of this policy are considered fully vaccinated. Service members who are actively participating in COVID-19 clinical trials are exempted from mandatory vaccination against COVID-19 until the trial is complete in order to avoid invalidating such clinical trial results.

Mandatory vaccination requirements will be implemented consistent with DoD Instruction 6205.02, “DoD Immunization Program,” July 23, 2019. The Military Departments should use existing policies and procedures to manage mandatory vaccination of Service members to the extent practicable. Mandatory vaccination of Service members will be subject to any identified contraindications and any administrative or other exemptions established in Military Department policy. The Military Departments may promulgate appropriate guidance to carry out the requirements set out above. The Under Secretary of Defense for Personnel and

OSD007764-21/CMD010116-21

Ask yourself:

- *Do you know if the military is receiving fully approved product, or are other products being used as substitutes?*

Back to Timeline

1. 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

FULLY LICENSED

What is required to be a "fully licensed" product ?

Per the Public Health Service Act,
Licensure of a Biologic is a multifaceted process:

1. Approval of a Biologics Licensing Application

2. Limited to the manufacturing process and locations that are approved in the Application submitted to the FDA

3. Labeling Requirements that are approved by the FDA

Each Label **must** possess:

1. The Proprietary Name of the Product

2. The License Number

3. The Name and Address of the Manufacturer

4. The Expiration Date

Ask yourself:

- *Do you know what it means if you have a BLA approval letter?*
- *Is the manufacturer using the same facilities, and the same equipment, and the same process to create the drug as is specified in the BLA approval, or has it been changed since the letter was written?*
- *Do you know the impact of label laws on this process?*

- *Do you know that the vial you receive must say COMIRNATY to be a fully approved product?*
- *Did you receive a vial that said "Pfizer-Biontech COVID-19 vaccine?"*
- *Do you know what a "BLA approved" lot is?*
- *Did you receive an approved lot?*
- *Is/ Was the product you received within its expiration date?*

1. https://www.law.cornell.edu/uscode/text/42/262

Back to Timeline

THE PRODUCT IS NOT THERE..

After 5 months of operating, they don't have any approved product at all yet?

COVID-19 Vaccine Operations

cao 24 Jan 2022

Pfizer-BioNTech COVID-19 Vaccine Comparisons

	Purple Vial/Cap	Gray Vial/Cap	Orange Vial/Cap
Buffer	Phosphate Buffer Solution (PBS)	Tromethamine (Tris)	Tromethamine (Tris)
Age Group	12 years and older	12 years and older	5 – 11 years
FDA EUA or BLA Status*	BLA (approved 23 Aug 21) (EUA for ages 12 – 15)	BLA (approved 16 Dec 21) (EUA for ages 12 – 15)	EUA (authorized 29 Oct 21)
Part of DoD Mandate	Yes	Not yet** (per ASD(HA) & DHA)	N/A
DAF Inventory (cao 18 Jan 21) - % BLA lots - % EUA lots	89,604 doses - BLA: 13,266 (14.8%) - EUA: 76,388 (85.2%)	None	30,730 doses - BLA: N/A - EUA: 100%
Lots with COMIRNATY label	None	None	N/A

*FDA EUA (Emergency Use Authorization). BLA (Biologics License Application or "Full Approval")
**Individuals who receive Pfizer-BioNTech gray vial/cap meet the FHP requirement and can be documented in ASIMS and EHR

Integrity - Service - Excellence

18

See date, this is 5 months post approval

Ask yourself:

- *If this one base is operating without approved product, where else is this situation happening?*
- *Who else is receiving substitutes?*

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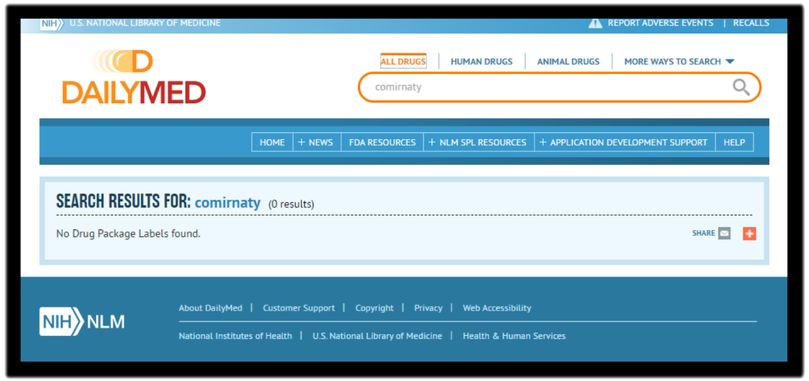
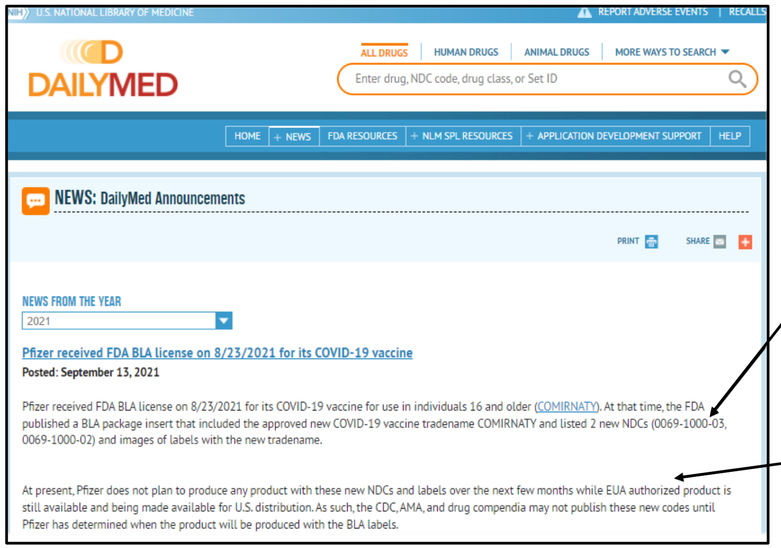
. . AND WON'T BE



16 HOW SUPPLIED/STORAGE AND HANDLING

COMIRNATY Suspension for Intramuscular Injection, Multiple Dose Vials are supplied in a carton containing 25 multiple dose vials (NDC 0069-1000-03) or 195 multiple dose vials (NDC 0069-1000-02). A 0.9% Sodium Chloride Injection, USP diluent is provided but shipped separately, and should be stored at controlled room temperature 20°C to 25°C (68°F to 77°F) [see USP Controlled Room Temperature]. The provided 0.9% Sodium Chloride Injection, USP diluent will be supplied either as cartons of 10 mL single-use vials manufactured by

USPI_Comirnaty_COVID 19 Vaccine_mRNA_suspension for injection.PDF

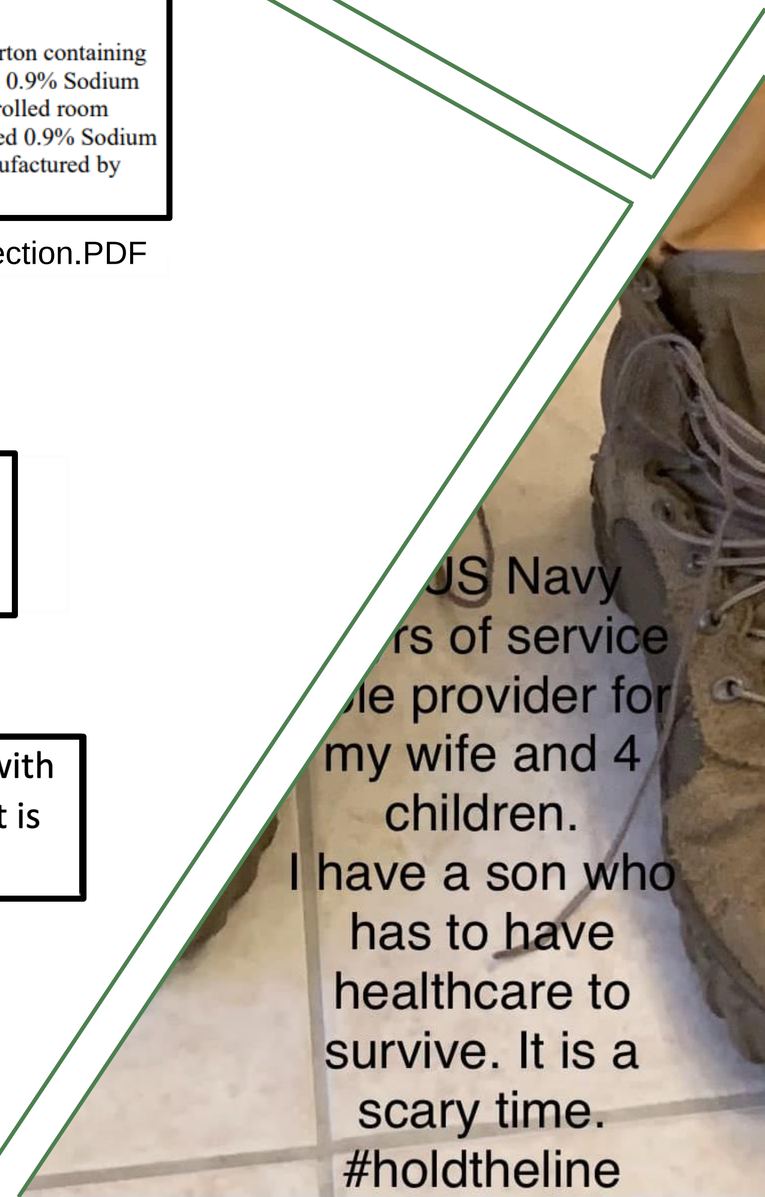


BLA Approved NDC Codes:	EUA NDC Codes:
(0069-1000-03)	(59267-1000-02)
(0069-1000-02)	(59267-1000-03)

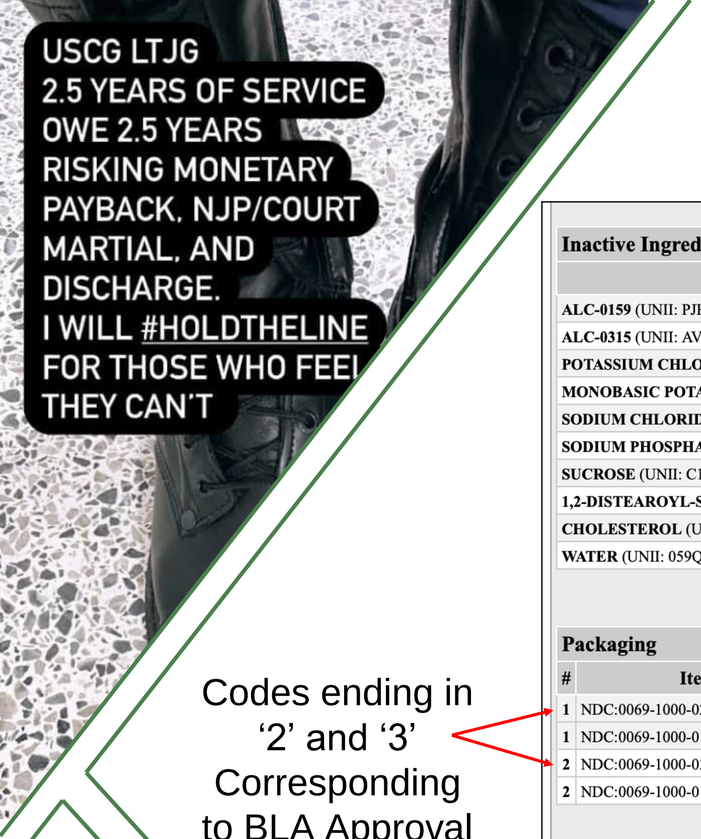
"Pfizer does not plan to produce any new product with the new NDC codes, while EUA Authorized product is still available"

Ask yourself:

- *If Pfizer hasn't produced any approved product yet, when did they plan on producing it, if ever?*
- *Was the intent of saying it is "interchangeable" simply to give cover for Pfizer's potential losses from mass manufacture of EUA product?*



Back to Timeline



WHAT IS THIS?

Codes ending in '2' and '3' Corresponding to BLA Approval

Inactive Ingredients

Ingredient Name	Strength
ALC-0159 (UNII: PJH39UMU6H)	0.4 mg in 2.25 mL
ALC-0315 (UNII: AVX8DX713V)	3.23 mg in 2.25 mL
POTASSIUM CHLORIDE (UNII: 660YQ98I10)	0.07 mg in 2.25 mL
MONOBASIC POTASSIUM PHOSPHATE (UNII: 4J9FJ0HL51)	0.07 mg in 2.25 mL
SODIUM CHLORIDE (UNII: 451W47IQ8X)	2.7 mg in 2.25 mL
SODIUM PHOSPHATE, DIBASIC, DIHYDRATE (UNII: 94255I6E2T)	0.49 mg in 2.25 mL
SUCROSE (UNII: C151H8M554)	46 mg in 2.25 mL
1,2-DISTEAROYL-SN-GLYCERO-3-PHOSPHOCHOLINE (UNII: 043IPI2M0K)	0.7 mg in 2.25 mL
CHOLESTEROL (UNII: 97C5T2UQ7J)	1.4 mg in 2.25 mL
WATER (UNII: 059QF0KO0R)	

Packaging

#	Item Code	Package Description	Marketing Start Date	Marketing End Date
1	NDC:0069-1000-02	195 in 1 CARTON		
1	NDC:0069-1000-01	2.25 mL in 1 VIAL, GLASS; Type 0: Not a Combination Product		
2	NDC:0069-1000-03	25 in 1 CARTON		
2	NDC:0069-1000-01	2.25 mL in 1 VIAL, GLASS; Type 0: Not a Combination Product		

Marketing Information

Marketing Category	Application Number or Monograph Citation	Marketing Start Date	Marketing End Date
BLA	BLA125742	08/23/2021	08/23/2021

Note the Marketing 'Start' and 'End' dates

Labeler - Pfizer Laboratories Div Pfizer Inc (134489525)

Registrant - Pfizer Inc (113480771)

Establishment

Name	Address	ID/FEI	Business Operations
Pfizer Manufacturing Belgium NV		370156507	ANALYSIS(0069-1000) , MANUFACTURE(0069-1000) , PACK(0069-1000) , LABEL(0069-1000)

Ask yourself:

- *Why was the Marketing 'End' date made to be the same as the 'Start' date?*

1. https://dailymed.nlm.nih.gov/dailymed/archives/fdaDrugInfo.cfm?archiveid=618348

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TITLE 21--FOOD AND DRUGS
CHAPTER I--FOOD AND DRUG ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES
SUBCHAPTER F - BIOLOGICS

PART 601 -- LICENSING

Subpart A - General Provisions

Sec. 601.5 Revocation of license.

(a) A biologics license shall be revoked upon application of the manufacturer giving notice of intention to discontinue the manufacture of all products manufactured under such license or to discontinue the manufacture of a particular product for which a license is held and waiving an opportunity for a hearing on the matter.

(b)(1) The Commissioner shall notify the licensed manufacturer of the intention to revoke the biologics license, setting forth the grounds for, and offering an opportunity for a hearing on the proposed revocation if the Commissioner finds any of the following:

(i) Authorized Food and Drug Administration employees after reasonable efforts have been unable to gain access to an establishment or a location for the purpose of carrying out the inspection required under § 600.21 of this chapter,

(ii) Manufacturing of products or of a product has been discontinued to an extent that a meaningful inspection or evaluation cannot be made,

(iii) The manufacturer has failed to report a change as required by § 601.12 of this chapter,

(iv) The establishment or any location thereof, or the product for which the license has been issued, fails to conform to the applicable standards established in the license and in this chapter designed to ensure the continued safety, purity, and potency of the manufactured product,

(v) The establishment or the manufacturing methods have been so changed as to require a new showing that the establishment or product meets the requirements established in this chapter in order to protect the public health, or

(vi) The licensed product is not safe and effective for all of its intended uses or is misbranded with respect to any such use.

(2) Except as provided in § 601.6 of this chapter, or in cases involving willfulness, the notification required in this paragraph shall provide a reasonable period for the licensed manufacturer to demonstrate or achieve compliance with the requirements of this chapter, before proceedings will be instituted for the revocation of the license. If compliance is not demonstrated or achieved and the licensed manufacturer does not waive the opportunity for a hearing, the Commissioner shall issue a notice of opportunity for hearing on the matter under § 12.21(b) of this chapter.

[64 FR 56451, Oct. 20, 1999]

TITLE 21

Title 21, Ch. 1, Subchapter F, Part 601.5 goes into the revocation of a biologics license if the manufacturer states its intent to discontinue manufacture of the product they applied to have licensed

Ask yourself:

- *If Pfizer submitted an Expiration Date with their application, should FDA have revoked their Biologics License Application?*
- *Is it legal to never intend to produce a drug with the FDA's knowledge of this intent?*
- *Pfizer has continued to manufacture EUA labeled lots after the approval of Comirnaty. Why?*

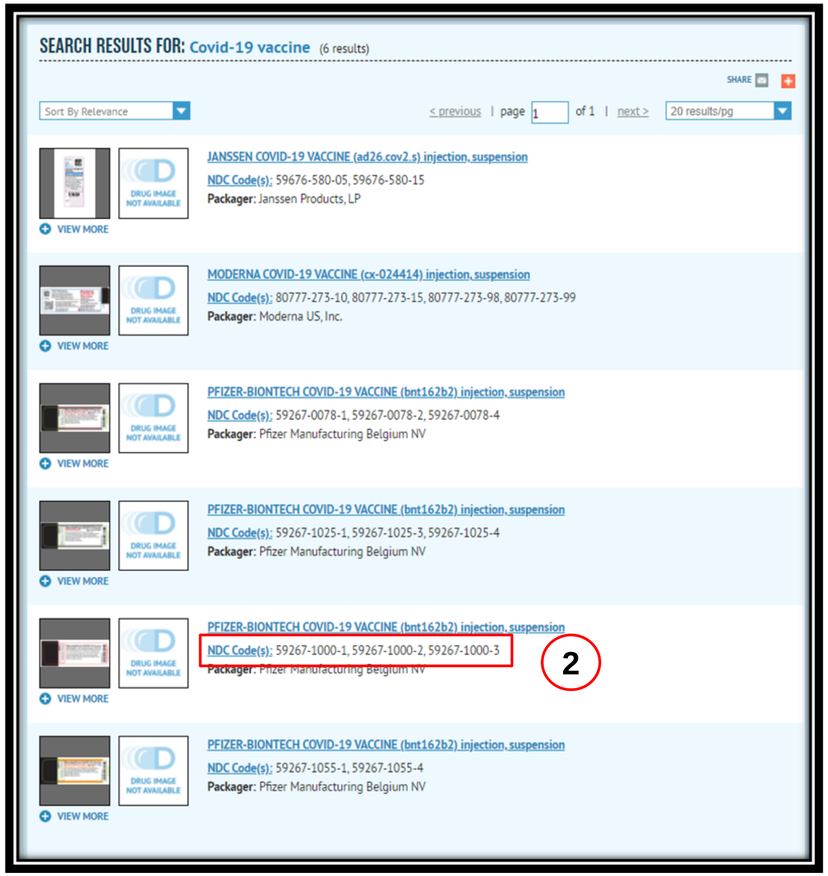
Back to Timeline

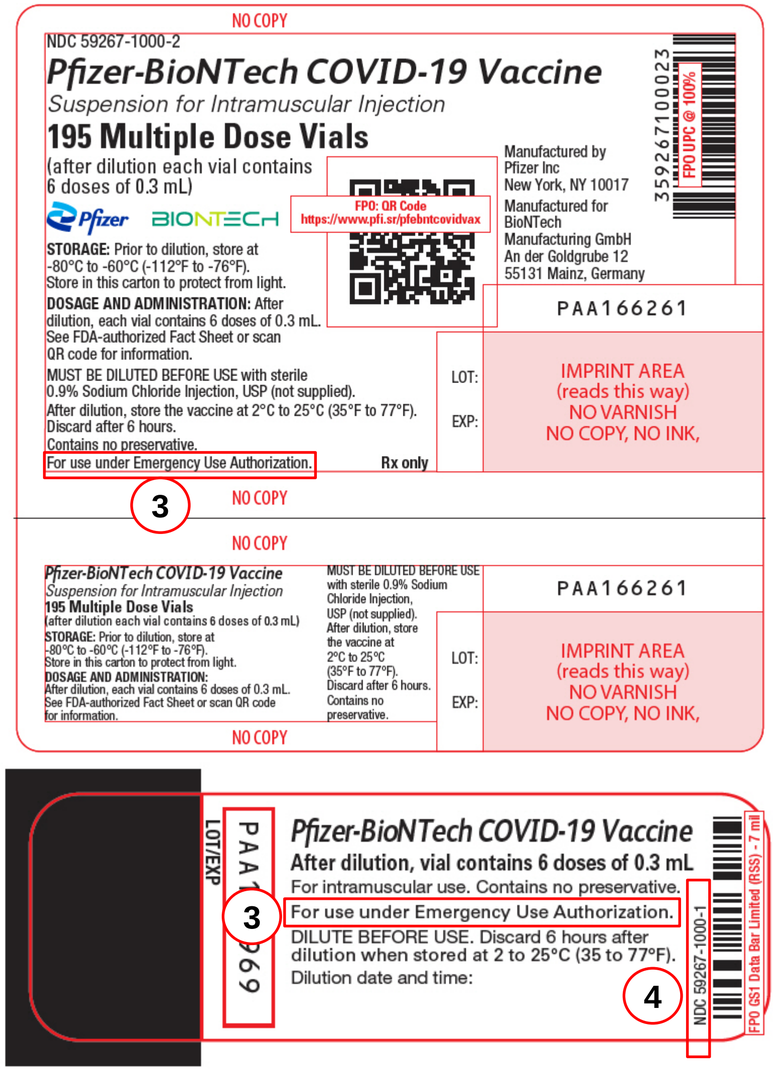
1. https://www.ecfr.gov/current/title-21/chapter-I/subchapter-F/part-601

THE LABELS

19 HOW SUPPLIED/STORAGE AND HANDLING (1)

The information in this section applies to the Pfizer-BioNTech COVID-19 Vaccine that is supplied in multiple dose vials with a purple cap. These multiple dose vials are supplied in a carton containing 25 multiple dose vials (NDC 59267-1000-3) or 195 multiple dose vials (NDC 59267-1000-2). After dilution, 1 vial contains 6 doses of 0.3 mL. Vial labels and cartons may state that after dilution, a vial contains 5 doses of 0.3 mL. The information in this Full EUA Prescribing Information regarding the number of doses per vial after dilution supersedes the number of doses stated on vial labels and cartons.





1. Pfizer's full EUA Prescribing Information provides compliant NDC label codes.

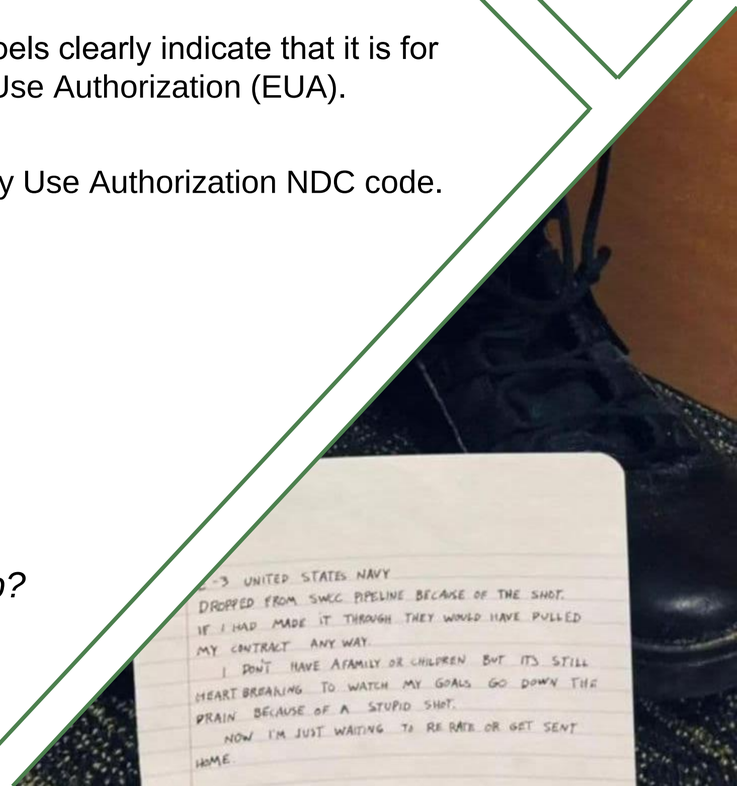
2. DailyMed search results for Comirnaty prior to 16 DEC 2021 showed NDC codes matching authorized product.

3. Pfizer's labels clearly indicate that it is for Emergency Use Authorization (EUA).

4. Emergency Use Authorization NDC code.

Ask yourself:

- *Why would Pfizer move forward in labeling their product with compliant NDC codes, when:*
- *1. They had no intention of creating COMIRNATY or any other compliant lots until the EUA product was used up?*
- *2. It goes against label laws to misbrand product?*



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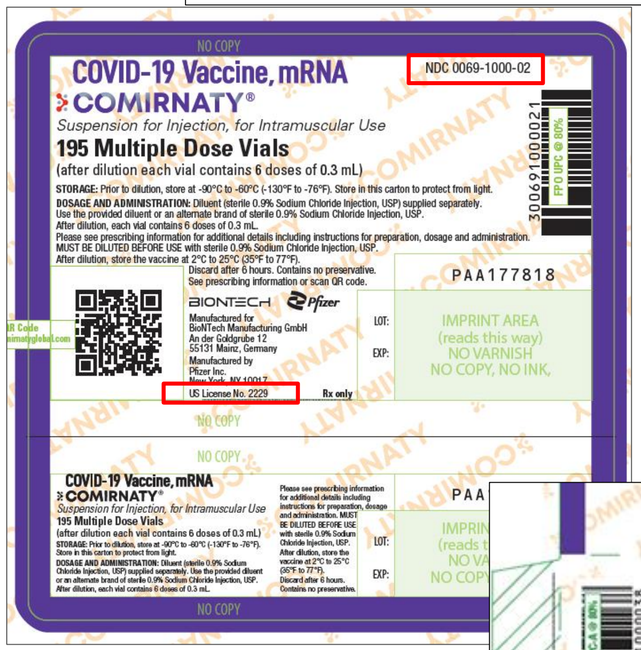
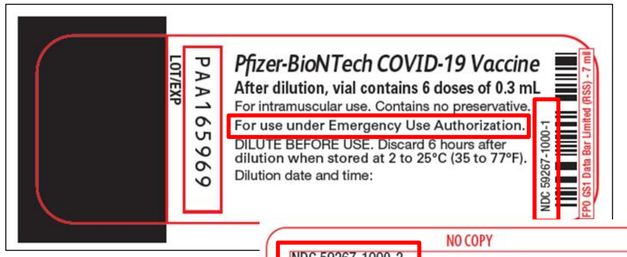
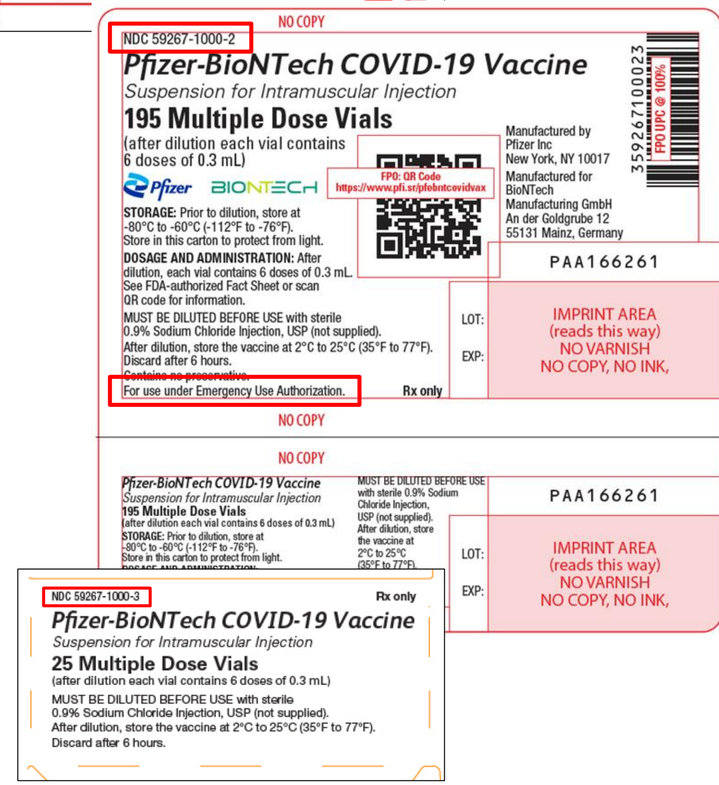
1. https://labeling.pfizer.com/ShowLabeling.aspx?id=14471&format=pdf
2. https://dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid=908ecbe7-2f1b-42dd-94bf-f917ec3c5af8

EUA v APPROVED PACKAGING



Take note of the NDC code on both labels





COMIRNATY (FDA Approved)

Pfizer-BioNTech COVID-19 Vaccine (EUA)

Ask yourself:

- *Why would Pfizer misbrand an EUA product?*
- *Why can you not find any licensed product at pharmacies and bases in the United States?*
- *Why haven't the EUA products been recalled/ destroyed by now if we have a licensed product?*

1. https://dailymed.nlm.nih.gov/dailymed/archives/fdaDrugInfo.cfm?archiveid=595377

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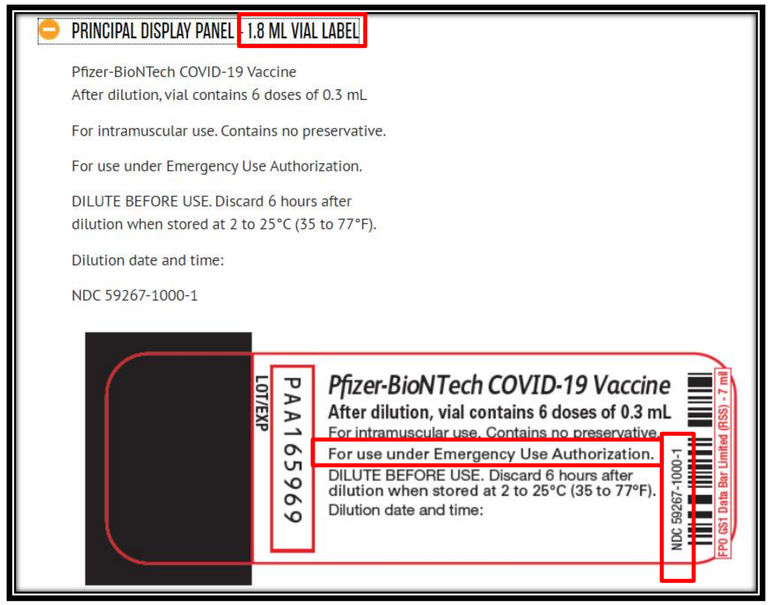
FOIA EXEMPTION


PRINCIPAL DISPLAY PANEL - 1.8 ML VIAL LABEL

Pfizer-BioNTech COVID-19 Vaccine
After dilution, vial contains 6 doses of 0.3 mL

For intramuscular use. Contains no preservative.

For use under Emergency Use Authorization.

DILUTE BEFORE USE. Discard 6 hours after dilution when stored at 2 to 25°C (35 to 77°F).

Dilution date and time:

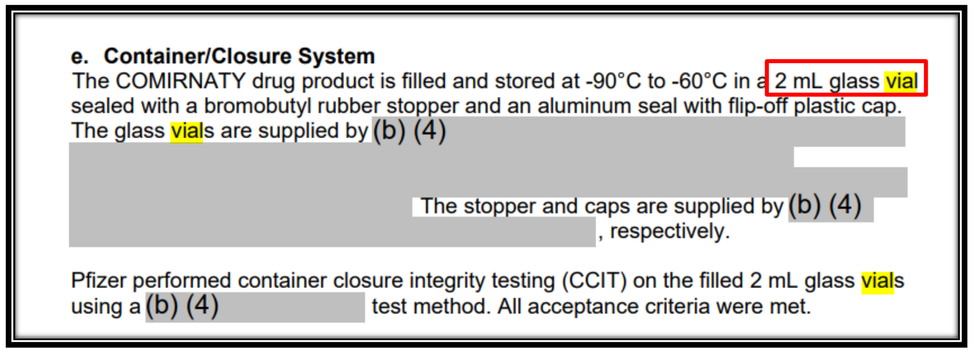
NDC 59267-1000-1

LOT/EXP PAA165969

Pfizer-BioNTech COVID-19 Vaccine
After dilution, vial contains 6 doses of 0.3 mL
For intramuscular use. Contains no preservative.
For use under Emergency Use Authorization.
DILUTE BEFORE USE. Discard 6 hours after dilution when stored at 2 to 25°C (35 to 77°F).
Dilution date and time:

NDC 59267-1000-1

FPO GS1 Data Bar Limited (RSS) - 7 mil


e. Container/Closure System

The COMIRNATY drug product is filled and stored at -90°C to -60°C in a 2 mL glass vial sealed with a bromobutyl rubber stopper and an aluminum seal with flip-off plastic cap. The glass vials are supplied by (b) (4)

The stopper and caps are supplied by (b) (4), respectively.

Pfizer performed container closure integrity testing (CCIT) on the filled 2 mL glass vials using a (b) (4) test method. All acceptance criteria were met.

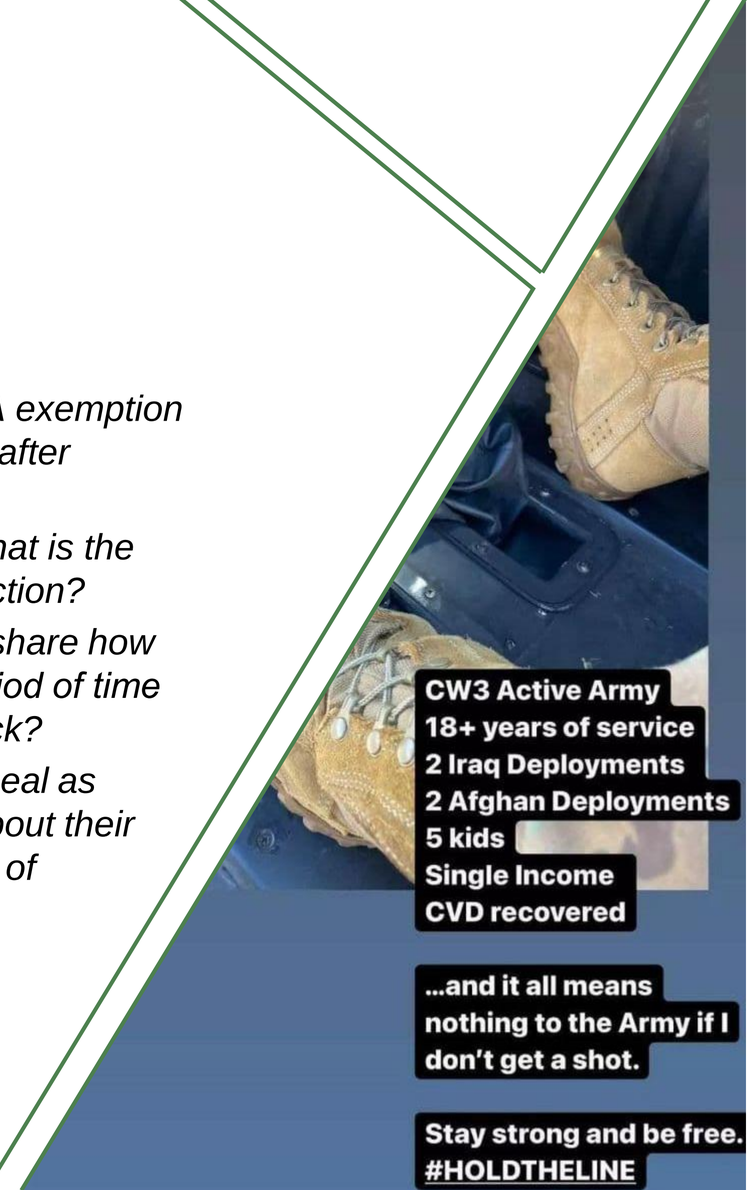
1. The left image here shows that one vial of Pfizer-Biontech vaccine is 1.8 mL

2. The right image shows that COMIRNATY should be shipped as a 2 mL vial, with a specific covering material. The rest of the description is classified (b) (4). This document, the November 8 Summary Basis for Regulatory Action – COMIRNATY, has numerous sections where this particular classification is cited for the redactions made.

3. A (b) (4) classification is a Freedom of Information Act exemption code that "permits agencies, as a matter of discretion, to withhold trade secrets and commercial or financial information obtained from a person which is privileged or confidential."

Ask yourself:

- *Why would the cap need a FOIA exemption if anyone who handles the vials after approval can see them?*
- *What else was redacted, and what is the justification of allowing the redaction?*
- *Why would Pfizer NOT want to share how it's made after a reasonable period of time after they made their money back?*
- *Why go to these lengths to conceal as much information as possible about their vaccine if it were such a miracle of science?*



1. https://www.fda.gov/media/151733/download
2. https://dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid=908ecbe7-2f1b-42dd-94bf-f917ec3c5af8
3. https://www.acus.gov/recommendation/exemption-b4-freedom-information-act#:~:text=Exemption%20(b)(4)%20of%20FOIA%20permits%20agencies%2C%20as,which%20is%20privileged%20or%20confidential

Back to Timeline

DHCP LETTER & LOT #'S

1. A Dear Health Care Professional (DHCP) letter is supposed to provide any updated information on a drug to healthcare professionals who administer the drug to patients.

2. The DHCP letter came with information on "BLA approved lot #'s" that were supposed to be compliant. The first seven lots in the "additional lot details" were manufactured prior to 23 AUG 2021, the last two were manufactured after the approval but retain EUA labels.

3. These lot #'s are all considered to be "BLA-compliant" minus the labeling. These cannot be deemed approved, or compliant, if they were manufactured before the approval date, and are marked with the EUA labels.

Ask yourself:

- *How many doses does this represent if lots have been arbitrarily given these lot #'s and passed off as BLA-compliant?*
- *Is there no properly labeled "Comirnaty" vaccine in the United States?*

August 23, 2021
RE: Pfizer-BioNTech COVID-19 Vaccine IMPORTANT PRODUCT INFORMATION
Certain Pfizer-BioNTech COVID-19 Vaccine Lots authorized for Emergency Use comply with the Biologics License Application (BLA)

COMIRNATY (COVID-19 Vaccine, mRNA)

Manufactured for
BioNTech Manufacturing GmbH
An der Goldgrube 12
55131 Mainz, Germany
Marketing Authorization Holder

Manufactured by
Pfizer Inc.
New York, NY 10017

US License No. 2229

Dear Healthcare Professional,
Pfizer, Inc. would like to provide you with updated and very important information related to the Pfizer-BioNTech COVID-19 Vaccine, authorized for emergency use by FDA under an Emergency Use Authorization (EUA). On August 23, 2021, FDA approved BioNTech's Biologics License Application (BLA) for COMIRNATY (COVID-19 Vaccine, mRNA), under U.S. License No. 2229. Many lots of Pfizer-BioNTech COVID-19 Vaccine are in circulation that were authorized for emergency use, and are labelled in accordance with the EUA. **Some of these lots comply with the recently approved BLA for COMIRNATY and are therefore considered "BLA-approved" lots for administration to individuals 16 years of age and older.** The lots that are BLA-approved for administration may be found at cvdvaccine-us.com/resources. For these lots, please see the COMIRNATY® full prescribing information for indication and usage, dosing and administration, and important safety information. This information can be found by scanning the QR code. **Please note, it is imperative that you not discard any available EUA lots. These lots continue to be authorized for use under EUA in individuals 12 years of age and older, and for use as a third dose in certain immunocompromised individuals. You can continue to use them up to the date of expiry.**

Sincerely,

Donna Boyce
Senior Vice President, Global Regulatory Affairs
BIONTECH

Pfizer

2021TA035 v1.0

Additional Lot Details – Lot Numbers

FD7220	
FE3592	
FF2587	
FF2588	Mfd before approval
FF2590	
FF2593	
FF8841	
FH8027	Mfd after approval
FH8028	

Lot # NDC Codes:
(59267-1000-02)
(59267-1000-03)

Back to Timeline

Manufacturer	NDC11 Unit of Sale: This NDC goes in NYSIIS Inventory	NDC11 Unit of Use: This NDC will be on the vi	Lot Numbe	Manufacture Date	Expiration Dat	Date Last Update
Pfizer Inc.	59267-1000-02	59267-1000-01	FE3592	6/30/2021	2/28/2022	8/27/2021
Pfizer Inc.	59267-1000-03	59267-1000-01	FD7220	6/23/2021	11/30/2021	8/6/2021
Pfizer Inc.	59267-1000-02	59267-1000-01	FF2588	7/4/2021	3/31/2022	8/27/2021
Pfizer Inc.	59267-1000-02	59267-1000-01	FD7220	6/23/2021	2/28/2022	8/27/2021
Pfizer Inc.	59267-1000-02	59267-1000-01	FF2590	7/6/2021	3/31/2022	8/27/2021
Pfizer Inc.	59267-1000-02	59267-1000-01	FF8841	7/23/2021	3/31/2022	8/27/2021
Pfizer Inc.	59267-1000-02	59267-1000-01	FF2587	7/2/2021	3/31/2022	8/27/2021
Pfizer Inc.	59267-1000-02	59267-1000-01	FF2593	7/6/2021	3/31/2022	8/27/2021

Title 21, Chapter 1, Subchapter C, §207.37c - What restrictions pertain to the use of the NDC?

(a) A product may be deemed to be *misbranded* if an NDC is used:

(1) To represent a different drug than the drug for which the NDC has been assigned, as described in § 207.33;

(2) **To denote or imply FDA approval of a drug; or**

(3) On products that are not subject to parts 207, 607 of this chapter, or 1271 of this chapter, such as dietary supplements and medical devices.

(b) If marketing is resumed for a discontinued drug, and no changes have been made to the drug that would require a new NDC under § 207.35, the drug must have the same NDC that was assigned to it as described in § 207.33, before marketing was discontinued.

Ask yourself:

- *Are the FDA and DoD Perpetrating a fraud by implying that these EUA labeled vaccines are the licensed product?*
- *Why would the DoD, an organization that needs to conduct its own Mission Analysis with its own personnel, simply take FDAs messaging at face value, along with all of the results of studies conducted by Pfizer, without demanding copies of the data to verify its own analysis and tailor the proliferation of the vaccine according to its own mission?*

21 USC SEC 207.37c

Back to Timeline

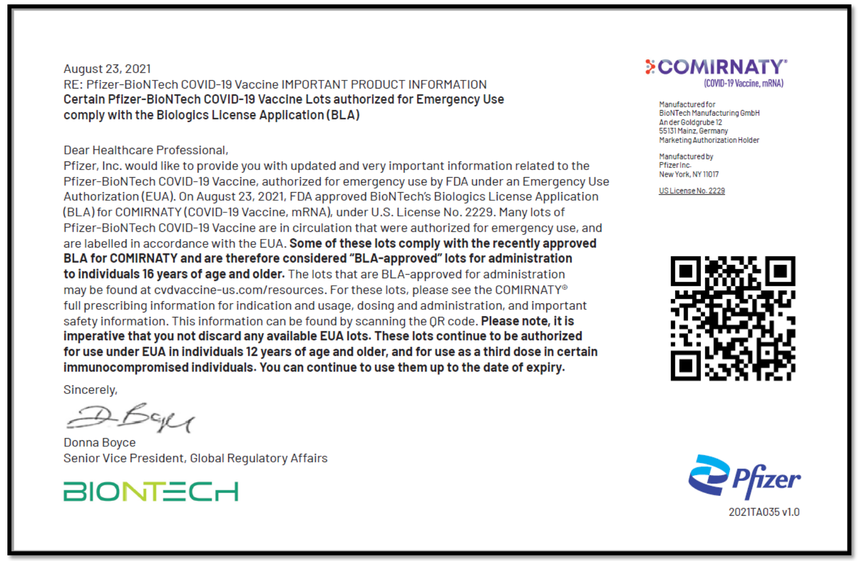
1. https://www.ecfr.gov/current/title-21/chapter-I/subchapter-C/part-207/subpart-C/section-207.37

How can the Department of Defense carry out a mandatory vaccination program that only has products marked for “Emergency Use”?

DoD is relying on 2 letters to carry out the mandate:

1. The “Dear Healthcare Professional” (DHCP) letter denoting “BLA Compliant” lots.

2. A memo from Terry Adirim, ASD(HA), directing DoD providers to use the EUA doses as if they were licensed product.



August 23, 2021
RE: Pfizer-BioNTech COVID-19 Vaccine IMPORTANT PRODUCT INFORMATION
Certain Pfizer-BioNTech COVID-19 Vaccine Lots authorized for Emergency Use comply with the Biologics License Application (BLA)

COMIRNATY® (COVID-19 Vaccine, mRNA)

Manufactured for
BioNTech Manufacturing GmbH
An der Goldgrube 12
55131 Mainz, Germany
Marketing Authorization Holder

Manufactured by
Pfizer Inc.
New York, NY 10017

US License No. 2229

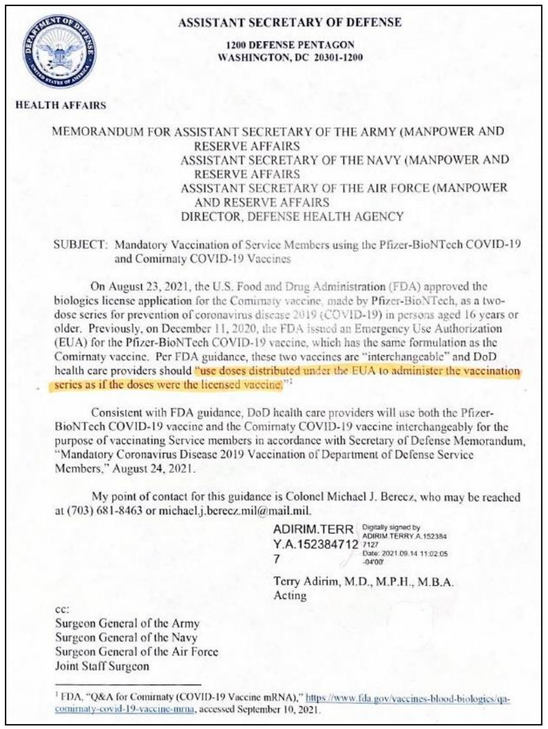
Dear Healthcare Professional,
Pfizer, Inc. would like to provide you with updated and very important information related to the Pfizer-BioNTech COVID-19 Vaccine, authorized for emergency use by FDA under an Emergency Use Authorization (EUA). On August 23, 2021, FDA approved BioNTech's Biologics License Application (BLA) for COMIRNATY (COVID-19 Vaccine, mRNA), under U.S. License No. 2229. Many lots of Pfizer-BioNTech COVID-19 Vaccine are in circulation that were authorized for emergency use, and are labelled in accordance with the EUA. **Some of these lots comply with the recently approved BLA for COMIRNATY and are therefore considered "BLA-approved" lots for administration to individuals 16 years of age and older.** The lots that are BLA-approved for administration may be found at cvdvaccine-us.com/resources. For these lots, please see the COMIRNATY® full prescribing information for indication and usage, dosing and administration, and important safety information. This information can be found by scanning the QR code. **Please note, it is imperative that you not discard any available EUA lots. These lots continue to be authorized for use under EUA in individuals 12 years of age and older, and for use as a third dose in certain immunocompromised individuals. You can continue to use them up to the date of expiry.**

Sincerely,

Donna Boyce
Senior Vice President, Global Regulatory Affairs
BIONTECH

Pfizer

2021TA035 v1.0



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.

Ask yourself:

- *Why was Pfizer allowed to determine what lots are “BLA compliant?”*
- *Where are the FDA inspectors who are supposed to ensure compliance with the BLA manufacturing process?*
- *Why is DoD no longer enforcing the option to refuse when all product is EUA?*

Back to Timeline

BASIS OF MANDATES

THE MEMO BY TERRY ADIRIM

1. In a guidance memo presented by Terry Adirim on September 14, 2021, there is a conflict with the guarantees presented within Secretary Austin's memo

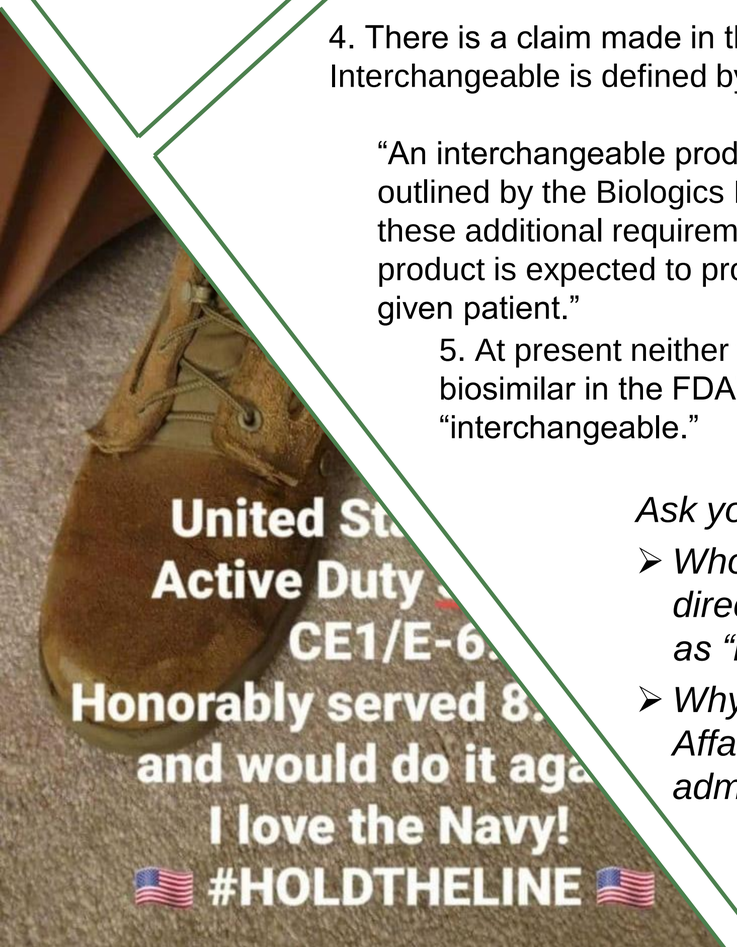
2. Terry Adirim does *not* have the legal authority to advise any health administrator to present EUA labeled vials as licensed, or to create policy mandating EUA vaccines to service members. This authority is left solely to the discretion of the President.

3. As of JAN 2022, the President has not signed any waivers to informed consent.

4. There is a claim made in this memo that these products can be used "*interchangeably*." Interchangeable is defined by the FDA as:

"An interchangeable product is a biosimilar product that meets additional requirements outlined by the Biologics Price Competition and Innovation Act. As part of fulfilling these additional requirements, information is needed to show that an interchangeable product is expected to produce the same clinical result as the reference product in any given patient."

5. At present neither the Pfizer-Biontech vaccine nor Comirnaty are listed as biosimilar in the FDA's "Purple Book," a requirement to be considered "interchangeable."



Ask yourself:

- *Who gave direction to Terry Adirim to put out a memo that directed usage of the Pfizer-Biontech COVID-19 vaccine as "interchangeable" with Comirnaty?*
- *Why would the Assistant Secretary of Defense for Health Affairs presume to direct health care providers to administer certain products?*

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
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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
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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.

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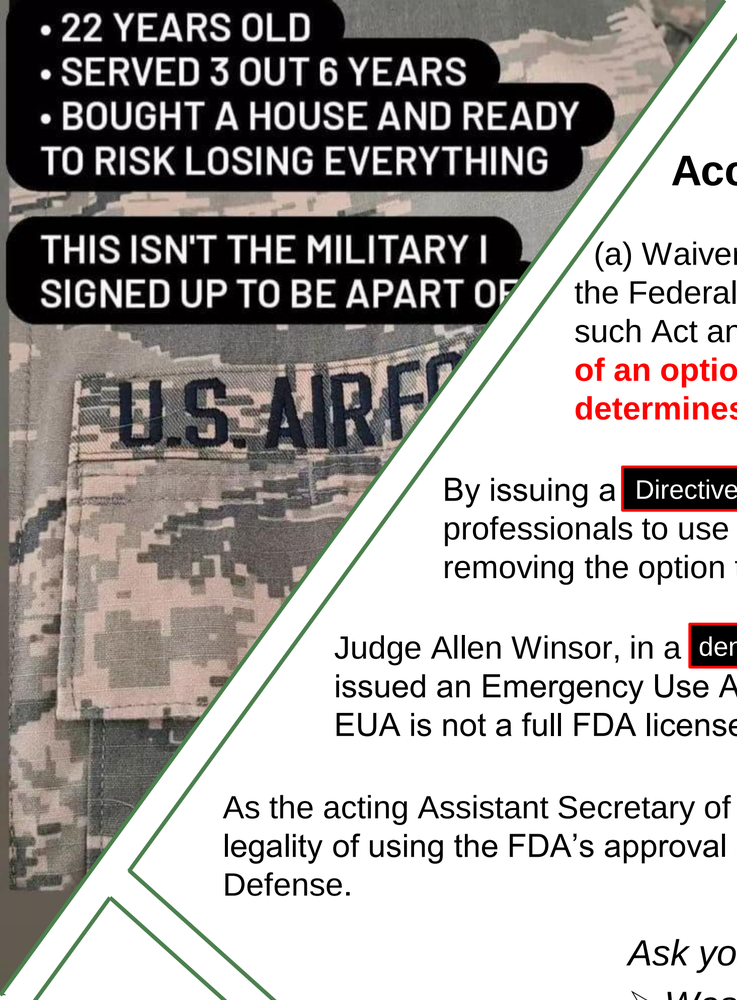

Terry Adirim has acted outside the scope of her authority

According to 10 USC, §1107a. Emergency use products

(a) Waiver by the President.-(1) In the case of the administration of a product authorized for emergency use under section 564 of the Federal Food, Drug, and Cosmetic Act to members of the armed forces, the condition described in section 564(e)(1)(A)(ii)(III) of such Act and required under paragraph (1)(A) or (2)(A) of such section 564(e), **designed to ensure that individuals are informed of an option to accept or refuse administration of a product, may be waived only by the President only if the President determines, in writing, that complying with such requirement is not in the interests of national security.**

By issuing a Directive that repeats claims made by FDA that the Pfizer product was "interchangeable," and directing military healthcare professionals to use EUA products as if they were approved, she has contributed to a violation of the tenets of 10 USC section 1107a by removing the option to accept or refuse the administration of a product that is under the provisions of an Emergency Use Authorization.

Judge Allen Winsor, in a denial for preliminary injunction order in *Doe v Austin*, stated: "Pfizer developed a COVID-19 vaccine, for which the FDA issued an Emergency Use Authorization ("EUA"). This allowed Pfizer to distribute the vaccine starting in December 2020. ECF No. 1-6 at 2-3. An EUA is not a full FDA license."

As the acting Assistant Secretary of Defense for Health Affairs, Terry Adirim has a wide range of personnel, from medical to legal, at her disposal to ascertain the legality of using the FDA's approval at face value. In fact, she has a duty to determine that an order is lawful or not, regardless if it came from the Secretary of Defense.

Ask yourself:

- *Was Terry Adirim a witting accomplice in pursuing this mandate for all servicemembers?*
- *Or, was Terry Adirim acting on her own to ensure that the orders of the SECDEF were reinforced by a memo from the Office of the ASD(HA)?*
- *If the SECDEF and Terry Adirim were NOT aware that Comirnaty was not going to be made available, wouldn't the option to continue to refuse be made known to servicemembers after learning that it would not be made available at any time in the near future?*

SCOPE OF AUTHORITY

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REFERENCE PRODUCTS

Reference Product

A reference product is the single biological product, already approved by FDA, against which a proposed biosimilar product is compared. A reference product is approved based on, among other things, a full complement of safety and effectiveness data. A proposed biosimilar product is compared to and evaluated against a ***reference product*** to ensure that the product is highly similar and has no clinically meaningful differences.

A product cannot be ***legally*** deemed interchangeable when there is no reference product.

Biologic Interchangeable Products are called “Biosimilars”

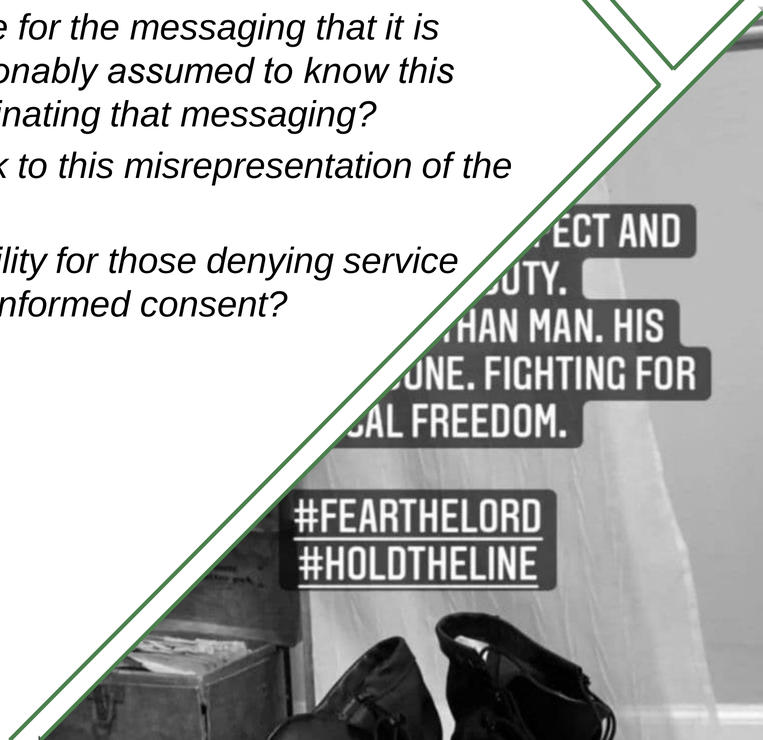
This means both products *must* be FDA approved.
One cannot retain authorization while the other has approval.

Each biosimilar and each reference product are required to go through the entire approval process outlined in the Public Health Service Act Section 351(k) to be deemed interchangeable.

This is separate from Emergency Use Authorization, and they both have different statutory regulations.

Ask yourself:

- *Is it intentionally fraudulent to make the claim that a product is interchangeable when it is not?*
- *Were those responsible for the messaging that it is “interchangeable” reasonably assumed to know this definition when disseminating that messaging?*
- *Can Terry Adirim speak to this misrepresentation of the law?*
- *Is there any accountability for those denying service members their right to informed consent?*



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MILITARY CFR

US and Military Case Fatality Rates (CFR) Compared

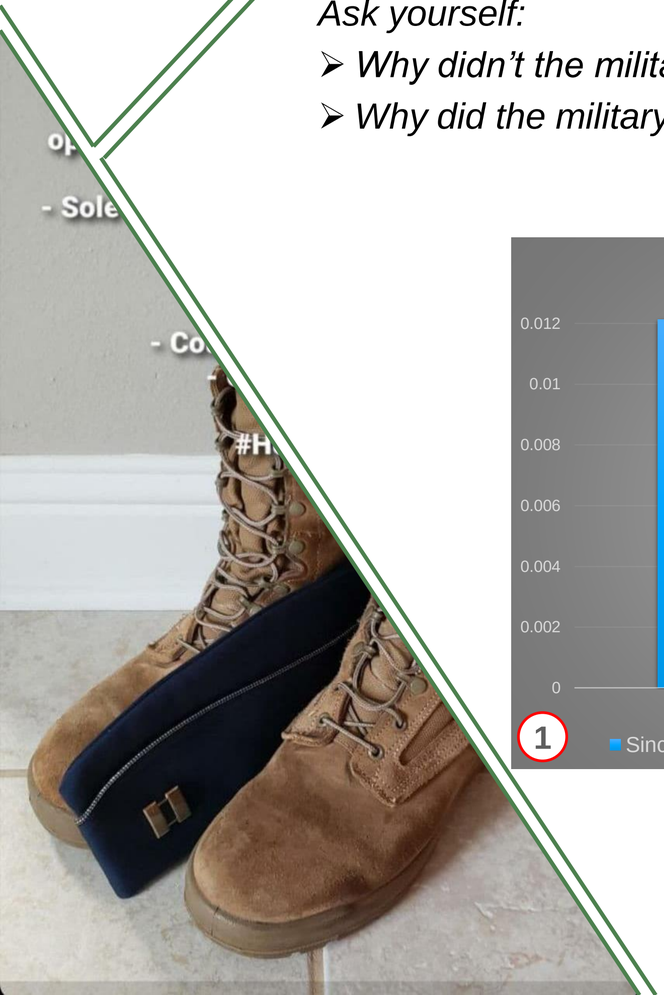
1. The military's fully vaccinated rate rose 283% faster than the US rate since 24 AUG 21.

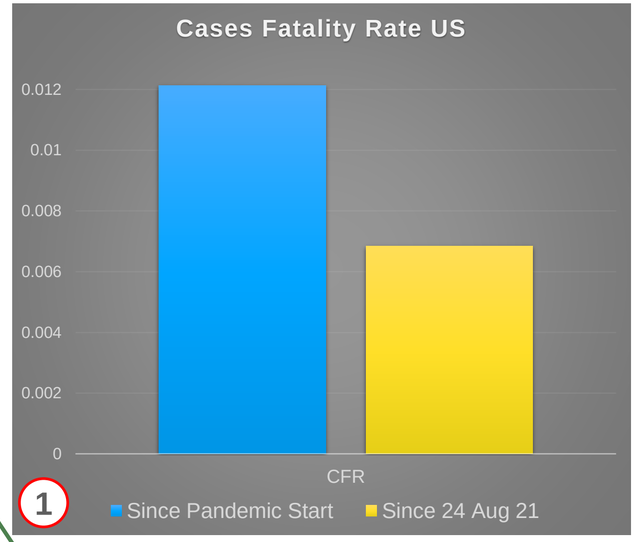
2. While the US CFR has dropped by 43% from it's average since the military vaccine mandate, the military CFR has increased by 54% from its average since the mandate. (fig 2)

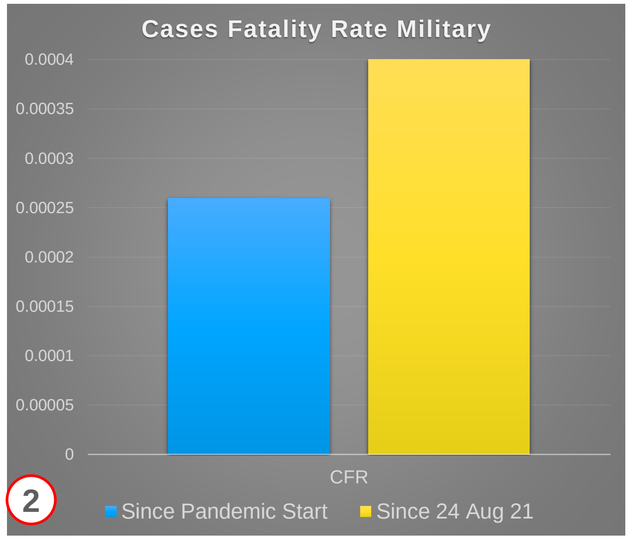
3. Since the mandate, the military fully vaccinated rate rose 30% while the US rate only rose 10.6%. (fig 3)

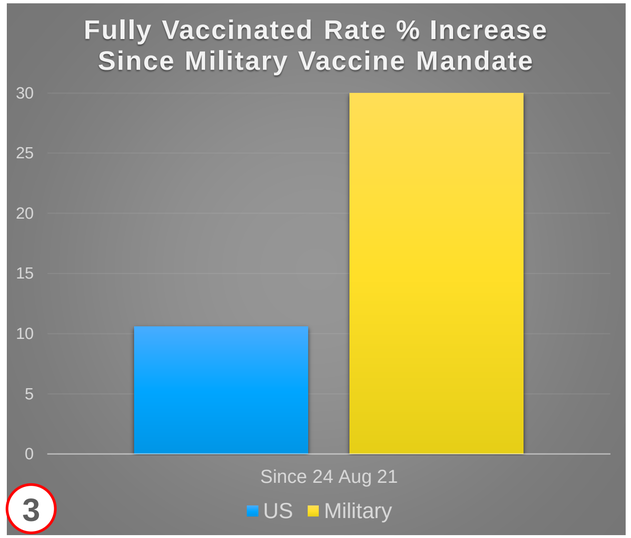
Ask yourself:

- *Why didn't the military CFR drop as low or lower than the US CFR since AUG 21?*
- *Why did the military CFR increase 54% since the mandate while the US CFR decreased 43%?*









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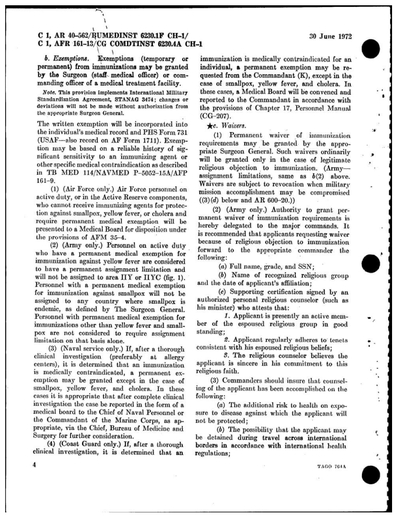
Military Medical and Religious Accommodations

Service members do not lose their Constitutional freedoms just because they signed on the dotted line to serve their country.

Medical waivers are granted based on:

- Contraindications
- Allergies or allergies to vaccine components
- Sensitivity
- “Undesirable reactions”
- Underlying health conditions (for example, based on immune competence, pharmacologic or radiation therapy, pregnancy and/or previous adverse response to immunization).
- Evidence of immunity based on serologic tests, documented infection, or similar circumstances.

Medical doctors and PCMs used to have the freedom to grant medical waivers as they saw fit. However, these physicians are now afraid to write medical exemptions because they could have their medical license subjected to investigation or face disciplinary action for issuing exemptions, writing "too many" exemptions, or exemptions that are deemed "inappropriate."



C 1, AR 40-562/BUMEDINST 6230.1F CH-1/
C 1, AFR 161-15/CG COMDTINST 6230.4A CH-1

30 June 1972

b. Exemptions. Exemptions (temporary or permanent) from immunization may be granted by the Surgeon (staff medical officer) or commanding officer of a medical treatment facility.

Note. This provision implements International Military Standardization Agreement, STANAG 2474; changes or deviations will not be made without authorization from the appropriate Surgeon General.

The written exemption will be incorporated into the individual's medical record and PHS Form 731 (USAF—also record on AF Form 1711). Exemption may be based on a reliable history of significant sensitivity to an immunizing agent or other specific medical contraindication as described in TB MED 114/NAVMED P-5022-15A/AFP 161-9.

(1) (Air Force only.) Air Force personnel on active duty, or in the Active Reserve components, who cannot receive immunizing agents for protection against smallpox, yellow fever, or cholera and require permanent medical exemption will be presented to a Medical Board for disposition under the provisions of AFM 35-4.

(2) (Army only.) Personnel on active duty who have a permanent medical exemption for immunization against yellow fever are considered to have a permanent assignment limitation and will not be assigned to area IIY or IIYC (fig. 1). Personnel with a permanent medical exemption for immunization against smallpox will not be assigned to any country where smallpox is endemic, as defined by The Surgeon General. Personnel with permanent medical exemption for immunizations other than yellow fever and smallpox are not considered to require assignment limitation on that basis alone.

(3) (Naval service only.) If, after a thorough clinical investigation (preferably at allergy centers), it is determined that an immunization is medically contraindicated, a permanent exemption may be granted except in the case of smallpox, yellow fever, and cholera. In those cases it is appropriate that after complete clinical investigation the case be reported in the form of a medical board to the Chief of Naval Personnel or the Commandant of the Marine Corps, as appropriate, via the Chief, Bureau of Medicine and Surgery for further consideration.

(4) (Coast Guard only.) If, after a thorough clinical investigation, it is determined that an immunization is medically contraindicated for an individual, a permanent exemption may be requested from the Commandant (K), except in the case of smallpox, yellow fever, and cholera. In these cases, a Medical Board will be convened and reported to the Commandant in accordance with the provisions of Chapter 17, Personnel Manual (CG-207).

c. Waivers.

(1) Permanent waiver of immunization requirements may be granted by the appropriate Surgeon General. Such waivers ordinarily will be granted only in the case of legitimate religious objection to immunization. (Army—assignment limitations, same as b(2) above. Waivers are subject to revocation when military mission accomplishment may be compromised (3)(d) below and AR 600-20.))

(2) (Army only.) Authority to grant permanent waiver of immunization requirements is hereby delegated to the major commands. It is recommended that applicants requesting waiver because of religious objection to immunization forward to the appropriate commander the following:

(a) Full name, grade, and SSN;

(b) Name of recognized religious group and the date of applicant's affiliation;

(c) Supporting certification signed by an authorized personal religious counselor (such as his minister) who attests that:

1. Applicant is presently an active member of the espoused religious group in good standing;

2. Applicant regularly adheres to tenets consistent with his espoused religious beliefs;

3. The religious counselor believes the applicant is sincere in his commitment to this religious faith.

(3) Commanders should insure that counseling of the applicant has been accomplished on the following:

(a) The additional risk to health on exposure to disease against which the applicant will not be protected;

(b) The possibility that the applicant may be detained during travel across international borders in accordance with international health regulations;

4

TAGO 7014A

Religious accommodations have been in place, specified in regulations, since 1971, and service members can request a religious accommodation for some or all vaccines based on their belief.

Ask yourself:

- *Why are providers afraid to write medical exemptions since covid?*
- *What kind of Command Climate fosters fear to do your duty as a medical provider, and do right by the Soldier, Sailor, or Airmen who needs a medical waiver to continue to serve honorably?*

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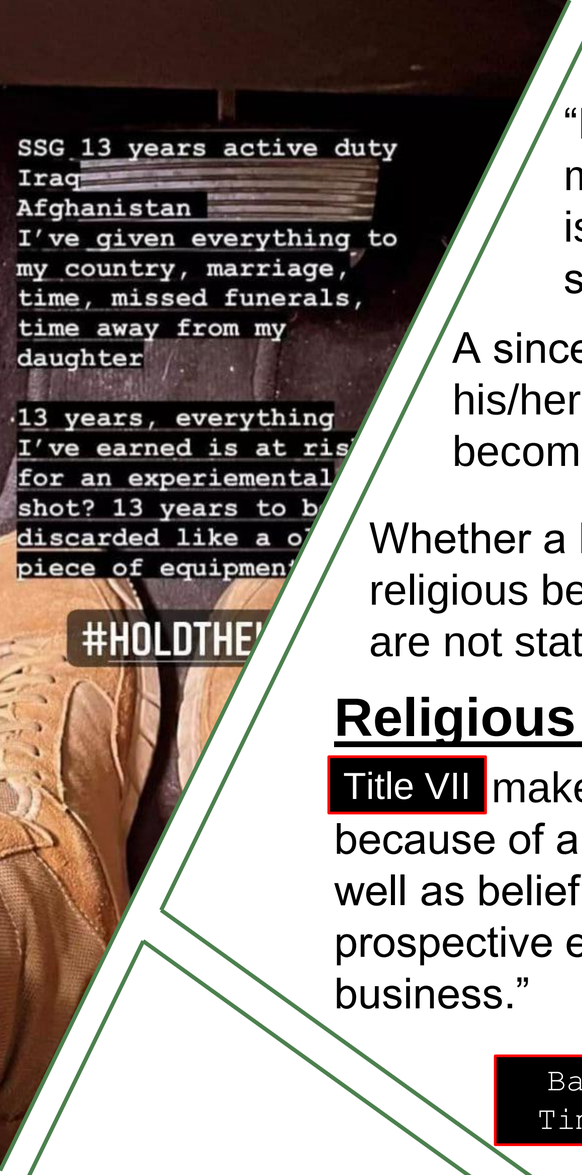
MILITARY ACCOMMODATIONS



RELIGIOUS DISCRIMINATION

"Legitimate Religious Objection"

"First, a religion addresses fundamental and ultimate questions having to do with deep and imponderable matters. Second, a religion is comprehensive in nature; it consists of a belief system as opposed to an isolated teaching. Third, a religion often can be recognized by the presence of certain formal and external signs." (*Africa v. Pennsylvania, 662 F.2d 1025, 1031 (3d Cir. 1981), the Third Circuit Court of Appeals*)

A sincere religious believer doesn't forfeit his/her religious rights merely because s/he is not scrupulous in his/her observance or had never openly demonstrated those beliefs in the past. Furthermore, a person can become religious at any point in their life, even if they previously did not have religious objections.

Whether a belief is "sincerely held" is generally an issue of individual credibility. Evidence proving sincerely held religious beliefs is difficult to obtain in most cases, and often can be overcome, as sincerely held religious beliefs are not static and often change over time.

Religious Discrimination Based on Vaccination Refusal

Title VII makes it an unlawful employment practice for an employer to discharge or discriminate against an employee because of an individual's religion. The term religion "includes all aspects of religious observance and practice, as well as belief, unless an employer demonstrates that he is unable to reasonably accommodate an employee's or prospective employee's religious observance or practice without undue hardship on the conduct of the employer's business."

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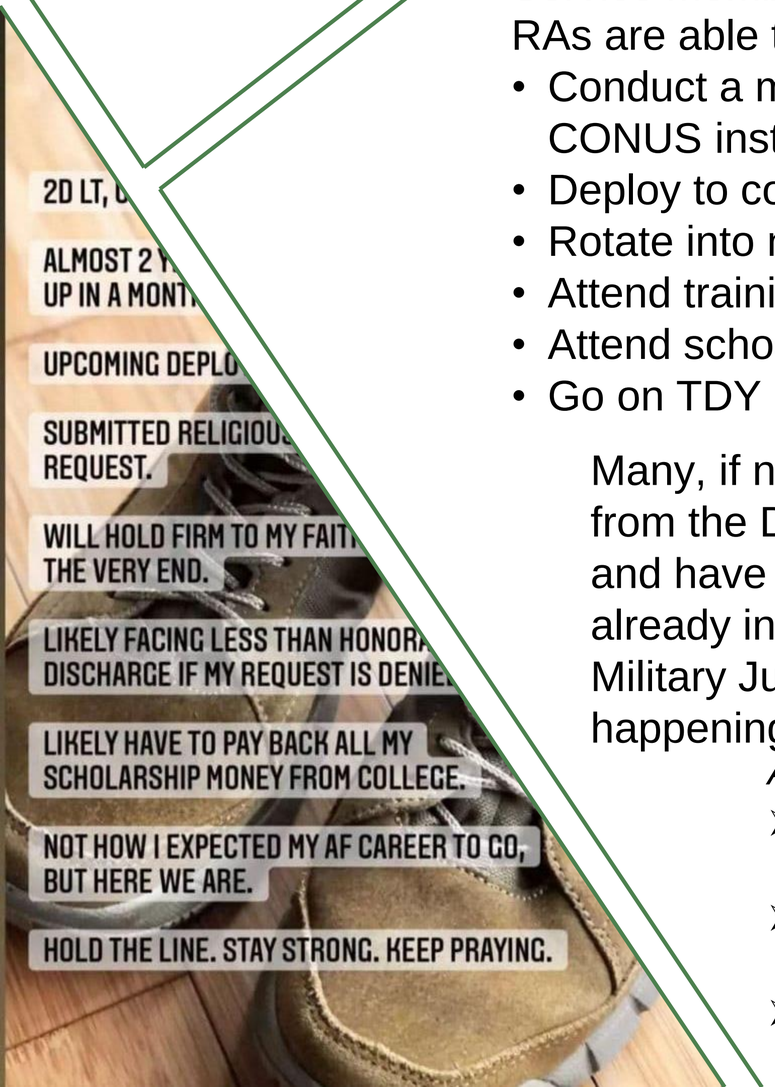
To establish a claim of religious discrimination under Title VII, the employee must show that (1) they held a sincere religious belief that conflicted with a job requirement; (2) they informed their employer of the conflict; and (3) they were disciplined for failing to comply with the conflicting requirement. Employers have a statutory obligation under Title VII to make reasonable accommodations for the religious observances of employees, but are not required to incur undue hardship.

- *Ask yourself: What is the percentage of service members who were judged to be "insincere" in their beliefs when they applied for their accommodation?* Answer

APPROVED RA's



"A way of life"

Associate Justice Kathryn Mickle Werdegar, observed that a religious belief is something other than "a philosophy or a way of life." She further explained that "Religious beliefs need not be acceptable, logical, consistent, or comprehensible to others in order to merit First Amendment protection."

Service members who have approved RAs are able to:

- Conduct a move to both OCONUS and CONUS installations
- Deploy to combat theaters
- Rotate into non-combat theaters
- Attend training
- Attend schools
- Go on TDY

Some personnel who currently have approved RAs (prior to COVID):

- 11B Infantryman
- 68W Field Medic
- 11C Mortarman
- 19K M1 Armor crewman
- 13D Artilleryman
- 17E Electronic Warfare
- 153D UH-60 pilot

Many, if not all, of these personnel have not had their standing accommodations recognized. Guidance from the DoD has specifically stated that previously approved accommodations do not apply to covid, and have had their careers threatened just the same as those who do not have accommodations already in place. They face punishments and adverse actions that do not fall under the Uniform Code of Military Justice, and so go either unnoticed or the leadership turns their eyes to the grievous injustice happening to them.

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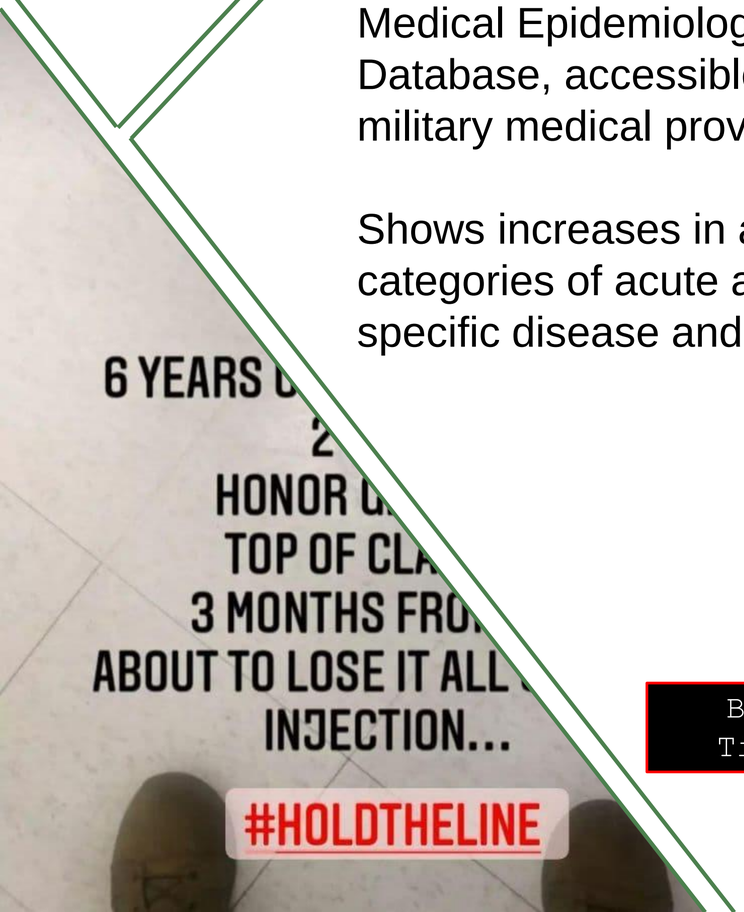
Ask yourself:

- *If a Soldier can say they are an Atheist and still claim a religious belief, why are military leaders denying those who claim established religions their own beliefs?*
- *Why are senior military Chaplains fighting so hard to deny military service members their rights, with guidance that instructs them to rebut arguments about aborted fetal cells?*
- *Why is the institution of the DoD gathering and disseminating statements from religious leaders in support of vaccination to deny service members their right to request accommodation?*

Defense Medical data

Raw data from the Defense Medical Epidemiology Database, accessible only by military medical providers.

Shows increases in all categories of acute and non-specific disease and injury.



Back to Timeline

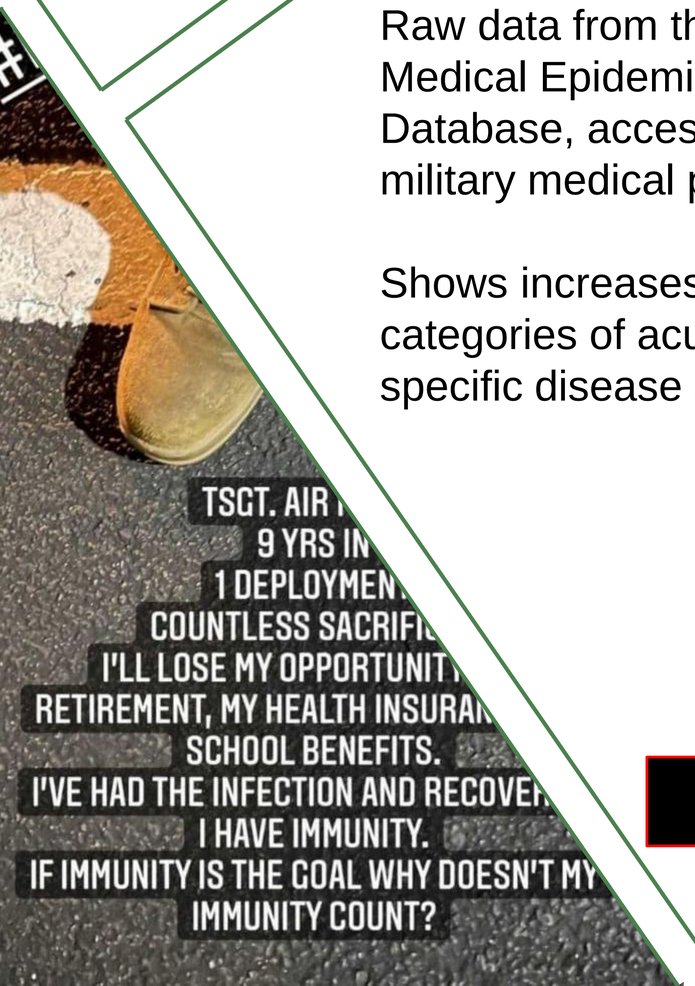
Date Obtained		2016	2017	2018	2019	2020	Avg Injuries Per Year 2016-2020	Jan to Oct 2021	Percentage Change vs Avg in 2021
1/10/2022	O03 SPONTANEOUS Abortion	1,431	1,518	1,493	1,578	1,477	1499.4	4,182	278.91%
1/10/2022	Acute Pericarditis Hospitalized	49	54	58	48	54	52.6	41	77.95%
1/10/2022	I30 Acute Pericarditis Amb	535	538	522	531	499	525	850	1.619047619
1/19/2022	I30 Acute Pericarditis Amb	454	401	410	419	363		363	
1/10/2022	I40 Acute Myocarditis Hosp	17	17	18	33	14	19.8	15	75.76%
12/6/2021	I51.4 Myocarditis, Unspecified Amb	20	30	29	41	33		877	
1/10/2022	I40 Acute Myocarditis Amb	84	92	116	159	108	111.8	263	2.352415027
1/19/2022	I40 Acute Myocarditis Amb	59	62	62	93	67	68.6	118	172.01%
8/29/2021	I40 I41 I 51 ACUTE MYOCARDITIS MYOCARDITIS IN DISEASES CLASSIFIED ELSEWHERE COMPLICATIONS AND ILL DEFINED DESCRIPTIONS OF HEART DISEASE	Total 216 all five years					43.2	1239	2868.06%
1/10/2022	A00 to Z99 All disease and injuries Hosp	43,786	43,338	42,024	43,493	40,052	42538.6	54,776	128.77%
1/10/2022	AMS Hosp	54	41	42	36	27	40	25	62.50%
1/10/2022	AMS Amb	695	723	689	732	700	707.8	2,115	298.81%
1/10/2022	Anxiety Hosp	2,478	2,577	2,534	2,666	2,642	2579.4	6496	251.84%
1/10/2022	Anxiety Amb	37,011	36,667	36,145	37,762	37,870	37091	931,791	2512.18%
1/10/2022	appendicitis Hosp	648	654	690	795	717	700.8	1182	168.66%
1/10/2022	appendicitis Amb	1,977	1,930	2,298	2,633	2,593	2286.2	5,547	242.63%
1/10/2022	Bells Palsy Hosp	12	16	13	12	15	13.6	14	102.94%
1/10/2022	Bell's Palsy Amb	483	462	457	447	450	459.8	1338	291.00%
1/10/2022	Brain dead Hosp	1	0	0	0	0	0.2	1	500.00%
1/10/2022	Brain dead Amb	19	17	11	17	19	16.6	10	60.24%
1/10/2022	breast cancer Hosp	46	43	41	33	25	37.6	17	45.21%
1/10/2022	breast cancer Amb	934	810	766	792	766	813.6	3963	487.09%
1/10/2022	cerebral Infarction Hosp	107	108	124	95	107	108.2	86	79.48%
1/10/2022	cerebral Infarction Amb	887	848	858	888	887	873.6	3136	358.97%
8/29/2021	chest Pain Amb	153	142	142	192	184	162.6		0.00%
1/10/2022	cognitive Hosp	6	5	4	5	3	4.6	1	21.74%
1/10/2022	cognitive Amb	484	430	403	459	421	439.4	1772	403.28%
1/10/2022	Cognitive malformations Hosp	270	236	211	236	197	230	180	78.26%
1/10/2022	Congenital malformations amb	11,710	11,134	10,457	11,081	10,152	10906.8	16,988	155.76%
1/10/2022	demylinating Hosp	41	74	59	45	40	51.8	34	65.64%
1/10/2022	demylinating Amb	785	737	690	677	648	707.4	3145	444.59%
1/10/2022	diseases of liver hosp	77	75	82	92	100	85.2	100	117.37%
1/10/2022	disease of liver Amb	1,994	2,053	2,063	2,234	2,322	2133.2	6187	290.03%
1/10/2022	DM! Hosp	63	57	70	53	67	62	60	96.77%
1/10/2022	DM1 Amb	1,319	1,167	1,072	1,036	960	1110.8	5269	474.34%
1/10/2022	dysmenohrea Hosp	29	35	32	30	22	29.6	12	40.54%
1/10/2022	dysmenohrea Amb	3,104	3,403	3,481	3,943	3,900	3566.2	12,539	351.61%
1/10/2022	dz of arteries Hosp	80	83	66	78	75	76.4	53	69.37%
1/10/2022	dz of arteries amb	3,164	2,965	2,938	3,096	2,860	3004.6	6069	201.99%
8/29/2021	E00 to E89 Endocrine nutritional and metabolic diseases	33,140	31,825	30,814	31,504	30,506	31557.8		0.00%
1/10/2022	esophageal cancer hosp	6	2	8	3	0	3.8	2	52.63%
1/10/2022	esophageal cancer amb	29	36	35	20	26	29.2	209	715.75%
1/10/2022	extra pyramidal hosp	12	24	23	11	14	16.8	5	29.76%
1/10/2022	extra pyramidal amb	1,509	1,474	1,339	1,371	1,338	1406.2	3669	260.92%
1/10/2022	eye disorder hosp	13	18	14	24	14	16.6	10	60.24%
1/10/2022	eye disorder Amb	6,044	6,013	5,647	6,312	5,623	5927.8	11,892	200.61%
1/10/2022	female infertility hosp	11	7	7	3	2	6	1	16.67%
1/10/2022	female infertility Amb	2,261	2,262	2,242	2,333	2,260	2271.6	10,713	471.61%
1/10/2022	GBS Hosp	25	29	30	30	21	27	18	66.67%
1/10/2022	GBS Amb	66	79	71	85	65	73.2	403	550.55%
1/10/2022	HIV Amb	599	455	412	415	392	454.6	2,460	541.14%
1/10/2022	HSV Hosp Hosp	4	4	0	4	2	2.8	4	142.86%
1/10/2022	HSV Hosp Amb	1,734	1,779	1,724	1,786	1,678	1740.2	2350	135.04%
1/10/2022	Neoplasm Hosp	1,452	1,341	1,174	1,211	1,094	1254.4	922	73.50%
1/10/2022	Neoplasm Amb	41,557	39,139	37,751	38,887	36,044	38675.6	103,606	267.88%
1/10/2022	HTN Hosp	66	44	48	39	45	48.4	51	105.37%
1/10/2022	HTN Amb	2,308	2,323	2,363	2,392	2,415	2360.2	53,846	2281.42%
1/10/2022	infertilty male	2,187	2,287	2,037	2,151	1,990	2130.4	7551	354.44%
1/10/2022	Inflammation NS Hosp	112	112	94	86	81	97	37	38.14%
1/10/2022	Inflammation NS Amb	664	669	560	555	457	581	998	171.77%
1/10/2022	Malasie & fatigue Hosp	34	36	32	25	28	31	31	100.00%
1/10/2022	Malasie & fatigue Amb	3,851	3,842	3,832	3,885	3,735	3829	26,416	689.89%

1. https://www.afhsc.mil/DMED

Defense Medical data

Raw data from the Defense Medical Epidemiology Database, accessible only by military medical providers.

Shows increases in all categories of acute and non-specific disease and injury.



Date Obtained		2016	2017	2018	2019	2020	Avg Injuries Per Year 2016-2020	Jan to Oct 2021	Percentage Change vs Avg in 2021
1/10/2022	Migraines Hosp	176	159	127	134	117	142.6	96	67.32%
1/10/2022	Migraines Amb	15,734	15,715	16,462	17,113	16,327	16270.2	66,640	409.58%
1/10/2022	Neoplasm Hosp	1,452	1,341	1,174	1,211	1,094	1254.4	922	73.50%
1/10/2022	Neoplasm Amb	41,557	39,139	37,751	38,887	36,044	38675.6	103, 606	#VALUE!
1/10/2022	Ovarian Cancer Hosp	11	5	11	3	6	7.2	2	27.78%
1/10/2022	Ovarian Cancer Amb	121	88	73	82	69	86.6	181	209.01%
1/10/2022	PE hosp	164	168	160	171	170	166.6	169	101.44%
1/10/2022	PE Amb	677	701	669	716	968	746.2	3,164	424.02%
1/10/2022	Pituitary Brain tumor hosp	0	0	0	1	0	0.2	0	0.00%
1/10/2022	Pituitary Brain tumor amb	8	8	7	7	7	7.4	14	189.19%
1/10/2022	Pregnancy Amb	64,198	65,751	66,026	70,590	71,111	67535.2	173,741	257.26%
1/10/2022	M62.82 Rhabdomyolysis Hosp	216	209	227	222	198	214.4	440	205.22%
1/10/2022	M62.82 Rhabdomyolysis Amb	706	696	740	755	669	713.2	5,162	723.78%
1/10/2022	SAH Hosp	27	13	16	19	19	18.8	17	90.43%
1/10/2022	SAH Amb	219	139	134	170	196	171.6	616	358.97%
1/10/2022	seizures hosp	27	20	21	32	20	24	21	87.50%
1/10/2022	seizures Amb	196	148	130	150	123	149.4	489	327.31%
1/10/2022	suicide	359	496	530	570	550	501	1798	358.88%
1/10/2022	tachycardia hosp	49	72	59	65	53	59.6	39	65.44%
1/10/2022	tachycardia amb	845	814	893	903	849	860.8	2,595	301.46%
1/10/2022	TB Hosp	5	11	7	15	5	8.6	3	34.88%
1/10/2022	TBAmb	1,115	694	488	449	238	596.8	467	78.25%
1/10/2022	testicular cancer hosp	49	37	39	43	19	37.4	27	72.19%
1/10/2022	testicular cancer Amb	1,156	1,008	866	880	889	959.8	3537	368.51%
1/10/2022	Thyroid dysfunction hosp	125	108	120	121	103	115.4	84	72.79%
1/10/2022	Thyroid dysfunction amb	8,074	7,696	7,357	7,289	6,891	7461.4	22,620	303.16%
1/10/2022	TIA Hosp	41	43	34	29	26	34.6	25	72.25%
1/10/2022	TIA Amb	509	453	491	485	467	481	795	165.28%
1/10/2022	Tinnitis Hosp								
1/10/2022	Tinnitis Amb	3,112	3,132	3,302	3,759	3,985	3458	21,771	629.58%
1/10/2022	vein dz hosp	186	179	145	176	126	162.4	113	69.58%
1/10/2022	vein dz amb	10,027	9,082	8,575	9,321	8,106	9022.2	16,286	180.51%
1/10/2022	G46 Vascular Syndromes of brain in cerebrovascular diseases Hosp	2	1	2	1	1	1.4	0	0.00%
1/10/2022	G46 Vascular Syndromes of brain in cerebrovascular diseases Amb	81	62	69	59	64	67	176	262.69%
1/19/2022	U07.1 COVID-19	0	0	0	0	1,911	382.2	**116,037**	30360.28%
	T50.B95A Adverse effect of other viral vaccine, initial encounter			Total for five years 914			182.8	1281	700.77%
Date Obtained		**2016**	**2017**	**2018**	**2019**	**2020**		**Jan to Nov 2021**	
1/19/2022	**A00 to Z99 All disease and injuries Hosp**	**43,786**	**43,338**	**42,024**	**43,493**	**40,052**		**54,776**	
1/19/2022	A00 to Z99 All disease and injuries Amb	2,059,630	2,058,379	2,022,663	2,110,383	1,976,724	2045555.8	21,512,583	1051.67%
1/19/2022	E00 to E89 Endocrine nutritional and metabolic diseases AMB	33,140	31,825	30,814	31,504	30,506	31557.8	134,053	424.79%
1/19/2022	C00 to D49 Neoplasms (ALL CANCERS)	41,557	39,139	37,756	38,889	36,050	38678.2	114,645	296.41%
1/19/2022	D50 to D89 Diseases if the blood and blood forming organs and certain disorders involving the immune mechanism	11,533	11,122	10,851	11,773	11,429	11341.6	34,486	304.07%
1/19/2022	C15 to C26 Malignant neoplasms of digestive organs	660	654	633	602	704	650.6	4,060	624.04%
1/19/2022	C73 to C75 Malignant neoplasms of thyroid and other endocrine glands	550	394	369	374	372	411.8	1,950	473.53%
1/19/2022	G46 Vascular syndromes of brain in cerebrovascular diseases	117	96	104	90	110	103.4	238	230.17%
1/19/2022	G00 to G99 Diseases of the Nervous System	82,435	81,998	81,382	85,012	80,786	82322.6	863,013	10.48330592
1/19/2022	H00 to H59 Diseases of the eye and adnexa	88,091	87,712	86,417	91,503	79,529	86650.4	280,206	323.38%
1/19/2022	C15 Malignant neoplasm of esophagus	29	36	35	20	26	29.2	261	893.84%
1/19/2022	D69.3 immune thrombocytopenic purpura	189	186	175	164	161	175	564	322.29%
1/19/2022	B50 Plasmodium Falciparum malaria (VALIDATION DATA)	36	17	39	33	11	27.2	45	165.44%
1/19/2022	I21 Acute Myocardial Infarction	579	615	630	608	629	612.2	1,650	269.52%
1/19/2022	G43 Migraine	15,734	15,714	16,462	17,116	16,331	16271.4	73,490	451.65%
1/19/2022	Mild Cognitive	484	430	403	459	421	439.4	1,958	445.61%
1/19/2022	G35 to G37 Demyelinating Diseases of the CNS	785	737	690	677	648	707.4	3,444	486.85%
1/19/2022	G35 Multiple Sclerosis	479	391	367	400	385	404.4	2,750	680.02%
1/19/2022	G47.4 Narcolepsy and cataplexy	995	898	864	830	766	870.6	2,097	240.87%
1/19/2022	G30 to G32 Other degenerative diseases of the nervous system	560	500	461	536	489	509.2	2,054	403.38%
1/19/2022	C7A Malignant Neuroendocrine tumors	167	135	98	113	117	126	440	349.21%
1/19/2022	E28 Ovarian Dysfunction	862	936	908	945	1,022	934.6	4,086	437.19%
1/19/2022	I26 Pulmonary Embolism	678	701	668	716	968	746.2	3,489	467.57%
1/19/2022	G37.7 Acute Transverse myelitis in demyelinating disease of CNS	46	57	48	35	34	44	202	459.09%
1/19/2022	G45 Transient Cerebral Ischemic Attacks and related syndromes	509	453	491	485	467	481	894	185.86%
1/19/2022	I60 Nontraumatic subarachnoid hemorrhage	219	139	134	170	196	171.6	640	372.96%
1/19/2022	E00 to E07 Disorders of thyroid gland	8,078	7,694	7,357	7,289	6,893	7462.2	24,769	331.93%

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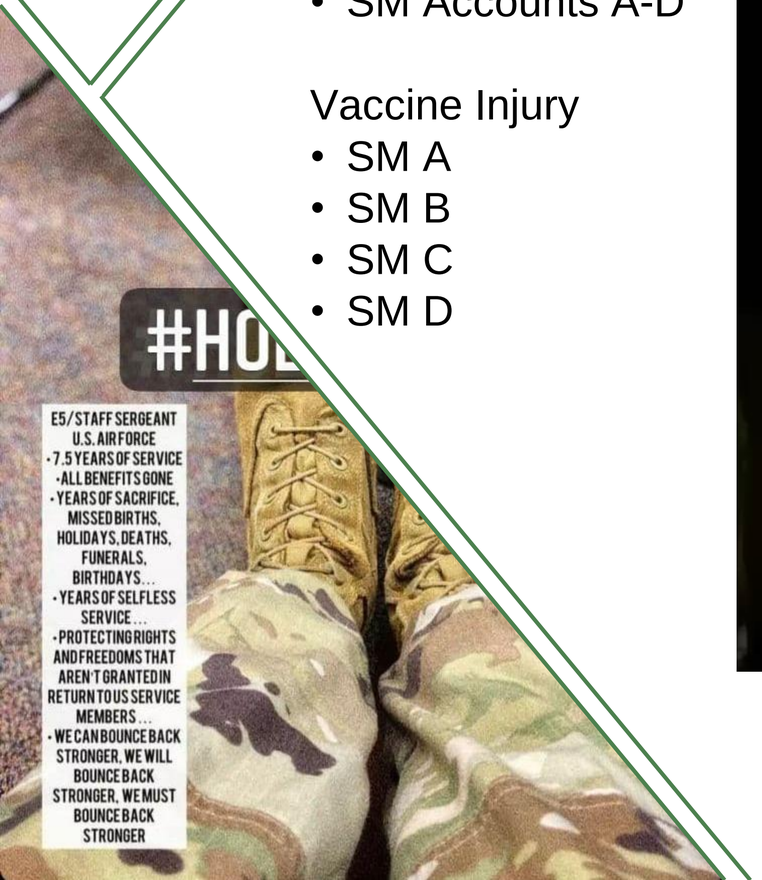
1. https://www.afhsc.mil/DMED

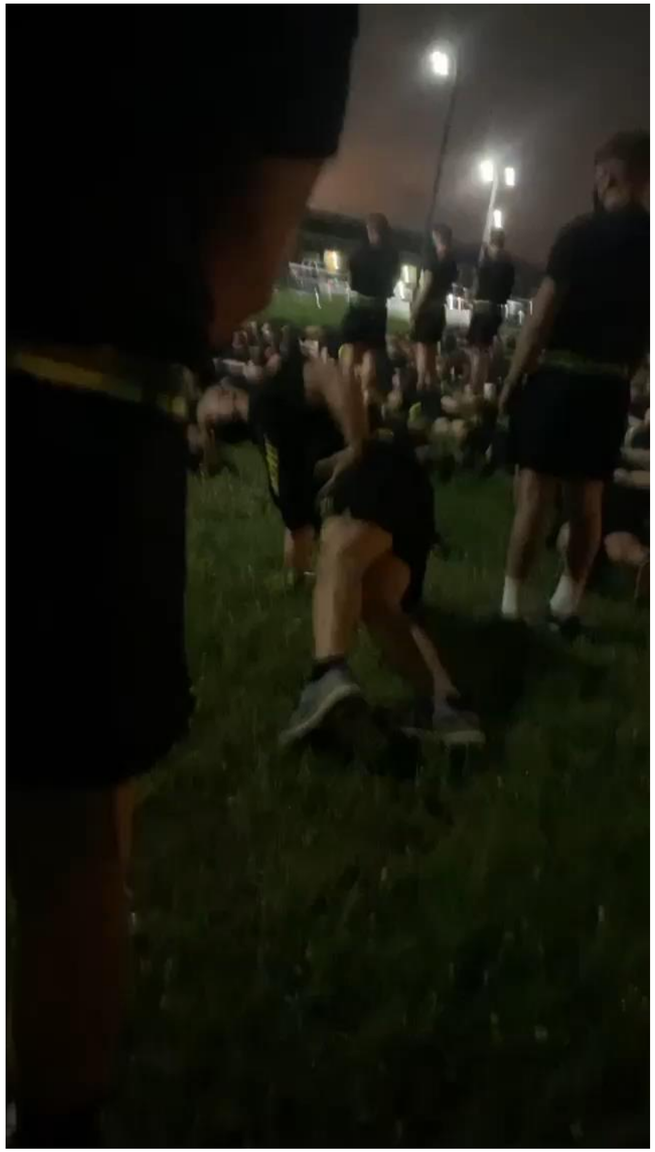
Coercion

Coercion
- The Old Guard
- SM Accounts A-D

Vaccine Injury
- SM A
- SM B
- SM C
- SM D



Coercion & Vaccination Injuries



Infantry Officer Basic Course – 9SEP21
Publicly calling out peoples vaccine status.

UNCLASSIFIED

Headquarters
FS/HAAF
Fort Stewart, GA
31314
02 September
2021

CHANGE 1 TO FRAGORD 112 (MANDATORY VACCINATION SUPPORT) TO 3RD INFANTRY DIVISION OPORD 20-34 (OPERATION MARNE HAMMER)

THIS SENIOR MISSION COMMANDER FSGA/HAAF DIRECTED FRAGORD HAS BEEN APPROVED FOR RELEASE BY LTC PEREZ-CRUZ, G3

during Coordination Back Brief (see Appendix 5: BDE Coordination Back Brief) 24 hrs. prior to arrival to enable efficient flow of personnel. See Appendix 10: Newman Gym By-Unit Timeline (TBP) & Appendix 11: Sabre Hall By-Unit Timeline (TBP). **Add.**

(i) (U) Upon Receipt of Order: DELETE ALL EXEMPTIONS for COVID-19 Immunizations in MEDPROS. No PERMANENT exemptions will be entered, pending further guidance from Corps. MT (Medical Temporary) Exemptions may be entered by BDE medical providers (PA, SURG) as clinically indicated IAW manufacturer's contraindications "Do not administer Pfizer-BioNTech COVID-19 Vaccine to individuals with known history of a severe allergic reaction (e.g., anaphylaxis) to any component of the Pfizer-BioNTech COVID-19 Vaccine" (hyperlink: Comirnaty (COVID-19 Vaccine, mRNA) Adverse Reactions (Pfizer-BioNTech COVID-19 Vaccine) | Pfizer Medical Information - US). **Add.**

(j) (U) Provide one leader per BDE with CMD Authority to counsel declinations as per Appendix 7:

3rd Infantry Division Order
Specifying deletion of Soldier
medical records

Back to Timeline

Ask yourself:

- *What underlying policies have been disseminated that gave Commanders the idea that calling out personal health information (PHI) was acceptable?*
- *What could lead to personnel being force vaccinated when legitimate medical records are being deleted?*

SECDEF Conflict of interest

Lloyd Austin has violated multiple federal laws by not divesting his stock interests in multiple companies and breaking his ethics agreement.

The penalties for these crimes can include up to 5 years in prison as well as $50,000 fine for each incident or forfeiture of compensation which he received or offered for the prohibited conduct, whichever amount is greater.

Lloyd Austin's significant financial interests in Tenet Healthcare Corporation are a direct conflict of interest with his order for the total force to be vaccinated as Tenet Healthcare facilities service areas where SMs would get vaccinations on the civilian market as many have been ordered to do.

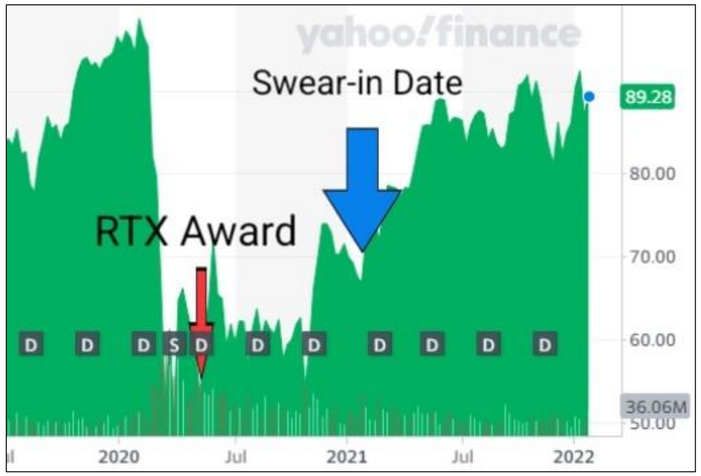
Violation includes 18 U.S. Code § 208 - Acts affecting a personal financial interest

Adobe Acrobat Document

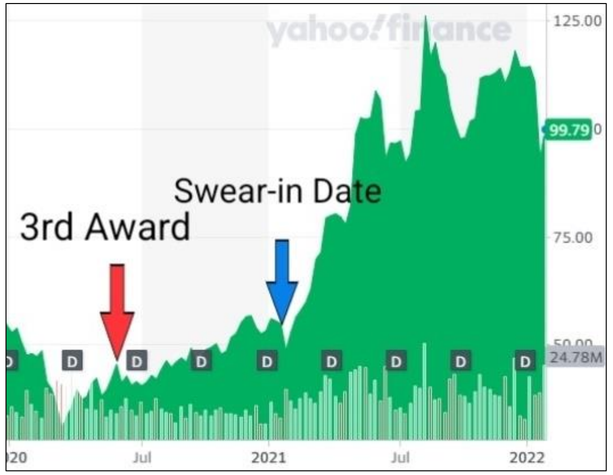
Ethics agreement, signed by Lloyd Austin on 8 JAN 2021

Lloyd Austin has no Form 4s showing promised divestment, which is a public announcement of insider stock transactions in a company. This is verified by link (4).

Stock Price of Tenet Healthcare since swearing in



Stock Price of Raytheon since swearing in



Stock Price of Nucor since swearing in

Total Value: $3,889,579.14

Profits since swearing-in: $1,264,842.61

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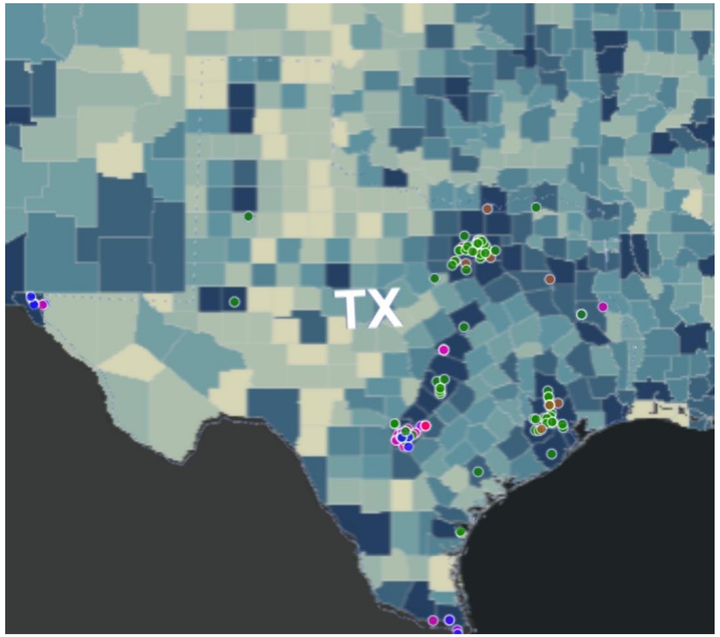
1. https://www.law.cornell.edu/uscode/text/18/208
2. https://www.law.cornell.edu/uscode/text/18/216
3. https://www.investor.gov/introduction-investing/general-resources/news-alerts/alerts-bulletins/investor-bulletins-69
4. https://www.sec.gov/cgi-bin/own-disp?action=getowner&CIK=0001680876

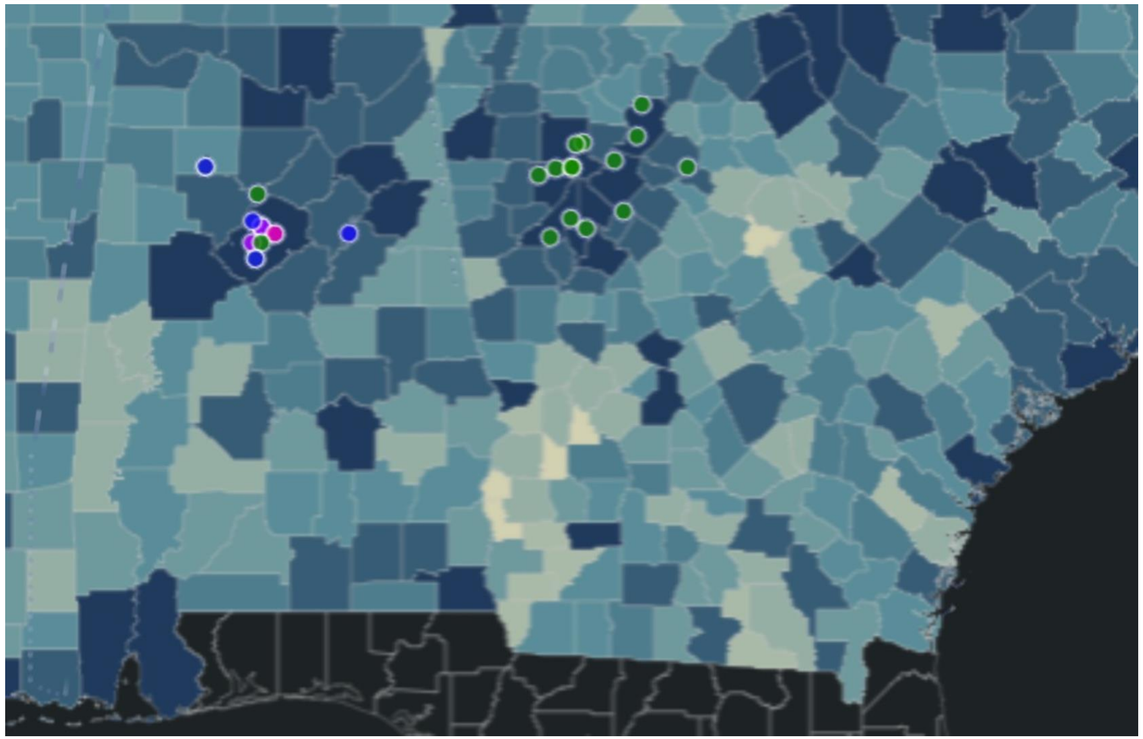
SECDEF Conflict of interest 2

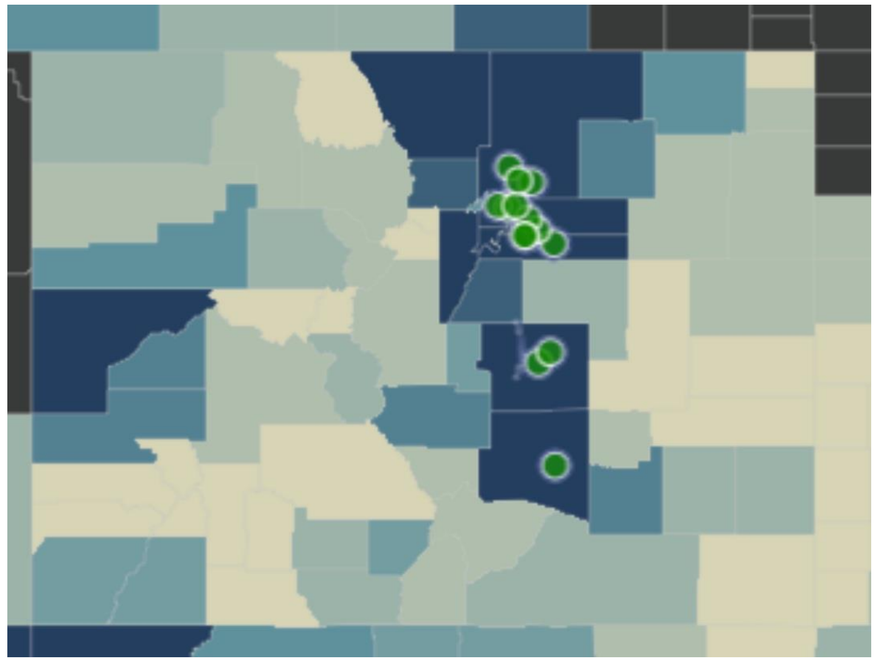


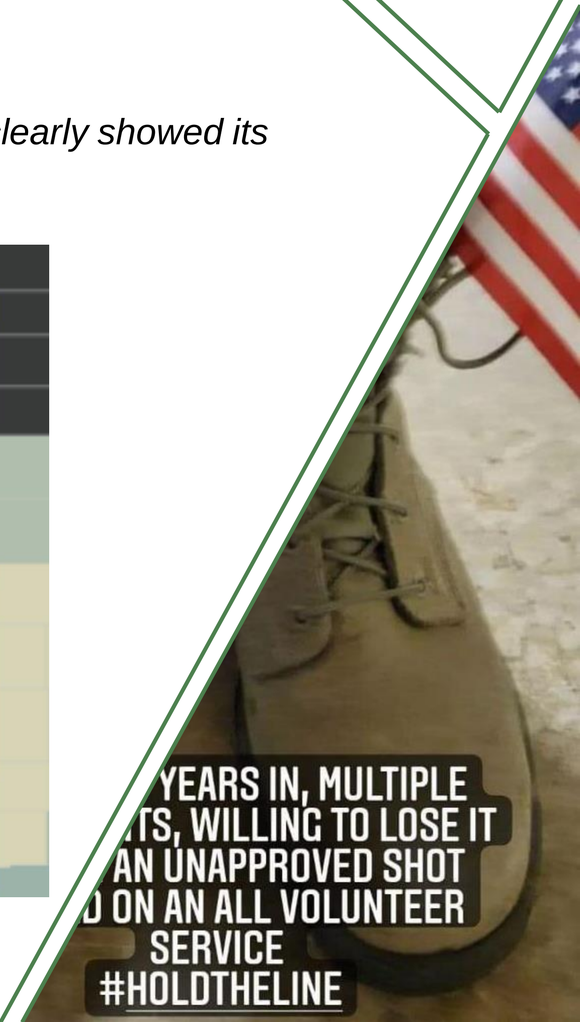
- These pictures show a correlation between Tenet Healthcare locations, by county, in relation to covid deaths in those counties. Darker shading denotes higher death counts.
- The treatments prescribed by Tenet healthcare facilities led to disproportionate amounts of death via ventilator use, usage of Remdesivir as the only available care option, and denial of alternative treatments that data showed to be effective, such as HCQ and Ivermectin.
- Secretary Austin directly benefited from directed treatments that led to these disproportionate deaths.

Ask yourself:

- ➢ *Why would Tenet Healthcare block the usage of treatments where data clearly showed its effectiveness, in favor of more expensive and lethal treatments?*







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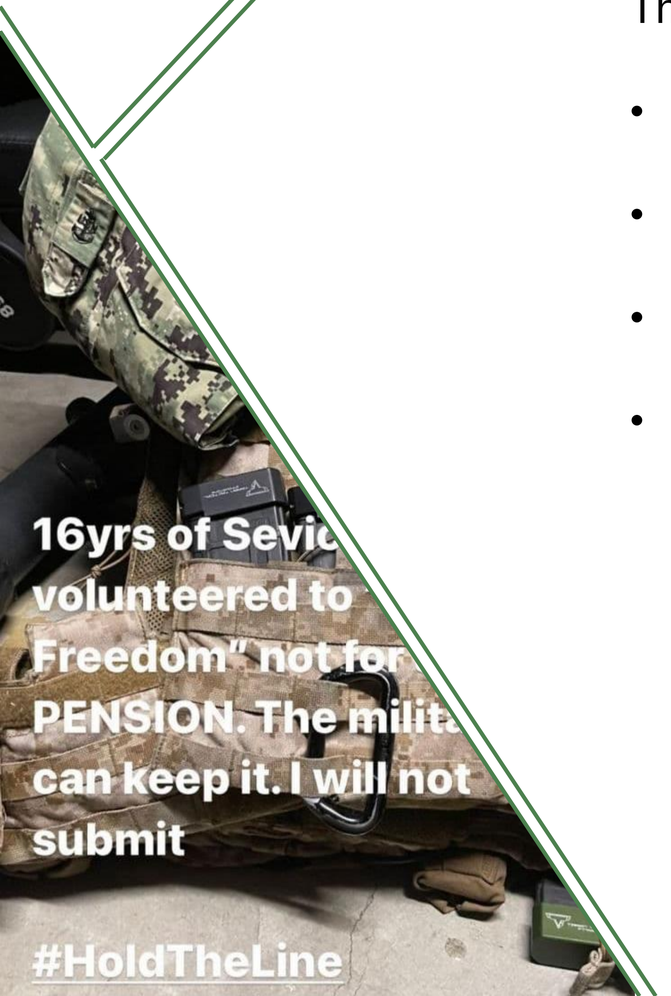
Conclusions

From the information provided, we can determine that these facts exist:

- There is no FDA-approved Comirnaty in stock
- There is no Comirnaty being produced
- DoD has knowingly violated the rights of servicemembers across ALL of the Services
- The mandate for DoD as presented is unlawful

Therefore, we must come to these conclusions:

- The mandate for servicemembers to receive a “fully approved” vaccine is flawed at best and must be immediately rescinded
- Servicemembers must be allowed to exercise their Constitutional rights to be exempt from receiving the vaccine based on religious grounds
- Terry Adirim has gone outside of the scope of her authority in issuing the memo directing healthcare professionals to treat EUA product as if it were fully authorized
- Lloyd Austin has violated the trust of the US military, while being guilty of breaking Federal law, as well as ethics commitments



On behalf of the American people, and military service members, we demand immediate investigations into the lack of transparency, and the flagrant disregard for the rule of law, by this Congressional body. Anything less further erodes and degrades the foundation of sacred trust that the American people place upon those who serve in the military.

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