

# COVID

CAO: 28 AUG 21

Each section corresponds with data contained in folders of same title

## 1. Pandemic information

- a. The origins of the virus, while hotly debated, are widely accepted as, and conclusively from China. Whether natural or manmade, China is the source. The included Unclassified [Intelligence Community report](#) indicates that COVID is not an engineered biological weapon.
- b. [Department of Health and Human Services \(HHS\) issued a determination of public health emergency](#) granting authority to FDA to issue Emergency Use Authorizations (EUA) for COVID vaccines. “Before an EUA may be issued, the Secretary of HHS must declare that circumstances exist justifying the authorization based on one of four determinations: (1) A determination by the Secretary of Homeland Security that there is a domestic emergency, or a significant potential for a domestic emergency, involving a heightened risk of attack with a, chemical, biological, radiological, or nuclear (“CBRN”) agent or agents; (2) the identification of a material threat by the Secretary of Homeland Security pursuant to section 319F–2 of the Public Health Service (PHS) Act 1 sufficient to affect national security or the health and security of United States citizens living abroad; (3) a determination by the Secretary of Defense that there is a military emergency, or a significant potential for a military emergency, involving a heightened risk to United States military forces, including personnel operating under the authority of title 10 or title 50, of attack with (i) a biological, chemical, radiological, or nuclear agent or agents; or (ii) an agent or agents that may cause, or are otherwise associated with, an imminently life-threatening and specific risk to United States military forces; or (4) a determination by the Secretary that there is a public health emergency, or a significant potential for a public health emergency, that affects, or has a significant potential to affect, national security or the health and security of United States citizens living abroad, and that involves a CBRN agent or agents, or a disease or condition that may be attributable to such agent or agents.<sup>2</sup> Based on any of these four determinations, the Secretary of HHS may then declare that circumstances exist that justify the EUA, at which point the FDA Commissioner may issue an EUA if the criteria for issuance of an authorization under section 564 of the FD&C Act are met.”
- c. None of the above four conditions are met to justify the issuance of EUAs.
- d. The risk to armed forces military members is very low. [The statistics for the entire Air and Space force](#) for the entire duration of the pandemic show one death caused by COVID as of 24 AUG 21.
- e. Mental health concerns remain broadly unacknowledged by leadership, or at least that is the perception by the majority. There appears to be no evidence of a fact-based risk analysis in implementing COVID policy and restrictions. A FOIA request has been submitted to determine if this is the case.

## 2. Vaccine Safety

- a. Evidence, studies, and reports exist to demonstrate a greater risk to force from mandatory vaccinations.
- b. [VAERS reporting](#), vaccine manufacturer studies, and independent studies indicate that the risk of myocarditis and pericarditis from vaccination are highest in males aged 12-29. These risks have not been evaluated long term as a condition of FDA approval and rely on manufacturer integrity to produce long term statistics.
- c. [Most military service members are male aged 17-29](#).
- d. The FDA approval of the Pfizer vaccine came without appropriate advisory committee discussion. [“We did not refer your application to the Vaccines and Related Biological Products Advisory Committee because our review of information submitted in your BLA, including the clinical study design and trial results, did not raise concerns or controversial issues that would have benefited from an advisory committee discussion.”](#)
- e. The “full FDA approval” did not immediately void all other Emergency Use Authorizations for vaccines currently administered. Why?
- f. [Vaccine manufacturers eliminated their control groups by vaccination](#)
- g. There has been no study or investigation on the following effects of the vaccines to name a few.
  - i. Alzheimer’s
  - ii. Cancer
  - iii. kidney disease
  - iv. microvascular injuries
  - v. reproductive system damage or sterility
  - vi. liver disease
  - vii. ALS
  - viii. Auto immune disorders
  - ix. Migraines
  - x. Arthritis
- h. [Evidence, studies, and reports](#) exist indicating that COVID vaccines do not prevent contracting or transmitting the virus. This means they do not meet [CDC’s own definitions](#) as vaccines.

### Definition of Terms

**Immunity:** Protection from an infectious disease. If you are immune to a disease, you can be exposed to it without becoming infected.

**Vaccine:** A product that stimulates a person’s immune system to produce immunity to a specific disease, protecting the person from that disease. Vaccines are usually administered through needle injections, but can also be administered by mouth or sprayed into the nose.

**Vaccination:** The act of introducing a vaccine into the body to produce immunity to a specific disease.

**Immunization:** A process by which a person becomes protected against a disease through vaccination. This term is often used interchangeably with vaccination or inoculation.

- i. [Evidence, studies, and data](#) indicate a direct correlation between the [increase in vaccinations and increase in cases of COVID](#), particularly in the vaccinated

or recently vaccinated which the CDC does not count as vaccinated until two weeks after the second dose. More granularity of data is required to make a conclusive determination, but that data does not exist because the [CDC stopped collecting and reporting data on cases of COVID in vaccinated individuals in April 2021](#).

- j. Because the CDC does not collect or publish data on cases of COVID in vaccinated individuals (“breakthrough cases”) any claim they make that the majority of new COVID cases are in the unvaccinated is unsupported by data.
- k. [Evidence, studies, and reports](#) exist indicating that those never infected but fully vaccinated are at higher risk of severe complications and negative effects of COVID.
- l. [Evidence and reports exist](#) that the VAERS reporting safety indicators would not be triggered by ineptitude or design by utilizing a mathematical formula that is self-defeating.
- m. [Lawsuits are currently filed against mandatory COVID vaccination in the military citing natural immunity](#).

### 3. [Natural Immunity](#)

- a. [Evidence, studies, and reports](#) exist to indicate a [strong, broad, and durable immunity](#) to COVID from previous infection.
- b. Per [AFI41-110](#) medical exemptions should be granted under section “(b) Evidence of immunity based on serologic tests, documented infection, or similar circumstances.” **The DoD vaccine mandate runs counter to this guidance, or the mandate is being [misinterpreted](#) by local leadership as a requirement despite previous infection or similar circumstances.**

### 4. [Alternative Treatments](#)

- a. [Evidence, studies, and reports](#) exist to indicate an array of alternative treatments for COVID, as a prophylaxis and as a treatment.
  - i. [Monoclonal Antibody treatment](#)
  - ii. [Ivermectin](#)
  - iii. [Calcifidiol](#)
  - iv. [Hydroxychloroquine](#)
  - v. [Vitamin D](#)
  - vi. [Healthy physically fit lifestyle](#) (Cancelling PT requirements and testing is a greater risk to force than COVID based on data)
- b. The belief that the only way to avoid the risks of COVID is widespread vaccination is not based on evidence or research. A risk-based treatment approach would be more beneficial.

### 5. [Asymptomatic spread](#)

- a. [Evidence, studies, and reports](#) exist to indicate very low incidence of asymptomatic spread.
- b. Individuals not exhibiting symptoms should not be subject to unnecessary, oppressive, and harassing policies that have and will be used as a punishment to obtain desired results.

- c. If the vaccine does not prevent transmission of COVID but does reduce or eliminate the symptoms of COVID you may have **vaccine induced asymptomatic spread**. [Evidence exists to suggest](#) this is not only a possibility but likely.

## 6. [Masks](#)

- a. [Overwhelming evidence, studies, and reports](#) indicates that masks are not only ineffective in stopping the spread of COVID, but they are harmful to the physical and mental health of the individual and those around them. [Masking presents its own set of issues and risks](#) which cannot be discounted.
  - i. Cloth masks become easily saturated with moisture rendering them ineffective as a filtering agent
  - ii. Cloth masks are often not washed properly or regularly, presenting themselves as a vector for bacterial and viral infection. This is especially true when donned, doffed, and adjusted frequently, placed in pockets, on tables, in hats, dropped on the floor/ground, etc.
  - iii. [Masks guidance](#) has been used in a discriminatory manner against those with previous infection but not vaccinated and violates HIPAA as an outward indication of medical status that is protected information.
- b. [79 Studies and Randomized Clinical Trials \(RCT\) support the ineffectiveness and harms of masks](#).
- c. Even the most convincing and pro mask advocacy research that can be found indicates there are not any RCTs (considered the gold standard in research) that have been conducted that support wearing masks as a virus control measure. **“Therefore, we should not be surprised to find that there is no RCT for the impact of masks on community transmission of any respiratory infection in a pandemic” - [An evidence review of face masks against COVID-19](#).....except there are and none of them support masking.**

## 7. [PCR Testing](#)

- a. [Polymerase Chain Reaction \(PCR\)](#) testing is widely used to determine if someone is infected with COVID or not. As explained below this practice should be discontinued.
- b. An important variable in the PCR testing process is [Cycle Thresholds \(CT\)](#). Certain CTs can be set to determine if the presence of a primer is detected indicating the presence of a targeted DNA. Each cycle theoretically increases the DNA sample exponentially. 25-35 cycles is sufficient for results. **“if the fidelity of the reaction is crucial, one should limit both template DNA quantities as well as the number of PCR cycles” -[Laboratory for Environmental Pathogens Research Department of Environmental Sciences University of Toledo Polymerase Chain Reaction \(PCR\)](#)**
- c. [Evidence exists](#) to indicate that any PCR test with a CT above 40 is an unreliable and inconclusive test. Typically results in a “false positive”

- d. [Evidence exists](#) that any PCR test with a CT below 25 is an unreliable and inconclusive test. Typically results in a “false negative”
- e. CT values are not typically provided with PCR test results which means the results have the potential to be misinterpreted.
- f. In [FOIA requests](#) it has been revealed that many PCR tests are run with CTs at or exceeding 40 cycles. This increases the likelihood of interpretation of results as positive for infection though this may not be the case.
- g. [T-Cell detection testing](#) is a much more conclusive method of determining current or previous infections along with presentation of symptoms. Specific and reliable testing should be used in risk-based treatment approach.

## 8. [Lockdowns](#)

- a. Lockdowns and quarantines should be used as a last resort and only in the event of an extremely deadly and infectious disease for which there is no treatment or cure, or evidence does not exist to contraindicate the use of lockdowns or quarantines.
- b. [Sufficient evidence exists](#) to indicate that widespread and universal lockdowns are not warranted in the case of COVID. The detrimental impacts to society are not justified based on the known risks. Furthermore, [early reporting](#) that instilled fear into the populace depicting people dropping dead or seriously ill in the streets, overflowing hospitals, and morgues have been widely proven to be falsely represented and exaggerated for [television ratings](#). We know the illness does not manifest itself in any such manner.
- c. The risks posed by [disrupting supply chains](#) and induced [food supply shortages](#) are far greater than the risks posed by contracting COVID based on data.

## 9. [Variants](#)

- a. [Evidence and data](#) suggest that variants are not caused by nor exacerbated by the unvaccinated population.
- b. [Evidence, studies, and data](#) suggest the possibility of [Antibody Dependent Enhancement \(ADE\)](#) in the vaccinated population.
  - i. ADE is the enhancement of disease severity in an infected person or animal when an antibody against a pathogen—whether acquired by an earlier infection, vaccination or passive transfer—worsens its virulence by a mechanism that is shown to be antibody-dependent
  - ii. Vaccine enhancement of disease: Enhancement of disease severity in an infected person or animal that had been vaccinated against the pathogen compared to unvaccinated controls. This results from deleterious T cell responses or ADE of disease and is usually difficult to link to one or the other. Neither ADE of disease nor vaccine enhancement of disease have established, objective clinical signs or

biomarkers that can be used to distinguish these events from severe disease caused by the pathogen.

## 10. Suicide Rates

- a. Suicides in the military have been increasing for the last two years. A significant [increase beginning in Q4 of 2019](#) that is being nearly matched or exceeded by every quarter since.
- b. While the Air Force specifically is doing better than since 2015 the number of lives lost to suicide is greater than lives lost to COVID, this is especially obvious when [comparing total force numbers](#). There is no doubt in my mind that a significant portion of suicides had COVID related issues as a significant stressor.
- c. The duration and severity of actual or perceived violations of personal liberties and privacy only serve to exacerbate the issue leading to increased feelings of hopelessness with no end in sight. End this madness.

## 11. Manufacturer and FDA Record

- a. [Two of the Three manufacturers](#) of COVID vaccines have previously been sued for products they brought to market with the knowledge that the products would result in injury and death.
  - i. [FDA](#) has [recalled](#) numerous [drugs](#) that it had approved based on long term data from widespread public use.
    1. The FDA relies greatly on observant doctors and other healthcare providers to report adverse effects with drugs, biologics, and medical devices. [Incentive exists](#) to make this process vulnerable to underreporting and corruption.
    2. The recent FDA “approval” of the Pfizer vaccine to be named Comirnaty is not widely available or in production in the US. There is some legal debate about the [FDA pulling a “bait and switch”](#) to trick people into voluntarily getting a vaccine believing it to be legally mandatory.
  - ii. [Moderna](#) has never successfully brought a vaccine to market before
  - iii. [Johnson & Johnson](#) has never successfully brought a vaccine to market before
    1. \$70 million USD penalty for bribery in multiple countries
    2. Billions in payouts for fraud, false claims, and destruction of evidence
    3. Carcinogens found in multiple baby products with evidence to suggest knowledge of the carcinogens in the products and not initiating a recall
  - iv. [Pfizer](#) has made the [largest payout in US history of \\$2.3 billion USD](#) for health care fraud
    1. Numerous product safety issues

2. Price Fixing and false statements with FTC and US patent office
3. Advertising and marketing controversies
4. Bribery and improper payments
5. EPA violations
6. Human Rights violations
7. Labor law and worker safety violations
8. Tax evasion