

Examples of Vaccine Injury within the DoD

These anecdotal stories, currently totaling well over eighty cases, were collected through grassroots effort of a pool of only 500 service members; most of whom are pilots and officers across all branches of the DoD. This is a supplemental summary to the Congressional Vaccine Injury Report previously provided to give credibility to all cases cited here within. These are separated into tiers of verification.

Tier 1: Service Member provided either testimony, medical documentation, diagnosis, or combination of all and verified by the author.

“I was injured, here is documentation to prove it.”

Tier 2: Close or first person contact with the service member through testimony. Internal documents from a monitoring database provided under Whistleblower Protection. Each verified by the author.

“I (or someone I supervise) was injured; here is a summary of the event.”

Tier 3: Anecdotal stories provided by reliable sources (first hand knowledge) provided directly to author by the reliable source.

“My squadron mate was injured”

Tier 4: Anecdotal stories with more than 1 degree of separation from reliable sources but not yet verified by the author or entered anonymously into a database tracker.

“My squadron mate’s roommate from the Academy was injured”

Tier 1 Reports

Case 1_01: USAF A-10 Instructor Pilot. Major (O-4), mid 30s yr old male. Hospitalized 12 hours after vaccination. Diagnosed with pericarditis and anaphylaxis. Removed from flight status for six months; thus negatively impacting unit mission readiness. Lingering symptoms prevent ability to attain FAA Class 1 medical without waiver. VAERS case # 1797985.

“I have never felt so abandoned by the military. I have been forced to take something that brought me close to death. I was mocked, discredited, and unsupported. My family was burdened by my inability to be there for them for weeks while being burdened by out of pocket medical expenses. My squadron was hurt by losing a full time instructor for over six months with no end in sight. We have lost faithful brothers and sisters who refused to take these risks. Our squadron morale was ripped to shreds. All these things were completely unnecessary. We are truly less ready on multiple levels.”

Case 1_02: USMC Infantry Officer, Captain (O-3), 28yr male. Diagnosed with pericarditis. He is currently seeking medical exemption at the recommendation of a civilian cardiologist after hospitalization. His command denied this request despite not being seen in person by military medical personnel but this Marine is appealing to the command and awaiting that decision. Months later, while performing warm ups for PT, he is sent back to the ER with heart attack like symptoms and shortness of breath. He was further diagnosed with costochondritis.

“I joined the Marine Corps out of deep pride and patriotism for my country...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.”

Case 1_03: USN, Captain (O-6) Unit Commander, mid 40s aged male. Developed autoimmune disorder and hospitalized 72 hours after vaccination. As a commander, it triggered an official SITREP of injury which was sent to Navy Command Headquarters highlighting his vaccine injury. The SITREP stated the command anticipated no media coverage. Under his command, he has “several” other fellow vaccine injured service members to include heart attacks. The Captain also relayed that there is one death of an otherwise healthy sailor in his command post vaccination with the cause awaiting the coroner report. The Captain wishes to remain anonymous for fear of reprisal and losing his command.

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

Case 1_04: USN, Helo Pilot, CDR (O-5), 41yr male, cardiac and respiratory issues such as shortness of breath, chest pains, blurred vision, faintness, and heart palpitations. Diagnosis from physician is likely myocarditis. Member was grounded by his flight doctor but despite his acute injury post vaccination, the military medical personnel refused to put his adverse reaction into VAERS.

“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 vaccination while not alienating service members who have otherwise devoted their lives to serving our great nation.”

Case 1_05: USAF, Instructor Pilot, Major (O-4), 40yr male, Diagnosed with “paresthesia and dizziness due to adverse effect of COVID-19 injection” along with other lingering neurological issues. The lingering and unresolved issues resulted in grounding from flight status pending full diagnosis and a waiver process...likely to take months, if not years.

“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.”

Case 1_06: USAF, 29 year male, Fighter Pilot selectee (hired by a guard unit to fly fighter aircraft). Professional sponsored athlete. Chronic fatigue, neurological episodes, dizzy spells, brain fog and memory lapses. Unable to walk up a flight of stairs despite his fitness

level as a professional athlete. Diagnosed with “Long Haulers Syndrome” yet has never contracted COVID as of his initial report. He is now unable to attend pilot training; losing his dream shot to fly fighters. Air Force is performing a “Line of Duty” determination which will determine if his injuries are duty related and thus covering his medical expenses.

“My old self has died, and I cannot get him back. 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 even walk up an incline without being fatigued. This was my dream. That dream was taken from me.”

Case 1_07: USAF major, 32 year male, active athlete in excellent health. Applied for and approved for separation from the Air Force prior to the DoD’s order to vaccinate. Request to waive this requirement to vaccinate due to approved separation date was denied by the Air Combat Command (ACC) Commander and threatened with disciplinary action for failure to comply. He reluctantly vaccinated, and by the following week, was hospitalized and diagnosed with pericarditis. Follow up appointments with Air Force medical were dismissive despite deteriorating conditions such as bilateral tinnitus, tingling and numbness in extremities, and lingering neurological abnormalities.

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

Case 1_08: USAF, 31 year male, Lieutenant. Flight Crew member and on status with the nuclear triad. Developed severe gastrointestinal disorder and subcutaneous hemorrhaging within a week of vaccination. Grounded from flight status and sent for colonoscopy to check for blockage and cancer screening (both negative). Shortly after, sent to emergency room in extreme pain with internal and external hemorrhoids and blood clots. Callously told by a medical personnel that, “if the first shot didn’t kill you, to get the second one.” Member is still grounded and recovering.

“I remain grounded from flight status until my health issues resolve and, in the mean time, I am unable to contribute to the mission of the United States Air Force. The Department of Defense’s position is that these vaccines are for the readiness of our armed forces. I can personally attest to the members of Congress that these vaccines are having the OPPOSITE effect on our military’s readiness. Whether due to the large numbers of our fellow service members that are facing discharge for seeking religious accommodations or through the direct negative health consequences as I experienced, Congress must reevaluate if these mandates are having the desired outcomes they seek.”

Case 1_09: USAF Reservist. Female in her 30’s. Discouraged by her commander to seek a religious accommodation for the negative affect it will have on her career and told “not being vaccinated is not conducive to military service.” 72 hours after vaccination, she developed visual distortions and vertigo. Sent to the ER and initially diagnosed with Vertical Nystagmus which drove a requirement for a CT scan. The CT scan revealed she suffered from **FOUR different strokes**; three in her occipital lobe, and the other in her brain stem. Continual occupational therapy is not showing signs of improvement and she is facing medical discharge from the military.

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

Case 1_10: US Army Sergeant, 56 years of age with a prior clean bill of health. After vaccination, a slow downward spiral in his health condition cumulating in chronic fatigue, severe migraines, dizziness, shortness of breath, and a blood infection which is normally fended off with a properly functioning immune system. Member still suffers from severe paralyzing pain, had a pulmonary embolism, and a perforated mitral valve from endocarditis. These injuries are what is captured by the Defense Medical Epidemiology Database (DMED) which acts as the canary in the coal mine. DMED captures an “all cases” increase beginning after mass vaccinations as reported in DMED and match the side affects of vaccination per the FOIA requested released internal Pfizer documents.

“I continue my recovery at home learning to walk again and with my ever patient wife administering daily antibiotic infusions for more than eight weeks.”

Case 1_11: USAF Instructor Pilot, Major. Within 3 hours of vaccination, developed unbearable migraines lasting several weeks. Doctors unable to diagnose after multiple MRIs and CT scans. Neurologist prescribed six nerve blocking shots and two lumbar punctures to no avail. Member is currently grounded from flight status.

“As a pilot in the Air Force, my now 18 year career is in jeopardy all because of the side effect of this vaccine. I’m looking for someone who’s willing to fight with me so [my career] is not all a loss.”

Case 1_12: USAF Non Commissioned Officer, female in her 30’s. Sent to emergency room post vaccination and diagnosed with Guillian-Barre syndrome and partial paralysis of her face.

“I’m in tears everyday...no one is fighting for us. Will someone please fight for us! This is not what I signed up for in the military.”

Case 1_13: USMC Officer, 1st Lieutenant, Male, Mid 20’s. After receiving his Religious Accommodation denial letter, elected to receive his first shot in October. After this shot, he had a significant decrease in physical stamina with chest pain. Symptoms worsened after second shot in November along with the development of purpura on his legs. The Navy Doctor was “not concerned.” In February of this year, the 1Lt reports that his wife has difficulty waking him in the morning along with dizzy spells. Additionally, his body temperature changed from ‘generally warm to consistently cold.’ A heart rate monitor showed his resting heart rate was at 28bpm. Only then did the Navy Doc refer him to a cardiologist where he was diagnosed with “Bradycardia caused by myocarditis from the vaccine” and is seeking further treatment with blood thinners to decrease the risk of thrombosis.

Case 1_14: USAF Maj F-35 Instructor Pilot, male in his 30’s. Nearly lost consciousness after 2nd dose of Modern with convulsions over his whole body lasting 24 hours. Pounding chest pains in the hours after vaccination. On going chronic bilateral tinnitus. No diagnosis yet for fear of losing his flight status.

Case 1_15: USAF Maj, Instructor Pilot, Male in his 30's. Several months after vaccination, developed Meniere's disease and is being Medically retired from Active Duty. Unable to hold an FAA Class 1 Medical.

"This military vaccine mandate not only ruined my Air Force career, it ruined my ability to become an Airline pilot. My professional career as a pilot is over...I'm just not sure what I'll do now for income or how I will take care of my family."

Case 1_16: US Navy Diver, Active Duty, male in his 30s. Suffering from "significant adverse reactions following vaccination" to include tinnitus and mental fog that progressed into multiple seizure events. This highly trained navy diver is now being evaluated before a medical discharge board to determine if he can remain in the military or be medically discharged.

Case 1_17: USAF, Male in his 40's. After the first dosage of the COVID-19 vaccine, he experienced migraines with a significant increase in his blood pressure and heart rate. After his second dosage, he developed neurological issues, excruciating headaches, and tingling in extremities. Exams by physicians determined he suffered from two separate brain aneurysms which required surgery to repair. Member still suffered from on going neurological issues such as short term memory loss and brain fog. A Line of Duty was issued after a diagnosis contributed to the two shot series he received.

Tier 2 Reports

Case 2_01: USAF Fighter Pilot, Captain (O-3). 29 year old male suffering from pericarditis, grounded for over 3 months after vaccination. Elected not to go on the record for fear of adverse action against his career and flight status.

"I just spoke with the Area Defense Council (ADC) about [whistle blowing] and I am definitely a little uneasy...I'm gonna need to think about it and talk with my commander."

Case 2_03: USAF Airman, 26 year old female. Sent to ER with chest pain post vaccination and diagnosed with adverse reaction to vaccine and likely myocarditis or pericarditis. Medical note from her doctor provided to her command.

Case 2_02: US Army Warrant Officer, AH-64 Helo pilot. Athletic in peak physical fitness but now unable to climb stairs without becoming easily winded.

"No one should have this forced into their bodies. I was a college athlete. Ran 2 miles everyday; I have a hard time walking [the same distance] now."

Case 2_04: USMC whistle bower provided hospitalization tracker from MAG-14. Lists several hospitalizations from potential adverse effects from COVID-19 vaccinations and other possible injuries after recent vaccination. Included Air Force Safety Automated System (AFSAS) sister service cross reference and USMC Ground Flash Reports with references to chest pains, cardiac issues, Guillian-Barre, Bell's Palsy, elevated liver enzymes (See also Case 2_07), and other possible adverse reactions to vaccination. See insert under "USMC Tracker Annex."

“Medical Clinic personnel reported to me a significant increase in heart related issues, shortness of breath, Bell’s palsy, and other conditions not normally seen...These are not being reported to VAERS, or being tracked or monitored in any capacity per my source within the clinic. The medical staff here will [go through great lengths] to find any possible explanation to avoid associating them with the vaccine.”

Case 2_05: Military female in her 30s. Avid runner. Post vaccination, unable to compete at previous levels. Abnormal menstrual cycles.

“As a female, not only did it totally screw up my menstrual cycle causing me to have it three times a month while on birth control; it has also affected my breathing and as a runner trying to get back on the track has been a challenge!”

Case 2_06: USAF, 20 year old male assigned to AETC. Within 2.5 months of vaccination, developed stage 2 testicular cancer.

“At not even 21 years old, I was diagnosed with stage 2A testicular cancer. Something I had no symptoms of before the vaccination, a vaccine I was forced to take. Not only did I suffer, but my family suffered as well from dropping thousands of dollars to support me. This is something nobody should endure at such a young age.”

Case 2_07: USAF, 45 year old male. F-16 / T-38 Instructor Pilot. Field grade officer. Post vaccination, developed mild chest pains and irregular heart beats, tingling in extremities, fatigue, and brain fog. After persistence with dismissive military medical doctors; he finally found a doctor that ran several tests and determined he had elevated AST and ALT liver enzymes.

Case 2_08: USAF F-16 pilot, Guardsman. 48 year old male on layover with his civilian employer, a major U.S. airline. Found dead from a massive heart attack in his hotel room within eight days of vaccination. Information provided by a former flight surgeon with knowledge of the situation.

Case 2_09: USAF Officer, male. Against his better judgement, vaccinated in September and shortly after developed shortness of breath and chest pains. Diagnosed with “subclinical myocarditis/pericarditis.” Currently seeking medical exemption from further injections but so far, the command is “not amicable.”

Case 2_10: Military aircrew, male. Grounded for over 5 months with pericarditis. Ordered to vaccinate despite natural immunity. Within 72 hours of vaccination, sent to the ER with chest pains and heart attack symptoms. Despite ER diagnosis, military flight doctor informed the service member that, “he was fine and the pain was normal. The military doctor ensured [him] that the shot was the safest vaccine and that it was needed for his own health and safety.” After seeking a second opinion, the service member was diagnosed by a separate military cardiologist with viral pericarditis.

“I have been unable to live a normal life; and unable to perform normal flight duties for the past 5 months.”

Case 2_11: USAF Cadet, 20 year old male. Developed extreme heart and chest pain and sent

to emergency room. “Likely a myocarditis diagnosis,” but ROTC commander has not followed up with cadet as they have subsequently dropped out of ROTC for “health reasons.”

“My heart breaks for these cadets...they question entering military service now.”

Case 2_12: USAF ROTC Cadet, 19 year old male. Post vaccination, cadet sent to medical after grasping his chest in pain and nausea during light physical activity.

Case 2_13: USAF ROTC Cadet, 19 year old female. Post vaccination, sent to ER within 48 hours due to excessive pain all over her body. Reported by her commander as wearing lidocaine patches all over her body to control the pain.

Case 2_14: USAF ROTC Cadet, 23 year old male. Numerous visits to the doctor with “random pain in the left side of his chest that radiates through his back and armpit.”

Case 2_15: USAF ROTC Cadet, Senior year, male. Cardiac arrest. Report provided by the wife who’s husband is the Commanding Officer of the ROTC unit and whom sent a SITREP through his chain of command about the incident.

Case 2_16: US Army SFC, Male. Within days of his first injection, he developed chest pains and shortness of breath. After his second injection, the symptoms worsened.

Case 2_17: US Army E-4, 30 year old male. [a summary of messages] After receiving his second vaccination, during a battalion run, began to feel pressure in his chest, numbness on his left side, and then collapsed due to an apparent heart attack. Military doctors told him he was fine, to just monitor, and if it occurs again, to go to the ER. He was referred to civilian doctors off post who said it was vaccine related because the vaccine can cause inflammation.

Case 2_18: US Navy Special Operations Independent Duty Course (SOIDC) Hospital Corpsman First Class (E-6), 33 year old male. Within 90 days of vaccination, two episodes of syncope separated three weeks apart during formation run. Member currently has an elevated resting heart rate of 110-120 BPM with occasional racing and fluttering heart beat and shortness of breath. Approximately 120 days after second dosage, member experienced shingles on left side of face and head and partially lost vision in his left eye for 3 weeks. Vision returned to 20/50 in left eye despite his normal vision being 20/20 prior to vaccination.

“It felt as though I was [dismissed] at Naval Hospital Camp Pendleton by both the ER and cardiology. A tentative diagnosis of “vasovagal syncope” was made, with the only treatment as “well, hopefully it won’t happen again.” I had finished a rigorous training pipeline and competed two SOCOM deployments with zero medical issues until [I was vaccinated]. The lack of answers to my problems is the most frustrating thing, as it is a constant worry when I PT that it could happen again at any time.

Case 2_19: Army Green Beret candidate, upper 20’s male, Hospitalized with chest pains, Awaiting diagnosis. Member is currently on medical hold 10 weeks from completing the Green Beret pipeline with cardiac issues that medical cannot figure out. Unable to perform moderate exercise without debilitating chest pains on his left side.

Case 2_20: USAF enlisted male, in his 20’s. Elevated heart rate, shortness of breath, and chest pain; sent to ER. Currently undergoing evaluation for myocarditis.

Case 2_21: USAF F-22 Instructor Pilot, male in mid 30's. Abnormal EKG post vaccination with heart palpitations. Over the following months, his symptoms progressed into significant chest pains and eventually diagnosed with myocarditis. Previous COVID infection but symptoms triggered shortly after vaccination. VAERS report filed. Grounded pending recovery.

"I have engaged my leadership. [They] are collecting notional data and engaging with higher headquarters. Additionally, they also want to engage with Congress regarding COVID vaccine not being covered under vaccine injury law."

Case 2_22: US Naval Special Warfare Medical Corpsman. Firsthand knowledge of several injuries from the vaccine in his command and is providing a signed affidavit attesting to these claims. They include a young marine that developed rapid onset testicular cancer, another that is now completely blind due to optic neuritis, several incidences of peripheral vision loss, tinnitus, mental fog, syncope, seizures, cardiovascular distress, shingles, abnormal dysmenorrhea, nose bleeds, lymphadenopathy, and other severe myopathies. Additionally, he attests to at least one case of death from cerebral thrombosis within hours of vaccination but the member's cause of death was being attributed to a previously existing condition of Guillain Barre syndrome.

Tier 3 Reports

Case 3_01: US Army Medical Doctor, Neurosurgeon, Lt Col, Male. Developed shortness of breath after vaccination and admitted himself to the ER. ER found a massive blood clot in his lungs and performed an emergency surgery. Unknown prognosis.

Case 3_02: USAF Senior Non-Commissioned Officer, Male. Headaches and inexplicable blood volume loss post vaccination.

Case 3_03: USAF, Aircrew, Male. Myocarditis and grounded for 6 months.

Case 3_04: USAF, F-35 Pilot A. Eielson AFB. Grounded due to vertigo post vaccination.

Case 3_05: USAF, F-35 Pilot B. Also grounded due to vertigo post vaccination.

Case 3_06: USAF, Guard members. Several reports of Myocarditis, syncope, and shingles outbreak.

Case 3_07: USAF Non-Commissioned Officer, male. Had a stroke and heart attack three weeks post vaccination requiring open heart surgery for cardio myopathy. Described as a "gym rat" and reported as healthy prior to vaccination.

Case 3_08: USAF aircrew member reports two of their colleagues complaining about chest pains and shortness of breath post vaccination.

Case 3_09: Military member reports his colleague was performing a low intensity jog but his heart rates spikes at 194 BPM which did not decrease below a heart rate of 100 BPM until six hours later.

Case 3_10: USMC Squadron Commander reports that of the three pregnant females under his command, two had miscarriages and one still born after forced vaccination by the USMC.

Case 3_11: USMC rifleman with application to BUDS (Naval Special Warfare). Post vaccination, he is bed ridden with sepsis, severe blood clots to the heart and lungs, requires an IV x3 per day, and is unable to perform any physical activity.

Case 3_12: USAF Pilot, 30 year old male, diagnosed with palindromic rheumatism. A “physical stud” and healthy college football player prior to vaccination, but now crippled with joint pain and blood clots.

Case 3_13: USAF flight crew, partially blinded in one eye due to clotting behind the retina. Permanently grounded from flight status.

Case 3_14: USAF pilot, 25 year old male. Developed lesions, hair loss, and permanently scarred after allergic reaction to the vaccine.

Case 3_15: USAF Aircrew “loadmaster” male, sent to ER post vaccination due to adverse reaction to the vaccine.

Case 3_16: USAF enlisted member with arrhythmic heart issues; sent to ER post vaccination.

Case 3_17: Two USAF under graduate student pilots within the same class reporting chest pains but not speaking out due to fear of losing their medical and pilot wings.

Case 3_18: Marine Infantry Officer, upper 20’s male, Hospitalized with chest pains. Awaiting diagnosis. Reported by Marine Captain from Case 1_02 (Close friend)

Case 3_19: USAF Pilot Training Instructor Pilots. Two fellow instructor pilots reporting shortness of breath, elevated heart rates, and sent to the ER. One is grounded pending further evaluation.

Case 3_20: USAF Flight Surgeon 66 year old male in West Virginia. Described as a “health nut and active” Died in his sleep within two weeks of vaccination.

Case 3_21: USAF C-17 Pilot, 30s female. Seizure within two weeks of second dose of vaccination.

Case 3_22: USAF F-16 Instructor Pilot, 30’s male. Sudden loss of hearing in one ear coincident with aggravating tinnitus. Subsided with steroid injections. Symptoms began several months after vaccination.

Tier 4 Reports

Case 4_01: Army Chief Warrant Officer at Fort Riley. Chest pain and pressure with numbness in left arm.

Case 4_02: USMC F-35 pilot. Developed Bell’s Palsy at MCAS Yuma, AZ.

Case 4_03: USN Reserve member from NOCS San Antonio. Developed Guillian-Barre Syndrome with half of body experiencing temporary paralysis.

Case 4_04: Navy P-3 Pilot, developed shingles after vaccination and flight doc refused to enter data into VAERS, claiming it was just stress despite shingles being a known side effect.

Case 4_05: Air Force F-16 pilot, 38 year old male. Grounded for several months after developing numerous symptoms indicative of myocarditis.

Case 4_06: Air Force F-16 pilot, male. Grounded permanently after developing autoimmune disorder post vaccination. Elected to retire from military vs. pursuing a medical waiver.

Case 4_07: Navy Aircrew, developed pericarditis and medical remaining dismissive.

Case 4_08: Air Force F-15 fighter pilot, Developed pericarditis and medical is dismissive.

Case 4_09: Air Force student pilot, 24 years old, developed shingles.

Case 4_10: Navy P-3 Pilot in mid 20's, Developed myocarditis and sent to ER for several nights. Grounded from flight status.

Case 4_11: Navy P-3 Pilot, 27 year old female. Diagnosed with myocarditis and severe chest pains after being sent to ER and diagnosed by admitting physician as "myocarditis from COVID vaccine." Grounded from flight status pending medical waiver. Medical input data into VAERS.

Case 4_12: Air Force F-15E aircrew. 37 year old male. Shingles post vaccination.

Case 4_13: Air Force 30 year old female. Seizure within minutes of vaccination.

Case 4_14: USAF Reserve A-10 Pilot. Pulmonary embolism. Medically grounded

Case 4_15: USAF KC-135 pilot. Uncontrollable twitching and spasms post vaccination.

Case 4_16: USAF F-16 pilot, 35 year old male. Neurological episodes such as psychosis, hallucinations and severe anxiety within 12 hours of vaccination.

Case 4_17: USAF C-130 Pilot, severe brain fog that worsen while flying.

Case 4_18: US Army Signals officer at JBER Alaska. Severe migraines and bruising all across body within 24 hours of vaccination.

Case 4_19: USMC Helo Pilot, Chest tension and severe fatigue

Case 4_20: USAF T-38 Instructor Pilot, Heart arrhythmia post vaccination

Case 4_21: USAF C-17 pilot, Sent to ER within 36 hours of injection with chest pain and diagnosed with pericarditis.

Case 4_22: USAF student pilot, chest pains. Grounded pending full diagnosis.

Case 4_23: 37 year old Service Member, male. Catastrophic heart attack weeks after booster shot. As of reception of this report, he was on a ventilator in ICU.

Case 4_24: USAF Lt Col, C-130 Aircraft Commander. Severe brain fog. Pending evaluations.

Case 4_25: USAF Aircrew, female, Rapid onset arthritis and now unable to perform flight duties. Grounded.

Case 4_26: USAF Aircrew, male. Vision loss for 12 hours post vaccination. Informed by flight docs that this reaction “was normal”

Case 4_27: USAF F-16 Pilot, Male age 40. Loss of hearing in one ear and tinnitus after vaccination. Likely to be medically retired.

Talking Points

- **Thousands upon thousands of honorable military service members are screaming in unison: “STOP!” And we are wise to listen to their warnings.**
 - *“For the wise guidance you will wage war, and in abundance of counselors there is victory.” ~Proverbs 24:6*
 - *“Either in combat or out, in any situation where a majority of military-trained Americans becomes undutiful, that is sufficient reason for higher authority to resurvey its own judgements, disciplines, and line of action.”*

The Armed Forces Officer, Department of Defense, US Government Printing Office, Washington DC, 1950.

- **There are an Unknown number of vaccine injuries**
 - Medical personnel are inconsistent in their level of care. Some are supportive, but most are dismissive.
 - Congressional oversight must create a direct reporting system for injured service members to report injuries to quickly capture the impact of vaccination.
- **Reporting system for adverse effects are the Defense Medical Epidemiology Database (DMED) and VAERS.**
 - Red flags from these databases are being ignored.
 - These databases are not utilized or fully understood by DoD leadership.
 - DoD and Congress needs this data to make informed policy decisions.
- **Where there are risks, there must be personal choice.**
 - Our military is currently an all volunteer force.
 - Any mandate only undermines the willingness of potential recruits to join as evident by historically low recruitment and retention statistics.
- **The data does not support “Safe and Effective” nor “adverse effects are rare”**
 - This report captured 90+ cases of hospitalization due to vaccination out of ~500 polled.
 - As of April 19, 2022, DAF statistics, showed 89 total hospitalizations due to COVID-19 infection out of 137,879 cases.
 - The data in this report shows 80+ hospitalizations due to vaccination (while only polling a much smaller demographic).

- If the SECDEF's intent is to increase the military's readiness through vaccination, then it is having the exact opposite effect.
- <https://www.af.mil/news/article-display/article/2989918/daf-covid-19-statistics-apr-19-2022/>
- **Vaccine Injuries are being underreported**
 - These cases represent a very small pool yet demonstrate an overwhelming amount of injury.
 - Across the entire DoD, cases are likely being underreported for reasons witnessed in this report.
 - The desire of many to remain operational and avoid scrutiny or jeopardize their "fit for duty" medical.
 - Dismissive medical personnel leading those injured to believe that their symptoms "are normal" or will improve.
- **The constitutional rights of those who protect them are being disregarded**
 - These Military members spent their entire careers fighting for the freedoms of others who cannot fight for themselves.
 - These rights are now being trampled on by those who also took that oath to support and defend those freedoms. It is a breach of trust by their leadership.
 - Men and women of principle and high morals are systematically being discharged from the service, while those that "choose career over the Constitution remain."
 - We should fear a military with its ranks filled by such individuals not beholden to the very document they swore to defend.
 - Such individuals then are capable of unconstitutional acts backed by the full force of the military.
- **Service members are being medically forced out of the military they dedicated their lives to serve due to the injuries from the vaccine they were forced to take.**
- **The DoD completely failed to mitigate the risks of this vaccine**
 - Service members agree to a certain level of risk in their profession. But the DoD is responsible for mitigating those risks when possible.
 - The DoD continues to perpetuate risk through mandates while ignoring the ever increasing warning signs and cases of injury.
 - This is a betrayal of those service members and a betrayal of all Americans who entrust senior leadership to protect those service members.
- **When there is a mishap in the military that results in injury or loss of life, it is thoroughly investigated...why not for vaccine injuries and death?**
 - We expect this kind of accountability as we entrust the DoD with our nation's sons and daughters.
 - The DoD however is sweeping the injuries under the rug (DMED), and failing to properly care for these injured service members.

- Without intervention or oversight, the DoD will continue to mandate vaccines and cause further injury.
- **Following orders is about achieving an objective. However, COVID-19 vaccination mandates are not achieving the DoD's objectives of readiness.**
 - Senior leaders claim that failure to comply with this order is akin ordering soldiers to “take a hill as part of a military campaign.”
 - They claim failure to comply is detrimental to “Good order and discipline” and that in the military, “we follow orders.”
 - This analogy falls short on one simple premise: Achieving an objective. Hills must be taken, even died upon as part of achieving difficult military objectives.
 - But these vaccines ARE NOT achieving the objective of preventing transmission or infection.
 - The vaccine mandates have caused a net loss of a thousands and thousands of service members, along with their years of experience and tax payers funded training.
 - It will take **decades** to recover the talent needlessly lost in this quixotic quest for readiness.
- **Our military is a cross section of all American demographics. If fit military members are injured, then this likely affects all Americans; if not more so.**
 - Our military is comprised of the best, brightest, and most fit Americans who uphold our highest national standards. And even they are being injured by these vaccines.
 - It is a warning. If these vaccines are injuring these young and fit service members, what other injuries are out there being ignored and left untreated?
- **Vaccine manufacturer own filings acknowledge poor safety and efficacy.**
 - From BioNTech's US SEC filing...
 - “We may not be able to demonstrate sufficient efficacy or safety of our COVID-19 vaccine and/or variant specific formulations to obtain permanent regulatory approval.”
 - “Significant adverse events may occur during our clinical trails or even after receiving regulatory approval, which could delay or terminate clinical trails.”

*“The national esteem for [military service] is one of the priceless assets of American security. The services themselves so recognize it. That they place such strong emphasis upon the importance of personal honor among officers is because they know that the future of our arms and the wellbeing of our people depend upon a constant renewing and strengthening of public faith in the virtue of military service. **Were this to languish, the Nation would be loath to commit its sons to any military endeavor, no matter how grave the emergency.**”*

The Armed Forces Officer, Department of Defense, US Government Printing Office, Washington DC, 1950

USMC Tracker Annex

<u>Date</u>	<u>Vaccine</u>	<u>Unit</u>	<u>Service Member</u>	<u>EVENT</u>	<u>Symptoms</u>	<u>Diagnosis</u>
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 NAME MARINE APPROACHED THE ADNCO AND THE DNCO COMPLAINING ABOUT SEVERE HEART PALPITATIONS AND REQUESTED ASSISTANCE GETTING TO THE HOSPITAL. THE ADNCO WAS DISPATCHED TO DRIVE SNM TO CARTERET HEALTH CARE IN MOREHEAD CITY. AT TIME OF DEPARTURE SNM WAS UNAWARE OF HAVING DONE ANYTHING IN PARTICULAR THAT WOULD HAVE CAUSED THIS ISSUE. SNM 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	SNM WAS ADMTTED 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 20211126 TRN 22-09	F/CPL/ 6276	SNM was transported to Carteret Health Care by her father. She started feeling slight back pain on Tuesday 23, November after running the CFT. 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	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. Carolina 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.		Gullain- Barre 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	confirme d prior to event but date not provided	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	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 22-06	M/36/MAJ/ Pilot AAMO	SNM was having generic pain and cramps (due to suspected severe dehydration) through the weekend after the completion of the CFT on 4 NOV 21 and went to base medical on morning of 9 Nov. Upon receiving lab results from NHCP the same day SNM was directed to go to ER. SNM was admitted to Carolina East 1400 on 9 Nov. SNM is currently in pain and receiving fluids, as well as further blood work. SNM is currently expected to remain through the night pending further recovery.	pain and cramps	Rhadomyolysis
5-Nov-21	7/15 & 08/19	GFR VMGR-252 20211105 OTH 22-05	M/28/Sgt/ Ordnance Specialist	SNM came down to DNCO at barracks and complained about back pain, resultant from the CFT ran earlier in the day, and said he had been vomiting due to the pain. The DNCO called 911 due to the pain SNM was in. EMS arrived at the Barracks and took SNM to Carolina East Emergency Room. Presently, SNM 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 ROD	M/31/ RP2	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 20211013 CLASS E	M/20/LCpl	Marine took a prescribed medication and started experiencing breathing and heart problems. SNM 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

<p>11- Oct-21</p>	<p>3-Sep-21</p>	<p>GFR VMA542 OCT112021</p>	<p>M/34/ GySgt/ Avionics</p>	<p>11 Oct 2021: 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.</p> <p>On 20210915, SNM visited medical for chest pain. SNM 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 SNM to a cardiologist for review. That appointment has not been set yet as its still processing. SNM says he still has some pain and feels dizzy every so often. Currently SNM 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, SNM visited medical to begin the process for a medical exemption to COVID 19 vaccine (2nd dose) while at medical, SNM explained he is still feeling chest pains and was directed to the Emergency Room in Morehead, NC. SNM is currently in route to ER. This command will update once they are [informed]</p>	<p>CHEST PAIN</p>	<p>Adverse reaction to the COVID Vaccine</p>
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4-Oct-21	1-Oct-21	RMI# 786410	M/22/LCPL	Service Member 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 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 referred to Beaufort Memorial Hospital. SNM 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/ MX Seat Sho	AT APPROXIMATELY 1530 PMO RECEIVED A CALL THAT A MARINE WAS FACE DOWN IN A DITCH UNRESPONSIVE AT C STREET AND 4TH STREET ON MCAS CHERRY POINT. EMS WAS CALLED AND ARRIVED AT THE SCENE. EMS WAS ABLE TO GET SNM RESPONSIVE AND NOTED THAT SNM WAS EXTREMELY INTOXICATED. [Labs later showed Marine was negative for drugs and alcohol] SNM BECAME VERY UNCOOPERATIVE REFUSING TO GIVE ANY INFORMATION. EMS MADE THE DETERMINATION THAT SNM NEEDED TO BE EVALUATED AT CAROLINA EAST MEDICAL CENTER IN NEW BERN, NC. SNM WAS TRANSPORTED TO CAROLINA EAST MEDICAL CENTER AND THE DIVISION CHIEF IS SUPPORTING AT THE HOSPITAL. SDO WAS INFORMED BY THE STATION SGTMAJ AT 1725. SDO INFORMED COMMAND GROUP DIRECTLY AFTER THAT. AT 2000 SNM WAS RELEASED FROM THE HOSPITAL AND TAKEN BACK TO ROOM BY HIS DIVISION CHIEF.	SYNCOPE, ALTER MENTAL STATE	Dehydration

25- Sep-21	20 Sept & 9 Oct	Ground Flash Report 25 Sept 2021 Knee	M/34/SSgt/ Airframes CD	On 25 Sept 2021 SNM reported to Carolina East Medical Center with complaint of swelling in the knee that was painful and the area was hot to the touch. SNM was reported to have a fever in the range of 101-103 and exhibited body aches, sweating and shortness of breath. SNM was admitted	KNEE SWELLING AND PAIN	UNKNOWN
20- Sep-21	July & August	Reported via MCAS Cherry Point Clinic Staff	M/24/SGT	Bell's Palsy overnight observation, IV fluids and antibiotics and a CT. SNM	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): SNM was initially treated for severe pain in the side and released at Carteret Healthcare with medication. SNM 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). SNM was admitted and being monitored due to fever (officially admitted @ 0200 on 13 Sept 2021). UPDATE on 14 September 2021: SNM expected to be released on 15 Sept 2021. UPDATE on 16 September 2021: SNM released from Carteret Healthcare (@0930 on 15 Sept 2021). SNM is schedule for follow-up on 30 Sept 2021 with primary care physician.	SIDE PAIN	urinary tract infection (UTI)
16- Aug-21	26 Feb & 26 Mar	GFR VMGR-252 20210816 CATEGORY OTR	F/21/Sgt	AROUND 0000 ON 16 AUG 2021, SNM 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 LIPESE LEVELS AND A HIGH CONCENTRATION OF LIVER ENZYMES. SNM IS CURRENTLY AT VIDANT HEALTH UNDER TREATMENT.	Stomach Pain	UNKNOWN

29- Jun-21	6 May & 3 Jun	GFR VMGR-252 20210629 TRN 21-17	M/20/CPL/	SNM stated that he was getting lightheaded during the run, SNM 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 SNM was picked up via ambulance at 0736 to be transported to the hospital in New Bern.	light headed	UNKNOWN
26- Jun-21	19 Feb & 19 Mar	RMI# 456536	M/40/ GySgt/ Ops Chief	At approximately 1130 on 20210626, SNM was found unconscious and gasping for air while building a deck at another Marine's residence. SNM regained consciousness after lifesaving steps were applied to include applying a sternum rub. SNM was put into a recovery position in AC with extra clothing removed while being monitored for a few hours following. SNM did not go to medical.	SYNCOPE, SOB	Heat Exhaustion