Ed North

From: Keith Grellner
Sent: Friday, October 1, 2021 10:41 AM
To: Ed North
Subject: FW: Vaccine Passports
Attachments: 22 Reasons.docx; Physicians_Declaration_-_International_Covid_Summit_-_Rome.pdf; Natural Immunity Longer Lasting Than Protection From COVID-19 Vaccines_ Dr. Robert Malone.pdf

From: Cynthia Down <cynthia.baker95@gmail.com>
Sent: Monday, September 27, 2021 4:49 PM
To: Keith Grellner <Keith.Grellner@kitsappublichealth.org>
Subject: Vaccine Passports

Mr. Grellner,
There is absolutely no credible reason to require proof of vaccine other than evil intent to destroy our American freedoms and these poor businesses that have been decimated by this very bad joke. It causes us to distrust your motives and your ability to think rationally.

Attached are 22 reasons why I'm not getting the vaccine. Also, information that natural immunity is far superior to the injection and a declaration by over 3000 doctors regarding the vaccine. I request that you read through these with a thinking and critical mind to understand how a large portion of your constituents think.

We are awake and we are active.

--
Sincerely,
Cyndi Down

22 Reasons Why I'm Not Getting Vaccinated

1.Vaccine makers immune from liability.

2.Pfizer paid out billions for bribing doctors and suppressing adverse trial results.

3.Moderna has never brought a vaccine to market.

4.Every previous coronavirus vaccine has failed.

5.Every previous mRNA vaccine has failed.

6.Anecdotal friends and family adverse reactions.

7.Zero long term safety testing.

8.Censorship of scientific debate.

9.Censorship of Fauci funding gain-of-function.

10.Censorship of ivermectin, hcq, vitamin d, zinc, etc. – HIGHLY effective and low cost and fully approved medicines to treat COVID (see India if you can find it though the censorship (see #8)

11.Censorship of adverse reactions and deaths. See VAERS database (which is still subject to government censorship but does have data on adverse reactions – more deaths and adverse reactions to date than all vaccines combined)

12.Ignoring natural immunity. On 6/30/2021 WHO changed the definition of herd immunity to REMOVE the factor of people who have had the virus from herd immunity. This has been the definition since the term came into being! Now it's ONLY vaccination that will cause herd immunity.

NOTE: The so-called "Delta Variant" is said to be highly contagious but the death rate is EXTREMELY low… notice the media is ONLY reporting on "cases" now versus the CNN "death count" that they showed through 2020. This means we are likely approaching herd immunity. The pandemic is OVER.

13. 99.95% chance of survival if below 50.

14.Bloated COVID-19 death numbers. Died WITH Covid versus died OF Covid. When someone died with Covid hospitals were instructed to say Covid was the cause of death.

15.The virus continues to mutate.

16.Vaccinated still catch the virus.

17.FDA, CDC, WHO are captured institutions. Clearly political propagandists (see #8 which is why none of these common semse points are common knowledge).

18.Virus and vaccine efficacy measured by faulty PCR test. FDA recently removed emergency use authorization of the rapid PCR test due to up to 97% inaccuracy(!) that was used throughout 2020. Look it up for yourself. Also, notice there were virtually ZERO flu cases reported in 2020

19.Never solved lipid nanoparticle (LNP) delivery problem.

20.Japanese Pfizer data shows LNP accumulating in organs.

21.Got it and developed immunity. Have been exposed multiple times to Covid and remain immune. Natural is ALWAYS better.

22. The unprecedented coercion and threat of "forced vaccinations" (aka "vaccine passports) is clearly a worldwide control measure from tyrannical governments who wish to crush freedom. RESIST.

Washington State Employees for Medical Freedom, [27.08.21 08:56]

[Forwarded from Rebekah Zabel]

To my fellow DOC employees, peers and administrators:

To the administration,

I am gravely concerned with the current vaccine mandate imposed upon us. And to be quite frank, sirs, you severely underestimate us as a collective. And by that I mean the average employee that you feel will be bullied and backed into a corner so you can line your pockets. We aren't as stupid as you planned...

Speaking alone, but knowing there is a strong collective wondering answers to the same questions on behalf of the collective, there are questions as a DOC employee under of the current tyrannical mandate, I impose these questions and demand answers.

1. Under what authority are these mandates for Covid vaccinations made? Mandates are not law. What kind of legal action is the DOC willing to take against my person if a person to resist such "mandate?" You threaten our jobs. You threaten our health. You threaten our freedom of choice. I demand you show the employment documentation that we be fired for non-compliance to injecting our bodies with an unknown, unproven substance substance.

2. Mr. Dan Johnson has the audacity to tell us we have the freedom to claim exemption but our medical/religious exemptions will lost likely not be approved. Who makes these decisions on what is considered an acceptable medical or religious exemption? What are their credentials? What are the criteria for exemption? No one yet to date has been able to answer these questions. So you demand we sign a medical waver that provides your employer with access to all your medical information?? And also an unknown "team" determines what is religious enough!!!?????? What??!!!!

So I recently asked our union representative these questions. My union representative, Cheryl Miller, stated these were not union questions, but questions for HR. I asked my HR these questions, to which I was told "I do not have that information." I can provide proof of these emails. So my question is...who can answer these questions??

I strongly encourage everyone reading this to rescind their union dues. Do your own research on how much money unions make on dues, what is the union really doing for you?? Providing a gift card or $100 bonus if you don't make. a stink? They are supposed to represent us. But they are not. They are lining their pockets right now, even knowing the majority of us REJECT THESE TYRANNICAL IMPOSITIONS!!! Tell your union reps you're done!!!! See below.

3. These "vaccines" have not been FDA approved. Regardless of the terminology used to manipulate people to believe they have been, they are in Fact NOT APPROVED. Any drug approved by the FDA is known to take years, if not decades. This is a new technology and no one allegedly knows their long-term effects. As a matter of fact, the fact the FDA has approved this "vaccine" has dramatically decreased their believability. There are a plethora of videos of people who have been damaged by these vaccines that are censored. And these are all immediate. We have no idea of the long term repercussions. We ALL KNOW the mainstream media LIES TO US. FOLLOW THE MONEY!! See below. You think we're stupid.

4. The DOC have provided doctor and "trust us" type opinions from their choosing to ease our fears. Even had limited Q&A gatherings which were completely one-sided. What happens when a person has cancer or any other serious medical condition and wants to confer with another expert? They get a SECOND OPINION. I demand a second opinion of a doctor of MY CHOICE. Did anyone ask these doctors to give a second unpaid opinion?!!

5. The government has done nothing but LIE TO US!!! The current administration, CDC, WHO, Pfizer, Moderna and J&J, etc have stated this “vaccine” is currently safe, yet their own employees are not mandated to take this shot.

Washington State Employees for Medical Freedom, [27.08.21 08:56]

[Forwarded from Rebekah Zabel]

WHY??!!! If it is so safe and effective and pertinent for humanity then why aren’t their own employees taking it?!!! What do their own employees know we don’t?!!! Currently, the Governer of Washington states there are 8 state agencies that are not required to take the jab, including the Washington State Attorney Generals Office, Secretary of State, commissioners of public lands, and whomever oversees the department of natural resources. Why???? White House employees, WHO, CDC and many other tyrannical groups are exempt. Why?? What do they know we don’t?!!

6. Why are Pfizer employees exempt if their poison, I mean vaccine, is so effective?? Let’s not forget Pfizer was sued with the largest lawsuit known to man to date and LOST BECAUSE THEY WERE CONVICTED OF KNOWINGLY KILLING PEOPLE.

7. To my oppressors, are you aware I’d the Nuremberg Codes??? We as the people are ALL covered.

8. As well as the Amendments:

9. I refute any DOC mandates, as well as state mandates, including mask and vaccines. You don’t own me. I am a FREE, SOVEREIGN INDIVIDUAL who refutes you and your tyranny. I make my own healthcare decisions. I am not required under your own, and constitutional, stated liberty of discrimination to declare

10. There are people RISING UP!! You are NOT ALONE!!!

11. This fight is not only for the unvaccinated. Where will it end?! Already other countries including Australia and Israel are saying no one is “fully vaccinated “ until they’ve received a booster shot. It only ends when we say enough is enough and we say NO.

PHYSICIANS DECLARATION
GLOBAL COVID SUMMIT - ROME, ITALY
International Alliance of Physicians and Medical Scientists
September 12, 2021

We the physicians of the world, united and loyal to the Hippocratic Oath, recognize the profession of medicine as we know it is at a crossroad.

WHEREAS, it is our utmost responsibility and duty to uphold and restore the dignity, integrity, art and science of medicine;

WHEREAS, there is an unprecedented assault on our ability to care for our patients;

WHEREAS, public policy has chosen to ignore fundamental concepts of science, health and wellness, instead embracing a "one size fits all" treatment strategy which has led to more illness and death than the individualized, personalized approach to health care;

WHEREAS, physicians and other health care providers working on the front lines, utilizing their knowledge of epidemiology, pathophysiology and pharmacology, are often first to identify new, potentially life saving treatments;

WHEREAS, physicians are increasingly being discouraged from engaging in open professional discourse and the exchange of ideas about new and emerging diseases, not only endangering the essence of the medical profession, but more importantly, more tragically, the lives of our patients;

WHEREAS, thousands of physicians are being denied the right to provide treatment to their patients, as a result of barriers put up by pharmacies, hospitals, and public health agencies, rendering the vast majority of healthcare providers helpless to protect their patients in the face of disease. Physicians are now advising their patients to simply go home (allowing the virus to incubate) and return when their disease worsens, resulting in hundreds of thousands of unnecessary patient deaths, due to failure-to-treat;

WHEREAS, the above is not medicine. It is not care. We cannot sit idle while patients are forced to go home and sicken in place. These policies may actually constitute crimes against humanity.

NOW THEREFORE, IT IS:

RESOLVED, that the physician-patient relationship must be restored. The very heart of medicine is this relationship, which allows physicians to best understand their patients and their

illnesses, to formulate treatments that give the best chance for success, while the patient is an active participant in their care.

RESOLVED, that the political intrusion into the practice of medicine and the physician/patient relationship must end. Physicians, and all health care providers, must have the freedom to practice the art and science of medicine without fear of retribution, censorship, slander, or disciplinary action, to include possible loss of licensure and hospital privileges, loss of insurance contracts and interference from government entities and organizations – which further prevent us from caring for patients in need. More than ever, the right and ability to exchange objective scientific findings, which further our understanding of disease, must be protected.

RESOLVED, that physicians must defend our right to prescribe treatment, observing the tenet FIRST, DO NO HARM. Physicians shall not be restricted from prescribing safe and effective treatments. These restrictions continue to cause unnecessary sickness and death. The rights of patients, after being fully informed about the risks and benefits of each option, must be restored to receive those treatments.

RESOLVED, that we invite physicians of the world and all health care providers to join us in this noble cause as we endeavor to restore trust, integrity and professionalism to the practice of medicine.

RESOLVED, that we invite the scientists of the world, who are skilled in biomedical research and uphold the highest ethical and moral standards, to insist on their ability to conduct and publish objective, empirical research without fear of reprisal upon their careers, reputations and livelihoods.

RESOLVED, that we invite patients, who believe in the importance of the physician-patient relationship and the ability to be active participants in their care, to demand access to science-based medical care.

IN WITNESS WHEREOF, the undersigned has signed this Declaration as of the date first written above.

THE EPOCH TIMES

Dr. Robert Malone, who invented mRNA vaccine technology, in Washington on Aug. 30, 2021. (The Epoch Times)

EXPERT VIEW PREMIUM

Natural Immunity Longer Lasting Than Protection From COVID-19 Vaccines: Dr. Robert Malone

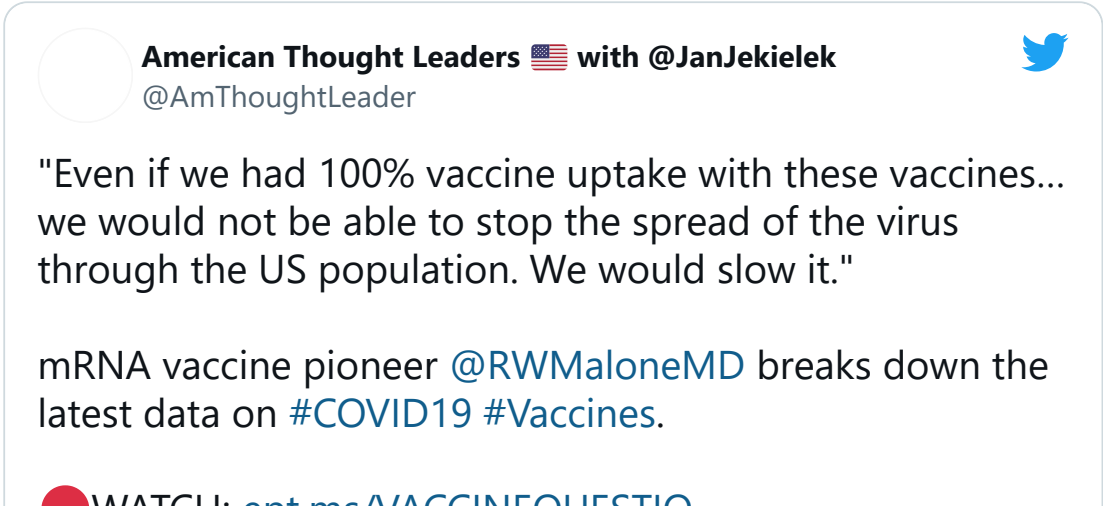
BY ZACHARY STIEBER AND JAN JEKIELEK September 6, 2021 Updated: September 7, 2021

Print

The immunity conferred by recovering from COVID-19 is better than the protection afforded by COVID-19 vaccines, a prominent vaccine inventor says, citing in part a recent study from Israel.

Israeli researchers found that people in the country vaccinated with Pfizer's COVID-19 shot were 13 times more likely to contract the Delta variant of the CCP virus and 27 times more at risk of symptomatic disease, compared to those who had recovered from COVID-19.

"It's now been shown in that paper and others that the breadth of that immune response in terms of T and B cell memory populations is more diverse and more long-lasting than the breadth of immune response elicited by the spike-based vaccines alone," Dr. Robert Malone, the inventor of the class of vaccines based on messenger RNA, said on Epoch TV's "American Thought Leaders" program.



WATCH: ept.ms/VACCINEQUESTIO...

8:06 AM · Sep 3, 2021

242 See the latest COVID-19 information on Twitter

Tweet your reply

While antibodies reduce over time, T cells, a type of white blood cells that protect against infection, and B cells can last for a lifetime.

Federal health authorities acknowledge natural immunity exists but have continued to claim that the protection from vaccines is better, pointing to a different set of studies, including one from Kentucky published by state and Centers for Disease Control and Prevention (CDC) researchers.

Authorities continue to urge everybody, regardless of prior infection, to get a vaccine.

Some other scientists, though, say the growing body of evidence on natural immunity must play a larger role in policy discussions on vaccination amid the pandemic.

“Natural immunity is pretty darn good. We would be best to focus our efforts on people who are both unvaccinated AND have not recovered from prior infection,” Dr. Vinay Prasad, a professor at the University of California–San Francisco’s Department of Epidemiology & Biostatistics, wrote on social media over the weekend.

The Israeli study, Malone said, “seems to indicate that the breadth and durability of the immune response was superior with the natural infection in recovery.”

“There’s also evidence that there’s a significant—depending on the timeframe—six- to 20-fold improvement in protection from infection and disease associated with the natural immunity acquired from prior infection compared to that conferred by the vaccine.”

Malone says the newer data is a key piece in what he described as a social contract between members of the public and government health agencies.

The public “is faced with a situation where they had been told that natural immunity was not as protective, that they can’t rely on that; that if you’ve been previously infected, you should still get both doses of vaccine; that this vaccination would provide broad durable protection, it would protect you and it would protect your elders from you potentially spreading disease to them,” he said.

The CDC didn’t immediately respond to a request for comment. The agency has told The Epoch Times in the past that it doesn’t comment on papers that aren’t authored by the agency and that officials “continually evaluate the science that leads to our guidance, and if it needs to be changed, we will base that on our own research and studies.”

Zachary Stieber

REPORTER

Zachary Stieber covers U.S. news, including politics and court cases. He started at The Epoch Times as a New York City metro reporter.

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Jan Jekielek

SENIOR EDITOR

Jan Jekielek is a Senior Editor with The Epoch Times and host of the show, "American Thought Leaders." Jan’s career has spanned academia, media, & international human rights work. In 2009 he joined The Epoch Times full time and has served in a variety of roles, including as Website Chief Editor. He is the producer of the award-winning Holocaust documentary film "Finding Manny."

JanJekielek

Ed North

From: Keith Grellner
Sent: Friday, October 1, 2021 10:40 AM
To: Ed North
Subject: FW: No to mandates in Kitsap County
Attachments: No to vax mandates .pages

-----Original Message-----
From: Maria Fiorille <ellybelle57@me.com>
Sent: Monday, September 27, 2021 5:39 PM
To: Keith Grellner <Keith.Grellner@kitsappublichealth.org>
Subject: No to mandates in Kitsap County

|CAUTION|: This email originated from outside Kitsap Public Health District. Do not click links or open attachments unless you are expecting this email. If you are unsure please contact IT.

Sent from my iPad

September 27, 2021

Dear Mr. Grellner,

I'm writing to voice my strong opposition to any vaccine and proof of vaccination mandates being discussed to be imposed on the citizens of Kitsap county.

Whether or not someone takes the vaccine or not should be a personal decision and not one to be mandated by the government. You are elected and hired to serve the people and requiring people to put an unknown and unproven substance in their bodies in order to keep their job is just criminal. This is not freedom as we are given by God and our US Constitution.

These decisions must be made by the individuals and businesses as they know their employees and customers. Their decisions should be made based on science rather than coercion by the government. This will also put a hardship on these already struggling small businesses.

This is not the role of the government. It will create more division in the county, forcing people into two different classes. Different opportunities and benefits for the two. As I said this is very divisive and destructive. Those that choose not to be vaccinated shouldn't be penalized by exercising their right. Their vote counts equally as much as the person that decided to get vaccinated.

Again, as a long time resident of Kitsap County, I am voicing my strong opposition to any vaccine and proof of vaccination mandates in Kitsap County.

Thank You,

Maria Fiorille

Ed North

From: Keith Grellner
Sent: Friday, October 1, 2021 10:42 AM
To: Ed North
Subject: FW: Proposed updated mandates on Vaccinating
Attachments: AFFIDAVIT OF LTC Long.pdf

From: jeanne fentress <fentressjeanne@gmail.com>
Sent: Monday, September 27, 2021 1:54 PM
To: Keith Grellner <Keith.Grellner@kitsappublichealth.org>
Subject: Proposed updated mandates on Vaccinating

Please remember that a lot of Kitsap Residents have a right by Our Constitutions to be free to make our own decisions how we live and our welfare.

I attached a letter sent out from Frontline Doctor written from Military Whistleblower regarding the documented dangers of the COVID experimental injections.

Decisions need to be made on scientific facts and Our Constitution. THIS IS NOT AUSTRALIA!! UMUMUM

Respectfully,
Jeanne Fentress

AFFIDAVIT OF LTC. THERESA LONG M.D. IN SUPPORT OF A MOTION FOR A PRELIMINARY INJUNCTION ORDER

I, Lieutenant Colonel **Theresa Long**, MD, MPH, FS being duly sworn, depose and state as follows:

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

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

Experience & Credentials

3. I am competent to testify to the facts and matters set forth herein. A true and accurate copy of my *curriculum vitae* is attached hereto as **Exhibit A**.

4. After receiving a bachelor's degree from the University of Texas Austin, completed my medical degree from the University of Texas Health Science Center at Houston Medical School in 2008. I served as a Field Surgeon for ten years and went on to complete a residency in Aerospace and Occupational Medicine at the United States Army School of Aviation Medicine, Fort Rucker, AL. I hold a Master's in Public Health, and I have been trained by the Combat Readiness Center at Ft. Rucker as an Aviation Safety Officer. Additionally, I have trained in the Medical Management of Chemical and Biological Causalities at Fort Detrick and USAMIIRD.

5. I am board certified in flight Aerospace Medicine and board eligible in Occupational Medicine.

6. I am currently serving as the Brigade Surgeon for the 1st Aviation Brigade Ft. Rucker, Alabama and am responsible for certifying the health, mental and physical ability, and readiness for all nearly 4,000 individuals on flight status on this post.

7. My appended *curriculum vitae* further demonstrates my academic and scientific achievements by me over the past thirteen years.

8. Prior to the outset of the pandemic, I received specialized military training from Infectious Disease doctors from the Army, Navy and Air Force on emerging infectious disease threats, FEMA training, Emergency preparedness training, Medical effects of Ionizing Radiation, OSHA, Aerospace Toxicology, Epidemiology, Biostatistics, medical research and disaster planning. More recently I have functioned as a medical and scientific advisor to an Aviation training Brigade seeking to identify risk mitigation strategies, and bio statistical analysis of SARS- Cov-2 ("Covid 19") infections in both vaccinated and unvaccinated Soldiers. In so doing, I have identified, diagnosed and treated Covid 19 pathogenic infections. I have observed vaccine

adverse events following the administration of EUA vaccines, and followed the success of Soldiers who obtained various Covid 19 therapies outside the military. The majority of the service members within the DOD population are young and in good physical condition. Military aviators are a subset of the military population that has to meet the most stringent medical standards to be on flight status. The population of student pilots I take care of are primarily in their 20s-30s, males and in excellent physical condition. The risk of serious illness or death in this population from SARs-CoV-2 is minimal, with a survival rate of 99.997%.

9. In observing, studying and analyzing all the available data, information, samples, experiences, histories and results of these treatments and inoculations provided, I have formulated a professional opinion, which requires me to report those findings to superiors in the chain of command and colleagues in the military. I have done so with mixed results in terms of acceptance, rejection and threats of punishment for so sharing.

10. The application of risk management is critical to the safety and success in both medicine and aviation. Aerospace Medicine is a specialty devoted to safety of flight by the aeromedical dispositioning and treatment of flight crew members, as accomplished by the consistent and careful application of risk mitigation and management strategies. ATP 5-19, 1-3. Risk Management (RM)[1] outlines a disciplined approach to express a risk level in terms readily understood at all echelons.

[1] adminpubs.tradoc.army.mil/regulations/TR385-2withChange1.docx 4

11. 1-6. States, “A risk decision is a commander, leader, or individual’s determination to accept or not accept. The risk(s) associated with an action he or she will take or will direct others to take. RM is only effective when specific information about hazards and risks is passed to the appropriate level of command for a risk decision. Subordinates must pass specific risk information up the chain of command.”

12. “When the specific information about hazards and risks is passed to the appropriate level of command for a risk decision. Subordinates must pass specific risk information up the chain of command. Conversely, the higher command must provide subordinates making risk decisions or implementing controls with the established risk tolerance—the level of risk the responsible commander is willing to accept. RM application must be inclusive; those executing an operation and those directing it participate in an integrated process”.

13. 1-7. States, “In the context of RM, a control is an action taken to eliminate a hazard or to reduce its risk. Commanders establish local policies and regulations if appropriate”.

14. The five steps of Risk management include; 1. Identify the hazards, 2. Assess the hazards, 3. Develop controls and make risk decisions, 4. Implement controls, 5. Supervise and evaluate.

15. It is therefore my responsibility and that of every leaders to apply the steps of risk management to the current pandemic and countermeasures used. **The CDC and the FDA are**

civilian agencies that do not have the mission of National Defense that the DOD has. Guidance and recommendations made by these civilian agencies must be filtered through strategic perspective of national defense and the potential risks recommendations may have on the health of the entire fighting force. Ensuring that the health of the fighting force is not compromised is a strategic imperative, for which **every** military physician is responsible to of the entire fighting force. Ensuring that the health of the fighting force is not compromised is a strategic imperative, for which **every** military physician is responsible to ensure.

16. **Step 1: Identify the hazards:** As defined by FM 1-02.1 Operational Terms, pg. 1- 48, hazard is a condition with the potential to cause injury, illness, or death of personnel; damage to or loss of equipment or property; or mission degradation.

17. **Step 2: Assess the Hazards:** There are numerous therapeutic agents that have been proven to significantly reduce infection and therefore provide protection from the harmful effects of SARs-CoV-2.

18. Literature has demonstrated that natural immunity is durable, completed, and superior to vaccination immunity to SARs-CoV-2. mRNA vaccines produced by Pfizer and Moderna both have been linked to myocarditis, especially in young males between 16-24 years old,[2] The majority of young new Army aviators are in their early twenties. We know there is a risk of myocarditis with **each** mRNA vaccination. We additionally now know that vaccination does not necessarily prevent infection or transmission of SARs-CoV-2Therefore individuals fully vaccinated with mRNA vaccines have at least two independent risk factors for myocarditis after vaccination. Additional boaster shots add more risk. It is impossible to perform a risk/benefit analysis on the use of mRNA as counter measures to SARs-CoV-2 without further data... Use of mRNA vaccines in our fighting force, presents a risk of undetermined magnitude, in a population in which **less than 20 active-duty personnel out of 1.4 million, died of the underlying SARs-CoV-2.**

19. Aircrew Training Program (ATP) 5-19, 1-8. **Accept No Unnecessary Risk**, states, "An unnecessary risk is any risk that, if taken, **will not contribute meaningfully to mission accomplishment or will needlessly endanger lives or resources**. Army leaders accept only a level of risk in which the potential benefit outweighs the potential loss.

20. Research shows that most individuals with myocarditis do not have any symptoms. Complications of myocarditis include dilated cardiomyopathy, arrhythmias, sudden cardiac death and carries a mortality rate of 20% at one year and 50% at 5 years. According to the National Center for Biotechnology Information, U.S. National Library of Medicine, "despite optimal medical management, overall mortality has not changed in the last 30 years".

21. **Step 3: Develop controls and make risk decisions:** Because vaccination with mRNA increase the risk of myocarditis, a comprehensive screening program should be implemented immediately to identify individuals who have been affected and attempt to mitigate immediate risks and long-term disability.

22. **Step 4: Implement Controls:** Send out clear guidance to all DOD healthcare professionals on risks of-vaccination myocarditis. Compulsory SARs-CoV-2 mRNA vaccination program should be immediately suspended until research can be done to determine the true magnitude of risk of myocarditis in individuals who have been vaccinated. We must evaluate and immediately implement alternatives to mRNA vaccines, to include Ivermectin (FDA approved 1996), Remdesivir (FDA approved 2020), Hydroxychloroquine (FDA approved 1955), Regeneron (FDA EU approved 2020). Review VAERS data for deaths from COVID for age-matched data and data from active duty COVID deaths within the DOD to perform a risk/benefit analysis.

23. **Step 5: Supervise and evaluate:** We must establish a screening program to identify those at increased risk of myocarditis, i.e. those that have, received mRNA vaccinations with Comirnaty, BioNTech or Moderna, or have any of the following symptoms chest pain, shortness of breath or palpitations They should have screening tested performed in accordance with the CDC recommendations prior to return to flight duties. Per the CDC guidelines the initial evaluation of individuals identified according to the above criteria include; ECG, troponion level, inflammatory markers such as the C-reactive protein and erythrocyte sedimentation rate. It should be noted that the gold standard for diagnosis of myocarditis is end myocardial biopsy (EMB).

24. Given that the labels for Comirnaty and BioNtech clearly state that the vaccination should not be given to individuals that are allergic to ingredients. I have noted that one of the primary ingredients of the Lipid Nanoparticle delivery system is "ALC 1035" (two attachments, parts highlighted) in the Pfizer shots. The forth attachment is the toxicity report on ALC-1035, which comprises between 30-50% of the total ingredients.[3] The Safety Data Sheet, (attached as Exhibit B) for this primary ingredient states that it is Category 2 under the OSHA HCS regulations (21 CFR 1910) and includes several concerning warnings, including but not limited to:

1. Seek medical attention if it comes into contact with your skin;
2. If inhaled and If breathing is difficult, give cardiopulmonary resuscitation
3. Evacuate if there is an environmental spill
4. the chemical, physical, and toxicological properties have not been completely investigated
5. Caution: Product has not been fully validated for medical applications. For research use only

25. Other journals and scientific papers also denote that this particular ingredient has never been used in humans before.[4] To be abundantly clear, one of the listed primary ingredients of these injectables is Polyethylene glycol ("PEG") which is a derivative of ethylene oxide. Polyethylene Glycol is the active ingredient in antifreeze. While it is hard to believe this is a key ingredient in these vaccines, it would explain the increased cardiovascular risk to users of the BioNTech or Comirnaty shots. I cannot discern what form of alchemy Pfizer and the FDA have discovered that would make antifreeze into a healthful cure to the human body. Others seem to agree my point per recent scientific studies that caused a group of 57 doctors and scientists to call for an immediate halt to the vaccination program.[5] In short, this antifreeze ingredient is being studied for the first time in human injectables. According to the VAERS data, which admittedly underreports by as much as 100 times the actual SAE's, there are well more than 600,000

documented Serious Adverse Events (ones requiring medical attention) alone and more than 13,000 fatalities directly linked to this particular vaccine. I cannot understand how this vaccine remains on the list of available options to treat Covid, when there are so many other non-deadly or injurious options available.

26. As such, I believe it is reasonable to conclude that many humans are allergic to these dangerous and deadly toxins and therefore should not take vaccinations with either Comirnaty or BioNtech. Again, I have identified an agent that possess a significant hazard to Soldiers, which would fall under DA Pam 385-61 Toxic Safety Standards cited in 2-11.

27. My assessment is that ALC 0315 is a known toxin with little study, specifically restricted to "research only" and effectively has no prior use history, with the SDS designation of (GHS02), listed as H315 and H319, in other words, hazardous if inhaled, ingested or in contact with skin and a health hazard with the designation (P313). A review of the SDS outlines that it is not for human or veterinary use,

28. I have not taken significant time to delineate the risks of other Covid 19 Vaccines other than the Safety Data Sheet of Moderna's key ingredient, SM-102 (attached as Exhibit C). Suffice it to say that SM-102 is significantly more dangerous than the Pfizer ALC 3015 and it appears that the DOD is not actively acquiring or distributing this IND/EUA. If the DOD were to undertake use of the Moderna vaccine, one can expect a much higher Serious Adverse Event and fatality rate given that SM-102 carries an express warning "Skull and Crossbones" characterized under the GHS06 and GHS08. In other words, this Moderna ingredient is deadly.

29. Given that these Covid 19 Vaccines were both Investigational New Drugs and Emergency Use Authorization vaccines, I have taken considerable time to understand potential risks, hazards and dangers these and any new drug or Investigational New Drug will may have on the health, safety and operational readiness or ability of pilots under my care and at this post. I have sought to research military records and track systems for recording events and Serious Adverse Events and fatalities associated with vaccines, new vaccines and Emergency Use, investigational vaccines in computer data systems recommended by the General Accounting Office in 2002 and ordered to be developed and implemented by the Secretary of Defense in 2003.

30. A weekly MEDSITREP report fails to report the CDC data from VAERS or internal data regarding vaccine adverse events. Despite recommendation made by the Government Accountability Office in the GAO's survey of Guard and Reserve Pilots and Aircrew GAO-02-445, published Sep 20,2002, in which it was recommended that the Secretary of Defense should direct the establishment of an active surveillance program (unlike the passive VAERS) to identify and monitor adverse events, was not implemented. I have been unable to locate, access or asses any data, data base or internal system to track, store, evaluate or research the effects of vaccines on our military members or pilots.

31. I have also reviewed scientific data and peer reviewed studies that discuss, analyze results and conclude that natural immunity is at least as good if not far superior to any Covid Vaccine available at this time. I have also reviewed Dr. Peter McCullough's sworn affidavit in support of and in relation to the Complaint filed in this case and have reviewed its supporting data. An

additional peer-reviewed study not referenced in Dr. McCullough's materials also supports the same conclusions drawn and reports that natural immunity provides a 13 fold better protection against Covid 19 infections than any currently available Covid 19 Vaccine[6]. More recently, in a meeting of the FDA Advisory Committee on September 17 of this year, fourteen of seventeen members voted against the authorization of any Covid booster vaccines in the juvenile age group having noted that the vaccine program has breached the defining test under the EUA statute as to whether the experimental treatment benefits outweigh the risks; in fact, they found the shots are far more dangerous than helpful in this age group and some voiced concerns that this would apply generally to all age groups.[7]

32. I am also aware of the Secretary of Defense Austin's order in relation to Covid Vaccine mandates made this week. In an information paper, it was stated that, "Unit personnel should use only as much force as necessary to assist medical personnel with immunizations." The use of force to administer a medical treatment or therapy against the will of a mentally competent individual constitutes medical battery and universally violates medical ethics. Currently, I am not aware of the Comirnaty available within the DOD. Emergency Use Authorized vaccines, despite the attempt to characterize some of them as approved despite such approved versions not being available and regardless of a military member's prior immunity to Covid 19; even where it may be demonstrated with a recent antibody test.

33. Finally, I have reviewed a recent study *entitled "US COVID-19 Vaccines Proven to Cause More Harm than Good Based on Pivotal Clinical Trial Data Analyzed Using the Proper Scientific Endpoint, All Cause Severe Morbidity," by J. Bart Classen, MD and published in Trends in Internal Medicine; August 25, 2021.* Attached as Exhibit D.

34. I have also seen policies, memoranda and guidance as it relates to exemptions for vaccinations as fully detailed in Army Regulation 40-562, which purport to eliminate any exemption for prior immunity by our military personnel.

Opinion

35. I have reviewed the Motion for a Preliminary Injunction which discusses the issue

of prior immunity benefits outweighing the risks of using experimental Covid 19

Vaccines, together with proposed exhibits and materials cited therein. In opinion on this subject matter, I am also drawing my own conclusions that will be put into practice in my current role as an Army flight surgeon knowing full well the horrific repercussions this decision may befall me in terms of my career, my relationships and life as an Army doctor.

36. I personally observed the most physically fit female Soldier I have seen in over 20 years in the Army, go from Colligate level athlete training for Ranger School, to being physically debilitated with cardiac problems, newly diagnosed pituitary brain tumor, thyroid dysfunction within weeks of getting vaccinated. Several military physicians have shared with me their firsthand experience with a significant increase in the number of young Soldiers with migraines, menstrual irregularities, cancer, suspected myocarditis and reporting cardiac symptoms after

vaccination. Numerous Soldiers and DOD civilians have told me of how they were sick, bed-ridden, debilitated, and unable to work for days to weeks after vaccination. I have also recently reviewed three flight crew members' medical records, all of which presented with both significant and aggressive systemic health issues. Today I received word of one fatality and two ICU cases on Fort Hood; the deceased was an Army pilot who could have been flying at the time. All three pulmonary embolism events happened within 48 hours of their vaccination. I cannot attribute this result to anything other than the Covid 19 vaccines as the source of these events. Each person was in top physical condition before the inoculation and each suffered the event within 2 days post vaccination. Correlation by itself does not equal causation, however, significant causal patterns do exist that raise correlation into a probable cause; and the burden to prove otherwise falls on the authorities such as the CDC, FDA, and pharmaceutical manufacturers. I find the illnesses, injuries and fatalities observed to be the proximate and causal effect of the Covid 19 vaccinations.

38. I can report of knowing over fifteen military physicians and healthcare providers who have shared experiences of having their safety concerns ignored and being ostracized for expressing or reporting safety concerns as they relate to COVID vaccinations. The politicization of SARs-CoV-2, treatments and vaccination strategies have completely compromised long-standing safety mechanisms, open and honest dialogue, and the trust of our service members in their health system and healthcare providers.

39. The subject matter of this Motion for a Preliminary Injunction and its devastating effects on members of the military compel me to conclude and conduct accordingly as follows:

1. a) None of the ordered Emergency Use Covid 19 vaccines can or will provide better immunity than an infection-recovered person;
2. b) All three of the EUA Covid 19 vaccines (Comirnaty is not available), in the age group and fitness level of my patients, are more risky, harmful and dangerous than having no vaccine at all, whether a person is Covid recovered or facing a Covid 19 infection;
3. c) Direct evidence exists and suggests that all persons who have received a Covid 19 Vaccine are damaged in their cardiovascular system in an irreparable and irrevocable manner;
4. d) Due to the Spike protein production that is engineered into the user's genome, each such recipient of the Covid 19 Vaccines already has micro clots in their cardiovascular system that present a danger to their health and safety;
5. e) That such micro clots over time will become bigger clots by the very nature of the shape and composition of the Spike proteins being produced and said proteins are found throughout the user's body, including the brain;

5. f) That at the initial stage of this damage the micro clots can only be discovered by a biopsy or Magnetic Resonance Image ("MRI") scan;
6. g) That due to the fact that there is no functional myocardial screening currently being conducted, it is my professional opinion that substantial foreseen risks currently exist, which require proper screening of all flight crews.

7. h) That, by virtue of their occupations, said flight crews present extraordinary risks to themselves and others given the equipment they operate, munitions carried thereon and areas of operation in close proximity to populated areas.
8. i) That, without any current screening procedures in place, including any Aero Message (flight surgeon notice) relating to this demonstrable and identifiable risk, I must and will therefore ground all active flight personnel who received the vaccinations until such time as the causation of these serious systemic health risks can be more fully and adequately assessed.
9. j) That, based on the DOD's own protocols and studies, the only two valuable methodologies to adequately assess this risk are through MRI imaging or cardio biopsy which must be carried-out.
10. k) That, in accordance with the foregoing, I hereby recommend to the Secretary of Defense that all pilots, crew and flight personnel in the military service who required hospitalization from injection or received any Covid 19 vaccination be grounded similarly for further dispositive assessment.
11. l) That this Court should grant an immediate injunction to stop the further harm to all military personnel to protect the health and safety of our active duty, reservists and National Guard troops.

40. I am competent to opine on the medical and flight readiness aspects of these allegations based upon my above-referenced education and professional medical, aviation and military experience and the basis of my opinions are formed as a result of my education, practice, training and experience.

41 As an Aerospace Medicine Specialist, and flight surgeon responsible for the lives of our Army pilots, I confirm and attest to the accuracy and truthfulness of my foregoing statements, analysis and attachments or references hereto:

_____/S/_____ LTC Theresa Long, MD, MPH, FS

I, Lieutenant Colonel Theresa Long, MD, MPH, FS, declare under the penalty of perjury of the laws of the United States of America, and state upon personal knowledge that:

THERESA MARIE LONG, MD, MPH, FS LTC, MEDICAL CORPS, U.S. Army

Medical Education

United States Army School of Aviation Medicine Aerospace/Occupational Medicine Residency University of West Florida
Graduate Student -MPH

06/2019-6/2021

Carl R. Darnall Army Medical Center, Fort Hood, Texas Family Medicine Internship
06/2008-11/2010
Unrestricted Medical License, IN

09/2003 - 06/2008
University of Texas Medical School at Houston, Houston, Texas 06/2008 M.D.

08/2001 - 08/2004
Undergraduate - University of Texas at Austin, Austin, TX 05/2004 B.S. Neurobiology

Research Experience

08/2018 – 5/2020
School of Aviation Medicine
University of West Florida MPH program
https://tml526.wixsite.com/website
Performed a cross-sectional study on Intervertebral Disc Disease Among Army Aviators and Air Crew

08/2002 - 05/2003

University of Texas at Austin, Texas
Research Assistant, Dr. Dee Silverthorn
Performed academic research in effort to update medical facts and the latest research information for the publication of the fourth edition of Human Physiology

09/2000 - 11/2000

Neuropharmacology Research, Texas
Lab Tech, Dr. Silverthorn
Acquisition of rat cerebellums for research in gene sequencing. The focus of the project was to determine the DNA sequence of the receptor in the developing fetal brain that binds to ethanol and induces apoptosis leading to fetal alcohol syndrome.

Publications/Presentations/Poster Sessions Presentations/Posters

Poster: Intervertebral Disc Disease Among Army Aviators and Air Crew, presented during the 2021 American Occupational Healthcare Conference.
Long, Theresa M., Sorensen, Christian, Victoria Zumberge. (2003, May). Sodium dependent transport of Chlorophenol red uptake by Malpighian tubules of acheta domesticus. Poster presented at: University of Texas at Houston; Austin, TX.

Volunteer Experience

08/ 2005 - 09/2005
University of Texas - Houston, Health Science Ctr, Texas
Medical Student -Provided medical aid and support for Acute Care and triage of Hurricane Katrina evacuees.

Work Experience

06/2021- Present
1st Aviation Brigade TOMS Surgeon
Serve as the Medical Advisor to the 1st Aviation Brigade Commander regarding health and fitness of over 3600 officers, warrant officers and Soldiers. The Brigade is comprised of three aviation training battalions, responsible for initial entry rotary wing/ fixed wing flight training, advanced aircraft training. as well as Specific duties include ensuring safety of flight in Army Aviation operations by functioning as Flight Surgeon, while ensuring the health and fitness of military police, firefighters and military working dogs that support Ft. Rucker. Tasked with conducting epidemiological and biostatistical analysis of injuries and illnesses (SARs CoV-2) and medical trends that occur during training and identify and implement strategies to mitigate delays or lost training time.

05/2018-06/2021
Aerospace and Occupational Medicine Resident

Graduate Medical Education training in Aerospace and Occupational Medicine while obtaining a Master's in Public Health. Specialty training included the Flight surgeon course, The Instructor/Trainer course, Space Cadre Course, Medical Effects of Ionizing Radiation, Medical Management of Chemical and Biological Casualties course at USAMIIRD, Ft. Detrick, NASA, 7th Special Forces, Aviation Safety Officer Course, Global Medicine Symposium, OSHA, Dept of Transportation, Textron Bell Helicopters, Brigade Healthcare Course, Preventative Medicine Senior Leaders Course, Joint Enroute Critical Care Course, Army Aeromedical Activity, research on Intervertebral Disc Disease.

05/2015-05/2018

Department of Rehabilitation Services
General Medical Officer
Assigned to Carl R. Darnall Army Medical Center Physical Medicine clinic with special duties Function as General Medical Officer, to mitigate the number of high risk patients get referred off-post to Pain management and PM&R clinics. Functioned as the Performance Improvement officer for PM&R, the Chiropractic Clinic OIC, and the MEB/IDES Subject Matter Expert to IPMC multi-disciplinary team. Significantly increased access to care to the Physical Medicine clinic. Was instrumental in leading the hospital transition for the Chiropractic clinic, contributing to the subsequent successful Joint Commission inspection. Increased access to care in the Chiropractic clinic by 500%.

9/2013- 5/2015

Department of Pediatrics/ Department of Deployment & Operational Medicine
General Medical Officer
Assigned to the Carl R. Darnall Army Medical center Pediatric Clinic with special duties within the Department of Deployment & Operational Medicine. Provided acute and routine medical care for newborn to age 18 and collaborated with Lactation Team Leader to develop research matrix to ensure effective use of resources to meet Perinatal Core Measures PC-05 for Joint Commission Accreditation. Demonstrated initiative by providing emergency medical care to one of the victims of the April 2, 2014 FT Hood shooting.

10/2012-9/2013

Department of Deployment Medicine/ Emergency Medicine
General Medical Officer
Assigned to the Department of Deployment & Operational Medicine at Carl R Darnall Army Medical Center (CRDAMC) with specific duties directed by the CRDAMC DCCS. Supported soldier deployment/redeployment from combat, while also performing clinical rotations within the Emergency and Internal Medicine Departments to increase access to care for acutely ill patients. Improved productivity of the SMRC by conducting ETS, Chapter, Special Forces, Airborne, Ranger, SERE, and OCS/WOCS physicals. Ensured DODM success with 90% CRDAMC staff compliance of their annual PHA's. Selected to become an ACLS instructor.

06/2012-10/01/2012

Department of the Army Inspector General Agency
Disability Medicine Subject Matter Expert (SME) - Temporary Dept of the Army Inspector General
Assistant Inspector General on Medical Disability (Subject Matter Expert)
Selected above my peers, from across the Army AMEDD as one of three medical NARSUM Subject Matter Experts to function as a temporary assistant Inspector General, in a SECARMY directed inspection of the MEB/IDES system. Planed, coordinated, and conducted inspections of agencies/commands and to gather required data and

perspectives relevant to the inspection topic. Developed inspection concepts, objectives, methodologies while coordinating inspection site requirements with major Army Commands ASCC, DRUs, Installations and Components. Identified trends, analyzed root causes to systemic problems and proposed solutions to the IG, Army Chief of Staff and Secretary of the Army for service-wide implementation.

06/2011-06/2012

Carl R. Darnall Army Medical Center
Integrated Disability Evaluation System
Increased patient access to care by conducting 203 acute care appointments in four months. Increased productivity by 25% by completing 202 NARSUMs, 12 TDRLs, 42 Psychiatric addendums in nine months with only a single case returned from the PEB. Performed duties of MEB chief and QA physician in their absence by performing QA on seven NARSUMS, and reviewing 13 cases for initial intake. Functioned as IDES Physician Training officer, applying PDA training to develop a comprehensive training program for new MEB/IDES NARSUM physicians.

11/2010-05/2011

Carl R. Darnall Army Medical Center, Hospital Operations, Clinical Plans and Medical Operations Officer

Served as Clinical Plans and Medical Operations Officer for Hospital Operation (HOD), responsible for the synchronization of external and internal MEDCEN operations supporting over 3,000 MEDCEN employee as well as the DoD's largest military installation and surrounding civilian population; assisted in development and execution of medical plans supporting Installation, Garrison, MEDCEN and Civilian AT/FP and MASCAL events

06/2005 - 07/2005

United States Army, Texas, Officer Basic Course - Class 1st Sergeant

Supervised 306 medical, dental, and veterinarian HPSP scholarship recipients for Officer Basic training. 10/2002 - 08/2003

United States Army - **Texas National Guard, Texas Flight Medic -**EMT/BCLS Instructor Training

10/2001 - 10/2002

United States Army Reserve, Texas, Instructor/Trainer