

October 6, 2021

United States Senate Committee on Armed Services
Russell Senate Building
Room 228
Washington, D.C. 20510

United States House Committee on Armed Services
2216 Rayburn House Office Building,
Washington, D.C. 20515

Re: Department of Defense COVID-19 Vaccine Policy Impact on Armed Forces Readiness and National Security Interests

Dear Honorable Senators and Representatives:

We are American citizens from all backgrounds. We question the necessity and efficacy of the Department of Defense (DoD) COVID-19 vaccine mandate (the mandate). We request formation of a Congressional Policy Commission to conduct a thorough, publicly transparent study of the mandate's impact on armed forces readiness and on national security interests. We request that the Executive Office be urged to stay the mandate and maintain this stay until the commission concludes consideration of this matter with recommendations.

The mandate affects the health, well-being and livelihood of 2,945,486¹ armed forces members and civilian federal employees (DoD personnel) along with millions of DoD contractors, often without or dubious informed consent protections. Regardless of their antibody status, DoD personnel who oppose the mandate for religious reasons risk separation, termination, court-martial, and even dishonorable discharge, which are permanent stains on their personal reputations. These personnel must choose between keeping their spiritual sovereignty or serving the nation. Religious accommodation is an issue which has been addressed by the House Armed Services Committee.² This violates their First, Fourth, and Fifth Amendment rights under the U.S. Constitution.³ In addition, any request for accommodation of religious practice denied without cause violates DoD policy⁴ and federal law.⁵

In this time of tenuous bioethics, government oversight must embrace the integrity of U.S. citizenship to protect it. Precedents must be weighed in favor of the public good to offset a culture of facile technology that offers immediate but questionable answers to fast-moving events.

¹ Defense Manpower Data Center, DoD Personnel, Workforce Reports & Publications, <https://dwp.dmdc.osd.mil/dwp/app/dod-data-reports/workforce-reports>

² H.A.S.C. No. 113-129, Religious Accommodations in The Armed Services, 19 November 2014

³ Bill of Rights Ratified by the states on December 15, 1791, Center for Legislative Archives, National Archives and Records Administration, www.archives.gov/legislative

⁴ DoD Instruction 1300.17 Religious Liberty in The Military Services

⁵ Section 533(a)(1) of Public Law 112-239

In 1947, the Nuremberg Code became the blueprint for informed consent in medical care. The U.S. Government prosecuted, convicted and executed medical doctors who violated the Nuremberg Code on medical experimentation. Aiders and abettors of Nuremberg crimes are equally guilty and have also been prosecuted, convicted, and executed.

In 2005, serving 193 countries including the United States, UNESCO adopted the Universal Declaration on Bioethics and Human Rights:

Article 6(1) “Consent” says *Any preventive, diagnostic and therapeutic medical intervention is only to be carried out with the prior, free and informed consent of the person concerned, based on adequate information. The consent should, where appropriate, be express and may be withdrawn by the person concerned at any time and for any reason without disadvantage or prejudice.*

Article 3(2) “Human dignity and human rights” says *The interests and welfare of the individual should have priority over the sole interest of science or society.*

At the COVID-19 pandemic's onset, policy-makers invested tax money heavily in vaccine development to reopen the country and end the pandemic with blanket vaccination. Since then, extensive evidence contradicts some conclusions that led to this policy.

A growing number of lawsuits on behalf of DoD personnel challenge the mandate and address new scientific data and analysis.⁶ Some argue that survivors of COVID-19 warrant presumptive medical exemption from vaccination because of natural immunity acquired.⁷ These lawsuits seek preliminary injunctions to suspend the mandate.

Lieutenant Colonel Theresa Long, M.D. M.P.H., F.S., United States Army, is a physician who examines the various COVID-19 vaccine complications and injuries she encounters in her treatment of service members. In an affidavit, LTC Long provides a thorough risk management analysis of the flight status of COVID-19 vaccinated patients and the many adverse-reaction issues involved, highlighting the impact on armed forces readiness resulting from the mandate.⁸

Concerns grow among retired armed forces officers that the mandate could compromise U.S. national security due to the unknown extent of vaccine complications. Commander Jay Furman, United States Navy (retired), argues that further study is needed before committing the DoD to creating one, irreversible, experimental group. CDR Furman emphasizes the exceptionally healthy military population, which isn't appreciably impacted by the virus without vaccination.⁹

⁶ Civil Action No.: 1:21-cv-2484. “Gregg Costin; Daniel Schultz; Cassidy Hollowell; Nathaniel Steele; Zachary Amigone; Thomas Handyside; Bogdan Matuszynski; Daniel Jackson; Lionel Klein; And Tanya Murrieta v. Joseph R. Biden, POTUS; Lloyd Austin, SOD,” 23 September 2021.

⁷ Civil Action No. 21-CV-2228. “Dan Robert, SSGT, U.S. Army and Hollie Mulvihill, SSGT, USMC, and Other Similarly Situated Individuals v. Lloyd Austin, SOD; Xavier Becerra, SDHHS; and Janet Woodcock, Acting Commissioner of FDA,” 17 August 2021.

⁸ Case 1:21-cv-02228-RM-STV Document 17, “Affidavit of LTC. Theresa Long M.D. In Support of a Motion for Preliminary Injunction Order,” 24 September 2021.

⁹ Furman, Commander, Jay, United States Navy (ret.). “Mandatory COVID-19 Vaccinations - A National Security Threat,” 17 August 2021.

Therefore, we ask for a Congressional Policy Commission to pursue at least the following:

- A full report on the status of all mandate exemption requests.
- A full report on the rate and types of personnel attrition over the past five years in order to assess the impact of the mandate on personnel attrition compared to this background.
- A full analysis of any provisions the DoD has instituted to accommodate operational and strategic risks that could result from loss of significant numbers of DoD personnel due to increased rates of attrition and declines in retention following the mandate.
- Hearings to examine DoD decision-making that led to the mandate within context of objective epidemiological and actuarial data, in order to
 - Examine alternatives to the mandate that were, or could have been, considered during course of action analysis, and why these alternatives were rejected.
 - Examine any projected operational and strategic consequences of each potential course of action, including the mandate, and determine the realism of these projections.
- Hearings with frontline DoD, Department of Veterans Affairs (VA), and independent health care providers to explore their concerns and perspectives regarding the physiological, cardiac, pulmonary, and overall health status of COVID-19 vaccinated DoD personnel they see in daily practice.
- Full statistical analyses of the Vaccine Adverse Event Reporting System regarding the mandate to evaluate its potential impact on operational and strategic readiness.
- A review of any DoD and VA plans of action for care and aftercare of DoD personnel who may suffer adverse reactions to the mandate and need administrative separation from service.
- A review of any DoD and VA plans of action to provide for and accommodate dependents of DoD personnel whose adverse events cause crippling disability or death, in order to
 - Conduct a cost-benefit analysis of potential impact to the DoD and VA budget over the next ten years and evaluate the operational and strategic risks to force readiness this may impose.

Americans deserve public transparency of the mandate decision process and its consequences on armed forces readiness and national security interests. Until full disclosure is given to the public and representatives of the public, lobbying the Executive Office to stay the mandate is germane to making a judicious assessment of the safety of the Republic and its people.

Thank you for your consideration.

Sincerely,

Freedom of Religion – United Solutions (FOR-US) – an interfaith coalition of over 50 faith leaders working to protect the religious freedom of vaccine choice

(Gathering additional official signatories prior to final delivery.)

SAMPLE