

Whistleblowers share DOD medical data that blows vaccine safety debate wide open

Data, transparency, and surveillance. That is what has been missing from the greatest experiment on humans of all time throughout this pandemic. Now, military medical whistleblowers have come forward with what they claim is perhaps the most accurate and revealing data set on vaccine safety one could possibly find.

The pro-pharma politicians and media claim the CDC's pharmacosurveillance tool "VAERS" is not good enough to trigger investigations into the shots because anyone can supposedly submit a vaccine adverse event entry. Thus, all the concerning safety signals from VAERS are being ignored, even though that system was put in place as a consolation to the public for absolving vaccine manufacturers of liability. Well, now some military whistleblowers are coming forward to present data that, if verified, would signal extremely disturbing safety concerns about the vaccine that make the VAERS data look like child's play.

On Monday, during Sen. Ron Johnson's five-hour hearing on a "[COVID-19: Second Opinion](#)," Ohio attorney Thomas Renz, who has been representing clients suing the vaccine mandates, presented DOD medical billing data from the Defense Medical Epidemiology Database (DMED) that paints a shockingly disturbing picture of the health of our service members in 2021.

[According to the military](#), DMED is the Armed Forces Health Surveillance Branch's (AFHSB) "web-based tool to remotely query de-identified active component personnel and medical event data contained within the Defense Medical Surveillance System (DMSS)." In other words, it contains every ICD medical billing code for any medical diagnosis in the military submitted for medical insurance billing during any given period of time. Three military doctors have presented queried data to Renz that shows a shocking and sudden spike in nearly every ICD code for common vaccine injuries in 2021.

In a declaration under penalty of perjury that Renz plans to use in federal court, Drs. Samuel Sigoloff, Peter Chambers, and Theresa Long — three military doctors — revealed that there has been a 300% increase in DMED codes registered for miscarriages in the military in 2021 over the five-year average. The five-year average

was 1,499 codes for miscarriages per year. During the first 10 months of 2021, it was 4,182. As Renz explained to me in an interview with TheBlaze, these doctors queried the numbers for hundreds of codes from 2016 through 2020 to establish a baseline five-year average. These codes were generally for ailments and injuries that medical literature has established as being potential adverse effects of the vaccines.

Renz told me the numbers tended to be remarkably similar in all those preceding years, including in 2020, which was the first year of the pandemic but before the vaccines were distributed. But then in 2021, the numbers skyrocketed, and the 2021 data doesn't even include the months of November and December. For example, some public health officials speculate that COVID itself places women at higher risk for miscarriages. But the number of miscarriage codes recorded in 2020 was actually slightly below the five-year average (1,477). However, they were not drastically below the average on any one category in a way that one can suggest it reflects lockdown-related decreases in doctor's visits, which somehow led to an increase in 2021 diagnoses.

The database has all the ICD codes for both military hospital visits and ambulatory visits. The data presented by Renz so far is all from the query of ambulatory diagnosis data.

Aside from the spike in miscarriage diagnoses (ICD code O03 for spontaneous abortions), there was an almost 300% increase in cancer diagnoses (from a five-year average of 38,700 per year to 114,645 in the first 11 months of 2021). There was also a 1,000% increase in diagnosis codes for neurological issues, which increased from a baseline average of 82,000 to 863,000!

Some other numbers he did not mention at the hearing but gave to me in the interview are the following:

- myocardial infarction – 269% increase
- Bell's palsy – 291% increase
- congenital malformations (for children of military personnel) – 156% increase
- female infertility – 471% increase
- pulmonary embolisms – 467% increase

All these numbers are among the ambulatory visits because those are where the vast number of diagnoses in the military occur. However, Renz did say the increases were indicated in the hospitalized patients as well. I have seen one of the sworn declarations from one of the military doctors, and it states as follows, "It is my professional opinion

that the major increases incidences of the above discussed instances of miscarriages, cancers, and disease were due to COVID-19 'vaccinations.'"

According to Renz, it was the actual clinical experience of the three named doctors and several unnamed doctors that led them to investigate DMED, and their discoveries reflected their experience treating patients with ailments extremely unusual to healthy, young soldiers since the rollout of the vaccines.

I have spoken to one of the whistleblowers who attests to being gravely concerned with seeing young soldiers with sudden metastatic cancers, auto-immune diseases, and heart and circulatory disorders that have caused many soldiers to drop out of various training programs. "These doctors were motivated to explore DMED data due to the numbers of case increases they were seeing empirically," said the whistleblower, who served in the military for many years. "Some physicians throughout the force (all branches) have been intimidated by commands not to perform the full spectrum of testing and adhere to the regulations, which implicitly direct full workups for EUA vaccination adverse reactions. It will require other military physicians to step forward and share experiences to fully ascertain the enormity of these allegations and engender an investigation to the fullest extent."

Renz claims he has a video with two witnesses showing the entire process of downloading this data from the database and is prepared to present it in court. He also told me that this is just "the tip of the iceberg," as the codes have increased exponentially in numerous other diagnosis categories. Renz said his spreadsheet, which includes over 100 medical diagnosis categories, was shared with Senator Johnson and his staff before the Monday hearing.

It's important to note that these numbers do not represent the number of *individual people* diagnosed with various ailments, but number of diagnoses codes used in totality at a given time. For example, someone who has a stroke is obviously going to rack up numerous neurological ICD codes over the course of a year with multiple ambulatory and hospital visits. However, the apples-to-apples comparison from the previous five years clearly shows an unmistakable spike in ailments.

If these numbers are verified in the upcoming court cases, then absent some massive military insurance fraud or bizarre glitch in the system, it potentially paints a shocking picture of vaccine safety concerns that would indicate that not only were the VAERS safety signals something that should immediately have been followed up on, but they are plagued by woeful underreporting. The military is a defined, finite, and closely controlled and monitored population. They are also overwhelmingly young and healthy. If allegations of neurological, cardio, and cancer concerns surrounding the vaccines are indeed true, the military would be the most revealing place to discover it, and their data is the most reliable and undisputable.

DMED is quite literally an *epidemiological* surveillance program designed for the express purpose of detecting surges in illness and injury to make sure the military is combat-ready. It's about national security even more than public health. Why would the military not have blown the whistle and warned the CDC right away about this data? On the [military health system website](#), the Armed Forces Health Surveillance Division (AFHSD) is described as "the central epidemiologic resource for the U.S. Armed Forces, conducting medical surveillance to protect those who serve our nation in uniform and allies who are critical to our national security interests."

How could the blaring and glaring surveillance signals of a lifetime be ignored by the Defense Health Agency (DHA), and how was this not conveyed to the general public? The question is why the military public health analysts have not been communicating with military doctors about the shocking spikes in diagnoses this year and why they have not put out any analysis explaining it.

For his part, Sen. Ron Johnson said at the Monday hearing that he put DOD on notice that it better not delete any of the data. "The Department of Defense, the Biden administration is on notice they must preserve these records and this must be investigated," said Johnson. Renz testified at the hearing that some of the myocarditis data was slid backwards since the doctors originally downloaded it last year.

Even if somehow these earth-shattering increases have nothing to do with the vaccines, isn't it important that our government investigate what appears to be a catastrophic decline in the health of our active-duty fighting force? After all, the DMED data was designed for this very purpose. "A person can do a research paper just on this data alone," said one of the whistleblowers I spoke to. "It was designed for this very purpose. The amount of data points you could query is nearly unlimited."

The bottom line according to Renz is that the onus of proof is on the government, not on the military personnel and citizens being forced to take the shots. If the manufacturers are exempt from liability for government coercion to use their product, and the only pharmacological safety data we have is completely ignored, then where is the recourse of the people to redress safety concerns? In the opinion of the Ohio attorney, if the shots are safe and effective, then the Pentagon should have no problem explaining the source of these gargantuan increases in instances of numerous illnesses. Transparency is the most potent cure of a pandemic of secrecy.