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U.S. DISTRICT COURT
N.D. OF ALABAMA

IN THE UNITED STATES DISTRICT COURT FOR THE NORTHERN DISTRICT OF ALABAMA

AMERICA'S FRONTLINE DOCTORS, et al,	)	
Plaintiffs,	)	
v.	)	Case No. 2:21-cv-702-CLM
The UNITED STATES OF AMERICA, et al,	)	Supplement to Plaintiffs' Brief (ECF 43)
Defendants.	)	

COME NOW the Plaintiffs, by and through their undersigned attorneys, and as their supplemental filing explaining the relevance of the Excel file presented to the Court on February 8, 2022 (*see* Order entered on February 8, 2022, ECF 46), do hereby submit the following:

1. The Excel spread sheet file first presented to the Court on February 8, 2022 (the "File") is now attached as Exhibit A to this Supplement.

2. The File contains a table of data that has been carefully downloaded from the Defense Medical Epidemiological Database ("DMED") by senior military personnel who are risking everything to serve their country in the best way they know how, now as whistleblowers.

3. These personnel are LT COL Theresa M. Long, LT COL Peter Chambers, 1LT Mark Bashaw and MAJ Samuel Sigoloff (the "Whistleblowers"). The

Whistleblowers are U.S. Army medical officers with regular authorized access to DMED. Each of them regularly accesses DMED as a part of their job. Each of them has provided undersigned counsel with a declaration under 28 U.S.C. § 1746(2).[1]

4. The DMED website[2] explains:

> DMED is available to authorized users such as U.S. military providers, epidemiologists, medical researchers, safety officers or medical operations / clinical support staff for serving health conditions in the U.S. military.
>
> The purpose of DMED is to standardize the epidemiologic methodology used to collect, integrate and analyze active component service member personnel and medical event data, to provide authorized users with remote access to the summarized data.

5. Each of the Whistleblowers independently queried the DMED database using the same queries. Each of the Whistleblowers obtained the same shocking results. Each of the Whistleblowers attempted to discredit and find an alternate explanation for the results, and each failed. The queries and results are reflected in the File. The File is populated exclusively with, and faithfully reflects, the DMED data.

6. The File reveals that prior to the commencement of vaccination within the DOD with the mRNA COVID-19 vaccines, the incidence of certain diseases and

[1] The declarations exceed the 10-page limit imposed by the Court in its February 8 Order, however, counsel will provide them to the Court upon request.
[2] https://health.mil/Military-Health-Topics/Combat-Support/Armed-Forces-Health-Surveillance-Division/Data-Management-and-Technical-Support/Defense-Medical-Epidemiology-Database

medical conditions among DOD personnel was predictable and constant at a certain level over a number of years from 2016 to 2020; HOWEVER, after the commencement of vaccination within the DOD with the mRNA COVID-19 vaccines in 2021, the incidence of these diseases and medical conditions among DOD personnel spiked dramatically.

7. For example, the File shows a 456% increase in acute myocardial infarction, a 468% increase in pulmonary embolism, a 296% increase in all cancers, a 275% increase in myocarditis.

8. The data in the File was first disclosed to the general public at a roundtable hosted by U.S. Senator Ron Johnson (R-WI) on January 24, 2022.[1] Following the exposé, the DOD responded with a statement that the dramatic spike in disease and medical conditions in DOD personnel immediately following the vaccine rollout in DOD was purely coincidental, and the result of a previously unannounced "glitch" in its DMED database, and had nothing to do with the vaccines themselves. The DOD maintains that the database glitch resulted in artificially low incidence numbers in the years 2016-2020, but that the 2021 data is accurate.

9. The DOD "glitch" story is absurd. It strains credulity that such a breathtaking error in the DMED database, which is heavily scrutinized by personnel

[1] https://www.ronjohnson.senate.gov/2022/2/sen-johnson-to-secretary-austin-has-dod-seen-an-increase-in-medical-diagnoses-among-military-personnel

throughout the DOD and other federal agencies, including the agencies employing the named Defendants, could have gone unnoticed for so long, including during the height of the pandemic in 2020. It is equally unconvincing that the DMED database would have magically corrected itself prior to 2021, while leaving all of the old erroneous data in the system.

10. Further, Plaintiffs have conducted their own investigation, and offer the attached Declarations of Mathew Crawford (Exhibit B) and Dr. Andrew Huff (Exhibit C), which are further illuminating and suggest deliberate agency misconduct and fraud (abuse of discretion).

Respectfully submitted this the 16th day of February, 2021.

/s/ *Lowell H. Becraft, Jr.*
Lowell H. Becraft, Jr.
Attorney for Plaintiffs
ASB 5005-F66L
403C Andrew Jackson Way
Huntsville, AL 35801
256-533-2535
becraft@hiwaay.net

/s/ *Thomas Renz*
Thomas Renz
Attorney for Plaintiffs
Ohio Bar No. 98645
1907 W. State St. #162
Fremont, OH 43420
419-351-4248
renzlawllc@gmail.com

/s/ *Michael A. Hamilton*
Michael A. Hamilton
Attorney for Plaintiffs
KY Bar No. 89471
HAMILTON & ASSOCIATES
1067 N. Main St, PMB 224
Nicholasville, KY 40356
859-655-5455

/s/ *F. R. Jenkins*
F. R. Jenkins
Attorney for Plaintiffs
Maine Bar No. 004667
Meridian 361 International Law Group, PLLC
97A Exchange Street, Suite 202
Portland, ME 04101

Exhibit A

Defense Medical Surveillance System (DMSS) Defense Medical Epidemiology Database (DMED) DoD Data - January 2022

Diagnosis or Injury	Query Date	2016	2017	2018	2019	2020	Total 2016-2020	Avg Injuries Per Year 2016-2020	2021 (Partial Year)	Percent Increase in 2021
All Diseases & Injuries										
All Disease & Injuries (Amb)	1/19/2022	2,059,630	2,058,379	2,022,663	2,110,383	1,976,724	10,227,779	2,045,555.80	**21,512,583**	**1052%**
All Disease & Injuries (Hosp)	1/19/2022	43,786	43,338	42,024	43,493	40,052	212,693	42,538.60	**54,776**	**129%**
Cancer										
Neoplasms (ALL CANCERS)	1/19/2022	41,557	39,139	37,756	38,889	36,050	193,391	38,678.20	**114,645**	**296%**
Malignant Neoplasms of Digestive Organs	1/19/2022	660	654	633	602	704	3,253	650.60	**4,060**	**624%**
Malignant Neoplasms of Thyroid & Other Endocrine Glands	1/19/2022	550	394	369	374	372	2,059	411.80	**1,950**	**474%**
Malignant Neuroendocrine tumors	1/19/2022	167	135	98	113	117	630	126.00	**440**	**349%**
Testicular Cancer (Amb)	1/10/2022	1,156	1,008	866	880	889	4,799	959.80	**3,537**	**369%**
Ovarian Cancer (Amb)	1/10/2022	121	88	73	82	69	433	86.60	**181**	**209%**
Breast Cancer (Amb)	1/10/2022	934	810	766	792	766	4,068	813.60	**4,357**	**536%**
Malignant Neoplasm of Esophagus	1/19/2022	29	36	35	20	26	146	29.20	**261**	**894%**
Mental Health & Metabolic Function										
Anxiety (Amb)	1/10/2022	37,011	36,667	36,145	37,762	37,870	185,455	37,091.00	**931,791**	**2512%**
Anxiety (Hosp)	1/10/2022	2,478	2,577	2,534	2,666	2,642	12,897	2,579.40	**6,496**	**252%**
Suicide	1/10/2022	359	496	530	570	550	2,505	501.00	**1,798**	**359%**
Endocrine Nutritional & Metabolic Diseases (Amb)	1/19/2022	33,140	31,825	30,814	31,504	30,506	157,789	31,557.80	**134,053**	**425%**
Disorders of Thyroid Gland	1/19/2022	8,078	7,694	7,357	7,289	6,893	37,311	7,462.20	**24,769**	**332%**
Malasie & Fatigue (Amb)	1/10/2022	3,851	3,842	3,832	3,885	3,735	19,145	3,829.00	**26,416**	**690%**
Thyroid Dysfunction (Amb)	1/10/2022	8,074	7,696	7,357	7,289	6,891	37,307	7,461.40	**22,620**	**303%**
Diabetes Type 1 (Amb)	1/10/2022	1,319	1,167	1,072	1,036	960	5,554	1,110.80	**5,269**	**474%**
Disease of Liver (Amb)	1/10/2022	1,994	2,053	2,063	2,234	2,322	10,666	2,133.20	**6,187**	**290%**
Narcolepsy & Cataplexy										
Narcolepsy & Cataplexy	1/19/2022	995	898	864	830	766	4,353	870.60	**2,097**	**241%**
Neuromuscular & Skeletal Systems										
Diseases of the Nervous System	1/19/2022	82,435	81,998	81,382	85,012	80,786	411,613	82,322.60	**863,013**	**1048%**
Diseases of the Eye & Adnexa	1/19/2022	88,091	87,712	86,417	91,503	79,529	433,252	86,650.40	**280,206**	**323%**
Migraine	1/19/2022	15,734	15,714	16,462	17,116	16,331	81,357	16,271.40	**73,490**	**452%**
Seizures (Amb)	1/10/2022	196	148	130	150	123	747	149.40	**489**	**327%**
Guillian-Bare Syndrome (Amb)	1/10/2022	66	79	71	85	65	366	73.20	**403**	**551%**

Exhibit A

Defense Medical Surveillance System (DMSS) Defense Medical Epidemiology Database (DMED) DoD Data - January 2022

Diagnosis or Injury	Query Date	2016	2017	2018	2019	2020	Total 2016-2020	Avg Injuries Per Year 2016-2020	2021 (Partial Year)	Percent increase in 2021
Acute Transverse Myelitis in Demyelinating Disease of CNS	1/19/2022	46	57	48	35	34	220	44.00	**202**	**459%**
Demyelinating Diseases of the CNS	1/19/2022	785	737	690	677	648	3,537	707.40	**3,444**	**487%**
Multiple Sclerosis	1/19/2022	479	391	367	400	385	2,022	404.40	**2,750**	**680%**
Rhabdomyolysis (Hosp)	1/10/2022	216	209	227	222	198	1,072	214.40	**440**	**205%**
Rhabdomyolysis (Amb)	1/10/2022	706	696	740	755	669	3,566	713.20	**5,162**	**724%**
Eye Disorder (Amb)	1/10/2022	6,044	6,013	5,647	6,312	5,623	29,639	5,927.80	**11,892**	**201%**
Extra Pyramidal (Amb)	1/10/2022	1,509	1,474	1,339	1,371	1,338	7,031	1,406.20	**3,669**	**261%**
Bell's Palsy (Amb)	1/10/2022	483	462	457	447	450	2,299	459.80	**1,338**	**291%**
Cardiovascular System										
Diseases of the Blood & Blood-forming Organs & Certain Disorders Involving the Immune Mechanism	1/19/2022	11,533	11,122	10,851	11,773	11,429	56,708	11,341.60	**34,486**	**304%**
Acute Myocardial Infarction (Amb)	1/10/2022	324	370	376	366	372	1,808	361.60	**1,650**	**456%**
Hypertension (Amb)	1/10/2022	2,308	2,323	2,363	2,392	2,415	11,801	2,360.20	**53,846**	**2281%**
Acute Myocarditis (Amb)	1/21/2022	84	92	116	159	108	559	111.80	**307**	**275%**
Acute Pericarditis (Amb)	1/10/2022	535	538	522	531	499	2,625	525.00	**850**	**162%**
Nontraumatic subarachnoid hemorrhage	1/19/2022	219	139	134	170	196	858	171.60	**640**	**373%**
Pulmonary Embolism (Amb)	1/19/2022	678	701	668	716	968	3,731	746.20	**3,489**	**468%**
Tachycardia (Amb)	1/10/2022	845	814	893	903	849	4,304	860.80	**2,595**	**301%**
Disease of the Arteries (Amb)	1/10/2022	3,164	2,965	2,938	3,096	2,860	15,023	3,004.60	**6,069**	**202%**
Cerebral Infarction (Amb)	1/10/2022	887	848	858	888	887	4,368	873.60	**3,136**	**359%**
Reproductive System & Birth										
Spontaneous Abortion (First Occurrence)	1/19/2022	2,668	2,532	2,475	2,608	2,404	12,687	2,537.40	**2,164**	**85%**
Spontaneous Abortion (All Occurences)	1/10/2022	1,431	1,518	1,493	1,578	1,477	7,497	1,499.40		**0%**
Congenital Malformations (Amb)	1/19/2022	11,710	11,131	10,456	11,081	10,153	54,531	10,906.20	**18,951**	**174%**
Infertility, Female (Amb)	1/19/2022	2,261	2,262	2,243	2,340	2,262	11,368	2,273.60	**11,748**	**517%**
Infertility, Male (Amb)	1/19/2022	2,187	2,287	2,037	2,152	1,990	10,653	2,130.60	**8,365**	**393%**
Ovarian Dysfunction (Amb)	1/19/2022	862	936	908	945	1,022	4,673	934.60	**4,086**	**437%**
Dysmenorrhea (Amb)	1/10/2022	3,104	3,403	3,481	3,943	3,900	17,831	3,566.20	**12,539**	**352%**
Vaccine Adminstration										
T50.B95A Adverse Effect of Other Viral Vaccine, Initial Encounter	Unassigned						914	182.80	**1,281**	**701%**

Exhibit B

To whom it may concern:

On Monday, January 24, attorney Thomas Renz addressed Senator Ron Johnson and those at a special five-hour hearing on COVID-19 issues. Renz spoke about alarming increases in miscarriages, cancers, and neurological conditions based on reports put together by whistleblowers with access to the Defense Medical Epidemiology Database (DMED).

The Department of Defense (DoD) responded that the increases in rates of illness and disease reported by Renz were due to a “glitch” in DMED. The DMED was then taken offline for some time. After DMED was put back online, query reports showed large changes to data queries for the 2016 through 2020 date range.

Tracking down the glitch reveals an unexplained change of data that can be observed in Medical Surveillance Monthly Reports (MSMR) published openly online. The May 2021 MSMR displays annual summaries of major diagnostic categories of ambulatory and hospitalization reports from 2016, 2018, and 2020. These major diagnostic categories are defined as the categories with the greatest number of reported events and constitute the vast majority of medical diagnoses. When comparing the numbers of ambulatory reports to the May 2019 MSMR (which displays summaries from 2014, 2016, and 2018), the totals for these diagnostic categories for 2016 and 2018 were substantially revised to display increases in all forms of illness by an average of 17.5% (16.3% after excluding one category called “Other” that included a change in definition). Presumably these changes took place for all data from 2016 through 2020. Strangely, no such large revisions were made to hospitalization data, which would be expected if the revisions were due to a large cache of “lost and found” patient reports in which a proportion of the conditions resulted in hospitalization.

A review of the past decade of MSMR reports show a small handful of revisions larger than 2%, with nearly all changes in summary data far smaller than 1%. No major systemic data revisions were observed prior to the May 2021 MSMR. At the time of this report, no explanation was given for the massive changes in health data that would surely affect biomedical studies on these diagnostic categories. Best practices would dictate a detailed explanation for large and sudden changes---particularly as it pertains to one of the world’s most important medical databases. Further, the changes in all but one of the 16 major diagnostic categories fit the changes observed from queries performed after the DMED was put back online, purportedly to fix the “glitch”. This leads me to believe that the DMED “glitch” clearly corresponds to the large revisions that appeared in the May 2021 MSMR.

Further, and perhaps more disturbing, the data revisions are not randomly distributed as one might expect of “lost and found” reports added to a system, or many methods for recalibrating report definitions. These revisions are most prominent in the categories most heavily researched as injuries or adverse events associated with the COVID-19 quasi-vaccines, including those that Renz spoke about in the January 24 hearing.

There are enough signs to conclude with a high probability that the large-scale MSMR revisions published in May 2021 and associated DMED alterations made in January 2022 were made to mask illness data from early 2021 associated with vaccine rollouts, and likely fraudulent. An examination of the data should quickly reveal whether this is the case.

Exhibit B

I, Mathew Crawford, declare under penalty of perjury, pursuant to 28 U.S.C. §1746, that the foregoing facts are true and correct.

Respectfully submitted this the 16th day of February 2022.

Mathew Crawford
Statistical and Data Analyst

Exhibit C

DECLARATION OF ANDREW HUFF PH.D., M.S.

To whom it may concern:

On February 16th, I participated in a presentation by Mathew Crawford from Renz Law Firm where he explained numerous anomalies in the DMED reports published by the Department of Defense (DoD). After his presentation, I personally examined the Defense Medical Epidemiology Database (DMED) data and two different versions of the reported data. The purpose of DMED is "to standardize the epidemiologic methodology used to collect, integrate and analyze active component service member personnel and medical event data, and to provide authorized users with remote access to the summarized data." DMED contains the reasons why DoD personnel were evaluated by medical personnel reported in the form of International Diagnostic Codes (IDC) revisions 9 and 10. The two reports in question are from one that was available online prior to January 24, 2022, and second that was published after a "glitch" was identified and corrected by the DoD. As DMED is one of the most comprehensive and accurate health record databases in the world, the database contains any potential vaccine injury data related to mRNA vaccines. After, analyzing both versions of the data, it is my opinion that the data were altered to distort and hide the true extent of the harm caused to the US Armed Forces by the mRNA vaccines that were uniformly administered to the population.

In the absence, of any large or major changes in the exposures of DoD personnel to any other substance, chemical, toxin, physical, or environmental hazard, there should not be substantial deviations between the years of reported data. Due to the "glitch" correction, it appears that DMED was altered in a way to obfuscate mRNA vaccine injuries by increasing the illnesses in the previous years to match the projected injuries in 2021. Most, notably that such a major correction of this "glitch" would have triggered these actions by DoD:

- An addendum to the report to be issued that explains why the glitch occurred, the changes to the data that occurred due to correcting the glitch, an explanation of how the glitch was identified, and the methods used to correct the glitch by DoD personnel.
- Due to the large differences in diseases incidence and prevalence, it would normally trigger investigations into the diseases and health conditions which dramatically increased due to correcting the "glitch" in previous years. At the time of this letter there appears to be no investigation to the diseases that dramatically increased incidence, which would be typical for public health officials and officers reviewing the DMED data.

Due to the circumstances and timing surrounding of the glitch, the lack of proper reporting related to the glitch's correction, and the large increases in health conditions reported in previous years data, it appears that the data were manipulated to obfuscate injuries and diseases caused by mRNA vaccines in DMED.

I, Andrew Huff, declare under penalty of perjury, pursuant to 28 U.S.C. §1746, that the foregoing facts are true and correct.

Respectfully submitted this the 16th day of February 2022.

Andrew Huff, Ph.D., M.S.