

I, Lieutenant Colonel Peter Chambers, MC, FS, SF 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. A self-produced informed consent PDF I created for soldiers on the Task Force is attached as Exhibit B.

4. Upon completion of my undergraduate studies I completed my medical degree from the University of New England in 1996. I completed a Family Medicine Residency through Oklahoma State University and began a civilian practice in Emergency Medicine. During that time I served in the National Guard as a Special Forces Battalion Surgeon. I assessed to active duty and served in the same capacity with an active-duty Special Forces Group. I have also served as a Special Forces Officer (18A) and have several deployments in support of Special Operations missions around the globe, including both combat and overseas Joint Combined Exchange Training (JCET) deployments.

5. I am a Special Forces Qualified Army Flight Surgeon assigned to a Special Operations unit in the Texas National Guard.

6. I am currently serving as the Task Force Surgeon for Operation Lone Star. The border mission currently gaining much spotlight along the Rio Grande River. The numbers of soldiers under my healthcare oversight is not available, however it is a sizeable force and represents the finest volunteers, sons and daughters of the State of Texas.

7. My short version curriculum vitae is attached, reflecting service spanning from 1983 to present, as an enlisted warfighter as well as a Green Beret and Flight Surgeon. Full credentials available upon request.

8. My affidavit falls on the heels of another morally courageous colleague, LTC Theresa Long, whose eloquent roll up and format will serve as my method as well.

9. Prior to this mission I served as the State of Texas Military Department's Liaison to the Governor's Task Force during the initial phase of the COVID Pandemic. During that time I was intimately involved with sifting through the initial data on the early phases of pandemic and assist the team with forecasting responses, procuring PPE and developing projected bed space needs. I became intimately involved with the most current data and treatment modalities, as well as early modalities that were met with little improvement to outcome and ranged do extremely deleterious effects on patients. Upon completion of liaison duties I assisted with initiating the statewide mobile testing response.

10. Like my colleague, LTC Long, I agree that based upon risk stratification along with treatment modalities in existence, the introduction of a substance which is still in a phase III trial is not necessary, and introduces increased risk factors for the known side effects exhibited by this phase III trial.

11. The mandate placed upon soldiers for a vaccine that is currently not available also poses another problem for me personally and professionally. Based upon the Centers for Disease Control (CDC) vaccine adverse affects websites known as Vaccine Adverse Events Reporting System (VAERS) data and my own experience over the last 18 months monitoring, advising and treating COVID patients, I cannot in good conscience nor under the hypocritic oath (do no harm) advise Soldiers to take an unapproved high risk "vaccine" still in a phase III trial. Just one example would be a 24 year old Soldier who presented with chest pain post "vaccine" injection and has subsequently developed myocarditis and was released from mission and currently has the heart pumping function of a normal 70 year old. Other soldiers have exhibited anaphylactic reactions to injections. I can irrefutably say that we must FIRST OF ALL, DO NO HARM.

12. Current study of regulations, and after discussions with legal counsel has elucidated to many, to include myself, that it would make it an unlawful order to follow a mandate that does not allow for true informed consent as the current vaccine available is still in a phase three trial and offers no guidance per package insert or otherwise. The predominance of evidence exhibiting the untoward effects of this vaccine administration procedure, overwhelmingly will not allow me to allow harm to come to my soldiers, colleagues or any civilian I advise.

13. I have practiced medicine over 20 years and have been on the front lines of trauma, preventative, austere, and civilian based settings. My experiences during the Texas COVID response allowed me to critically assess and formulate courses of action that have been successful in mitigating COVID in the ranks during my current Border Protection operation.

14. I have a command that is supportive of my position and am doing all I can to develop options for every soldier individually. I do not want another 24-year-old soldier to be taken off mission with a diminished heart function as a result of the COVID injection, or another soldier to suffer long term side effects, like myself, of this vaccine, without being informed of the possible side effects or overall effectiveness of the vaccine versus natural immunity or available therapy.

15. I have followed the lead of LTC Long in her final injunction call, and have added her final conclusions with which I fully concur and support her courses of action.

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

- a) None of the ordered Emergency Use Covid 19 vaccines can or will provide better immunity than an infection-recovered person;
- 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;
- 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;
- 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;
- 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;
- 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;
- 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 soldiers in this Task Force performing hazardous duties, to include, but not limited to high altitude military free-fall (MFF) operations.
- h) That, by virtue of their occupations, said MFF personnel present extraordinary risks to themselves and others. Microthrombotic changes could occur and pose a deleterious affect upon the normal physiology for vaccinated Soldiers, leading to catastrophic consequences at high altitudes.
- i) That, without any current screening procedures in place, including any Aero Message relating to this demonstrable and identifiable risk, I must and will therefore ground all active MFF personnel who received the vaccinations until such time as the causation of these serious systemic health risks can be more fully and adequately assessed.

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.

k) That, in accordance with the foregoing, I hereby recommend to the Secretary of Defense that all MFF personnel in the military service who required hospitalization from injection or received any Covid 19 EUA vaccination be grounded similarly for further dispositive assessment.

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.

16. I am competent to give opinion on these courses of action based upon my above-referenced education and professional medical, special operations MFF surgeon and military experience and the basis of my opinions are formed as a result of my education, practice, training and experience.

17. As Special Operations Medical Specialist, and flight surgeon responsible for the lives of our Army National Guard Soldiers, I confirm and attest to the accuracy and truthfulness of my foregoing statements, analysis and attachments or references hereto:

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LTC Peter C. Chambers, DO, MC, FS, SF