IN THE UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF VIRGINIA
Alexandria Division

TERRY ADIRIM, M.D.	)	
	)	
Plaintiff,	)	
v.	)	
	)	
U.S. CENTRAL INTELLIGENCE AGENCY, et al.	)	Case No.: 1:25-cv-00768-MSN-WBP
	)	
Defendants.	)	

DEFENDANT IVAN RAIKLIN'S MEMORANDUM IN SUPPORT OF MOTION FOR SUMMARY JUDGEMENT

COMES NOW, the Defendant, Ivan Raiklin ("Raiklin"), by Counsel, and in and for his Memorandum in Support of Motion for Summary Judgement state as follows:

I. INTRODUCTION

This is a retaliatory action by Terry Adirim, M.D. ("Dr. Adirim") who was hired and terminated by the CIA. Dr. Adirim challenges Raiklin's opinions regarding the mandatory vaccination program instituted for service members. Raiklin opposed the program and believes, in his opinion, it was illegal and led to servicemember deaths. In her Amended Complaint, Dr. Adirim alleged Raiklin defamed her, stole her private X messages, intentionally caused her to suffer emotional distress and wrongfully interfered with her employment with the CIA. Following full briefing and argument, this Court granted Defendants' Motion to Dismiss the Complaint in part, limiting the action to defamation *per se*. Defendant now moves for summary judgment because the undisputed material facts demonstrate Raiklin's statements reflect his genuinely held opinions based on his interpretation of data available to him.

II. STATEMENT OF UNDISPUTED FACTS

1. Ivan Raiklin is an attorney, combat veteran, former military intelligence and special operations officer. Am. Compl. at ¶ 22.
2. Dr. Terry Adirim is an emergency medicine and public health professional who served as Director of Defendant CIA's Center for Global Health Services until April 2025. *Id.* at ¶ 28.
3. During the early days of the COVID-19 pandemic in 2020, Dr. Adirim was serving as the Acting Assistant Secretary for Health Affairs. *Id.* at ¶ 23.
4. While serving in this role, Dr. Adirim advised Defense Secretary Lloyd Austin to require COVID-19 vaccines for military servicemembers. *Id.*
5. In August of 2021, the Department of Defense ("DOD") implemented a mandatory COVID-19 vaccination policy for service members. **Exh. 1**, Long Aff. at III:1.
6. The policy stated that two vaccine variants, the Comirnaty vaccine and the Pfizer-BioNTech vaccine, were interchangeable, despite the Comirnaty vaccine being approved by the FDA, while the Pfizer-BioNTech vaccine was only authorized under Emergency Use Authorization ("EUA"). **Exh. 2**, "Mandatory Vaccination of Service Members using the Pfizer-BioNTech COVID-19 and Comirnaty COVID-19 Vaccines."
7. Concerns were raised about the legal risks involved with stating that the Comirnaty vaccine and the EUA vaccine were "interchangeable." **Exh. 3**, Office of the Assistant Secretary of Defense, Action Memo Re: Mandatory Vaccination of Service Members using the Pfizer-BioNTech/Comirnaty Coronavirus Disease 2019 Vaccines.
8. During the administration of the vaccines to the armed forces, medical personnel observed numerous adverse reactions to the vaccine and raised concerns regarding the safety of the vaccine. **Exh. 1** at IV:E(1).

9. Lt. Col. Theresea Long ("Dr. Long"), a doctor and brigade surgeon, was one of these medical personnel and became a whistleblower in 2021 when she felt concerns about the vaccine's safety were not being taken seriously. **Exh. 4** (Long, 131:9).

10. Dr. Long is not the only military medical professional to have come forward as a whistleblower, naming Dr. Sam Sigoloff as the other military whistleblower to have come forward. **Exh. 4** (Long, 115:20)

11. Dr. Long claims others who were not comfortable coming out against the mandate publicly have shared concerns with her. **Exh. 4** (Long, 118:22).

12. Dr. Long noted over 55,000 adverse events reported after vaccination through the Vaccine Adverse Events Reporting System ("VAERS"), including 2,544 reported deaths. **Exh. 4** (Long, 31:11).

13. Dr. Long reported personal knowledge of the deaths of 29 service members as a result of the vaccine. **Exh. 4** (Long, 38:9).

14. Dr. Long observed notable increases in failed pregnancies after the institution of the vaccine mandate. **Exh. 4** (Long, 102:3).

15. Dr. Long observed a number of other side effects that she believed resulted from the COVID-19 vaccine, including myocarditis, chronic inflammatory demyelinating polyneuropathy, encephalitis, and numerous other negative effects. **Exh. 4**, (Long, 91:8-19).

16. These effects were observed in a population of mostly young, healthy individuals. **Exh. 4**, (Long, 116:8).

17. Dr. Long believed that Dr. Adirim should have taken action to further investigate the risks of the vaccine given the available data and concerns reported. **Exh. 4**, (Long, 48:19).

18. Raiklin was aware of Dr. Long's concerns. **Exh. 8**, Raiklin Aff. at § III, ¶11.

19. Raiklin had communicated with Dr. Long about these concerns prior to his appearance on the Roseanne Barr podcast. *Id.*; **Exh. 4** (Long, 129:17).

20. In addition to Dr. Long, Raiklin communicated with numerous other sources who shared concerns about the vaccine mandate and its effects, including military officials, civilian doctors, scientists, attorneys, journalists, and government officials. **Exh. 8** Raiklin Aff. at § III, ¶ 11.

21. These other sources had publicly shared information regarding observed adverse effects of the vaccine and the vaccine mandate. **Exh. 8** Raiklin Aff, § IV-A.

22. These observations and statements raised vaccine-related concerns that corroborated Dr. Long's concerns, including heightened rates of myocarditis, infertility issues, and neurological disease. **Exh. 8** Raiklin Aff. at § IV-A, ¶¶ 17C-17J.

23. These observations and statements also raised concerns regarding the management and administration of the vaccine mandate, including informed consent issues, command pressure against medical exemptions, and ignorance towards reports of these concerns. **Exh. 8** Raiklin Aff. at § IV-A, ¶¶17D-17S.

24. Raiklin has opposed Secretary Austin's decision to mandate vaccinations, as well as Dr. Adirim's recommendation of the mandate. Am. Compl. at ¶ 29.

25. On October 3, 2024, Raiklin appeared on the Roseanne Barr Podcast. *Id.* at ¶ 31.

26. On the podcast, Raiklin made statements regarding Dr. Adirim and the vaccine mandate at issue in this matter which are that Dr. Adirim "signed the memo institutionalizing the illegal vax mandate on the DOD;" that Dr. Adirim is "criminally liable and [will] face consequences for genocide and for mutilation;" and that Dr. Adirim will "be convicted of genocide and mass mutilation at the very least." Am. Compl. at ¶ 78.

27. Raiklin came to these conclusions based on the information provided to him by Dr. Long and other public sources, and his assessments of the law based on his training and education. **Exh. 5,** (Raiklin, 23:22-24:4; 31:20-32:4); **Exh. 8** Raiklin Aff. at § V.

28. On January 27, 2025, the President issued Executive Order 14184, "Reinstating Service Members Discharged Under the Military's COVID-19 Vaccination mandate. **Exh. 6**, Exec. Order No. 14184, 90 Fed. Reg. 8761 (Jan. 27, 2025).

29. On May 7, 2025, The Office of the Under Secretary of Defense issued "Memorandum for Secretaries of the Military Departments", which designated the vaccination mandate as "unlawful as implemented". **Exh. 7**, Office of the Under Secretary of Defense Memorandum for Secretaries of the Military Departments, "Supplemental Guidance to the Military Department Discharge Review Boards and Boards for Correction of Military/Naval Records Considering Requests from Service Members Adversely Impacted by Coronavirus Disease 2019 Vaccination Requirements.

III. STANDARD OF REVIEW

A movant is entitled to summary judgment if it shows that "there is no genuine issue as to any material fact and that the movant is entitled to judgment as a matter of law." Fed. R. Civ. P. 56(a); *see also Anderson v. Liberty Lobby, Inc.*, 477 U.S. 242, 247-48, 106 S. Ct. 2505, 91 L. Ed. 2d 202 (1986). The facts shall be viewed, and all reasonable inferences drawn, in the light most favorable to the non-moving party. *Anderson*, 477 U.S. at 255. The party seeking summary judgment has the initial burden to show the absence of a material fact. *Celotex Corp. v. Catrett*, 477 U.S. 317, 325, 106 S. Ct. 2548, 91 L. Ed. 2d 265 (1986). "(A) party opposing summary judgment may not simply rest on the allegations of his complaint but must instead come forward with specific evidence showing the existence of a genuine issue of [material] fact " *Muhammad v.*

Giant Food, 108 F. App'x 757, 764 (4th Cir. 2004) (citing *Williams v. Griffin*, 952 F.2d 820, 823 (4th Cir. 1991)). To constitute a "material" fact, the party opposing summary judgment must establish that the disputed fact "might affect the outcome of the suit under the governing law." Anderson, 477 U.S. at 248.

IV. LAW AND ARGUMENT

The undisputed material facts show Raiklin made statements on the Roseanne Barr podcast in opposition to the vaccine mandate as it had been implemented by Dr. Adirim. He opposed the mandate because, in his opinion, it was illegal and it harmed service members. He shared his assessment of the scope and scale of the wrongdoing, predicting that Dr. Adirim "will face consequences for genocide and for mutilation" and that she will "be convicted of genocide and mass mutilation at the very least." Am. Compl. at ¶ 78. The undisputed material facts demonstrate these statements were made based on Raiklin's personal knowledge as well as his communications with Lt. Col. Theresa Marie Long, a whistleblower who reported her observations regarding a correlation between the vaccines and adverse health effects, including death. Raiklin further relied on public information and public statements from numerous other military and civilian figures who had reported concerns about the vaccine mandate, its effects, and the handling of concerns related to the vaccine that were reported to officials in the chain of command. *See generally*, Exh. 8, Raiklin Aff.

Raiklin is entitled to summary judgment because his statements are opinions protected by the First Amendment, to the extent his statements imply factual connotations Plaintiff's evidence fails to prove falsity, and the undisputed material facts fail to demonstrate *New York Times* actual malice as a matter of law.

A. Raiklin's statements are inactionable expressions of opinion.

"To be actionable, [in defamation] the statement must be both false and defamatory." *Jordan v. Kollman*, 269 Va. 569, 575 (2005). "Statements of opinion are generally not actionable because such statements cannot be objectively characterized as true or false." *Id.* "Statements that are relative in nature and depend largely upon the speaker's viewpoint are expressions of opinion." *Fuste v. Riverside Healthcare Ass'n, Inc.*, 265 Va. 127, 132-33 (2003). If a statement is not opinion, the plaintiff in a defamation action has the burden of proving that the statement is false. *Jordan*, 269 Va. at 576; *see also Williams v. Garraghty*, 249 Va. 224, 235 (1995). A defendant's statement of his or her subjective analysis of fully disclosed facts is generally not actionable. *See Schaecher v. Bouffault*, 290 Va. 83, 105 (2015).

In *Goulmamine v. CVS Pharm., Inc.*, 138 F. Supp. 3d 652, 660 (E.D. Va. 2015) the district court explained the two caveats to the general rule that statements of opinion are not actionable. Opinions may be actionable when (1) they have a provably false connotation and are capable of being proven true or false, and (2) the underlying facts are false. In denying Raiklin's Motion to Dismiss, this court concluded Raiklin's statements "communicate the factual assertion that [Dr. Adirim] has committed genocide and mass mutilation in the past through her work at the Department of Defense." [ECF No. 68 at Page 12 of 25]. Discovery has demonstrated that as far back as 2021, public whistleblowers like Dr. Long raised concerns about adverse effects, including an increase in failed pregnancy rates and even deaths, resulting from this mandate. Exh. 4, (Long, 8:9, 102:3); Exh. 3 (Raiklin Aff. at § IV-A, ¶ 17B). Dr. Long testified that she believes service members died as a result of the illegal mandate. Exh. 4, (Long, 132:3-7). Dr. Long testified that in her opinion the heart is mutilated by the impact of the vaccine in the service members who had myocarditis. Exh. 4, (Long, 11-14). Dr. Long testified that she has personal knowledge of the

deaths of 29 servicemembers as a result of the coronavirus vaccines. Exh. 4, (Long, 38, 9-12). Raiklin communicated with Dr. Long and was aware of her observations and conclusions before he made his statements on the Roseanne Barr podcast. Exh. 4, (Long, 129:20); Exh. 8 (Raiklin Aff. at § III, ¶ 11a). Raiklin was also aware of concerns raised by military officials including LTC Pete Chambers, D.O., MAJ Samuel Sigoloff, D.O., 1LT Mark Bashaw, LT Ted Macie, and Cdr. Robert Green. *Id.* at § IV-A, ¶¶ 17C-17G. Raiklin was further aware of concerns about the vaccine raised by civilian doctors, including Dr. Peter McCullough, Dr. Robert Malone, Dr. Ryan Cole, and Dr. Jane Ruby. *Id.* at § IV-A, ¶¶ 17H-17K. Before he appeared on the Roseanne Barr podcast, Raiklin was aware of and based his conclusions on the opinions and statements of all of the aforementioned persons. *Id.* at § IV-A, ¶ 17A.

At the summary judgment stage, Dr. Adrim is no longer entitled to a presumption that the allegations in the Amended Complaint are true. She must present competent evidence to prove the "factual assertion that she committed genocide and mass mutilation" is false. Although she has not been convicted of any crime, Raiklin's prediction was found actionable only because it suggested she had committed the acts in the past. Dr. Adirim cannot demonstrate the vaccine mandate did not cause or contribute to the death of the 29 servicemembers Dr. Long identifies as having been the result of the coronavirus vaccines.[1] See *McBride v. City of Roanoke Redevelopment & Hous. Auth.*, 871 F. Supp 885, 892 (holding that plaintiff's defamation complaint must be dismissed in part because "plaintiff has not presented the court with one shred of evidence establishing the statement's falsity"). Evidence that the vaccine mandate saved lives does not equate to affirmative

[1] One of the 29 servicemembers "died for 20 minutes . . . while he was piloting an aircraft and was resuscitated" and is presently alive. (Long, 38:9 – 39: 16).

proof that the vaccine mandate did not cause or contribute to the death of servicemembers. Absent affirmative proof of falsity, Raiklin is entitled to summary judgment.

Even if the court assumes falsity,[2] however, Raiklin's statements remain protected expressions of opinions regarding the scope and effect the vaccine mandate based on publicly available data. There is no dispute Dr Adirim is the architect of the implementation of the vaccine mandate. There is no dispute that as early as 2021 Dr. Long publicly shared her observations and conclusions regarding the adverse health effects of the vaccine mandate. Other military officials, doctors, and government officials had publicly voiced similar concerns. Exh. 8 (Raiklin Aff. ¶¶ 17A-17T). Raiklin's comments reflect his conclusions drawn from available data. Raiklin formed his opinion that the vaccine mandate was illegal based on his legal education and his reading of the applicable statutes and regulations. Exh. 5 (Raiklin, 23:22-24:4); *see also* Exh. 7 (DOD Memorandum describing the mandate as illegal as implemented). The statements are predictive, based on what he believes will happen as a result of Dr. Adirim's actions. Raiklin formed his opinions regarding the criminality and morality of Dr. Adirim's actions based on his legal understanding, combined with the facts provided to him by Dr. Long and others concerned about the health effects of the mandate. Exh. 5 (Raiklin, 31:20-32:4); Exh. 8 (Raiklin Aff. at § V, ¶ 18). These are his subjective opinions regarding the scope and magnitude of Dr. Adirim's fully disclosed conduct, based on publicly available data and are not actionable in defamation.

"Our country has a profound national commitment to the principle that debate on public issues should be uninhibited, robust, and wide-open; that commitment must be honored even when

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[2] Courts will often presume falsity at the summary judgment stage because the case can be resolved on alternative grounds. *See e.g. Blankenship v. Trump*, 2024 U.S. App. LEXIS 6992, *5 (4th Cir. 2024) (unpublished opinion) (citing *Celotex Corp. v. Catrett*, 477 U.S. 317, 323 (1986)) (assuming falsity element).

– indeed, especially when – the debate includes vehement, caustic, and sometimes unpleasantly sharp attacks on government and public officials." *Patel v. CNN, Inc.*, 83 Va. App. 387, 406-407 (Va. App. 2025) (internal citations omitted). Such "vilification" is a tool of persuasion and is protected not just by the actual malice standard, as discussed in *Patel*, but by the requirement that a statement be actionable rather than "rhetorical hyperbole". *See Schaecher v. Bouffault*, 290 Va. 83, 92 (2015); *see also Marroquin v. Exxon Mobil Corp.*, 2009 U.S. LEXIS 44834, *23 (E.D. Va. 2009) (holding statements cited by plaintiff were "an opinion of the scope and magnitude of" admitted conduct and not actionable). Dr. Adirim's role in the implementation of the vaccine mandate is admitted conduct. Dr. Long's observations of the results of that conduct were shared publicly and with Raiklin. While Raiklin's opinions based on these facts may be considered "vehement" or "unpleasantly sharp", that does not change their nature as inactionable opinions. Therefore, Raiklin is entitled to summary judgment because the statements relied upon are inactionable opinions and Plaintiff cannot demonstrate the falsity of any underlying factual connotation.

B. Raiklin's statements were made without actual malice.

The requisite intent for defamation is determined by the status of the plaintiff. For a public figure to recover for a defamation claim, she must show the allegedly defamatory statement was made with actual malice. *See New York Times Co. v. Sullivan*, 376 U.S. 254, 279-80 (1964). A finding of actual malice requires that the statement be made "with knowledge that it was false or with reckless disregard of whether it was false or not." *Id.* "The evidence must establish that the defendant had a high degree of awareness of probable falsity." *Shenandoah Publishing House, Inc. v. Gunter*, 245 Va. 320, 324 (1993) (citing *Harte-Hankes Communications, Inc. v. Connaughton*,

491 U.S. 657, 688 (1989)). "Actual malice demands subjective knowledge of likely falsity" *Blankenship v. NBC Universal, LLC*, 60 F. 4th 744, 768 (4th Cir. 2023).

New York Times actual malice is a subjective inquiry. *Bose Corp. v. Consumers Union*, 466 U.S. 486, n. 30 (1984) (noting plaintiff must prove the defendant realized his statements were false or that he subjectively entertained serious doubts); Blankenship, 60 F.4th at 768 ("actual malice demands subjective knowledge of likely falsity"); *Fairfax v. N.Y. Pub. Radio*, 1:22-cv-895, 2023 U.S. Dist. LEXIS 81984, *11 (E.D. Va. 2023) (noting actual malice is ultimately a subjective inquiry). In *St. Amant v. Thompson*, 390 U.S. 727, 731 (1968) the United States Supreme Court explained that "reckless conduct is not measured by whether a reasonably prudent man would have published, or would have investigated before publishing" and that "there must be sufficient evidence to permit the conclusion that the defendant in fact entertained serious doubts as to the truth of his publication."

To show actual malice, a plaintiff must demonstrate the defendant made the defamatory statement with either 1) knowledge that it was false, or 2) reckless disregard for whether it was false or not. *See Gazette, Inc. v. Harris*, 229 Va. 1, 9 (1985). The undisputed facts demonstrate Raiklin's statements were not made with actual malice. Plaintiff previously acknowledged on brief that Raiklin made his statements "with an earnest and genuine subjective belief that his statements were truthful". [ECF No. 51 at Page 6 of 18]. Thus, for Plaintiff to show actual malice, she must demonstrate Raiklin acted with reckless disregard for the truth. The undisputed material facts show that Raiklin made his comments based on his reasonable interpretations of the law, his observations of the data available to him, and his reliance on experts familiar to him.

Raiklin's belief that Dr. Adirim's memo was illegal is based on his interpretation of specific statutes and DOD instructions. Exh. 5 (Raiklin, 23:22-24:4). He points specifically to 10 USC

1107a., which governs the administration of emergency use products to the armed forces and the required information that must be provided to them regarding their choice to accept or refuse the administration of the product. *Id.* at 23:22. Raiklin additionally relied upon Department of Defense Instruction 6200.02, which in relevant part, provides guidance around the application of Emergency Use Authorization (EUA) medical products to the armed forces. Exh. 5, (Raiklin, 24:4). Raiklin, a licensed attorney, looked at the vaccine mandate and these statutes and subjectively determined that the mandate was not in accordance with the applicable law and guidelines. Raiklin's reliance on these sources demonstrates reasonable, logical decision making based on available law and guidelines, not the "reckless disregard for the truth" required to show actual malice. Furthermore, the DoD later determined that the mandate was in fact unlawful, based on the unlawful interchangeability of the vaccines. Exh. 7 at 1. One vaccine had FDA approval. The subject vaccine did not. The DoD now agrees the vaccine mandate was unlawful. Raiklin's analysis was not only based on a reasonable understanding of the facts and law in front of him; it was corroborated by official Department of Defense legal analysis. *Id.*

Similarly, Raiklin's assertion that Dr. Adirim is "criminally liable and [will] face consequences for genocide and for mutilation;" and that Dr. Adirim will "be convicted of genocide and mass mutilation at the very least" is based on his experiences during the roll-out of the vaccine to the armed forces and Dr. Long's opinions. From his personal experience, Raiklin felt that there were risks to the administration of the vaccine that were going unnoticed by his superiors. Exh. 5, (Raiklin, 31:2-31:19). Furthermore, Raiklin relied on the evidence and research of doctors, like Dr. Long, who had similar concerns about the vaccine administration. Exh. 5, (Raiklin, 31:20-32:4); Exh. 8 (Raiklin Aff., ¶¶ 10-17T). Dr. Long is a whistleblower who reported her observations and conclusions that vaccine mandate was causing undue harm to troops who were otherwise not

at substantial risk from COVID-19. Exh. 1 at §VI, ¶1. Raiklin himself is not a medical professional. It was therefore reasonable of him to rely on Dr. Long's findings, particularly when her assessment of the vaccine aligned with his own observations. Public statements by at least four other civilian doctors expressing concerns about the vaccine further supported Raiklin's conclusions. Exh. 8 (Raiklin Aff. at § IV-A, ¶¶ 17H-17K).

At the motion to dismiss stage this court allowed the Amended Complaint to survive dismissal because plaintiff alleged that scientific studies have proven the vaccines to be safe and as a result Raiklin should have "entertained serious doubts" as to whether Dr. Adirim caused a genocide and mass mutilation. ECF No. 68 at Page 18 of 25.[3] Raiklin's evidence now provides the factual basis for his statements and demonstrate that he has a reasoned basis for his conclusions. Raiklin does not carry the burden of proof to demonstrate his statements were true; Dr. Adirim must prove the statements were false *and* that Raiklin entertained serious doubts as to the accuracy of his statements at the time they were made. She cannot carry her burden in either regard.

Creating a jury question on actual malice is "no easy task." *Carr v. Forbes, Inc.*, 259 F.3d 273, 282 (4th Cir. 2001). To survive summary judgment, a plaintiff must offer "concrete" and "affirmative evidence" of actual malice, *Anderson v. Liberty Lobby*, 477 U.S. 242, 256-257 (1986), and that evidence must produce an "abiding conviction" that actual malice is "highly probable." *Cannon v. Peck*, 36 F.4th 547, 566 (4th Cir. 2022). "Actual malice demands subjective knowledge of likely falsity." *Blankenship,* 60 F. 4th at 768.

[3] Although this language suggests an objective inquiry, it is not. Actual malice is a subjective inquiry. A plaintiff may rely on circumstantial evidence to demonstrate the defendant's state of mind, but to demonstrate actual malice the Dr. Adirim must demonstrate by clear and convincing evidence that Raiklin entertained serious doubts as to the truth of his publication. *See e.g. Harte-Hanks Communications v. Connaughton*, 491 U.S. 657, 667 (1989)

While Raiklin's statements on the Roseanne Barr podcast were provocative, they were not made with actual malice and there is no evidence to support an inference, much less an "abiding conviction" that Raiklin subjectively suspected his statements were false at the time they were made. His analysis was based on evidence provided to him by medical professionals, which was consistent with his own observations. Exh. 8, (Raiklin Aff. at § III, ¶¶ 11-12, § IV-A, ¶ 17). He concluded those responsible for the mandate had shown a "wanton disregard for the evidence that was mounting" and were morally and ethically responsible for the harm caused. Exh. 5 (Raiklin, 39:9-21). He spoke publicly because he thinks it is a moral wrong for which those responsible should be held to account.

"Whatever is added to the field of libel is taken from the field of free debate." *New York Times Co.*, 376 U.S. at 272 (internal citations omitted). "A rule compelling the critic of official conduct to guarantee the truth of all of his factual assertions – and to do so on pain of libel judgments virtually unlimited in amount – leads to a comparable 'self-censorship.'" *Id.* at 279. Raiklin's comments fall squarely within the ambit of speech protected by the First Amendment under *New York Times Co. v. Sullivan*. Defendant is entitled to summary judgment because the undisputed material facts fail to demonstrate actual malice as a matter of law.

V. CONCLUSION

WHEREFORE, the foregoing considered, Defendant Ivan Raiklin, Esq. by counsel, moves this Court to grant this motion and enter judgement in his favor.

IVAN RAIKLIN,
By Counsel

McGAVIN, BOYCE, BARDOT, THORSEN & KATZ, P.C.

/s/ *John D. McGavin*
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Counsel for Defendant Ivan Raiklin, Esq.

CERTIFICATE OF SERVICE

I hereby certify that on the 17th day of September, 2026, I electronically filed the foregoing pleading using the CM/ECF System, which will send notifications of the filing to all counsel of record:

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/s/ *John D. McGavin*
John D. McGavin (VSB 21794)

IN THE UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF VIRGINIA
ALEXANDRIA DIVISION

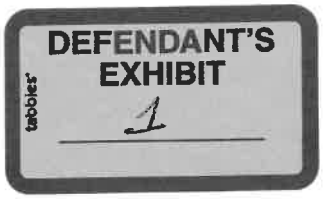
TERRY ADIRIM, M.D.,
Plaintiff,
v.
U.S. CENTRAL INTELLIGENCE AGENCY, et al.,
Defendants.
Case No. 1:25-cv-00768-MSN-WBP

DECLARATION OF THERESA M. LONG, M.D., LTC, U.S. ARMY MEDICAL CORPS, Senior Medical Military Advisor to the Secretary of the Department of Health and Human Services

IN SUPPORT OF DEFENDANT IVAN RAIKLIN, Theresa M. Long, M.D., Lieutenant Colonel, U.S. Army Medical Corps, Senior Medical Military Advisor to the Secretary of the Department of Health and Human Services, make this sworn testimony on my own volition and in my personal capacity only and hereby declare under penalty of perjury, pursuant to 28 U.S.C. § 1746, that the following is true and correct to the best of my knowledge, information, and belief:

I. QUALIFICATIONS AND EXPERTISE

1. I am a Lieutenant Colonel in the United States Army Medical Corps and currently serve as Senior Medical Military Advisor to the Secretary of the Department of Health and Human Services. I am a flight surgeon and aviation safety officer. I hold the degrees of Medical Doctor and Master of Public Health and have extensive experience in military medicine, Aerospace medicine, Occupational medicine, with specialty training in the Medical Management of Chemical and Biological causalities, The Medical Effects of Ionizing Radiation, Aircraft Mishap Investigations, Epidemiology and force health protection.
2. I am widely recognized as a military physician whistleblower for my work analyzing and publicly reporting on data from the Defense Medical Epidemiological Database (DMED). My analysis of DMED data revealed statistically significant increases in certain medical conditions among service members following the rollout of the COVID-19 vaccines, which I brought to the attention of senior military and congressional leadership. I have provided expert testimony and submissions to the United States Senate regarding these findings, vaccine safety signals in the military population, and concerns over the implementation of the COVID-19 vaccine mandate.
3. My expertise includes Occupational & Aerospace Medicine (toxic exposures, risk management, assessment and mitigation in the workplace) the Medical Management of Chemical and Biological Casualties, and the proper use and interpretation of the DMED as a tool for force health protection surveillance. I have



testified before the U.S. Senate on these matters and have submitted detailed declarations in federal litigation challenging aspects of the Department of Defense(DOD)/Department of War (DoW) COVID-19 vaccine mandate. Providing expert and fact witness testimony in the Robert V. Austin, the Navy Seal V. Austin and U.S. Government v. Captain Seth A. Ritter. My work as a whistleblower focused on ensuring that adverse event data was not suppressed and that service members received accurate risk information prior to vaccination.

4. Throughout my career, I have served in clinical, operational, and senior policy-advisory roles within the Department of Defense (Department of War), with a particular focus on vaccine safety, informed consent principles in military medical care, and the application of DoD/DoW medical regulations to Force Protection policies. My current position at HHS provides additional perspective on the intersection of military and federal civilian health policy.
5. I have provided expert declarations and testimony in multiple federal cases involving legal challenges to the DoD/DoW COVID-19 vaccination mandate, addressing issues of medical ethics, adverse event surveillance, risk-benefit analysis for military populations, and compliance with informed consent requirements. My expertise includes review of the Center for Disease Control Vaccine Adverse Event Reporting System (VAERS), V-safe, and military-specific adverse event data, epidemiologic assessment of emerging medical trends in the Defense Medical Epidemiology Database, monthly review of the health of over 4,000 student pilots and Soldiers as well as peer-reviewed literature on mRNA COVID-19 vaccine-associated myocarditis and other health impacts in young adult and military populations.
6. I have been engaged by Defendant Ivan Raiklin as an expert witness in this matter to provide opinions on the medical, scientific, and DoD/DoW policy aspects relevant to the defamation allegations against him. My compensation, if any, will be disclosed as required. A copy of my curriculum vitae is available upon request. I have not previously testified in this specific case.

II. MATERIALS REVIEWED

1. In forming the opinions set forth herein, I have reviewed, among other materials: (a) the Complaint and First Amended Complaint in this action; (b) public DoD/DoW directives and the Secretary of Defense Memorandum of August 24, 2021, implementing the COVID-19 vaccination mandate; (c) published studies and surveillance data on COVID-19 vaccine adverse events in military populations; (d) descriptions of the statements attributed to Defendant Raiklin, including those referenced in the Complaint from the Roseanne Barr podcast and social media; and (e) public records regarding the implementation, legal challenges, and rescission of the DoD/DoW COVID-19 vaccine mandate.

III. FACTUAL BACKGROUND ON THE DOD/DOW COVID-19 VACCINE MANDATE AND PLAINTIFF'S ROLE

1. In August 2021, the Department of Defense (Department of War) implemented a mandatory COVID-19 vaccination policy for service members via a memorandum signed by Secretary of Defense Lloyd Austin. On or about September 14, 2021, Plaintiff Terry Adirim, M.D., as Acting Assistant Secretary of Defense for Health Affairs, signed key implementation guidance that operationalized and institutionalized the mandate across the DoD/DoW. This implementation memo provided the detailed directives for execution. At the relevant time, Plaintiff was the senior civilian health official responsible for translating the Secretary's policy into actionable implementation across the force.
2. It is my professional opinion that Plaintiff Terry Adirim was not merely an advisor but the primary signatory and driving force behind the September 14, 2021 implementation memo that made the COVID-19 vaccine mandate operational throughout the Department of Defense (Department of War) with her "Interchangeable memo". Her signature on that specific implementation document was central to institutionalizing the policy, including its enforcement provisions. Terry Adirim was instrumental in providing a mechanism for the execution of an unlawful mandate, claiming the EUA vaccine was interchangeable with the FDA-"approved" one that suffered . The FDA approved and EUA COVID-19 vaccines although chemically identical are legally distinct under the labeling outlined in the federal code of regulation 24 CFR 360bbb et seq. Dr. Adirim's actions led directly to over 402,000 servicemembers being given an unlawful order to get vaccinated with an EUA product, deemed "interchangeable" by Terry Adirim. According to the U.S. Food and Drug Administration (FDA) Purple Bool Database of Licensed Biological Products website, "The Purple Book database contains information on all FDA-licensed (approved) biological products regulated by the Center for Drug Evaluation and Research (CDER), including licensed biosimilar and interchangeable products, and their reference products." A search for biosimilar, and interchangeable products in September of 2021, 2022, 2023, 2024, 2025 and 2026 for proprietary name :Comirnaty Proper name COVID-19 Vaccine mRNA, identifies, "No biosimilar data at this time" and under Interchangeable (s) "No interchangeable data at this time". See attachment #1. **The purple book never listed BioNTech COVID-19 vaccine as "interchangeable or even biosimilar to Comirnaty.** Dr. Adirim's "interchangeable memo" was in fact a violation of 43 CFR § 20.510 "Fraud or False Statement in a Government matter"[1]with grave implications to national security and medical readiness. This memo led directly to the separation and discharge of over 8,400 servicemembers.

> § 20.510 An employees shall not, in any matter within the jurisdiction of any department or agency of the United States, knowingly or willfully falsify, conceal or cover up by any trick, scheme, or device a material fact, or make any false, fictitious, fraudulent statements or representations, or make or

[1] See also 18 U.S.C. Section 1001, et seq.

use any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry (18 U.S.C. 1001).

18 U.S.C. 1001 **(a)**Except as otherwise provided in this section, whoever, in any matter within the jurisdiction of the executive, legislative, or judicial branch of the Government of the United States, knowingly and willfully—
(1) falsifies, conceals, or covers up by any trick, scheme, or device a material fact;
(2) makes any materially false, fictitious, or fraudulent statement or representation; or
(3) makes or uses any false writing or document knowing the same to contain any materially false, fictitious, or fraudulent statement or entry; shall be fined under this title, imprisoned not more than 5 years or, if the offense involves international or domestic terrorism (as defined in section 2331), imprisoned not more than 8 years, or both. If the matter relates to an offense under chapter 109A, 109B, 110, or 117, or section 1591, then the term of imprisonment imposed under this section shall be not more than 8 years.

3. No FDA approved COVID-19 vaccine was produced or available to Americans or servicemembers. Indeed the marketing authorization for the "approved" Comirnaty was revoked by the FDA the same day it was authorized for marketing purposes, thereby negating the approval process itself. Irrespective, only the EUA version of the Pfizer vaccine was available. Forcing servicemembers to take an EUA product was 1) forcing them to participate in an on-going medical experiment-C4591011, in direct violation of medical ethics (Nurenburg Code) 2) depriving them of the right to informed consent 3) depriving them of legal recourse for vaccine injuries.
4. The mandate was applied to a demographic—predominantly young, healthy service members—with extremely low risk of severe COVID-19 (less than 0.01%). Significant questions arose regarding the risk-benefit ratio, the role of natural immunity, and whether the policy complied with principles of informed consent and Department of Defense (Department of War) medical ethics. Data subsequently confirmed 151% increase in the rates of myocarditis/pericarditis, 22.9% increase in hypertension, 34.9% increase in ovarian dysfunction, 19.5% increase in migraines, 43.6% increase in pulmonary embolisms, 14.9% increase in Gillian-Barre syndrome,,18.3% increase in malignant neoplasms of digestive organs (cancer) and 12.5% increase in malignant neoplasm of esophagus following the introduction of mRNA vaccination into the active duty servicemember population, according to the Under Secretary of Defense, Gilbert R. Cisneros Jr.'s Jul 5, 2023 letter to Senator Ron Johnson.
5. Senior Department of Defense (Department of War) leadership, including statements associated with the Secretary of Defense and the Under Secretary of Defense for Personnel and Readiness (USD(P&R)), have acknowledged that key aspects of the mandate's implementation were unlawful or improperly executed. These statements recognized failures in following required legal and regulatory

processes for imposing medical countermeasures on service members, including inadequate consideration of informed consent requirements, religious accommodation processes, and the proper use of emergency use authorized products. My review of the record supports the conclusion that the September 14, 2021 implementation memo signed by Plaintiff contributed to the rollout of a policy later deemed by senior leadership to have been implemented in an unlawful manner in significant respects.

IV. MEDICAL AND SCIENTIFIC ANALYSIS OF STATEMENTS REGARDING THE DOD/DOW COVID-19 VACCINE MANDATE AND PLAINTIFF'S ROLE

1. As a physician with extensive experience in military medicine, force health protection, and analysis of the Defense Medical Epidemiological Database (DMED), I offer the following medical and scientific analysis regarding the statements at issue. My opinions are based on clinical data, epidemiological surveillance, risk-benefit considerations for the military population, and my direct review of adverse event patterns following the implementation of the COVID-19 vaccine mandate.

A. Characterization of Plaintiff as central to the "DOD/DoW COVID-19 vaccine mandate" and related statements

1. From a medical and force health protection perspective, Plaintiff Terry Adirim, as the senior health affairs official and signatory of the September 14, 2021 implementation memo, played the central role in translating the August 2021 policy directive into operational requirements across the Department of Defense (Department of War). The mandate was applied to a population of predominantly young, healthy service members who faced extremely low risk of severe COVID-19 outcomes. My analysis of DMED data and other surveillance systems showed concerning signals of increased myocarditis, pericarditis, and other medical conditions following the vaccination introduction and military mandate. The strong language used by Defendant reflects the scale of medical concern among some military physicians regarding the risk-benefit calculus and the manner in which the policy was implemented on a large, low-risk population.

B. Plaintiff's role in signing the September 14, 2021 implementation memo

1. Medical implementation of large-scale vaccination policies requires careful attention to individual risk assessment, informed consent, and surveillance for adverse outcomes. Plaintiff, as Acting Assistant Secretary of Defense for Health Affairs, signed the September 14, 2021 implementation memo that directed how the mandate would be executed across the force. From a medical perspective, the speed and breadth of implementation, combined with limited accommodation for medical and religious concerns, raised significant questions among clinicians regarding whether proper individualized risk-benefit analysis was being conducted for each service member. It is my professional opinion that Dr. Adirim failed her fiduciary, ethical, moral and legal obligations to the health and safety of all members and leaders within the Department of Defense during the pandemic.

C. Characterization of harms as "genocide and mass mutilation"

1. The word genocide and genocidal acts comes primarily from Article II of the 1948 United Nations Convention on the Prevention and Punishment of the Crime of Genocide. "In the present Convention, genocide means any of the following acts committed with intent to destroy, in whole or in part, a national, ethnically, radical or religious group, as such: a) killing members of the group; (b)causing serious bodily or mental harm to members of the group; (c) deliberately inflicting on the group conditions of life calculated to bring about its physical destruction in whole or in part ; (d) imposing measures intended to prevent births within the group; (e) forcibly transferring children of the group to another group. Terry Adirim's actions in her official capacity as a medical professional directly resulted in the destruction in whole or in part of thousands of individuals who belong to the group (the United States Armed Forces). It is an indisputable fact that serious bodily harm was caused to thousands of members of the "Armed Forces" group in the form of permanent scarring of the hearts of young men and women, along with numerous other debilitating and life-threatening ailments documented in some 55,774 vaccine adverse event reports within this "Armed Forces group". With regards to "imposing measures intended to prevent births within the group", page 7 of Pfizer's 2.6.5 Overview of Pharmacokinetic Test demonstrated that one of the highest area of concentration of the COVID-19 mRNA lipid nanoparticles was in the ovaries. In Pfizer's 5.3.6 Cumulative analysis of post-authorization adverse event reports of PF-07302048 (BNT162B2) on page 12, "Use in Pregnancy and lactation" out of 274 cases of pregnancy, no outcome was provided for 238 pregnancies. In the remaining 36 pregnancies, 35 of the 36 babies died. Read that again, only one out of thirty-six babies of mothers injected with COVID-19 mRNA vaccines survived. The harm in pregnancy demonstrated in Pfizer's report, were consistent with the devastating outcomes of vaccinated pregnant servicemembers and dependents, I had first-hand knowledge of in servicemembers in my unit and across the DoD/DoW. These included pregnancies with one baby born with Downs, one with Kawasaki's disease, one neonatal demise, several spontaneous abortions with neonatal deaths and intrauterine demises. As a physician, I do not use the term "genocide" in a legal sense. However, from a medical perspective, this term accurately characterizes the imposition of a medical intervention carrying documented risks (including myocarditis with potential long-term cardiac consequences) on a large population of young, healthy individuals with low baseline risk from the disease itself. DMED data showed statistically significant increases in numerous debilitating and potentially deadly medical conditions post-vaccination. Permanent cardiac injury in young service members can reasonably be described in strong medical terms by those concerned about long-term force health consequences. The data I reviewed supports the existence of real medical and reproductive harms to a group (members of the Armed Forces) that were not adequately acknowledged during the mandate.

D. Strong characterizations of accountability

1. From a medical ethics perspective, physicians have a fundamental duty to "first, do no harm." When a policy is implemented that affects the health of over one million

service members, particularly one involving medical interventions with known adverse event profiles, strong reactions from medical professionals who believe the policy was medically unjustified are understandable. My DMED analysis and clinical observations led me to raise concerns at the highest levels. The language used reflects deep concern over the medical consequences to the force. LTC (Ret) Ivan Raiklin, like myself are part of the Profession of Arms. "Professions (profession of arms and the profession of medicine) produce uniquely expert work. A deep moral obligation and ethics are critical attributes of professionals within a profession. A profession cannot exist without high standards of conduct and accountability. As a professional in the profession of arms, Ivan understands and invoked the need for accountability within the medical profession to which Terry Adirim is supposed to conduct herself in the highest traditions of ethics, honesty and professionalism.

E. Statements regarding deaths associated with the vaccinations

1. From a medical surveillance perspective, VAERS and DMED data contain reports of deaths and serious adverse events temporally associated with COVID-19 vaccination. While establishing definitive causation in every case is complex, the existence of these safety signals, combined with known risks such as myocarditis in young males, means that claims of vaccine-related harm cannot be dismissed as having no medical basis. My analysis of DMED data showed increases in certain mortality and morbidity categories following the mandate rollout that warranted serious investigation. The statement reflects a perspective grounded in observed data patterns. I have first hand knowledge of over 29 deaths of servicemembers after vaccination with the COVID-19 vaccines. I am currently tasked with investigating the 55,000 vaccine adverse event reports filed on individuals identified as members of the U.S. Armed Forces, this includes 2544 deaths. As the first aviation brigade surgeon I had one servicemember die of rapid onset and progression of esophageal cancer after COVID vaccination and one in which a student pilot who had never been COVID positive, who experienced sudden cardiac death at the controls of a helicopter during a training flight. An independent cardiologist evaluated all imaging, labs and history on the student pilot and determined that myocardial injury secondary to the COVID-19 vaccines was the most likely cause.

F. Statements regarding social and professional accountability

1. As a military physician, I believe that those in positions of medical authority have an obligation to ensure that policies they help implement do not cause unnecessary harm. When significant adverse event signals emerge, accountability — both professional and public — is a legitimate medical ethics concern. The statement reflects a call for consequences when medical decisions affecting large populations are later viewed as having caused harm. Medical history demands that we never forget the horrific atrocities caused by Nazi doctors conducting medical experiments on groups of people (Jews, Gypsies and other prisoners of war).
    a. C4591001 the Phase 3 clinical trial (medical experiment) of the Pfizer-BioNTech COVID-19 mRNA (BNT162b2/Comirnaty) and C4591011 the non-interventional safety surveillance study for the Pfizer-BioNTech COVID-19

vaccine (BNT162b2/Cominaty study, were both conducted with the Military Health System (MHS) on servicemembers. As the Acting Assistant Secretary of Defense for Health Affairs, had full knowledge that 1) these medical experiments were being conducted on military personnel under her authority 2) because these experiments were on-going from December 2020 to December 2023, it was impossible for servicemembers to receive informed consent and 3) Dr. Adirim's "Interchangeable memorandum" would provide the basis from which leaders were led to believe they had the legal authority to force, coerce and threaten servicemembers with administrative and legal actions for refusing to willingly participate in Pfizer's medical experiment.

b. As a medical professional, Dr. Terry Adirim, would like all other doctors know and understand the imperative of the 10 ethical principles for human experimentation outlined by the Nuremberg Code. These ten principles include:

1) The voluntary consent of the human subject is absolutely essential.

1. Dr. Adirim's "Interchangeable memo" provided a false premise for servicemembers and military leaders to believe that the order to take the EUA product was lawful and therefore servicemembers who attempted to refuse to consent to experimentation could be subjected to unprecedented levels of coercion, threats and intimidation to follow a "lawful order".

2) The experiment should yield fruitful results for the good of society, unprocurable by other methods or means of study, and not be random or unnecessary in nature.

3) The experiment should be designed and based on the results of animal experimentation and knowledge of the natural history of the disease or problem under study so that anticipated results justify performing the experiment.

4) The experiment should be conducted so as to avoid all unnecessary physical and mental suffering and injury.

In early June 2021 the CDC convened an emergency meeting to discuss the higher than expected cases of post-mRNA COVID-19 vaccine myocarditis in 16 to 30 year old males (fighting-age men). In October 2021 The Director of Immunization for the Defense Health Agency, Magaret Ryan, et al. publish the first scientific article documenting the post-mRNA vaccine myocarditis, in the article entitled "Myocarditis following immunization with mRNA COVID-19 vaccines in members of the us military". By the time Dr. Adirim signed the "interchangeable memo", it had already been firmly established in the scientific community that mRNA COVID-19 vaccines could and already had, caused "unnecessary physical and mental suffering and injury. Dr. Adirim should have been responsibly taking actions to terminate the medical experiment on servicemembers, not provide a more effective means for coercion, threats and intimidation.

5) No experiment should be conducted where there is a prior reason to believe death or disabling injury will occur.

a. The most significant correlation with sudden cardiac death is myocarditis.

6) The degree of risk to be taken should never exceed that determined by the humanitarian importance of the problem to be solved by the experiment.

7) Proper preparation should be made and adequate facilities provided to protect the experimental subject against even the remote possibilities of injury, disability, or death.

8) The experiment should be conducted only by scientifically qualified persons. The highest degree of skill and care should be required throughout of those who conduct or engage in the experiment

9) During the course of the experiment the human subject should be at liberty to bring the experiment to an end if he has reached the physical or mental state where continuation of the experiment seems to him to be impossible

10) During the course of the experiment the scientist in charge must be prepared to terminate the experiment at any stage if he or she has probable cause to believe, in the exercise of good faith, superior skill, and careful judgement, that continuation is likely to result in injury, disability, or death to the experimental subject.

Dr. Adirim knowingly used her authority in her official capacity as a federal employee and doctor to violate several principles of the Nuremberg code. She held one of the most consequential positions of responsibility and authority within the Department of Defense during the pandemic and would have been fully aware 1) the mRNA vaccines were not preventing the transmission or infection of SARs CoV2 2) The military population had a negligible risk of significant morbidity and mortality from infection with SARs CoV2 3) that Pfizer's medical experiment and safety study were ongoing, 4) the emerging medical damage that the vaccine was causing 5) tens of thousands of Vaccine Adverse Event Reports on individuals identified as servicemembers 6) the catastrophic medical trends in debilitating and life threatening conditions like, strokes, myocarditis, myocardial infarctions, pulmonary embolisms, etc.

In an April 29, 2026 report by the Senate Permanent Subcommittee on Investigations of the Homeland Security and Government Affairs Committee report titled: "Unmasked: How Biden Health Officials Purposely Turned a Blind Eye Toward COVID-19 Vaccine Safety Signals":

"[O]n March 26, 2021, Dr. Szarfman, who worked in the FDA's Center for Drug Evaluation and Research ("CDER"), shared a data mining analysis of COVID-19 vaccine adverse events [...]in collaboration with Dr. William

> DuMouchel, the then-Chief Statistician at Oracle and inventor of the data mining algorithm that supported FDA's current data mining system—[...]Dr. Szarfman and Dr. DuMouchel uncovered approximately 25 statistically significant safety signals for adverse events associated with the COVID-19 vaccines that were not previously detected by FDA's current methodology, including sudden cardiac death, Bell's palsy, and pulmonary infarction.5". Dr. Terry Adirim should have been aware of these safety signals as the monitoring of safety signals were well within her duties and responsibilities as the acting Assistant Secretary of Defense for Health Affairs. In this role she would have been responsible for the oversight of safety surveillance after the implementation of an Emergency Use Authorization product, particularly the COVID-19 EUA products she mandated in her September 14, 2021 implementation memo.

V. MEDICAL BASIS FOR CONCERN REGARDING THE MANDATE AND ITS IMPLEMENTATION

1. As a physician specializing in military medicine and force health protection, I have serious medical concerns about how the COVID-19 vaccine mandate was developed and implemented. The policy was applied broadly to a young, healthy population with low risk from COVID-19 itself. My analysis of DMED data revealed statistically significant increases in several medical conditions following the vaccination campaign. These findings, combined with known risks such as myocarditis in military-age males, raised legitimate questions about whether the risk-benefit analysis was properly conducted for the force as a whole.
2. Senior Department of Defense (Department of War) leadership later acknowledged problems with the implementation process. From a medical standpoint, the failure to adequately account for natural immunity, individual risk factors, existing therapeutic treatments and emerging adverse event data represented a significant departure from standard force health protection principles. The statements at issue reflect these medical and scientific concerns held by myself and other military physicians who reviewed the data.

VI. CONCLUSION

1. From a medical and scientific perspective, the statements at issue made by Defendant Ivan Raiklin were and are grounded in observable data from DMED and other surveillance systems, documented adverse events (particularly myocarditis in young males), and legitimate concerns about the risk-benefit analysis and implementation of the COVID-19 vaccine mandate across the Department of Defense (Department of War) that were available prior to the date when the statements were made. As a military physician who has analyzed this data and raised these concerns at the highest levels, including before the United States Senate, I find that Defendant's characterizations of Plaintiff's central role in the policy and the medical consequences of the mandate have a substantial basis in the medical evidence and epidemiological findings.

2. It is my opinion to a reasonable degree of medical certainty, that the vaccine mandate was ill advised, caused harm to servicemembers including unnecessary death, injury and disability. The mandate was dangerous and deadly putting servicemembers at unnecessary risk of harm and significantly compromising national security through degraded medical readiness.
3. I reserve the right to supplement this declaration with additional medical opinions or materials as further analysis or data becomes available.

I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.
Executed this __21__ day of ___July___, 2026.

Theresa M. Long, M.D., LTC,
Senior Medical Military Advisor to the Secretary of HHS
U.S. Army Medical Corps
Exhibit A: Curriculum Vitae (to be attached)

ASSISTANT SECRETARY OF DEFENSE

1200 DEFENSE PENTAGON
WASHINGTON, DC 20301-1200

HEALTH AFFAIRS

MEMORANDUM FOR ASSISTANT SECRETARY OF THE ARMY (MANPOWER AND RESERVE AFFAIRS
ASSISTANT SECRETARY OF THE NAVY (MANPOWER AND RESERVE AFFAIRS
ASSISTANT SECRETARY OF THE AIR FORCE (MANPOWER AND RESERVE AFFAIRS
DIRECTOR, DEFENSE HEALTH AGENCY

SUBJECT: Mandatory Vaccination of Service Members using the Pfizer-BioNTech COVID-19 and Comirnaty COVID-19 Vaccines

On August 23, 2021, the U.S. Food and Drug Administration (FDA) approved the biologics license application for the Comirnaty vaccine, made by Pfizer-BioNTech, as a two-dose series for prevention of coronavirus disease 2019 (COVID-19) in persons aged 16 years or older. Previously, on December 11, 2020, the FDA issued an Emergency Use Authorization (EUA) for the Pfizer-BioNTech COVID-19 vaccine, which has the same formulation as the Comirnaty vaccine. Per FDA guidance, these two vaccines are "interchangeable" and DoD health care providers should "use doses distributed under the EUA to administer the vaccination series as if the doses were the licensed vaccine."[1]

Consistent with FDA guidance, DoD health care providers will use both the Pfizer-BioNTech COVID-19 vaccine and the Comirnaty COVID-19 vaccine interchangeably for the purpose of vaccinating Service members in accordance with Secretary of Defense Memorandum, "Mandatory Coronavirus Disease 2019 Vaccination of Department of Defense Service Members," August 24, 2021.

My point of contact for this guidance is Colonel Michael J. Berecz, who may be reached at (703) 681-8463 or michael.j.berecz.mil@mail.mil.

ADIRIM.TERRY.A.1523847127
Digitally signed by ADIRIM.TERRY.A.1523847127
Date: 2021.09.14 11:02:05 -04'00'

Terry Adirim, M.D., M.P.H., M.B.A.
Acting

cc:
Surgeon General of the Army
Surgeon General of the Navy
Surgeon General of the Air Force
Joint Staff Surgeon

[1] FDA, "Q&A for Comirnaty (COVID-19 Vaccine mRNA)," https://www.fda.gov/vaccines-blood-biologics/qa-comirnaty-covid-19-vaccine-mrna, accessed September 10, 2021.

DEFENDANT'S EXHIBIT 2
tabbies

OFFICE OF THE ASSISTANT SECRETARY OF DEFENSE

1200 DEFENSE PENTAGON
WASHINGTON, DC 20301-1200

H AFFAIRS

ACTION MEMO

FOR: TERRY ADIRIM, M.D., M.P.H., M.B.A., ACTING ASSISTANT SECRETARY OF DEFENSE FOR HEALTH AFFAIRS

FROM: David J. Smith, M.D., Deputy Assistant Secretary of Defense (Health Readiness Pol and Oversight)

SUBJECT: Mandatory Vaccination of Service Members using the Pfizer-BioNTech/Comirn Coronavirus Disease 2019 Vaccines

- Request your signature on the Action Memo at NEXT UNDER forwarding the Action M to the Under Secretary of Defense for Personnel and Readiness to approve the letters at T A that rescinds and replaces Assistant Secretary of Defense for Health Affairs Memorand Mandatory Vaccination of Service Members using the Pfizer-BioNTech Coronavirus Dis 2019 (COVID-19) and Comirnaty® COVID-19 Vaccines, September 14, 2021.

- The memorandum states that the Pfizer-BioNTech COVID-19 vaccine produced under Emergency Use Authorization (EUA) has the same formulation as the Pfizer-BioNTech/Comirnaty® vaccine produced under the Biologics License Application (BLA)

- The memorandum adds a statement that a Service member, after medical counseling, declines administration of the EUA-manufactured Pfizer-BioNTech COVID-19 vaccine t will accept the BLA-manufactured product. The Department of Defense health care providers should engage with their logistics chain to secure and administer the BLA-manufactured Pfizer-BioNTech/Comirnaty® product prior to any punitive action being ta against the Service member.

RECOMMENDATION: Sign the action memo next under.

COORDINATION: TAB B

Attachments:
As stated

Prepared by: CATMS20102021 25C87X/UPR003415-21

SELECT A CLASSIFICATION

DoD ISSUANCE COORDINATION RESPONSE: Issuance Type and Number, "Title"

#	PAGE	PARA	BASIS FOR NON-CONCUR?	COMMENTS, JUSTIFICATION, AND ORIGINATOR JUSTIFICATION FOR RESOLUTION	COMPONENT NAME, PHON E-MAI
6	1-2	all	☒	**Coordinator Comment and Justification: Significant concerns with the memo statement "Service members who request the BLA-manufactured Pfizer-BioNTech/Comirnaty COVID-19 vaccine for the primary two-dose series shall be informed of FDA guidance on Pfizer-BioNTech/Comirnaty®'s BLA formulation being the same as the Pfizer-BioNTech COVID-19 vaccine manufactured under (EUA and that FDA and CDC has advised that the two vaccines can be used interchangeably without presenting any safety or effectiveness concerns. If a Service member, after medical counseling, declines administration of the EUA-manufactured Pfizer-BioNTech COVID-19 vaccine but will accept the BLA-manufactured product, DoD health care providers should engage with their logistics chain to secure and administer the BLA-manufactured Pfizer-BioNTech/Comirnaty® product prior to any punitive action being taken against the Service member."** **The memo states the vaccines can be used interchangeably; however, this paragraph would suggest DoD considers them different, and as different, cannot carry out punitive action against the Service member until they have the opportunity for a BLA-manufactured vaccine. This subverts our current DAF vaccination mandate and may open up the Air Force for increased litigation from individuals who have been mandated since 24 August to be vaccinated. If there is no difference that can otherwise be communicated, we recommend non-concur with this paragraph as it subverts current policy. We are all operating under the belief that the lot issue is a distinction without a difference from a health/safety/medical/legal perspective. As the services have taken action, possibly include adverse action, based on a belief that the distinction is one without meaningful difference. OSD retrenchment signifying that the distinction does matter would probably require significant remedial actions.** **Coordinator Recommended Change: Non-concur as written.** **Originator Response:** Choose an item.	AFMRA/SG 703-681-9 usaf.pentago sg.mbx.team- 19@mail.r

M 818, AUG 2016 REPLACES SD FORM 818, WHICH IS OBSOLETE

SELECT A CLASSIFICATION

SELECT A CLASSIFICATION

DoD ISSUANCE COORDINATION RESPONSE: Issuance Type and Number, "Title"

#	PAGE	PARA	BASIS FOR NON-CONCUR?	COMMENTS, JUSTIFICATION, AND ORIGINATOR JUSTIFICATION FOR RESOLUTION	COMPONENT NAME, PHOS E-MAI
				Originator Reasoning:	

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Transcript of Lt. Col. Theresa Marie Long

Date: August 14, 2026
Case: Adirim, M.D. -v- U.S. Central Intelligence Agency, et al.

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DEFENDANT'S EXHIBIT 4

IN THE UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF VIRGINIA
ALEXANDRIA DIVISION

----------x

TERRY ADIRIM, M.D., :
Plaintiff, :
v. : Case No.
U.S. CENTRAL INTELLIGENCE : 1:25-CV-00768-MSN-WBP
AGENCY and IVAN RAIKLIN, :
Defendants. :

----------x

DEPOSITION OF LT. COL. THERESA MARIE LONG
Conducted virtually
Friday, August 14, 2026
1:06 p.m.

Job No.: 646826
Pages: 1 - 140
Recorded By: Kai Gibson

Deposition of LT. COL. THERESA MARIE LONG, conducted virtually.

Pursuant to agreement, before Kai Gibson, Notary Public in and for the Commonwealth of Virginia.

APPEARANCES

ON BEHALF OF THE PLAINTIFF, TERRY ADIRIM, M.D.:
THOMAS CARROLL, ESQUIRE
LAW OFFICE OF MARK S. ZAID, P.C.
1250 Connecticut Avenue, Suite 200
Washington, DC 20036
(202) 454-2809

ON BEHALF OF THE DEFENDANTS, U.S. CENTRAL INTELLIGENCE AGENCY AND IVAN RAIKLIN:
JOHN MCGAVIN, ESQUIRE
MCGAVIN, BOYCE, BARDOT, THORSEN, & KATZ, PC,
9990 Fairfax Boulevard, Suite 400
Fairfax, VA 22030
(703) 385-1000

ALSO PRESENT:
Lt. Col. John Swords, Army Litigation Division
Ivan Raiklin, Defendant
Terry Adirim, M.D., Plaintiff

CONTENTS

EXHIBITS
(Attached to transcript)

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PROCEEDINGS

THE REPORTER: Before we proceed, would counsel please state your appearances for the record, including whom you represent?

MR. CARROLL: Kevin Carroll for Terry Adirim.

MR. MCGAVIN: John McGavin for the defendant.

THE REPORTER: Will the witness please state their full legal name for the record? And Ms. Long, if you could state your full name for the record? And you're muted, it looks like.

THE WITNESS: Yes. My name is Lieutenant Colonel Theresa. T-H-E-R-E-S-A, middle name Marie, last name Long, L-O-N-G.

THE REPORTER: Thank you.

I'm a notary authorized to administer oaths, and this deposition will be recorded by electronic means. All parties understand and agree that any certified transcript produced in the recording of this proceeding is intended for all uses permitted under applicable procedural and

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evidentiary rules and laws and shall constitute written stipulation. The parties stipulate to the use and certification of this testimony, consistent with applicable law of such.

Hearing no objection, I will now swear in the witness.

Whereupon,

LT. COL. THERESA MARIE LONG,

being first duly sworn or affirmed to testify to the truth, the whole truth, and nothing but the truth, was examined and testified as follows:

MR. CARROLL: Good afternoon, everyone.

THE WITNESS: Good afternoon.

MR. CARROLL: Colonel Swords wanted to make a statement.

LIEUTENANT COLONEL SWORDS: Yes. Thank you, sir.

Good afternoon. I'm Lieutenant Colonel John Swords with the Army Litigation Division. I'm monitoring this deposition today representing the United States Army as required by 32 CFR Section 516.48. My representation of Lieutenant Colonel

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Theresa Long is limited to matters related to the release of official Army information and to her role as an officer in the United States Army.

In accordance with Army Regulation 27-40, Chapter 7, and 32 CFR Section 516.48, Lieutenant Colonel Long is authorized to disclose official information related to her personal clinical observations while serving as an aerospace medicine specialist and brigade flight surgeon at Fort Rucker, Alabama.

But she cannot disclose any information that might violate HIPAA or the Privacy Act, and must make clear that any testimony related to her personal clinical observations are her own, and she does not speak for or on behalf of the Department of the Army or the DoD.

Her personal epidemiological/biostatistical analysis of DMED trends, but she must make clear that any testimony related to all analyzes she performed are her own, and she does not speak for or on behalf of the DoD or the Department of the Army for any data analysis

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or trends.

The contents of two affidavits from approximately September 24, 2021 and approximately late 2022, she has previously provided, which were made public, and any underlying data analysis, trends, and/or direct observations contained therein.

But she must make clear that the contents of those affidavits, to include personal, clinical observation, and all analyses she performed, are her own, and she does not speak for or on behalf of the Department of Defense or the Department of the Army for any data analysis trends or her direct observation.

The content of oral testimony she provided during a U.S. Senate roundtable from November 2 through the 3, 2021, and at an evidentiary hearing in the case of Navy SEAL One et al. v. Austin Middle District of Florida from approximately March 31 and April 1, 2022, and any underlying data analysis, trends, and/or direct observations contained in both of those oral

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testimonies, but she must make clear that the content of those oral testimonies to include personal clinical observations and all analyses she performed are her own, and she does not speak for or on behalf of the Department of Defense or the Department of the Army for any data analysis trends or her direct observations.

Colonel David Krynicki, chief of the Army Litigation Division, has authorized Lieutenant Colonel Long to provide this information in the matter of Adirim v. Central Intelligence Agency et al. The letter authorizing this disclosure is dated August 11, 2026, and signed by Colonel Krynicki, authorizing official. I request that this document be admitted as an exhibit to this deposition.

Lieutenant Colonel Long is specifically prohibited from disclosing certain information. She may not provide classified or privileged information, or provide information that is otherwise protected from public disclosure, such as Privacy Act protected information, without appropriate additional authorization.

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She may not provide opinion or expert testimony, such as hypothetical questions, without additional justification and approval required by 32 CFR Section 516.49.

In accordance with 32 CFR Section 516.48(b), I'm required to instruct the deponent not to answer questions which call for official information outside the scope of this authorization, or seek information which is otherwise prohibited from disclosure.

Official information is defined by 32 CFR Section 516, Appendix F, as, quote, all information of any kind, however stored, that is in the custody and control of the Department of Defense, relates to information in the custody and control of the Department, or was acquired by DoD personnel as part of their official duties or because of their official status within the Department, while such personnel were employed by or on behalf of the Department or on active duty with the United States Armed Forces.

It is Army policy that official

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information should generally be made reasonably available for use in federal and state courts and by other governmental bodies, unless the information is classified, privileged, or otherwise protected from public disclosure.

Army policy is one of strict impartiality and private litigation in which the Army is not a named party or does not have a significant interest, as that term is defined in 32 CFR Section 516, Appendix F.

Therefore, my role during this deposition is solely to protect the Army's interests, and as such, my intervention will be limited to that end. The parties are responsible for advancing their respective positions and objections as it relates to matters outside the Army's interest.

Thank you. And I turn it back over to counsel.

MR. CARROLL: Thank you, Colonel.

With that being said, is -- is everyone ready to go?

MR. MCGAVIN: Yes.

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EXAMINATION BY COUNSEL FOR THE PLAINTIFF

BY MR. CARROLL:

Q All right. Colonel, was your full name Theresa Marie Long?

A Yes, sir, it is.

Q What's your current occupation?

A I am a U.S. Army doctor who is detailed to Health and Human Services from the Secretary of Defense to be the senior medical military advisor to Secretary Robert F. Kennedy Jr.

Q Have you ever testified under oath before?

A Yes, I have.

Q When and regarding what?

A In the Robert v. Austin case, in the Navy SEAL v. Austin case, and in a court-martial of Captain Ritter.

Q Okay. Can you explain why you're here today?

A I am here because Ivan Raiklin and his attorney asked me to provide a fact witness regarding the information I had -- I shared

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supposed to be watching an entire division of the Armed Forces Health Surveillance Division, was supposed to be watching this data like a hawk during the Super Bowl of pandemics, and they -- they completely missed thousandfold increases and neurologic dysfunction and other things, can we trust that data? Can we trust the data in there that -- that shows that we've had cases of smallpox every year, even though smallpox is supposedly eradicated off the face of the earth?

Q Doctor, did you receive the coronavirus vaccination?

A No.

Q No. Okay.

A In fact, I -- I -- I -- when I went to the director of immunizations for the Defense Health Agency with my concerns about the vaccine and showed her the biodistribution study that showed the vaccine would cross the blood-brain barrier, she asked me what job I wanted in the military, and I told her I planned on getting out. She asked me what job I wanted on the civilian

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sector, and I told her I wanted to be a mom.

And then she told me she would give me a medical exemption so that I wouldn't lose my pension, and told me not to worry about anyone else. I took this as a bribe or an attempted bribe, so I ended up coming within a few weeks of losing my career when my religious accommodation request was denied, and the medical exemption was revoked after I came out as a whistleblower.

Q Did you report the bribe to the inspector general?

A Yes, I did. Yes, I did.

Q You said that you want --

A The best part was that they put the --- they -- they put the medical exemption into my medical records for posterity's sake, and they annotated in that medical exemption my concerns that I raised to them.

Q Sure. You mentioned you wanted to retire and become a mother. Have you had children?

A I have two.

Q Okay. Have you vaccinated them for

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coronavirus?

A No, I have not. And in -- in -- in fact, until the pandemic, I had received every vaccine the military had ever asked me to get, and my children had received all their vaccinations. I struggled with infertility. Ended up in heart failure. And so having received, you know, probably four or five rounds of vaccines every time they lost my vaccine card, I wouldn't -- I wouldn't say that I feel like those vaccines helped in any way.

Q Okay. Doctor, in your report, you allege that there were 55,000 vaccine adverse event reports filed on individuals identified as members of the U.S. armed forces, including 2,544 deaths. On what basis do you allege the 55,000 adverse vaccine events?

THE WITNESS: Can we -- can we go offline for a moment? Is Colonel Sword on there?

MR. CARROLL: Off the record.

(A recess was taken)

LIEUTENANT COLONEL SWORDS: Yeah, I'm online.

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THE WITNESS: Colonel Sword. So -- so the -- the information that I received from Secretary Kennedy directed that I get all the VAERS reports submitted on service members, so that's pertinent to these numbers.

LIEUTENANT COLONEL SWORDS: So that information comes from the Health and Human Services side or the Army side?

THE WITNESS: Well, theirs is a public -- it's a public database, so this information is there publicly. But I have firsthand knowledge and the entire unredacted reports of all -- all of these.

LIEUTENANT COLONEL SWORDS: If it's publicly available, that is not considered official information for DoD purposes. Your personal information, if -- if derived from the Army, your Army service, could obviously be.

Could -- Kevin, could you restate the question?

MR. CARROLL: Sure. Flip back to it. Dr. - Dr. Long's report states that there were 55,000

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down from 2018, when supposedly coronavirus was ravaging our military.

And then in 2020, it's 1,017. And 2021, it's 1,009. But of those who died from illnesses in -- in -- they describe as died from illnesses, illness deaths decreased from 2016 to 2019, going from 173, 171, 174, 154 in 2019. While at the same time the number of suicides sharply increased from 304, 318, 363, 366, and in 2019, it was 406. So that was the largest increase in death in the military, was in suicides. Not illness, not car accidents. Suicides.

Q Doctor, I'm not sure how that's responsive -- responsive to the question. On what basis is the military -- are you -- are you stating that 2,544 service members died from the coronavirus vaccine?

A That's not what I said. I said that that many reports were filed in the Vaccine Adverse Event Reporting System on individuals identified as service members, and those people died.

Q And has the military done the research

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that you suggested was easily available to do because of the nature of their medical records to find out if indeed 2,500 service members were killed by coronavirus vaccines?

A Well, I'm currently investigating that.

Q Okay. When do you -- when do you think you'll finish your research on that?

A I -- I hope probably within a year.

Q Okay. You also stated that your personal knowledge of the deaths of 29 service members as a result of coronavirus vaccines; is that correct?

A Yes.

Q Okay. Do you have access to their autopsy records?

A One of them died for 20 minutes after an aircraft -- while he was piloting an aircraft and was resuscitated, so he does not have an autopsy. But I --

Q Dead for 20 minutes?

A Yes.

Q And miraculously revived like Lazarus, or is he dead or alive?

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A He's alive. He has no short-term memory. He's permanently disabled for the rest of his life, actually.

Q What about the other 28 who were presumably dead? What's the -- do you have access to their autopsy records?

A Some of them, yes.

Q Okay. What about their medical records?

A Yes, some of them.

Q About -- about how many people do you have -- of these 29 do you have access to autopsy and medical records?

A I mean, right now, again, as I said, I'm in the middle of an investigation.

Q How many of you previously had access to their records?

A I'm not going to go into the details of my investigation.

Q You don't get to decide what question you're going to answer or not, doctor.

A No. I -- I'm -- I -- again --

Q Do we need to get the judge on the phone?

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A Would you like to speak to Colonel Swords?

Q Yeah. Sure. And --

A Yeah.

Q I mean, the judge will tell Colonel Swords that you're going to have to answer the question.

MR. MCGAVIN: Well, I'm not sure that's necessarily true. She's -- that -- that's your view of it. She disagrees.

BY MR. CARROLL:

Q Okay. I'll ask again. How many of these 28 deceased individuals, who you say died from coronavirus vaccines, how many of them have you examined their autopsy or their medical records?

A I -- again, we're not going to go into the details of -- of an ongoing investigation.

LIEUTENANT COLONEL SWORDS: As that does pertain to Army information in an ongoing investigation appointed by the Department of Defense --

THE WITNESS: Inquiry. I'm sorry, sir.

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potential links between COVID vaccine -- vaccination and menstrual changes.

So as a doctor, when -- when -- when someone gets something and they start having menstrual changes, it -- it tells you it's affecting their reproductive system. And we know from the Japanese biodistribution study from Pfizer that the vaccine concentrated (inaudible) anywhere else.

Now again, I told you that the spike protein is cardiotoxic. It also causes damage to the endothelium. That's the inside lining of the blood vessels. And anyone who knows that when you have a pregnancy, the vasculature to the embryo is incredibly important for the continued pregnancy. So if you introduce something that starts damaging the endothelium, if you introduce something that is cardiotoxic into a pregnant mother, you're going to have problems. Spike protein also causes --

Q Doctor, can we return to the question? How many of these service women who had missed that -- who have you -- about whom you have personal

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knowledge had miscarriages as a result of coronavirus vaccines? You said you had personal knowledge of women who had miscarried because of the coronavirus vaccines.

A I just went through the list of them.

Q How many?

A One female. Two back to back. That one. I had one that was the -- she had a second-trimester abortion. Let's be clear. Miscarriage is in the first trimester. An abortion, a spontaneous abortion, is in the second and third trimester.

Q Of their pregnancies -- their pregnancies failed?

A Yes. But -- but the -- the miscarriages in the first trimester are far more common than spontaneous abortions in the second, third trimester.

So when I -- when I tell you that, you know, you have personal knowledge of even three women having second- and third-trimester miscarriages in what is seemingly a population of 4,000 people, that should be pretty jarring.

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Because in my entire medical experience prior to the pandemic, I had never seen a female have a second- and third-trimester spontaneous abortion, other than a female who had taken a hell of a beating from her estranged husband.

Q These three -- these three women, did you have access to their obstetric records?

A Yes.

Q Okay, okay. Good. Who is the independent cardiac consultant who you say determined the student pilot's death was caused by a COVID vaccine?

A Dr. Hunter Champion. He was also the -- pardon me?

Q Is he a cardiologist?

A Oh, yes. He is a Johns Hopkins-trained cardiologist who specializes in -- in cardiopulmonary issues.

Q Okay. Doctor, how did plaintiff's actions directly result in the destruction of thousands of service members?

A Oh, okay. Well, that's going to take a

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moment. So Dr. Adirim was sitting in probably the most consequential position in health affairs heading into this pandemic. She recommended to the Secretary of Defense that 2.3 million service members get vaccinated with an experimental gene therapy, for which there was no -- essentially, there was no short- or long-term safety data on. And at that point, we had only had, we agree, 23 deaths, so that's an extraordinarily low bar.

Q I thought we said 90 -- I thought we said it was 97 deaths?

A Active -- but what -- active duty, there were 23; correct?

Q I was -- I was active and reserve. I think my deaths should have counted those in reserve --

A Okay. So even if we say 97, right, 97, and we again go back to how many -- if -- if I'm Terry Adirim, and I have 46 staff members at my disposal, and I have the access to all of DHA data, anything -- any reports I want, then I would know that what is killing our soldiers during this time

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is suicide.
She did not -- she did not implement a force-wide requirement for everyone to get on SSRIs.
Q Doctor, I'm confused. Are you saying that these 96, 97 service members who the military reported as having died from coronavirus before the vaccines actually committed suicide?
A No. You're not hearing me. So she's sitting in her position. She has access to -- to far more than I had. But we had 100 service member, an increase of 100 service members dying by suicide in 2020.
Q Was that due to the Coronavirus vaccine?
A -- in 2020. Well, if 100 is the bar that you're setting, where we've got to take such extreme measures that your client took to protect the force, so we're going to inject everybody with an experimental gene therapy because 97 people died of the infection, how many of those 97 people do we get back? Zero.
Now, we have 100 service members, an

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increase in 100 service members who died by suicide. Did she recommend a force-wide that everyone undergo behavioral health assessments and start taking SSRIs? No, she didn't.
So why -- why is the -- why the big discrepancy between 97 is not -- you know, we -- we can't have 97 people die from the coronavirus infection without instituting a force-wide mandate that violates people's religious beliefs. They -- they're not allowed to object to the vaccine. We're so -- we're so gung ho on this that we are going to kick people out.
And by the way, Dr. Adirim is very well-credentialed, and she could read just like anyone else that the studies on these vaccines never tested to see if they prevented infection or transmission.
Q Doctor --
A That was not the endpoint of any of these studies. So to recommend something on the basis that it's going to protect -- prevent infection, when even the pharmaceutical companies who

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manufactured this never even made that claim. Look it up in their own research. There is no evidence in their research that they tested to see if it prevented infection.
Q You're giving a speech at this point. How many -- how many deaths would have been sufficient for you to think it would be important for the military to react to? How many deaths from coronavirus among the forces?
MR. MCGAVIN: I object to the form of the question. What -- would you restate that? Or maybe I didn't hear it.
MR. CARROLL: Sure. So the witness has said that only 97 service members were killed, and that the plaintiff ordered a vaccination as a result, and that this was an overreaction.
BY MR. CARROLL:
Q How many -- how many deaths would it have taken for you to think that such action should be taken?
MR. MCGAVIN: I object to the form.
You may answer.

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THE WITNESS: Right. So again, I don't care if you're giving aspirin to 2.3 million people. Responsible doctors, especially highly credentialed doctors, understand that if I give a drug to 2.3 million people, a certain percent is going to have an adverse reaction. A certain percent, if you give the flu shot to everyone, a certain number of people every year will end up with Guillain-Barre and paralyzed, right?
So you have to do a risk-benefit analysis. I have never seen anything in writing showing that such a risk-benefit analysis was ever done. We have in the military the best, the most accurate -- we're supposed to have the most accurate surveillance system. I have never (inaudible) that outlined the risk-benefit, nor did I ever see a single communication from the Defense Health Agency talking about all of these service members who had myocarditis from the infection. In fact --
BY MR. CARROLL:
Q Answer the question. How many -- how many

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What do you mean you can't account for what happened to 238 pregnant women? Did they die? What happened to them? How do you lose them to follow-up? They -- they just couldn't report what happened to them. So in the -- in the data that they presented, any intelligent doctor who reads that does not go, oh, they probably had healthy pregnancies. No. They look at the -- the individuals they could account for, and it was a disaster: one -- one normal, healthy baby.

And that is what the CDC, the FDA, and the military went out and told pregnant women it was safe, off of that data. If this is the only data you have, which is what they had, do you get to draw the conclusion that it's safe for pregnant women just because they lost 238 to follow-up?

Q Are you saying that the other 238 babies died?

A We don't know what happened to them.

Q I mean, I mean, do you think that's plausible that only one of 270 or so babies survived?

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MR. MCGAVIN: Objection.

THE WITNESS: Based on -- based off -- no, I'm happy to answer this. Based off of what I saw in my brigade, you're damn right. I think that's spot on and accurate. I didn't have a single female in my brigade that was vaccinated have -- successfully carry a healthy pregnancy, no complications in the pregnancy, no complications to the baby.

BY MR. CARROLL:

Q So -- so you're saying that COVID vaccinations of pregnant women will result in fetal demise, like, 99.5 percent of the time or something like that?

MR. MCGAVIN: Objection, form.

THE WITNESS: Okay. So for -- so we've got pregnancy outcomes. So we've got five premature birth with neonatal death. That's pretty bad. Spontaneous abortion with intrauterine death -- dead, spontaneous abortion with neonatal death, and no -- yeah, those are all dead. They're all dead babies.

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BY MR. CARROLL:

Q Of the 36, not of --

A Of the 36.

Q -- the 36 plus 238.

A Of 36. That's horrific.

Q I -- I am pro baby. I don't deny that that is -- is terrible. Are there any -- go ahead.

A I don't -- I don't even think there's any -- there's any debate here that if this is the only data you have, that is patently dishonest to go tell people it's safe to get vaccinated in pregnancy because you -- you just hope that those 238 other pregnancies went really well.

Q Are there any studies that suggest there's a relationship between COVID vaccines and fetal demise?

A There's numerous studies. And, in fact, books written by Dr. James Thorp, who's a maternal-fetal medicine doctor out of Florida. He helped me -- our service members who were pregnant, seeking answers. And his own clinical experience backs that up.

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Not only that, but -- but now we're seeing birth rates in the most vaccinated countries around the world, birth rates absolutely falling. And in the military, in fact, you know, the DMED data right now will show you that we used a supervision of healthy pregnancies of normal -- it's called supervision of normal pregnancy. We used to be around 8,000 a year. Last year, it was 4,000. But yet, the population in the military hasn't decreased by half.

Q So you think COVID vaccines are causing fetal demise in half of military pregnancies of vaccine -- among the vaccinated soldiers?

A Well, I think it's definitely concerning when Pfizer's own biodistribution study shows that the vaccine, the spike protein, cardiotoxic protein, concentrates 11 times higher in the ovaries than anywhere else in the body. It crosses -- it crosses the placental barrier into the baby. They have done findings where they look at the placentas, and you can find spike protein in the placentas of these dead babies.

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conceivable that Lloyd Austin would kill service members to -- to improve the performance of his stock portfolio.

What kind of punishment do you think Dr. Adirim deserves for her memorandum?

MR. MCGAVIN: Excuse me. I object to the form of that question. It mischaracterizes the claims that are in count three of the -- of the lawsuit.

MR. CARROLL: Okay. I'll -- I'll rephrase. Withdraw and rephrase.

BY MR. CARROLL:

Q What punishment do you think is appropriate for Dr. Adirim?

MR. MCGAVIN: Objection. Form; foundation. It's irrelevant to this proceeding.

BY MR. CARROLL:

Q Okay. Do you agree with the defendant in this case you're testifying on behalf of that Dr. Adirim should be put to death?

MR. MCGAVIN: Objection. Form; foundation.

BY MR. CARROLL:

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Q So I'm curious, as a retired colonel, how you ended up being assigned to work directly for a cabinet secretary of another department and -- and with the Secretary of Defense as -- as -- as reviewer. Can you tell us how that assignment came about?

A Yeah. It was 10 days away from retirement, and Secretary Kennedy knew me when I was a whistleblower. And I think a lot of people in the military and a lot of people on the civilian side know that I did my due diligence to protect my soldiers, that I dug into the DMED data. And he wanted somebody who was very knowledgeable on the military's health surveillance system and the data that came out of that during the military.

And to get to the bottom of the question of why do we have a surveillance system that we pay a lot of money for, that is there to protect our entire fighting force, why do we have that? And then when they say there's a glitch during the pandemic, we didn't hear about anyone getting fired. We didn't hear about anyone being held

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accountable. We heard nothing.

And we are decision-makers, commanders, senior leaders, are trying to make well-informed decisions, and then all of a sudden we're told there's a glitch. And I don't know how anyone could argue with me that either equally damning, and the trends are really bad, or we have incompetent people running a critical system. There's a problem there that deserves answers, and perhaps --

But anybody knowledgeable with the military health system knows that the military has a gold mine of information and data that can help us elucidate this chronic disease epidemic we're seeing in our country and our young people. We probably have the best data if you were going to look at autism, because people like me are service members who have two children in the military health system, and we have the vaccination records of the children and the mother and everybody else.

So, I mean, I wouldn't -- I wouldn't know why -- why not? I didn't see -- I was the only -- myself and -- and Major Sam Sigoloff were the only

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active-duty doctors who raised any safety concerns in the military during the pandemic at great risk. I risked going to jail. I spent my entire life savings. And apparently, that speaks to someone's character for other people, that I would do that to protect my service members.

I did it with no malicious intent. I had a young, healthy population, most of which who were not married, didn't have children. And so when I -- when I approached that, I have 4,000 people I'm responsible for; the buck stops with me. I don't get to blame it on somebody else. And when they die, or they're -- they're infertile, or they have a heart problem, I don't get to say, well, Terry Adirim told me it was okay.

As a brigade surgeon, you take extreme ownership of the people that you are responsible for. I did my due diligence. I didn't accept what the FDA and the CDC were telling me because I was not put in my position to regurgitate and vomit out what someone else told me. I was put in my position to be a medical expert to provide the best

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information possible to my commander so that he could make informed decisions, so that all of our soldiers could make informed decisions.

And I will tell you that that took 16 to 20 hour a day for years to -- to be on top of the latest information. And what do you do? Do you take information -- and don't we always on the side of caution? Our risk management principles tell us that we are to take no unnecessary risk. But yet Dr. Adirim was -- was more than happy to take an experimental drug that had no long-term safety data and recommend that the entire force be injected with it. That is unbelievably reckless, in my opinion.

Q Parenthetically, do vaccines cause autism?

A Do they cause autism? I'm not sure what the relevance to the -- this is.

Q But I thought you were suggesting there that the vaccines might have something to do with autism, which has been debunked, and the doctor who put forth that theory has had his medical license

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yanked.

A What's the autism rate in the Amish?

Q I don't know. Again, I am not the doctor. I just want to know. You mentioned something about vaccines and autism. Does -- do vaccines cause autism?

A I think that we have a lot of literature, emerging literature, in -- in populations like the Amish that are not vaccinated, that show that they have some -- that autism is extraordinarily rare in their population. So it -- it warrants further investigation.

Q So only two doctors in the military thought that coronavirus vaccines were dangerous?

A No.

MR. MCGAVIN: Objection. Form; foundation.

BY MR. CARROLL:

Q You said you and one other doctor were the only people that spoke out?

A Did I say that we were the only ones that had concerns? No. We were just the only two that had the courage to stand up. I had so many doctors

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come to me privately and tell me, yeah, I'm terrified.

And by the way, the military said if you were vaccinated, you didn't have to wear a mask except for military treatment facilities. Why? Because 50 percent of healthcare providers were not vaccinated, and they didn't want soldiers to know that they weren't vaccinated. They didn't want to -- they didn't want soldiers walking into an MTF and seeing their healthcare provider wearing a mask.

How many healthcare providers do I know in the military who were telling everyone else it was safe and effective, yet they weren't vaccinated? They were sitting back and admittedly telling me, well, I'm going to see what happens to everybody else.

Q So you -- you and your colleague were the only two with the courage to speak out. What percentage of military doctors would you say shared your concerns about coronavirus vaccines but lacked the moral courage to speak out?

MR. MCGAVIN: Objection. Form; foundation;

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speculation.

THE WITNESS: I think there's 14,400 doctors in the military. I would say 14,398.

BY MR. CARROLL:

Q So you two were the only ones willing to speak truth to power?

A Well, Colonel Pete Chambers was in the National Guard. He was a Special Forces surgeon who was seeing exactly what I was seeing: strokes. I mean, look, I've been in the Army a while, and when you see three strokes in 20- to 30-year-olds in the first year after the vaccines rolled out, and you had never seen a stroke in that population in your entire career, when you start seeing issue after issue that you have never seen -- our brigade, sir, by the time I left there, had 20 cases of cancer. 20. I have seen colon cancer in a 19-year-old.

That does not happen. I was trained at MD Anderson Cancer Center. Think about that. Think about the number of autoimmune diseases, and why -- why would we think that there would be an uptick in cancer? Because the vaccine suppresses the tumor

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Department of Defense to maintain their records and not to change -- and to preserve the data. And they went in, and they took down the system and changed the data. And --

Q Dr. Long, regarding the -- the vaccination mandate, did Dr. Adirim sign the memo that went to Secretary Austin?

A Yes, sir.

Q And that recommended what you have described as an illegal vax mandate?

A Yes, sir.

Q And did you ever -- did you ever communicate that information to Mr. Raiklin regarding the interchangeability and whether that was a legal -- in your view, a legal vax mandate?

A Yes, I did.

Q Did you communicate that to him prior to October 3, 2024, when he was on the Roseanne Barr podcast?

A Yes, sir, I did. One of the things I never understood is that here I am, like perfectly positioned to have my finger on the heartbeat of a

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population, and I go out as a whistleblower to Senator Ron Johnson, and I'm on the news, and it's out there. Not one person, including Dr. Adirim, ever reached out to me. Not one person from DHA, not the Surgeon General of the Army. Not one person ever said, can you please give us the name of all these people who've had strokes and blood clots and pulmonary embolisms? We need to further investigate this. Not one. That's unacceptable.

I have never, to this day, received a single email from the Defense Health Agency warning me that there is a 43 percent increase in pulmonary embolisms, or a 151 percent increase in myocarditis. And by the way, to a flight surgeon, it doesn't matter. It doesn't matter if that increase is due to the infection or the vaccination, because myocarditis is myocarditis, and it puts people at risk for sudden cardiac death, and it puts them at risk for crashing a helicopter or a plane over a civilian area or school.

Pulmonary embolisms can lead to sudden

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cardiac death. But you want me to trust the DHA and all these agencies who have not been forthright about anything in this entire time I have not received a single email from DHA warning me about these increases, and then -- and then you -- you want to point me back to a congressional report where they -- they -- they say everything is fine?

Q When did you come out as a whistleblower?

A I -- I was working on my affidavit within two weeks of the attempted bribe. And by the way, the -- the -- the individuals who you're -- here's my exemption right here. And it's written by Margaret Ryan, MD, right? And -- and they go on, and they say Colonel Tonya Rans, Dr. Renata Engler, and Dr. Bruce McClenathen have additionally been engaged in communication with Lieutenant Colonel Long on her concerns. Like, the same people that wrote the myocarditis paper are the same people on this medical exemption.

Q When -- when was it that you came out as a whistleblower? Was it before October 3, 2024?

A Oh, yes, sir. I -- I came out -- let's

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see -- I think late September, early October of 2021.

Q And during -- during that time between October -- September, October 2021 until October 3, 2024, did you believe that service members died as a result of the illegal mandate?

A Absolutely.

Q And have you offered that opinion as part of your whistleblowing?

A Yes, sir, I have. And --

Q And is it your opinion that the heart is mutilated by the impact of the vaccine in the -- in the service members who had myocarditis?

A Yes, sir.

Q Did you communicate that as a whistleblower prior to October 3, 2024?

A Yes, sir, I did.

Q And then as a result of those -- of your opinions, did you believe that there should be consequences?

A Yes, sir. Absolutely. We -- we have -- we invest hundreds of millions of dollars into a

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Transcript of Ivan Eric Raiklin

Date: August 12, 2026
Case: Adirim, M.D. -v- U.S. Central Intelligence Agency, et al.

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Transcript of Ivan Eric Raiklin
Conducted on August 12, 2026

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IN THE UNITED STATES DISTRICT COURT FOR THE
EASTERN DISTRICT OF VIRGINIA ALEXANDRIA DIVISION
----------x
TERRY ADIRIM, M.D., :
Plaintiff, :
v. : Case No.:
U.S. CENTRAL INTELLIGENCE : 1:25-CV-00768-MSN-WBP
AGENCY, et al., :
Defendants. :
----------x

DEPOSITION OF IVAN ERIC RAIKLIN
Fairfax, Virginia
Wednesday, August 12, 2026
1:26 p.m.

Job No.: 646479
Pages: 1 - 94
Recorded By: Adam Schuman

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Deposition of IVAN ERIC RAIKLIN, held at the offices of:

MCGAVIN, BOYCE, BARDOT, THORSEN & KATZ, P.C.
9990 Fairfax Boulevard, Suite 400
Fairfax, VA 22030

Pursuant to agreement, before Adam Schuman, Notary Public in and for the Commonwealth of Virginia.

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A P P E A R A N C E S

ON BEHALF OF THE PLAINTIFF, TERRY ADIRIM, M.D.:
KEVIN THOMAS CARROLL, ESQUIRE
MARK S. ZAID, P.C.
1250 Connecticut Avenue NW, Suite 200
Washington, DC 20036
(202) 454-2809

ON BEHALF OF THE DEFENDANTS, IVAN RAIKLIN, ESQUIRE AND AMERICA'S FUTURE, INC.:
JOHN D. MCGAVIN, ESQUIRE
MCGAVIN, BOYCE, BARDOT, THORSEN & KATZ, P.C.
9990 Fairfax Boulevard, Suite 400
Fairfax, VA 22030
(703) 385-1000

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C O N T E N T S

E X H I B I T S
(Attached to transcript)

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PROCEEDINGS

THE REPORTER: Before we proceed, would counsel please state your appearance for the record and whom you represent?

MR. CARROLL: Sure. Kevin Carroll for Terry Adirim.

MR. MCGAVIN: I'm John McGavin. I represent Mr. Raiklin.

THE REPORTER: Will the witness please state your full legal name for the record?

THE WITNESS: Ivan Eric Raiklin.

THE REPORTER: To confirm, the spelling of your name, is that I-V-A-N, space, E-R-I-C, space, R-A-I-K-L-I-N?

THE WITNESS: That's correct.

THE REPORTER: All right, sir. Can you raise your right hand?

Whereupon,

IVAN ERIC RAIKLIN,

being first duly sworn or affirmed to testify to the truth, the whole truth, and nothing but the truth, was examined and testified as follows:

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EXAMINATION BY COUNSEL FOR THE PLAINTIFF

BY MR. CARROLL:

Q Good afternoon.

A Good afternoon, sir.

Q Your full name is Ivan Eric Raiklin?

A Yes, sir.

Q What's your current occupation?

A I am retired.

Q Okay. Have you ever testified under oath?

A This will be my debut.

Q Okay. Can you explain why you're here today?

A I am being sued by your client. Originally, four counts. It's down to one count for defamation that survived the motion to dismiss.

Q Sure. Don't take offense to these questions. They're standard. Are you under the influence of alcohol today?

A I am not.

Q Are you under the influence of drugs?

A No.

Q How do you know plaintiff?

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A Excuse me?

Q How do you know plaintiff?

A I – this is the first time I've ever actually interacted or even been in the same proximity as plaintiff.

Q Where did you attend law school?

A Touro.

Q Are you a member of the bar?

A I am.

Q Have you practiced law?

A Yes. Not in court, but I've done some advisory work.

Q Where do you practice law?

A Just one-off clients where I advised, consulted.

Q What's your area of legal practice?

A National security law.

Q Okay. How many service members died as a result of coronavirus vaccines?

A So how many service members died as a result of it? I have some studies that I've relied on where there's – it's – some of it's an

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extrapolation based on CDC's -- it's an analysis of CDC's vaccine events -- adverse events reporting system. And then the DHA did an internal study, the Defense Health Administration up in Falls Church, did an extrapolation of that, and I believe those numbers currently stand at about 2,544.

And I'm not sure if it's -- it's within the Department of Defense military population, so that could have been active in the TRICARE system. So that could probably be a little bit more expansive into VA, possibly veterans or spouses, dependents. That's currently being investigated, I believe, by the current Department of War to get specifics on what exactly that figure would be. But that's the way I understand it.

Q How were these service members killed by the vaccine?

A So different adverse events, primarily of myocarditis, cytokine, cyto -- I'm trying to think of the words that were just referenced.

Q Cytokine storm or something like that?

A Cytokine storm, I believe, is how you

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since she was deposed.
Q There's -- there's no -- no notification from the Department of Justice that the -- the September 14th memorandum was illegal? Or I should rephrase. Is -- is there any indication from the Department of Justice that it was illegal?
A Thus far, I haven't seen anything. But again, based on my opinion, those crimes do not have a statute of limitations. So we have yet to see if and when the Department of Justice is going to weigh in, or if and when state -- states attorneys -- state attorneys general are going to weigh in on this as we identify specific individuals that were harmed or died as a result of this policy, especially those that are in the National Guard of the various states. They could bring not only civil claims for injuries, but also criminal at the state level.
Q Just -- not to get into an argument, but the only crimes of that statute of limitation are typically homicide, and fraud is from the discovery of -- otherwise, there's a statute of limitation on

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pretty much every crime.
A For capital offenses, there is no statute of limitations at the federal level. It's my understanding -- from my understanding.
Q And there's been no -- has any has any court spoken on whether the September 14th memo was illegal?
A I am not sure if it's been litigated yet. I would have to say -- answer it this way, that this -- this lawsuit against me opens up exponentially the possibility for interest at the federal and state level to actually pursue that now that we're going through this process, and as a lot more information is being disclosed by different committees.
Over the last several years, you've had House, Senate committees, and as recently as last week, exposing messages by senior health officials such as Anthony Fauci and others. And I'm sure the scrutiny of not only his diary, but also his official phone, is going to open up a panoply of potential criminal liability for any and all

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individuals involved in policy as it relates to COVID, which would also include, even though she may not have communicated with them.
I think it opens up a Pandora's box for those that did not get a pardon on their criminal acuity and liability as it relates to the policies that they signed off on, when it's shown the negative impact and harmful impact those policies resulted in.
Q Specifically, what laws, if any, did plaintiff break when she recommended to the Secretary that he mandate vaccination?
MR. MCGAVIN: Objection, form.
You may answer.
THE WITNESS: I may not have that in front of me, although there is a statute that specifically -- there's a statute that I'll have to get you the citation for. It effectively states that -- give me a moment because I may have it in front of me.
Okay. Let's go through a few of these. Let's start with 10 USC 1107a. Makes the law very

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clear that, quote, 564(e)(1)(A)(ii)(III) is designed to ensure that individuals are informed of an option to accept or refuse administration of a product. DoD instruction 6200.02 requires military commanders to ensure the informed consent rights of service members are protected and may be waived only by the president, and only if the president determines, in writing, that complying with such requirement is not in the interests of national security.
So it effectively states that for someone to be forced into an emergency-use authorized product, such as the BioNTech, they -- the service member has to be given informed consent. The only time when that is not required is when the president, commander in chief, in writing, waives that. No such waiver in writing ever took place under the previous commander in chief, if you want to call him that.
So by forcing that emergency-use authorized product. And so it says here, DoD instruction 6200.02 -- DoD instruction 6200.02E3.4,

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answer that, Pfizer COMIRNATY was the FDA's biologic licensing agreement approval that was dated August 23rd of 2021.

No evidence is out there to show that that was even produced. The approval came. But the manufacture of that formulation, with that license and the description of that FDA approval on a vial, did not. There was none available based on my research and evidence, and many folks that I communicated with, that were requesting that that be available. So that wasn't available.

The emergency-use authorized BioNTech was produced and available, so that was the only one available for a certain period of time, I believe, maybe up to a year or more. Meanwhile, the mandate was there, but it could only be met with the consumption of an EUA product, and that's why you have this. They were legally distinct.

BY MR. CARROLL:

Q Could you just read the rest of that sentence?

A So the products are legally distinct with

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certain differences, and the claim is that the -- that do not impact safety or effectiveness. So with that said, if both products are unsafe and ineffective, which the CDC VAERS reporting clearly shows that they were unsafe and ineffective, that statement is accurate because they're both unsafe and ineffective, whether it's the BioNTech one or the -- or the COMIRNATY one. That's how I read it.

So they were just as -- because the formulation was similar, they had just the equal amount of harm as the one that was FDA-approved that was never produced. That's the FDA stance on it.

Q Let's turn to another statute, 18 USC Genocide. What evidence is there, if any, that plaintiff sought to physically destroy the service members as a group?

MR. MCGAVIN: Objection, form. Mischaracterizes the complaint, the allegations.

MR. CARROLL: Noted.

BY MR. CARROLL:

Q Describe it this way. Are service members

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a national group?

A One moment. Let me just pull up what you're referencing. Right. So there are members of the military, and those that noted -- a preponderance of those that noted that this mandate was unlawful from the onset, I would say a majority, a clear majority, maybe almost all, fell into the religious group known as those that consider themselves as Christians, okay?

This is based on my experience in communicating with hundreds of individuals that we -- that I communicated over the course of the last five years as we were trying to warn and educate -- because I was in service at the time in the reserve component -- to educate our chain of command up to and including the Acting Secretary of Defense for Health Affairs, up to Lloyd Austin, and beyond, that, this thing is injuring and resulting in deaths.

Again, based on our research and study that I just outlined, some of it. There's other studies. And I relied on doctors that ended up

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becoming whistleblowers as it relates to this, that provided me evidence based on their research. I trusted them for my personal experience with them. This resulted in deaths.

So you're referring to genocide means any of the following acts committed meant to destroy, in whole or in part, a national, ethnic, racial, or religious group. I would say that this is something that a jury in a criminal court would have to determine how much -- who was impacted the most as it relates to this policy.

And I think, again, based on my opinion, talking to hundreds of people that were being weaponized against or through this unlawful policy, every single one of them that I communicated with, 100 percent of them were Christians.

So whether that's the case of all the 8,500, 8,600? That, I can't say. So that falls into that religious group component.

Q Did the vaccine mandate apply to service members who were not Christian?

A Well, the unlawful mandate that Terry

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that I can rely on early on that would have been known to her prior to the -- the memo that she signed off on was an exhibit, Exhibit 6, which is dated April 30th of 2021, about five months prior to the memo signature, almost.

Cumulative analysis of post-authorization adverse events reports. And in this document, the way I read it and understand it to form my opinion is that there were 42,000 adverse events, and of those, 1,223 were fatal. So that's one to get -- to get the names.

BY MR. CARROLL:

Q And is that -- is that service members or all Americans or worldwide?

A This refers to -- again, I can only go off of what's written here. I think Dr. Long can give you those details.

Q Okay. Another aspect of the -- another piece of misconduct that would fall within the terms of the genocide statute is permanently impairing people's mental faculties by drugs. Do you think plaintiff did that?

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A Again, when you -- when you look at the entire panoply of safety signals that show the massive adverse events, just -- I'll just go through several.

Q Well, I'm just asking specifically because you used --

A Of neurological. You're referring to neurological right now.

Q Mental.

A Right. So I think Bell's palsy is one example.

Q That's like when your lips droop, I think. Anything about mental faculties? If not, that's fine.

A So there's a laundry list here. That brain natriuretic peptide increased. There's quite a few neurologic issues that have been reported --

Q I was asking about mental, not neurological.

A -- by -- other neurological, as far as I understand, because I'm not a doctor, that relates to brain function and its impact on control of the nervous system.

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Q Again, looking at Section 1091, do you think plaintiff imposed measures intended to prevent births by service members?

MR. MCGAVIN: Objection, form.

THE WITNESS: I'm going to refer back to my understanding of intent under Virginia law. That's something that a trier of fact. But based on the policy, based on -- based on what she just testified to in her deposition, I have even a heightened level of -- my opinion is only increased in understanding that there was a wanton disregard for the evidence that was mounting and accessible for her to be briefed on by her staff, for her to conduct active surveillance on the unsafe and ineffective nature.

This is not -- I'm basing my commentary, not just some fantastical, because I have some animus for anybody. It's based -- clearly based on documents that -- I mean, this is the tip of the iceberg, these exhibits.

MR. CARROLL: Noted.

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THE WITNESS: I have hundreds of more documents that are just as powerful as this, that clearly show the negative impact, the harms caused on --

MR. CARROLL: If the case goes to trial, you can -- you can try and enter them into evidence.

BY MR. CARROLL:

Q Did you receive a coronavirus vaccine?

MR. MCGAVIN: Pardon me?

MR. CARROLL: I said if it goes to trial, he could enter this.

MR. MCGAVIN: I didn't understand the question.

MR. MCGAVIN: You said it so quickly, I didn't --

MR. CARROLL: I'm sorry.

BY MR. CARROLL:

Q Did you receive a coronavirus vaccine?

A Well, I -- I've taken the stance with the military when I was a reservist, and I've taken the stance when I was a contractor at the Defense

Administration of Donald J. Trump, 2025

Executive Order 14184—Reinstating Service Members Discharged Under the Military's COVID–19 Vaccination Mandate
January 27, 2025

By the authority vested in me as President by the Constitution and the laws of the United States of America, it is hereby ordered:

Section 1. Purpose and Policy. On August 24, 2021, the Secretary of Defense mandated that all service members receive the COVID–19 vaccine. The Secretary of Defense later rescinded the mandate on January 10, 2023. The vaccine mandate was an unfair, overbroad, and completely unnecessary burden on our service members. Further, the military unjustly discharged those who refused the vaccine, regardless of the years of service given to our Nation, after failing to grant many of them an exemption that they should have received. Federal Government redress of any wrongful dismissals is overdue.

Sec. 2. Redress. Consistent with the policies announced in section 1 of this order, the Secretary of Defense or the Secretary of Homeland Security, as appropriate, shall take all necessary action permitted by law to:

(a) make reinstatement available to all members of the military (active and reserve) who were discharged solely for refusal to receive the COVID–19 vaccine and who request to be reinstated;

(b) enable those service members reinstated under this section to revert to their former rank and receive full back pay, benefits, bonus payments, or compensation; and

(c) allow any service members who provide a written and sworn attestation that they voluntarily left the service or allowed their service to lapse according to appropriate procedures, rather than be vaccinated under the vaccine mandate, to return to service with no impact on their service status, rank, or pay.

Sec. 3. Additional Agency Responsibilities. (a) Nothing in this order precludes disciplinary or administrative action for conduct that is proscribed by chapter 47 of title 10, United States Code (Uniform Code of Military Justice, 10 U.S.C. 801–946a).

(b) Within 60 days of the date of this order, the Secretary of Defense and the Secretary of Homeland Security shall report to the President through the Assistant to the President for National Security Affairs on their progress in implementing this order.

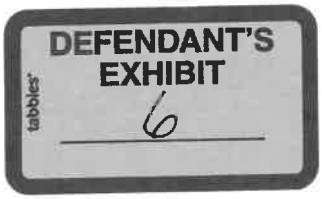
Sec. 4. Severability. If any provision of this order, or the application of any provision to any person or circumstance, is held to be invalid, the remainder of this order and the application of its provisions to any other persons or circumstances shall not be affected thereby.

Sec. 5. General Provisions. (a) Nothing in this order shall be construed to impair or otherwise affect:

(i) the authority granted by law to an executive department, agency, or the head thereof; or

(ii) the functions of the Director of the Office of Management and Budget relating to budgetary, administrative, or legislative proposals.

(b) This order shall be implemented consistent with applicable law and subject to the availability of appropriations.



(c) This order is not intended to, and does not, create any right or benefit, substantive or procedural, enforceable at law or in equity by any party against the United States, its departments, agencies, or entities, its officers, employees, or agents, or any other person.

DONALD J. TRUMP

The White House,
January 27, 2025.

[Filed with the Office of the Federal Register, 8:45 a.m., January 31, 2025]

NOTE: This Executive order was published in the *Federal Register* on February 3.

Categories: Executive Orders : Military COVID–19 vaccination mandate, reinstating servicemembers discharged under.

Subjects: COVID–19 vaccines; Military COVID–19 vaccination mandate, reinstating servicemembers discharged under; National Security Adviser; Secretary of Defense; Secretary of Homeland Security.

DCPD Number: DCPD202500188.

OFFICE OF THE UNDER SECRETARY OF DEFENSE
4000 DEFENSE PENTAGON
WASHINGTON, D.C. 20301-4000

PERSONNEL AND READINESS

MAY - 7 2025

MEMORANDUM FOR SECRETARIES OF THE MILITARY DEPARTMENTS

SUBJECT: Supplemental Guidance to the Military Department Discharge Review Boards and Boards for Correction of Military / Naval Records Considering Requests from Service Members Adversely Impacted by Coronavirus Disease 2019 Vaccination Requirements

References: (a) Executive Order 14184, "Reinstating Service Members Discharged Under the Military's COVID-19 Vaccination Mandate," January 27, 2025
(b) Office of the Under Secretary of Defense for Personnel and Readiness Memorandum, "Updated Guidance on Correction of Military Records for Service Members Involuntarily Separated for Refusal to Comply with Coronavirus Disease 2019 Vaccination Requirements," April 1, 2025
(c) Assistant Secretary of the Air Force for Manpower and Reserve Affairs Memorandum, "Correction of Military Records for Former Members of the Air Force Following Rescission of August 24, 2021, and November 30, 2021, Coronavirus Disease 2019 Vaccination Requirements for Former Members of the Armed Forces," September 6, 2023
(d) Assistant Secretary of the Army for Manpower and Reserve Affairs Memorandum, "Correction of Military Records for Former Members of the Army Following Rescission of August 24, 2021, and November 30, 2021, Coronavirus Disease 2019 Vaccination Requirements for Former Soldiers," September 6, 2023
(e) Assistant Secretary of the Navy for Manpower and Reserve Affairs Memorandum, "Correction of Naval Records for Former Members of the Department of the Navy Following Rescission of August 24, 2021, and November 30, 2021, Coronavirus Disease 2019 Vaccination Requirements for Former Members of the Armed Forces," September 6, 2023
(f) Secretary of Defense Memorandum, "Providing Supplemental Remedies for Service Members and Veterans Negatively Impacted by the Department of Defense Defunct Coronavirus Disease 2019 Vaccination Mandate," April 23, 2025

On January 27, 2025, the President issued reference (a), concerning the Department of Defense's since-rescinded coronavirus disease 2019 (COVID-19) vaccination mandate, which was unlawful as implemented, and "an unfair, overbroad, and completely unnecessary burden" on Service members. The Secretary of Defense has taken decisive action to execute the President's guidance to correct this injustice:

(1) All former Service members discharged solely for refusing to receive the COVID-19 vaccine may pursue reinstatement in the military, and be considered for eligibility to receive backpay; and

(2) Former Service members who attest that they voluntarily left the military or allowed their service to lapse according to appropriate procedures due to the military's previous COVID-19 vaccination mandate may pursue a return to military service.

DEFENDANT'S EXHIBIT 7

In addition, some Service members were separated with less than a fully honorable discharge characterization for their refusal to take a COVID-19 vaccine, depriving them of veterans' benefits. Other Service members, who remained in service and requested religious, administrative, or medical accommodations related to the COVID-19 vaccine requirement, may still have adverse information in their records connected to those requests.

To remedy these harms, on April 23, 2025, the Secretary of Defense directed the Under Secretary of Defense for Personnel and Readiness to issue additional guidance to the Military Department Review Boards concerning the review of requests from Service members and former Service members adversely impacted by the COVID-19 vaccine mandate. I hereby direct the following:

- The Secretaries of the Military Departments will, through their Boards for Correction of Military / Naval Records (BCM/NRs), continue to apply the guidance contained within reference (b), which my office issued to facilitate the reinstatement or return of eligible individuals who wish to continue their military service.

- Within 15 calendar days of the date of this memorandum, the Secretaries of the Military Departments will rescind references (c), (d), and (e) and distribute the attached guidance to their Discharge Review Boards (DRBs) and BCM/NRs in their place.

- The BCM/NRs should carefully consider claims by individuals who filed formal requests for administrative or medical accommodation, including requests for religious accommodation, related to the Department's previous COVID-19 vaccine mandate, yet continued to serve. Adverse actions in a Service member's records solely associated with their refusal to take a COVID-19 vaccination or seek an exemption from that COVID-19 vaccine mandate should be removed.

This guidance is not intended to interfere with or impede the BCM/NRs' statutory independence, nor does it limit the Boards from considering additional claims related to harms caused by the Department's previous COVID-19 vaccine mandate and providing appropriate remedies.

Jules W Hurst III

Jules W. Hurst III
Performing the Duties of the Under Secretary of Defense for Personnel and Readiness

Attachment:
As stated

cc:
Chairman of the Joint Chiefs of Staff
General Counsel of the Department of Defense
Assistant Secretary of Defense for Legislative Affairs
Assistant to the Secretary of Defense for Public Affairs

Attachment

Supplemental Guidance to the Military Department Discharge Review Boards and Boards for Correction of Military / Naval Records Considering Requests from Service Members Adversely Impacted by Coronavirus 2019 Vaccination Requirements

Generally

1. The requirement that Service members receive a coronavirus disease 2019 (COVID-19) vaccine without an adequate due process mechanism for vaccine accommodations was an injustice.[1]

2. This document provides clarifying guidance to Discharge Review Boards (DRBs) and Boards for Correction of Military / Naval Records (BCM/NRs) (collectively, the "Review Boards") considering requests from present or former Service members to correct records, when such present or former Service members:

a. Were involuntarily separated based solely on their refusal to receive the COVID-19 vaccine, and who submit discharge upgrade requests (as defined in paragraph 5) pursuant to that separation;

b. Submitted a request for administrative or medical accommodation for exemption from the COVID-19 vaccine mandate, and request correction of service records containing adverse information or reflecting adverse action (including withholding of favorable personnel actions) solely associated with such requests; or

c. Suffered additional harms or injustices not specifically addressed within this guidance, that were solely related to a Service member's refusal to receive the COVID-19 vaccine.

Discharge Upgrade Requests

3. Service members who were involuntarily separated solely for refusing to be vaccinated, did not receive the same treatment across the Department. While some Service members were assigned "honorable" discharge characterizations, others received "general (under honorable conditions)" characterization and as a result, lost access to important educational benefits under the Post-9/11 GI Bill and the Montgomery GI Bill, and potentially other veterans benefits.

4. To correct this injustice and enhance uniformity across the Military services, the Review Boards should generally grant a discharge upgrade request from a former Service member when:

a. The former Service member was involuntarily separated;

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[1] Attachment 2 to Office of the Under Secretary of Defense for Personnel and Readiness Memorandum, "Updated Guidance on Correction of Military Records for Service Members Involuntarily Separated for Refusal to Comply with Coronavirus Disease 2019 Vaccination Requirements." April 1, 2025.

b. The separation was based *solely* on a refusal to receive the COVID-19 vaccine; and

c. There are no aggravating factors in the Service member's record, such as misconduct.

5. Review Boards should normally grant requests to upgrade the characterization of service to "honorable," change the narrative reason for enlisted separation (i.e., to "Secretarial Authority"), and change the reentry code to an immediately-eligible-to-reenter code under these specific circumstances. Officer records should be changed to have similar effect.

6. If an applicant's military records reflect multiple reasons for involuntary separation (i.e., when separation *was not solely* due to the fact that the former Service member refused to receive the COVID-19 vaccine), the Review Boards should apply existing policies that require the former Service member to establish evidence of an error, impropriety, inequity, or injustice in their discharge in order to warrant relief.

Removal of Adverse Actions and Information Solely Associated with COVID-19 Vaccine Mandate

7. The Department's COVID-19 vaccine mandate also caused harms that were not reflected on separation documents. For instance, some Service members received administrative letters of reprimand, negative or inconsistent evaluations, or withholding of opportunities for Reserve Component personnel to perform inactive duty training for pay to achieve a "good year" for participation and retirement purposes.

8. While previous guidance[2] required the Secretaries of the Military Departments to update Service member personnel records to remove adverse actions solely associated with denials of requests for exemption from the COVID-19 vaccine mandate on religious, administrative, or medical grounds, this relief should not have been limited to Service members who formally filed an exemption request. The inadequacy of the consideration afforded to those who submitted accommodation requests undermined the faith of many Service members, and they should not be penalized for deciding not to request an exemption that had little or no likelihood of success.

9. To ensure that present and former Service members are not penalized for pursuing religious and other exemptions to the COVID-19 vaccine mandate in good faith, the BCM/NRs will carefully consider applications by individuals who request correction of records containing adverse information or reflecting adverse action solely associated with a request for exemption from the COVID-19 vaccination mandate, or with appeals of denials of such requests. Additionally, any present or former Service member who attests that they would have filed a request for exemption from the COVID-19 vaccine mandate were it not for the Department's very high rate of disapproval of such requests shall be evaluated as if they had requested, and been denied, such an exemption.

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[2] Secretary of Defense Memorandum, "Rescission of August 24, 2021 and November 30, 2021 Coronavirus 2019 Vaccination Requirements for Members of the Armed Forces," January 10, 2023.

10. If adverse information associated solely with a request for exemption from the COVID-19 vaccination mandate is found within an applicant's official military personnel file, the BCM/NR should, as appropriate, exercise its broad discretion to assess the potential impact on the Service member's career and correct impacted personnel records appropriately.

Other Harms or Injustices Suffered by Service Members Not Specifically Addressed in this Guidance

11. Present and former Service members may have suffered other harms from the COVID-19 vaccine mandate that are not specifically addressed in this guidance. Adverse action may include the overt withholding of favorable personnel actions, including such actions as removing individuals from approved lists to attend training or professional military education, to assume leadership positions, or to conduct a permanent change of station transfer on schedule.

12. Many Service members may have been denied these opportunities while waiting for the adjudication of their administrative or medical exemption requests. Even more concerning, some have reported that they were pressured to voluntarily separate from the military due to their COVID-19 vaccine status, even while awaiting adjudication of their exemptions.

13. The BCMR/NRs should exercise broad discretion in providing appropriate corrections to the records of Service members and former Service members who suffered harms resulting from the Department's COVID-19 vaccine mandate.

IN THE UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF VIRGINIA
Alexandria Division

TERRY ADIRIM, M.D., Plaintiff,	)	
v.	)	**Case No. 1:25-cv-00768-MSN-WBP**
U.S. CENTRAL INTELLIGENCE AGENCY; JOHN RATCLIFFE, Director of the CIA; **and IVAN E. RAIKLIN,** Defendants.	)	Hon. Michael S. Nachmanoff Hon. William B. Porter

AFFIDAVIT OF IVAN E. RAIKLIN

In Support of Defendant Ivan E. Raiklin's Defense
to Plaintiff Terry Adirim's Defamation and Related Claims

STATE OF VIRGINIA
COUNTY OF FAIRFAX

I, Ivan E. Raiklin, being first duly sworn, depose and state as follows:

I. IDENTITY AND PURPOSE

1. I am over eighteen (18) years of age, am competent to testify, and make this affidavit based on my personal knowledge except where I expressly state that a matter is based on information and belief, conversations, discussions, public records, testimony, or published materials.

2. I am a citizen of the United States and a resident of Alexandria, Virginia. I am an attorney licensed to practice law. I am a retired Lieutenant Colonel of the United States Army Reserve and a former U.S. Army Special Forces (Green Beret) officer. I previously performed work associated with the Defense Intelligence Agency. I am a named Defendant in Adirim v. U.S. Central Intelligence Agency, et al., No. 1:25-cv-00768-MSN-WBP.

3. I submit this affidavit in defense of the defamation and related claims asserted against me by Plaintiff Terry Adirim, M.D. It sets forth official-act facts concerning Plaintiff's DoD role; conversations, testimony, and public materials—each cited by footnote to the named source—on which I formed my opinions about the DoD COVID-19 vaccination mandate; and the basis on which I characterized Plaintiff's official role.

4. I understand Plaintiff alleges I defamed her by statements that she signed or institutionalized a memorandum implementing the DoD COVID-19 vaccination mandate; that she was an architect of that implementation; and that, in my opinion, that official conduct was unlawful, unethical, and so harmful as to warrant accountability, including language I used such as "illegal," "jab mandate," "genocide," and "mutilation." The statements pleaded at First Amended Complaint paragraph 78 were made on the Roseanne Barr podcast on October 3, 2024.[1] This affidavit distinguishes official-act facts from opinion and identifies the pre-October 3, 2024 record I relied upon.

II. PLAINTIFF'S OFFICIAL ROLE AND THE SEPTEMBER 14, 2021 MEMORANDUM

5. My statements concerning Plaintiff's connection to the mandate were based on official records of her senior civilian role in DoD Health Affairs and on the September 14, 2021 implementing memorandum issued from that office.[2]

[1]The Roseanne Barr podcast statements pleaded at First Am. Compl. ¶ 78 were made Oct. 3, 2024. All sources in Section IV-A used to form those opinions predate that date except where expressly identified as later confirmation (including Plaintiff's Aug. 12, 2026 deposition).

[2]Department of Defense, Memorandum from the Secretary of Defense, Mandatory Coronavirus Disease 2019 Vaccination of Department of Defense Service Members (Aug. 24, 2021); Office of the Assistant Secretary of Defense for Health Affairs, implementation memorandum concerning Pfizer-BioNTech and COMIRNATY (Sept. 14, 2021).

6. At times relevant to the mandate, Plaintiff served as Acting Assistant Secretary of Defense for Health Affairs. Secretary of Defense Lloyd J. Austin III announced a force-wide COVID-19 vaccination mandate on or about August 24, 2021.[3]

7. On or about September 14, 2021, a memorandum issued from the Office of the Assistant Secretary of Defense for Health Affairs—during the period Plaintiff served as Acting ASD for Health Affairs—addressed mandatory vaccination using Pfizer-BioNTech doses distributed under Emergency Use Authorization and COMIRNATY doses (the "September 14, 2021 Implementation Memorandum").[4] Plaintiff later testified under oath that Exhibit 2 was "a September 14, 2021 memo or directive or recommendation from you," and answered "Yes."[5]

8. Based on those official records and on Plaintiff's deposition admission, I believed then, and I believe now, that it is substantially true that Plaintiff was a senior DoD Health Affairs official who signed, issued, staffed, recommended, or otherwise institutionalized implementing guidance for the mandate. I did not claim she was the Secretary of Defense. I claimed she was a senior implementing official.

9. Plaintiff is, in my opinion, a public official and at a minimum a limited-purpose public figure with respect to DoD COVID-19 vaccination policy. My commentary concerned her official acts.

III. CONVERSATIONS AND DISCUSSIONS INFORMING MY OPINIONS

[5]Dep. of Terry Alayne Adirim, Adirim v. CIA, No. 1:25-cv-00768-MSN-WBP (E.D. Va. Aug. 12, 2026), Planet Depos Job 645561.

10. Separate from Section II, my opinions about lawfulness, ethics, medical justification, and human cost rely on conversations and discussions with the military and civilian sources in paragraphs 11–12, the government officials in Section III-A, and the footnoted public record of each.

11. Military medical and line sources. I have had conversations and discussions with, and have reviewed sworn statements, testimony, briefings, and public commentary associated with, among others:

a. Lieutenant Colonel Theresa Long, M.D., M.P.H., F.S., United States Army, flight surgeon and military whistleblower;[6]

b. Lieutenant Colonel Peter Chambers, D.O., United States Army;[7]

c. Major Samuel N. Sigoloff, D.O., United States Army physician;[8]

d. First Lieutenant Mark Bashaw, United States Army;[9]

e. Lieutenant Ted Macie, United States Navy Medical Service Corps;[10]

f. Lieutenant Commander / Commander Robert Green, United States Navy;[11]

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[6]LTC Theresa Long, M.D., M.P.H., F.S., Affidavit in Support of Motion for Preliminary Injunction, Robert v. Austin, No. 1:21-cv-02228 (D. Colo.), sworn on or about Sept. 24, 2021; live testimony, Navy SEAL 1 v. Austin, No. 8:21-cv-02429 (M.D. Fla.), Hearing Transcript Docket 149 (Apr. 1, 2022); remarks at Sen. Ron Johnson panel, Nov. 2, 2021.

[7]LTC Peter Chambers, D.O.: DMED extracts identified in Sen. Ron Johnson letters to Secretary Austin (Jan. 24, Feb. 1, and Feb. 3, 2022) and in the Jan. 24, 2022 Senate roundtable presentation by Thomas Renz; live testimony, Navy SEAL 1 v. Austin, Dkt. 149; presentation to the Arizona Legislature, Novel Coronavirus Southwestern Intergovernmental Committee, Oct. 20, 2023, "DMED Data and the Military Perspective," PowerPoint titled "The Weaponization of Public Health And its… Second and Third Order Effects on National Security" (official minutes, azleg.gov).

[8]MAJ Samuel N. Sigoloff, D.O.: DMED declaration identified with Long and Chambers in the Jan. 24, 2022 Johnson roundtable and Feb. 3, 2022 Johnson letter.

[9]1LT Mark C. Bashaw: Declaration in Support of Sen. Johnson's Investigation (Mar. 3, 2022); Decl., Ex. 17, S.D. Tex. No. 3:22-cv-00265, Dkt. 50-17 (Nov. 7, 2022).

[10]LT Ted Macie, MSC, USN: all-hands presentation to CNO (Oct. 11, 2023); public video circulated on X (Nov. 27, 2023) comparing five-year pilot averages to 2022 cardiac diagnoses.

[11]Cdr./LCDR Robert A. Green Jr., USN: Defending the Constitution Behind Enemy Lines (Skyhorse); evidence in Navy SEAL 1-26 v. Biden / Austin; signatory, Declaration of Military Accountability (Jan. 1, 2024).

g. former LTC Brad Miller.[12]

12. Civilian physicians, scientists, attorneys, and journalists:

a. Dr. Peter A. McCullough;[13]

b. Dr. Robert W. Malone;[14]

c. Dr. Jane Ruby;[15]

d. Dr. Ryan Cole;[16]

e. Del Bigtree;[17]

f. Todd S. Callender, Esq.;[18]

g. Dr. Vladimir Zelenko;[19]

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[12]former LTC Brad Miller: Substack essay "Moral Injury: Confronting the U.S. Military's Greatest Strategic Problem," Ideas and Actions (May 2, 2023), https://bradmiller10.substack.com/p/moral-injury ("The nature of the covid-19 policies, to include the injection mandate, have undoubtedly caused immeasurable moral injury."; "The covid-19 injection mandate was based on fraud and that therefore the implementation of the mandate was unlawful."); Substack essay "Facing the Truth: Acknowledging DoD's Unlawful Mandate," Ideas and Actions (July 9, 2023), https://bradmiller10.substack.com/p/facing-the-truth ("The Department of Defense's (DoD) August 24, 2021 covid-19 vaccine mandate was unlawful."; "The mandate was unlawful when it was implemented and has never somehow become lawful."); Declaration of Military Accountability open letter (Jan. 1, 2024).

[13]Peter A. McCullough, M.D., M.P.H.: The Joe Rogan Experience #1747 (Dec. 13, 2021); testimony, Sen. Ron Johnson roundtable "COVID-19: A Second Opinion" (Jan. 24, 2022); European Parliament remarks (Sept. 13, 2023) ("not safe for human use"); House panel "Injuries Caused by COVID-19 Vaccines: Part II" (Jan. 13, 2024); Brannon Howse Live (Sept. 27, 2024).

[14]Robert W. Malone, M.D.: The Joe Rogan Experience #1757 (Dec. 31, 2021); Sen. Johnson "COVID-19: A Second Opinion" (Jan. 24, 2022) and Dec. 7, 2022 vaccine-contents event; House panel "Injuries Caused by COVID-19 Vaccines" (Nov. 13, 2023).

[15]Jane Ruby: Learn True Health interview (Oct. 2021); The Dr. Jane Ruby Show (recurring). Relied upon as commentary.

[16]Ryan Cole, M.D.: public lectures from 2021 concerning spike protein; House panel "Injuries Caused by COVID-19 Vaccines: Part II" (Jan. 13, 2024).

[17]Del Bigtree: The HighWire with Del Bigtree (ICAN), recurring weekly program including 2021 episodes addressing VAERS and the Harvard Pilgrim under-reporting finding.

[18]Todd S. Callender, Esq.: counsel work associated with Robert v. Austin; 2022 interviews using "genocide" and "Nuremberg 2.0."

[19]Vladimir Zelenko, M.D., appearance on The Alex Jones Show, reported as "God-Fearing Doctor: 'COVID Jabs Are Premeditated First Degree Murder And Genocide,'" Christianity Daily (Nov. 15, 2021); Brighteon.TV / "Steel Truth" with Ann Vandersteel (Dec. 3, 2021) ("premeditated first degree capital murder, genocide and crime against humanity"); LifeSiteNews interview (July 9, 2021) ("conspiracy to commit genocide"). Dr. Zelenko died June 30, 2022. Relied upon as pre-October 3, 2024 public physician rhetoric.

h. Dr. Mary Talley Bowden;[20]

i. Aaron Siri, Esq., Siri & Glimstad LLP, counsel for Informed Consent Action Network.[21]

III-A. GOVERNMENT OFFICIALS RELIED UPON

13. Government officials. I have had conversations, discussions, or briefings with, or have relied upon public hearings, oversight letters, official statements, and published reporting concerning, the following government officials. They are set out separately from the military clinicians and civilian commentators because their statements were made in an official or oversight capacity:

a. United States Senator Ron Johnson;[22]

b. United States Senator Rand Paul;[23]

c. United States Congressman Thomas Massie;[24]

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[20]Mary Talley Bowden, M.D.: X post (June 7, 2023) describing the product as an "experimental drug" for which "Death is a risk"; Substack essay "Coercion Is Not Consent" (Nov. 12, 2023); X post (Nov. 30, 2023) that Houston Methodist "coerced nearly 30,000 employees to get an experimental modified mRNA shot with no long-term safety data"; X post (Dec. 13, 2023) citing 1,366 peer-reviewed publications documenting "severe complications and death after the COVID shots"; X post (Mar. 1, 2024) that a death count of 50 "from the C+VID shots was reached by Jan 2021"; X post (Sept. 3, 2024) circulating a colleague account of clustered aggressive cancers after vaccination. Subsequent public statements through 2025–2026 describing the shots as "deadly," "not suitable for human use," and associated with myocarditis, "turbo cancer," clots, neurological injury, and excess deaths are consistent with that pre-podcast record and with her later article "Why the DoD's COVID mandate was never lawful," America Out Loud (Apr. 29, 2025).

[21]Aaron Siri, Esq., Siri & Glimstad LLP, counsel for Informed Consent Action Network (ICAN): 2021 letters that an EUA product cannot lawfully be mandated; FOIA and federal litigation compelling FDA release of Pfizer COVID-19 licensure files and CDC release of V-safe data; Substack, "FDA Illegally Authorizes Pfizer Vaccine for 5-11 Year Old Children" (Nov. 6, 2021); letter to the National Academies (Mar. 28, 2023); testimony before the Arizona Legislature including (i) May 2023 presentation later posted as "How Did Our Vaccine Oversight System Get So Broken?," Aaron Siri Substack (June 4, 2023), and (ii) October 20, 2023 Novel Coronavirus Southwestern Intergovernmental Committee presentations "Informed Consent: How to Decide Whether to Consent" (Attachment A) and "Safeguarding Vaccine Exemptions: Religious & Medical" (Attachment D), official minutes at azleg.gov (same hearing as LTC Pete Chambers' DMED military presentation); X post (June 14, 2024) ("All COVID vaccines . . . caused many serious injuries"); oral and written testimony, House Judiciary Subcommittee, "Follow the Science?: Oversight of the Biden Covid-19 Administrative State Response" (June 26, 2024). All of the foregoing predates the October 3, 2024 Barr podcast.

[22]Sen. Ron Johnson: letters to Secretary Austin dated Jan. 24, Feb. 1, and Feb. 3, 2022 (DMED preservation and diagnosis increases); Senate roundtable "COVID-19: A Second Opinion" (Jan. 24, 2022).

[23]Sen. Rand Paul: public statements including Aug. 27, 2021 and Dec. 8, 2022 ("The vaccine does not prevent you from getting an infection. It doesn't prevent you from transmitting an infection....").

[24]Rep. Thomas Massie: public statements, floor remarks, and interviews 2021–2024 opposing COVID-19 mandates.

d. Former United States Congresswoman Marjorie Taylor Greene;[25]

e. Robert F. Kennedy, Jr.;[26]

f. United States Congresswoman Nancy Mace;[27]

g. House Freedom Caucus Chairman Representative Andy Harris, M.D.; and[28]

h. the Secretary of War and the Secretary of Health and Human Services, including the investigation described in Section IV-B.

14. I do not claim that every person named above agrees with every word I have used, or that any of them authorized any particular statement about Plaintiff.

15. The footnotes and Schedule A are a representative catalog. They are not an exhaustive list of every podcast episode. Recurring programs are cited as a body of work plus specified episodes.

IV. VAERS, THE HARVARD PILGRIM REPORT, AND OTHER PUBLIC DATA

16. In addition to those conversations, my opinions rely on: (a) VAERS data; (b) the AHRQ-funded Harvard Pilgrim Health Care report stating that fewer than one percent of vaccine adverse events are reported to VAERS;[29] (c) DMED extracts described by LTC Long, LTC Chambers, MAJ Sigoloff, 1LT Bashaw, and LT Macie; (d) the August 24, 2021 mandate memorandum and the September 14, 2021 Implementation Memorandum;[30] (e) 10 U.S.C. §

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[25]Rep. Marjorie Taylor Greene: House panel "Injuries Caused by COVID-19 Vaccines" (Nov. 13, 2023); Part II (Jan. 13, 2024).

[26]Robert F. Kennedy, Jr.: Tucker Carlson Today (Nov. 15, 2021) and Dec. 6, 2021 remarks that the COVID-19 vaccine is the "deadliest vaccine ever made," citing VAERS; Children's Health Defense publications predating Oct. 3, 2024.

[27]Hearing, House Comm. on Oversight & Accountability (Feb. 8, 2023) (statement of Rep. Nancy Mace (R-S.C.)).

[28]Press Release, Rep. Andy Harris, M.D., Chairman, House Freedom Caucus, REP. HARRIS: FIVE YEARS AFTER THE ADIRIM MANDATORY VACCINE MEMO, PUT HER UNDER OATH (Sept. 14, 2026).

[29]Lazarus, R., Electronic Support for Public Health—Vaccine Adverse Event Reporting System (ESP:VAERS), Final Report (Harvard Pilgrim Health Care, Inc. / AHRQ Grant No. R18 HS017045) (2010).

1107a and 21 U.S.C. § 360bbb-3; and (f) later rescission and official characterizations of the mandate as implemented.

17. I am aware VAERS is passive and that a report is not by itself proof of causation. My opinion is not that every VAERS report is causal. My opinion is that under-reporting, command pressure, and incomplete safety communication were material to whether the mandate and the September 14, 2021 memorandum were lawful, ethical, or medically justified as applied to a healthy, working-age force.

IV-A. PRE-OCTOBER 3, 2024 STATEMENTS OF HARM, UNSAFETY, AND INEFFECTIVENESS

17A. Before I made the October 3, 2024 Barr-podcast statements, I had already reviewed the following public statements.[31] I treated them as information and expert opinion supporting my view that the COVID-19 products forced on the military were not safe as applied to healthy working-age adults, did not reliably prevent infection or transmission, and had already produced myocarditis, clotting, and other serious events.

17B. LTC Theresa Long, M.D.[32] — September 24, 2021 affidavit: "mRNA vaccines produced by Pfizer and Moderna both have been linked to myocarditis, especially in young males between 16-24 years old. The majority of young new Army aviators are in their early twenties. We know there is a risk of myocarditis with each mRNA vaccination." "Vaccination does not necessarily prevent infection or transmission of SARS-CoV-2." She reported one Fort Hood fatality and two ICU pulmonary-embolism cases within 48 hours of vaccination and

recommended grounding vaccinated pilots. November 2, 2021: "in one morning I had to ground 3 out of 3 pilots due to vaccine injuries." April 1, 2022: soldiers "absolutely destroyed by this vaccine."

17C. LTC Pete Chambers, D.O.[33] — DMED extracts presented January 24, 2022 and transmitted in Senator Johnson's February 2022 letters: 2021 versus 2016–2020 registered-diagnosis increases for miscarriage, cancer, neurological disease, myocarditis, and other codes. On October 20, 2023—almost a year before the Barr podcast—Chambers testified before the Arizona Legislature's Novel Coronavirus Southwestern Intergovernmental Committee on "DMED Data and the Military Perspective," presenting a PowerPoint entitled "The Weaponization of Public Health And its… Second and Third Order Effects on National Security." Official committee minutes record that presentation, his answers to committee questions, and his comments during the same hearing at which Aaron Siri presented on informed consent and vaccine exemptions. I treated that Arizona military-DMED testimony as part of the pre-podcast record that the mandate, as applied to a healthy force, was producing reportable injury signals the official safety narrative did not adequately disclose.

17D. MAJ Samuel Sigoloff, D.O.[34] — Same January–February 2022 DMED presentation; public interviews describing command pressure to retract medical exemptions.

17E. 1LT Mark Bashaw[35] — March 3, 2022 declaration to Senator Johnson addressing VAERS, APHC risk-communication strategy, and DMED cancer and other codes.

17F. LT Ted Macie[36] — November 27, 2023 video, comparing a five-year average to 2022 among fixed-wing and helicopter pilots: myocarditis +151%, cardiomyopathy +152%, heart failure +973%, ischemic heart disease +69%. October 11, 2023: he presented those DMED figures to the Chief of Naval Operations.

17G. Cdr. Robert Green[37] — Book and Navy SEAL religious-accommodation record: the product as applied remained experimental/EUA; informed consent was not obtained; the Navy Standard Operating Procedure (SOP) was built to deny exemptions.

17H. Dr. Peter McCullough[38] — The Joe Rogan Experience #1747 (December 13, 2021): public discussion of early treatment, myocarditis, and the inadequacy of the official vaccination-only strategy. January 24, 2022 Johnson roundtable: "one case of myocarditis was one case too many" because the vaccines "don't work" and there is "no clinical indication nor medical necessity" in young people. September 13, 2023 European Parliament: "COVID-19 vaccines and all of their progeny and future boosters are not safe for human use."

17I. Dr. Robert Malone[39] — The Joe Rogan Experience #1757 (December 31, 2021). Subsequent 2022 remarks: the shots were "not working"; "These genetic vaccines can damage your children. They may damage their brains, their heart, their immune system and their ability to have children in the future."

17J. Dr. Ryan Cole[40] — 2021 lectures and January 13, 2024 House panel: "gene transfection product"; circulating vaccine spike months later; "countless people injured that are being ignored."

17K. Dr. Jane Ruby[41] — October 2021 Learn True Health interview: IRB/Nuremberg-consent collapse; products "meant for harm on a mass level." Relied upon as commentary.

17L. Del Bigtree[42] — The HighWire, 2021 episodes: VAERS death counts and the Harvard Pilgrim finding that fewer than 1% of adverse events are reported.

17M. Todd Callender, Esq.[43] — 2022 interviews while counsel in Robert v. Austin: EUA product cannot lawfully be mandated; Nuremberg Code consent; military morbidity he tied to the shots; "this is genocide" and "Nuremberg 2.0."

17N. former LTC Brad Miller[44] — 101st Airborne battalion commander who was relieved and later resigned rather than enforce the unlawful mandate. On May 2, 2023 he published "Moral Injury: Confronting the U.S. Military's Greatest Strategic Problem" on his Ideas and Actions Substack: "The nature of the covid-19 policies, to include the injection mandate, have undoubtedly caused immeasurable moral injury"; "The covid-19 injection mandate was based on fraud and that therefore the implementation of the mandate was unlawful." He applied the VA definition of moral injury—distress after perpetrating, failing to prevent, or witnessing acts

that contradict deeply held moral beliefs—to troops who pushed the shots, troops who took them against conscience, and troops who watched careers destroyed. On July 9, 2023 he published the more prominent unlawful-mandate essay, "Facing the Truth: Acknowledging DoD's Unlawful Mandate," opening: "The Department of Defense's (DoD) August 24, 2021 covid-19 vaccine mandate was unlawful." He wrote that the mandate "was unlawful when it was implemented and has never somehow become lawful," that repeal did not legalize it retroactively, that the available Pfizer-BioNTech product remained EUA while licensed COMIRNATY was not available to the force, and that leaders who enforced separations "personally engaged in their unlawful removal from service." Both essays predate the Barr podcast by more than a year. The January 1, 2024 Declaration of Military Accountability, which he helped organize, then stated that leaders "denied informed consent" and "permitted unwilling medical experimentation."

17O. Senator Ron Johnson[45] — February 1, 2022 letter to Secretary Austin: hypertension +2,181%, neurological issues +1,048%, female infertility +472%, alleged removal of myocarditis codes. "The concern is that these increases may be related to the COVID-19 vaccines that our servicemen and women have been mandated to take."

17P. Senator Rand Paul[46] — December 8, 2022: "The vaccine does not prevent you from getting an infection. It doesn't prevent you from transmitting an infection, and for young people, there isn't significant evidence that shows it reduces the severity or the hospitalization."

17Q. Congressman Thomas Massie[47] — 2021–2023 public opposition to COVID-19 mandates on the ground that the products did not stop transmission and that healthy people were being coerced.

17R. Rep. Marjorie Taylor Greene[48] — November 13, 2023 and January 13, 2024 House panels titled "Injuries Caused by COVID-19 Vaccines."

17S. Congresswoman Nancy Mace[49] — House Committee on Oversight and Accountability hearing, February 8, 2023: "I along with many Americans have long-term effects of COVID. Not only was I a long-hauler, but I have effects from the vaccine. . . . I have great regrets about getting the shot because of the health issues that I now have that I don't think are ever going to go away." That testimony is nineteen months before the Barr podcast.

17T. Robert F. Kennedy, Jr.[50] — November–December 2021: the COVID-19 vaccine is the "deadliest vaccine ever made," citing VAERS deaths. I understood VAERS is passive. I still treated the volume of reports, plus Harvard Pilgrim under-reporting, as a reason the official "safe and effective" line was incomplete.

17U. Dr. Vladimir Zelenko[51] — November 15, 2021, on The Alex Jones Show as reported by Christianity Daily: "There's so much evidence available now proving the fact that this was premeditated first degree murder and genocide." He charged "premeditated, realistically

murder and genocide of at least 700,000 Americans." December 3, 2021, on Brighteon.TV / Steel Truth: "It's called premeditated first degree capital murder, genocide and crime against humanity." July 9, 2021 LifeSiteNews interview: "It's conspiracy – but not theory – and it's a conspiracy to commit genocide." I treated those statements as physician rhetoric already in the public debate nearly three years before the Barr podcast—not as a criminal judgment against Plaintiff. I relied on them as part of the vocabulary of gravity (genocide, murder, crimes against humanity) that Plaintiff now sues over.

17V. Dr. Mary Talley Bowden[52] — Houston otolaryngologist and early critic of COVID-19 shot mandates; she refused the product, lost hospital privileges at the first U.S. hospital to mandate it, and treated thousands of outpatients. Pre-October 3, 2024 public statements I reviewed include: June 7, 2023 X post setting out model informed consent calling the product an "experimental drug," stating "Death is a risk," and that manufacturers "will not be held liable if you suffer a complication"; November 12, 2023 Substack essay "Coercion Is Not Consent"; November 30, 2023 X post that Houston Methodist "coerced nearly 30,000 employees to get an experimental modified mRNA shot with no long-term safety data"; December 13, 2023 X post citing 1,366 peer-reviewed publications documenting "severe complications and death after the COVID shots"; March 1, 2024 X post that "a death count of 50 from the C+VID shots was reached by Jan 2021" and that historically such a product is pulled from the market; and September 3, 2024 X post circulating a colleague's account of clustered aggressive cancers after vaccination. In the same public record she associated the shots with myocarditis, clotting, neurological injury, excess deaths, and what she and others in that debate called "turbo cancer."

Subsequent statements that the shots are "deadly," "not suitable for human use," and that the DoD mandate was never lawful are consistent with that pre-podcast record. I treated her language as practicing-physician commentary on experimental status, death risk, and observed harms—not as a court finding.

17W. Aaron Siri, Esq.[53] — Managing Partner of Siri & Glimstad LLP and counsel for Informed Consent Action Network. Before October 3, 2024 I had reviewed his public legal work and testimony concerning COVID-19 products and mandates: 2021 correspondence that it is a violation of federal law to mandate an EUA-only product; FOIA and federal suits that forced FDA to release Pfizer licensure files and forced CDC to release V-safe check-the-box data; November 6, 2021 writing that FDA's authorization of the Pfizer product for children ages 5–11 was unlawful and that mandating an EUA product is "insidious and shameful"; a March 28, 2023 letter to the National Academies listing reported injuries including myocarditis, stroke, Guillain-Barré Syndrome (GBS), seizures, neuropathy, and death; May 2023 Arizona legislative testimony later published as "How Did Our Vaccine Oversight System Get So Broken?"; two presentations at the October 20, 2023 Arizona Novel Coronavirus Southwestern Intergovernmental Committee hearing (which I attended in person)—"Informed Consent: How to Decide Whether to Consent" and "Safeguarding Vaccine Exemptions: Religious & Medical"—the same official hearing at which LTC Pete Chambers presented DMED military data; a June 14, 2024 public statement that "[a]ll COVID vaccines . . . caused many serious injuries"; and June 26, 2024 House Judiciary testimony that the products were never going to be properly safety-tested, that the Pfizer trial recorded more deaths in the vaccinated arm than

the placebo arm (21 versus 17), and that PREP Act immunity removes the ordinary legal incentive for a safe product. I treated Siri as counsel commentary on EUA mandate legality, informed consent, trial data, V-safe under-disclosure, and injury—not as a criminal adjudication of Plaintiff.

17WB. The October 20, 2023 Arizona hearing is independently important to my pre-Barr record because Siri and Chambers testified the same day, before the same official committee, on complementary halves of the issue I later commented on: Siri on whether consent to an EUA/mandated product was legally and ethically informed, and Chambers on whether DoD medical-surveillance data, called the Defense Medical Epidemiology Database (DMED) showed injury signals in the force after the mandate. Official minutes list Siri's two slide decks as Attachments A and D and Chambers' military-DMED deck as Attachment B. That hearing was public, livestreamed by the Arizona Senate, and occurred eleven months before the October 3, 2024 Barr podcast.[54] [55]

17WA. By October 3, 2024 I had already heard, from flight surgeons, a Navy medical officer, a cardiologist (including on Joe Rogan Experience #1747), an mRNA-platform scientist (including on Joe Rogan Experience #1757), Dr. Zelenko's 2021 genocide/murder rhetoric, Dr. Bowden's 2023–2024 experimental-drug and death-risk statements, counsel Aaron Siri's 2021–2024 EUA-mandate, V-safe, and congressional-testimony record, a pathologist, a U.S. Senator transmitting DMED, and—later confirmed in Plaintiff's own deposition—that she

knew of vaccine-related myocarditis before she recommended the mandate. That is the pre-podcast record my opinions rest on.[56] [57] [58] [59] [60]

IV-B. CURRENT EXECUTIVE AND CONGRESSIONAL INVESTIGATION OF HARM AND OF THE SEPTEMBER 14, 2021 MEMORANDUM

17X. I am further informed, and on that basis believe, that the Secretary of War and the Secretary of Health and Human Services are presently investigating harms associated with COVID-19 vaccination of service members, including whether deaths and injuries reported after those vaccinations are connected to the 2021 mandate and to the implementing guidance that operationalized it. Politico reported on September 3, 2026, and The New York Times reported on September 4, 2026, that LTC Theresa Long, M.D., testified in an August 14, 2026 deposition that Secretary of War Pete Hegseth detailed her as senior medical military adviser to Secretary of Health and Human Services Robert F. Kennedy, Jr., to examine military health-surveillance systems and to review approximately 55,000 VAERS adverse-event reports and 2,544 VAERS death reports involving service members.[61] [62]

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[61] Carmen Paun & Josh Gerstein, RFK Jr. is investigating whether troops died of Covid vaccine, Army doctor says, POLITICO (Sept. 3, 2026).

[62] RFK Jr. Hires Army Doctor Who Opposed Covid Shots to Investigate if They Killed 2,500 Troops, N.Y. TIMES (Sept. 4, 2026).

17Y. Those published accounts place that investigation in this case. Politico stated that LTC Long's testimony was given in this action, Adirim v. CIA, and described Plaintiff as the former DoD health official who helped carry out the mandate. I understand the investigation to include the mandate's implementation, of which the September 14, 2021 Health Affairs memorandum is the central implementing document Plaintiff admitted was from her.[63]

17Z. On September 14, 2026—the five-year anniversary of that memorandum—House Freedom Caucus Chairman Representative Andy Harris, M.D., issued an official press release entitled "REP. HARRIS: FIVE YEARS AFTER THE ADIRIM MANDATORY VACCINE MEMO, PUT HER UNDER OATH." Chairman Harris stated that Plaintiff, then Acting Assistant Secretary of Defense for Health Affairs, "signed the memorandum that told DoD providers they 'will' use EUA-labeled product interchangeably with fully approved vaccines to vaccinate the force"; that "[t]he regulator (the FDA) said should. Her memo said will"; that the memo "cited no statute, no presidential waiver, no legal analysis—only a footnote to an FDA web page"; and called on Chairmen Comer, Paul, and Johnson to put Plaintiff under oath concerning that memorandum and its human cost.[64]

17AA. I rely on those official and published reports as confirmation—after the Barr podcast—that the harm question I raised is now the subject of Executive Branch inquiry under the Secretary of War and the Secretary of Health and Human Services, and of a congressional demand that Plaintiff answer under oath for the September 14, 2021 memorandum. I do not treat a pending investigation as a final finding of causation. I treat it as contemporaneous

official action consistent with the opinions I had already formed from the pre-October 3, 2024 sources in Section IV-A.

17BB. Death. The papers I treated as the principal published death-and-myocarditis record before the Barr podcast included Oster et al., JAMA 2022; Karlstad et al., JAMA Cardiology 2022; Cho et al., European Heart Journal 2023; Hulscher et al., Forensic Science International 2024; and Hulscher et al., ESC Heart Failure 2024.[65]

17CC. Miscarriage and pregnancy loss. I did not treat the obstetric literature as unanimous. The records I treated as putting pregnancy loss on the table before October 3, 2024 included the DMED extracts transmitted by Senator Johnson in February 2022; Pfizer's 5.3.6 cumulative post-authorization analysis; Shimabukuro et al., New England Journal of Medicine 2021; and VAERS pregnancy and miscarriage reports. Later pooled reviews (Rimmer et al., Human Reproduction 2023) did not find a statistically significant increase in miscarriage. That conflict is why I treated reproductive risk as inadequately disclosed to a force that includes women of childbearing age—not as a closed question.[66]

V. OPINIONS, RHETORIC, AND LACK OF ACTUAL MALICE

18. Based on Sections II through IV-A, I formed and hold the following opinions:

a. The mandate, as implemented, treated EUA and purported licensed products as interchangeable in a manner I believe was inconsistent with informed consent and with 10 U.S.C. § 1107a / 21 U.S.C. § 360bbb-3.

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[65]Oster et al., Myocarditis Cases Reported After mRNA-Based COVID-19 Vaccination in the US From December 2020 to August 2021, 327 JAMA 331 (2022); Karlstad et al., JAMA Cardiol. 2022; Cho et al., Eur. Heart J. 2023; Hulscher et al., Forensic Sci. Int. 2024; Hulscher et al., ESC Heart Failure 2024.

[66]Sen. Johnson letters to Secretary Austin (Feb. 1 & Feb. 3, 2022) (DMED miscarriage and female-infertility increases); Pfizer 5.3.6 cumulative analysis (FOIA); Shimabukuro et al., 384 N. Engl. J. Med. 2273 (2021); Rimmer et al., 38 Hum. Reprod. 840 (2023) (cited for completeness).

b. The September 14, 2021 Implementation Memorandum was a central implementing document. Plaintiff admitted under oath it was from her.[67]

c. Plaintiff was a senior implementing official. That is why I used "architect" and "signed the memo." Those were opinions grounded in the official record.

d. Military physicians, including LTC Long, LTC Chambers, and MAJ Sigoloff, described command pressure that subordinated individual medical judgment.

e. Service members who refused suffered career destruction I consider unjust.

f. The myocarditis risk in young and middle-aged service members was inadequately disclosed. Plaintiff testified she knew by September 2021 that myocarditis was vaccine-related, recommended the mandate anyway, put no warning in her memo, and could not name who warned the force.[68]

g. VAERS, Harvard Pilgrim, and the DMED presentations support my opinion that the official safety narrative was incomplete.

19. The words I used on the Barr podcast were my rhetorical summary of the pre-October 3, 2024 record in Section IV-A, including the Zelenko, Bowden, and Siri statements in paragraphs 17U, 17V, and 17W, not a claim that Plaintiff had already been convicted of a crime. I know "genocide" is a specific crime. I expressed my opinion of the gravity of the official policy. Those statements are opinions, rhetorical hyperbole, and fair comment on the official acts of a public official. I also relied on the rhetoric of Dr. Peter McCullough. Asked on Brannon Howse Live on September 27, 2024 whether "genocide" or "eugenics" described COVID-19 vaccine

deaths, Dr. McCullough said he was not convinced those legal labels applied and that "mass negligent homicide could apply to those who have mandated, manufactured, and administered these vaccines." I treated that formulation as expert commentary on culpability short of the crime of genocide.[69]

19A. Plaintiff alleges as defamatory my October 3, 2024 Barr-podcast statements that she "signed the memo institutionalizing the illegal vax mandate on the DOD," that she is "criminally liable and [will] face consequences for genocide and for mutilation," and that she is "going to be convicted of genocide and mass mutilation at the very least," as well as later posts using "illegal DOD CCP-19 Jab Genocide Mandate." Those were my words. I used "jab," "illegal," "mandate," "Nuremberg," "genocide," and "mutilation" because that was already the public vocabulary of the debate I had joined—on large platforms and from the sources named in this affidavit—not because a court had entered a criminal judgment.[70]

19B. Large social-media and video accounts with audiences in the hundreds of thousands to millions used those same terms, or close synonyms, before and around the Barr podcast. Examples I had seen include: Children's Health Defense and Robert F. Kennedy, Jr.; Dr. Robert Malone; Dr. Peter McCullough; Del Bigtree; Todd Callender's 2022 "this is genocide" and "Nuremberg 2.0" interviews; Dr. Jane Ruby; Dr. Vladimir Zelenko's November–December 2021 "premeditated first degree murder and genocide" and "crime against humanity" rhetoric; Dr. Mary Talley Bowden's 2023–2024 descriptions of an "experimental drug" and "experimental modified mRNA shot" for which "Death is a risk," together with her

[70]First Am. Compl. ¶¶ 32, 78; Malone, JRE #1757 (Dec. 31, 2021); Callender interviews (2022); Kennedy / Children's Health Defense (2021–2022); Zelenko (Nov.–Dec. 2021); Bowden (2023–2024); Siri / ICAN (2021–2024).

compilation of peer-reviewed complications, death counts, myocarditis, clots, neurological injury, and what that debate called "turbo cancer"; and Aaron Siri's 2021–2024 public record that an EUA product cannot lawfully be mandated, that "[a]ll COVID vaccines . . . caused many serious injuries," and his June 26, 2024 congressional testimony on trial deaths, V-safe medical-care reports, and PREP Act immunity. I do not adopt every claim those accounts made. I do state that the words Plaintiff sued over were already the ordinary language of that public argument.[71] [72] [73]

19C. As used in that discourse, "mutilation" was not limited to amputation. It was used as a moral synonym for claimed irreversible alteration of a healthy body—myocarditis and other organ injury, and, in a separate strand of the same debate, claimed modification of cellular machinery by a product marketed as a vaccine but described by critics as gene therapy. Malone, Callender, and others called the products "genetic." FDA and CDC have stated that mRNA COVID-19 vaccines do not alter human DNA. I am not a molecular biologist, and this affidavit does not find that the shots rewrite the genome. What I am swearing is that I used "mutilation" and "mass mutilation" in the sense that debate already used them: compelled injection of a genetic-platform product into a healthy force, with lasting bodily harm I believed had occurred. That is opinion and rhetoric about official acts. It is not a laboratory paper.

20. I did not publish the challenged statements with knowledge they were false, or with reckless disregard of falsity. On the official-act premise I relied on the memorandum and on Plaintiff's

later admission it was hers.[74] [75] On safety and effectiveness I relied on the footnoted sources above, including Zelenko, Bowden, and Siri. Disagreement with my opinions is not evidence I knew them to be false.

21. I deny that I asked Laura Loomer, or anyone else, to request that the President terminate Plaintiff from the CIA. I deny that I obtained Plaintiff's termination. I deny that I unlawfully converted Plaintiff's private X / Twitter direct messages.

22. Nothing in this affidavit is intended to disclose classified information, attorney–client communications, or protective-order material. I reserve the right to supplement.

23. I declare under penalty of perjury that the foregoing is true and correct to the best of my knowledge, information, and belief.

Executed this 17th day of September, 2026, in Fairfax County, Virginia.

Ivan E. Raiklin
Lieutenant Colonel (Ret.), U.S. Army Reserve
Defendant and Affiant

ACKNOWLEDGMENT / JURAT

Subscribed and sworn to (or affirmed) before me this 17 day of September, 2026, by Ivan E. Raiklin, who is personally known to me or who produced VA Driver's License as identification.

Neiba Lizarazu Escobar

NEIBA LIZARAZU ESCOBAR
NOTARY PUBLIC
REG. #8079792
MY COMMISSION EXPIRES
06/30/2027
COMMONWEALTH OF VIRGINIA

Notary Public
Commonwealth of Virginia
County of Fairfax
My commission expires: 06/30/27
Commission number: 8079792

[Notary Seal]

SCHEDULE A

This Schedule A is incorporated into the affidavit. Footnotes 1–33 are the citation key. Recurring programs are a body of work plus specified episodes.

A. Military sources. Footnotes 1–6 and 13 (Long, Chambers, Sigoloff, Bashaw, Macie, Green, former LTC Brad Miller—including "Moral Injury" (May 2, 2023) and "Facing the Truth: Acknowledging DoD's Unlawful Mandate" (July 9, 2023)).

B. Civilian physicians, counsel, journalists. Footnotes 7–12 and 31–33. Specifically: McCullough, Joe Rogan Experience #1747 (Dec. 13, 2021) and Johnson roundtable (Jan. 24, 2022); Malone, Joe Rogan Experience #1757 (Dec. 31, 2021); Cole, Jan. 13, 2024 House panel; Bigtree, The HighWire; Callender, 2022 interviews; Dr. Vladimir Zelenko (Nov.–Dec. 2021); Dr. Mary Talley Bowden (2023–2024); Aaron Siri, Esq. / ICAN (2021 EUA-mandate letters; FDA and CDC FOIA/V-safe litigation; National Academies letter Mar. 28, 2023; Arizona Legislature May 2023 and Oct. 20, 2023 hearings with LTC Pete Chambers; X post June 14, 2024; House Judiciary testimony June 26, 2024).

C. Government officials relied upon. Senator Ron Johnson (fn. 14); Senator Rand Paul (fn. 15); Congressman Thomas Massie (fn. 16); former Congresswoman Marjorie Taylor Greene (fn. 17); Robert F. Kennedy, Jr. (fns. 18, 24–25); Congresswoman Nancy Mace (fn. 29); House Freedom Caucus Chairman Representative Andy Harris, M.D. (fn. 26); Secretary of War Pete Hegseth (fns. 24–25).

D. Data and policy records. Footnotes 19–21 (Harvard Pilgrim / Lazarus 2010; Austin Aug. 24, 2021 memo and Sept. 14, 2021 Health Affairs memo; Adirim Dep. Aug. 12, 2026). Also footnotes 24–28.

E. Pre-podcast uses of "genocide," "Nuremberg," "experimental," "deadly," and related terms. Zelenko (2021) ("premeditated first degree murder and genocide"; "crime against humanity"); Callender (2022); Malone (JRE #1757); Bigtree; Ruby (Oct. 2021); Kennedy/CHD (2021–2022); Long ("medical battery," Sept. 24, 2021); former LTC Brad Miller, "Moral Injury" (May 2, 2023) and "Facing the Truth: Acknowledging DoD's Unlawful Mandate" (July 9, 2023); DMA (Jan. 1, 2024); Bowden (2023–2024) ("experimental drug"; "Death is a risk"; "experimental modified mRNA shot"); Siri / ICAN (2021–2024) (EUA product cannot lawfully be mandated; "All COVID vaccines . . . caused many serious injuries"; June 26, 2024 House testimony on trial deaths, V-safe, and PREP Act immunity); McCullough, Brannon Howse Live (Sept. 27, 2024) (declined "genocide"; "mass negligent homicide could apply").