

'DOD Must End Vaccine Mandate,' Says Army Doctor Suspended for Writing Exemptions

By [Dr. Samuel Sigoloff](#) and [Pam Long](#)

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*In an interview with Pam Long, U.S. Army veteran and frequent contributor to The Defender, **Dr. Samuel Sigoloff** — an osteopath board-certified in family medicine and an active-duty major with the Army suspended for writing COVID-19 vaccine exemptions for service members — explained why he believes the mandates must end.*

The June 30 deadline to comply with the U.S. military’s [COVID-19 vaccine mandate](#) for service members has passed and [tens of thousands](#) of service members expect to be involuntarily separated in the near future.

[Doe v Rumsfeld](#) (2003) clearly [prohibits the DOD](#) from mandating an Emergency Use Authorization (EUA) vaccine.

When challenged with this precedent, the [DOD falsely asserted](#) EUA vaccines can be used “interchangeably” with the FDA-approved [Pfizer Comirnaty](#) vaccine, ignoring the legal distinction even if, hypothetically, the two products are identical in [formulation](#).

Pfizer records show the vaccine maker [will not begin producing](#) the Comirnaty vaccine until stockpiles of its Pfizer-BioNTech EUA vaccines are exhausted. In fact, Pfizer has said it will never produce FDA-approved Comirnaty — which unlike the company’s EUA version of the vaccine, would be subject to liability in the case of adverse outcomes.

The DOD has utilized [deceptive communications](#) to coerce uptake of the EUA products, including using the term “BLA compliant” — referring to available EUA vaccine lots as FDA-approved products, and even referring to EUA-labeled BioNTech vials as “Comirnaty.”

This month I interviewed [Dr. Samuel Sigoloff](#), an osteopath board-certified in family medicine and an active-duty major with the Army, who discussed how the Army suspended him for writing [COVID-19](#) vaccine exemptions for service members and why he believes the mandates must end.

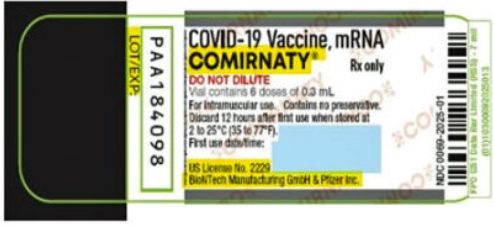
Sigoloff’s statements reflect his personal opinions and do not represent the view of the DOD, the Army or the U.S. government. The interview was edited for length and clarity.

Pam Long: As of June 2022, the U.S. Coast Guard claimed to have received the first lots of “Comirnaty-labeled” vaccines. However, these vaccines have shipment documentation that originates from Fort Detrick, Maryland — not a Pfizer manufacturing address.

The labels on these vials do not match the strict requirements of FDA-approved labels. The labels do not have the red text watermark authentication. They are missing the manufactured date and the manufacturing address.

Approved Comirnaty Label vs. “Comirnaty-Labeled” Vials Recently Discovered at Select Military Installations

Approved Comirnaty Label found in FDA's Purple Book (Digital Record of ALL Licensed Shots)



Comirnaty Approved Label within Purple Book (Click Picture Above to go Label Info)

- Approved Contains “Proper Name- Comirnaty”
- Contains Name, address, and applicable license number (2229) of the manufacturer
- Contains Expiration Date
- Redacted Area (light blue area) represents Manufacturer Location/Details because some of BioNTech’s manufacturing locations are actually in China → These details should be present on the current “Comirnaty-labeled” vials in question...no manufacturer info is present
- Approved Label contains Red Text “Comirnaty” Watermark all over the label
- This picture represents what the label in question MUST look like exactly

42 USC § 262 Biological Products

Regulation of biological products

(1) No person shall introduce or deliver for introduction into interstate commerce any biological product unless—

(A) a biological license under this subsection or subsection (2) is in effect for the biological product; and


(B) each package of the biological product is plainly marked with—

(i) the proper name of the biological product contained in the package;

(ii) the name, address, and applicable license number of the manufacturer of the biological product; and

(iii) the expiration date of the biological product.

“Comirnaty-Labeled” Vials, Pictured is a vial found at a Florida Coast Guard Station Medical Facility



- No “Comirnaty” Watermark with trade marked logo (will not look seen in approved label in FDA Purple Book)
- Missing Manufacturer Information (address/info) at the bottom in the exact shape as the redacted area (see)

DoD “Comirnaty-Labeled” Vial Review (42 U.S.C. § 262)

- ✓ Label contains the “Proper Name- “Comirnaty” (IAW 42 U.S.C. § 262)
- ✓ Label shows the approved license number (US Lic. No. 2229) **Does NOT provide Manufacturer Address/Info**
- ✓ Contains an Expiration Date [Though these are seriously in question...most state Sep 2022 with the FW1331 Lot pictured]

Observations

- Missing “Comirnaty” red text watermark, which is must be present on the label in question. Watermarks are an extra proprietary verification method to ensure the label is authentic.
- DoJ and DoD refer to these vials as “Comirnaty-labeled” vials...remember when we all asked to have a Coca-Cola Labeled soft drink?!
- NO details provided on Manufacturer (Notice there is **no printed info** where the blue redacted area is on these vial labels in question)
- The two labels MUST match each other, the manufacturer inserts a watermark to further identify their product from a counterfeit label (much like USD, CAC Cards, other proprietary products).
- The missing watermark is a dead give-away that these labels are fabricated to appear to be the approved label
- Expiration dates are different, and some show up in September 2022...so only three months from receipt
- Any labeling changes must be reported to the FDA governed by [21 CFR Part 601](#)

Where did this product originate and how can service members verify if it is FDA approved?

Dr. Samuel Sigoloff: How do we verify these are FDA-approved? We don’t know. We can’t know. There is so much deception involved on the part of DOD, and on the part of Pfizer, that it’s almost impossible to know.

And there should be absolute public outcry due to the amount of deception. I would say that if the labeling is not exactly, precisely, as it should be, as it was approved, then it is best for the service members to assume that that is not the appropriate FDA-approved medication.

Long: Brig. Gen. Thomas Mancino, adjutant general for Oklahoma, [recently stated](#) that the availability of only EUA vaccines and non-availability of FDA-approved vaccines “was very much an issue in the past” (inadvertently admitting an illegal mandate of EUA vaccines) and was resolved by the arrival of the new Comirnaty-labeled vials in June 2022.

What concerns do you have that senior leadership at DOD is either (a) fraudulently promoting a relabeled EUA product as FDA-approved to increase uptake or (b) has no willingness to verify if a vaccine is counterfeit, with unknown origin and manufacturing date?

Sigoloff: About Gen. Mancino, how he stated in a video that they only had EUA vaccines, not FDA-approved, and now they have the FDA-approved vaccines — I think that is an admission of guilt that they have been coercing service members to take something.

But they have been coercing service members to take an EUA vaccine, which is an illegal act. I think it is very important that these generals and these high-level leaders take every precaution to ensure that what they're providing is exactly what they should be providing.

I believe if there is any concern for origin, if there's any concern for manufacturing date or location, then higher leadership are adding to the confusion, and are not being open and honest with what the product actually is. And they've not done the homework to ensure that what they're providing is what they're supposed to be providing.

Long: Given the current recruitment and retention crisis with catastrophic impact on national security, with an estimated 100,000 unvaccinated service members and 400,000 partially vaccinated service members pending separation, do you think the billion-dollar vaccine contracts are forcing the near-zero exemptions mandate or "health of the force?"

Sigoloff: For the mandate, I don't think it has anything to do with the health of the force. I think it actually is the opposite, and I believe that this is a [bioweapon](#) that's being produced by our enemies.

And by produced, I mean the production, the original design was completed by our enemies, by [Fosun Pharma](#), in conjunction with BioNTech, and that was in March of 2020. Fosun Pharmaceutical, which is a Chinese company, made an agreement with Pfizer in July 2020 to develop the vaccine.

Long: Is it plausible that many of the 378,633 partially vaccinated service members, who took a first dose but refuse a second or booster dose had an [adverse reaction](#) to the first dose? Do you know of any service members who were granted or denied a medical exemption after an adverse reaction?

Sigoloff: Do I know anybody who's taken the first dose but refused the second or the booster and had a reaction to the first dose? Yes, I know a physical therapist. He's about my age. He is a very healthy and fit individual and he began to have heart issues.

I also interviewed an active-duty service member stationed in Korea, who after he received the first dose, had a heart attack. And he did receive some adverse administrative action because he would not take the second dose. He's still stuck in Korea, not allowed to leave because he does not have the second dose.

Long: The courts will decide if the DOD vaccine mandate is the "least restrictive means" to maintain the health of the force. Have you witnessed success with other COVID-19 treatments, such as [ivermectin](#) and [hydroxychloroquine](#)?

Have you witnessed any death or [myocarditis](#) in military personnel from these FDA-approved drugs?

Sigoloff: I have personally taken ivermectin the moment I thought that I might have COVID-19 and had lost my taste for 12 hours. It was the most minimal illness I've had. I've had flu multiple times, and it was about 100 times worse than when I had COVID-19.

I also had a patient, a civilian paralegal on post, and when he ran across me, just in passing, he said, "Oh, are you Doctor Sigoloff?" ... [Y]ou gave me and my wife ivermectin. It worked great. Thank you so much."

This is right before I was suspended. And at my previous duty station, I talked to a man who was a civilian and he was breathless. He could get approximately two or three words out without having to gasp for air. I prescribed him hydroxychloroquine, and the day after he began taking it, I spoke to him. He was able to carry on long-winded sentences and his clinical picture significantly improved within a day of taking the hydroxychloroquine. I have not witnessed any deaths due to myocarditis [resulting from ivermectin and hydroxychloroquine].

Long: A recent Coast Guard email indicated that service members who are still waiting on a religious accommodation approval will not be separated immediately as per the June 30, 2022 mandate deadline. Instead, these service members will be prohibited from re-enlistment and advancement in rank and separated over time. Is this another DOD deception of voluntary attrition, yet actually involuntary separation?

Sigoloff: For a voluntary attrition, you'd actually be involved with separation. I can't really talk about the Coast Guard. I am not in the Coast Guard and I don't believe the Coast Guard actually follows under DOD. DOD, yes, I believe they're telling the court system that there are no adverse actions. How? Because that's what their policy states. They state that the service member may be ordered to take Comirnaty and that that is a legal order, which it's all true.

And then the next statement says: ... or the service member may volunteer to take one of the EUA products. Then all these people who cannot comply with the legal order to take Comirnaty because Comirnaty doesn't exist, they're all being punished. Because they're not voluntarily taking these EUA products.

And so they're telling the court system that, oh, well, they're not being punished for not taking Comirnaty. But what's actually happening on the ground? These commanders are punishing people for not taking the EUA products, which is illegal, unethical and immoral.

Long: A February 2022 [DOD IG report](#) explained that there is no reliable data on DOD employees' vaccine status. Can you explain this double standard between the suits and the boots to civilian readers?

How does this adversely undermine morale and cohesion, while DOD employees in administrative positions are not held to a vaccine mandate and 5,700 healthy and deployable service members have been separated for vaccine refusal?

Sigoloff: So, many of these DOD civilians were previously, like sometimes, just even a month ago, were active-duty service members. And so how can a human being who is not wearing uniform and a human being who is wearing uniform have different human rights?

We're seeing service members' human rights being completely trampled on. They do not have the ability to determine what goes into their body, whereas the civilians, they have the ability to say no, I don't want that in my body, so I'm not going to get it. But the service members can't make that determination because they'll get punished if they do.

Now, when you put on the uniform, many people think that you give up your civil rights. You give up your human rights. That is absolutely false. That could not be further from the truth. Service members do not give up their human rights. They retain all of their human rights because we are still human. That is the definition of human rights. All of the

amendments to the Bill of Rights — those are human rights.

Many people think soldiers don't have the ability to speak freely. We do. There are certain things we should not do in uniform. We should not speak politically in uniform. But we can speak politically out of uniform. We don't lose the ability to speak. We don't lose the ability to make decisions for our own body.

Long: The DOD recently changed policy to [retain HIV-positive service members](#) and prohibit their separation. Can you comment on how this policy adversely affects morale as healthy, unvaccinated service members are being separated?

Sigoloff: Patients who are HIV-positive have decreased immune systems, which means it would be dangerous for them to go to an austere environment or a combat environment, as there are many pathogens or illnesses, viruses, bacteria and fungus that could adversely affect them, could kill them if they get infected with these different pathogens. That's why that's always been a policy.

You have to remember the DOD is not running a charity here. When you're employed by the U.S. government in military service, you have certain expectations. Some of those expectations are you must be able to be ready to deploy, defend, destroy the enemy, to engage with the enemy in close combat. And if you're unable to do that because you could get a life-endangering infection, then sorry, you can't be in the military because that's what we do.

Long: As China and Russia monitor the DOD, what do you view as the most important priority if Congress were to intervene to reverse the recent decisions by DOD leadership? Does the military have critical personnel shortages in any areas while high-trained, unvaccinated pilots are being assigned administrative and janitorial positions?

Sigoloff: I think they should immediately put a moratorium on any vaccine. I think they should bar any service member from receiving this bioweapon. And I take the time to [explain this in a video](#) that I've published on Rumble. It's an hour-long explanation, because what I'm saying may sound absolutely crazy. But as I walk you through the logic as to why I believe this is a bioweapon, I show you every document. I'm not just shooting from the hip to say that this is a bioweapon, this is.

We have proof that Fosun Pharma went into agreement with BioNTech, a German company. So a Chinese company gave \$100,000,000 to Germany's BioNTech. And then after that agreement was made, that Chinese company now made an agreement with Pfizer. Because of redactions in the Freedom of Information Act documents Pfizer released, we cannot determine some of the locations where the testing sites took place. And my concern is some of those testing sites were in China.

Next, if we also look at that original agreement, China retained the rights to sell it to only the Chinese market, whereas BioNTech was allowed to sell to the entire world. Also, in that same video, I show a clip of a man saying he knew a woman from China who came to America. She was told by China that if she gets any of these mRNA "vaccines" (they're not vaccines, they're genetic therapies) in America she would be tested and/or scanned when she tries to re-enter China to see if she's had that administered to her, and if that test or scan were positive, she would be barred from entry to her home country.

So I do believe that this is a bioweapon, developed and engineered by our enemy. And I think Congress should immediately bar any service member from receiving any more of these genetic therapies, because if this is a binary weapon system, meaning it takes two things to make it work, this may be the first thing. And when China hits the second thing, it could decimate all of our forces, because the only people that are allowed to work are those who got the shot.

And I can't speak about [unvaccinated pilots](#) because I don't work with pilots, but I can speak about myself. The military has a critical personnel shortage in the department of medicine. At my duty station, I am one of two active-duty doctors. We have a couple of civilian PAs and NPs. I was the medical director for about a month. And then I was suspended and given a relief for cause because I gave out medical exemptions. And so yes, I am now doing paperwork, doing administrative work.

They could use me working for them, but they refused to have me work because I was doing my job appropriately and protecting service members who did not want to receive the shot. And my medical exemption has now become an affidavit in [Robert v. Austin](#). My medical exemption was about how the first three ingredients of Comirnaty are not FDA-approved for medical use and they're for research use only.

Long: What resources do you recommend for service members who are pending separation?

Sigoloff: I don't really know many resources. I would try and make that process take as long as possible. And even if they've threatened separation over the next year, I would begin doing the [Soldier for Life](#) transition assistance program. This is for the Army, but it is the Congressionally mandated transition program, and I believe every branch of the service has its own.

What that will do is get you out of the office, get you out of whatever you're doing, get you away from your unit for a while, and give you some time to work things out. Give you some time to take a knee and breathe and learn how to get ready for civilian life.

The biggest thing is you must make a decision. Are you going to get this vaccine or are you not? If you will never get this then don't ever get it. Stick to your guns. If you do decide that you may get it, first, you must ask yourself why you fought this long, only to give up now?

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