

No COVID Vaccine? No Travel, Air Force Officials Say

Officials at Vandenberg Air Force Base told personnel they will not be approved for travel outside the state of California until they've had both doses of the COVID vaccine.

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The U.S. Air Force Air has created policies intended to restrict the movement of personnel based on their [COVID-19](#) vaccination status — despite the fact that the vaccines are not [mandatory](#), are still in phase 3 clinical trials and are still considered [experimental](#), having been approved by the U.S. Food and Drug Administration under [Emergency Use Authorization](#) (EAU).

The Air Force is actively coercing uptake of the vaccines in violation of medical ethics, [federal law](#) and, in the case of Vandenberg Air Force Base in Lompoc, Calif., in violation of [California state law](#).

On Jan. 13, [Lt. Col. Joseph Rountree](#), Commander 30th Healthcare Operations Squadron at Vandenberg Air Force Base created a policy to strong-arm uptake of an experimental drug for all personnel without regard for individual contraindications and without providing information on alternatives, as required by the Emergency Use Authorization.

Rountree, who is not a doctor, may not be aware that the [clinical trials](#) were designed to measure symptom mitigation, and neither [Pfizer-BioNTech's](#) nor [Moderna's](#) COVID-19 vaccine have demonstrated efficacy to [prevent infection or transmission](#).

In a memo obtained by [The Defender](#), Rountree misinforms on the potential protective benefits of the vaccine and omits the risks of adverse reactions:

“While the vaccine is not currently mandated, vaccine research reports that it produces a highly effective immune response in those who receive it. The vaccine provides robust protection, and cannot be forgotten or removed like masks and sanitizers; therefore is more powerful than other precautions.”

1) Public Health Directive, #7, signed by Col Mastalir on 6 Jan.

2) Most current template for 30 HCO5 Travel Waiver for requesting any travel (leave or pass) out of the local area; please use this for all requests starting 14 Jan 21.

(Note - I will process the previous version in my queue dated on or before 13 Jan 21). Goal is to make this process easier - the table inside the memo will

take the applicants through data-collection/assessment steps. The memo does specifically ask for member's vaccination status.

3) My policy on approval of travel outside of the local area. BLUF, if people are not vaccinated I will likely NOT approve travel outside of CA. I will listen to exceptions on a case-by-case basis, so please encourage our people to set up a meeting (flight leadership, them, me and MSgt Hill) to discuss if there is a compelling reason they should stay un-vaccinated but need to travel.

Thank you for your leadership, hard work, and the excellence you bring each day to advance our mission, and have a wonderful weekend.

Vr,

JOSEPH H. ROUNTREE, Lt Col, USAF, MSC

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In an unprecedented policy that undermines the right of refusal for an EUA drug, Rountree states that he will not approve travel outside the state of California for personnel who refuse the COVID-19 vaccine, thereby restricting the freedom of movement of healthy people:

“The travel waiver request form has been modified to include information about your COVID-19 vaccination status (see attached). I will place significant weight on your vaccination status when reviewing travel requests. Leisure travel outside of the state of California is very likely to be disapproved if you have not been vaccinated.”

Rountree also established a new form and counseling session with the chain of command for personnel to justify why they choose to exercise their rights to opt-out of what amounts to participating in a phase 3 clinical trial of an experimental drug, thus creating a culture of coercion in violation of medical ethics:

“BLUF, if people are not vaccinated I will likely NOT approve travel outside of CA. I will listen to exceptions on a case-by-case basis, so please encourage our people to set up a meeting (flight leadership, them, me and MSgt Hill) to discuss if there is a compelling reason they should stay unvaccinated but need to travel.”

COVID vaccine policy — unlawful coercion?

On Feb. 21, Col. Anthony Mastalir, Commander of Vandenberg AFB in California issued [Public Health Directive #8](#) applying to all personnel at Vandenberg and authorizing leave and pass privileges only to personnel who choose to take a COVID-19 vaccine:

“We continue to employ a rigorous medical and legal review process to ensure base policies remain relevant and lawful. Accordingly, some restrictions need not apply to those individuals who have chosen to receive the vaccine, Exceptions for fully vaccinated individuals identified in this directive have been found to be medically permissible, legally sufficient and consistent with the current directives of higher authorities. For the purposes of this directive, an individual is deemed fully vaccinated two weeks after completing an FDA-approved vaccine treatment (including vaccines authorized for emergency use). For the Pfizer and Moderna vaccine, this means two shots plus two weeks (2+2).

“The local area for Vandenberg AFB is defined as San Luis Obispo County and Santa Barbara County. However, effective immediately, fully vaccinated individuals are exempt from this local area definition and, therefore, may resume leave and pass processes consistent with unit policies and AFI 36-3003, Military Leave Program.”

Mastalir’s policy potentially violates federal law protections in [21 U.S. Code § 360bbb-3](#) authorization for medical products for use in emergencies. For an unapproved product the statute ([section 564\(e\)\(1\)\(A\)\(iii\)](#)) requires that [individuals are informed](#) “that they have the option to accept or refuse the EUA product and of any consequences of refusing administration of the product; and of any available alternatives to the product and of the risks and benefits of available alternatives.”

Mastalir’s policy also possibly violates [California Health & Safety Code § 24172](#) which is the state’s experimental subject’s bill of rights, with a list of rights including: “Be given the opportunity to decide to consent or not to consent to a medical experiment without the intervention of any element of force, fraud, deceit, duress, coercion, or undue influence on the subject’s decision.”

Clearly, Mastalir’s policy has overstepped into coercion, most likely due to the lack of an Institutional Review Board (IRB) to supervise investigational trials of drugs with human subjects, with contact information for the IRB given to participants. Lack of IRB oversight is a violation of federal law [21CFR 50.23](#).

Mastalir’s policy does not even acknowledge that taking the vaccine is voluntary participation in a phase 3 clinical trial of the COVID-19 vaccine.

COVID-19 vaccine trials didn’t prove prevention

The COVID-19 vaccines do not have data demonstrating efficacy in preventing infection or

transmission of [SARS-CoV-2](#). Both the Moderna and Pfizer-BioNTech clinical trials were designed to study symptom reduction.

Table 23 on page 37 of the [Moderna clinical trial](#) compares the symptom differences of fever, headache, fatigue, myalgia, arthralgia, nausea/vomiting and chills between the vaccine group and placebo group after each dose in the 18 – 64 age group with a significant greater symptom percentage in the vaccine group:

Table 23. Frequency of Solicited Systemic Adverse Reactions Within 7 Days Following Either the First or Second Dose of Vaccine, Participants Age 18-64 years, Solicited Safety Set**

Adverse Reaction	Vaccine Group	Placebo Group	Vaccine Group	Placebo Group
	Dose 1 n/N (%)	Dose 1 n/N (%)	Dose 2 n/N (%)	Dose 2 n/N (%)
Any Systemic	6503/11405 (57.0)	5063/11406 (44.4)	8484/10358 (81.9)	3967/10320 (38.4)

This Moderna data does not demonstrate a reduction of symptoms in the vaccine group compared to the placebo group. “Fully vaccinated” results in more COVID symptoms in 81.9% of subjects.

Table 19 on page 39 of the [Pfizer-BioNTech](#) clinical trial, compares the symptom differences of pain, fatigue, pyrexia, chills, myalgia, arthralgia, headache, diarrhea, and nausea between the vaccine group and placebo group after the second dose in the 16 years and older age group with a significant greater symptom percentage in the vaccine group.

Pfizer-BioNTech COVID-19 Vaccine
VRBPAC Briefing Document

Table 19. Frequency of Unsolicited AEs with Occurrence in ≥1% of Participants in any Treatment Group from Dose 1 to 1-month After Dose 2, Phase 2/3 Safety Population*, 16 Years of Age and Older

System Organ Class Preferred Term	BNT162b2 N=18801 n (%)	Placebo N=18785 n (%)	Total N=37586 n (%)
General disorders and administration site conditions	3521 (18.7)	737 (3.9)	4258 (11.3)
Injection site pain	2125 (11.3)	286 (1.5)	2411 (6.4)
Fatigue	1029 (5.5)	260 (1.4)	1289 (3.4)
Pyrexia	1146 (6.1)	61 (0.3)	1207 (3.2)
Chills	999 (5.3)	87 (0.5)	1086 (2.9)
Pain	455 (2.4)	36 (0.2)	491 (1.3)
Musculoskeletal and connective tissue disorders	1387 (7.4)	401 (2.1)	1788 (4.8)
Myalgia	909 (4.8)	126 (0.7)	1035 (2.8)
Arthralgia	212 (1.1)	82 (0.4)	294 (0.8)
Nervous system disorders	1158 (6.2)	460 (2.4)	1618 (4.3)
Headache	973 (5.2)	304 (1.6)	1277 (3.4)
Gastrointestinal disorders	565 (3.0)	368 (2.0)	933 (2.5)
Diarrhoea	194 (1.0)	149 (0.8)	343 (0.9)
Nausea	216 (1.1)	63 (0.3)	279 (0.7)

Source: FDA analysis

If COVID-19 vaccines do not prevent infection, do not prevent transmission and do not decrease symptoms, then what is the justification for coercing service members to take this drug?

Our military personnel deserve evidence-based medicine that also honors medical ethics.

Evidence and ethics are currently being ambushed by compliant commanders.

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