

Air Force Surgeon: It's Your 'Duty' to Get COVID Vaccine

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The transcript of a mandatory video briefing for airmen at a Texas Air Force base reveals false statements made by Lt. Gen. Dorothy A. Hogg about COVID vaccine safety, and shows a clear intent to coerce, not inform.

The 59th Medical Wing in the U.S. Air Force posted on its website a [transcript](#) of the U.S. Air Force Surgeon General's mandatory video briefing for airmen at the Lackland Air Force Base in Texas.

In the video, Lt. Gen. Dorothy A. Hogg narrates several unsubstantiated statements about the safety of the [COVID vaccine](#) — and then shockingly conveys to airmen that it is their “duty” rather than their choice to take an [experimental mRNA](#) injection.

The video training starts with the following unsupported statement:

“Research has shown more than 75% of Americans need to be vaccinated from COVID-19 in order for the U.S. to get back to normal.”

In fact, there are zero published research studies that support Hogg's statement that 75% of Americans must be vaccinated for COVID. Historically, [natural acquired immunity](#) has indicated a needed 60% immunity of the median age groups of the bell curve to protect infants and elderly on the tails of an age distribution bell curve.

A vaccination goal of 75% should be articulated as a goal, and not a requirement, with a clarification that some people have naturally acquired immunity.

Hogg, as a nurse practitioner, violated [the requirement](#) under [Emergency Use Authorization](#) to inform patients of the known alternatives to the vaccine. Hogg states the following:

“It's important to understand all you can about the facts to gain confidence and think about your own personal risk to ensure you are making an informed decision. In certain types of emergencies like the COVID-19 pandemic, the FDA [U.S. Food and Drug Administration] can issue an emergency use authorization to provide more timely access to critical medical products like the approved

vaccines, when there are no other adequate and approved alternatives available.”

Hogg fails to inform airmen that the authors of a [2005 article](#) in Virology Journal concluded that “[c]hloroquine is a potent inhibitor of [SARS coronavirus](#) infection and spread” with both prophylactic and therapeutic properties.

Hogg also fails to inform on current COVID-19 research, including with [62 studies](#) supporting [ivermectin](#) as an effective treatment. Both of these drugs have established safety records, and don’t carry the types of [known and unknown risks](#) associated with the new mRNA vaccines made by [Pfizer](#) and [Moderna](#).

Hogg provides a personal endorsement of the vaccine, instead of following the guidelines for informed consent which require listing the [adverse reactions](#) found in the vaccine clinical trial data:

“I was concerned about the lack of information and the expedited process at first, but with my friends and family being vaccinated and them saying they had little to no side effects my concerns went away.”

The [Moderna clinical trial](#) lists local and systemic adverse effects ranging in severity from Grade 1 to Grade 3: pain, [erythema](#), swelling, [lymphadenopathy](#), fever, headache, fatigue, [myalgia](#), [arthralgia](#), nausea or vomiting, chills, [Bell’s Palsy](#) and [death](#).

The Pfizer-BioNTech COVID-19 vaccine [FDA fact sheet](#) lists the following adverse reactions: pain at the injection site (84.1%), fatigue (62.9%), headache (55.1%), muscle pain (38.3%), chills (31.9%), joint pain (23.6%), fever (14.2%), injection site swelling (10.5%), injection site redness (9.5%), nausea (1.1%), malaise (0.5%), and lymphadenopathy (0.3%). Pfizer-BioNTech also reports [anaphylaxis](#), appendicitis, Bell’s Palsy and [death](#).

Hogg assures airmen that the [unusual speed](#) of the vaccine development is a mark of modern scientific progress and that all the usual steps were followed, while omitting that the FDA Emergency Use Authorization approval process skipped critical animal trials. This is by far Hogg’s most egregious omission, as a person of her seniority should know. These animal trials indicated over the previous 20 years that enhanced respiratory disease, or [antibody dependent enhancement](#), poses a potentially [deadly long-term risk](#) for mRNA-vaccinated subjects when they are challenged by wild-strain viruses.

Hogg highlights that racial and ethnic minorities were included in the vaccine trials, and then she shares a shocking anecdotal testimonial that vaccinating in pregnancy is safe without any research on developmental and reproductive toxicity:

“I was hesitant to receive the vaccine, but after talking to my OBGYN, I realized vaccinating was the safest option for myself and my little boy. You might see claims that the COVID-19 vaccine can make someone infertile, harm a developing fetus in the womb, make the immune system attack the placenta or hurt a baby who is breastfeeding from a recently vaccinated mother. There is no scientific reason to think any of these are true.”

Hogg adds:

“In fact, the virus can be more severe in pregnancy while getting the vaccine during pregnancy is low risk.”

The Pfizer-BioNTech COVID-19 vaccine [FDA Fact Sheet](#) does not demonstrate the vaccine is safe or low-risk in pregnancy. In fact, pregnant women were excluded from Pfizer’s vaccine trials. As the fact sheet states:

“All pregnancies have a risk of birth defect, loss, or other adverse outcomes;”
“Available data on Pfizer-BioNTech COVID-19 Vaccine administered to pregnant women are insufficient to inform vaccine-associated risks in pregnancy;” and
“Data are not available to assess the effects of Pfizer-BioNTech COVID-19 Vaccine on the breastfed infant or on milk production/excretion.”

Under the medical ethics of “Do No Harm,” the UK [advises against](#) the COVID vaccine for pregnant women. In the U.S., the [Vaccine Adverse Event Reporting System](#) (VAERS) contains 17 reports of miscarriages after the COVID-19 vaccine, as of February 5, 2021.

Moreover, the World Health Organization [advises pregnant women](#) to not get the Moderna or Pfizer vaccines, citing insufficient data.

Hogg minimizes side effects with her personal experiences while ignoring the [alarming data](#) in the VAERS database:

“I got the vaccine even after I had COVID, because I would rather have my arm hurt and some fatigue for a day and experience the effect of COVID again. The CDC recommends vaccination even if you have already had COVID-19. Since you may be able to contract the virus more than once. Every one of my patients who got vaccinated all responded differently. For me, I just had a sore arm. I was a bit more tired than usual, after the vaccine. You cannot contract COVID-19 from the vaccines as they do not contain the live virus. You may, however, experience one or more side effects. Possible side effects include a sore arm, headache, fever and body aches, which will all resolve in a few days. These are all signs the vaccine is working to build immunity.”

As of February 5, 2021, [VAERS data include](#) 12,697 reports of COVID-19 vaccine adverse reactions including: 653 deaths, 1382 hospitalizations, 2792 urgent care visits, 1654 office visits, 154 cases of anaphylaxis, and 145 cases of Bell’s Palsy.

Hogg is seemingly unaware that the VAERS is reporting a far greater rate of reactions to COVID vaccines than to the [influenza vaccine](#), while she falsely claims the vaccine “has undergone the most intensive safety monitoring in U.S. history.”

But by far the most inexcusable part of Hogg’s presentation, which neither upholds the ethics of “Do No Harm” with pregnant women nor follows informed consent guidelines, is that a general officer is using her position with undue influence, patriotic coercion and emotional manipulation to persuade airmen that it is their duty to participate in a Phase 3 clinical trial of an experimental medical intervention:

“Those of us in uniforms have taken oath to protect the country against all enemies. But this virus isn’t just a threat to our country but to the world. It’s our duty to do everything possible to protect not just ourselves, but our fellow

countrymen. I encourage you to make the best educated decision for yourself and for your family. A choice is yours if you choose to decline. But change your mind later, we're standing by to vaccinate you when you are ready. Our goal is to simply give you the information to make an informed decision. This is our shot to save our loved ones, friends and family. The more people that get vaccinated, the safer we are. Choosing to vaccinate protects your community, your unit, your mission and, most importantly, your family. What choices will you make to help get back to normal?"

Air Force Maj. Gen. Taliaferro briefed Congress that [two-thirds of service members](#) have accepted the vaccine with varying rates among units.

Military leadership has forgotten the [harm caused](#) by forcing the experimental anthrax vaccine on thousands of soldiers, and is now actively campaigning for the experimental COVID-19 vaccine "acceptance" among the ranks.

Military leaders are using messages, videos, personal photos, deployments, squad leader meetings and officer sensing sessions to persuade service members to take the new vaccine.

This is conditioned hit-the-target behavior where 100% vaccination rates will soon be regarded as the goal for all units.

This acceptance approach should be replaced with neutral informed consent and uncoerced choice in accordance with medical ethics. Setting the goal of getting 100% of service members vaccinated will result in adverse reactions that cause non-deployable injuries in service members.

This bias in favor of the new COVID-19 vaccine is evident by Hogg's infomercial for the COVID-19 vaccine. The chain of command's loyalty should be with service members, not as salesmen for Pfizer-BioNTech and Moderna.

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