

**UNITED STATES SENATE**  
**SENATOR RON JOHNSON**

**Senate Homeland Security and Governmental Affairs Committee**

328 Hart Senate Office Building  
Washington, DC 20510

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**DECLARATION OF LTC. PETER C. CHAMBERS, DO, MC, FS, SF, IN FURTHER  
SUPPORT OF SENATOR RON JOHNSON'S INVESTIGATION INTO THE SAEFTY  
AND EFFICACY OF COVID- 19 VACCINES**

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1. My name is Lt. Col. Peter C. Chambers, DO, MC, FS, SF. I am over 18 years of age, and I am not suffering under any mental disability and am competent to make this declaration under penalty of perjury. I am able to read and write, and I make this Declaration voluntarily and of my own free will and accord. No one has used any threats, force, pressure or intimidation to make me sign this Declaration, nor has anyone offered or given to me any monetary or non-monetary compensation or reward for making this Declaration. I understand that I am making this Declaration under the penalty of perjury. I have read the statements in this Declaration, and they are my understanding of the facts. Any medical opinion provided in this Declaration is based upon a reasonable degree of medical certainty. I have personal knowledge, experience and understanding of these matters, and I make this Declaration in support of the truth of the contents contained herein.
2. This Declaration is a communication and testimony solicited by and made to a Member of Congress. I make this Declaration as a whistle blower under the Military Whistleblower Protection Act, Title 10 U.S.C. § 1034.
3. A true and accurate copy of my curriculum vitae is attached hereto as **Exhibit 1**.
4. I obtained my medical degree from the University of New England in 1996. I completed a Family Medicine Residency through Oklahoma State University and began a civilian practice in Emergency Medicine. During that time I served in the National Guard as a Special Forces Battalion Surgeon. I assessed to active duty and served in the same capacity with an active-duty Special Forces Group. I have also served as a Special Forces Officer and have several deployments in support of Special Operations missions around the globe, including both combat and Foreign Internal Defense deployments. Since 2015, I have deployed for the State of Texas National Guard several times, including several Special Operations missions within the Continental United States. I am currently a Special Forces Qualified Flight Surgeon in the Texas National Guard.

5. I served as the State of Texas Military Department's (TMD) Liaison to the Governor's Task Force during the initial phase of the COVID Pandemic. During that time I was intimately involved analyzing the initial data on the early phases of pandemic and assist the team with forecasting responses, procuring PPE and developing projected bed space needs. I became intimately involved with the most current data and treatment modalities, early on in the COVID timeline. I observed that many early treatment protocols showed little or no effectiveness, and many treatments had extremely deleterious effects which aggravated the length and severity of illness. Upon completion of liaison duties, I assisted with initiating the statewide mobile testing response.

6. From March to December 2021, I served as the Task Force Surgeon for Operation Lone Star. This highly visible border mission along the Rio Grande River integrates TMD with the Texas Department of Public Safety to deploy border security assets into high threat areas and thwart criminal organizations' attempts to illegally move drugs and people into Texas. The number of soldiers under my healthcare oversight was sizeable, especially for one provider to cover down upon. During this deployment, I developed an empiric point of view regarding diseases of non-battle injury with statistics drawn from the large number of soldiers under my care.

7. In my role as physician I observed asymptomatic COVID positive soldiers, mRNA COVID-19 vaccinated soldiers with side effects, and breakthrough infections (approximately 71% of our soldiers who tested positive had been administered the mRNA COVID-19 vaccine). Another case within our ranks was a 24-year-old soldier who experienced myocarditis post mRNA COVID-19 vaccine. He is continuing his cardiology follow-ups and has a sub-physiologic heart pumping capacity. Two other soldiers were hospitalized with mental status changes post cerebral vascular accidents, with a third exhibiting a subarachnoid bleed, following mRNA COVID-19 vaccination. Other soldiers have experienced anaphylactic reactions to mRNA COVID-19 injections. Over my objections, none of these soldiers were followed as possible vaccination injury possibilities, per Army Regulations (AR 40-562). Unfortunately with State Active Duty orders these soldiers have only been covered with workman's compensation coverage and could potentially be stuck with exorbitant hospital bills.

8. The above-described sentinel events during this deployment led me to raise concerns to my command. I notified command of several post-vaccination adverse events that affected troops, including three cerebrovascular events, one brain bleed, three cases of myocarditis, and one pulmonary embolism. I was prevented from obtaining office calls with my leadership and the Joint Surgeons office of the Texas National Guard. I received no response from leadership regarding my concerns.

9. The mandate placed upon soldiers for a vaccine that is not currently available also poses another problem for me personally. The shots currently mandated and in use in the military are approved under emergency use authorization only (my understanding is that Pfizer's Comirnaty product which is FDA-licensed is not available in the U.S.). It is my belief that based upon risk stratification along with current improved treatment

modalities, the mandated injection of a substance which is still in a phase III trial is not necessary and introduces increased risk factors for the known side effects exhibited by this phase III trial. Utilizing that risk vs. benefit stratification, I argue that our typical soldiers and airmen would be better served with either natural immunity or the current available medical therapies. The predominance of evidence exhibiting the untoward effects of this vaccine administration procedure overwhelmingly will not allow me to allow harm to come to my soldiers, colleagues, or any civilian I advise.

10. I have practiced medicine over 20 years and have been on the front lines of trauma, preventative, austere, and civilian based settings. My experiences during the Texas COVID response only added experience to allow me to critically assess and formulate courses of action that have been successful in mitigating COVID in the ranks. In my opinion this ability to quickly treat and return to duty is the most effective and least dangerous course of action regarding force protection and readiness, two extremely important elements when in the midst of continuing an important mission of defending the Nation's southern border.

11. I had a first line commander on deployment that was supportive of my position. Most senior leaders ranged from being disengaged and apathetic, to being coercive, to actively thwarting my efforts, to taking retribution against me for adhering to regulations. I was dressed down by a two-star general for performing informed consents, I was fired temporarily by the State Surgeon for the same. He rehired me when finding out that I had attempted a Whistleblower complaint to Representative Crenshaw's office. We cannot afford or allow another 24-year-old soldier to be taken off mission with a diminished heart function, or another soldier to suffer long term cognitive side effects of this vaccine without being informed of the possible side effects or overall effectiveness of the vaccine versus natural immunity or available therapy. On October 4, 2021 the State Surgeon has issued guidance (Exhibit 2) to all State of Texas medical staff to not do informed consents. We are directed to ask: "Will you take it or not?" The state of Texas, as all other National Guard units, has stepped up the date of decision to release soldiers who refuse vaccination from the summer of 2022, per DOD guidance, to October 2021.

12. I have briefed general officers who have welcomed the data presented in my brief, and I have had the opposite response from the State Surgeon's office which said I must "just follow orders." As special staff to any commander, it is my duty to advise him or her with scientific fact to make critical decisions.

13. It had been made extremely clear to us by the command, that though Governor Abbott had stated we do not enforce the COVID-19 Federal Mandate upon the military forces, the TMD was still "pushing vaccines." I continue to stay in contact with the troops on the border who continue to share stories of continued coercive actions by leaders and the medical command alike. I was pulled off orders in December 2021.

14. I was replaced by Dr / COL Ferry as Task Force Surgeon for Operation Lone Star. He is a pediatric endocrinologist by training, and the self-proclaimed "COVID Czar." His actions since my relief have resulted in increased pressure upon soldiers to receive the

vaccine. With regard to medical support, the focus appears to be centered on “increased vaccination numbers,” not mission support. This focus is exhibited by regular COVID training added to briefs, mandatory COVID “town halls” and collaboration with the border Chief of Staff to “vaccinate every soldier.”

15. I was emboldened when hearing of LTC Theresa Long’s Affidavit, which was included in litigation proceeding in federal court in Colorado, and felt the need to reach out and converse with a fellow flight surgeon colleague. We shared cases and concerns and in January discussed the DMED system and how to examine the prevalence of the diagnoses we had discovered in our ranks. Along with two other TMD providers, who wish to remain off record, we reviewed the data on thromboembolic events, myocarditis, pericarditis, cerebrovascular accidents and demyelinating injuries (per my own MRI findings). The information obtained was overwhelming. All physicians querying the DMED database compared their findings, and they matched. We also made an effort to try to disprove our findings, but we could not find a reasonable alternative explanation. Our motivation for accessing the DMED database in this way was to meet our duty to be vigilant and to implement effective Risk Management. On 21 January, 2022, I provided my name as a whistleblower for attorney Thomas Renz’s presentation at Senator Johnsons “second opinion” roundtable discussion on January 24, 2022.

16. Current study of regulations and seeking legal counsel has elucidated many, and in my opinion, would make it an unlawful order to follow a mandate that does not allow for true informed consent (REF: AR 40-562) as the current vaccine available is still in a phase three trial and offers no guidance per package insert or otherwise. In other words, a vaccine approved under an emergency use authorization may be administered only with informed consent, and without consent the vaccination cannot be mandated, thus making the military vaccine mandate an unlawful order.

17. My duties as a soldier since 1983 make me fully informed that orders are orders, to which I received an mRNA COVID-19 vaccine per State Surgeon’s directive prior to going on mission in 2021. Despite my disagreement with the vaccine mandate, I followed orders so as to be cleared to be put on mission as a provider to tend to the wellbeing of these soldiers and advise and protect the command on all medical operations (MEDOPS).

18. At this time, I am seeking to complete a medical discharge from the National Guard after a military career spanning 38 years. It is with regret I should end my military career this way. I am a combat wounded, disabled veteran and have experienced side effects from the mRNA COVID-19 vaccine which would preclude me from airborne operations. I am undergoing medical evaluation for side effects from the Moderna Vaccine and would have submitted a request for a Medical Evaluation Board, however the State Surgeon put a stop to my medical provider’s profiling request. I would expect that potential punitive actions do not interfere with my actions per Senator Johnson’s letter dated 1 February, 2022.

19. In support of the statements contained in this declaration, I have included the following exhibits in addition to my curriculum vitae: Exhibit 2 is the letter from the State Surgeon's Office to all medical providers in the State of Texas regarding vaccine informed consent. Exhibit 3 is a copy of my emailed response to the State Surgeon at the Texas Military Department (TMD) with a Request for Information. Exhibit 4 is a copy of the text sent to the Deputy Adjutant General for support. Exhibit 5 is a copy of the text sent to the State of Texas Adjutant General, Major General Tracy Norris. Exhibit 6 is a case study performed for command on psychologic effects on troops regarding long CONUS deployment with short notice notification. Exhibits 7 - 9 are copies of texts sent to Federal Representatives requesting aide with all dispatch within the State of Texas. Exhibit 10 is a New England Journal of Medicine article sent to COL Peter Coldwell, the Joint Forces State of Texas Surgeon. Exhibit 11 is a letter to Senator Cruz's staff.

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

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 17 February 2022.

Signature:



A handwritten signature in black ink, appearing to read 'LTC, M. C. CHAMBERS', is written over a horizontal line.

LTC PETER C. CHAMBERS