



## Senator Johnson Demands Answers on Skyrocketed Disease Rate in U.S. Troops

U.S. military personnel saw a significant increase in cancers, neurological, and reproductive issues and numerous other conditions in 2021, compared to a five-year average rate. That information became known thanks to brave Department of Defense whistleblowers Drs. Samuel Sigoloff, Peter Chambers, and Theresa Long represented by attorney Thomas Renz. Renz presented this bombshell information during a panel discussion titled "[Covid-19: A Second Opinion](#)" in Washington D.C. on January 24, 2022, that was hosted by Senator Ron Johnson (R-Wis.). Now, Senator Johnson demands answers from the DOD on its awareness of the dramatically worsened health of the U.S. troops.



Sen. Ron Johnson (AP Images)

On February 1, the senator sent [a letter](#) to DOD Secretary Lloyd Austin highlighting the dramatic rise in adverse events reported in the Defense Medical Epidemiology Database (DMED) after the COVID vaccines were rolled out to the military.

Per the letter,

“Based on data from the Defense Medical Epidemiology Database (DMED) ... whistleblowers found a significant increase in registered diagnoses on DMED for miscarriages, cancer, and many other medical conditions in 2021 compared to a five-year average from 2016-2020. For example, ... registered diagnoses for neurological issues increased 10 times from a five-year average of 82,000 to 863,000 in 2021. There were also increases in registered diagnoses in 2021 for the following medical conditions:

- Hypertension - 2,181% increase
- Diseases of the nervous system - 1,048% increase
- Malignant neoplasms of esophagus - 894% increase
- Multiple sclerosis - 680% increase
- Malignant neoplasms of digestive organs - 624% increase
- Guillain-Barre syndrome - 551% increase
- Breast cancer - 487% increase
- Demyelinating - 487% increase
- Malignant neoplasms of thyroid and other endocrine glands - 474% increase



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- Female infertility - 472% increase
- Pulmonary embolism - 468% increase
- Migraines - 452% increase
- Ovarian dysfunction - 437% increase
- Testicular cancer - 369% increase
- Tachycardia - 302% increase”

Those numbers certainly don't seem like a minor fluctuation and should have caught the attention of the top brass. After all, they have been stressing the importance of the troops' health for “military readiness” for the whole of last year when they forced every single man and woman in uniform to take a “life-saving” COVID shot. Does this trend in rising serious diseases not endanger the nation's military readiness? Senator Johnson asks,

Is DoD aware of increases in registered diagnoses of miscarriages, cancer, or other medical conditions in DMED in 2021 compared to a five-year average from 2016-2020? If so, please explain what actions DoD has taken to investigate the root cause for the increases in these diagnoses.

[The list](#) of the conditions provided by Renz also seems to have a pre-corrected data on myocarditis — a known and officially-admitted side-effect of the mRNA COVID shots that most often affects young men. That peculiarity should be explained, Johnson believes:

Have registered diagnoses of myocarditis in DMED been removed from the database from January 2021 to December 2021? If so, please explain why and when this information was removed and identify who removed it.

The senator asked Secretary Austin to provide the answers by February 15 at the latest.

### **About the DMED**

Defense Medical Epidemiology Database ([DMED](#)) is the official database of the de-identified medical records of all American servicemen. According to its website, the database provides remote access to a subset of data contained within the Defense Medical Surveillance System ([DMSS](#)). DMSS, in turn, contains up-to-date and historical data on diseases and medical events (e.g., hospitalizations, ambulatory visits, reportable diseases, etc.) and longitudinal data relevant to personnel's characteristics and deployments experience for all active and reserve component service members.

Who can access that information? Because of the understandable sensitivity of the data, only authorized users such as U.S. military medical providers, epidemiologists, medical researchers, safety officers or medical operations/ clinical support staff for surveying health conditions in the U.S. military can see it.

Steve Kirsch, founder and executive director of the [Vaccine Safety Research Foundation](#), [argued](#) that the DMED “appears to be very reliable.” He explained, “DMED is not a self-reported database where reporting rates are unknown. It is a fully reported database where all the reports are from healthcare providers.”



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In other words, unlike the U.S. Vaccine Adverse Reaction System (VAERS) that is routinely being dismissed as “unreliable” by the mainstream media and the United States health authorities themselves, DMED cannot be shrugged off. Every DMSS record that is later being reflected in DMED is entered into the database by a military doctor.

### **DMED “Fact-checked”**

The “fact-checkers” from [PolitiFact](#) reached out to the DOD and were told that the “numbers were based on faulty data.”

Peter Graves, spokesperson for the Defense Health Agency’s Armed Forces Surveillance Division, told PolitiFact by email,

“[I]n response to concerns mentioned in news reports” the division reviewed data in the DMED “and found that the data was incorrect for the years 2016-2020.”

It took Renz’s Senate testimony on behalf of the DOD whistleblowers for the DOD to check on its database. Surprisingly, the department found that the historic medical data was, apparently, drastically underreported and “represented only a small fraction of actual medical diagnoses.”

The 2021 numbers, however, were correct, Graves said. That, he implied, explains the “impression” that the military saw a huge increase in serious health issues.

DMED data was taken offline to “identify and correct the root-cause of the data corruption.” The “corrected” numbers will likely show the 2021 diagnoses have actually decreased compared to the five-year average.

According to [Dr. Robert Malone](#), DMED has been included in the U.S. Centers for Disease Control and Prevention (CDC) datasets that it uses for Vaccine Safety Technical (VaST) Work Group to evaluate COVID vaccines’ post-marketing safety and efficacy. He wrote, “It makes [it hard] to believe that, with all these agencies watching the same data, no one thought the historical data was incorrect until the whistleblowers sounded their alert.”

That means that the CDC has been monitoring the military data for years, and never identified “data corruption” as an issue.

What kind of answer — if any — will Senator Johnson receive? One may speculate that the DOD will give the senator revised data that would show that the American servicemen have never been as healthy.



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