

EXHIBIT 18

**UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF FLORIDA**

BENJAMIN COKER, *et al.*
Plaintiffs,

vs.

LLOYD AUSTIN, III, *et al.*,
Defendants

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NO. 3:21-cv-1211-AW-HTC

DECLARATION OF DIXON BROWN

1. I am over 18 years of age and am competent to testify in this matter.
2. All of the statements made in this declaration are true to the best of my own personal knowledge.
3. I am Dixon Brown, and I make this declaration to inform the Court of the matters described herein.
4. I make this affidavit, as a whistleblower under the Military Whistleblower Protection Act, Title 10 U.S.C. § 1034, in support of the above-referenced MOTION as expert testimony in support thereof.
5. The opinions expressed here are my own and arrived at from my persons, professional and educational experiences taken in context, where appropriate, by scientific data, publications, treatises, opinions, documents, reports, and other information relevant to the subject matter and are not necessarily those of the United States Navy, the United States Marine Corps or the Department of Defense.

EXPERIENCE & CREDENTIALS

6. I am an 18-year active-duty enlisted man in the U.S Navy and I currently serve at Marine Corps Base Camp Pendleton, California as a Special Operations Independent Duty Corpsman (SOIDC) and Senior Chief Petty Officer (SCPO). My official duties as Senior Enlisted Medical Advisor include advisement to the commander of matters of operational medicine and the management of (22) SOIDCs in their care of (450) Reconnaissance Marines.
7. I am a graduate of the Special Forces Medical Sergeant course from Fort Bragg, NC. My military training includes a combined four (4) years of military medical, CBRN, and advanced medical training with a focus on operational medicine in the deployed setting. Additionally, I obtained a Bachelor's degree in Clinical Health Sciences from the George Washington University of Health Sciences in 2019. My education has established a solid foundation that I leverage to better understand medicine, medical research, and bioethics application to my military environment. More importantly, I leverage this acumen with the refined skill of tactical observation to better draw conclusions and assessments from my operating environment.
8. Since January 2004, I have served on Active Duty in the Military and have been stationed primarily with Special Operations units or Special Operation Capable units. I have conducted (8) traditional deployments and (4) shorter operational taskings. My military career has been marked by accolades of high-performance marks, early promotions, and (9) personal awards; including (4) Navy and Marine Corps Achievement Medals, (3) Navy and Marine Corps Commendation Medals, and (2) Meritorious Service Medals.

9. Despite what can only be interpreted as a selfless career in support of our nation, I find myself unable to settle my conscience over the COVID-19 vaccine and associated mandates. Although coerce pressure from commanders and military policy seemed unbearable, I have not taken the COVID-19 shot and remain unvaccinated. My conviction, which can only be attributed to the Holy Spirit, has led me to see the unethical circumstances and harm surrounding these COVID-19 mandates. I believe that COVID-19 mandates should never have occurred, and in light of available information should be halted immediately.

DISCRIMINATION AND COERCIVE TACTICS

10. I claim that I obtained my Sub-Investigator Certification in 2017 from the FDA, so I could conduct informed consent of Experimental Use Authorization (EUA) Freeze-Dried Plasma (FDP) product, track its use and report back up the chain of command to the FDA. As part of this informed consent, I was required to conduct an hour-long briefing to all eligible personnel on the risks, benefits, and right to refusal of the EUA product. The program placed heavy emphasis on the impropriety of coercive tactics to obtain “consent.” Impeccable documentation was required, all personnel had to be afforded consent, and all consents had to be legible, contain addresses, and contain witnessed signatures, with formatting and dates matching. Audits were regularly conducted so any improper documentation that failed to meet this stringent standard was returned and required to be immediately resubmitted. In contrast, my experience with the EUA COVID-19 /vaccine/ has been completely the opposite, having witnessed coercion, public shaming, improper documentation, vaccine stacking, and an overall cavalier attitude towards a new vaccine that does not have any long-term data, ultimately service members were not given an option to decline this EUA /vaccine/.

11. Coercion detracts from the ability to provide informed consent as required under both military and FDA policy, and federal law. I have personally been subjected to this coercion and witnessed it applied to others. Numerous senior active & retired military leaders have repeatedly approached me attempting to get me to violate my beliefs. Statements such as “haven’t you considered the harm that you would be doing to your family”, “look at what you are giving up”, and “what premise are you doing this on” . . . “You don’t really believe that do you?”, and other statements such as “you would throw it all away for this? I mean, I understand that you think it violates your beliefs, but this isn’t the hill to die on”. The statement “not my the hill to die on” has been used numerous times, yet most, if not all, service members can agree that our service members' age group demographic are not at risk for severe disease, hospitalization, or death. Time and time again my conversations with service members have led me to the understanding that if military members had not been threatened with their jobs, positions, or deployments the overwhelming majority of them would not opt to receive gotten the COVID-19 /vaccine/, because most of them didn’t believe in it and felt they had no other choice.

12. My first conversation with my Senior Enlisted Leader on the topic was a deliberate weaponization of scripture to challenge me. Although the governing religious accommodation Department of Defense instruction places the burden of determination of sincerity of belief on the chaplain corps, this enlisted leader felt the need to use his religious beliefs to influence my religious beliefs. He said things like “the Bible doesn’t tell you to not get vaccinated”, “think of yourself as Joseph and the military is your persecution”, and “its ok to accept that you were wrong and to have a change of heart” and “Bible doesn’t support your position”. I have since then established my position with him in scripture and medical fact, but this is just one anecdote and insight into the type of conversations that senior leadership was/are having with junior military members to convince them that mandate compliance was/is justified, despite one's religious beliefs or the legal status of the vaccine they are offered. This instance was senior enlisted to senior enlisted, there is no doubt that the coercive pressure experienced by young service members to get the jab is significantly greater and would undoubtedly cross ethical boundaries.

13. Service members have reported discrimination to me, examples include, “If you don’t get the vaccine I don’t trust your decision making”, fear inciting statements like “life or death” (said to a room of Staff Non-commissioned Officers in charge of combat training) and “you have no choice, go to medical and get it or face separation”. Additionally, reports of young Marines awaiting training are either deliberately not being informed of the religious accommodation process or being told that they cannot train while their religious accommodation request is being considered. A first-hand source reports “If someone wants a real lawsuit against the DoD, the young Marines uninformed and pressured is where to start”, he has personally witnessed “hundreds who were leaned into hard and strait misinformed of religious accommodation options”. The baseline narrative continues to foster a culture of discrimination. Terminology such as “unvaccinated” or “anti-vaxxer” are now household names synonymous with COVID-19 vaccine mandates. Despite your acceptance of previous or childhood vaccination, if you are not COVID-19 vaccinated you're an “anti-vaxxer” for better or worse you now carry that title. Personally, my professional capacity is now relegated to my COVID-19 vaccination status.

CONTINUED MANDATES AND BOOSTERS

14. Despite the onslaught of emerging COVID-19 research, adverse media reports, whistleblower testimony, and vaccine injured claims exposing the COVID-19 fallacy the DoD is still pressing forward with mandates. Currently, the military requires vaccination of new accessions and requires EUA boosters for personnel traveling abroad to specific Areas of Responsibility (AOR). The current III MEF Force Health Guidance claims members must be vaccinated and "fully up to date" against COVID-19, meaning that must have received their booster within 5 months [Exhibit 1, p. 6-7]. Members who have or are planning on traveling to the III MEF AOR have been advised to receive EUA boosters in order to facilitate "ease of travel" restrictions. "Booster hesitant" personnel have reported discrimination for not receiving additional shots, including the restriction of the personnel hesitant to receive boosters to the ship or base, forcing them to stand duties instead of being allowed to partake in periods of liberty, and complete removal from deployments altogether.

15. On 23 October 2022, a statement for the record was provided to me, this servicemember wishes to remain anonymous for fear of reprisal. His statement for the record is as follows:

“Late last week an installation memo was published (CUI and thus not able to be publicly requested) indicating that an O6 signed memo would be required for all Rapid-PCR testing for COVID-19 at the main installation testing site. In discussion of this published memo with the Senior Enlisted Medical Advisor (SEMA) for the Brigade-level unit, the following observations were made and discussed between the SEMA and medical focused Service Members (SMs):

- a) When paired with a recent service Fragmentary Order (FRAGO) defining an “Up-to-date” status in regards to COVID-19 vaccination, the O6 testing memo indicates a probable and expected DoD or service mandate for COVID-19 booster shots to SMs.
- b) At present, 90% of the deployment locations the unit frequents only require negative PCR results from SMs within 24 hours prior to travel. In the remaining 10%, vaccination proof is required. The O6 memo’s increased administrative requirements are inconsistent with and deleterious to the current operational needs.
- c) The intent of both memos is to set conditions and precedent with tenet commands and drive SM booster compliance rather than meet current operational requirements. ”

16. On the 17 October 2022, a service member reported more subtle approaches to utilize peer pressure to gaslight servicemembers to get vaccinated [Exhibit 2]. Utilizing the use of masks and the need of getting to 75% or greater to get to compliance for the greater good of the group. This same conversation also revealed conversations with leadership that claimed that servicemembers would be required to get

boosted in order to travel into specific countries. Despite servicemembers not wanting the COVID-19 shot they are now required to choose between doing the job that signed up for and their moral consciousness.

17. On 14 Sep 2022, I attended a senior medical leadership huddle, in order to discuss routine business and future priorities. Part of this meeting included a plan for EUA Bivalent COVID and Influenza /Vaccine/ rollout [Exhibit 3]. The Environmental Health Officer for my unit encouraged the group of senior medical leaders to use incentives such as Sick in Quarters (days off work) to “encourage Marines and Sailors to get boosted” in hopes to get the “boosted numbers up”. He closed his presentation by saying let’s “get creative in how we get service members to accept boosters this fall”, clearly foot stomping at the need for us to coerce members to accept the EUA bivalent vaccine with our annual influenza shots.

18. Exhibit 4 shows pictures of the current stock of vaccines available aboard Camp Pendleton. The EUA bivalent COVID-19 /vaccine/ is being given to servicemembers and medical providers as if it is the “Fully FDA Approved” /vaccine/. Vaccine administrators are being directed to give the EUA bivalent COVID-19 /vaccine/ in order to boost personnel vice the monovalent /vaccine/. I have not been privy to a memo or guidance claiming interchangeability, yet out of ignorance leaders believe that they are. The lack of clarity and guidance on the matter is resulting in the Department of Defense repeating administration of these boosters “as if” they are the same formulary as a fully FDA approved product.

CLOSING REMARKS

19. I claim that I completed a religious accommodation package under duress and threat of punitive or adverse administrative action and the threat of the full range of administrative and disciplinary actions.


20. I rebut any presumption that completing a religious accommodation package waives any rights or implies any consent to or gives any legitimacy to the requirements that the religious accommodation addresses.

21. Given my personal analysis of the COVID-19 vaccine mandates, personal experiences, and associated information available it is my wholehearted belief that the COVID-19 vaccine mandates are unethical, harmful, unlawful, and a violation of basic human rights.

22. I declare under penalty of perjury under the laws of the United States of America, pursuant to 28 U.S.C. § 1746, that the foregoing is true and correct to the best of my knowledge, information, and belief.

Dated: October 24, 2022

Respectfully submitted,


_____/s/_____
Dixon S. Brown, [SCPO, USN]



UNITED STATES MARINE CORPS
 III MARINE EXPEDITIONARY FORCE (FMF)
 UNIT 35601
 FPO AP 96382-5601

III MEFO 6490.1
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FEB 18 2022

III MARINE EXPEDITIONARY FORCE ORDER 6490.1

From: Commanding General, III Marine Expeditionary Force
 To: Distribution List

Subj: PRE-DEPLOYMENT MEDICAL REQUIREMENTS FOR UNITS AND
 INDIVIDUALS DEPLOYING TO THE III MARINE EXPEDITIONARY FORCE
 AREA OF RESPONSIBILITY

Ref: (a) OPNAVINST 6100.3A CH-1 Deployment Health Assessment Process, February 1, 2016
 (b) DoDI 6490.07 of 5 February 2010, Deployment-Limiting Medical Conditions for Service Members and DoD Civilian Employees
 (c) DoDI 6490.03 19 Jun 2019 Deployment Health
 (d) BUMEDINST 1300.2B Suitability Screening, Medical Assignment Screening, and Exceptional Family Member Program Identification and Enrollment
 (e) DoDI 6490.12, Mental Health Assessments for Service Members Deployed in Connection with a Contingency Operation, February 26, 2013
 (f) BUMED Memorandum of 13 November 2013, Clarifying Guidance for Deployment-Limiting Mental Disorders and Psychotropic Medications
 (g) DoDI 6025.19, Individual Medical Readiness (IMR), June 9, 2014
 (h) MARADMIN 462/21 Mandatory COVID-19 Vaccination of Marine Corps Active and Reserve Components, September 1, 2021
 (i) III MEF Force Health Protection (FHP) Requirements, 2021

Encl: (1) III MEF Pre-Deployment Medical Requirement Verification Letters Format
 (2) III MEF MSC Waiver Letter Format

1. Situation. Marine units from various locations participate in six month deployments to the III Marine Expeditionary (MEF) area of operations (AO) through the Unit Deployment Program (UDP), Marine Rotational Force – Darwin (MRF-D) Program, and the 31st Marine Expeditionary Unit (MEU) Program. Marines and Sailors assigned to these deploying units do not undergo the thorough overseas screening process that permanent III MEF personnel do as a pre-requisite to assignment nor have they been subject to the same pre-deployment medical screening that was required of units deploying in support of Operation Iraqi Freedom or Operation Enduring Freedom. Consequently, a significant number of Marines and Sailors in these deploying units have arrived at the III MEF AO: without meeting theater force health protection requirements; with medical conditions that prohibit them from participating in full duty; and with medical conditions that require initiation or continuance of specialty medical care at the local military medical treatment facility (MTF).

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III MEFO 6490.1

FEB 18 2022

2. Mission. Leadership of units deploying to the III MEF AO shall ensure that their personnel meet the basic pre-deployment medical requirements in accordance with references (a) through (h), as well as theater-specific force health protection requirements in accordance with (IAW) reference (i). This will: ensure they arrive fully medically ready to participate in military operations overseas, reduce the over-expenditure of limited healthcare resources at overseas MTFs, and minimize the number of aeromedical evacuations of personnel that have “pre-existing” medical conditions to the continental United States (CONUS).

3. Execution

a. Commander’s Intent and Concept of Operations

(1) Commanders Intent. To provide clear guidance to unit commanders and their medical officers (MO) regarding medical requirements to screen for during pre-deployment for those deploying to the III MEF AO.

(2) Concept of Operations. All Marine and Navy personnel deploying to III MEF AO must undergo medical assessment prior to deployment IAW reference (a). The mandatory portions of this assessment are:

(a) Completion of electronic Deployment Health Assessment (DHA):
<https://data.nmcphc.med.navy.mil/edha/>

(b) Complete verification of full medical readiness status in Medical Readiness Reporting System (MRRS) Individual Medical Readiness system as well as compliance with all items outlined in this order within 180 days of deployment.

(c) A current periodic health assessment including hearing conservation exams, occupational exams, and dental readiness (class I or II) exams.

b. Tasks

(1) Unit Commanders (i.e. Battalion, Squadron, Company, and Battery Commanders)

(a) Shall work closely with their respective unit MOs or senior medical department representatives (SMDR) to ensure that all requirements described in this order are completed prior to deployment.

(b) Shall co-sign with their respective MO or SMDR, the III MEF Pre-Deployment Medical Requirement Verification Letter (enclosure (1)), attesting that the requirements of this order have been met prior to deployment. They shall then send it to the Commanding General (CG) of the Major Subordinate Command (MSC) to which they are being attached for this deployment via their respective chain of command.

(2) Unit MO or SMDRs

III MEFO 6490.1

FEB 18 2022

(a) Shall ensure that all pre-deployment medical requirements found in this order are met for each of their unit's deploying personnel.

(b) Shall establish direct coordination with the Surgeon or MOs of MSC or Major Subordinate Element to which their deploying unit will be assigned. It is strongly recommended coordination start no later than 180 days prior to deployment to allow time to ensure full compliance with requirements and for clarifying guidance as needed.

(c) Shall co-sign with their respective Commanding Officer (CO), the III MEF Pre-Deployment Medical Requirement Verification Letter (enclosure (1)), attesting that the requirements of this order have been met prior to deployment.

c. Coordinating Instructions

(1) Pre-DHA. The Pre-DHA (DD Form 2795) shall be completed using <https://data.nmcphe.med.navy.mil/edha/> for all Marine and Navy personnel deploying to III MEF AO as part of the UDP, MEU, and MRF-D Programs, IAW reference (a):

(a) Prior to deployments to Outside the Continental United States (OCONUS) locations with non-fixed MTFs for greater than 30 days.

(b) For OCONUS deployments to areas with fixed MTFs and CONUS deployments, it is the operational commander's decision whether a pre-deployment health assessment is required.

(2) Pre-DHA Interview. A DD Form 2795 generated from the online eDHA site mentioned above must be completed and reviewed by a licensed independent provider as well as discussed with a trained health care provider in a face-to-face interview IAW reference (a) prior to deployment.

(3) Medical Conditions Usually Precluding Deployment to III MEF AO. Marines and Sailors assigned to units deploying to the III MEF AO must be worldwide deployable without restrictions. Personnel undergoing a Physical Evaluation Board, Limited Duty board, or in/expected to be in light duty status for periods longer than 30 days are ineligible. The below list of conditions that preclude deployment is not intended to be all-inclusive. In general, individuals with the conditions found in paragraphs (a) through (h) shall not deploy to III MEF AO unless a waiver is granted. Waivers may be sought through the Surgeon's Office of the III MEF MSC being deployed to IAW paragraph 3.c.(6) and enclosure (2).

(a) Conditions Affecting Force Health Protection

1. Physical or psychological conditions resulting in the inability to effectively wear personal protective equipment, including protective mask, ballistic helmet, body armor, and chemical and/or biological protective garments, regardless of the nature of the condition that causes the inability to wear the equipment if wearing such equipment may be reasonably anticipated or required in the deployed location.

III MEFO 6490.1

FEB 18 2022

2. Conditions that prohibit immunizations or the use of force health protection prescription products (FHPPP) required for the specific deployment. Depending on the applicable threat assessment, required FHPPPs may include: atropine, epinephrine, and/or pralidoxime chloride (2-PAM chloride) auto-injectors, certain antimicrobials and/or antimalarials, and pyridostigmine bromide.

(b) Unresolved Health Conditions Requiring Care or Affecting Performance

1. Any chronic medical condition that requires frequent clinical visits, fails to respond to adequate conservative treatment, or necessitates significant limitation of physical activity.

2. Absence of a dental exam within the last 12 months or likelihood that upcoming dental treatment or reevaluation for oral conditions could place an individual at risk for a dental emergency within six months. Individuals being evaluated by a non-Department of Defense (DoD) civilian dentist should use DD Form 2813 (DoD Active Duty/Reserve Forces Dental Examination) as proof of dental examination. This form is available at: <http://www.dtic.mil/whs/directives/infomgt/forms/formsprogram.html>.

3. Pregnancy.

4. Any medical condition that requires either durable medical equipment or appliances, or periodic evaluation or treatment by medical specialists not readily available in theater.

5. Any unresolved acute or chronic illness or injury that would impair duty performance in a deployed environment during the duration of the deployment.

6. Cancer that requires continuing treatment or specialty medical evaluations during the anticipated duration of the deployment.

7. Precancerous lesions that have not been evaluated and would require follow up during the anticipated duration of the deployment.

8. Any medical condition that requires surgery or for which surgery has been performed that requires rehabilitation or additional surgery to remove devices.

9. Any musculoskeletal condition that significantly impairs performance of duties in a deployed environment.

10. An acute exacerbation of a physical or mental health condition that could significantly affect duty performance.

11. Any medical condition that must be treated with medications requiring special storage considerations or monitoring not feasible in a deployed environment.

III MEFO 6490.1

FEB 18 2022

(c) Conditions with risk of sudden incapacitation

1. Recurrent loss of consciousness for any reason.
2. Any medical condition that could result in sudden incapacitation including: a history of stroke within the last 24 months, seizure disorders, and diabetes mellitus type I or II treated with insulin or oral hypoglycemic agents.

(d) Pulmonary disorders. Asthma that has a forced expiratory volume-1 (FEV-1) of less than or equal to 60 percent of predicted FEV-1 despite appropriate therapy and has required hospitalization at least two times in the last 12 months, or that requires daily systemic (not inhalational) steroids.

(e) Infectious disease

1. Active tuberculosis or known blood-borne diseases that may be transmitted to others in a deployed environment.

2. A diagnosis of human immunodeficiency (HIV) antibody positive with the presence of progressive clinical illness or immunological deficiency.

(f) Hearing Loss. The requirement for use of a hearing aid does not necessarily preclude deployment. However, the individual must have sufficient unaided hearing to perform duties safely.

(g) Cardiac and Vascular Disorders

1. Hypertension not controlled with medication or requiring frequent monitoring.
2. Symptomatic coronary artery disease.
3. History of myocardial infarction within one year of deployment.
4. History of coronary artery bypass graft, coronary artery angioplasty, carotid endarterectomy, other arterial stenting, or aneurysm repair within one year of deployment.
5. Cardiac dysrhythmias or arrhythmias, either symptomatic or requiring medical or electrophysiologic control (presence of an implanted defibrillator and/or pacemaker).
6. Heart failure.

(h) Mental Health/Behavioral Health Disorders

1. Psychotic and/or bipolar disorders, as well as any other disorder with associated psychotic symptoms.

III MEFO 6490.1

FEB 18 2022

2. Psychiatric disorders under treatment with fewer than three months of demonstrated stability prior to deployment.
3. Clinical psychiatric disorders with symptoms notably impairing duty performance.
4. Mental health conditions with significant risk for deterioration and/or recurrence of impairing symptoms in the deployed environment.
5. Chronic medical conditions that require ongoing treatment with: antipsychotics, lithium, anticonvulsants, benzodiazepines (exception for short-acting benzodiazepines when prescribed as part of a policy-directed operational fatigue management program), barbiturates (exception for those prescribed for migraine headache).
6. New prescriptions or dosages of medications described above within the three month window prior to deployment.
7. Other behavioral health conditions that require ongoing treatment, such as alcohol or other substance addiction or abuse and/or domestic abuse.

(4) Immunization Requirements for Personnel Deploying to III MEF AO

- (a) Anthrax: Minimum of two doses for start of series, otherwise current in series or booster dose.
- (b) Hepatitis A: Completion of two-dose series (or Twinrix®) or documented positive titer validated and posted in the MRRS TEST module.
- (c) Hepatitis B: Completion of three-dose series (or Twinrix®) or documented positive titer validated and posted in the MRRS TEST module.
- (d) Influenza: Annual vaccination (Northern and/or Southern Hemisphere).
- (e) Japanese Encephalitis vaccination (must use new IXIARO brand vaccine): Completion of two-dose series (day zero and day 28) and a one-time booster dose at the 12-month time frame.
- (f) Measles, Mumps, Rubella: two doses or documented positive titer validated and posted in the MRRS TEST module.
- (g) Polio: Verified single dose at accession. If undocumented, vaccinate.
- (h) Smallpox: Up to date, 10-year booster required or permanent exemption re-validated with an updated smallpox screening form and placed in permanent medical record.

III MEFO 6490.1
FEB 18 2022

(i) Tetanus/Diphtheria: One (per lifetime) dose of Tetanus, Diphtheria, and Pertussis (TDaP) is required. Must have documented Tetanus/Diphtheria (Td or Tdap) within 10 years.

(j) Meningococcal: Verified single dose at accession. If undocumented, vaccinate.

(k) Typhoid: Up to date.

(l) Varicella: Up to date or positive serology, documented in MRRS TEST module.

(m) Human Papillomavirus: If indicated.

(n) Coronavirus disease 19 vaccine: fully vaccinated (series complete) and up to date.

(5) III MEF UDP Miscellaneous Force Health Protection Requirements

(a) Current Medications: Ensure adequate supply for 180-day deployment.

(b) Allergies: Annotated in medical record; medical alert tags issued and worn; and Epi-pen prescribed if required and carried.

(c) Corrective lens prescription: two pairs of glasses (contact lens wear is NOT permitted in field conditions, except as authorized for designated aviators and aircrew).

(d) Documentation of test results for glucose-6-phosphate dehydrogenase, sickle cell, blood type, Rhesus factor, and Deoxyribonucleic acid in MRRS for all deploying personnel.

(e) Current Special Duty Examination (if applicable IAW duty requirements).

(f) Malaria Chemoprophylaxis, as required.

(g) Leptospirosis Chemoprophylaxis, as required.

(h) Current tuberculosis risk assessment screening.

(i) HIV test within the past year.

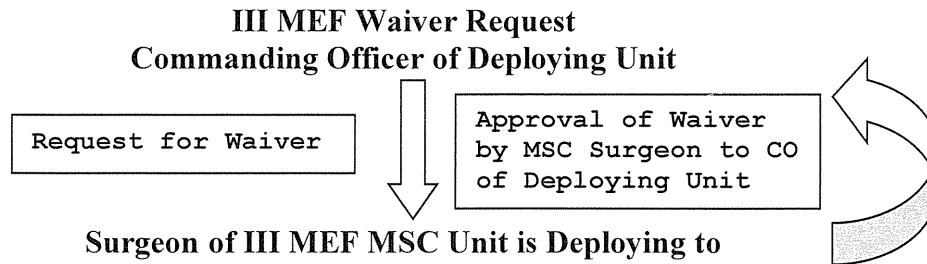
(6) Waiver Requests. Certain cases of medical conditions that are not generally considered compatible with deployment to III MEF AO may be considered for waiver

(a) Formal waiver requests for these Marines or Sailors shall be initiated by the deploying unit's CO utilizing the format provided in enclosure (2). The deploying unit's MO or SMDR shall provide the case summary and supporting documentation.

(b) Waiver requests shall be directed to the III MEF MSC Surgeon for endorsement and approval.

III MEFO 6490.1
FEB 18 2022

- (d) All adjudicated III MEF MSC waiver disapproval decisions are considered final.
- (e) A copy of all approved waiver requests will be maintained on file at the respective III MEF MSC Surgeon's office for future review.
- (f) If there is non-concurrence between the CO of deploying unit and the III MEF MSC Surgeon, the MSC CG will make the final decision on the waiver.



(7) Verification Letter Submission. Prepare the Pre-deployment Medical Requirement Verification Letter as described in enclosure (1). Submit it to the CG of the MSC to which the UDP unit or MRF-D unit will be assigned within one week prior to deployment. Units assigned as the Battalion Landing Team for the 31st MEU shall submit their verification letter directly to the 31st MEU CO and within the same time period noted above.

4. Administration and Logistics. All units deploying to III MEF AO (with the exception of aviation units and those requiring special duty physicals) are authorized to utilize deployment medical records (i.e. "skeleton medical records") in lieu of official medical records.

5. Command and Signal

a. Command. The program manager for this effort is the III MEF Force Surgeon. Primary contacts for deploying units are the Surgeons of the MSC to which the unit is to be attached.

b. Signal. This order is applicable to all units and individuals deploying to the III MEF AO. It will be reviewed and updated annually and at the discretion of the III MEF Force Surgeon.

K. B. ELLISON
Deputy Commanding General

DISTRIBUTION: List I, II



UNITED STATES MARINE CORPS
III MARINE EXPEDITIONARY FORCE (FMF)
UNIT 35601
FPO AP 96382-5601

1300
Office Code
Date

From: [Rnk First Last], Medical Officer, [Deploying Unit]
To: Commanding General, [Reporting Command]
Via: Commanding Officer, [Deploying Unit]
Commanding General, [Deploying Unit Parent Command]

Subj: III MEF PRE-DEPLOYMENT MEDICAL REQUIREMENT VERIFICATION LETTER

Ref: (a) III MEF Order XX-21
(b) III MEF FORCE HEALTH PROTECTION (FHP) REQUIREMENTS

Encl: (1) MRRS Excel Force IMR Report (Fully Medically Ready)
(2) MRRS Excel Force IMR Report (Partially Medically Ready)
(3) Medical Waiver roster

1. The deploying unit members listed on enclosure (1) have fully met the medical requirements specified by references (a) and (b).

2. The deploying unit members listed on enclosure (2) are partially medically ready and whose deficiencies are both acknowledged by this command in accordance with references (a) and (b) and are being addressed in an expeditious manner.

3. The deploying unit members listed on enclosure (3) have been granted a medical waiver in accordance with reference (a).

4. The point of contact for any questions or concerns is [Rnk First Last] at DSN: _____ or email: _____.

I. M. SAILOR
Medical Officer
Deploying Unit

Enclosure (2)



UNITED STATES MARINE CORPS
III MARINE EXPEDITIONARY FORCE (FMF)
UNIT 35601
FPO AP 96382-5601

1300
Office Code
Date

FIRST ENDORSEMENT on [Rnk First Last] Unit Medical Officer's ltr of [dd Mmm yy]

From: [Rnk First Last], Commanding Officer, [Deploying Unit]
To: Commanding General, [Reporting Command]
Via: Commanding General, [Deploying Unit Parent Command]

Subj: III MEF PRE-DEPLOYMENT MEDICAL REQUIREMENT VERIFICATION LETTER

Ref (a) III MEF Order XX-21
(b) III MEF FORCE HEALTH PROTECTION (FHP) REQUIREMENTS

1. Forwarded, recommending approval.
2. All deploying unit members have fully met the specified III MEF pre-deployment medical requirements, are partially medically ready with deficiencies that are being expeditiously corrected, or have been granted a medical waiver in accordance with references (a) and (b).
3. The point of contact for any questions or concerns is [Rnk First Last] at DSN: _____ or email: _____.

I. M. MARINE
Commanding Officer

Enclosure (2)



UNITED STATES MARINE CORPS
III MARINE EXPEDITIONARY FORCE (FMF)
UNIT 35601
FPO AP 96382-5601

1300
[Office Code]
[Date]

SECOND ENDORSEMENT on [Unit Medical Officer (Rank First Last)]'s ltr of [dd Mmm yy]

From: [Rnk First Last], Commanding General, [Deploying Unit Parent Command]

To: [Rnk First Last], Commanding General, [Reporting Command]

Subj: III MEF PRE-DEPLOYMENT MEDICAL REQUIREMENT VERIFICATION LETTER

Ref: (a) III MEF Order XX-21

(b) III MEF FORCE HEALTH PROTECTION (FHP) REQUIREMENTS

1. Forwarded, recommending approval.
2. Per references (a) and (b), all applicable medical requirements are complete for (unit name) in support of (UDP, 31st MEU, or MRF-D) deployment to III MEF AO.
3. The point of contact for any questions or concerns is [Rnk First Last] at DSN: _____ or email: _____.

I. M. COMMANDER
Commanding General
Parent Command

Enclosure (2)

III MEF MSC WAIVER REQUEST FORMAT

Patient Name (Last, First) _____ DOB _____ Last-4 SSN _____

Previous Deployments _____ Destination _____ Diagnosis _____

Age _____ Sex _____ Grade _____ MOS/Job Description _____

Home Station _____ Unit _____

Service _____ Years Service _____ Active or Reserve Component _____

Length of Deployment _____ Current LIMDU/ Light Duty _____ Yes No (please circle)

Case Summary

I have reviewed this case summary, attached enclosures, and the III MEF Pre-Deployment Medical Requirements Order. Despite this service member's medical condition, I still desire that this Marine/Sailor deploys with my unit and hereby submit this request.

Signature of Commanding Officer or Officer-in-Charge and Date

Parent MSC Surgeon Recommendation

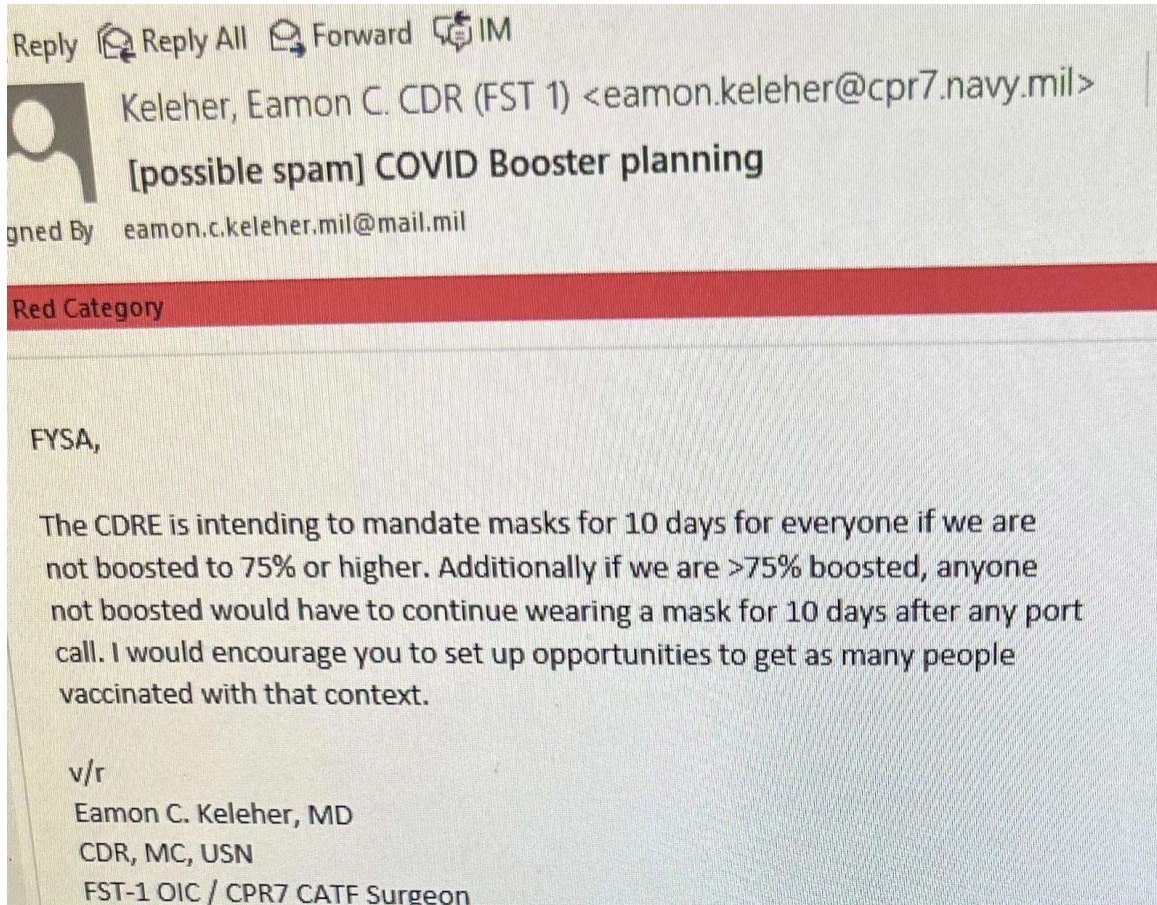
Waiver Approval: _____ CONCUR _____ NON-CONCUR

Comments:

Signature of Parent MSC Surgeon and Date

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Enclosure (2)



DSO Regimental Surgeon Meeting – Force Health Protection

1. Individual Medical Readiness

- FY23 (Likely October) – MRRS software update:
 - Total Force Medical Readiness (TFMR) 90% or greater
 - Partially Medically Ready (PMR) 15% or less
 - Overdue labs, immunizations, PHA, PDHA, PDHRA are all grouped together shifting our focus to PMR. (Dental class 4 is wrapped in here as well but we are at the mercy of dental scheduling)
- 1st MARDIV is the largest unit in the MC and we have maintained one of the highest readiness percentages (93%) across the entire force.
- How to get ahead and stay ahead:
 - Routine MRRS deep dives (no less than monthly)
 - Thorough MRRS review during the check-in process

2. Bivalent COVID and Influenza Vaccine

- Both expected to arrive in October
- Can be co-administered
- Although boosters are not currently mandated there is nothing to say they won't be in the future. Please be thinking of ways to co-administer boosters this flu season.
- V25 – 41% & V37 – 33% boosted
- Educational materials and vaccine efficacy studies to follow in the coming month(s)
- <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/stay-up-to-date.html>

Take away from items 1 and 2:

- We have a little time on our side to take action on MRRS items to ensure we are still one of the most medically ready units in the MC before the MRRS update. Let's use this time wisely because after Thanksgiving we will lose our personnel SK and holiday block leave.
- We will have a captive audience during FLUVAX campaign to deliver voluntary COVID boosters

3. MPX

- One suspected case HQBN – Marine was exposed to a confirmed positive and was isolated out of an abundance caution before S/S developed. Contact investigation initially categorized this Marines as low risk. Once the Marine started to develop S/S, history revealed the exposure risk was moderate to high risk. Due to initial risk assessment PEP was not offered. Jynnesos is available at most MTF's and in good supply.
- How can we best message vaccine availability during initial patient encounter without compromising privacy?
- Health Departments have MPX vaccine available and can reduce the barrier to receiving PEP
- Do you think it would be suitable to display an info sheet within the MCMH/BAS?

4. LIMDU

- 462 Marines / 1 Sailor / 7 Expired (units have been informed and have them for action)

5. COVID Expired Deferrals

- Please keep this requirement up-to-date and accurate. There has been some interest from the DoD IG office so let's keep 1st MARDIV off that radar.



UNCLASSIFIED//FOUO

Total Force Medical Readiness

IMR SNAPSHOT 12 SEPTEMBER 2022

UNIT	FMR+PMR	NMR	MRI	STRG	UNIT	FMR+PMR	NMR	MRI	STRG
1ST MARINES	92%	4%	4%	328	11TH MARINES	90%	5%	5%	536
1/1	94%	4%	2%	875	1/11	92%	3%	5%	612
2/1	91%	5%	4%	884	2/11	93%	2%	5%	601
3/1	93%	3%	4%	947	3/11	94%	3%	3%	571
1/4	95%	4%	1%	906	5/11	94%	4%	2%	819
5TH MARINES	90%	6%	4%	413	1ST CEB	91%	7%	2%	935
1/5	95%	4%	1%	610	1ST LAR	91%	3%	6%	700
2/5	95%	4%	1%	1041	3D LAR	93%	5%	2%	612
3/5	95%	4%	1%	908	3D AABN	92%	6%	2%	828
2/4 (RBE)	83%	5%	12%	269	HQBN	85%	7%	8%	985
7TH MARINES	90%	7%	3%	305	1ST RECON	95%	3%	2%	301
1/7	94%	3%	3%	968					
2/7	96%	3%	1%	605					
3/7	95%	4%	1%	1169					
3/4	94%	4%	2%	994					
TOTAL FORCE READINESS									
						93%	TS: 18,722		

UNIT	FMR	FMR PERCENT	PMR	PMR PERCENT	NMR	NMR PERCENT	TFMR	TFMR PERCENT	TOTAL PERSONNEL
HQBN	680	69%	231	23%	74	8%	911	92%	985
1ST RECON	255	85%	38	13%	8	3%	293	97%	301
1ST MARINES	271	83%	44	13%	13	4%	315	96%	328
V11	649	74%	194	22%	32	4%	843	96%	875
V21	405	46%	439	50%	40	5%	844	95%	884
V31	828	87%	94	10%	25	3%	922	97%	947
V14	630	70%	247	27%	29	3%	877	97%	906
5TH MARINES	335	81%	53	13%	25	6%	388	94%	413
V15	571	94%	16	3%	23	4%	587	96%	610
V25	896	86%	107	10%	38	4%	1003	96%	1041
V35	747	82%	127	14%	34	4%	874	96%	908
V24	153	57%	104	39%	12	4%	257	96%	269
7TH MARINES	220	72%	64	21%	21	7%	284	93%	305
V17	647	67%	288	30%	33	3%	935	97%	968
V27	479	79%	110	18%	16	3%	589	97%	605
V37	982	84%	157	13%	30	3%	1139	97%	1169
V34	886	89%	60	6%	48	5%	946	95%	994
11TH MARINES	424	79%	77	14%	35	7%	501	93%	536
1/11TH	404	66%	190	31%	18	3%	594	97%	612
2/11TH	488	81%	101	17%	12	2%	589	98%	601
3/11TH	490	86%	58	10%	23	4%	548	96%	571
5/11TH	472	58%	317	39%	30	4%	789	96%	819
1ST CEB	737	79%	132	14%	66	7%	869	93%	935
1ST LAR	565	81%	112	16%	23	3%	677	97%	700
3D LAR	399	65%	182	30%	31	5%	581	95%	612
3D AABN	737	89%	39	5%	52	6%	776	94%	828

UNIT	HIV TEST DUE	HIV TEST%	PDHA DUE	PDHA%	PDHRA DUE	PDHRA%	PHA DUE	PHA%	TOTAL PERSONNEL
HQBN	77	8%	1	0%	94	10%	176	18%	985
1ST RECON	10	2%	0	0%	17	5%	27	8%	301
1ST MARINES	11	3%	0	0%	26	8%	48	15%	328
V11	13	1%	0	0%	3	0%	86	10%	875
V21	38	4%	0	0%	64	7%	136	15%	884
V31	25	3%	0	0%	35	4%	41	4%	947
V14	137	15%	0	0%	45	5%	73	8%	906
5TH MARINES	26	6%	7	2%	47	11%	53	13%	413
V15	1	0%	0	0%	87	14%	64	10%	610
V25	524	50%	1	0%	185	18%	36	3%	1041
V35	7	1%	0	0%	61	7%	106	12%	908
V24	70	26%	0	0%	91	34%	74	28%	269
7TH MARINES	35	11%	1	0%	24	8%	38	12%	305
V17	294	30%	2	0%	25	3%	86	9%	968
V27	5	1%	0	0%	92	15%	31	5%	605
V37	173	15%	299	26%	10	1%	86	7%	1169
V34	108	11%	0	0%	8	1%	99	10%	994
11TH MARINES	9	2%	1	0%	49	9%	30	6%	536
1/11TH	62	10%	0	0%	125	20%	160	26%	612
2/11TH	110	18%	0	0%	119	20%	78	13%	601
3/11TH	20	4%	2	0%	42	7%	48	8%	571
5/11TH	82	10%	105	13%	208	25%	62	8%	819
1ST CEB	111	12%	3	0%	92	10%	90	10%	935
1ST LAR	45	6%	0	0%	154	22%	137	20%	700
3D LAR	42	7%	1	0%	21	3%	31	5%	612
3D AABN	53	6%	0	0%	59	7%	88	11%	828
TOTALS	2088	11%	423	2%	1783	10%	1984	11%	18722

UNIT	PERSONNEL	BOOSTERS GIVEN	BOOSTERS PERCENT	BOOSTER ELIGIBLE	ELIGIBLE PERCENT
HQBN	985	157	16%	978	99%
1ST RECON	301	17	6%	296	98%
1ST MARINES	328	41	13%	326	99%
V11	875	136	16%	869	99%
V21	884	36	4%	879	99%
V31	947	41	4%	940	99%
V14	906	133	15%	904	100%
5TH MARINES	413	74	18%	411	100%
V15	610	163	27%	607	100%
V25	1041	424	41%	1040	100%
V35	908	61	7%	905	100%
V24	269	30	11%	268	100%
7TH MARINES	305	31	10%	301	99%
V17	968	48	5%	959	99%
V27	605	78	13%	604	100%
V37	1169	387	33%	1134	97%
V34	994	43	4%	992	100%
11TH MARINES	536	29	5%	530	99%
1/11TH	612	20	3%	600	98%
2/11TH	601	118	20%	595	99%
3/11TH	571	66	12%	567	99%
5/11TH	819	56	7%	812	99%
1ST CEB	935	101	11%	926	99%
1ST LAR	700	72	10%	690	99%
3D LAR	612	42	7%	608	99%
3D AABN	828	95	11%	687	83%
TOTALS	18722	2499	13%	18428	98%

UNIT	PERSONNEL IN MMRS	FULLY IMMUNIZED	IMMUNIZED PERCENTAGE	1ST DOSE COMPLETE	1ST DOSE PERCENTAGE	MEDICAL TEMPORARY	MEDICAL PERMANENT	ADMIN TEMPORARY	ADMIN RELIGIOUS	ADMIN REFUSAL	ADMIN PCS	ADMIN SEPARATION	ERROR	NO ACTION	EXPIRED DEFERRALS	NO DOSE	NO DOSE PERCENTAGE
HOBN	986	980	99%	1	0%	0	0	0	0	0	0	0	0	0	4	4	0%
1ST RECON	301	297	99%	0	0%	1	0	0	0	0	0	0	0	1	2	3	1%
1ST MARINES	328	326	99%	0	0%	1	0	0	0	0	0	0	0	0	1	1	0%
V11	875	871	100%	0	0%	0	0	0	0	0	0	0	0	0	4	4	0%
V21	884	879	99%	2	0%	0	0	0	0	0	0	0	0	2	1	3	0%
V31	947	941	99%	0	0%	0	1	0	1	1	0	1	0	0	2	2	0%
V14	906	905	100%	1	0%	0	0	0	0	0	0	0	0	0	0	0	0%
5TH MARINES	413	411	100%	0	0%	0	0	0	0	0	0	0	0	0	2	2	0%
V15	610	607	100%	0	0%	0	0	0	1	2	0	0	0	0	0	0	0%
025 (31ST MEU)	1041	1040	100%	0	0%	0	0	0	0	0	0	0	0	0	1	1	0%
V35	908	905	100%	1	0%	0	0	0	0	0	0	0	1	0	0	2	0%
V24	269	268	100%	0	0%	0	0	0	0	0	0	0	0	1	0	1	0%
7TH MARINES	305	301	99%	1	0%	0	0	0	0	0	0	0	0	0	3	3	1%
V17	968	960	99%	1	0%	0	0	0	0	0	0	0	1	-1	7	7	1%
V27	605	604	100%	0	0%	0	0	0	0	0	0	0	0	0	1	1	0%
V37	1169	1136	97%	1	0%	1	1	0	0	0	0	0	0	0	31	31	3%
V34	994	992	100%	0	0%	0	0	1	0	0	0	0	0	1	0	1	0%
11TH MARINES	536	531	99%	0	0%	0	0	0	0	0	0	0	1	0	4	5	1%
1/11TH	612	602	98%	2	0%	0	0	0	0	0	0	0	1	0	7	8	1%
2/11TH	601	596	99%	0	0%	0	0	0	0	0	0	0	0	0	5	5	1%
3/11TH	571	568	99%	0	0%	0	0	0	0	0	0	0	0	0	3	3	1%
5/11TH	819	813	99%	0	0%	0	0	0	0	0	0	0	0	0	3	3	0%
1ST CEB	935	926	99%	0	0%	0	0	0	0	9	0	0	0	-2	2	0	0%
1ST LAR	700	691	99%	0	0%	0	0	0	0	0	0	0	1	0	8	9	1%
3D LAR	612	610	100%	1	0%	0	0	0	0	0	0	0	0	0	1	1	0%
3D AABN	828	790	95%	0	0%	0	0	0	0	38	0	0	0	-2	2	0	0%
TOTALS	18723	18550	99%	11	0%	3	2	1	2	50	0	4	5	1	94	100	0.53%
TOTAL DEFERRALS	62																
DEFERRAL PERCENTAGE	0%																
TOTAL POPULATION ACCOUNTED FOR	18723																

