

**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 1LT. MARK C. BASHAW IN SUPPORT OF SENATOR RON JOHNSON**  
**INVESTIGATION INTO THE SAFETY AND EFFICACY OF COVID-19 VACCINES**

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1. My name is 1LT Mark C. Bashaw. 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. I make this Declaration, as a whistle blower 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.
4. 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 those of the Army or Department of Defense or any component thereof.
5. I am an active duty commissioned Officer in the U.S. Army. I currently serve at the Army Public Health Center (APHC) at Aberdeen Proving Ground (APG), Maryland. I serve in the Preventive Medicine (67C) career field and my specialty is Entomology (72B). My official duties include participating in fact-finding inquiries and investigations to determine potential public health risk to DoD personnel from diseases caused by insects and other non-battle related injuries. I received an Associates of Science in Environmental Studies through the Community College of the Air Force (CCAF) in 2010, a Bachelor of Science

degree in Management Studies from the University of Maryland, University College in 2013, and a Master of Science in Entomology from the University of Nebraska Lincoln in 2018.

6. I enlisted in the U.S. Air Force on 17 January 2006 and currently have 16 years of total active federal military service (TAFMS). I have served tours overseas to include Japan, Republic of Korea, Germany and multiple deployments to Africa, Middle East, and Central America. I directly commissioned in the U.S. Army Medical Service Corps in September 2019. I initially attended the Direct Commission Course at Fort Sill, OK, followed by the Basic Officer Leadership Course at Fort Sam Houston, TX. I was then stationed at the APHC in January 2020. While at the APHC, I have successfully served as the Headquarters and Headquarters Company (HHC) Commander from May 2020 to July 2021. Currently, I serve in the Entomological Science Division as a Medical Entomologist.

7. My duties at the Entomological Science Division within Army Public Health Center (APHC) required that I participate in fact-finding information regarding entomological threats to public health and safety, and properly communicate the risk to our Soldiers. These threats included insect borne diseases, zoological, and other potential non-battle related issues. I also supervised three enlisted Soldiers (Preventive Medicine Specialists, 68S). Additionally, my duties involve evaluation of risks relating to the health, morale, and environment of personnel.

8. As a Preventive Medicine Officer at the Army Public Health Center, I am concerned with non-battle related threats which also includes vaccine-related risks. I was tracking Vaccine Adverse Event Reporting System (VAERS) since the roll out of the vaccination push. I also submitted official Requests for Information (RFIs) to Defense Health Agency (DHA) and APHC to inquire about the database that the DOD uses to track adverse events and deaths from vaccination. DHA confirmed that they use VAERS. As a Preventive Medicine Officer (67C), it was my duty to act as an additional check-and-balance to the risk communication strategy to ensure Force Health Protection. I requested that APHC change their "CV19 Vaccination Risk Communication Strategy" to include death and other serious adverse events listed in VAERS. As of today, APHC's "CV19 Vaccine Risk Communication Strategy" still has not changed and APHC CV19 Task Force still has not responded to my 25 October 2021 inquiry (EXHIBIT A).

9. In September 2021, I contacted LTC Theresa Long to discuss her experiences and first accounts of the mRNA COVID-19 vaccine adverse events she was witnessing. We started sharing experiences with public health risk communication and the data we were seeing in VAERS. I also discussed APHCs established risk communication strategy and how it was not properly communicating any of the VAERS information.

10. On 17 January 2022, I had another phone conversation with LTC Theresa Long. She informed me of the DHA Defense Medical Epidemiological Database (DMED) and the dramatic increase in incident codes that she was seeing. The following day, I duly registered and received access to DMED. I verified the numbers she had been seeing. I also started looking at insect and tick-borne disease numbers. During 18 January 2022 to 26 January 2022, I was utilizing DMED to look at the numbers of incidences, regarding ICD10

codes during 2016-2021. I was verifying the numbers LTC Long had retrieved with the ones I pulled. They matched, and they were very troubling. Specifically, I was able confirm that from 2016 to 2020 there were an average of approximately 38,700 instances of cancer per year and there were 114,645 through November of 2021. This constitutes an increase of approximately 296% over the average through November 2021. In addition, I verified the numbers resulting from her data queries with respect to the following conditions:

Myocarditis  
Pericarditis  
Male infertility  
Neoplasms  
A00-Z99 All injuries and Disease 2016-2021  
Pulmonary Embolisms  
HIV

My intent in doing so was to support a careful inquiry into this important potential non-battlefield threat to the health of our service-members. Also, following my experiences with this database, I intended to utilize this resource back at APHC where we could get a proper view of insect-borne disease and trends within the Entomological Science Division.

11. Additionally, I was also aware of the FDA's slide number 17 on their 22 October 2020 "161<sup>st</sup> Meeting of the Vaccines and Related Biological Products Advisory Committee" meeting (EXHIBIT B). I ran DMED numbers in relation to the adverse outcomes listed on FDA's slide 17 and compared them with 2016-2020. The numbers were alarming for 2021. Given my last attempts to communicate VAERS data with APHC CV19 Task Force and recent retaliation, I had no confidence this information would properly be communicated to Service Members.

12. On January 24, 2022, Attorney Thomas Renz testified at a roundtable convened by Senator Ron Johnson. On 31 January 2022, I went into DMED, and the data had been changed for 2016-2020 I have excel spreadsheets and live video of running the numbers in DMED, both before and after Senator Johnson's roundtable, which are evidence proving the alteration of the data.

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

Executed on March 3, 2022.  
Signature:

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Mark C. Bashaw, 1LT/MS