

COVID-19 Seroprevalence Study: For Official Department of Defense Use Only ... Until Now

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Dec. 13, 2024 12:20 pm

Department of Defense SARS-CoV-2 Seroprevalence Study – Interim Report #8 (16 Nov 2021)

Controlled by: Office of the Under Secretary of Defense for Personnel and Readiness

Controlled by: Office of the Assistant Secretary of Defense for Health Affairs

CUI Categories: Agricultural & Health Operations, Mission Assurance

Distribution: Discretionary Control: N/A

POC: [REDACTED]

Executive Summary

Five thousand specimens were randomly selected from the 214,239 specimens submitted to the DoD Serum Repository (DoDSR) with collection dates between May 1, 2021 and July 15, 2021 to better estimate the prevalence of SARS-CoV-2 antibodies among Service members (SM). This prevalence gives a much more accurate estimation of total SARS-CoV-2 infections that have occurred among SM than unconfirmed case counts, due to incomplete testing among asymptomatic and minimally symptomatic SARS-CoV-2 infections.

Specimens were tested on a multiplex assay for SARS-CoV-2 IgG antibodies. **The overall average seroprevalence rate among these samples (from May 1-July 15, 2021) was 71.38% (95% Confidence Interval (CI): 70.11, 72.63); this was a 28% relative increase in the seroprevalence rate since April 2021 (55.90%).** The active component seroprevalence rate was 72.65% (95% CI: 71.12, 74.12), which was statistically significantly higher than the reserve/guard component rate of 68.62% (95% CI: 66.62, 70.91). **Analysis of the most recent specimens obtained in this study from active component SM between July 1 and July 15, 2021 demonstrated a seroprevalence of 77.00% (95% CI: 74.26, 79.58).** The

Image: Courtesy of J.M. Phelps

According to a series of [eight interim reports](#) obtained by the author in November 2024, the Department of Defense (DOD) engaged in a longitudinal SARS-CoV-2 (coronavirus) seroprevalence study of 29,000 members of the U.S. military between May 2020 and June 2021. Active, Guard, and Reserve components were included in the study.

Each document is marked “For Official Use Only” or “Controlled Unclassified Information” in a preventative measure to avoid being released outside of DOD.

Despite the risk, the revealing documents were provided to the author by an unnamed military whistleblower.

Seroprevalence can be defined as the percentage of a population who have the presence of neutralizing antibodies in their blood, showing they have been exposed to a virus or other infectious agent.

A seroprevalence study can be a helpful indicator of the development of herd immunity, which occurs when a large portion of a population becomes immune to a disease through infection or vaccination, making it difficult to spread.

According to one peer-reviewed article published by *The Cureus Journal of Medical Science*, “Several analysts predict the criterion at 60-70% of the community acquiring immunity from immunization or recent infection with the [coronavirus] pathogen.”

Dr. Anthony Fauci, the former director of the National Institute of Allergy and Infectious Diseases (NIAID), estimated that the vaccination of 70 to 85 percent of the U.S. population would be required to obtain coronavirus immunity.

Interestingly, leaked documents reveal an overall seroprevalence rate in specimens collected from service members between May and June 2020 was 2.88%. A year later, between the months of May 2021 and July 2021, the seroprevalence rate had risen exponentially, surpassing 70 percent.

Similarly, in specimens collected between May and June 2020, the presence of neutralizing antibodies was observed in 1.58 percent of the sample population.

And for those collected between May 2021 and July 2021, the presence of neutralizing antibodies was observed in nearly 71 percent. By this time, how many service members had received the COVID-19 shot authorized for emergency use only?

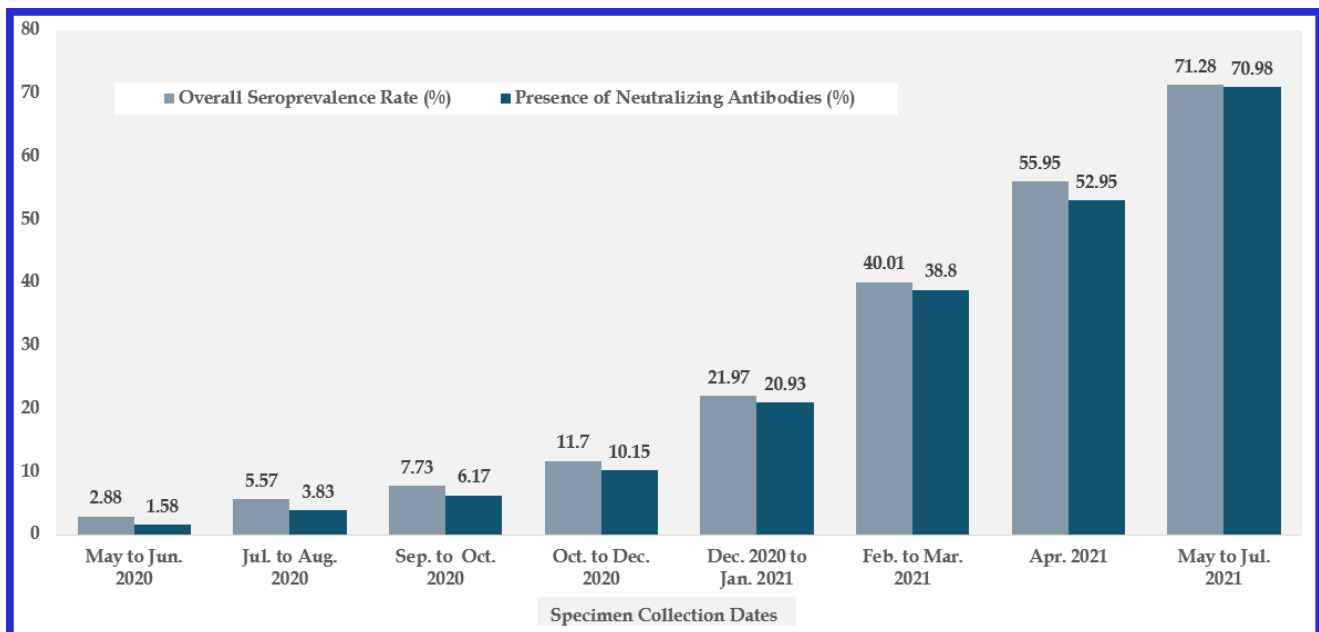


Image: Courtesy of J.M. Phelps

One of the leaked documents, Interim Report #7, which is dated July 21, 2021, casually mentions that the presence of neutralizing antibodies in unvaccinated samples rose tenfold between May 2020 and April 2021.

A subsequent report, Interim Report #8, which is dated November 16, 2021, revealed that a seroprevalence rate of 60 to 69 percent (12 states) and greater than or equal to 70 percent (14 states) was attained in the majority of U.S. states for the May 2021 to July 2021

sampling.

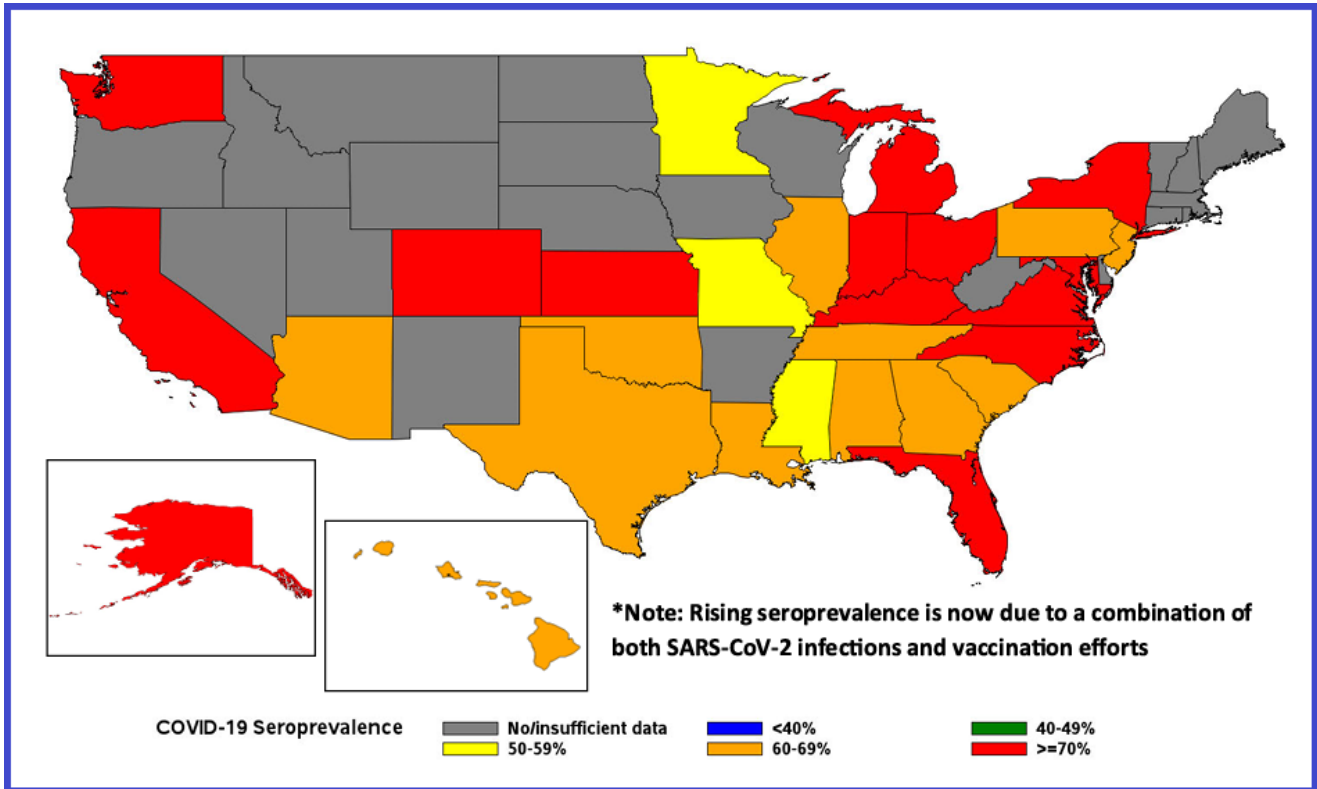


Image: Screenshot of DOD Seroprevalence Study (Interim Report #8, November 2021)

According to the dates of each report, Interim report #8 was actionable for Army Col. Kevin Taylor, the point of contact for the seroprevalence study, as early as July 2021.

Defense Secretary Lloyd Austin should have been made aware of the promising results of rising seroprevalence rate and the increasing presence of neutralizing antibodies at this time.

Yet, in August 2021, Austin chose the path of mass vaccination of all service members with “an untested, highly flawed gene therapy ‘vaccine’ for COVID-19,” according to Dr. Brian Hooker, the chief scientific officer of [Children’s Health Defense](#), an organization founded by Robert F. Kennedy, Jr. “The so-called vaccine did not prevent infection, nor did it block transmission—and [it also] sickened millions of individuals across the U.S.”

Dr. Hooker also told *The Gateway Pundit*, “There were no alternatives to allow dissenters to remain in the service,” which led to the separation of over 8,500 service members, while tens of thousands of others reportedly resigned or refused to return to the military once their contracts expired.

Recruiting, retention, and readiness were dealt a major blow that will take years to recover from.

Two years later, in August 2023, *AJPM Focus* published the results of the seroprevalence study involving the active-duty members of the U.S. military. Results for the active-duty personnel were finally revealed: “Seroprevalence was 2.3% in May 2020 and increased to 74.0% in June 2021.”

Trending: U.S. Nuclear Regulatory Commission Releases Report Confirming Radioactive Material Lost in Transit — Shipping Container Arrives Damaged and Empty in New Jersey

The narrative review should have highlighted the fact that seroprevalence rates and the presence of neutralizing antibodies were extremely high prior to August 2021.

Herd immunity was being achieved between infected (unvaccinated), infected (vaccinated), and vaccinated groups. Despite the soaring trajectory of these data points, in August 2021, Austin unlawfully mandated the COVID-19 shot for service members. Apparently, science did not matter.

Why was a research article on the topic withheld for publication until August 2023? Lead author, Col. Taylor, was asked this question by email on multiple occasions but failed to reply. Was he not cleared by DOD to release the report, perhaps?

Was the Biden administration determined to damage the military? Pair the tyrannical enforcement of the COVID-19 shot with *The Remdesivir Papers*, which disclosed the deadly use of remdesivir to treat service members and veterans for the coronavirus, and it's not unreasonable to believe there was a clear intent to harm the military.