

**SWORN DECLARATION OF AVIATION SAFETY INSPECTOR (ASI)
BRUCE D. MCGRAY, MPA, ATP, FAA ASI, CFII, FLT ENG, LTC (RET)**

**PURSUANT TO 49 UNITED STATES CODE §44701 AND ACCORDING TO MY
FG1825 SWORN OATH TO PUBLIC SAFETY, THE WHISTLEBLOWER ACTS OF
1989 AND 2012, AND PERTINENT SECTIONS OF PROFESSIONAL AVIATION
SAFETY SPECIALISTS (PASS) AGREEMENT WITH THE FAA, DECEMBER 15, 2013**

INTRODUCTION

THIS SWORN DECLARATION arises from immediate and irreparable harm unfolding in the United States and the world in real-time. The Federal Aviation Administration (FAA) is a statutorily created agency of the Department of Transportation (DOT). Its charge is to protect America's single most important civilian National Security asset our country has; the aviation industry. In furtherance thereof, the FAA's mandate is to protect public safety, and includes: the aviation infrastructure; the National Airspace System (NAS) information, navigation and communication network. It encompasses the dual use Civil Reserve Airfleet (CRAF), made up of the majority of U.S. strategic transport aircraft. The CRAF ensures the country's immediate worldwide military deployment ability. The FAA protects the flying public, airport land use and assures essential service connecting America's cities. Their work is foundational to the economy.

The FAA flight surgeon (Aviation Medical Examiner) Guide states in salient part: "**Do Not Issue** . . . which mandates Aviation Medical Examiners (AMEs) not to issue airmen medical certificates to applicants who are using the following **classes of medications** or medications . . .

1. **FDA (Food and Drug Administration) [those] approved less than 12 months ago." Our flight crews are so critical to the FAA's mission that they are not allowed to have even newly-approved drugs (less than a year from being licensed).**
2. **Experimental (Emergency Use Authorization¹) medicines such as the COVID-19 "vaccines," violates pilot medical certification law. Mandating these shots constitutes complete disregard of the law and medical procedures that protect pilot wellness in all the difficult flight and altitude conditions to which they are subjected. As a result of these illegal mandates, we are witnessing the complete destruction of our aviation industry for generations to come.**

¹ 21 CFR § 860 et seq.

DECLARATION

1. I, Bruce D. McGray, Federal Aviation Safety Inspector (FAA ASI), ATP, MPA, CFII, Flight Engineer, being age 75 and of sound mind, and being duly sworn, do depose and state as follows:
2. I make this SWORN STATEMENT as a whistleblower under the 1989 Whistle Blower Protection Act and 2012 Whistleblower Protection Enhancement.
3. I also make this SWORN STATEMENT pursuant to 49 USC 44701 et seq. with specific reference to Sections 44701(a) & (a) 5. As a sworn Aviation Safety Specialist, I took an Oath to protect public safety.
4. I also make this SWORN STATEMENT according to pertinent sections regarding public health and safety, as well as work place safety of the December 13, 2015 PASS contract. Article 15 and 86 require employees to file any danger to public safety, life and health, or FAA employee life or health.
5. I also make this SWORN STATEMENT in accordance with the Office of Special Council filing process in complying with Article 15 and 86 of the December 13, 2015 PASS agreement with the FAA.
6. The facts and conclusions are my own, arrived at from my educational, professional, and personal experience with military aviation; also, with general aviation training and operations. This experience includes international flag air carrier operations, plus years of other commercial operations. This experience contains extensive FAA work as an FAA ASI and accident investigator. Further, as a Principle Operations Inspector, I conducted enforcement and retraining actions. Additionally, this service includes years as a National Airspace System (NAS) airspace and procedures technical expert.
7. I understand that I am making this Declaration under the penalty of perjury. The statements in this Declaration are my understanding of the facts. As evident from my Aviation Safety Inspector investigative experience, and my professional aviation background, this statement documents an aviation foundation that provides me a reasonable amount of certainty of the facts as I have presented them.

Experience and Credentials

8. I am competent to testify to the facts and matters set forth in the statement herein.
9. After completing a Bachelor of Science degree at the U.S. Air Force Academy, I accomplished pilot training and received my pilot wings at Laughlin Air Force Base,

Texas. I trained in the Fairchild C-119, and then the AC-119G gunship version of the C-119, and served a voluntary assignment in Vietnam. I then transitioned to and flew Boeing KC-135s and completed my first five years active-duty military service. Then, as a civilian, I trained for and received Single Engine Land and Sea airplane ratings. I also accomplished Certified Flight Instructor training for both primary flight and instrument flight training in Single Engine and Multi-Engine airplanes. I also achieved the Airline Transport Pilot Certificate, and hold certificate number XXXXXXXX with type ratings in the Boeing 727, Boeing 737, Lear Jet, the Lockheed L-382, and the Eclipse 500. I also hold Certified Flight Instructor Instrument Certificate CFII XXXXXXXX, and Flight Engineer Turbojet certificate XXXXXXXX. As a Captain (pilot in command), I flew seven years with the Alaska Air National Guard in C-130s, and then 12 years with the D.C. Air National Guard. I was an acquisition representative for the D.C. Guard procuring Boeing 727s, and also was initial cadre when my unit transitioned from Sabreliners to Lear 35s. I hold Command Pilot Wings with over 17,000 hours in worldwide aviation experience. I have served over 50 years in aviation. I retired from the D.C. Air Guard after 20 years military service (Active-Duty Guard and Reserve) as a Lieutenant Colonel, with another seven years as a traditional Guardsman. While in service, I also graduated from war college (the Industrial College of the Armed Forces) and completed a master's degree in Public Administration from George Washington University. I served 12 years in the Guard as a standardization pilot and instructor pilot. I have been an FAA flight examiner in my ASI role until moving to this position serving the Flight Technologies and Procedures Division at headquarters FAA.

10. I am now completing my 21st year as an FAA Aviation Safety Inspector.
11. I am a Transportation Safety Institute trained accident investigator, and an FAA certified Aviation Safety Inspector (ASI) holding inspector credential number XXXX. As an ASI I have certified five commercial air carrier operators, completed more than 130 enforcement investigations, and have certified and overseen flight schools. I have issued waivers for Defense and civilian air shows, completed accident investigations, issued type ratings and performed numerous other official legal pilot certification duties. I have conducted pilot flight evaluations and 49 USC §44709 et seq., pilot re-evaluations. I served as assistant to the chairman for the Flight Standards Board work on the certification of the Eclipse 500, including: approving the Eclipse 500 Airplane Flight Manual and training program; and exercising and approving the cockpit flight and ground procedures. I was a Principle FAA Inspector examiner for the Eclipse from late 2006 through most of 2010.
12. In my current capacity, for more than 14 years I have been a technical expert in Low Visibility Operations for Surface Movement Guidance Control Systems. I have served in the Flight Technologies and Procedures Division in the Washington D.C. headquarters as one of the flight procedures and airspace technical experts. I have served as a Division representative to the Aeronautical Charting Meeting and now Forum, as well as the Instrument Procedures Group. I serve as the Flight Standards voting member of the

Eastern Service Area Discontinuance Committee (SADC). I worked for the International Civil Aviation Authority (ICAO) Flight Operations Panel, directing the harmonization of international airport taxi operations in extremely low visibility conditions, working with a multi-national team. For the division I directed development of comprehensive performance training presentations on 14 CFR part 25 airplane performance. I conduct Obstruction Evaluations / Airport Airspace Analysis cases (OE/AAA). I evaluate Special Instrument Approach and Departure procedures at airports throughout the NAS. These duties involve ensuring all the imaginary containment surfaces are free of obstacle penetrations and other factors that may endanger departing and arriving aircraft at airports. Our work protects aircraft in flight during operations close to the ground, particularly during low visibility conditions. In these circumstances, airplanes and other aircraft are required to operate in Instrument Meteorological Conditions (IMC), solely by reference to cockpit instrumentation.

13. As a cadet at the Air Force Academy, and then as a military, commercial pilot, check airman and examiner, and FAA inspector pilot and standardization pilot, I maintained first or second-class medical status (and military equivalent) for 41 years.

Developments With SARS-Cov-2 or (“COVID-19”) Since Late 2019- My Growing Understanding and Alarm

14. As an experienced aviation specialist, I became alarmed at the confusion, misinformation and false accusations that were rampant at the start of this COVID-19 disaster and accompanying lock-downs. By January of 2020, I knew China had halted all domestic flights from Wuhan. They did this towards the end of 2019, but kept all the international flights from Wuhan to other countries in operation. That should have been a huge warning to FAA officials because it looked as though the Chinese were exporting their pathogens while protecting their own populations.
15. Seemingly, Mongolia knew what was happening in Wuhan in late 2019 with the COVID-19 lab and Chinese flights. They (Mongolia) immediately closed their borders to all countries. As such, Mongolia reported no COVID-19 infection cases until they began allowing COVID-19 injections for their people in February 2021. According to news reports, Mongolia used Astra Zeneca and Pfizer “vaccines,” which were donated or funded by Japan.² By June of 2021, less than six months later, Mongolia reported rampant infections, and many verified deaths.³ My information is that the true fatality rate is likely more than a million dead in 2021. In other words, there appears to be a causal link between the shots and Mongolian deaths; which are now known to be dangerous and deadly.

² <https://www.unicef.org/mongolia/press-releases/over-84000-pfizer-vaccines-arrive-mongolia-first-batch-25-million-doses>

³ <https://www.worldometers.info/coronavirus/country/mongolia/>

16. In Feb 2020, soon after President Trump rightfully closed America to Chinese travel; the tremendous opposition from the press and politicians further raised my sense of serious concern over a crisis. By then, governmental wrongdoings, and the steadfast increase of untrustworthy news reporting, were not only alarming in nature, both were serious indicators in the failure of our regulatory flight safety policies and procedures.
17. As a regulatory representative for the FAA, and with 55 years aviation experience, I knew there was something seriously wrong occurring with COVID-19. All the deliberate controversy and misinformation was a growing warning flag to me. For instance, removing Hydroxychloroquine and Ivermectin from public access was a criminal act, because both were widely known among medical experts to be historically effective. Currently, medical /scientific evidence proves their efficacy. Consider the public confusion caused by the following:
- The closing of schools with no masks, the uproar over no masks, then one mask, no masks, and the medical community's history of using N95 masks, was foolishness;
 - The facts about Medical N95 masks, electro statically charged; they are only medically effective for about 4 hours, dependent on electro static charge;
 - The media fed propaganda causing public mask fear, fueled by /NIH/CDC and ignorant politicians; ;
 - The airlines, hospitals, schools, doctors' offices, how they joined in the confusion.

Nothing about these harsh decisions, or "orders" made, or make any kind of sense.

18. By March, I learned that the U.S. military, some time prior to this (COVID) event, had proven (overseas) the efficacy of Ivermectin and Hydroxychloroquine (HcQ) against Corona type infections. Coincidentally a number of doctors in the United States and many from other countries highly recommended early treatment of COVID-19 patients with these treatments. They were prescribing (using) these widely available, inexpensive and FDA approved therapeutic medications. In fact, Dr. Anthony Fauci's own National Institutes of Health published a peer reviewed scientific study that found Hydroxychloroquine as a particularly efficacious therapeutic for a wide variety of Corona Viruses titled "Chloroquine is a potent inhibitor of SARS coronavirus infection and spread" PubMed August 22, 2005. Due to the evidence of consistent lies, people should be greatly alarmed. These facts reveal the falsehoods told about HcQ throughout 2020 and 2021. The public needs to demand accountability from those who removed access to HcQ.
19. These doctors recommended HcQ, Ivermectin, and various vitamins and supplements as effective early treatments for SARS-2 COVID-19 (Doctors referenced in Sworn Declaration appendices). Early treatment, they emphasized, was critical to the effectiveness. The CDC, FDA, NIH and NIAD, in alarming contradiction to all of this,

were (all) pressuring people to stay home and take things like Tylenol until they got so sick, they had to be hospitalized.

20. As late as December of 2021, despite myself and other aviation professionals raising safety issue concerns, the FAA took no apparent official position, nor instituted any safety protocols for flight crews, ground crews, and maintenance. Instead, the FAA promoted, and provided the experimental Emergency Use Authorized COVID-19 shots. The agency did this despite clear language in the AME's regulations prohibiting pilots from using any newly FDA Approved (less than one year) drugs, much less experimental Investigational New Drugs, while operating an aircraft; whether commercial or private.⁴ In fact, the applicable regulations instruct the AME's to Deny Issuance of a valid medical certificate so that the airman is prohibited from operating an aircraft in these circumstances. These are long-standing regulations, yet our government issued a blanket waiver for COVID-19 "vaccines", without any notice, documentary evidence, science studies and/or foundation whatsoever.
21. Other circumstances have convinced me that nothing we see publicly should be taken at face value, which is unfortunate; and it is exceptionally so with the FAA who is tasked with protecting the public from aviation risks of death or injury to crews, passengers and bystanders. Worse, the FAA deliberately committed one of the most self-destructive, ridiculous and avoidable falsehoods on October 3, 2021, when almost all the Jacksonville ARTCC (air traffic controllers) employees walked out of the Center protesting the shot mandate. Our FAA falsely blamed delays on weather rather than admitting how unpopular and rejected these shots had become within the agency. Millions of Americans looked at their weather apps on their personal phones and knew immediately that the FAA lied. There was no weather that caused the delays.⁵ The Jacksonville newspapers presented the real story and clearly and publicly discredited the FAA.⁶ This was a serious breach of public trust and obligations owed to the flying public.
22. Most of the rest of the federal government has also been almost completely untrustworthy during this crisis. From early 2020 through to the present they have left the public to fend for themselves, whom they are duty-bound by law to serve.
23. The failure of state and local governments has also alarmed me. New York City had emergency hospitals put in place by the White House team that was also working on masks, ventilators and other needed help for local communities. New York had thousands of emergency beds available to serve COVID-19 patients. Instead of using those available resources, the Mayor and the Governor of New York sent infected patients to

⁴ https://www.faa.gov/about/office_org/headquarters_offices/avs/offices/aam/ame/guide/pharm/dni_dnf/

⁵ <https://www.independentsentinel.com/media-blackout-on-air-traffic-controller-walk-out-over-vaccine-mandates/>

⁶ <https://www.forbes.com/sites/andrewbender/2019/01/25/airports-experience-flight-delays-as-air-traffic-controllers-call-in-sick-due-to-shutdown/?sh=20f997347c0e>

elderly-care homes, thereby causing catastrophic loss of life; clearly the losses were in the thousands. Florida, by comparison, had the lowest fatality rate of all states and Florida made all restrictions and vaccinations voluntary.⁷

24. Consider all the evidence below of injury, death, fraud, and the immediate and irreversible dangers to the public. In view of the preponderance of evidence here, please consider the Department of Transportation's "Return to Work All Hands Meeting" on March 24, 2022. In view of all this evidence, they are still mandating that all DOT employees receive FOUR shots? All of these are currently Emergency Use Authorization (experimental) genetic alteration shots, despite the FDA's purported BLA approval.⁸. (EXHIBIT 8 DOT MEETING MARCH 24 2022 ANNOUNCING EMPLOYEES TO HAVE 4 SHOTS COVID-19 AND RETURN TO WORK)

Evidence: Medical Danger to Life and Health

25. I refer first to the February 1, 2022 letter that Senator Ron Johnson, of Wisconsin, wrote to Secretary Austin, warning of the dangers of these injections. It was developed from testimony and medical data presented in association with the Johnson Round Table discussion. The Senator conducted these with renowned physicians, and other experts on the subject of the shots, including severely injured shot victims and the companies involved with them. (EXHIBIT_1_AUSTIN_WHISTLEBLOWER_JOHNSON 2, also EXHI 1A)
- 26 Presented next is the letter from Robert F. Kennedy Jr., and highly qualified doctors and lawyers, and other experts, to the Department of Transportation (DOT), The FAA, the Department of Justice (DOJ), AIG and other key industry groups, and five of the major 121 air carriers. The apparent failure of all of these groups to answer the testimony and evidence given by Mr. Kennedy is a clear refusal by both government and industry to consider the dangers being raised by so many in the public. (EXHIBIT 2 DEC152021LEGALFILING AGAINSTFAAMEDICALVIOLATIONS.)
- 27 Next, consider the Defense Medical Epidemiology Database report (DMED) that was provided by Department of Defense (DOD) medical personnel alarmed by the evidence of injuries and deaths during 2021, after the military implemented the shots. From 2016 to 2020, with a stable military population, DMED shows a stable number of medical diagnoses at 2.1 to 2.2 million each year. After the experimental shots were introduced, and no change in the military personnel numbers, in 2021 there were about 22 million diagnoses just through October. The shots are the only change in the 2021 military community. When they were introduced, the medical cases increased by 1100 %. Clearly the shots are causing tremendous numbers of adverse effects. (EXHIBIT 3 VISUAL DHA DMED MORTALITY ABNORMALITIES) (ALSO SEE EXHIBIT 3A TO 3EE)

⁷ <https://www.newsweek.com/florida-centre-COVID-19-mandate-resistance-lowest-infection-levels-1647396>

⁸ <https://www.fda.gov/vaccines-blood-biologics/vaccines/emergency-use-authorization-vaccines-explained>

- 28 The explosion of military health problems (diagnoses) compels us to take action in order to protect the flying public, as is our statutory mandate.
- 29 Review the FDA's internal audit presentation from October 2020, done prior to the granting of the Emergency Use Authorization. It lists 22 anticipated Serious Adverse Events ("SAE") including but not limited to: death, acute disseminated encephalomyelitis, stroke, encephalitis/myelitis/encephalomyelitis/meningoencephalitis/meningitis/ encephalopathy, anaphylaxis, acute myocardial infarction, myocarditis/pericarditis and many other equally serious and/or deadly maladies. (Exhibit 4 (10222020) FDA Internal Review Deadly Effects of EUA Shots page 16)
- 30 Please take note of the significance of that October 2020 report. These were the FDA's own expectations of the adverse events prior to the granting of the Emergency Use Authorization of the Pfizer BioNTech Investigational New Drug, now called "Comirnaty." What is behind this group putting out such a dangerous and untested shot, despite the supposed threat of COVID-19 to human health? (Exhibit 4 (10222020) FDA Internal Review Deadly Effects of EUA Shots page 16).
- 31 In April 2022 the CDC's Vaccine Adverse Event Reporting System ("VAERS," showed from the COVID-19 Vaccine 152,946 hospitalizations (injuries) and 27,532 deaths. It also shows large numbers of other damages to people resulting from the shots. (EXHIBIT 6 FDA Side Effect slide and open VAERS)
- 32 A Harvard study on the accuracy of VAERS published in 2007-2010 found that the VAERS system underreports by a hundred-fold. The implication of that statistical result means that the true number of deaths and injuries is more than 100 times greater. (Exhibit 5 - VAERS Harvard Study One Percent Reported)
- 33 As of April 2022, the VAERS deaths in children from Exhibit 6 alone show 101 caused by the vaccines. How many COVID-19 deaths of children, ages 5 to 17 were there in 2020 before the shots? There were very few deaths of children caused by COVID-19 death reported at any time during 2020. Why was the Swine flu vaccine removed from the public in 2009 after 54 deaths, while 101 COVID-19 "vaccine" causally related (VAERS) deaths of children are not of an interest to our government, the FAA, the CDC and the public media? Now apply the statistical results of the Harvard study on VAERS under-reporting; and look at the 101 listed deaths of children; times that by 100 and that is showing the possibility of 10,100 dead children. All a person needs to do to confirm, or deny that possible number is to start asking casket companies how many child caskets were being purchased in 2021 and now 2022 vs. 2020 and before that year. How many bodies of children are being pushed through crematoriums? Media reports suggest that

hospitals are sending dead children directly to crematoriums instead of funeral homes.⁹ We must take actions. (EXHIBIT 6 FDA Side Effect slide and open VAERS) (Also Exhibit 5 on the Harvard study)

- 34 The DMED data, presented to Senator Johnson by 4 military medical whistleblowers, documents an 1100% all cause morbidity and mortality increase in multiple diseases, and maladies in 2021; after the shots were implemented (See EXHIBIT 1). That figure was only recording 10 months of confirmed data in 2021, compared to the entire prior year of 2020; meaning that a complete years' worth of data would have likely have yielded a higher morbidity and mortality rate. This is the dispositive record of the death and injuries attributed to the shots, and should have caused our government to completely stop the vaccination program. Furthermore, here it is necessary to look again at the harm to the children. The FDA Side Effect Slide and open VAERS (Exhibit 6), in children, ages 5 to 17, shows almost 9000 children in 2021 exhibiting adverse events from the shots. Once again applying the Harvard study statistical result on VAERS, multiply times 100 and that gives us possibly as high as 9,000,000 adverse effects among children. We can each check in our extended family or among friends to find children with the shots, who have suffered injuries. (See again EXHIBIT 5 and 6)
- 35 From November 2021, ALPA magazine released the startling news that ALPA had one (1) pilot death in 2019, then six (6) in 2020, and over 100 in 2021 up until November of that year. The only change during 2021 was the implementation of the shots. (EXHIBIT 7 Pilot Deaths Increased 1700 PERCENT ATHLETE DEATHS HUGE)
- 36 I am including a record of sudden deaths of FIFA world class soccer players, and portions of a related report of Dr. Shir-Raz of Israel. Since 2001, these athletes have averaged five (5) sudden deaths per year until the shots were distributed; statistics show a marked and attributed increase in sudden cardiac arrests/deaths thereafter¹⁰. Dr. Shir-Raz speaks to the explosion of deaths among world class soccer athletes in the second part of Exhibit 7. The exhibit gives a slide overview of the number of deaths. (EXHIBIT 12 DR SHIR RAZ FIFA DEATHS COVID-19 FIFA ATHLETES) (See also Second Part EXHIBIT 7 Pilot Deaths)
- 37 As of April of 2022, the CDC published a report on the availability of FDA Approved COVID-19 vaccines (“COVID-19 Vaccine Related Codes”) which demonstrates that Comirnaty is presently unavailable; furthermore, the anticipated release for both sales and marketing, is indefinite and vague. See the highlighted portion of page 6 of Exhibit 9. That fact immediately puts the Department of Defense (DOD) in a potential criminal liability position, for forcing what they referred to as Comirnaty on our service members and brave defenders as an “approved” vaccine.” With these now proven to be only

⁹ <https://www.nytimes.com/2020/04/30/nyregion/coronavirus-nyc-funeral-home-morgue-bodies.html>

¹⁰ <https://www.health.com/condition/infectious-diseases/coronavirus/pfizer-vaccine-heart-inflammation-myocarditis>

experimental shots, DOD also violated “informed consent.” That truth makes them liable for Crimes Against Humanity; note the Preliminary Statement in the Federal court case against DOD and others, page 5 of Exhibit 19. (EXHIBIT 9 - COVID-19 Vaccine non-availability CDC Spikevax - Comirnaty) (EXHIBIT 19 filestamped Appellants Reply Brief 10th Cir 22-1032)

- 38 Worse, Pfizer released their document, “The 5.3.6 Cumulative Analysis Post-Authorization Adverse Reports on BNT162B2.” They were forced to do this as a result of a court order under a Freedom of Information Act request. That document shows 1,291 Serious Adverse Events of Special Interest. It was after only 6 months of the product being used as an experimental Emergency Use Authorization (EUA) Investigative New Drug. (See Exhibit 18 - 5.3.6-postmarketing-experience True Fatality Rates)
- 39 Included here is one set of FDA slides from 2021, “MORE COVID-19 DISTURBING EVIDENCE: FROM FDA.” These slides are complicated to interpret, but do demonstrate really dangerous side effects recorded during the brief clinical trials that were conducted by Pfizer sub-contractors. This Exhibit was made available by FDA sources. (People within the NIH/NIAD/CDC/FDA offices, seeing the dangers, are trying to get the public awakened to this crisis.) The subcontractors administering the shots saw so many abnormalities during the trials, that they demanded information from Pfizer on the side effects. (EXHIBIT 10 MORE COVID-19 DISTURBING EVIDENCE FDA PRODUCED ON PFIZER)
- 40 Dr. Sam Sigoloff, an Army physician, published a report (used as court evidence) on three poisons in SARS-2 COVID-19 shots. “Not To Be used in Human Consumption” is shown on these FDA internal slides for these substances that are in the shots. I list alternative names here of the three substances, but the detailed medical descriptors are on the FDA produced depictions from his affidavit in Exhibit 11. The poisons are ALC-0315, CAS No1 2036272-55-4; ALC-0159, CAS No. 1849616-42-7; and DSPC. Dr. Sigoloff reports that these three chemicals are part of the lipid-nanoparticles used in the various “COVID-19 vaccines.” These chemicals, “Not for Human Consumption,” are in the DOD shots. What are we doing to the men and women serving in our nation’s defense? Many known side effects listed on the third slide are not only shocking, they are disturbing. (EXHIBIT 11 DRSIGOLOFFAFFADAVIT COVID-19 CRIMINAL EVIDENCE ON COMIRNATY PFIZER INJECTION)
- 41 Exhibit 13 shows a slide presentation summary of the successful use of Ivermectin to prevent COVID-19 used in one of the major provinces in India. It demonstrates the enormous success that Uttar Pradesh had with Ivermectin. Uttar Pradesh has a population of 241,000,000; with the early treatment of Ivermectin, the province has had virtually 100% prevention of COVID-19. How can the U.S. medical community, and governmental agencies deny access to this known effective prophylactic, and also deny

the use of HcQ (hydroxychloroquine). (EXHIBIT 13 UTTARPRADESHSUCCESSION-IVERMECTINANDOTHERCOVID-19 INFORMATION)

- 42 Exhibit 14 gives notes from a major presentation in which Robert F. Kennedy Jr. provides his evidence and public statements summarizing warnings about Pfizer's egregious behavior in seeking Emergency Use Authorization to inject children under age five (5) (EXHIBIT 14 NOTES ON ROBER F KENNEDY JR WARNS ABOUT PFIZER VACCINE FOR CHILDREN)
- 43 The medically proven and causally-related damages suffered by former Agricultural pilot Cody Flint, are referenced in Robert F. Kennedy's formal letter to DOT, FAA, DOJ, AIG, other industry groups, including the largest airline companies. Flint, likely, will never again be able to hold an FAA medical certificate. He is working closely with Senator Ron Johnson of Wisconsin to awaken Americans to the dangers of these shots. Senator Johnson's Round Table discussions, available on You Tube and elsewhere, contain both sobering and shocking details of damages to the lives and health of those testifying of their injuries. (See again Exhibit 2)
- 44 The Declaration of LTC. Peter C. Chambers, MC, VS, SF, given to further the evidence and warning in Senator Johnson's letter to Secretary Austin, is a sobering statement from a 38-year combat veteran, highly qualified doctor, now retired as a disable veteran by these shots. There is no efficacy of these shots, and they are extremely dangerous to human life and health. (EXHIBIT 15 CHAMBERS DECLARATION)
- 45 Next is the affidavit of Theresa Long, M.D. IN SUPPORT OF MOTION FOR A PRELIMINARY INJUNCTION that was filed in the U.S. District Court of Colorado, against the Secretary of Defense, and the Secretary of HHS, and the acting Commissioner of the FDA. The evidence in this affidavit of injuries to pilots with these experimental shots is alarming. (EXHIBIT 16 FINAL Theresa Long Affidavit Sen Ron Johnson Complete)
- 46 Exhibit 17 contains the following article: Myocarditis Following Immunization With mRNA COVID-19 Vaccines in Members of the US Military. (EXHIBIT 17 JAMA_MYOCARDITIS ARTICLE)
47. What follows is a brief summary detailing some of the most prominent and exploding cases that Senator Johnson presented from the DMED Data Base to Secretary Austin. (See Exhibit 1 and Exhibit 1A) These are the percentage increases in critical ailments:
- 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
 - 88Guillain-Barre syndrome – 551% increase

- Breast cancer – 487% increase
- Demyelinating – 487% increase
- Malignant neoplasms thyroid and other endocrine glands – 474% increase
- Female infertility – 472% increase
- Pulmonary embolism – 468% increase
- Migraines – 452% increase
- Ovarian dysfunction – 437% increase
- Testicular cancer – 369% increase
- Tachycardia – 302% increase

48. In August of 2021, the FDA issued an approval letter for the biological licensing agreement for production of Comirnaty, the trade name of the EUA Pfizer BioNTech COVID-19 shots (“vaccines”). It has never been produced, as mentioned above in “37”. As such, recently Pfizer had the CDC place on their website the fact that Comirnaty is not going to be produced indefinitely. None of the shots that have been given are approved. Evidence exists and has been provided in Robert v. Austin (22-1032, 10th Cir. App) that the DOD and DOT (Coast Guard) are fraudulently labeling European produced Comirnaty that remains Emergency Use Authorized under US law. (See again EXHIBIT 1 and 1A)

RECOMMENDED FAA MEDICAL EMERGENCY PROTECTIVE ACTIONS/SCREENINGS:

49. We have been fortunate so far with the airline flying public. We apparently have not yet had a major hull loss with passengers and crew; much less loss of life on the ground from such an incident. However, in my professional opinion, it is only a matter of days or weeks before such a horrific incident or accident will happen if we don't immediately begin screening pilots, mechanics, ground crews, all support personnel, including Air Traffic Controllers. We must confirm or disprove for all affected aviation personnel, the known danger resulting from the experimental vaccination program. Sadly, it continues to harm people and threaten aviation safety today. There is ample evidence to support the veracity of this crisis, and it is the opinion of consulting flight surgeons, who are currently in practice, that failure to screen mechanics, pilots, ground crews, controllers and others interacting with aircraft has already, and will continue to cause unnecessary and preventable risks to the public. In other words, and based on the evidence presented, if we do not identify and remove this easily identifiable and easily remedied risk factor, we will be guilty of willful blindness or willful negligence (if not worse) in failing to address this situation in the most urgent and broadest way possible.
50. As such, and based on input from flight surgeons and other medical and aviation experts, I believe we must immediately initiate the following steps in a “Medical Emergency

Action Period (“MEAP”). We must determine the health of all flight crew members, maintenance personnel, dispatchers, designated part 119 authorities, other support personnel or management personnel affecting flight operations / aircraft maintenance or airline safety. They will have to be examined by competent and licensed physicians or other properly qualified medical personnel. This also is to be applied to all line qualified Air Traffic Controllers who work with air traffic, either in ARTCC, TRACON with Approach Control, or ATCT. I am proposing a completely feasible and relatively inexpensive screening program of all COVID-19 vaccinated aforementioned individuals. This MEAP proposal does not envisage further burdening the aviation industry or flight operations system for non-vaccinated individuals, most of whom are already performing their regular functions without impairment. In other words, we can remedy this risk by the least burdensome means possible, given that a large number of aviation personnel have not received any of these shots and therefore do not present this flight safety risk.

INITIAL MEDICAL EMERGENCY INTERIM FAA ACTIONS

51. Proper oversight of FAA steps is necessary, and specific Congressional involvement by Senator Ron Johnson’s committee (or others of his integrity) is needed. Johnson’s Senate team, at great risk to themselves and their careers, have been sounding the alarm for more than a year. These same concerned policy and law makers need to help oversee any and all federal steps to ensure honesty, integrity and accuracy of all actions arising from this program per the following recommendations:
 - a. Any 121, 135 or part 91K flight will require at least one pilot not injected (“vaccinated”) with these experimental shots. If both or all working cockpit crew are vaccinated, then an unvaccinated pilot must be carried in the passenger compartment as a back-up cockpit crewmember with access to the Flight Deck.
 - b. Flight attendants will need to have at least one unvaccinated flight attendant on board every flight where an attendant is required by law.
 - c. Any maintenance individual, ground marshaller, ramp personnel, refueling operator or other personnel interacting with the aircraft will require an unvaccinated quality control person on site and visually overseeing those operations until all vaccinated ground support groups can have their health risk and status cleared.
 - d. Any vaccinated single pilot operation, part 91, commercial or military, is to be restricted to flight over remote areas until the health situation of the single pilots involved can be tested and verified. Low traffic Class D or uncontrolled airports would service those operators and operations.
 - e. Working Air Traffic Controllers who are vaccinated will require a non-vaccinated, on-site controller overseeing their traffic work when at their duty stations until those vaccinated controllers can be cleared medically.
 - f. For the avoidance of doubt, non-vaccinated personnel are already screened through their medicals; and or other non-vaccinated aviation-credentialed personnel do not require any additional screening, which should further mitigate the burden of this screening process.

INITIAL MEDICAL TESTING PROCESS STEPS:

52. In the area of medical testing, doctors cleared through Senator Johnson's team can provide the expertise necessary to ensure correct medical steps for all involved personnel. Properly validated, existing and accurate testing to determine the potentiality of any serious and/or adverse health risks of vaccinated persons is critical. Anyone involved in any safety manner with National Airspace System flight operations will have to be screened, examined, evaluated and/or diagnosed.
53. FIRST, medically flag all vaccinated personnel directly affecting passenger air operations and air transportation, per the above-mentioned groups in 50. There are copious records on vaccinated individuals held by the government and air carriers, so this process should be quick and accurate. People will also be encouraged to self-report. It may be necessary to have a nation-wide Safety Stand Down for a few days until enough testing can be completed.

For vaxxed flight crew only:

Within a required short number of days administer the following:

- a. Mandatory D-Dimer tests for blood clotting and Cardiac MRI. [A licensed practitioner can administer these; an AME is not necessary].
- b. If those two tests are negative for any inflammation, or other impairment, and no other symptoms are found in the individual, those folks can be returned to work.
- c. If the steps in a. show positive damage, then refer patient immediately to a cardiac specialist to complete the following:
 - i. The cardiologist, in consultation with the flight crew member's AME, will conduct appropriate follow-up testing and secondary diagnoses to determine the full extent of damage to the crewmember's medical qualification.
 - ii. For these individuals the AME will issue either an "okay return to work" or medical grounding with or without conditions.

For vaxxed Aviation support personnel

(This group includes anyone who has direct contact with aircraft; mechanics, avionics specialists, baggage handlers, sanitary crews, catering personnel, ground crew including fuelers and marshalls)

Required visit to their regular primary care provider for a D-Dimer test.

- a. If positive, the patient is to be referred to a cardiac specialist initially.
- b. If the D-Dimer test is negative, and no other symptoms are determined, return the individual to normal work status

For vaccinated Air Traffic Controllers

Since air traffic controllers require FAA medical certificates, the process for them is similar to that for pilots. The responsibility of handling multiple aircraft in three dimensions in real time necessitates continuous, acute, healthy cognitive reasoning during their work shifts.

After all the injured “vaccine” affected people identified herein are assessed, and the results are provided/published, then FAA/industry/medical collaboration with assistance of Congressional members like Senator Johnson will be needed. We can determine a pathway forward to protect public safety, assist the injured in restorative treatments, and plan properly protected restoration of normal/safe public air travel, military flight operations, and other air commerce and transportation.

FINAL OBSERVATIONS, STATEMENT, AND IMPORTANT REMINDER

54. I have provided more than reasonable belief or even probable cause, under the referenced statutes, regulations and guidance, which “evidences” ...a specific and substantial danger to public safety and federal employee safety.” This Sworn Declaration meets or exceeds the preponderance of evidence standard (burden) in relation to the present dangers. These dangers are now abundantly, evident with these destructive experimental shots. The staggering numbers of Injuries and deaths are increasing not only in our country; injuries and deaths are happening in many countries throughout the world.
55. Part of the greatest difficulty in arriving at these conclusions is that all of these dangers were completely avoidable, had the law been simply followed as it is and was written in relation to flight safety standards. Every proper safety standard is already in place to ensure the suitability of experimental medications, therapies and drugs to flight operations. I cannot avoid the conclusion, in light of all the foregoing facts, that criminal behavior, corruption and/or gross or willful incompetency within our federal agencies is largely to blame for our current circumstances. The use of threats, coercion, trickery and falsehoods to convince people to take experimental injections without obtaining their “Informed Consent,” are actions deemed so repugnant to established Human Rights that our government agreed to characterize this behavior as Crimes Against Humanity. These are capital offenses, pursuant to international and federal law. It is now evident that we are in the midst of a real public health disaster, caused by the foregoing illegal acts of those people who are and were tasked with protecting both public safety and national security.
56. Our nation now faces an additional National Security threat, due to our failure to keep our Defense and CRAF aircraft manned and operable to effectively support our nation’s military defense. We are very near being unable to operate in a time of war or threatened war. Our national military overseas commitments are at risk. Our military responsibility to protect our borders is at stake. Worse, please note that the DOT March 24 mandate that all federal employees will now get four experimental COVID-19 “Vaccine” shots; show a complete failure and inability of DOT to address and correct any of this crisis.
57. We are at a moral crossroads, which is intricately woven into the reality that these injections are in violation of federal medical law. These experimental injections can only be given under the legal covering of “informed consent.” Every person injected by this fraudulent mandate, has been criminally violated. We, the people, must be informed about every ingredient in the shots, and every potential side effect. Those who are forcing

the shots are in violation of the laws surrounding "informed consent." All of these experimental injections still are subject to the laws governing emergency authorizations. That truth includes Title 18 and 21 of USC, and ultimately, the Nuremburg Codes. The specific legal details required to give one of these shots under the current laws includes the following:

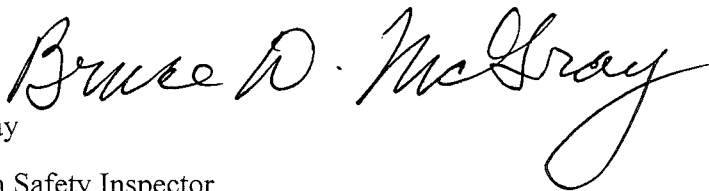
- a. every person being administered an experimental drug or injection is required to be given full disclosure of the contents of same;
 - b. people must be provided all the potential adverse effects of each ingredient, (1291 adverse effects for the Pfizer injection);
 - c. and then must sign a statement of understanding, that is "informed consent."
- Individuals must demonstrate their willingness to submit to experimental treatment.

59. With the evidence I have gathered, if I were not to speak out, I would be in violation of the same laws established to comply with the Nuremburg Codes. My failure to stand up, and voice my concerns on the clear danger now to the National Airspace System, and imminent danger to the flying public, and FAA employees, with the evidence I possess of the COVID-19 dangers, would make me complicit in any major air disaster caused by the COVID-19 crisis.

I, Bruce D. McGray, an active agent and employee of the Federal Aviation Administration, do hereby under penalty of perjury and pursuant to 18 U.S.C. §1001 declare that the foregoing statements are true and correct.

Executed on this ^{23RD} Day of _____ July 2022

Signature:



Bruce D. McGray

Federal Aviation Safety Inspector

SWORN DECLARATION BDMCGRAY

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File Explorer window titled "FINALEXHIBITSFORSWORNSTATEMENT". The address bar shows the path: "This PC > Samsung_T5(E) > Storage\HMERLOZANDAFER > Preptary > 2022lectn > COVID > WORK\ACTIONWITHCHURCHPEARLAGROUP > AFFIDAVITCONTENT > FINALEXHIBITSFORSWORNSTATEMENT".

Folder list:

- EXHIBIT 3A TO 3E
- EXHIBIT 1 DEC 15 2020 LEGAL OPINION REGARDING MEDICAL CALCULATIONS
- EXHIBIT 1 VISUAL DATA DATED monthly ABNORMALITIES
- Exhibit 4 (10222020) FDA Internal Review Deadly Effects of EUA Shots page 15
- EXHIBIT 5 - WAFERS Harvard Study One Percent Reported
- EXHIBIT 6 FDA Site Effect sidearm open vases
- EXHIBIT 7 Pilot Deaths Increased 1700 PERCENT ATHLETE DEATHS HUGE
- EXHIBIT 8 GOV MEETING MARCH 24 2022 ANNOUNCING EMPLOYEES TO HAVE 4 SHOTS COVID AND RETURN TO WORK
- EXHIBIT 9 - COVID-19 vaccine non-availability CDC spikes community
- EXHIBIT 10 MORE COVID DISTURBING EVIDENCE FDA PRODUCED ON PRIZER
- EXHIBIT 11 DR. SHIRAZ RFA DEATHS COVID RISK ATHLETES
- EXHIBIT 12 DR. SHIRAZ RFA DEATHS COVID RISK ATHLETES
- EXHIBIT 13 UTAPPA RFA SUCCESS IN EMERGENCY AND OTHER COVID INFORMATION
- EXHIBIT 14 NOTES ON ROGER F. KENNEDY JR. WARNS ABOUT PRIZER VACCINE FOR CHILDREN
- EXHIBIT 15 CHAMBERS DECLARATION
- EXHIBIT 16 Filed Nov 27 Long Affidavit Ex 15
- EXHIBIT 17 JAMA 5/10/2022 ARTICLE
- Exhibit 18 - 5.3.3 post marketing experience True Fatality Rates
- EXHIBIT 19 Flattened Appellants Reply Brief 10th Cir 20-1032
- EXHIBIT 1_AUSTEN_WHISTLEBLOWER_JOHNSON 1
- EXHIBIT 1A_AUSTEN_WHISTLEBLOWER_JOHNSON 1

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