

SUPPLEMENTAL INFORMATION AND ADDENDUM TO “SWORN DECLARATION OF AVIATION SAFETY INSPECTOR (ASI) BRUCE D. McGRAY, MPA. ATP, FAA ASI, CFII, FLT ENG, LTC (RET), DOT FILE CASE “MA220823-06 - SARS-2/COVID-19” Courier Delivered to DOT/IG July 29, 2022

Per “MA220823-06 - SARS-2/COVID-19”: 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 addendum to my SWORN DECLARATION, signed July 23, 2022, is necessary due to the continuing enormous damage the COVID crisis is causing to our people, the National Airspace System, and the ongoing escalating danger to public safety. The situation is worse since my original filing, delivered to DOT July 29, 2022. (DOT IG case file “MA220823-06 - SARS-2/COVID-19”) This supplemental information and addendum would not be necessary if FAA/DOT had immediately undertaken emergency investigative medical testing or screening of all COVID-19 vaccinated (“vaxxed”) holders of FAA medical certificates. As complainant and a senior FAA sworn investigator, to my knowledge, the FAA has undertaken no investigation of any kind whatsoever, despite my complaint and many others like it, together with a substantial spike in reported aircraft incidents.

1. An electronic copy of the first filing was sent to Deputy Executive Director Flight Standards Service initially, July 18. At his recommendation, it was sent to the Federal Flight Surgeon, Susan Northrup on July 26. A cover letter to DOT/IG and Sworn Declaration were on the desk at the DOT/IG office the morning of July 29, delivered by legal courier.
2. These filings followed proper whistleblower protection under federal law. In addition to that filing July 29, I am hereby submitting supplemental information and an addendum to that SWORN STATEMENT, again pursuant to 49 USC 44701 et seq. with specific reference to Sections 44701(a) & (a) 5. As a sworn Aviation Safety Specialist, I am to the best of

my ability upholding my Oath to protect public safety with the information contained in this filing. Refer to (items 1. To 6.) of the original **DECLARATION** for any other specific legalities. My statements in no way reflect official FAA policy, and the statements should be clear, that these are strictly my own opinions and assessments of this great crisis, based upon my years of experience, training, education, and involvement in the aviation industry and the military.

3. I restate item 7. here for the record. I understand that I am making this Declaration under the penalty of perjury. The statements in this Supplemental Information and Addendum to the original 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 industry standard and prudential norms foundation that provide a reasonable amount of certainty as to the facts as I have presented herein and therein.

INCREASING DANGER TO THE PUBLIC

4. Increasingly shocking new evidence raises more serious concerns about the increasing danger to the National Airspace System. The flying public is in immediate, imminent and irreparable danger, as are the FAA employees as cited here relating to the COVID-19 “vaccine” crisis. I offer this supplemental information and addendum now in respect of my oath and obligations to public safety, as a sworn FG-1825 ASI. With all the COVID-19 vaxxed people who are now injured or dead, failing to file this addition to my previous filing would be unethical and morally repugnant. With at least one, publicly recognized accident involving a captain dying at the yoke during take-off (almost an air disaster), our legal responsibilities demand proper forensic analysis. [EXHIBIT 7: INVESTIGATION NOTES ENVOY 3556 OUT OF ORH TO COLUMBUS Sat NOV 19 2022] The recent adaptation of the AME Guidelines to allow for certification of airman with probable cardiovascular or heart disease is criminal because it is knowingly compromising the safety of the public; and Aviation Medical Examiners (AMEs) now face complicity in any resulting aviation disaster caused by the new standards. These

policies are fomenting an imminent catastrophic medical aviation health disaster.

POTENTIAL FAA/DOT VIOLATION OF FEDERAL LAW – 14 CFR Part 67 Medical Standards, Title 49 USC Law, And FAA AME Guide Actions

5. Under **Title 49 USC FAA LAWS**, 14 CFR PART 67 sets forth the medical standards and certification requirements for all the aviation personnel holding medical certificates issued under this part. It refines the following federal laws; 49 U.S.C. 106(g), 40113, 44701-44703, 44707, 44709-44711, 45102-45103, 45301-45303.
6. The implementation of these laws, the actions and policies of 11/30/2022 2022 GUIDE FOR AVIATION MEDICAL EXAMINERS are the governing and operative law at issue. [EXHIBIT 1: 2022 FAA GUIDE FOR AVIATION MEDICAL EXAMINERS] Paragraph 1 of the General Section, spells out the AMEs' legal responsibilities:

Title 49, United States Code (U.S.C.) (Transportation), sections 109(9), 40113(a), 44701-44703, and 44709 (1994) ... authorizes the FAA Administrator to delegate to ... designated AMEs ... the examination, testing, and inspection necessary to issue a certificate under the U.S.C. ... or deny issuance of certificates... The consequences of a negligent or wrongful certification, which would permit an unqualified person to take the controls of an aircraft, can be serious for the public, for the Government, and for the AME.

HEART STANDARDS CHANGED - In Violation of Federal Rule Making Process

7. In October 2022, without ANY KNOWN prior coordination in the U.S. Cardiology community, and no prior announcement, FAA just changed the **Decision Considerations – Aerospace Medical Dispositions Heart Arrhythmias**. The specifics applying to 1st degree or 2nd degree AV Block changed the PR interval from <200ms to <300ms. What is so concerning about this change is the number of injected pilots who are now presenting with sub clinical myocarditis. Under normal circumstances these individuals show no symptoms, other than POSSIBLE elevated PR intervals pushing up close to 300ms. [Exhibit 17: AME Medical Guide: PHARMACEUTICAL MEDICATIONS: Item 36 - **Decision Considerations – Aerospace Medical Dispositions Heart Arrhythmias**] When put under stress, these individuals

often unexpectedly die of heart attacks. Hundreds of vaxxed professional and collegiate athletes have died of exactly the result of sub clinical myocarditis since the beginning of 2021. [EXHIBIT 15: MASSIVE INCREASE IN ATHLETES SUDDEN DEATHS] [EXHIBIT 6: OCT2022 CHANGE SHOTS AND PR INTERVAL]

8. We are currently in a major medical crisis that unfortunately, the FAA refuses to recognize. [EXHIBIT 20: NOTES FROM SUBSTACK ADDRESSING FAA FAILURES AND DANGERS OF THE SHOTS] The FAA leadership has intentionally failed to take any of the expert flight surgeon advice and necessary actions presented in the July 23, 2022 Sworn Declaration resulting from the COVID Vaccines. Simply put, confirmed by numerous medical professionals, we have thousands of pilots operating with sub clinical myocarditis, or other serious ailments resulting from the COVID “vaccines,” that present no immediate symptoms. Those facts present an immediate, unseen and catastrophic threat to all parties participating in any aviation related activity. The FAA has been informed of large numbers of injured pilots and other crew members, yet maintains that there is no evidence of damages or injury caused by these shots. [EXHIBIT 18: NORTHRUP NO EVIDENCE Federal agencies withhold]
9. Beyond taking no action on multiple written complaints and warnings, the FAA recently arbitrarily changed a key indicator of potentially disqualifying damaged heart function. The PR interval related to 1st Degree AV Block was slackened from less than 200ms to less than 300ms. [EXHIBIT 17: 11/30/2022 Guide for Medical Examiners Item 36. Heart Arrhythmias] See Also:
<https://academic.oup.com/eurheartj/article/35/2/123/570546?login=false>
10. The potential underlying threat to medical safety of the PR change is found in the AME Guide on page 103, Other Cardiac Conditions. Number 7 on the list states: AME’s must defer medical certification for Pericarditis, endocarditis, and myocarditis. Sub clinical myocarditis may initially only be symptomized by a PR interval above 200ms, which then demands further heart examination. [EXHIBIT 1: 2022 FAA GUIDE FOR AVIATION MEDICAL EXAMINERS] [EXHIBIT 6: OCT2022 CHANGE SHOTS AND PR INTERVAL]
11. In the past two years extraordinarily large numbers of people have suddenly died of unforeseen heart attacks, or presented with morbid heart conditions. [EXHIBIT 12 EXCESS ALL CAUSE MORTALITY US 2022] Nonetheless, the FAA, in the midst of this medical crisis, expanded the PR interval of the electrocardiogram by one third to <300ms. Given that

enormous and sudden change in testing criteria, recent reports of commercial pilots now receiving Special Issuance First Class Medical certificates (waivers) with known heart conditions, is evidence of the FAA's complicity in the ongoing and intentional subversion of flight safety standards. Such a change was illegal, ultra vires, and morally repugnant. The sudden slackening of the PR interval and lowering medical heart standards, with known increasing heart conditions among commercial pilots, raise reasonable suspicions about the intent (mens rea) of those who made and executed this policy decision; including the AMEs/flight surgeons who issued these medical certificates. [EXHIBIT 17 HIGHLIGHTEDAME Item 36 heart guidelines changes 10-2022]

12. Even so, highly qualified physicians are treating large numbers of aviation professional patients currently experiencing sub clinical myocarditis. These facts are in the public domain and the FAA is willfully blind.

[info@usfreedomeflyers.org, tele. 855-533-0864] It is impossible that the FAA does not know because it was the FAA that changed the PR interval standards. The increased special issuance medical certificates provide corroborating evidence that such a policy is intentional and that these acts venture into the criminal realm of motive. There is something darker happening here at the decision-maker level that need not be allowed or followed at the practitioner level. [Reference paragraph 14. Irresponsible FAA endorsement of "vaccines." See also Exhibits 12 and 14]

13. This change was done with no public comments, no safety studies, no published peer reviewed papers, no collaboration with our nation's cardiac experts; and as such, the changes done were in violation of the Federal Register Administrative Procedure Act (APA), and required legal processes for any rule change affecting medical certification pursuant to law under Title 49 of the USC and the APA. [EXHIBIT 19: EXCLUSIVE SENATOR JOHNSON]. Changing the PR interval without Notice of Proposed Rule Making (NPRM), required for any change in the medical standards of 14 CFR Part 67 and the AME guide, is void as a matter of law and no flight surgeon should observe this change. Such a concern over this seeming arbitrary change in heart standards is now publicly spoken about in the news and extensively within the medical community. (Tucker Carlson, Fox News, January 31, 2023 Interview of Captain Robert Snow)

MOST DISTURBING FAA/DOT SIGNAL – SHOTS ARE GOOD TO TAKE

14. Please take note of the following quoted FAA publicly released information, confirmed on January 25, 2023 on the FAA Medical Website at <https://www.faa.gov/pilots/medical certification>:

“Use of COVID-19 Vaccines by Pilots and Air Traffic Controllers

Holders of FAA-issued Airman Medical Certificates or Medical Clearances may receive the Pfizer-BioNTech, Moderna, Johnson & Johnson/Janssen, and/or Novavax COVID-19 vaccines; however, a 48-hour no fly/no safety-related duty interval must be observed after each dose. This policy is applicable to both the initial vaccine doses and booster shots.”

SUBTLE DISCLAIMER: WHAT DOES FAA/DOT REALLY PRIVATELY KNOW?

15. The FAA slipped this alarming subtle disclaimer onto the end of the above “COVID-19” authorization that suggests a chilling conclusion by any informed reader:

“Individuals holding an FAA-issued Airman Medical Certificate or Medical Clearance are reminded that they are prohibited from performing flight crewmember duties or air traffic control duties if they do not meet medical certification requirements, including those related to adverse events from medications that render them unable to perform such duties.” Reference: <https://www.faa.gov/pilots/medical certification>:

16. Why does the announcement at the end specifically state “**adverse events**,” since FAA only required those holding medical certificates to observe a **48-hour no fly/no safety-related duty interval**. There is a notable inconsistency here with seasoned FAA AME terminology. Both the 2021 and the 2022 AME Guide use the term “**adverse effects**” 11 times throughout the guides. [EXHIBIT 18: NORTHRUP NO EVIDENCE NOTES FROM “Federal Agencies Withhold] Historically the FA has used “adverse effects” to describe reactions to medications, and a typical example goes as follows;

“Please be advised that these procedures have potential adverse effects that could be incompatible with flying duties...” [EXHIBIT 1: 2022 FAA GUIDE FOR AVIATION MEDICAL EXAMINERS: Examination Techniques - page 64, item 10.] Until now, The FAA AME community has used the description of “adverse effects” when referring to potential impairments from medications that medical certificate holders must avoid. Nowhere to date does an AME Guide mention “adverse events.” That phrase is the proper terminology relating to the administration and study of after-effects of vaccines, and has only emerged since the avalanche of damages and injuries directly and causally linked to the COVID shots.

17. This phrase, “adverse events,” is the medical industry standard term used to describe the side effects of vaccines, while oddly, the FAA has only used “adverse effects” in the AME Guide to describe bad reactions that might follow different medical treatments. Previously, “adverse effect” for the FAA seemingly has been the only term applied to describe bad reactions to treatments covered by medical certification requirements. The FAA departed their previous practice in this recent public statement with the first known FAA use of “adverse events.” That term has only been used in reference to COVID damages to those who have been injected, or by the VAERs group for similar purposes. It, therefore, seems likely that this substitution of phraseology had a specific purpose; at the least it shows FAA awareness of the massive damages and deaths, contrary to their recent public statement about no known evidence of damaged aviation personnel. The likely legal implication in this record suggests complicity in the cover-up of the catastrophe unfolding at this very moment. [EXHIBIT 19: EXCLUSIVE SENATOR JOHNSON]

CONTRAST: REAL FAA MEDICATION LIMITS VS. COVID SHOTS

18. In that online posting about COVID shots the FAA effectively abandoned their responsibility to apply any due diligence to determine the efficacy of all these shots for use in aviation. With other medications, for example, FAA policy for many years has included **“at least one-year of post-marketing experience with a new drug before consideration for aeromedical certification purposes.”** [Exhibit 1: 11/30/2022 2022, AME Medical Guide: PHARMACEUTICAL MEDICATIONS: DO NOT ISSUE – DO NOT FLY] Notice that the post-marketing delay only permits the FAA a year later to begin considering the possibilities for medical certification. The FAA has their own additional testing required

prior to authorizing new medications for medically certificated aviation personnel. This is per existing regulations and rule-making procedures. The FAA required no post marketing time on the COVID-19/SARS-2 shots, and did not even wait for the approval of them. Indeed, the FAA and licensees rushed to force, coerce, threaten and trick medical certificate holders into using experimental, Emergency Use Authorized injectables that fail to meet the definition of a “vaccine” and were erroneously and unlawfully endorsed. [EXHIBIT 18: NORTHRUP NO EVIDENCE] [EXHIBIT 20: NOTES FROM SUBSTACK ADDRESSING FAA FAILURES AND DANGERS OF THE SHOTS] Federal agencies withhold] Disgustingly, other existing non-experimental, demonstrably efficacious, FDA approved drugs were widely available; Hydroxychloroquine, Ivermectin, Abendazol and other antiviral medications were abundant and remain so today, yet are not suggested, endorsed or even mentioned by the FAA or the AME Guidelines as a treatment option. Given that all of the COVID-19 injectables remain EUA authorized only, the manufacturers have enjoyed immunity, secrecy as to the contents of the shots and a waiver of Good Manufacturing Process as the standard of production. [Reference: ASI Bruce McGray]

19. For SARS-2/COVID-19 the FAA failed to launch any kind of evaluation process that ***“allows time for uncommon, but aeromedically significant, adverse effects to manifest themselves.”*** [EXHIBIT 1 above: Do Not Fly – Do Not Issue, page 374]

20. The FAA previously analyzed and comprehensively evaluated medications for potential adverse effects in flight, at altitude, and under the stress of g loading on flight crews, and required limitations such as the following:

“For aviation safety, airmen should not fly following the last dose of any of the medications below until a period of time has elapsed equal to:

☐ ***5-times the maximum pharmacologic half-life of the medication;***

or

☐ ***5-times the maximum hour dose interval if pharmacologic half-life information is not available. For example, there is a 30-hour wait time for a medication that is taken every 4 to 6 hours (5 times 6)”*** [EXHIBIT 1 above: Do Not Fly – Do Not Issue, page 375]

21. Those restrictions above apply to 8 different medications including muscle relaxants, weight loss substances, and dietary supplements among others. They

reflect a robust system of safety analysis, proven post- medication effects, and long-term testing before assuring safe performance of crew duties. All of the medications aforementioned are comprised of known chemicals and substances that were meticulously, previously and rigorously tested. In contrast to that, the base component chemicals used in the Pfizer and Moderna COVID-19 shots are the foundational chemicals for anti-freeze – polyethylene Glycol comprises not less than 33% of the total volume in samples of Pfizer and Moderna “vaccines,” according to disclosures to the FDA and confirmed by mass spectrometry testing entered into evidence in the US Federal Court case Robert v. Austin 22-1032 10th Cir. Ct. App. [EXHIBIT 1 2022 FAA GUIDE FOR AVIATION MEDICAL EXAMINERS; medications Section, beginning with page 375]

22. Is it possible, for example, that the FAA does not know about a controller who collapsed at Atlanta Center, and had to be defibrillated, after having the shots? Why has leadership overlooked all the injured controllers now sitting in cubicles doing administrative work, instead of controlling aircraft? Is it possible that those FAA employees no longer possess the cognitive capacity to perform their duties? [EXHIBIT 18: NORTHRUP NO EVIDENCE NOTES FROM “Federal Agencies Withhold]

23. The only limitation FAA has put on SARS-2/COVID-19 injected medical certificate holders is a mandatory 48-hour observation and no fly/no safety-related duty interval after each dose. How does the previous highly touted restriction, when FAA was demanding employees take the shots, that no person is considered fully vaccinated until 14 days following the last injection figure into any of this? A 48 hour delay with shots that have large numbers of experimental, unproven contents, compared to the above comprehensive restrictions involving a simple weight loss product, makes no sense whatsoever when scrutinized. [See para. 14. Addendum]

FAA, IN EFFECT, NOW HAS RESPONSIBILITIES FOR DAMAGED PILOTS AND CONTROLLERS INJECTED WITH THESE SHOTS

24. This never seen before online authorization by the FAA to the AME’s of all the COVID shots is clearly an attempt to shift the safety and legal responsibility burden away from the FAA and onto the medical certificate holder. Should such a certificate holder experience an “adverse effect,” (using the normal AME Guide term) then the crew member is responsible for the determination that they suffered such an “adverse event,” and self-prohibit themselves from performing aviation duties. What legal medical

change with that January online use by FAA of “adverse event,” is the medical group negligently trying to push off on certificate holders and AME’s? [EXHIBIT 18: NORTHROP NO EVIDENCE NOTES FROM “Federal Agencies Withhold] [EXHIBIT 20: NOTES FROM SUBSTACK ADDRESSING FAA FAILURES AND DANGERS OF THE SHOTS]. This shifting of the burden is clearly a means by which the FAA seeks to absolve themselves of responsibility for any causally related incident, injury or death. Why, with the history of always speaking about “adverse effects,” is the FAA now placing a burden on certificated individuals to determine whether or not they have had an “adverse event”? Having never before used this term, FAA is clearly announcing they know about the COVID-19 SARS-2 shot adverse events. Reference: <https://www.faa.gov/pilots/medical/certification>:

25. A reasonable conclusion, given the millions, of documented injuries, incidents, deaths and adverse events associated with, or caused by these shots, is the following: the FAA internally knows a great deal about the real dangers. EXHIBIT 3: VAERS DATA BASE RECENT COUNT OF TOTAL REPORTED INJURIES] They are likely, therefore, issuing an attempted legal disclaimer regarding “**adverse events**,” while for some unknown reason announcing that all these shots are now okay with a 48 hour restriction from duty after inoculation. Worse, the FAA has reduced the heart PR interval standards, which appears to be a cover up of the true medical situation, all while passively and quietly granting Special Issuance Medical Certificates to certificate holders with damaged hearts, inter alia. An immediate review of all First Class Medical special issuances for the past six years will tell the tale. 2016 to 2019 will provide stable numbers reflecting a normative sample population to use as a baseline for comparison. 2020 may show some rise related to actual COVID; 2021 and 2022 will show substantial increases in Special Issuances. [EXHIBIT 17 HIGHLIGHTEDAME Item 36 heart guidelines changes 10-2022]

TIME HAS RUN OUT: THE WIDE SWATH OF INJURIES AND DEATHS MULTIPLIES

26. Southwest Airlines employees have reported to federal officials that prior to the shots in 2021, the company averaged about 180 pilots out sick per month. After January 2021 the shots raised the average monthly sick list to approximately 470 per month, which is roughly a 260% increase in medical

events that prohibited the crews from being able to perform their duties. Not surprisingly it mirrors the 2021 military DMED data case explosion in **“MA220823-06 - SARS-2/COVID-19.”** That data shows an 1100% increase in all-cause morbidity and mortality in the first 10 months of 2021. Delta Airlines’ disability fund, plentiful until 2021, is now in deficit. American Airline’s pilot union reports a 300% increase in all-cause morbidity and mortality claims from January to July 2022. All of the military and civilian “vaccinated” air crews and controllers have been decimated by the shots. [Reference; Industry, Medical and Military Sources]

27. The Florida Surgeon General’s October warning against the shots is both probative and disturbing. *“Joseph A. Ladapo announced new guidance on messenger RNA (mRNA) vaccines on Oct. 7, specifically recommending against administering mRNA COVID-19 vaccines to males aged 18 to 39... Given the high level of global immunity to COVID-19, the benefit of vaccination with mRNA vaccines ‘is likely outweighed by this abnormally high risk of cardiac-related death among men in this age group,’ the department said. As such, the State Surgeon General recommends against males aged 18 to 39 from receiving mRNA COVID-19 vaccines,” it said.*” [EXHIBIT 13: FLORIDA SURGEON GENERAL SHOT DANGERS]

28. The majority of DOD aviation personnel are in the 18 to 39 age group. The injured and diseased pilots at DOD from 2016 to 2019 stayed on a base line of between approximately 100 to 200, as shown in the DMED data base. In 2020 it spiked up to over 1000 and after the Covid shots, the figures increased to more than 2000 in 2021, and over 4000 in 2022. [EXHIBIT 5: NEW 2016 TO 2022 INJURED DISEASED DOD PILOT DMED EVIDENCE]. DOD is not releasing the death count. Recently a senior Army doctor, having never before seen a soldier die of cancer in a lengthy Army career, just witnessed 9 soldiers die of cancer in 12 days. [EXHIBIT 2: Govt. DATA BASE SHOWS 10,000% CANCER RISE] The increase “vaccine” causally related deaths are exploding. Much of the public is well aware of this, as reflected by billboards in many places. [EXHIBIT 4: VAERS EXPLOSION OF CANCER CASES WITH SHOTS]

29. The July Sworn Declaration **“MA220823-06 - SARS-2/COVID-19”** presented a medical test sampling process (screening) that would have easily, inexpensively and conclusively demonstrated one of two things: 1). That there is no correlation or causal relationship between the shots and

Certificate Holders' health; or 2). That the shots are causing or correlated to a significant increase in Certificate Holders' injuries, death or inability to perform their jobs. Given all the sudden deaths in 2021 and 2022, and the explosion of cancers, cardiac injuries and neurological damages, inter alia, the circumstances demand that we take immediate steps to regain public safety. [EXHIBIT 3: VAERS DATA BASE RECENT COUNT OF TOTAL REPORTED INJURIES]

30. Given these circumstances, the FAA and DOT failure to aggressively implement sample medical screening amounts to a criminally negligent disregard that further jeopardizes public safety and employee safety within the FAA and DOT and among the flying public. [Reference: SWORN DECLARATION OF AVIATION SAFETY INSPECTOR MCGRAY (ASI), "MA220823-06 - SARS-2/COVID-19"] The FAA recently restated they will not investigate the COVID-19 vaccination mandate crisis despite the growing and countless numbers of victims of the government's malfeasance in its refusal to investigate the following: Captain Robert Snow AALA – severely injured; Wilburn Wolfe AALA pilot – dead; Haley Lopez ATC controller – severely injured; Greg Pearson pilot ALASKA – severely injured; Cody Flint Ag pilot – permanently disabled; Maddie De Garay, brilliant young student and athlete – crippled and permanently disabled; Troy Butcher AALA, heart damage, Tachycardia; Tim McAdams pilot, multiple strokes - disabled. [EXHIBIT 20: NOTES FROM SUBSTACK ADDRESSING FAA FAILURES AND DANGERS OF THE SHOTS] Take note of the recent Gulf Air flight attendant who dropped dead in flight of a heart attack. [EXHIBIT 8: GULF AIR FLIGHT ATTENDANT DIES OF HEART ATTACK IN FLIGHT]

31. Other neglected evidence exists in relation to pregnant women during the Pfizer clinical trials, where conveniently 230 records of those pregnant were lost. Of the remaining 36 in the trials, 28 had dead babies. [EXHIBIT 9: PFIZER TRIALS 28 OF 36 PREGNANT MOTHERS DEAD BABIES]

32. Here is a typical example of over a thousand postings per day that you will find now on line. Yakira Chambers, of Newport Beach was having trouble breathing standing outside a shopping center in Newport Beach. She then dropped dead. Former UFC football player dead at age 25. [EXHIBIT 10: ATHLETE 25 AND 42 YEAR OLD ACTRESS DEAD] It is worth emphasizing again, you can find huge numbers of these death reports on any given day if you spend some time looking.

33. The average number of athlete deaths prior to the COVID shot mess was 29 per year. Since January 2021, 1598 athletes have had heart attacks, and

more than 1000 of them were fatal. That is just about a 3000% increase in deaths among athletes. These facts are staggering. [EXHIBIT 15: MASSIVE INCREASE IN ATHLETES SUDDEN DEATHS]

34. In my research I have confirmed a terrible fact from U.S. Freedom Flyers, a group fighting against the mandate and current crisis. They are working with **hundreds of “vaccine” injured pilots and airline industry personnel**, including large numbers of heart and neurologically damaged pilots and ATC controllers. [info@usfreedomeflyers.org, tele. 855-533-0864].

ALARMING DATA AND EVIDENCE IN THE PUBLIC

35. In September last year, the FDA Vaccine Panel meeting revealed shocking testimony about these “vaccines.” The panel was confronted with this charge; “the COVID-19 vaccine is killing more people than it is saving.” [EXHIBIT 11: FDA PANEL SHOTS DANGEROUS] The meaning is clear; the Emergency Use Authorization test is failed – the shots are more dangerous than not.

36. More shocking than the FDA panel testimony is the CDC’s Excessive All-Cause Mortality rate for 2022, January to November. That chart depicts over 130,000 excess deaths in the U.S. population. [EXHIBIT 12: EXCESS ALL CAUSE MORTALITY US 2022] The following evidence comes from actuarial sources. Edward Dowd has presented this many times publicly and it confirms the explosion of deaths in 15 year olds to 44 year olds in 2021. [EXHIBIT 14: Edward Dowd Explosion of Deaths 15 to 44] Those statistics parallel what the Florida Surgeon General has warned, the statistics of injured airline personnel, and the military explosion of deaths, not to mention the explosion of dead athletes, also documented here. [EXHIBIT 15: MASSIVE INCREASE IN ATHLETES SUDDEN DEATHS]

37. Japan is pretty much a closed culture, and boasts a very industrious and compliant population. Careful review of the Japanese data indicates that substantially all of their population received the “vaccines” and despite their compliance, there was no improvement in transmissibility nor in morbidity or mortality. [EXHIBIT 16: JAPAN NEAR 100% INJECTED COVID CASES EXPLODE ALL CONTROLS FAIL]

38. November 19, 2022, during takeoff from Chicago O’Hara to Columbus Ohio, Captain Patrick Ford collapsed at the controls, and died of a massive

heart attack. The accident is still under NTSB and FAA investigation, so a final determination is not currently available.

However, the known circumstances present a too plausible scenario of the factors that would cause a heart attack under the stresses that make sub clinical myocarditis erupt in a fatal cardiac arrest.

- a. Capt. Ford was a direct new hire captain from Republic
- b. Ford was on his 2nd initial operating experience flight – a high pressure point in training
- c. He was departing Chicago O’Hara, one of the most stressful airports in the National Airspace System (NAS)
- d. Having no time in a first officer role at Envoy, he was working with new checklists, new Operations Specifications, new SOPs, new company ramp area policies and procedures, an all new company operation while at one of the top five stressful airports in the NAS
- e. He was under evaluation of a high time highly experienced check airman, more pressure

Those five circumstantial factors make this an unusually stressful circumstance. I experienced this particular kind of pressure myself 3 times during my professional flight years; first, in the Air Guard on the C130, and then in the Boeing 727 for two companies, Custom Air Transport, and Amerijet. In all three cases I was hired directly to the captain/pilot in command position. The kind of stress I experienced demonstrates the plausibility of what might possibly cause the presence of sub clinical myocarditis to erupt in cardiac arrest. The reasonable conclusion from the above is to do a thorough forensic autopsy to either rule out or confirm subclinical myocarditis, or any other heart inflammation or damages.

The voice communications between the check airman and ATC confirm a very difficult scenario as the check airman gains control of the situation, and then returns the airplane to land. The seriousness of this accident shows in Envoy’s statement about it. Vice president Wilson: “Despite heroic efforts to revive him, Captain in training, Patrick James Ford passed away. We’re deeply saddened by this loss. Our thoughts and prayers are with his family... Sincere thanks to **Line Check Airman, Captain Brandon Hendrickson**, for his leadership and professionalism in the safe handling of his aircraft, passengers and crew,” Captain Wilson’s message stated.

Early in December I sent the following medical forensic testing information to the FAA accident investigation group, recommending investigative forensic follow up testing. This testing information came from qualified medical experts; steps during an autopsy that help confirm the presence of subclinical myocarditis or other heart damage.

[MEDICAL INFORMATION: To determine if death was related to Myocarditis and the Pfizer experimental injections or others, forensic investigators need to do immunohistochemistry of heart muscle tissue looking for infiltration of specific white blood cells.

Stain for detection of the spike protein which would cause infiltration of the white blood cells. Senator Ron Johnson of Wisconsin has much of the testing information done on agricultural pilot Cody Flint, severely injured and permanently disabled by the shots.] Again this was given me by properly qualified medical experts. [EXHIBIT 7: INVESTIGATION NOTES ENVOY 3556 OUT OF ORH TO COLUMBUS Sat NOV 19 2022]

39. The criminal danger of what we are facing still is best characterized by the DMED data. The military had 20,000,000 excess medical cases in the first 10 months of 2021. That is 1100 % more all-cause morbidity and mortality than in the prior five years of DOD medical statistics. Its' veracity has been partly confirmed and reconfirmed by DOD; they perverted the DMED data base after these facts reached public awareness. Also, DOD criminally refused to answer any of the repeated legitimate queries about this horrific explosion in medical cases in 2021. The shots caused 2,000,000 excess cases of all-cause morbidity and mortality every month reported that year.

The criminal danger of this sickening situation is first, that Secretary Austen still has never answered Senator Ron Johnson of Wisconsin, in his formal query dated February 1, 2022. More disturbing also is the letter to the FAA, DOT, DOJ, the AIG insurance group, American, Delta, United, southwest and Alaska Airlines from no less than Robert F Kennedy Jr's expert team. That team included Doctors Peter Chambers, Peter McCullough, Ryan Cole, Theresa Long, and attorneys Leigh Taylor Dundis, Robert F. Kennedy Jr., and Mary Holland. [Refer to EXHIBIT 1, 3, 3a to 3EE - SWORN DECLARATION MCGRAY "MA220823-06 - SARS-2/COVID-19"]

FINAL APPEAL:

40. I refer you back to my original filing in this explosive emergency, “MA220823-06 - SARS-2/COVID-19”. Sadly, the government deemed it insufficient for investigation at that time. We now have massive numbers of injuries and deaths in evidence, and time has run out on trying to explain away this disaster is anything other than an intentional genocide. At the end of my complaint, I concluded:

“53. Part of the greatest difficulty in arriving at these conclusions is that all of these dangers were completely avoidable had the law simply been 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.”

41. Because of, at the very least, extreme neglect at Department of Defense, DOT, FAA, DOJ, AIG, and the major carriers, we had more than 20,000,000 statistically proven damaged and or dying “vaccine” injured military citizens in 2021. Furthermore, there will be countless other injured or dead Americans, which will continue until those responsible entities are held accountable. [EXHIBIT 18: NORTHROP NO EVIDENCE NOTES FROM “Federal Agencies Withhold] [EXHIBIT 20: NOTES FROM SUBSTACK ADDRESSING FAA FAILURES AND DANGERS OF THE SHOTS]. In the case of the ENVOY 3556 death of Patrick Ford, anything less than exhaustive forensic autopsy of the heart for determining presence or lack of presence of myocarditis, may conclusively demonstrate the extreme negligence of all government agencies involved. Furthermore, all of any kinds of SARS-2/COVID-19 shots and treatments by the pharmaceuticals must be immediately ceased. All products related to these shots need to be impounded and immediately analyzed by medical test groups with proven

integrity in accurate testing; and all the poisons of these products are to be publicly revealed.

42. I want to reemphasize once more I am presenting the evidence herein to the best of my ability to uphold my sworn oath to public safety in accordance with 49 ISC 44701. It was administered to me on July 2, 2001, at the Washington Dulles Flight Standards District Office by then manager George Galo. We must act now in this grave national crisis.

Willful blindness is a criminal offense that I refuse to abide and I am herewith demanding an immediate investigation and cessation of all COVID-19 “vaccines” together with an immediate medical screening of all “vaccinated” Medical Certificate Holders.

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 Day of _____ February 2023

Signature:

Bruce D. McGray
Federal Aviation Safety Inspector

State of Maryland
County of Calvert

Signed and sworn before me, _____, Notary Public,
by Bruce Duncan McGray on the _____ day of _____, 2023.

Notary Public
My Commission Expires:

