

Army Physician and Aerospace Medicine Specialist Calls on Pentagon to Order All Pilots Who Have Received COVID-19 Vaccine to be Grounded

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A U.S. Army doctor who is also a specialist in aerospace medicine has made an unprecedented call to Pentagon leaders, asking them to ground all pilots in all services who have gotten a COVID-19 vaccine.

In an affidavit, Lt. Col. Theresa Long lays out her reasoning, with citations and studies, stating that she is doing so under the auspices of the Military Whistleblower Protection Act.

Long then went on to lay out her credentials: She earned “a bachelor’s degree from the University of Texas Austin, completed my medical degree from the University of Texas Health Science Center at Houston Medical School in 2008” then “served as a Field Surgeon for ten years and went on to complete a residency in Aerospace and Occupational Medicine at the United States Army School of Aviation Medicine” at Fort Rucker, Ala. Long wrote that she’s “been trained by the Combat Readiness Center at Ft. Rucker as an Aviation Safety Officer” and has had additional training in the “Medical Management of Chemical and Biological Casualties at Fort Detrick.” She’s also “board certified in flight Aerospace Medicine and board eligible in Occupational Medicine.”

The Army doc noted that before the COVID-19 pandemic, she underwent “specialized military training from Infectious Disease doctors from the Army, Navy and Air Force on emerging infectious disease threats,” and has “recently functioned as a medical and scientific advisor to an Aviation training Brigade seeking to identify risk mitigation strategies, and bio statistical analysis of SARS- Cov-2 (“Covid 19”) infections in both vaccinated and unvaccinated Soldiers.”

She’s also both diagnosed and treated COVID-19 cases, so again, she’s certainly qualified to offer an opinion.

“I have observed [vaccine adverse events](#) following the administration of EUA vaccines,

and followed the success of Soldiers who obtained various Covid 19 therapies outside the military. The majority of the service members within the DOD population are young and in good physical condition,” she testified in her affidavit.

“Military aviators are a subset of the military population that has to meet the most stringent medical standards to be on flight status. The population of student pilots I take care of are primarily in their 20s-30s, males and in excellent physical condition. The risk of serious illness or death in this population from SARs-CoV-2 is minimal, with a survival rate of 99.997%,” she continued.

After taking in all the data and observing how the virus does — and, importantly, does not affect — military readiness, Long said she has since formed a professional opinion she is obligated to report to her superiors. The problem, she said, is that no one wants to hear about it.

“I have done so with mixed results in terms of acceptance, rejection and threats of punishment for so sharing,” she wrote.

The doctor went on to quote Army Training Doctrine regulations, which state that “risk decisions” are up to individual commanders to accept or reject, and that they, too, must either act on decisions or pass them further up the chain of command. Either way, she made clear that she is fulfilling her responsibilities in reporting what she has found and the conclusions she has reached.

“The CDC and the FDA are civilian agencies that do not have the mission of [National Defense that the DOD has](#). Guidance and recommendations made by these civilian agencies must be filtered through strategic perspective of national defense and the potential risks recommendations may have on the health of the entire fighting force,” Long testified, adding:

The majority of young new Army aviators are in their early twenties. We [know there is a risk of myocarditis](#) with each mRNA vaccination. We additionally now know that vaccination does not necessarily prevent infection or transmission of SARs-CoV-2. Therefore individuals fully vaccinated with mRNA vaccines have at least two independent risk factors for myocarditis after vaccination. Additional booster shots add more risk. It is impossible to perform a risk/benefit analysis on the use of mRNA as counter measures to SARs-CoV-2 without further data... Use of mRNA vaccines in our fighting force presents a risk of undetermined magnitude, in a population in which less than 20 active-duty personnel out of 1.4 million, died of the underlying SARs- CoV-2.

The problem, she said, is that few of the young aviators would know if they had developed myocarditis, which could affect them negatively — including cause sudden death — while they are flying.

Her opinion:

I personally observed the most physically fit female Soldier I have seen in over 20 years in the Army, go from Colligate level athlete training for Ranger School, to being physically debilitated with cardiac problems, newly diagnosed pituitary brain tumor, thyroid dysfunction within weeks of getting vaccinated. Several military physicians have shared with me their firsthand experience with a significant increase in the number of

young Soldiers with migraines, menstrual irregularities, cancer, suspected myocarditis and reporting cardiac symptoms after vaccination. Numerous Soldiers and DOD civilians have told me of how they were sick, bed-ridden, debilitated, and unable to work for days to weeks after vaccination. I have also recently reviewed three flight crew members' medical records, all of which presented with both significant and aggressive systemic health issues. Today I received word of one fatality and two ICU cases on Fort Hood; the deceased was an Army pilot who could have been flying at the time. All three pulmonary embolism events happened within 48 hours of their vaccination. I cannot attribute this result to anything other than the Covid 19 vaccines as the source of these events. Each person was in top physical condition before the inoculation and each suffered the event within 2 days post vaccination.

"The politicization of [SARs-CoV-2, treatments](#) and vaccination strategies have completely compromised long-standing safety mechanisms, open and honest dialogue, and the trust of our service members in their health system and healthcare providers," she added.

Now, the question becomes, is SECDEF Lloyd Austin going to listen to her? Doubtful.

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