

March 29, 2023

The Honorable Pete Buttigieg
Secretary
U.S. Department of Transportation
1200 New Jersey Ave. SE
Washington, D.C. 20590

Dear Secretary Buttigieg:

I write to express my grave concern regarding your apparent inaction — and the apparent inaction of the U.S. Department of Transportation (DOT) and the Federal Aviation Administration (FAA) — in light of the alarming increase in near-misses and narrowly averted accidents resulting from pilots incapacitated by health emergencies since 2021, coinciding with the start of the COVID-19 vaccination campaign in the U.S.

During this period, and up to the present day, there have been numerous reports of pilots who died soon after being vaccinated; pilots who were incapacitated on the flight deck or soon after landing a commercial aircraft full of passengers; and pilots who, due to injuries diagnosed as being related to their COVID-19 vaccination, are no longer medically able to fly an airplane.

FAA and DOT Violated Their Own Regulations

On December 15, 2021, I co-signed, along with Mary Holland, president and general counsel of Children's Health Defense (CHD), a letter addressed and hand-delivered to the DOT, then-FAA Administrator Stephen M. Dickson, the U.S. Department of Justice (DOJ), the executives of several commercial airlines and several major insurers. A number of pilots, legal experts and medical experts, including specialists in aerospace medicine, also signed the letter.¹

In that letter, we expressed concern that the DOT and FAA are violating their own regulations. According to the current edition of the FAA's Guide for Aviation Medical Examiners, Title 14 of the Code of Federal Regulations §61.53, under the heading "Pharmaceuticals (Therapeutic Medications) — Do Not Issue - Do Not Fly":²

"The FAA generally requires at least one-year of post-marketing experience with a new drug before consideration for aeromedical certification purposes. This observation period

¹ <https://childrenshealthdefense.org/wp-content/uploads/FAA-pilots-letter.pdf>

² https://www.faa.gov/about/office_org/headquarters_offices/avs/offices/aam/ame/guide/pharm/dni_dnf

allows time for uncommon, but aeromedically significant, adverse effects to manifest themselves. Contact either your Regional Flight Surgeon or AMCD [Aerospace Medical Certification Division] for guidance on specific applicants or to request consideration for a particular medication.”

To date, we have not received a response from the FAA regarding this letter or the concerns expressed therein.

On May 25, 2021, the DOT and FAA issued a “SAFO” (Safety Alert for Operators),³ which stated: “Crewmembers are encouraged to get a COVID-19 vaccine.” The alert also asked air carriers to “Encourage crewmembers to get a COVID-19 vaccine” and “Facilitate crewmembers obtaining a vaccine to the extent feasible.” The same document stated:

“COVID-19 vaccines authorized for emergency use by the U.S. Food and Drug Administration (FDA) are available across the United States, and everyone 16 years of age and older is eligible to get a COVID-19 vaccination.”

It is clear that the DOT and FAA knowingly encouraged air carriers and pilots to violate existing guidelines regarding experimental medications and therapeutics. At the time, COVID-19 vaccines had been on the market for fewer than 12 months and were issued under an Emergency Use Authorization (EUA), meaning they were not yet licensed by the FDA. Yet, pilots were strongly encouraged to take these vaccines, and the FAA strongly recommended air carriers encourage their pilots and flight crews to get vaccinated.

As a result, several air carriers, including most major airlines, implemented vaccine mandates for their pilots, creating a “job or job” scenario that ran fully contrary to existing regulations — which were never repealed — regarding experimental and new medications and therapeutics.

This coercion did not just impact pilots. Brett Vance, a former U.S. Air Force fighter pilot and airline pilot who later served as a test pilot in the FAA’s Aircraft Certification Service, was forced into retirement by the Biden administration’s vaccine mandate for federal employees. Vance wrote that he and other FAA employees who did not want to receive the COVID-19 EUA vaccine were threatened with disciplinary actions, including confiscation of funds from their retirement annuity accounts and even firing if they did not get vaccinated.⁴ One wonders how many others endured similar circumstances.

Examples of COVID Vaccine-Injured Pilots Are Well-Documented

Since 2021, my organization, CHD, via its daily newsletter, *The Defender*, has documented numerous cases of individuals who sustained severe adverse effects soon after receiving a dose of the COVID-19 vaccines. The stories include several pilots and one federal air traffic controller. Their experiences are summarized below:

- Cody Flint was an agricultural pilot who received his first (and only) dose of the Pfizer-BioNTech COVID-19 vaccine on Feb. 1, 2021. Two days later, while flying, he

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https://www.apfa.org/wp-content/uploads/2021/06/SAFO20009_COVID-19_Updated-Interim-Occupational-Health-Safety-Guidance-for-Air-Carriers-and-Crews.pdf

⁴ <https://rwmalonemd.substack.com/p/america-we-have-a-problem>

blacked out but somehow managed to land his plane, although he has no recollection of how he did so. He has not flown since.⁵

- Steven Hornsby, a pilot with a major U.S. airline, felt “coerced” into getting the COVID-19 vaccine. His medical history was free of any cardiovascular issues. Twelve days after receiving his second dose of the two-dose primary series of the Pfizer-BioNTech COVID-19 vaccine, he suffered a serious adverse event. Hornsby was diagnosed with vaccine-induced myocarditis.⁶
- Hayley Lopez was an air traffic controller at one of the FAA’s busiest facilities. On October 8, 2021, she received her first (and only) dose of the Pfizer-BioNTech COVID-19 in order to comply with the Biden Administration’s vaccine mandate for federal employees. Within minutes, she sustained a severe adverse event and experienced a multitude of symptoms that have never dissipated. She was diagnosed with postural orthostatic tachycardia syndrome (POTS) and has not returned to her position.⁷
- Greg Pierson, a pilot with a major U.S. airline, felt “extremely pressured” to get vaccinated. He received his first dose of the Pfizer-BioNTech COVID-19 vaccine on August 26, 2021. Within minutes, he suffered a serious adverse event, later diagnosed as atrial fibrillation. He has not been cleared to return to the cockpit.⁸
- Bob Snow, a captain with a major U.S. airline, received the Johnson & Johnson COVID-19 vaccine on November 4, 2021, “as a result of an unambivalent company mandate to receive the vaccine or be terminated.” On April 9, 2022, minutes after landing a passenger plane at Dallas-Fort Worth International Airport, Snow suffered cardiac arrest. He had no known family history of cardiac problems and has not flown since.⁹
- Wil Wolfe received the Johnson & Johnson COVID-19 vaccine on November 9, 2021. Thirteen days later, he had a seizure, resulting in paralysis on his right side. A subsequent CT scan showed bleeding in the brain. He later suffered a second seizure, was sedated, never regained consciousness, and died on November 26, 2021. Wolfe’s wife, Claudia Wolfe, shared his story with *The Defender*.¹⁰

Sen. Ron Johnson also documented the cases of Flint, Lopez, Pierson, Snow and Wolfe in a letter to Federal Air Surgeon Dr. Susan Northrup and Billy Nolen, Acting Administrator of the FAA.¹¹

Several of the pilots who spoke to *The Defender* also described a culture of intimidation at their workplaces, resulting in a widespread reluctance among many other vaccine-injured pilots to come forward with their stories for fear of professional consequences.

⁵ <https://childrenshealthdefense.org/defender/pilots-injured-covid-vaccines-speak>

⁶ <https://childrenshealthdefense.org/defender/pilots-injured-covid-vaccines-airlines-mandates>

⁷ <https://childrenshealthdefense.org/defender/hayley-lopez-pfizer-covid-vaccine-injury-air-traffic-controller>

⁸ <https://childrenshealthdefense.org/defender/pilots-injured-covid-vaccines-speak>

⁹ Ibid.

¹⁰ Ibid.

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<https://www.documentcloud.org/documents/23589048-2023-01-27-rhj-to-faa-re-covid-19-vaccine-adverse-events?responsive=1&title=1>

Despite accusations to the contrary (including accusations by the Biden Administration and entities with which it closely collaborated, including The Virality Project),^{12,13} *The Defender* and CHD thoroughly vet and “fact-check” each story submitted by a vaccine-injured individual to determine its legitimacy by requesting and reviewing medical documents and vaccination records.

In addition to those published in *The Defender*, there are many other accounts of vaccine-injured pilots. One example is that of Sierra Lund, a pilot and athlete who was in excellent physical condition until receiving her first dose of the Moderna COVID-19 vaccine in September 2021. Less than 24 hours later, she experienced symptoms mimicking a heart attack. She ultimately was diagnosed with vaccine-induced myocarditis and continues to struggle with heart issues.¹⁴

Incidents of Incapacitated Commercial Airline Pilots on the Rise

Whether these pilots and aviation industry employees felt they were coerced into getting the COVID-19 vaccine or believed they were doing the right thing by getting vaccinated, they have one key characteristic in common: They found the courage to come forward and share their stories, at the risk of professional and personal ostracization. And they are not alone. Steve Kirsch, executive director and founder of the Vaccine Safety Research Foundation, collected more than 25,000 signatures of pilots, flight attendants and other aviation industry employees who are concerned about this very issue.^{15,16}

There also are an alarming series of incidents involving pilots of commercial flights who became incapacitated during flight. On March 22, 2023, for instance, an off-duty pilot from a different airline who was flying as a passenger on Southwest Airlines Flight 6013 out of Las Vegas helped the plane make a safe return after the flight’s captain required unspecified “medical attention” shortly after takeoff.¹⁷

On March 11, 2023, United Airlines Flight 2007 en route from Guatemala City to Chicago, was diverted to George Bush International Airport in Houston due to an “incapacitated pilot.”¹⁸ And earlier this month, Nolen told NBC News that there recently have been more near-collisions^{19,20,21} involving aircraft than expected, and that aviation officials have begun “to see things that we don’t expect to see.”²² Indeed, in testimony before the Senate Commerce Committee on March 15, 2023, Nolen testified before the Senate Commerce Committee that one such incident — a

¹² <https://childrenshealthdefense.org/defender/white-house-censorship-twitter-rfk-jr>

¹³ <https://childrenshealthdefense.org/defender/twitter-files-censorship-industrial-complex>

¹⁴ <https://stevekirsch.substack.com/p/letter-to-susan-northrup-from-a-pilot>

¹⁵ <https://stevekirsch.substack.com/p/my-secret-plan-to-get-the-faa-to>

¹⁶ <https://airtable.com/shrrPn5JXe3icwEVu>

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<https://www.foxbusiness.com/lifestyle/pilot-another-airline-helps-southwest-plane-land-safely-captain-needs-medical-attention>

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<https://creativestructuremedia.com/news/business/2023/03/12/breaking-united-airlines-flight-diverted-incapacitated-pilot-in-hospital>

¹⁹ <https://www.nbcnews.com/news/us-news/faa-administrator-seeing-collisions-expected-us-skies-rcna74853>

²⁰ <https://www.cnn.com/2023/02/06/us/texas-southwest-fedex-planes-near-collision/index.html>

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<https://www.nbcnewyork.com/news/local/friday-night-terror-averted-in-near-miss-between-departing-planes-at-jfk-airport/4048749>

²² <https://www.nbcnews.com/news/us-news/faa-administrator-seeing-collisions-expected-us-skies-rcna74853>

near-collision between Southwest Airlines Flight 708 and a FedEx cargo plane at Austin-Bergstrom International Airport on February 4, 2023, was “not something that we expected to take place.”²³ And, in a CNN interview earlier this month, you attributed these incidents to “a kind of rust” among air traffic controllers and admitted there has been an “uptick” in serious close calls.²⁴

While the vaccination status and overall health of these pilots are as of yet not publicly known, the increased frequency of such incidents since 2021 — concurrent with the commencement of the COVID-19 vaccination campaign — raises questions that point to the need for a thorough investigation with the results of these investigations fully released to the public. A 2018 study published in *Aerospace Medicine and Human Performance* found that between January 1, 1995 and December 31, 2015, 173 U.S. airline pilots suffered “some form of inflight medical incapacitation” — an average of 8.2 per year.²⁵ The number of annual domestic and international U.S. flights as far back as 1995 is also similar (8.05 million)²⁶ to 2022 levels (8.689 million).²⁷ Yet, we have had two such incidents involving U.S. flight crews just in the past month, in addition to one additional incident over U.S. airspace.²⁸

FAA Issued Medical Clearance to Pilot with Prior History of Vaccine-Induced Myocarditis

Recently, a first-class medical certificate from the FAA’s Office of Aerospace Medicine, leaked by a pilot and with names and dates redacted, reveals the FAA issued this medical clearance to a pilot with a prior history of “possible” vaccine-induced myocarditis. The certificate states: “Our review of your medical records has established that you are eligible for a first-class medical certificate.”²⁹

The FAA asks the pilot in question to self-monitor for any new symptoms or adverse changes to his or her health, stating:

“Because of your history of possible Vaccine induced Myocarditis, Hyperlipidemia, Ganglion Cyst removal Left Hand, and knee pain, operation of aircraft is prohibited at any time new symptoms or adverse changes occur in your health status.”

The FAA made this recommendation despite the fact that it is widely known that myocarditis “often has no symptoms”³⁰ and that the onset of myocarditis may be “sudden,”^{31,32} with “factors causing autoimmune reactions to allergens,” such as vaccines, listed as a common cause of this condition.³³ Nevertheless, the FAA told the pilot: “Our review of your medical records has established that you are eligible for a first-class medical certificate.”

²³ <https://edition.cnn.com/travel/article/investigations-runway-close-calls/index.html>

²⁴ <https://edition.cnn.com/2023/03/15/us/faa-air-safety-summit-close-calls/index.html>

²⁵ <https://pubmed.ncbi.nlm.nih.gov/30126517>

²⁶ <https://www2.census.gov/library/publications/1997/compendia/statab/117ed/tables/transair.pdf>

²⁷ <https://www.transtats.bts.gov/Data/Elements.aspx?Data=1>

²⁸ <https://simpleflying.com/first-officer-incapacitated-air-transat-a321-flight>

²⁹

https://substack-post-media.s3.amazonaws.com/public/images/cd4633b7-260c-4dc7-aa0f-3ed1b93a4779_813x1110.jpeg

³⁰ <https://www.webmd.com/heart-disease/myocarditis>

³¹ <https://www.hopkinsmedicine.org/health/conditions-and-diseases/myocarditis>

³² <https://empendium.com/mcmtxtbook/chapter/B31.II.2.15>

³³ Ibid.

A November 2022 study published by the University of Basel in Switzerland that examined individuals who had received a COVID-19 booster shot found “elevated cardiac troponin levels in a higher percentage of vaccinated individuals than expected.” The researchers “found evidence of temporary mild damage [including myocarditis] to cardiac cells in 22 of the 777 participants — 2.8% instead of the anticipated 0.0035%.” The researchers added:

“According to current knowledge, the cardiac muscle can’t regenerate, or only to a very limited degree at best. So it’s possible that repeated booster vaccinations every year could cause moderate damage to the heart muscle cells.”

They argued that while the 2.8% figure “shouldn’t be overestimated,” it should “also not [be] ignored.”³⁴

Data Show Increase in Medical Emergency-Related Flight Diversions

As recently as January 2023, the FAA claimed that it had “seen no evidence” of vaccine-related complications that caused “aircraft accidents or pilot incapacitations.”³⁵ And in February 2023, Northrup, responding to a letter from Sen. Johnson,³⁶ stated that she and the FAA were “aware of only four potentially vaccine-related adverse events in active pilots,” out of which “only one has provided medical documentation through the normal process” — without elaborating on what this “normal process” entails.³⁷

However, Northrup and the FAA were aware, at least as early as December 2021, of numerous incidents involving vaccine-related adverse events among pilots. Since then, several more highly publicized incidents have involved pilots who sustained injuries following vaccination for COVID-19.

I am also aware of data obtained recently from the FAA via a Freedom of Information Act (FOIA) request submitted by the advocacy organization U.S. Freedom Flyers (USFF). This data pertains to the number of medical emergency-related flight diversions in recent years, up to and including 2022. This data may enlighten us as to whether there has been an uptick in these incidents in 2021 and 2022 — years during which the COVID-19 vaccines were widely administered to the public.

The raw data from 2021 and 2022, as supplied by the FAA, does not show an aggregate increase in flight diversions for medical reasons.³⁸ However, when analyzed in conjunction with data from the Bureau of Transportation Statistics — both in terms of the number of flights and the number of passengers carried annually — CHD’s own analysis determined that there was a marked

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<https://www.unibas.ch/en/News-Events/News/Uni-Research/Temporary-mild-damage-to-heart-muscle-cells-after-Covid-19-booster-vaccination.html>

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<https://justthenews.com/government/federal-agencies/federal-agencies-hiding-data-behind-pilot-heart-condition-change-covid>

³⁶ <https://www.documentcloud.org/documents/23589048-2023-01-27-rhj-to-faa-re-covid-19-vaccine-adverse-events>

³⁷

https://www.theepochtimes.com/exclusive-senator-accuses-faa-of-ignoring-potential-vaccine-dangers-to-pilots_5073387.html

³⁸ <https://childrenshealthdefense.org/wp-content/uploads/medical-diverts-foia-55.pdf>

increase, on a per-flight basis, in medical emergency-related such diversions in both 2021 and 2022, compared to 2019 and prior years.

Similarly, there was a marked increase in medical emergency diversions on a per-passenger basis in 2021 compared to 2019 and prior years, while the 2022 figure is higher than those for 2018 and 2019.³⁹ This indicates an increase in medical emergencies occurring in the air, when adjusted for the reduced number of flights and passengers in the 2021 and 2022 calendar years — during which the COVID-19 vaccines were widely administered to the public — compared to the pre-2020 period.

In light of these concerning incidents, it is particularly disturbing to hear that Congress is considering a change to Part 121 of the Federal Aviation Administration reauthorization bill that would allow airlines, beginning with the cargo industry, to fly with only one pilot in the cockpit. The airline industry reportedly is lobbying the FAA and lawmakers for this change.⁴⁰

FAA Updated Guidance on Guillain-Barré Syndrome, a Known Covid Vaccine Adverse Event

These incidents have occurred in the context of concerning updates the FAA made in recent months to the agency’s Guide for Aviation Medical Examiners.^{41,42} These include:

- “Expanded guidance” and a new disposition table for Guillain-Barré Syndrome (item 46, updated January 25, 2023).
- The revision of first-degree AV block (atrioventricular block) into two categories: PR interval of less than 300 ms and PR interval of 300 ms or more (item 36, updated October 26, 2022) and the revision of first-degree AV block criteria to “less than 300 ms” (0.30 seconds (item 58, updated October 26, 2022).

As part of these updates, the FAA for the first time is advising aviation examiners to issue a medical certificate to pilots diagnosed with a single episode of Guillain Barré Syndrome that has been “fully resolved” and from which they have “recovered” with “no complications” and “a minimum of six (6) months stability.” Previous versions of the FAA’s Guide for Aviation Medical Examiners, through December 2022,⁴³ did not contain such a provision. The FAA has not presented any evidence to account for why the agency made this update.

It is a known fact that Guillain-Barré Syndrome (GBS) is a condition linked to the COVID-19 vaccines. For instance, an April 2022 study published in *JAMA Network Open*, titled “Incidence of Guillain-Barré Syndrome After COVID-19 Vaccination in the Vaccine Safety Datalink,” found an increased risk of GBS following vaccination with the Ad26.COV2.S (Johnson & Johnson, or Janssen) COVID-19 vaccine.⁴⁴ And a February 2023 study published in *JAMA Network Open*, titled “Reports of Guillain-Barré Syndrome After COVID-19 Vaccination in the

³⁹ https://www.transtats.bts.gov/Data_Elements.aspx?Data=4

⁴⁰ <https://www.cbsnews.com/news/one-pilot-in-cockpit-staffing-shortage-faa-part-121>

⁴¹ https://www.faa.gov/about/office_org/headquarters_offices/avs/offices/aam/ame/guide/media/Archives.pdf

⁴² https://www.faa.gov/about/office_org/headquarters_offices/avs/offices/aam/ame/guide

⁴³ <https://childrenshealthdefense.org/wp-content/uploads/Guide-for-Aviation-Medical-Examiners-11.30.2022.pdf>

⁴⁴ <https://pubmed.ncbi.nlm.nih.gov/35471572>

United States,” also found that vaccination with the Ad26.COV2.S COVID-19 vaccine (Johnson & Johnson, or Janssen) “was associated with increased risk for GBS.”⁴⁵

These findings are noteworthy in light of the fact that, as recently as December 23, 2022, the FAA advised pilots and air traffic controllers that they may receive the Johnson & Johnson (Janssen) COVID-19 vaccine.⁴⁶ Yet, the FAA published its revised guidance regarding GBS one month later, in January 2023. According to the Vaccine Adverse Event Reporting System (VAERS), the Johnson & Johnson (Janssen) COVID-19 vaccine accounts for 16.44% of GBS diagnoses among those who received a COVID-19 vaccine or booster,⁴⁷ even though this vaccine only represents 2.6% of total COVID-19 vaccinations in the U.S. according to current data.⁴⁸ On March 13, the FDA updated its “fact sheet” for the Johnson & Johnson COVID-19 vaccine to indicate a risk of myocarditis and pericarditis.⁴⁹ However, to date, the FAA has not adjusted its own guidance for pilots and other aviation industry employees accordingly.

FAA Updated Guidance on Thrombocytopenia, a Known Covid Vaccine Adverse Event

And previously, on May 5, 2022, the FDA — citing an elevated risk of thrombocytopenia syndrome⁵⁰ — announced that it would restrict the use of the Johnson & Johnson (Janssen) COVID-19 vaccine to “individuals 18 years of age and older for whom other authorized or approved COVID-19 vaccines are not accessible or clinically appropriate, and to individuals 18 years of age and older who elect to receive the Johnson & Johnson (Janssen) COVID-19 vaccine because they would otherwise not receive a COVID-19 vaccine. As is widely known, pilots, those working in the skies and airline passengers, were already at elevated risk of blood clots. A 2007 study in the PLOS Medicine journal reported that the risk of venous thrombosis (VT) increases twofold-to-fourfold during air travel, and that “the risk of symptomatic venous thrombosis after air travel is moderately increased on average, and rises with increasing exposure and in high-risk groups.”⁵¹

The updates the FAA made in October 2022 to its Guide for Aviation Medical Examiners concerning AV block and the newly acceptable PR interval also raise questions. It is unclear upon which medical or scientific criteria the FAA revised its criteria to issue a medical certificate in cases of diagnosed first-degree AV block to “less than 300 ms,” from the previous figure of less than 210 ms, as seen in the 2017 edition of the FAA’s Guide for Medical Examiners,⁵² and as also seen in the May 2022 version of the FAA’s Guide for Medical Examiners contained within Sen. Johnson’s January 27, 2023 letter to the FAA.⁵³ Sen. Johnson’s letter also highlights a

⁴⁵ <https://pubmed.ncbi.nlm.nih.gov/36723942>

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<https://www.faa.gov/newsroom/pilots-and-air-traffic-controllers-may-receive-johnson-johnsons-vaccine-appropriate>

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[https://www.medalerts.org/vaersdb/findfield.php?TABLE=ON&GROUP1=VNA&EVENTS=ON&SYMPTOMS=G
uillain-Barre+syndrome+%2810018767%29&VAX\[\]=COVID19&VAX\[\]=COVID19-2&VAXTYPES=COVID-19](https://www.medalerts.org/vaersdb/findfield.php?TABLE=ON&GROUP1=VNA&EVENTS=ON&SYMPTOMS=G
uillain-Barre+syndrome+%2810018767%29&VAX[]=COVID19&VAX[]=COVID19-2&VAXTYPES=COVID-19)

⁴⁸ <https://www.statista.com/statistics/1198516/covid-19-vaccinations-administered-us-by-company>

⁴⁹ <https://www.fda.gov/media/146305/download>

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<https://www.fda.gov/news-events/press-announcements/coronavirus-covid-19-update-fda-limits-use-janssen-covid-19-vaccine-certain-individuals>

⁵¹ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1989755>

⁵² <https://childrenshealthdefense.org/wp-content/uploads/2017-edition-of-the-AME.pdf>

⁵³

<https://www.documentcloud.org/documents/23589048-2023-01-27-rhj-to-faa-re-covid-19-vaccine-adverse-events?responsive=1&title=1>

further change: the previous FAA guidelines referred to first-degree AV block with a PR interval of less than 0.21 ms for those below age 51, while the new guidelines make no reference to age.

The Merck (MSD) Manual (Professional Version), most recently updated in January 2023,⁵⁴ after the FAA proceeded with its update, continues to classify first-degree AV block as any case where the PR interval exceeds 0.20 seconds. The Merck Manual further notes that “First-degree AV block is rarely symptomatic,” meaning that pilots may be entirely unaware of this condition until their next physical examination. The same information was provided by the Merck (MSD) Manual in its September 2022 update and would have been available to FAA medical experts.^{55,56} Johns Hopkins Medicine notes that “first-degree heart block may have no bothersome symptoms.”⁵⁷ A 2009 study, “Long-term outcomes in individuals with prolonged PR interval or first-degree atrioventricular block,” published in the *JAMA* journal and based on the Framingham Heart Study, found that “Prolongation of the PR interval is associated with increased risks of AF, pacemaker implantation, and all-cause mortality.”⁵⁸

The FAA’s January 20, 2023, email to Sen. Johnson raises many questions. The FAA claimed that “first-degree AV blocks up to 300 ms were added to the FAA’s list of normal variants in 2017” but that “the AME Guide [Guide for Medical Examiners] was updated to reflect this in October 2022.” However, the FAA provided no evidence to confirm that the FAA made this change in 2017, rather than in October 2022. The FAA further claimed that “new scientific evidence enabled the FAA to safely raise the tolerance used to screen for a certain heart condition” — referring to first-degree AV block.⁵⁹ However, the FAA has not presented this “evidence” in any known documentation, despite requests from several entities, including Kirsch and the Vaccine Safety Research Foundation, to make it publicly available.

In contrast, the December 28, 2022, update to the FAA’s Guide for Medical Examiners states the following in reference to a December 15, 2022 update pertaining to renewal of an SSRI special issuance:⁶⁰

“After careful study of data from 425 pilots in the SSRI Program, the FAA has determined that the neuropsychologist evaluation AND routine CogScreen-AE administration are no longer necessary for RENEWAL of an SSRI special issuance, except when clinically indicated or specified on the Authorization/Special Consideration Letter.” [emphasis original]

Clearly, the FAA has shown that it *can* refer to specific evidence to justify an update made to its Guide for Medical Examiners. However, no such evidence or explanation has accompanied the changes made to items 36 and 58 pertaining to AB block and the PR interval or to item 46 in

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<https://www.msdmanuals.com/professional/cardiovascular-disorders/specific-cardiac-arrhythmias/atrioventricular-block>

⁵⁵ <https://childrenshealthdefense.org/wp-content/uploads/Merck-Manual-Prof-Version-Atrioventricular-Block.pdf>

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<https://www.msdmanuals.com/professional/cardiovascular-disorders/specific-cardiac-arrhythmias/atrioventricular-block>

⁵⁷ <https://www.hopkinsmedicine.org/health/conditions-and-diseases/heart-block>

⁵⁸ <https://pubmed.ncbi.nlm.nih.gov/19549974>

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<https://www.documentcloud.org/documents/23589048-2023-01-27-rhj-to-faa-re-covid-19-vaccine-adverse-events?responsive=1&title=1>

⁶⁰ <https://childrenshealthdefense.org/wp-content/uploads/Dec-28-2022-update-to-the-FAAs-AME.pdf>

reference to Guillain-Barré Syndrome. Moreover, former FAA test pilot Vance has stated, in reference to the changes made to items 36 and 58, that the FAA made the updates “completely outside the required vetting procedure provided by the Notice of Proposed Rule Making (NPRM) process.”^{61,62}

FAA Made Updates without Following Normal Procedures

It is also concerning that as the FAA proceeded with these changes, the agency now appears to be issuing guidance that is outside of internationally accepted norms. The International Civil Aviation Organization’s (ICAO) Manual of Civil Aviation Medicine, last updated in 2012 and is still in effect today, states that “first degree atrioventricular block is present if the PR interval exceeds 210 ms” — matching the FAA’s guidelines up until October 2022.⁶³ The FAA’s guidelines influence the policies of other domestic and international bodies. For example, NASA states that it “adopts the medical standards policy and guidelines of the Office of Aerospace Medicine of the FAA as the initial basis of determining an individual’s medical qualification for flight duty in NASA aircraft.”⁶⁴ And the FAA itself states that it shares its “best practices” with aviation regulatory agencies around the world, including “the delivery of aviation expertise and knowledge to aviation authorities and air navigation service providers around the world on critical functions for safety and efficiency,” adding that “the FAA designs, develops, and delivers technical training for international aviation officials and also provides related training services such as assessments and consultations.”⁶⁵

To date, the FAA has not been responsive to requests for more information and evidence concerning the changes to its guidelines or calls for investigations into cases of vaccine injury among pilots — including instances where such injuries caused, or may potentially have resulted in, pilot incapacitation. This includes requests from the office of Sen. Johnson, the USFF, and the Vaccine Safety Research Foundation. On March 21, CHD submitted two FOIA requests to the FAA for information pertaining to medical clearances, authorizations, and letters of eligibility issued by the FAA to pilots diagnosed with myocarditis and the methods, procedures, and criteria by which the Federal Air Surgeon determines whether to grant a medical certificate/authorization or a SODA (Statement of Demonstrated Ability), in cases where the pilot was diagnosed with a cardiac issue.⁶⁶

The FAA has been essentially leaderless for the past year, operating without a permanent administrator since March 2022. On what basis is the FAA making policy changes that are potentially so consequential to public health and safety without a permanent leader at the helm?

Airline Safety Is Not a Partisan Issue — We Must Have Answers

Secretary Buttigieg, the safety of pilots, cabin crew, airline passengers, and the general public is not and never has been a partisan issue. Everything contained within this letter pertains to fundamental issues of public health and safety, which you, the DOT, the FAA, and the Biden Administration profess to uphold and to protect. The changes to FAA guidelines and the lack of

⁶¹ <https://rwmalonemd.substack.com/p/america-we-have-a-problem>

⁶² https://www.federalregister.gov/uploads/2011/01/the_rulemaking_process.pdf

⁶³ https://www.icao.int/publications/documents/8984_cons_en.pdf

⁶⁴ https://www.nasa.gov/pdf/620882main_Av_med_cert_std_OCHMO_110902_2MED.pdf

⁶⁵ <https://www.faa.gov/international>

⁶⁶ https://www.faa.gov/foia/email_foia/?region=cami, Mar. 21, 2023, FOIA requests submitted by CHD to the FAA.

publicly available evidence on which these changes rest, along with the increasing number of incidents involving the incapacitation or vaccine-related injury of pilots, are highly concerning.

I ask that you respond to the following questions and urge you, the DOT, and the FAA to investigate these matters:

1. Will recent incidents involving the incapacitation of pilots in flight be fully and thoroughly investigated, including whether the medical issues the pilots experienced were vaccine-related?
2. On what basis have you and the acting FAA Administrator come to the conclusion that “a kind of rust” and a recent wave of retirements are to blame for an “uptick” in near-collisions and near-misses in our nation’s airports? Have the FAA and DOT examined and investigated the health and fitness of all individuals involved in such incidents, including air traffic controllers (who were previously subject to the Biden administration’s vaccine mandate for federal employees)?
3. Will the FAA thoroughly investigate the growing number of cases of pilots who reported severe adverse events following their COVID-19 vaccinations, and use the findings of this investigation as the basis to update and revise its COVID-19 vaccine-related guidance for pilots, cabin crew, and all aviation industry employees?
4. Will you, the DOT, and the FAA respond to the question of why the FAA, up until now, has not publicly released complete details about the incidents involving incapacitated pilots and/or vaccine-injured pilots?
5. Will the DOT and FAA continue to recommend that pilots and aviation industry workers get the COVID-19 vaccines and boosters despite the FAA’s recognition, in at least one instance involving a pilot, of “possible” vaccine-induced myocarditis?
6. Will the FAA provide all evidence used as the basis for its recent (October 2022 and January 2023) updates to the agency’s Guide for Medical Examiners, in particular pertaining to changes made to the guidelines regarding Guillain-Barré Syndrome (item 46) and first-degree AV block and the acceptable PR interval (items 36 and 58) and retract its statement that this change was made in 2017 when documentation from the FAA all the way up to 2022 indicates otherwise? And will the agency explain why the changes to the guidelines pertaining to AV block and PR interval deviated from those recognized, up until today, by the International Civil Aviation Organization (ICAO) and established medical experts? Were these changes (to items 36, 46, and 58) made in response to COVID-19 vaccine-related injuries?
7. Will the FAA provide a satisfactory explanation as to why it contravened its own established guidelines by strongly recommending pilots, aviation industry employees, and their employers receive COVID-19 vaccines issued under EUA and on the market for less than 12 months?
8. Will the FAA explain why it continues to recommend EUA vaccines when there are (supposedly) fully FDA-licensed alternatives now available, such as Pfizer’s Comirnaty, and why the agency still recommends vaccines, such as the Johnson & Johnson (Janssen)

COVID-19 vaccine, which were found to be connected to increased incidences of thrombosis and Guillain-Barré Syndrome? On what basis and upon which evidence did the agency make these policy decisions?

9. Will the DOT and FAA pledge to maintain two pilots in the cockpit of passenger, commercial and cargo flights in the United States as part of the FAA's forthcoming reauthorization? The history of aviation — even beyond the recent incidents of pilot incapacitation — demonstrates the dangers of having only one healthy pilot in the cockpit, and worse yet, cases where a passenger flight was left pilotless following the incapacitation of both pilots — a risk that will increase with only one pilot in the cockpit to begin with. Take, for instance, the deliberate March 2015 crash of Germanwings Flight 4U 9525, where the first officer locked the captain out of the cockpit after the latter presumably took a bathroom break, then proceeded to change the flight controls to intentionally run the flight into the ground, vividly illustrates the dangers of one-pilot cockpits. All passengers and crew were killed.⁶⁷
10. Is the FAA prioritizing “keeping pilots in the air” at the expense of pilot, passenger and public safety? Here, I am referring to remarks made in an August 2021 interview with Courtney Scott, DO, MPH, published in the Federal Air Surgeon's Medical Bulletin.⁶⁸ In this interview, Scott said:

“There has been a shift in the goal of aerospace medicine standards from preventing airmen with certain medical conditions from flying, to allowing some airmen with certain medical conditions to fly after mitigating the risks. This mitigation, which we can call aeromedical disease management, is what makes the role of AMEs [aviation medical examiners] so important, helping to identify and assess risk.

“AMEs are essential to getting and keeping pilots in the air. Occasionally, pilots can see the AMEs as an adversary because sometimes in the mind of a pilot, the goal of an AME is to stop them from flying. This attitude goes with the old aeromedical focus of not allowing anyone to fly if they have certain medical conditions. Now the goal is to get the pilot flying if they can do so safely.”

These statements strongly suggest the FAA's priority is to “keep pilots flying” if they “can do so safely” — ignoring, however, that many heart conditions, such as myocarditis, often do not display any symptoms until disaster strikes.

11. Why are the FAA and DOT, in conjunction with the DOJ, still prioritizing appealing the decision to void the federal transportation mask mandate⁶⁹ at the expense of issues pertaining to incapacitated pilots and vaccine-injured pilots? Moreover, why are the FAA and DOT continuing to pursue a mask mandate when an increasing number of studies and meta-studies, including one published in January by the highly reputable and respected

⁶⁷ https://www.bea.aero/uploads/tx_elydbrapports/BEA2015-0125.en-LR.pdf

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https://www.faa.gov/sites/faa.gov/files/other_visit/aviation_industry/designees_delegations/designee_types/2021_Volume_56-3.pdf

⁶⁹

<https://www.reuters.com/legal/us-asks-court-reverse-order-banning-airplane-mask-mandate-combat-covid-2023-01-17>

Cochrane Review, found that mask mandates “made little to no difference” in slowing the spread of COVID-19?⁷⁰ — and also in light of the example of Sweden, a country which eschewed strict COVID-19 countermeasures such as lockdowns and mask mandates, and which recorded among the lowest levels of excess deaths globally⁷¹ and far fewer COVID-19 deaths per million people than the U.S. and other countries with severe measures (including France, Belgium, Italy, Argentina, Russia, Portugal, Spain)?⁷²

12. Will the FAA respond to CHD’s FOIA requests, free of delay and unnecessary redactions outside the boundaries of what the law foresees?

As Secretary of Transportation, you have an obligation to protect Americans using all modes of transportation, all employees in these industries, including pilots, air traffic controllers and other aviation workers, and the public at large. I believe that the situation above our nation’s skies has reached a critical and dangerous level. Therefore, I formally call for a full investigation and the formation of a committee to review the recent near-misses, incidents of pilot incapacitation, cardiac issues and vaccine injuries in pilots and other aviation workers, the increasing number of flights diverted due to medical emergencies, the updates made to the FAA’s medical recommendations and the evidence (if any) upon which these changes were made, the issuance of medical clearances to pilots with potentially deadly conditions such as vaccine-induced myocarditis, and the FAA’s recommendation of EUA COVID-19 vaccines in apparent violation of its own policies. I also request that you launch and lead a frank public conversation about what is happening on our airplanes and in our skies, and what the FAA is doing about it.

I await your reply.

Sincerely,



Robert F. Kennedy, Jr.
Chairman and Chief Litigation Counsel
Children’s Health Defense

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https://www.cochrane.org/CD006207/ARI_do-physical-measures-such-hand-washing-or-wearing-masks-stop-or-slow-down-spread-respiratory-viruses

⁷¹ [https://www.thelancet.com/article/S0140-6736\(21\)02796-3/fulltext](https://www.thelancet.com/article/S0140-6736(21)02796-3/fulltext)

⁷² <https://ourworldindata.org/covid-deaths> - Sweden was 46th globally in COVID-19 deaths per one million people as of March 21, 2023 – the United States was 19th.