December 15, 2021

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Re: (1) Notice to FAA That Pilots Are Operating Commercial Aircraft in Contravention of Do-Not-Fly Regulations – Title 14 Code of Federal Regulations §61.53 (also known as Federal Aviation Regulation 61.53) and Associated Guidance – Which Disallow Medical Clearance of Pilots Who Has Injected NON-FDA Approved Medical Products, such as COVID-19 Vaccinations;

(2) Notice to FAA That Pilots Have Suffered Death and Serious Injury Post-COVID-Vaccinations;

(3) Notice to FAA that Signors Are Aware That Complaints Were Made to FAA Concerning this Issue;

(4) Notice That Pilots Flying with Abnormal D-Dimer Values, Which Indicate Active Blood Clotting, Are at Elevated Risk for Pulmonary Embolism, Stroke, Arrhythmias, Cardiac Arrest & Death While In-Flight;

(5) Notice That Pilots Flying with Abnormal Troponin Values and/or New ECG Changes/Cardiac MRI Changes – Which Indicate Active Heart Damage and Possible Acute Myocarditis – Are at Elevated Risk for Arrhythmias, Cardiac Arrest, and Death While In-Flight;

(6) Given That Both the FAA & Commercial Airline Industry Appear to Have Violated Long-Standing CFR Regulations Which Disallow Medical Clearance of Pilots Who Have Received NON-FDA Approved Products – Lest "Aeromedically Significant Adverse Effects Manifest" – and Further Given the Wholesale Disregard of Evidence Indicating That Such Aeromedically Significant Effects Are In Fact Currently Occurring In Pilot Populations, Signors Hereto Request that the FAA Immediately Adopt a Proactive Screening Program Requiring All Vaccinated Pilots to Undergo Medical Re-Certification Within Four Weeks of the Date of this Letter to Include D-Dimer, Troponin and ECG Tests, as well as Cardiac MRIs, and Medically Clear ONLY Vaccinated Pilots Who Can Show a Clean Bill of Health on ALL Tests;

(7) Notice to the FAA, All Commercial Airline Companies, and All Carriers Insuring Commercial Airlines That a Failure to Immediately Investigate this Issue, Correctly Apply Federal Do-Not-Fly Regulations – and Ground All Vaccinated Pilots Who Cannot Show Clean D-Dimer, Troponin, ECG and Cardiac MRI Tests – Could Lead to a Catastrophic Event Involving Mass Fatalities, Causing At-Fault Parties to Suffer Monetary Liability Potentially Extending to USD Hundreds of Millions.

VIA HAND DELIVERY, U.S. MAIL (RETURN RECEIPT REQUESTED), FACSMILE & E-MAIL

Gentlemen:

The attorneys, medical doctors, and other experts who authored this letter have become aware of the fact that the commercial airline industry, pilots, and Federal Aviation Administration ("FAA") appear to be together operating in violation of Title 14 of the Code of Federal Regulations §61.53

(also known as Federal Aviation Regulation 61.53) and Related Guidance which prohibit pilots from flying with non-FDA approved agents in their bodies like the COVID-19 inoculation, and in a manner that puts the general public at risk of death and/or serious injury. We lead with our conclusion, and ask that the FAA immediately take action to remedy this problem by:

1) Medically flagging all vaccinated pilots.

2) Within four weeks of this letter, having said pilots undergo thorough medical re-examinations to include D-Dimer tests (to check for blood clotting problems), Troponin tests (to check for Troponin in the blood, which is a protein that is released when the heart muscle has been damaged), post-vaccination ECG analysis (also known as EKG, which checks the electrical signals which determine cardiac health), and cardiac MRI and PULS Test (to determine heart health). Inclusion of the cardiac MRI as a screening test for pilots is critical, as a recent study showed that using only ECG results and symptoms to screen patients resulted in a 7.4 under-diagnosing of actual myocarditis,[1] while the PULS Test is also critical as a study published last month showed that "Mrna COVID Vaccines dramatically increase ... inflammatory markers" and that the risk of **Acute Coronary Syndrome more than doubled in those vaccinated**, leading the authors to conclude that "the mRNA COVID-19 vaccines dramatically increase inflammation ... on the endothelium and T cell infiltration of cardiac muscle, and may account for the observations of increased thrombosis, cardiomyopathy, and other vascular events following vaccination."[2]

3) Medically de-certifying and grounding all pilots who fail any one of the above tests or who otherwise show symptoms indicative of possible blood-clotting issues or myocarditis (such as chest pain, shortness of breath, decreased exercise tolerance, or new heart palpitations) – and re-testing said pilots at six week intervals until all subjective and objective findings return to levels that are aeromedically acceptable (including D-dimer, Troponin, ECG and cardiac MRI findings in aeromedically acceptable ranges) and until clean bills of health issue.

4) From this point forward, only allowing commercial aircraft to be operated by pilots who can show D-Dimer and Troponin tests – as well as cardiac MRIs, ECGs and PULS tests – at aeromedically acceptable levels, and a clean medical examination undertaken a minimum of five (5) days *after* each COVID-19 vaccine and after each COVID "booster" shot, as a review of reporting systems such as the Vaccine Adverse Event Reporting System ("VAERS") indicates that the current FAA wait time of two (2) days is insufficient to detect a significant number of blood clotting and myocarditis cases (which are manifesting more than 48 hours post-inoculation).

Note that in an affidavit filed in court earlier this year, multiple medical doctors – **including the cardiologist retained by the FAA**, and including a Lieutenant Colonel in the U.S. Army who is a Flight Surgeon, Aerospace Medicine Specialist, and an Aviation Officer Course & Mishap Training Specialist with a Master's Degree in Public Health – both concluded that:

[1] Prevalence of Clinical and Subclinical Myocarditis in Competitive Athletes With Recent SARS-CoV-2 InfectionResults From the Big Ten COVID-19 Cardiac Registry, (May 27, 2021) https://jamanetwork.com/journals/jamacardiology/fullarticle/2780548.
[2] Mrna COVID Vaccines Dramatically Increase Endothelial Inflammatory Markers and ACS Risk as Measured by the PULS Cardiac Test: a Warning, Steven R Gundry, originally published 8 Nov 2021Circulation. 2021;144:A10712. https://www.ahajournals.org/doi/10.1161/circ.144.suppl_1.10712.

- the risk of "post-vaccination myocarditis was not trivial,"

- that the "aviation population is comprised of individuals with demographics that the CDC and FDA established (on June 25, 2021) was at greatest risk for developing post-vaccination induced myocarditis,"

- that the "unpredictable and potential serious complications thereof present an ... unacceptable level of aeromedical risk,"

- that "risk-stratification, screening and diagnostic testing is necessary for continued safety of flight," and

- that "immunizations with COVID vaccinations should be immediately suspended until further aviation specific studies can be conducted."

As context for this discussion, it is clear that the "FAA has the responsibility for investigating possible violations of Federal regulations, orders, or standards relating to aviation safety."[3] An AIR21 Whistleblower Complaint may be filed by anyone, confidentially. We are aware that complaints have been filed on this topic, and that FAA is now required, under applicable regulations, to thoroughly investigate all such complaints.

Title 14 of the Code of Federal Regulations §61.53 states that "no person who holds a medical certificate issued under part 67 of this chapter may act as pilot in command, or in any other capacity as a required pilot flight crewmember, while that person... [is] receiving treatment for a medical condition that results in the person being unable to meet the requirements for the medical certificate necessary for the pilot operation." In interpreting this provision, the Guide for Aviation Medical Examiners states:

> **Pharmaceuticals (Therapeutic Medications)**
>
> **Do Not Issue - Do Not Fly**
>
> The information in this section is provided to advise Aviation Medical Examiners (AMEs) about two medication issues:
>
> Medications for which they should not issue (DNI) applicants without clearance from the Federal Aviation Administration (FAA), AND
>
> **Medications for which for which they should advise airmen to not fly (DNF)** and provide additional safety information to the applicant. The lists of medications in this section are **not meant to be all-inclusive** or comprehensive, but rather address the most common concerns.

[3] Federal Aviation Administration, "How to File an AIR21 Whistleblower Complaint." https://www.faa.gov/about/initiatives/whistleblower/complaint#:~:text=The%20FAA%20has%20the%20responsibility,likelihood%20that%20a%20violation%20occurred.

Do Not Issue. AMEs should not issue airmen medical certificates to applicants who are using these classes of medications or medications.

- Angina medications
  - ntrates (nitroglycerin, isosorbide dinitrate, imdur), nolazine (Ranexa).

- Anticholinergics (oral)
  - *e.g.*: atropine, benztropine (Cogentin)

- Cancer treatments including chemotherapeutics, biologics, radiation therapy, etc., whether used for induction, "maintenance," or suppressive therapy.

- Controlled Substances (Schedules I - V). An open prescription for chronic or intermittent use of any drug or substance....

- **FDA** (Food and Drug Administration) **approved less than 12 months ago.** 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 allows time for uncommon, but aeromedically significant, adverse effects to manifest themselves....**

Guide for Aviation Medical Examiners (emphasis added).[4]

As the recipients are likely aware, **the FDA has not approved any of the COVID-19 shots currently available in the United States**. On August 23, the FDA granted BioNTech Manufacturing GmbH's Biologics Licensing Application to distribute the Comirnaty vaccine in the United States once certain conditions are met; however, the Comirnaty vaccine is not currently available in the United States – and will not be until the supply of the Pfizer-BioNTech vaccine is first exhausted. See https://www.fda.gov/media/151710/download. The Pfizer-BioNTech vaccine is currently available only under an EUA, which the FDA extended on August 23, 2021. See https://www.fda.gov/media/150386/download. It is also important to note that the approved vaccine, Comirnaty, cannot be said to be interchangeable with unapproved inoculations.[5]

[4] https://www.faa.gov/about/office_org/headquarters_offices/avs/offices/aam/ame/guide/pharm/dni_dnf/ (emphasis added).

[5] The concept that unapproved COVID inoculations should be considered "interchangeable" was recently adjudged to be incorrect by a federal court examining the argument. *See* Doe et al v. Austin et al, (USDC Northern Dist. Florida) (October 6, 2021). In this decision relating to the DOD and vaccine mandates for military members, a federal judge began by noting that, under the relevant EUA statute, recipients of EUA drugs must be "informed … of the option to accept or refuse administration of the product." The court went on to explain that "DOD's guidance documents explicitly say only FDA-licensed COVID-19 vaccines are mandated" and that while such a mandate would be applicable to the Comirnaty vaccine since it was FDA-approved, the "plaintiffs have shown that the DOD is requiring injections from vials **not** labeled 'Comirnaty' and that "defense counsel could not even say whether vaccines labeled 'Comirnaty' exist at all." In considering the DOD's argument that it was okay to interchange vaccine vials because allegedly "the contents of EUA-labeled vials are chemically identical to the contents of vials labeled 'Comirnaty'" the judge noted that such argument was entirely "unconvincing" and went on to further state that "FDA licensure does not retroactively apply to vials shipped before BLA approval" and that EUA provisions suggest "drugs mandated for military personnel be actually BLA-approved, not merely chemically similar to a BLA-approved drug." Id.

Put simply, any pilot flying right now who has been vaccinated in the United States has almost certainly NOT received an FDA-approved vaccine, as the available J&J, Pfizer and Moderna shots are not yet FDA-approved. And even were such pilots to have received an FDA-approved vaccine, under relevant federal regulations, the pilots should still not be flying for 12 more months – until such time as at "least one year of post-marketing experience" has occurred *after* the FDA's initial approval.

The reason for this cannot be overstated: history and common sense evince that significant time must elapse post-FDA approval to ensure that new medical agents do not end up causing adverse effects (as did Thalidomide and Glyphosate). This is particularly true when the individuals who are receiving such new, experimental medical products are spending significant amounts of time at altitude, and are in control of large vehicles carrying hundreds of other passengers, which passengers could all die or be severely injured should the operator suffer an adverse health event.

Currently, not only have all pilots flying commercial airplanes ***not*** had at least one year of post-marketing time elapse post-FDA approval of the agent injected into their bodies, these pilots are flying with an entirely UNAPPROVED product in their systems, which inoculation is now unfortunately proving to cause all manner of clotting, embolic and thrombosis-related side effects (which side effects are known to occur with greater frequency and severity when at altitude). Additionally, across all populations, the inoculations are resulting in significant increases in myocarditis and subsequent heart failure, arrhythmias, cardiac arrests, and deaths. This is especially true in the younger male cohort, to which many pilots belong.

Indeed, we are aware of pilots who have died post vaccination. We are also aware of other pilots who are suffering side effects, many of whom have been afraid to report them for fear of being grounded, but some of whom have been forced to seek medical care and report them due to the significance of the vaccine-related adverse event, like pilot Cody Flint:

> I am a 33 year old husband and father of two young boys. I am an agricultural pilot by profession, with over 10,000 flight hours. I have been very healthy my whole life, with no underlying conditions. I received my first dose of the Pfizer Covid Vaccine on February 1. Within thirty minutes, I developed a **severe stabbing headache, which later became a burning sensation in the back of my neck**. Two days after vaccination, I got in my airplane to do a job that would only take a few hours.
>
> Immediately after taking off, I knew that something was not right with me. I was starting to **develop tunnel vision, and my headache was getting worse**. Approximately two hours into flying, I pulled my airplane up to turn around and felt an extreme burst of pressure in my ears.
>
> **Instantly, I was nearly blacked out, dizzy, disoriented, nauseous and shaking uncontrollably**. By the grace of God, I was able to land my plane without incident **– although I do not remember doing this.**
>
> My initial diagnosis of vertigo and severe panic attacks – although I've never had a history of either of these – was later replaced with **left and right peri-lymphatic fistulas, Eustachian tube dysfunction, and elevated intra-cranial pressure due to brain swelling.** My condition continued to decline, and my doctors told me that only an adverse reaction to the vaccine or a major head trauma could have caused this much spontaneous damage.

> I've had six spinal taps over eight months to monitor my intra-cranial pressure, and two surgeries, eight weeks apart, to repair the fistulas. I have missed nearly an entire year of my life – and my children's lives. Days of baseball games, playing in the backyard, and just picking up my kids to hug them have been replaced with living in a sick body, doctor's visits, and more questions than answers. I don't know if I'll ever be able to fly again.
>
> This vaccine has taken my career from me, and the future I have worked so hard to build. I've used all of my savings just to pay my medical bills: my family and I are on the verge of losing everything we have. **I was and still am pro-science and pro-vaccine.** The main issue rests squarely on the fact that **the FDA, CDC and NIH refuse to acknowledge that real lives are being absolutely destroyed by this vaccine....**

U.S. Senate Press Briefing on COVID-19 Vaccine Injuries, November 2021, Testimony of Cody Flint, ***https://rumble.com/voz514-cody-flint-i-have-missed-an-entire-year-of-my-life-trapped-in-vaccine-injur.html.***

While we understand the hesitancy to do what morality and the law requires given the current situation, here's the upshot: should the FAA fail to ground and medically de-certify all pilots who have received experimental and non-FDA approved COVID-19 vaccines in accordance with CFR §65.13 and related Guidance which require this result – and bar reinstatement of such pilots until such time as they can show aeromedically acceptable D-Dimer, Troponin, ECGs, cardiac MRIs, PULS tests and clean bills of health – the FAA will be putting many innocent airline passengers' lives in harm's way in the event a pilot loses control of his aircraft after suffering a major blood-clotting event (pulmonary embolism, stroke, etc.) or a myocarditis-related event, either of which can result in incapacitation, cardiac arrest, and death.

In the case of a major seizure, which is apparently what affected American Airline pilot Wil Wolfe post-COVID-vaccination and prior to his death (albeit not while in an airplane), the adverse event may cause untold devastation: a seizure that creates massive muscle stiffening and jerking of large muscle groups could be catastrophic if the pilot were on approach for landing, and actively flying the plane only a few hundred feet above the runway. A vaccinated pilot who suffers such a full-blown tonic-clonic seizure while on approach – such that the pilot could not maintain level control of the plane a few hundred feet above the tarmac, and uncontrollably and inadvertently dipped a wing thus causing the plane to cartwheel down the runway at landing – would likely cause not just massive injury and death to innocent passengers, but also create shocking monetary liability for the airline company and insurance carriers, potentially extending into the hundreds of millions USD. Indeed, as noted in a recent article in an insurance publication concerning a 2019 plane crash:

> Calculations by Reuters based on the Montreal convention [estimated]... initial compensation costs for all 157 passengers who died on the flight [at] ... around $25 million...
>
> ***
>
> [But] **legal compensation payments for crash victims could run around $2 million to $3 million <u>per</u> <u>person</u> in the US.**

See article entitled "Insurers Face Tens of Millions in Claims after Ethiopian Airlines Crash," published in Insurance Business America (Alicja Grzadkowska, March 12, 2019). Using the above

math, if a large plane carrying between 250 and 450 Americans crashes because a pilot suffered a major vaccine-related health event one week after, *e.g.*, his second Pfizer jab, which event then results in the death of every American on board, the liability could easily run – given that the airlines and FAA were on notice as to the issue herein – an astounding $750 million at the low end to $1.35 billion+ USD at the high end.

Many of the undersigned are trial attorneys, and we believe the potential liability from this issue would be truly staggering, given the following: 1) nearly all players in the aviation industry appear to be acting in concert to ignore the Code of Federal Regulations/Federal Aviation Regulations §61.53 and associated Guidance which disallow pilots from being cleared to fly if they have non-FDA approved products in their systems; 2) said aviation players appear to further be in lockstep agreement to turn a blind eye to airlines like United, Alaska and Jet Blue which have mandated the COVID vaccine in defiance of black-letter federal law (the Emergency Use Authorization Act) which prohibits the mandating of any medical product while it is still in the experimental phase; and 3) the industry has not course-corrected, despite receiving reports of pilots suffering adverse events post-vaccination, both in-air and at-home (*see data* involving death of pilot Wil Wolfe; *see also* Calgary Herald article from last week involving Canadian pilot (all Canadian pilots are vaccinated) stating "West Jet Flight Diverted Back to Calgary after Pilot Passes Out"[6] and noting that a "plane flying from Calgary to Atlanta Monday was forced to turn around due to a medical emergency involving the pilot....").[7]

It bears mention that decisions to "conceal[] material information" or "engage[] in an effort to cover up deception" by aviation giants are not taken lightly, and indeed were primary factors in the $2.5 billion assessment against Boeing reported earlier this year over its 737 Max issue:

> Boeing will pay a total criminal monetary amount of over $2.5 billion, composed of a criminal monetary penalty of $243.6 million, compensation payments to Boeing's 737 MAX airline customers of $1.77 billion, and the establishment of a $500 million crash-victim beneficiaries fund to compensate the heirs, relatives, and legal beneficiaries of the 346 passengers who died in the Boeing 737 MAX crashes of Lion Air Flight 610 and Ethiopian Airlines Flight 302.

See "Boeing Charged with 737 Max Fraud Conspiracy and Agrees to Pay Over $2.5 Billion" (January 7, 2021), ***https://www.justice.gov/opa/pr/boeing-charged-737-max-fraud-conspiracy-and-agrees-pay-over-25-billion.***

In arriving at this multi-billion dollar penalty, Department of Justice personnel, investigators and attorneys cited the "misleading statements, half-truths, and omissions" on the part of Boeing as the linchpins in the above damages calculation, and further noted that while colluding to hide facts should never be countenanced, such is especially true "in industries where the stakes are this high." The attorneys concluded by holding that Boeing's "lack of candor" was untenable – and that

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[6] https://calgaryherald.com/news/local-news/westjet-flight-diverted-back-to-calgary-after-pilot-passes-out

[7] The FAA and all airlines should also be on notice regarding any pilot who may avail himself of the Americans with Disabilities Act and later amendments of the following: Each of the EUA Covid Injectables ("vaccines") are designed to genetically program (modify) the user's cardiovascular cells to produce unnatural synthetic spike proteins (prions), which is prospectively prohibited where the user is or may become availed to the Rehabilitation Act of 1973 and/or the Americans with Disabilities Act, 2008 amendment per 42 U.S.C. § 12102(a)(2)(B) because it interferes in the Major Bodily Function of "normal cell growth."

the multi-billion dollar hit against Boeing was designed to deter such conduct on the part of aviation players in future, whilst restoring public confidence:

> The substantial penalties and compensation Boeing will pay demonstrate **the consequences of failing to be fully transparent**.... The public should be confident that government regulators are effectively doing their job, and those they regulate are being truthful and transparent.... This landmark [] agreement will forever serve as a **stark reminder of the paramount importance of safety** in the commercial aviation industry, and that **integrity and transparency may never be sacrificed....**

Note that we have confined our focus for the time being, among many known adverse effects of the vaccines, to only those that would result in immediate incapacitation of the pilot. That said, we urge the FAA to create a database to track pilot adverse events in a manner similar to VAERS, as we fear that medical adverse events post-vaccination in pilot populations are occurring at greater rates than have been tracked or monitored in either civilian or military populations, based on, *inter alia,* the following Senate Testimony of U.S. Army Lieutenant Colonel Theresa Long, M.D., Master's Degree in Public Health, Army Aerospace Medicine Specialist and Aviation Officer Course & Mishap Training Specialist:[8]

> Last May, I attended the Senior Preventative Leadership Program for the Army. When we were given an opportunity to ask the senior leaders questions, I simply asked:
>
> "So we skipped two years of Phase 2 trials, and three years of Phase 3 trials? We only lost 12 active duty soldiers to COVID – yet we're going to risk the health of the entire fighting force, on a vaccine we only had two months of safety data on?"
>
> The response was:
>
> "You're damn right Colonel. And you're going to get every soldier you can to take the vaccine so I can get enough data points to determine if the vaccine is safe."
>
> ***
>
> Numerous soldiers told me of threats and intimidation to get the vaccines that were still under the EUA. This violated medical ethics, specifically the Nuremberg Code.

[8] We are aware of the issuance of a memo which sought to end-run the rather strict prohibitions under Title 14 CFR §65.13 (aka FAR 61.53) and its associated DNF Guidance which prohibit pilots from flying with medical products that are NOT FDA approved in their systems, by stating that pilots should simply not fly for 48 hours post-vaccination, based on the fact that the Agency believes the vaccine to be "safe." Given that multiple years of Phase 2 and Phase 3 clinical trials were skipped, and that no significant human testing was done in connection with this vaccine, the undersigned authors of this letter would like to know on exactly what scientific studies or other basis the designation of "safe" was predicated? Put simply, how did the FAA determine safety – given the wholesale absence of any significant studies on humans – including the absence of any studies on pilots, who often undertake long-haul flights which put their cardiac and vascular systems under significant stress and can thus magnify the cardiac and vascular side-effects from experimental medical products? It appears to the undersigned that the determination of "safe" was not issued in good faith nor after actual due diligence, and that the only relevant clinical trial of note is the one being conducted on the pilots as we speak – which is to say: the pilots **are** the lab rats from which safety data or lack thereof will be generated. On a related note, in that same memo, the agency indicated it would "monitor the patient response to each vaccine." Please provide the undersigned with all reporting protocols, testing and other evidentiary measures the FAA or its sub-agencies have adopted to "monitor the patient response to EACH vaccine" – because per this statement – it appears that the FAA represented it would be actively collecting data on pre- and post-objective tests and subjective symptoms that pilots are reporting before and after *each* COVID vaccine, and *each* booster.

> When I emailed Army Public Health Command... they told me they were <u>not</u> tracking, tracing or monitoring adverse events.
>
> ***
>
> I saw five patients in clinic, two of which presented with chest pain, days to weeks after vaccination, and were subsequently diagnosed with pericarditis, and then worked up to rule out myocarditis. The third pilot had been vaccinated and felt like he was drunk, chronically fatigued within 24 hours after vaccination. The pilot told me he did not know what to do, so he drank a lot of coffee to "try and wake himself up," and continued to fly, until he realized the problem wasn't going away. After I reported to my command my concerns that – in one morning – **I'd had to ground 3 out of 3 pilots due to vaccine injuries,** the next day my patients were cancelled, my charts were pulled for review, and I was told that **I would not be seeing acute patients anymore,** just healthy pilots there for their flight physical."

US Senate Press Briefing on COVID-19 Vaccine Injuries (Nov 2021), Testimony of Dr. Theresa Long, MD, MPH, ***https://rumble.com/voz7ik-theresa-long-md-mph-the-vaccine-is-a-greater-threat-to-soldiers-and-defense.html.***

Attached to this letter is a list of pilots in VAERS who have suffered adverse events. It is by no means an exhaustive list. Rather, it represents a sampling of ten individuals, aged 30 to 70, fairly evenly split between Moderna and Pfizer inoculations (with one Janssen), who were otherwise healthy – many were athletic and the list boasts one triathlete. But within a short period of time after their vaccinations, these pilots suffered vaccine-related adverse health events that were nothing short of bone-chilling:

- Myocardial Infarction (heart attack)
- Atrial Fibrillation
- Pericarditis
- Brain Swelling
- Elevated Intra-Cranial Pressure affecting Spinal Cord and Brain Stem
- Sub-Arachnoid Hemorrhages (brain bleed)
- Blindness

Half had cardiac issues, the other half had brain issues, and in a majority of the ten cases, VAERS listed their injures as "life threatening," "permanently disabling" or both. The upshot? Not only were the large majority of these individuals suffering life-ruining injuries, they were not the specimens of pilot health required by aviation industry regulators in order to ensure passenger safety.

In sum, neither the law nor common sense countenances that federal agencies charged with *ensuring* public safety ignore concerning data and thereby *jeopardize* public safety. Nor do law and common sense countenance ignoring information that evinces that both pilots and the passengers they serve are at risk of severe injury and possibly death. Finally, neither precept countenances killing a plane full of hundreds of Americans because a commercial pilot loses control of their aircraft after suffering a major blood clot, seizure, or myocarditis-related event, which in turn causes his jet to be involved in a fatal catastrophic crash... before regulators decide to finally act.

Quite the opposite: both federal regulations and good sense require that <u>all</u> commercial pilots who have received a COVID-19 vaccine, and are thus flying with a **non**-FDA approved medical agent in their body, be immediately flagged and medically re-certified only after showing aeromedically acceptable D-Dimer, Troponin, ECGs, cardiac MRIs and PULS tests, and otherwise clean bills of health.

Sincerely,

Leigh Taylor Dundas
Leigh Taylor Dundas, Esq.
Advocates for Citizens' Rights

Peter Mc Cullough
Dr. Peter McCullough, M.D. *(CV attached)*

Robert F. Kennedy, Jr.
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Peter Chambers
Lt. Colonel Peter Chambers, M.D.
Special Forces Flight Surgeon - Green Beret
Purple Heart, Meritorious Service Medal, Bronze Star
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