

ARTICLE

IMPLICATIONS OF THE VACCINE AGAINST COVID-19 ON AIRCRAFT PERSONNEL (PREDOMINANTLY AIRCRAFT PILOTS) AND THEIR ENVIRONMENT *

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SUMMARY

Having considered the vaccine as the only solution to the pandemic, various groups of workers decided not to get vaccinated. Among those groups of workers who refused to be systematically vaccinated, Health Personnel and Air Navigation Personnel stood out in different parts of the world, still under threat of being unfairly dismissed (something that was done in many cases, in countries like Australia, Canada and USA).

We will refer to the Personnel related to Air Navigation, mainly in the US, which is where there is the most information in this regard.

KEY WORDS: Covid vaccines, personnel, air navigation, results.

INTRODUCTION

Having considered the vaccine as the only solution to the pandemic, various groups of workers decided not to get vaccinated, after weighing, on the one hand, a new vaccine not approved by previous conventional protocols (which wait three or more years to be approved) with its potential Serious Adverse Effects (SAE) in the medium and long term, obviously unknown and on the other, the possibility –remote if any- of dying from a disease that had a Lethality of less than 2% of those infected (Definition of Lethality: total number of deaths/total number of infected x 100 in a given unit of time), who also, in the vast majority of cases, were people with one or more significant comorbidities (said comorbidities not are suffered by active aircraft pilots).

This vaccine was Emergency Authorized by international entities, in the absence of a cure for the disease and with an evident ignorance of its future consequences, but it was never approved and for this reason it was always called Experimental.

Among those groups of workers who refused to be sys-

tematically vaccinated, Health Personnel and Air Navigation Personnel stood out in different parts of the world, still under threat of being unfairly dismissed (something that was done in many cases, in countries like Australia, Canada and USA).

For obvious reasons, we will refer to Personnel related to Air Navigation, mostly in the US, which is where there is the most information in this regard.

We will also give examples of those who, having been forced to be vaccinated before the threat of mass layoffs (in a clear example of encroachment against individual liberties and violating the constitutional rights of all citizens), suffered EAG that even today are shown to be irreversible, preventing them in some cases from resuming their usual tasks not only currently but also for an indefinite period of time, or even dying in others.

OBJECTIVES

1. Demonstrate through evidence supported by the Bibliography presented here, that the COVID-19 vaccine could be avoided in aeronautical personnel, mainly pilots. This

is so, on the one hand, because the age group of pilots reaches retirement age before it becomes a risk factor for said disease, and on the other hand, because the medical aptitude standards for pilots prevent working at who have comorbidities. In this scenario, the vaccine has more risks than benefits due to the numerous Serious Adverse Effects that it presents, including death. And all to avoid a disease that has less than 2% lethality and that in most cases, deaths occur in patients with previous comorbidities.

2. Demonstrate that the arbitrary, despotic and unconstitutional encroachment on individual liberties, forcing pilots to be vaccinated, not only resulted in the desertion of a large number of them, leaving a large number of jobs deserted, but also it also crippled many of them for life or even killed them. This meant: A) an irreparable loss both in human material (skilled labor) and in financial losses for the air navigation companies, which were forced to reduce the number of flights or their frequency, with the large economic losses that this entailed. It meant, B) the temporary or permanent impediment of flying to those who declared the sequelae of the vaccine and C) the emergence of insecurity on flights, for those who did not declare sequelae of the vaccine that could disable them for life, (in the process of not losing his job and therefore being able to maintain his quality of life) with the consequent latent danger of Sudden In-Flight Disability with all that that means.

QUESTIONING TOWARDS COMPULSIVE VACCINATION

In order to reach a conclusion regarding the subject at hand, we will ask ourselves a series of questions and we will answer them as specifically as possible, supporting them bibliographically or with videos.

1. What was the reason for trying to compulsively vaccinate all the inhabitants of the planet, with a vaccine based on the modification of the human genome, without having met the conventional standards required up to now (completion of Phase 3 and waiting for at least three years to evaluate long-term Adverse Effects or AEs), when the disease to be prevented had a Lethality of less than 2%? According to the Lethality formula (in English "case fatality": $\text{Total deaths from a disease} / \text{Total number of people infected with said disease} \times 100$, there were 635,538,610 infected (in 228 countries and territories on the planet) and 6,594,056 deaths, which gives 1,037% as of 10/31/2022 according to the North American consultancy Worldometer . Worldometer is a very reliable entity, dedicated to making statistics of all kinds and in real time. It has existed for more than 15 years and the following com-

panies (among others) , base their statistical records on Worldometer : The New York Times, Financial Times, John Hopkins CSSE, Business Insider , The Atlantic BBC , Google Translate , IBM, Amazon Alexa. Could it be that we were instilled with excessive terror, due to a disease in which 98.96% of those infected do not die and that, in addition, the deceased - almost all of them - were patients over 60 years of age or with comorbidities? To have a more complete perspective of how deadly this disease is, let's compare it with other Pandemics: those who died from the Black Death or Bubonic Plague between 1346 and 1353 are estimated to be between 75 and 200 million (the peak in Europe was between 1347 and the 1351). Those who died from the Spanish Flu in 1918 are estimated to have been between 20 and 40 million in a single year. Finally, Smallpox left a balance of 500 million deaths in 100 years of existence, of which 300 million were in the 20th century and 15 million (barely 10 years before its eradication) in 1967. All these data can be confirm on Wikipedia.

2. Why were the Clinical Trials (CT) that were carried out with the different vaccines carried out with healthy and young volunteers, since those who should be vaccinated as a priority (because they represent the risk group) were people over 60 years of age and patients with comorbidities? We always hear that the vaccine should be administered to risk groups: over 60 years of age, institutionalized patients, immunosuppressed patients , patients with comorbidities, and pregnant women. But what was never said is that none of these population groups were part - in significant numbers to draw statistical conclusions, at least - of the CTs that tried to demonstrate that they were safe and effective (1).

3. Why were those who had already suffered from the disease not exempted from vaccination, given that Natural Immunity lasts between six and fourteen months and is far superior to the Immunity provided by vaccines?(2) Many AEs would have been avoided in people who vaccinated while already immunized for having suffered from the disease. In fact, they were not even asked (at least here in Argentina) if they had already suffered from the disease, before being inoculated.

4. Why were pregnant women not exempted from vaccination, since the ECs practically did not have this population group among the volunteers? Are not pregnant women who are exempt from receiving any type of medication (including the most basic and theoretically harmless) that have not been tested in said population group ? Why did you act differently this time, at the risk of harming both the fetus and the mother? As of Novem-

ber 4 of this year, the VAERS (Vaccine AE Registry System) reported that there were 4,589 reports of spontaneous abortions related to COVID-19 vaccines (3).

5. Why were the laboratories “shielded” by the government entities, to respond legally and/or monetarily (as compensation), for the possible AEs that arose from the vaccination? (4) This resolution -taken by mutual agreement between the governments of the whole world and laboratories - is unprecedented in the history of mankind. What should the laboratories have covered, if the vaccine is so safe and effective? It is obvious that this section 5 does not withstand the slightest analysis. It does not require any kind of clarification. It follows from the logic that the laboratories were not so sure that the vaccine was “safe and effective”.

6. What was the excuse -if there was one- for not making those who were vaccinated sign an Informed Consent (IC), as must be done legally, before the administration of a medicine that has not yet finished Phase 3 or is administered in the Off Level modality, and that therefore is considered in the Experimentation Phase? According to the Helsinki Act of June 1964(5), all medication that is not fully tested through the steps that are internationally required, and is administered in a situation of a disease that still has no treatment, will require that the patient receive it, sign a written Informed Consent, without exception (Art 25 of the Helsinki Act). This conduct has never been taken before in any country in the world, with any type of vaccine.

7. Astra-Zeneca vaccine not definitively prohibited and for the entire population in general, after its high thrombogenic power was reliably confirmed? As of March 22, 2021, only in the UK, this vaccine had already produced 294,820 EAs, 78,223 AEs and 326 Deaths.(6,7) It was only prohibited (in some countries such as the United Kingdom and Brazil) for women under 40 years of age and for pregnant women. In Brazil, it was definitively prohibited, following the death of a 35-year-old pregnant woman, previously healthy, due to a post-vaccination stroke(8) But... and the other age groups? And the vast majority of countries that still administer it to any age or population group, without any exceptions? This is another item, which does not withstand the slightest analysis. In the cost-benefit equation, the cost in probable SAEs for the aforementioned vaccine, compared to the probability of dying from a disease with less than 2% lethality (and which almost exclusively attacks patients with comorbidities or the elderly) is much higher. As of 07/30/2022, the Eudra Vigilance (European entity that stores data on AEs produced throughout Europe), says that there

were 46,999 deaths due to the COVID vaccine in the old continent and the VAERS (Vaccine Adverse Event reporting System, in Spanish: Registration System of Adverse Effects associated with the Vaccine) of the USA confirmed 29,790 deaths in the USA, totaling 76,789 deaths due to the vaccine, only between Europe and the USA (although, it is worth clarifying, that these are not all deaths due to the Astra vaccine Zeneca) (9).

8. What made it so different from this vaccine, that despite having confirmed the deaths listed in the previous paragraph, it was not automatically suspended from the market? (9) In the mid-1960s, a vaccine against Respiratory Syncytial Virus (RSV) was developed in the USA for children at risk of suffering from bronchiolitis. It turned out that vaccinated children were more likely to contract RSV than unvaccinated children and had more severe disease as well. The vaccine was automatically suspended and taken off the market after 22 vaccinated children were seriously hospitalized and two of them died (14 and 16 months). (10) Likewise, in 1999 the CDC also suspended the production of the infant vaccine against Rotavirus (RotaShield®) in the US for causing an increase of 1 to 2 intussusceptions or intussusceptions for every 10,000 vaccinated babies. But why didn't the same thing happen with this vaccine? (11).

9. Why are children of any age still vaccinated (this depends on each country in particular), even including it in the Annual Vaccination Calendar as in the USA for example, knowing that mortality in children from COVID is almost non-existent? (12,12a,13) If the excuse is that these children can infect their grandparents or vulnerable people, we already know that the vaccine does not prevent contagion(14,14a,14b,14c), so this reason does not justify it in absolute. Dr. _ Toby Rogers, in a detailed Statistical Analysis, showed that to save the life of a child (between 5 and 11 years of age) thanks to the COVID vaccination, 117 will die due to the EAG that this vaccine produces in this age group. Dr. Rogers challenged Anthony Fauci himself or any US colleague to a televised and public debate, but no doctor in the entire US accepted the challenge (15).

10. Why is the young and healthy population still vaccinated, after overwhelming evidence has been confirmed on the relatively high percentage of young people who have ASD, including Myocarditis, Pericarditis or Myopericarditis, some of which are disabling for life or even fatalities, which has been confirmed by autopsies such as that of Joseph Keating (16 a), due to vaccination? (16 b). In Denmark, 269 Myocarditis or Pericarditis were confirmed, of which 108 (40%) had between 12 and 39 years and 196

(73%) were men.(16 c). As of December 14, 2021, there was already a description in the VAERS of 53 deaths in children due to this cause (17). In total, 24,177 Myocarditis/Pericarditis and 11,289 others were reported to VAERS as of February 25, 2022. (17th) . In this context, the United Kingdom suspended vaccination against COVID-19 in children under 18 years of age.(18) The FDA also prohibited the Johnson & Johnson vaccine in children under 18 years of age, but in this case for producing Thrombosis-Thrombocytopenia Syndrome later of 60 hospitalizations and 9 deaths as of May 11, 2022 (19).

11. Is there any other explanation that justifies the significant proportion of athletes who have presented Sudden Death (with a Statistically Significant difference with respect to years prior to the Covid era), the majority after being vaccinated? Although a web search (19a) tells us that in the whole year 2019 (pre-COVID era) 98 athletes died in Italy (they are not registered in the US probably so that they cannot be compared with the COVID era) due to Sudden Death Between January 2021 and November 14, 2022, 1,502 athletes or athletes with different levels of competitiveness collapsed. Of these, 1,029 died (19b). Why is this hidden if these deaths are not linked to the COVID vaccination?. There is a documentary, which shows with name and surname (until June 2022) 1,000 athletes who collapsed post-vaccination. Many due to myocarditis, others due to thromboembolic phenomena and others due to unknown causes. Those who were lucky and collapsed on a playing field where a portable cardioverter defibrillator was close at hand, saved their lives, but many of them will never be able to play sports again. The rest died (20).

12. What justified the countless layoffs (USA) and/or extended home confinements (in Australia for example) of people who did not want to get vaccinated? This was especially evident in the USA Army , where despite the number of cases of Myocarditis (21) and as a consequence of the refusal to be vaccinated by a significant number of members of the Military Personnel, they were expelled from said force without any type of extenuating. Dr. said Theresa Lung , Flight Surgeon and Aerospace Medicine specialist regarding this: “we are losing more soldiers to disability due to the vaccine, than were knocked out in our last war.” Consequently, it was lawful to stigmatize those who did not want to be vaccinated, without considering the Constitutional Rights (DC) of individuals, encroaching on their Individual Freedoms (Arts. 16, 19, 28, 29, 31, 33 and 75 inc. 22 of the Constitution National, Articles 17, 51, 52, 56, 58, 59, 175 and following of the National Civil and Commercial Code, Articles 149 bis and 248

of the Penal Code, Laws No. 27,491, No. 27,573 and No. 26,529, among others)(22) and classifying said population as “public enemies”? (22a).

13. Why were the composition of the vaccine and its excipients never disclosed? Shouldn't they have (in most cases by legal provision), all medicines that are administered to human beings, a leaflet with a detailed list of its components and proportions and the so-called vehicles that are used? In investigations carried out in Japan, metallic traces were found in the Moderna vaccine, for example (23). In Germany, Dr. Arne Burkhardt and Walter Lang , an anatomopathologist from the Hannover School of Medicine, demonstrate metallic compounds within the Janssen, Moderna and Pfizer vaccines in an irrefutable video (23a) Dr. Pablo Campra from the University of Almería demonstrated that the vaccine contains of its composition Graphene Hydroxide (23b) an ultrafine compound that is used in the composition of computers, braking systems for vehicles and other components of new technology. It is also ultralight and is one of the best electrical conductors on the planet. But it has no role within the Biological Sciences and it is not biodegradable. Concomitantly, the German Andreas Noack , PhD in Chemistry and PhD in Activated Carbon, died in unclear situations, 5 days after posting a video demonstrating that the Graphene Hydroxide contained in the anti-COVID-19 vaccines is capable of producing EAG. His home had been raided a year earlier, as shown by an internal video of his home, also without justification. As Dr. Noack explains in the video, although graphene is arranged in sheets that are less than one micron thick, its fragments behave like microblades capable of cutting the vascular endothelium. This is not demonstrable in autopsies and its danger was evaluated only in Petri dishes, not within the bloodstream. In his opinion, the AEs already demonstrated by vaccines, such as Thrombogenesis that produce ACV, AMI and Acute Arterial Ischemias that require amputations, would be justified by the aforementioned mechanism. Although it appears on the internet that the researcher died of an AMI, his wife explains in a video that he was murdered (24). The Argentine National Administration for Medicines, Food and Technology, known by its Spanish acronym ANMAT (more specifically, Dr. Patricia Aprea , Director of the Evaluation and Control section) admitted that the vaccines given to prevent SARS Cov-2 contain Graphene hydroxide in its composition. The document where the ANMAT affirms that the vaccine has Graphene Hydroxide in its composition is IF 2021 120912800-APN-DESB#ANMAT extensive report ex2021-45862892 in reference to the case on: Investigation Causes of Death No. ipp015787 of the UFI 3 of Saint Martin (25). Surprisingly, less than 48

hours after admitting this, the ANMAT contradicted itself and explained that its previous statement had been a “tying error “ on Monday, January 7, 2022. Regarding other components of the vaccine, recently the complainant of Pfizer Melissa Strickler , a manufacturing quality auditor for the company, exposed some of their internal emails. There she denounced that she was horrified by what she had discovered: the use of fetal cells from aborted babies, to test her COVID-19 (25a) vaccine.

14. What was the reason why renowned medical researchers like Dr. Robert Malone (inventor of mRNA vaccines) and Dr. Luc Montagnier , research virologist (discoverer of the HIV virus, for which he received the 2008 Nobel Prize in Medicine), and Dr. Michael Yeadon (Vice President of Pfizer’s Scientific Division who resigned from said pharmaceutical company, after the creation of the vaccine, warning of its danger and that it would cause female infertility due to the deposits of mRNA Lipid Nanoparticles that accumulate in the ovaries) among many others, were not listened to when they warned about the immune deterioration produced by the successive doses of COVID vaccines? The media reviled them and continue to do so today. On what basis? If we look for them on the web, we will see that they are branded as publicly misinforming about the vaccine, anti-vaccination or going against the general welfare. Is it lawful, then, to believe YouTube , Twitter or Google employees more than these heroes of Medicine? Could it be that there was (and still is) a collusion between laboratories, governments and the media? (25b). In fact, in the US there were “ meetings ” between the White House and Facebook, between the Department of Health and Human Services and Facebook, between the CDC and Twitter , between the Office of the Surgeon General and Google, etc. (25b). In a video made with a hidden camera, FDA executive Christopher Cole explained that Biden negotiated with Big- Pharma and that is why he imposed mandatory vaccination (25c). It is public knowledge that the Laboratories and the media share actions or are the latter financed by them (25d). This is how they skewed the information that was provided throughout the Pandemic, not showing how the EAG increased due to vaccination, or even demonizing other therapeutic options against COVID-19. Likewise, there were many medical colleagues who were branded as “experts”, since at no time did these “experts” have contact with any patient infected with COVID-19.

15. Is there any logical explanation why autopsies were not performed on those who had initially died from SARS-CoV-2 or later on, also on those who died from the vaccine? Since the beginnings of Medical Science, autopsies

have been the basic tools by which we have learned the etiopathogenesis of diseases and their causes of death. Why was this disease the exception? For those who argue that the Anatomopathologists (AP) would have been infected: there was only one infected person among the PAs who performed the first 225 autopsies on deaths from COVID (and would probably have been infected in another way). Did the APs refuse to do autopsies? There is evidence that they themselves formally appealed to carry them out. With regard to autopsies on deaths from COVID, we will say that only 16 of them had been carried out at the end of 2020 when there were already approximately 150,000 deaths. Histopathological analyzes of 15 autopsies performed on patients who died after vaccination by Drs. sucharit Bhakdi and Arne Burkhardt , show irrefutable evidence that the vaccine was the cause of death and that the main cause was an autoimmune “ self-attack ” to almost all the organs of the autopsied patients (26). Another point to analyze could be that perhaps the autopsies they would show that the deceased patients had died due to their comorbidities and not because of COVID. This was the result in a study where 18 autopsies were performed and it was concluded that in 13 cases (72.22%) the cause of death was not COVID, but the comorbidities already existing in these patients (26a). The patients had died with COVID and not from COVID. Apparently, there was fear of finding the Spike Protein or the mRNA Lipid Nanoparticles in organs such as the heart, ovaries , brain and System Immune, which justified the cause of death and subsequent suspension of vaccination worldwide. Currently, it is completely certain that the Spike Protein is in almost all the organs of the body because it is there where it was found in autopsies (26b).

16. Why are the works of Dr. Ryan Cole (renowned pathologist at the University of Idaho, USA) not disseminated by the media, demonstrating how the number of cancer patients increased exponentially (20 times) in the post-COVID vaccine era, compared to the pre-vaccine era? According to Dr. Cole, the main tumor to have increased in frequency is that of the Endometrium. It also explains how Autoimmune Diseases increased significantly. Pathophysiology is explained by a very significant decrease in CD8 lymphocytes or killer cells, who are responsible for keeping all viruses under control. (27) (27a). This is why there is a significant increase in Herpes Zoster in post-vaccinated patients (27b). In addition, there was an increase in general mortality, verified in several countries that also have a before and after of mass vaccination and this difference cannot be explained solely by those who died from COVID-19 (27c).

17. It is known that early or early treatment of each disease produces greater benefits (in Oncology and Infectious Diseases this is quite evident). In Infectious Diseases, for example, there is what is called “the golden hour of antibiotic treatment” in Intensive Care Units, demonstrating that if targeted treatment is started within the first hour in which the patient suffers a hemodynamic decompensation, there is a SD regarding the survival rate (28). So why were only infected patients given antipyretics and hydration and sent home to await the inexorable worsening and subsequent hospitalization with a worse prognosis? In the USA there were several Therapeutic Protocols (PT) that prevented progression of the disease and saved his life: 2,000 patients in the case of the PT of Dr. Peter McCollough and 7,000 patients in the case of the PT of Drs George Fareed and Brian Tyson (28th). Both used zinc, Hydroxychloroquine, Azithromycin or Doxycillin, and ASA. In the second case, Ivermectin was added. But these life-saving, non-SAE-producing treatments were demonized by media such as Twitter and YouTube (28b). The Medical Credentials of some of them, such as Dr. Peter McCullough (28c) or Dr. Mary Tallely, were even suspended. Bowden, the latter for prescribing Ivermectin (28d). The explanation for this scenario is due to the fact that said media and the laboratories are financed by the laboratories or share shares or belong to the same owners (28e).

18. The vaccine is it really a vaccine? By definition, a vaccine must prevent the spread of the disease in the person who is vaccinated. Some examples are: the Measles vaccine (viral), the TB vaccine (Koch’s bacillus) and the Pneumococcal vaccine (bacterial) to name a few. But this vaccine does not prevent infection, because high titers of the virus are lodged in the nasopharyngeal region of the vaccinated, thus facilitating the transmission of the vaccinated to the unvaccinated. It was for this reason that we had to continue using chinstraps, despite the high vaccination rate that occurred in the Argentine population (more than 80%) and this is what happened throughout the world. For the US CDC, the definition of a vaccine was changed expressly on September 2, 2021. Prior to that, the definition of a vaccine read: “It is a product that stimulates the Immune System of a person to produce immunity to a specific disease, protecting the person from said disease”. As of 9/2/2021, the CDC definition of a vaccine is: “A preparation that is used to stimulate an Immune Response of the body against disease.” Does it sound like fraud or does it only seem like one? (29).

19. What was the reason why the countries with the highest number of vaccinated (Israel, for example) presented the highest rates of infections, despite having

received the fourth dose in more than 90% of their inhabitants?(14b) (30). There would be two possible explanations for this: 1. The new strains such as Omicron are not covered by vaccines designed with vaccines made with old strains such as the Alpha and Delta strains (30a) or 2. The greater the number of doses, the greater the immune deterioration, following the theory of Dr. Luc Montagnier, explained in a trial about the subject, although the latter is not his authorship (30b). So the doubt associated with this question would be: How many doses of this vaccine should be given? (30a),(14c) If we were vaccinated every 4-6 months, it would be two or three doses a year. But are we sure that the sum of so many doses is safe? According to the overwhelming evidence that exists today and that we are listing in this presentation, it does not appear so.

20. Were the ECs on vaccines made with the seriousness and responsibility that they should? CEO Brook Jackson, who oversaw Pfizer’s ECs working for a well-known entity called Ventavia Research Group, (dedicated to supervising Pfizer’s CTs in Texas in 2021), denounced the FDA in a report that the data presented by Pfizer was being falsified, that the vaccinators were not sufficiently trained, that the patients did not comply with the definition of Double Blind, and that reports of AEs reported by Pfizer were halted during Phase III. The next day she was fired(31). Are the statistics of CEs made with vaccines to prevent death absolutely real –because we already saw that they do not prevent contagion in the previous section- by COVID-19? If so, why did Pfizer ask for a 55-year extension to show all the documentation about it? The transparency and trustworthiness of the CTs of the different COVID-19 vaccines is not guaranteed (32). Recently (October 12, 2022), in a parliamentary session, the Pfizer representative confirmed that the Pfizer CEs with the COVID vaccine were unaware if their vaccine would stop transmission before launching it on the market.(33) Likewise, the agreements or Contracts between governments and vaccine manufacturing laboratories have secret clauses that were never disclosed. Some of them, however, could be accessed, discovering that non-profit entities in the USA, for example, contributed billions to vaccine research, although they did not have usufruct of the patents a posteriori, since the laboratories They got 100% of it. However, in other cases, government banking entities also participated in the profits of the laboratories (34). Not to be the exception, the WHO had “irregularities” during the management of the Pandemic, which can never be justified (35). In the Official Records of the Canadian Province of British Columbia -for example- they erased the initial statistics regarding complications due to vaccination. In such Registries, there was evidence of excess deaths in vaccinated, compared

to non-vaccinated (38a). Finally, there are known cases of patients who suffered SAE during vaccine trials, but they were not reported. Among many other cases, we mention the 12-year-old patient Maddie de Gray, who was a healthy volunteer who was part of one of the Pfizer vaccine ECs. Before the study, Maddie was a healthy child. After being vaccinated, she had repeated and long-lasting seizures. Today, Maddie is confined to a wheelchair, can only feed through an indwelling nasogastric tube, takes anticonvulsant drugs, and has not evolved her intellectual capacity for her age. However, this SAE is not described in the publication of said work (36).

21. Does the vaccine to prevent COVID-19 disease really decrease or increase mortality in those who get vaccinated?(37)(37a)(37b) Or is it that once vaccinated, they are more likely to have higher mortality than any cause (significant from the statistical point of view), the vaccinated people with respect to the unvaccinated(37c)(37d)? Other recent reports in Canada (38) (38a), in Israel (where the most infections were registered in the month of January 2021 with vaccination in full swing: 1,160,000 infections, compared to the entire year of 2020 when it did not yet exist the vaccine: 950,000 infections)(39), Germany(40) and the USA(14a), also demonstrated the same. In the US, from April 19 to April 25, 2022, they tested positive for COVID-19: 13% of those not vaccinated, 23.1% of those who received two doses and 26.3% of those who received the booster (third dose), doubling as we see, these last infections to the unvaccinated (26.3 vs 13%). (27c) In a German report, it is confirmed that between 200 to 700 people must be vaccinated to prevent infection and 16,000 to prevent a death from COVID-19, this is what is called NNT (Number Needed to Treat). And for every 3 deaths prevented, 2 patients die from the SAE of the vaccine (40). Argentina is no exception: In October 2021, the information provided by the Ministry of Health on deaths from COVID-19 showed that 88% of them had received some type of vaccination: 226 total deaths, 134 with one dose, 65 with two doses and 27 without vaccination.(41) As the majority of patients die in hospitals and not at home, it can be deduced from this statistic that the number of deaths from COVID-19 is mainly vaccinated patients, compared to unvaccinated patients. By May 2022, the official body that produces statistics in the United Kingdom: National Statistics Office (ONE), reported that 69,466 people died within 28 days of being vaccinated and 109,408 within 60 days, this measured between January 2021 and March 2022 (41a).

22. They tried to convince us that the vaccine to prevent COVID-19, although it did not prevent contagion (detailed

topic above), did prevent complications and reduce mortality, but Ethiopia, to cite a few cases, has approximately 112,000,000 million of inhabitants and as of 7/31/2022, 31.1% of its population received full vaccination; the number of vaccinated was multiplied geometrically from April 2022 (42). According to the Hypothesis that the vaccine prevents complications and deaths, how many deaths would be expected? To date, Ethiopia has 493,940 infected and 7,572 dead (more than 7,000 dead had already died before April 2022, when the vaccinated rate increased almost exponentially). This yields a mortality rate of 0.0067% (43). To compare, the US received full vaccination for 68.4% of its almost 332,000,000 million inhabitants, presenting 1,095,204 deaths. That yields a Mortality Rate of 0.33% mortality. Summarizing, in the USA they died almost 50 times (49.25 times) the percentage of deaths per total inhabitants, than in Ethiopia (0.33% vs 0.0067% respectively), while in the USA they received full vaccination, as we already said, 68.4% of the population vs 31.1% of the population of Ethiopia, or rather more than double). Obviously, this example disproves the assertion that the vaccine does not prevent contagion, but it does prevent deaths (44).

23. The deaths adjudicated to the COVID vaccine in the US exceed the sum of all deaths from all other known vaccines, from 1988 to now, with deaths from the COVID vaccine representing 51% of the total deaths from vaccines. The sum of all the remaining vaccines, on the other hand, represents 49% of the total(45). However, this was not enough either to suspend mandatory or systematic vaccination for everyone, including children.

24. Mongolia had almost no deaths from COVID, until it began to vaccinate (46). From then on, deaths from the virus began to multiply. The first patient to die in Mongolia due to COVID was on December 30, 2020, (one year after the Pandemic began and Mongolia being only 4,600 km from China, where it all started). She was a 76-year-old woman with multiple comorbidities (47). What is irrefutable is that -on the other hand- vaccination in Mongolia began on February 23, 2021(48), and from then on, deaths from COVID multiplied, reaching almost 2,200 deaths in the first eleven months of 2022 (49) in a country that until then was a preserved "sanctuary" from SARS-CoV2. Coincidence or Causality? We add here examples of patients who suffered permanent disabilities such as the previously healthy 14-year-old girl Candela Nuñez, who suffered Acute Encephalitis. This was in our country (Merlo, Province of Buenos Aires) (49a) or died (49b). A 67' video showing a large number of patients who suffered from ASD made in Israel, calls us to reflect on

the probability of suffering -when vaccinated- a lifelong prostration, in a previously healthy person, to try to avoid an infection that it kills less than 2% of those infected and the vast majority of those with comorbidities (49c).

25. The million-dollar profits that Pfizer had due to the sale of its anti-COVID vaccine, only in the first year of the pandemic, were more than 36,800,000,000 dollars, according to what was published by the most famous English newspaper “ The Guardian ” on February 8, 2022 (50) In that year, its general income (including, for example, the company’s shares on the North American Stock Exchange) amounted to 81,300,000,000 dollars. As if this were not enough, the company hopes to raise -for all concepts- more than 100,000,000,000 dollars in 2022. The other laboratories are not far behind, also counting their profits thanks to the vaccine in billions: BioNTech (partner of Pfizer in its vaccine), Moderna, Johnson & Johnson, Astra Zeneca and Pfizer itself, jointly exceeded 45,000 million euros only from January to September 2021(51). These figures speak for themselves and dispel any doubt that anyone may have, when it comes to thinking that pharmaceutical companies can handle: the media, the publications in international medical journals, the committees or teams of “experts” that take the decision to authorize them when Phase 3 is still underway or governments that (to a greater or lesser degree of corruption) force citizens to inject themselves, under pain of being fired from their jobs as happened with aircraft pilots. (see references further down in the text).

26. On this last point and almost as the most important, we will briefly describe the initial CT, carried out with the Moderna vaccine, where two groups of patients were exposed to COVID-19. One of them vaccinated with the Moderna vaccine (GV) and the other without having been vaccinated (Placebo Group : GP) 53 days after vaccination. The frequency with which they generated Antibodies (AC) against the Antinucleocapsid portion of SARS-CoV-2 (anti-N), had a Significant Difference (SD) in favor of the GP: 93% vs 40% in the Vaccinated Group (GV) : $p < 0.001$ (52). But what does this very different immune response between one Group and the other mean (more than double the immune response in favor of the non-vaccinated)? It means that the reduced ability of a vaccinated patient to produce Ab against other portions of the SARS-CoV-2 virus (other than the Spike Protein which is commonly measured) in this case antinucleocapsid , may lead to increased risk of infections. in the vaccinated, compared to the non-vaccinated, as well explained in his Editorial by Dr. Igor Chudov (53). Such infections can be caused by SARS-CoV-2 itself or by other infectious

agents (we have already discussed the case of the Herpes Zoster Virus above, for example). This attenuated immune behavior in the vaccinated is what is producing what has been called : “the Pandemic of the vaccinated” (52). This CE confirms not only that Natural Immunity is better than the one that the vaccine intends to modify, but also that when a vaccinated person has an advanced infection, that person will not acquire the same Level of Protection against future exposures, as a non-vaccinated person. This is a very worrying finding and the Moderna laboratory already knew it when it published its EC but did not magnify it, since obviously that would have gone against their interests (54).

WHAT SPECIFICALLY HAPPENED WITH THE AERONAUTICAL PERSONNEL?

Due to the fact that the information on this subject in Argentina is non-existent – as far as I was able to gather verbal data from Aerolíneas Argentinas pilots – the material that will be broken down below is based on information coming –mostly- from the US.

9/28/2021. Two US Airlines warned of pilot shortages at Christmas last year. Allied Unions pilots Association and Airlines pilots Association , warned that both American Airlines and Southwest pilots would take vacations or retire in this critical period for commercial aviation activity, as long as they do not comply with the vaccination mandate imposed by the North American government. Both companies had encouraged vaccination, granting more leave days or giving salary bonuses, but these measures had no effect.

Chicago United Airlines required that its employees be vaccinated peremptorily, thus making 97% of them comply with said mandate.

On the one hand, the companies were concerned about the possible reduction in flights, with the consequent decrease in their profits, since, at the end of the year, the highest percentages of the entire year are collected. And on the other, pilots worried about the long-term consequences of vaccinations, which would jeopardize long-term ability to fly (55).

09/29/2021. Both the American Airlines and the Russian Aeroflot applied strict policies to force their staff to get vaccinated, under penalty of being fired, alluding to the “violation of a company security policy”. Other airlines, both European and Australian (Qantas and Virgin Australia), took similar actions.

United Airlines timely announced the dismissal of 593 of its employees (just over 3% of the total) for refusing to be vaccinated. Out of a total of almost 67,000 workers,

more than 96% were vaccinated, thus complying with the obligation imposed in an unconstitutional manner .(56) The Russian commercial aircraft company Aeroflot, suspended (contrary to what the Cabin Staff Association or SCPA, which is its Union) argued, several of its pilots for refusing vaccination. Some were discharged without pay and others were discharged. In said company, 84% were vaccinated and the remaining 2,300 pilots refused to do so. The Russian government forced 60% of airline workers to be vaccinated. It must be remembered that in Russia, only 39 million inhabitants complied with full vaccination, out of 146 million inhabitants, that is, 26.71% (56th).

Other Airlines subjected their workers to disciplinary processes such as Cathay Pacific (it did it with 80 of its employees between pilots and cabin attendants) or imposed punitive measures like Delta, overloading the Health Care Insurance for employees to pay. Alaska Airlines and Jet Blue gave the order to be vaccinated as well.

Regarding the European Airlines, Swiss Air and Wizz Air also issued vaccination mandates to their crew members (56).

10/04/2021. Lufthansa wanted to force its flight personnel to get vaccinated, but could not decree the obligation, because Germany did not impose said regulations. As a global airline, Lufthansa grappled with this problem, as countries like Hong-Kong do not allow airlines that do not have their crew and all their passengers vaccinated to land on their soil (57).

On the other hand, the New Zealand state company Air New Zealand also announced that it will not allow both passengers and airline employees to not be vaccinated, although it asked the New Zealand Government to recognize other vaccines than Pfizer (the only vaccine recognized by the New Zealand Ministry of Health), because crew members of that airline took options such as Janssen and others (57a).

8/20/2021. Eighteen American Airlines Pilots (834 aircraft) with a total of 200 years of military aviation and 440 years of commercial aviation, request the suspension of the vaccination mandate, explaining that it endangers not only the lives of: 1. Pilots who are vaccinated, due to the SAE of the vaccine, which are more likely to occur at altitude and after several hours of flight: DVT of the lower limbs/TEP, arterial embolic phenomena such as ACV, Sudden Blindness , cardiac arrhythmias, heart failure or AMI in vaccinated with subclinical myocarditis, Brain Fog (phenomena of episodes similar to Absence Seizures due to Epilepsy, but in this case due to an aetiology not fully known, although it could correspond to arterial microembolism), etc., but also of 2. All aircraft occupants, whether crew or passengers who would die in accidents

caused by Sudden Disability in Flight. All this considering not only the amount of material damage, either due to the potential destruction of expensive aircraft in probable air accidents, but also due to the losses -potential as well- that airlines and insurers would have, having to compensate families of passengers killed in accidents.

Obviously, these 18 pilots also took refuge in the US National Constitution, using the correct argument that defends individual liberties. The document was supported by affidavits from Dr. Peter A. McCullough and subject matter expert Dr. W. Ben Edwards (58).

04/18/2022. A Letter written by the American organization called Advocates for Citizens ´ Rights based in California, was delivered in December 2021 to the Director of the FAA (Federal Aviation Administration), the US Department of Transportation, the US Department of Justice and the airlines American Airlines , Alaska Airlines , Delta Airlines, Southwest Airlines and United Airlines . In said letter, the signatories declare that the vaccination mandate against Covid-19: A) Violates federal regulations and B) Puts passengers at risk, as explained in the previous section.

In addition, the Letter highlights that the vaccines were never Approved by the FDA (Food and Drug Administration) but they were Emergency Authorized due to the Pandemic and therefore cannot be mandatory. Supported by the Defense Medical Epidemiological Database , both of the North American Armed Forces and of the population of civilian pilots (where both adverse reactions and deaths are included), the Lawyer of the aforementioned entity, Leigh Taylor Dundas, inferred that the pathologies could be exacerbated at high altitude. In fact, it is known that the probability of a thrombotic phenomenon occurring during a prolonged flight increases up to 60% compared to it occurring while on the ground.

Also in said Letter, the public speech of Colonel Dr. Theresa Lung (Flight Surgeon and Specialist in Aerospace Medicine) who confirms that the EAG of the mandatory military vaccination left inactive (mainly due to Myocarditis), the same number of combatants, as those who suffered the consequences of having been present in the field of battle.

Other examples of pilots affected by mandatory vaccination were (among others):

1. Pilot who was driving a flight of the Canadian company West Jet on Monday, December 6, 2021. The Boeing 737 MAX 8 (flight 1590) departed from Calgary (Canada) bound for Atlanta (USA) at 1:12 p.m. The pilot fainted after having recently been vaccinated, forcing the flight to be diverted back to the airport of origin, led by the co-pilot. West Jet refused to provide any explanation, citing “privacy issues” (59).

2. Another 10 examples taken from the VAERS report (American Vaccine AE Reporting System) affiliated with individual event number -which is not worth citing here- and suffering different types of injuries including: Atrial Fibrillation, AMI, Pericarditis, Cerebral Edema, SAH, elevated ICP affecting the Brain Stem and Spinal Cord, and permanent or temporary blindness. These 10 pilots were previously healthy, were periodically evaluated with medical examinations, and their symptoms were directly related to the vaccination date.

Finally, the Letter states that “exposing the risk of death and/or serious injury, both to pilots and to the general public, operates in contravention of Title 14 of the Code of Federal Regulations 61.53.” Said regulation operates to deny the medical authorization of pilots who have injected or ingested products not approved by the FDA, such as the inoculation of Covid-19.

According to the Guide for Aviation Medical Examiners, the FAA requires at least one year of post-marketing experience with a new drug before considering it for aeromedical certification purposes, which was obviously not met with the Covid-19 vaccines.

Said Letter resulted in the sudden resignation of FAA Director Steve Dickson as of March 2022, alleging that it was time to “go home” with his family.

The American pilot-medic Josh Yoder, US Army combat veteran, former flight medic and current US commercial airline pilot, co-founded US Freedom Flyers (USFF), an organization that opposes vaccine mandates for pilots. In an interview with “The Defender, Children’s Health Defense” an independent news outlet, led by US Senator Robert F. Kennedy Jr, said that “COVID-19 vaccine injuries among airline crews are extremely common and are actively covered by airlines and the FAA”. He also stated that “US Freedom Flyers receives almost daily communications from airline pilots flying with symptoms such as chest pain and post-vaccination neurological conditions. Most of them are afraid to come forward and seek medical attention for fear of missing their flight medicals.” Obviously, this would lead them to lose their job, temporarily or permanently, depending on whether the pathology is reversed or not.

Yoder concluded by saying that “USFF has documented cases of blood clots, stroke, cardiac arrest, unconsciousness, and sudden death among airline workers who were vaccinated.”

This type of “mega-cover-up”, both individually and by commercial airlines and in this case also by this entity that opposes vaccination, called the USFF, does nothing more than put the lives of millions of users who choose to fly on flights at risk. commercial -guided by pilots who may suffer Sudden Disability in Flight- in which they place all their trust (59a).

06/05/2022. Four (4) emblematic cases :

1. Bob Snow, Captain of a major North American airline was vaccinated with the Johnson & Johnson vaccine on 11/4/2021 under threat from his company to be fired. He began with non-specific symptoms two months after being vaccinated and the studies that were carried out on him did not show any abnormalities. But on 04/09/2022 and without any previous symptoms, he suffered Cardio-respiratory Arrest (CPA) immediately after landing at the International Dallas-Forth Worth Airport . “Literally, it was like someone turned me off,” she said. Thanks to the fact that he underwent PCR in that place, he was immediately assisted and an AED (Automated External Defibrillator) was used on him, both actions that saved his life. It should be remembered that out-of-hospital PCRs have a survival of between 10.8 and 11.4%. Snow had never had a cardiac history or positive data in the 20 health checks carried out by his airline in the last 10 years. He also had no family history of it. “It is likely that I will never be able to fly again,” he said.

2. Cody _ Flynt , an agricultural pilot with more than 10,000 flight hours, received his only dose of Pfizer on February 1, 2021. At 30 minutes he developed an intense occipital headache and blurred vision. The symptoms partially disappeared and after two days he began to fly. After an hour, he began to have “tunnel vision and extreme pressure in the skull and ears.” He quickly returned to the runway, not knowing if he would make it down without crashing. He hesitated to land on a road, but did not so as not to put third parties at risk. “The last thing I remember is seeing the runway from a few miles away and praying that I make it.” The companions found him unconscious, shaking and slumped in his seat. He was diagnosed with Bilateral Perilymphatic Fistula (inner ear lesion) and elevated ICP, due to inflammation of the Brain Stem. He had to be treated with repeated lumbar punctures (8 in total). Without any type of pathological history (“I have renewed my medical certificate every year since I was 17 years old, the last one was on January 19, 2021”) and after the episode suffered 48 hours after being vaccinated, Flynt considers it highly unlikely that fly again as “most days I am too dizzy to drive safely and must take Diamox , a drug not approved by the FAA. This handling of the FAA is one of the most flagrant cases of incompetence and corruption that I have witnessed.”

3. Greg Pierson , a commercial pilot for a major US commercial airline, was also coercively vaccinated with the Pfizer vaccine on 08/26/2021. After 14 hours the symptoms began: Elevated, erratic heart rate and palpitations. He was diagnosed with AF (Atrial Fibrillation). Although

he was cleared (since February 16, when he passed his medical records required by the FAA), he is not formally cleared to fly yet and in the meantime, suffers the personal and financial consequences of what happened.

4. Wilburn Wolfe was not as lucky as his previously mentioned colleagues: former Marine and Flight Captain, received the Johnson & Johnson vaccine on 11/9/2021 and on the 11th began with what appeared to be a migraine. 48 hours later, he began to convulse and presented a stroke with right hemiplegia. In the Brain CT he presented a Brain Hemorrhage. Once admitted to the ICU, he began to convulse again, for which he was intubated and connected to an artificial respirator. He never regained consciousness and finally passed away on 11/26 just 17 days after being vaccinated. A couple of months earlier, he had passed the Medical Examination without any problems and his wife reports that “he was so strong that he never needed a doctor, nor was he sick enough to need one”.

The three pilots initially named agree that “There seems to be a real reluctance on the part of companies, businesses, the government and the medical community in general to recognize the potential for harm from the COVID vaccine. In addition, other fellow airline staff members have had injuries caused by the vaccine, including heart problems such as chest pain or myocarditis. Unfortunately, most are reluctant to disclose these significant health issues, for fear of losing their FAA medical certification and potentially their careers. That fear not only exists with respect to the workplace, but there is fear of being presented as a skeptic of vaccines.”

Finally, the pilots express that “the FAA approved the COVID-19 vaccines only 48 hours after the FDA authorized them on December 10, 2020. How does the FAA know that the vaccine is so safe for pilots, when never before? Were clinical trials specifically conducted in this population group?”

Currently, the USFF is bringing massive individual lawsuits to the DOT (US Department of Transportation) and commercial airlines, to hold them accountable for the criminal and civil atrocities they have committed against our members” (60).

06/16/2022. The case of the CTA (Air Traffic Controller): Hayley López is 29 years old and had worked as a CTA in the US FAA for 12 years. He is also a private airline pilot although he doubts he will ever be able to fly or work as a CTA again. On 10/8/2021 he received a single dose of the Pfizer- BioNTech COVID-19 vaccine. Fifteen minutes later, his ordeal would begin: he presented chest pain, pain at the puncture site, dizziness, and dyspnea. At three days, he added memory loss and stuttering. He consulted an Emergency center, arguing that he was losing connection

with the environment and recovering it, intermittently. Gradually he added other symptoms: spasms, neuritic pain, asthenia, hypertension, tachycardia, palpitations, dizziness, vertigo, and migraines. After 8 months, unfortunately, the symptoms continue. Although López did not want to get vaccinated, she did so coercively under threat of being fired (the Biden administration mandated that federal workers must get vaccinated or be fired). Before being vaccinated, López was a healthy and healthy person, having passed the periodic health examinations that were carried out, since in addition -as previously stated- he is a private pilot and flew frequently.

She attended 32 medical evaluations and was seen by a total of 17 doctors. At first, the doctors tried to justify their symptoms with stress, anxiety, due to the menstrual cycle, costochondritis, Multisystem Inflammatory Syndrome, prolonged COVID, or depression. “The doctors seemed more concerned with justifying that the picture was not due to vaccination, than giving a certain diagnosis,” he said. Finally, she was diagnosed with POTS Syndrome (Postural Orthostatic Tachycardia Syndrome), characterized by:

1. Cardiac Symptoms: increase in Heart Rate of approx. 30 beats after standing up - this can take up to 10 minutes to develop - palpitations, dyspnea and syncope.
2. Neurological: blurred or tunnel vision, tremor, brain fog”, fatigue, weakness.
3. Gastrointestinal symptoms: gastroparesis, nausea, and abdominal distension.
4. Chronic pain: headache, fibromyalgia, neuritic pain, abdominal pain, temporomandibular pain.
5. Sleep disturbances. Said syndrome was suggested to the doctors by the patient herself and later confirmed by a specialist on the subject. VAERS reports 429 cases of POTS in vaccinated US patients: 310 attributed to Pfizer, 99 to Moderna, and 20 to Johnson & Johnson. After 6 months of reporting her case, López is not listed as POTS in VAERS, but with a wrong diagnosis and ended: “on a bad day, I have trouble walking from the sofa to the kitchen to get a glass of water; On a good day, I can’t walk more than two minutes, so I can’t go to the store or walk my dog. I’m lucky if I can cook dinner” (61).

06/20/2022. Steven Hornsby, 52, a US Marine Corps veteran who was once a weightlifter and currently an active cyclist (15 to 40 km every other day), is a pilot for a passenger airline and was forced to receive two doses of the COVID vaccine. After the 2nd dose of Pfizer, (during day 12 after vaccination), she felt intense precordial pain and irradiated to MSI, tachycardia and “throbbing in the neck”. He went to several medical consultations but they always denied that there was a cause-effect relationship between

his symptoms and the vaccination, even his family doctor. When the time came, he went to renew his Medical Certification and his AME doctor suggested that he go to a Cardiologist and have a Holter monitor placed. Said Cardiologist diagnosed him with Vaccine-Induced Myocarditis, showing an Echocardiogram that had Mild Dilation, with little subsequent pericardial effusion. Obviously Hornsby is not operational, nor is it known when it will be.

Another American commercial pilot, who preferred to remain anonymous, expressed his experience a week after receiving the second dose of the Moderna vaccine: he felt oppressive and disabling precordial pain at night. "It felt like something was lodged deep in my esophagus, like I had a piece of food or air pressing down on my chest area." Obviously, he had been vaccinated on a mandatory basis by the company, under threat of being fired. Currently, the pilot fears that he will not be approved at the next medical visit to obtain his periodic Certification, since he is the economic breadwinner for his family. He is also afraid of any new complication he may have in the future, regarding his health.

Glen Waters, former Virgin Australia Captain was fired after 19 years, for not wanting to get vaccinated. The mandate is the same as that of Canada and came into effect on 11/15/2021. Waters became a spokesperson for the employees of the same airline. He explained that employees are prohibited from talking about AEs due to the vaccine, under threat of dismissal. Among the reasons why the airline employees will not speak either, he mentioned:

1. Doctors are reluctant to affirm that the pathologies of the employees are due to vaccination.
 2. The Insurers are not responsible for such complications.
 3. The laboratories are not responsible for these AEs because an agreement was signed with the governments to "shield" said laboratories against any consequence of vaccination.
 4. Being recognized or stigmatized as "anti-vaccination.
 5. Pilots do not want to lose their Licenses, jobs or careers.
- In addition, Waters stated that there are 9 pilots who no longer fly due to medical consequences of the vaccine. One Captain had a hemorrhagic stroke and went blind; another collapsed on the boarding stairs and fell after landing. Another died of a "sudden" cancer but they did not want to associate it with vaccination. Among several victims, three began with symptoms one hour after being vaccinated and one within a week (62).

LEGAL DECISIONS

06/02/2022

A judge at the Court of Appeal in Amsterdam, the Netherlands, ruled in favor of the Dutch Airline Pilots As-

sociation in a case challenging KLM's mandate for new pilots. It is therefore prohibited, from now on, to reject new pilots or pilot candidates, if they have not been vaccinated (63).

03/17/2022. As of April 1, 2022, the Canadian federal government has rescinded most vaccination mandates related to air travel (64).

Recently, Canadian pilot Ross Wightman became one of the few people to receive compensation from the Vaccine Injury Support Program in Canada. Wightman, developed Guillain-Barré Syndrome, within days of receiving a single dose of the vaccine. Said syndrome - of course painful and disabling - is very prolonged and in a relatively low percentage, the sequelae are permanent or the patient dies (64a).

In December 2021, Free to Fly (Canadian entity that defends the rights of those who fly, whether they are crew members or passengers that represents nearly 3,000 aviation professionals), wrote a letter to the US FAA and the main US aviation companies, alleging a violation of existing aviation regulations in Canada. It was expressly detailed that the Clinical Trials on the vaccine were not definitive and, therefore, it was experimental. It also expressed that, when asked about it, adequate answers were never obtained. Also in the letter, the culture of intimidation of Canadian pilots was described (64b).

05/17/2022. The GAAC (General Aviation airport Coalition) issued a Global Coalition Statement on Vaccine Injuries in Commercial Aviation and Pilots. It has been signed by more than 17,000 doctors and scientists from around the world as well as representing thousands of pilots on more than 30 global airlines (including Alaska, American, Delta, Frontier, Jet Blue, Southwest, Spirit, United, 12 major airlines of Australia, Canada, France, Germany and the Netherlands).

Among the salient points they made were:

1. Mandatory vaccination (where it exists) for COVID-19 for aviation workers should be discontinued.
2. Medical examinations of pilots and cabin crew must be a high priority, focusing on the damage that is appearing now.
3. The data that airlines and regulatory bodies have on medical certificates, diseases, symptoms and causal reasons that led to suspensions or cancellations: they must be analyzed by independent third parties, to rule out or establish their relationship with the vaccination against COVID-19.
4. Reinstate those who lost their licenses, were not admitted to work, were temporarily laid off without pay, or were fired for not getting vaccinated.
5. Re-prioritize air navigation safety, investigating the un-

declared pathologies of the pilots, who continue to have symptoms but do not consult for fear of losing their licenses and losing their job. These pilots are at risk of Sudden Flight Disability, which would put both the crew and passengers at risk, risking invaluable losses, both material and human lives.

6. He explained that if this potential medical tipping point is not addressed, airlines and unions will be complicit in a culture shift that has shaken the aviation mantra of “safety first, always.”

7. The Letter details that “there appears to be no evidence that aviation regulators, airlines or unions have carried out their own due diligence regarding COVID-19 vaccines and their impact on the health or performance of the pilots.”

8. There are questions about competence and possible medical negligence, since the conducts taken were in total disagreement with the pre-existing aviation medical standards.

9. The crises in the health of the pilots must be publicly addressed by the airlines and the representative unions to restore the safety of flights that we once knew how to have.

10. In addition, the GAA asked civil aviation authorities, such as the Federal Aviation Administration (FAA), Transport Canada, the United Kingdom Civil Aviation Authority, the European Union Aviation Safety Agency and the Australian Civil Aviation Safety Authority, to begin to comply with their regulatory obligations.(65)

06/07/2022. The Airports Council of Canada (CAC) issued a statement calling for the removal of vaccination requirements for both passengers and aviation employees that were still in effect as of that date (66). Less than two weeks later, on June 20, 2022, the Canadian government suspended the mandatory vaccination requirement for domestic travelers and federally regulated transportation workers (67).

CONCLUSIONS

Obviously, it is clear from the 26 questions listed in this report and their answers, as well as from the aforementioned testimonies of workers in the aviation industry, that in this pandemic a number of errors have been made, most of them irreversible: On the one hand, vaccinating those people who presented little or no risk of dying from a disease with a mortality rate of less than 2% (young people, children, athletes, and adults under 60 years of age and people without comorbidities) but with the highest probability high risk of presenting serious adverse effects (myocarditis, thrombotic phenomena and Sudden Death) instead of only vaccinating risk popula-

tions (in whom the vaccines have not been tested in the CTs). On the other hand, to coapt the individual liberties of the workers – aeronautical pilots in this case – insulting their Constitutional rights, throwing them out of their jobs, or encouraging them to hide symptoms related to complications that could affect the operation of the aircraft. The latter, altering operational safety, with the consequent risks that derive from it, which can result in both loss of human life and aircraft. Fortunately, the entities created on this occasion to defend the rights of aeronautical workers have firmly and resiliently defended such rights (something that the aeronautical unions and similar entities that already existed did not do), managing to reinstate them to their jobs or their Licenses that had been suspended for not getting vaccinated are renewed. In the meantime (and never forgetting the many pilots who have died), those pilots who have been sidelined from their workplaces due to the devastating aftermath of the COVID vaccine will likely never be able to return to what they love most: flying. .

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