

RFK, Jr. : Airline Safety Is ‘Not a Partisan Issue,’ FAA Must Investigate Spike in Pilot Health Emergencies

By [Children’s Health Defense](#)

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*Robert F. Kennedy, Jr. today called on U.S. Secretary of Transportation **Pete Buttigieg** to investigate the [spike in near-misses](#) and narrowly averted airline accidents — since the rollout of the COVID-19 vaccines in 2021 — resulting from pilots incapacitated by health emergencies.*

In a letter to Buttigieg, Kennedy wrote:

“Secretary Buttigieg, the safety of pilots, cabin crew, airline passengers, and the general public is not and never has been a partisan issue. Everything contained within this letter pertains to fundamental issues of public health and safety, which you, the DOT [U.S. Department of Transportation], the FAA [Federal Aviation Administration], and the Biden Administration profess to uphold and to protect.

“The recent changes to FAA guidelines and the lack of publicly available evidence on which these changes rest, along with the increasing number of incidents involving the incapacitation or vaccine-related injury of pilots, are highly concerning.”

A CHD analysis of raw data obtained from the FAA determined there was a marked increase, on a per-flight basis, in medical emergency-related flight diversions in both 2021 and 2022, compared to 2019 and prior years, Kennedy said.

Similarly, there was a marked increase in medical emergency diversions on a per-passenger basis in 2021 compared to 2019 and prior years, while the 2022 figure is higher than those for 2018 and 2019, indicating an increase in medical emergencies occurring in the air, when adjusted for the reduced number of flights and passengers in the 2021 and 2022 calendar years compared to the pre-2020 period.

Kennedy said the FAA violated its own guidelines by recommending pilots get the

unlicensed [COVID-19](#) vaccines, contrary to the agency's policy of prohibiting pilots from taking any medical product that has been on the market for less than 12 months.

Kennedy's 13-page letter, citing 61 sources, detailed evidence the FAA loosened medical restrictions for conditions such as myocarditis and Guillain-Barré syndrome, both documented adverse events related to COVID-19 vaccines.

Kennedy ended the letter with these 12 questions:

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

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

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

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

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

11. Why are the FAA and DOT, in conjunction with the DOJ [U.S. Department of Justice], still prioritizing appealing the decision to void the [federal transportation mask mandate](#) at the expense of issues pertaining to incapacitated pilots and vaccine-injured pilots? Moreover, why are the FAA and DOT continuing to pursue a mask mandate when an increasing number of studies and meta-studies, including one published in January by the highly reputable and respected Cochrane Review, found that mask mandates “made little to no difference” in [slowing the spread of COVID-19](#)? — and also in light of the example of Sweden, a country that eschewed strict COVID-19 countermeasures such as lockdowns and mask mandates, and which recorded among the lowest levels of [excess deaths globally](#) and far fewer COVID-19 deaths per million people than the U.S. and other [countries with severe measures](#) (including France, Belgium, Italy, Argentina, Russia, Portugal, Spain)?
12. Will the FAA respond to CHD's FOIA [Freedom of Information Act] requests, free of delay and unnecessary redactions outside the boundaries of what the law foresees?

[Read the letter here.](#)

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