Cumulative Risk Factors for Aircrew

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Introduction

Before Corona and the mRNA drug program, it was known that flight personnel have a higher incidence of clotting than the general population. Some risk factors at altitude are well-known, while others are less so. The "thin" and dry air, the constant high cabin altitude "halfway up a mountain," and the issue of cabin air not being as clean as repeatedly claimed will lead to a buildup of risk factors.

The adverse event databases from around the world are reporting an unprecedented number of adverse events associated with these mRNA substances, including clotting, bleeding disorders, and even more severe adverse events.

Inhaling toxic fumes or when mRNA substances are added to the toxic body burden already imposed by the toxic gases from bleed-air, containing carbon monoxide and VOCs from a variety of nano-particle sized chemical substancesin addition to radiation and other harmful indoor pollution, can lead to serious health issues.

Scientists hypothesize that sub-10 nm nanoparticles behave similarly to gases and can easily enter human tissues and may disrupt the normal biochemical environment of the cells.
Contaminants can travel to the microbiota and interfere with the production of enzymes required for essential brain functions, causing symptoms even weeks later.

Every pilot and cabin crew member who has received an mRNA injection should immediately undergo a D-dimer test. If a pilot's D-dimer levels are too high, it indicates that their blood is actively clotting, putting them at risk for a pulmonary embolism, a stroke, arrhythmias, cardiac arrest, or, in the worst case, death during a flight.

Factors of Danger in Conjunction

Some danger concerns at altitude are well-known, whereas others are less so. However, most people are aware of the risk of blood clots. The "thin" and dry air (low oxygen levels, 20-30 percent humidity), the persistent high cabin altitude "halfway up a mountain" (usually maintained at approximately 8,000 feet or around 2400 meters), and the problem of the cabin air not being as clean as repeatedly claimed, will lead to the accumulation of risk factors.

Some industry-friendly analysts claim that toxic air inhalation is not cumulative. A simple question: does one glass of alcohol cause intoxication? No, but 2 or 3 glasses or an entire bottle should do. The level of liver toxicity (alcohol) is too high for rapid elimination. If one consumes multiple glasses each day, the toxicity level will eventually reach the "glass is full" threshold. One day, the liver as well as other organs will give up and be unable to process the recurrent "refill" of harmful material; health issues will ensue.

This can happen when poisonous fumes are regularly inhaled or when mRNA chemicals are added to the toxic body burden already caused by fumes (bleed-air, CO), radiation, and other dangerous indoor environmental pollutants.

For some, it may take some time before they notice anything, since health problems often develop gradually and are not initially attributed to the workplace.

It hits some individuals like a bomb. One injection or fume event changes the status quo entirely!

Accordingly, it does accumulate, particularly over time. No, it is not " *dosis sola facit venenum* " (the dose alone generates the poison), but rather the **accumulation** of even minute doses. According to Professor M. Abou Donia, "*each breath is a dose*," which will ultimately amount to an overwhelming dose. Each individual is unique; there is no standard dosage for everyone.

Denial

Even though there have been warnings for more than 25 years, a high number of cases that resulted in medical license revocation, and scientific data, the majority of aircrew still refuse to acknowledge the problem of contaminated cabin air.

Hunting for a WHY

In 2013, I conducted research on nanoparticles (NP) in an effort to understand the potential harmful consequences on human health of exposure to the inhalation of ultrafine hazardous particles, particularly after inhaling jet-engine oil fumes.

Scientists hypothesize that sub-10 nm nanoparticles behave similarly to gases (e.g., carbon monoxide-CO), can easily penetrate human tissues, and may alter the normal biochemical milieu of the cell. After inhalation, NPs are dispersed to the liver, heart, spleen, brain, lungs, and gastrointestinal tract, according to animal and human studies. In order to eliminate these NPs from the body, the immune system's components are alerted and activated. Studies on animals have demonstrated that lipid nanoparticles cause "massive damage" to red blood cells (RBCs), which are extremely susceptible to oxidative stress.

Due to their minute size, the Health and Environment Alliance of Belgium states, *nano-materials are intrinsically harmful*. Smaller particles have a greater reactive surface area, are much more chemically reactive, and produce more superoxide radicals, including free radicals, than bigger particles.

Unlike larger particles, mitochondria and nuclei of a cell may absorb nanoparticles. Nanoparticles can interact with proteins and enzymes and modify gene expression, influencing organ, tissue, cellular, subcellular, and protein-level biological behavior. This may result in increased oxidative stress, inflammation, protein, membrane, and DNA damage, and cell death.

According to Italian researchers Gatti and Montanari, micro- and nanocontaminants in vaccinations (previously known vaccines) could explain both immediate and delayed negative effects following vaccination.

This is because the "ultimate destination" of pollutants may change for each individual. Contaminants may travel to the microbiota and interfere with the generation of enzymes required for essential brain activities, triggering symptoms weeks later. Those affected by poisonous fumes are also familiar with this effect: OPDIN, which describes a delay in reaction known as Organophosphate Induced Delayed Neuropathy (OPIDN), which causes the problem that the symptoms and their source are frequently not recognized or misdiagnosed by physicians and cannot be linked to the initial exposure.

In addition, the inclusion of "PEG" (Polyethylene glycol generated from petroleum) in two of the current mRNA drugs is concerning because of the well-known immunogenicity of PEG. According to the scientific literature, PEG chemicals frequently induce the production of anti-PEG antibodies, which in some individuals results in "hypersensitivity reactions" – severe allergic reactions with the potential for lethal anaphylaxis.

Pilots are responsible for hundreds of passengers on each flight, every day

Every active pilot and cabin crew member who has had an mRNA injection must have a D-dimer test, and those who nevertheless intend to receive the injection should first undergo an allergy test for PEG and other known adjuvants and additives listed in these particular substances.

Commercial pilots are flying with a completely unapproved chemical in their bodies. Contrary to some claims this build up can not be easily “detoxed” and no one knows who might have an immediate or delayed reaction.

Safety first!

References

- Aerotoxic Syndrome and Low Level Exposure to Nano Particles – Bearnairdine Beaumont https://www.academia.edu/43384763/Aerotoxic_Syndrome_and_Low_Level_Exposure_to_Nano_Particles
- Nanotechnology and health risks fact sheet. Brussels, Belgium: Health and Environment Alliance, 2008. https://www.env-health.org/IMG/pdf/17-_NANOTECHNOLOGY_AND_HEALTH_RISKS.pdf.

- Is a Cumulative Exposure to a Background Aerosol of Nanoparticles Part of the Causal Mechanism of Aerotoxic Syndrome? Howard CV, Johnson DW, Morton J, Michaelis S, Supplee D, et al. (2018) J Nanomed Nanosci: JNAN-139. DOI: 10.29011/JNAN-139. 10003

- Aerotoxic Syndrome and Low Level Exposure to Nano Particles Bearnairdine Beaumont 2013 https://www.unfiltered.vip/uploads/6/0/3/8/6038702/nano_aerotoxic_syndrome_and_low_level_exposure_to_nano_particles.pdf

- D-dimer test https://www.verywellhealth.com/d-dimer-test-4173338

- Polyethylene Glycol-Induced Systemic Allergic Reactions (Anaphylaxis) https://pubmed.ncbi.nlm.nih.gov/33011299/

- Gatti AM, Montanari S. New quality-control investigations on vaccines: micro- and nanocontamination. *Int J Vaccines Vaccin*. 2017;4(1):00072. https://medcraveonline.com/IJVV/new-quality-control-investigations-on-vaccines-micro-and-nanocontamination.html.

- Tiny But Toxic: Nanoparticles In Vaccines https://www.westonaprice.org/health-topics/toxic-nanoparticles-in-vaccines/

- FAA https://www.faa.gov/coronavirus/guidance_resources