

To:

Board Members, Civil Aviation Safety Authority, Australia
Dr. Kate Manderson, Principal Medical Officer

Dear CASA Board Members and Dr. Manderson,

Re: CASA's policy and justification for tolerating Covid-19 vaccine-induced pericarditis and myocarditis risks in aviation personnel

I am aware that in December 2021, Dr. Manderson publicly stated, on behalf of CASA:

"We're happy to compromise the health and wellbeing of adult males and give them a Pfizer so they end up with myocarditis but we're not happy to do that to a 7-year-old child like my daughter. Why is that? They know what's happening - it's being triggered by that vaccine - they know what's happening. Because we know what's happening, we can now say we know what to expect will happen... they resolve... so we're comfortable, long-term."

<https://rumble.com/v151wg5-myocarditis.html>

Dr. Manderson's statement has thrown up several questions that I would like your clarification on, please. I would be grateful if you could answer the following questions about what CASA knows about Covid-19 vaccine-induced pericarditis and myocarditis to provide reassurance to me regarding these conditions in the context of Australian flight safety.

1. What is the fundamental mechanism by which any Covid-19 vaccine(s) trigger or induce pericarditis and/or myocarditis?
2. What are the internal and external (in vivo and ex vivo) factors that CASA knows pre-dispose anyone to a risk of these conditions when taking a Covid-19 vaccine?
3. What are the known short, medium and long-term effects of either condition on health and overall lifespan of an individual who suffers them?
4. Can vaccine-induced pericarditis and/or myocarditis cause permanent or irreparable damage to the cardiovascular system? What is the evidence basis and references for CASA's knowledge in this regard?
5. Is it possible that pericarditis and/or myocarditis can trigger rapid or sudden debilitation or death?
6. If Covid-19 vaccine-induced pericarditis and myocarditis have only been identified and acknowledged since the deployment of Covid-19 vaccines in 2021, how can there be any long term data or evidence to state that anyone, including CASA, knows about the long-term effects of the conditions on anyone?
7. What does the word "resolve" mean in the context used by Dr. Manderson?
8. Once someone suffers from either condition, what is the spectrum of treatment, recovery and rehabilitation that the patient might go through, and what is the spectrum of health prognoses that are known?
9. Although the qualitative risk terms of "rare" and "extremely rare" are used to describe medical risk, can you confirm that "rare" means between 1:1000 and 1:10,000, and "extremely rare" means 1:10,000 to 1:100,000?
10. What is the risk probability, expressed as a ratio or percentage, of anyone suffering from either condition after taking a Covid-19 vaccine and what is that based upon?
11. Why does CASA tolerate the possibility of Covid-19 vaccine-induced pericarditis or myocarditis in any medically certified aviation personnel?

Yours sincerely,