For the attention of:
Sir Stephen Hillier, CAA Chair;
Mr. Richard Moriarty, Chief Executive Officer;
Mr. Paul Smith, Group Director of Consumers and Markets;
Mr. Chris Tingle, Chief Operating Officer;
Mr. Rob Bishton, Group Director of Safety and Airspace Regulation;
UK Civil Aviation Authority
Westferry Circus
Canary Wharf
London E14 4HD

July 6th, 2022

From: Global Aviation Advocacy Coalition

Sent by email

Dear CAA Board Members,

Re: Covid-19 Vaccination and Class 1-3 Medical Certificate Holders

Thank you for your kind reply dated 22 June 2022, it is indeed helpful and greatly appreciated.

Further to that reply, please can you provide further insight into the following questions:

1. As you have advised us that the CAA defers to the MHRA in respect of Covid-19 vaccine safety and efficacy:
   a) Does the CAA have any form of its own definition of "safety" or "efficacy" of the Covid-19 vaccines, outside of which it would independently withdraw their use by Class 1-3 medical certificate holders? If so, what are those definitions?
   b) Is it possible to see the sources of "governmental guidance and scientific literature on Covid-19 "vaccines" that the CAA has specifically referred to/considered in any given period since January 2020?
   c) Does the CAA's deference to the MHRA in this regard effectively mean that MHRA assessments, decisions, recommendations etc fully cascade, unimpeded, through the CAA and into its medical system?
   d) By what means would any MHRA error or inappropriate determination of Covid-19 "vaccine" classification, safety, efficacy or suitability for use by Class 1-3 medical certificate holders, be avoided, trapped or mitigated by the CAA?
   e) How does the MHRA's processes take specific account of aviation medicine when it comes to Covid-19 vaccines and, if the CAA defers to it, how has the CAA ensured that MHRA has fully accounted for all possible aviation medicine considerations/risks etc specific to the aviation environment?
   f) What specific Covid-19 vaccine trial data has the CAA examined for each of the Covid-19 vaccines?
   g) What specific Covid-19 vaccine surveillance data/evidence/reports does the CAA examine?
2. You refer to the "approval process for vaccines in the UK". No Covid-19 vaccine has been fully approved. They are temporarily authorised under Regulation 174A(2) of the Human Medicine Regulations. Conditional Marketing Authorisations have been issued, which are not "approvals" and all the products are on the Black Triangle list of medicines requiring intensive monitoring. These MHRA Conditions of Authorisation state:

   > *"This authorisation is not a marketing authorisation for the purposes of Part 5 of the HMRs or Chapter 4 of Title III to the 2001 Directive."*

   What significance does such conditionality have on the CAA's view of medical products in use under CMA in the aviation industry?
3. Do CAA AMEs have the capability and/or remit to ascribe causality of injury to a vaccine independently or are they dependent upon that determination having been made by other clinician(s)? Conversely, could they independently override the clinical determination of another physician's determination?
4. In the CAA's opinion, is it possible for a Class 1-3 medical certificate holder to have suffered a vaccine-induced injury that, for some reason, is not formally attributed to a vaccine and therefore never recorded as such in the CAA medical system e.g. causal misdiagnosis, refusal by clinician to entertain a vaccine as a cause for some reason (including prejudice or lack of knowledge)? If so, could it be possible that the CAA might not ever know of or recognise such issues?
5. Is it fair to say that in order for the CAA to become aware of vaccine injury via its medical system, it requires:
   a) *causal certainty* to have been recorded by a clinician who is not the AME; and
   b) for the AME to agree; and
   c) for the AME to enter that into the system?
6. We understand from your answer to question 5 that should a pilot choose to withhold information about an actual

or suspected medical condition from the CAA, the CAA has no direct way of knowing unless the individual was effectively "found out" via involvement in incident, accident or third party reporting. Is this a fair understanding?

7. Should a Class 1-3 medical certificate holder wish to take part in a Covid-19 vaccine clinical trial of any kind, for example a booster "mix-and-match" trial, how would they have to interact with the CAA to do so legally and in conformance with their regulatory and licence obligations? Would they have to: declare their intent to do so to the CAA; be granted permission by the CAA? Would the individual be able to take part in such a trial and still continue to operate flights in accordance with their licence?

We thank you for your anticipated efforts in providing your insight into the above questions and look forward to receiving your reply by email in due course.

Yours sincerely,

Greg Hill, Director
Free to Fly
Canada

Josh Yoder, President
US Freedom Flyers
USA

Philippe Pelletier, President
Navigants Libres
France

Mark Juch, Chairman
Luchtvaart Collectif
Netherlands

Alan Dana, Director
Aussie Freedom Flyers
Australia

Chantal Biolley, Co-founder
Airliners for Humanity
Switzerland, Germany, Austria

Mark Ready, Coordinator
UK Freedom Flyers
United Kingdom

Richard Urso, MD, Director
Global Covid Summit
International

Dr. Steven Pelech,
Dept of Medicine, Univ of BC
VP, Canadian Covid Care Alliance

Dr. Claire Craig BM BCh, FRCPath.
Co-Chair, Health Advisory Recovery Team
United Kingdom

Katarina Lindley, D.O, FACOFP
Cofounder, CAIM
International

Dr. Elizabeth Evans
UK Medical Freedom Alliance
United Kingdom

Jennifer Hibberd, DDS
Co-founder, World Council for Health
International

Pete Chambers, LTC, DO
MC, FS, SF
US Special Ops Flight Surgeon

Jane M. Orient, MD, Exec Director
Association of American Physicians
and Surgeons, USA