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General Crosland,

On February 9, 2023, [Military.com](#) published this article, "Military Pilots Reported 1,700% More Medical Incidents During the Pandemic. The Pentagon Says They Just Had COVID." The article presents a case against Dr. Long, signaled early with the term "now defunct" instead of "Congressionally rescinded" to denote the termination of the COVID-19 vaccination mandate.

Dr. Teresa Long states that from 2020-2022 military pilots suffered a 17-fold increase in reportable adverse medical events as compared to preceding baseline years. She contends that the mandatory Covid 19 mRNA is the cause, while the Department of Defense (DoD) places the blame on the disease itself. We respectfully disagree with DoD. It is unethical and a disservice to the military aviators for the DoD to summarily dismiss their grievances, while basing rejections on presumption rather than scientific evidence. Our concern is amplified by the DoD effort to "correct" the Defense Medical Epidemiology Database (DMED). Senator Johnson received little to no cooperation in his request for more information (see <https://www.ronjohnson.senate.gov/2022/3/sen-johnson-requests-information-from-company-that-manages-dod-health-database>)

The [Military.com](#) article of February 9 stated without reference, "Studies show, however, that the risks associated with COVID-19 vaccines are low." Context is necessary to judge the validity of this authoritative, seemingly non-contestable remark. The Pfizer [preclinical trials](#) were too

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small to appropriately identify serious adverse outcomes, and they did not test patients less than 30 years of age—an age that represents a large portion of military pilots. Although no single data center that compiles adverse Covid 19 vaccine events is perfect, VAERS, DMED, the CDC's vSafe, the Vaccine Safety Data Link (VSD), and the Biologics Effectiveness and Safety System (BEST) together demonstrate that the vaccine's risk is not low and serious concerns abound.

It is accepted that severe adverse events and death due to Covid overwhelmingly affect the elderly and those with multiple comorbidities. The vast majority of operational military pilots are in excellent health and less than 40 years of age, putting this cohort at low risk for reportable Covid 19 symptoms. It seems unlikely that the 17-fold increase in reportable events cited by Dr. Long is due to a disease that inflicts most of its damage in an age-dependent fashion and has mutated rapidly since its inception to less virulent variants.

The article limits the discussion on the scope of vaccine injuries and focuses on myocarditis, downplaying its prevalence and attesting that most cases are mild. However, when a muscle cell or nerve cell that conducts electrical impulses in the heart dies, whether due to fulminant or mild myocarditis, that cell never regenerates. A [recent ruling](#) grants commercial airline pilots a waiver to fly with first degree heart block, which over time can deteriorate into second or third degree heart block. Wherever an ACE-2 receptor is located in the body, the spike protein can injure that structure. Blood vessels, reproductive organs, the central and peripheral nervous system, kidneys, liver, and blood components all can be damaged by the Covid mRNA vaccine.


Both [Denmark](#) and the [United Kingdom](#) do not recommend routine Covid mRNA vaccines for healthy patients less than 50 years of age. As more definitive studies about vaccine injury are published, regulatory agencies around the world better understand the unfavorable risk to benefit ratio of

vaccinating healthy adults. Military aviators question whether their medical problems are a result of the mandatory vaccination program conducted without regard to patient specific risk-benefit profiles.

Rather than reject Dr. Long's concerns and disregard health complaints voiced by military aviators, the DoD must resolve these issues on a case by case unbiased basis. Patient documentation can determine the time sequence between vaccination and onset of reportable symptoms and the time of diagnosis of Covid 19 infection and its relationship to occurrence of symptoms. Aviators are entitled to the most comprehensive medical care to attend to their needs. Without making a good faith effort to reconcile these legitimate questions, the DoD is treating its aviators more like a nuisance rather than a valued resource.

We strongly encourage the DoD through the Defense Health Agency pursue an aggressive approach to setting the record straight, revealing the facts, and advancing remedies for those who were victimized by the vaccination. Safety of flight and the health and welfare of our service members is at stake.

Very respectfully,



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