

Op-Ed: Anthrax Vaccine Is A Force Protection Facade

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Two years ago, Secretary of Defense William Cohen announced the Anthrax Vaccine Immunization Program for all service members. The policy was an effort to protect our nation's armed forces from the threat of inhaled anthrax produced by a biological weapon.

The vaccine was approved in 1970 for limited use to protect veterinarians and animal industry workers. The approval of this vaccine was based on a study of a different anthrax formulation found to be protective for topical or skin exposure to the disease.

The FDA has consistently found that no meaningful assessment has been made of the vaccine's effectiveness in humans against inhalation anthrax. Additionally, the General Accounting Office reported that the long-term safety of the vaccine has not yet been studied.

To date, only about 15 percent of the military has received vaccinations, while hundreds have been discharged, punished or court-martialed for refusing.

The Defense Department's anthrax vaccination policy started as our troops deployed once again to draw a line in the sand when Saddam Hussein ejected U.N. weapons inspectors from Iraq in late 1997. Simultaneously, senior Department of Defense officials were challenged as to how they would protect the troops from Saddam's arsenal of weapons of mass destruction.

On Dec. 15, 1997, the Pentagon responded by holding a press briefing using an anonymous spokesman to herald the decades-old anthrax vaccine as a lifesaver for U.S. troops. The spokesman was asked if this was a step toward a

worldwide biological arms race? His answer was: "I don't know. It could be, but I'm not prepared to answer that."

Needless to say, this dubious doctrinal shift signals a troubling tacit acceptance of weapons outlawed by international treaties. Coupled with an apparent lack of a coherent deterrence strategy, this trend could undermine decades of international restraint in the biological warfare arena.

These concerns are not new. Last summer six congressmen charged that Defense Secretary Cohen failed to meet his four prerequisites for implementing mandatory anthrax inoculations. Supplemental testing was terminated by the Pentagon due to inconsistencies and a plan to educate the troops has evolved into a series of misrepresentations to sell the program.

The most egregious of the failed prerequisites was Secretary Cohen's commitment to have an "independent expert" review the policy. The Defense Department chose a Yale University gynecologist to justify the start of vaccinations even though he told Congress in April that he had "no expertise in anthrax."

Ironically, the Food and Drug Administration has inspected the vaccine manufacturing plant and refused to validate the manufacturing line. The problems have included sterility and potency deviations that highlight the persistent failure of this manufacturer to produce a safe and effective product.

Regardless of these revelations, the Secretary of Defense continues to order service members to be inoculated with stockpiled vaccine produced under the same flawed manufacturing process that the FDA has again found too unacceptable to approve for production.

These concerns also led four congressmen in November to urge the FDA to place the Pentagon's use of the anthrax vaccine under an "investigational status," making it optional. The Senate Veterans Affairs Committee recommended this same course of action in a scathing 1994 report on 50 years of Defense Department experiments on service members.

An investigational vaccine status would force the Defense Department to comply with federal law and give service members informed consent and warnings about potential adverse effects. The congressmen said the vaccine should be "investigational" because the military is mandating widespread use of the vaccine for a purpose for which it was not licensed.

Despite the controversy, service members know that comprehensive force protection is necessary. Detection devices, external protection, post-exposure antibiotics and the limited use of vaccines for imminent threats would provide deterrence to biological warfare without tempting production of other agents besides anthrax.

These kinds of comprehensive force protection measures, rather than hyping the threat to justify a substandard vaccine, will renew the trust of military personnel. The current anthrax vaccine policy, packaged with repeated misrepresentations to the troops and to Congress, is viewed by many service members as a joke.

The joke's sad punch line has become the Pentagon's continued lack of respect for the rights and health of the troops who protect this country with their lives. With 18 more biowarfare vaccines under development and a presidential executive order that could allow experimentation on the troops, this debilitating direction will make recruiting and retaining service members for our nation's armed forces increasingly difficult.

(Thomas L. Rempfer of West Suffield and Russell E. Dingle of East Hartford, were members of the Connecticut Air National Guard who had to transfer to other assignments after they were commanded to research anthrax inoculation policy and subsequently declined inoculation for them and their men.)