

Running Head: WHO WILL SAVE US FROM OURSELVES?

Who Will Save Us from Ourselves?

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Abstract

This paper defines anthrax, describes methods of exposure, introduces the origins of the Department of Defense's mandatory Anthrax Vaccine Immunization Program (AVIP), and the required dose interval. The potential threat for military exposure is examined with emphasis on the countries with, or suspected to have an offensive capability. We look at the arguments from both sides who claim the vaccine is safe and has adequate efficacy, or proclaim the vaccine is unsafe, ineffective, and perhaps unnecessary. My opinion is that the program is not only illegal, but unethical and should be shut down immediately, or at least require individual consent as mandated by federal regulations and Presidential Executive Order dealing with investigational new drugs.

Who Will Save Us from Ourselves?

Although not explicitly spelled out in the U.S. Constitution, West's Business Law (2006), the tenth amendment states, "the powers not delegated to the United States by the Constitution, nor prohibited by it to the States, are reserved to the States respectively, or to the people". From this amendment, the concepts of "right to privacy" and "freedom of choice" has been established by the United States Supreme Court, most notably in the Roe vs. Wade case (abortion rights). To this end, I contend that each individual's body is not only a temple, but also a private entity governed by the owner, and not the government. From this stance, I believe it is unethical and illegal for the Department of Defense (DOD) to mandate an Anthrax Vaccine Immunization Program (AVIP) which been submersed in controversy.

Indeed, I admit we all swore an oath to defend and obey as defined by the Oath of Enlistment and AR 600-20 (2006) which defines obedience to orders as, "All persons in the military service are required to strictly obey and promptly execute the legal orders of their lawful seniors" (p. 21). I have no problem with these tenets. I also believe that the honor of serving our country is not free; this we are all painfully aware of, just ask the homosexuals, or the Soldiers deployed in the war zone unable to come home and witness the birth of child. Even I bear this reality as my concealed carry permit is null and void on military installations. I also have no problem with the personal freedoms given up to protect the freedoms of so many who now take them for granted. However, it concerns me deeply when a military doctor refuses to take a supposedly safe and effective vaccine, our government agencies stop acting as responsible independent agents with their own voice, and our military court system uses procedural matters to prevent a full and unbiased look at the legality of a highly controversial force protection program.

Before we get too far down the rabbit hole, I should take some time to define and explain the relevant facts behind this program. Wikipedia defines anthrax as:

An acute infectious disease caused by the bacterium *Bacillus Anthracis* and is highly lethal in some forms. Anthrax most commonly occurs in wild and domestic ruminants (cattle, sheep, goats, camels, and antelopes), but it can also occur in humans when they are exposed to infected animals, tissue from infected animals, or high density of anthrax spores. There are no known cases of infection in humans resulting from direct contact with a diseased person. The word *anthrax* is derived from the Greek word *anthrakis*, or "coal", in reference to the black skin lesions victims develop. There are 89 known strains of anthrax. The most widely recognized strain is the virulent Ames strain in the 2001 anthrax attacks in the United States. (Wikipedia, 2006)

Exposure to anthrax can occur three ways: absorption through the skin, ingestion, or inhalation of spores. If released into the air, inhaled spores would be by far the worst case scenario since spores are highly lethal and easily made. Vaccines are made from a nonlethal strain of the virus. The military's anthrax vaccination program consists of a series of six shots and an annual booster given at these intervals: initial, two weeks, four weeks, six months, twelve months, and eighteen months. As I write this, the DOD and the Center for Disease Control (CDC) are still unsure of the actual number of doses required for adequate protection.

An article by Professor Randall D. Katz states that:

Secretary Cohen mandated anthrax vaccinations for the entire U.S. military in a May 18, 1998, memorandum. His directive spurred congressional hearings and disputes as to the legality of ordering soldiers to take the vaccine. These hearings, held by the subcommittee on National Security, Veterans Affairs, and International Relations of the

House Government Reform Committee, have been highly critical of anthrax vaccine immunization program (AVIP). (Katz, 2001)

Katz also wrote that:

There is little controversy that anthrax poses a serious threat. Former Secretary of Defense William Cohen authorized the anthrax vaccination program because anthrax poses a clear and present danger to our armed forces. It is the weapon of choice for germ warfare because it is easy to weaponize and is as lethal as the Ebola virus. (Katz, 2001)

According to research conducted by Katz:

Unclassified intelligence information reports that at least ten nations are developing an offensive capacity to use anthrax in biological warfare: China, Iran, Iraq, Israel, Libya, North Korea, South Korea, Syria, Taiwan, and Russia. Egypt, Cuba, Japan, and the former Soviet Republics also are on some unclassified lists. The DOD considers many areas where U.S. troops are stationed "high-threat" areas for anthrax attacks, including Korea, Bahrain, Jordan, Kuwait, Oman, Saudi Arabia, Qatar, United Arab Emirates, Yemen and Israel. (Katz, 2001)

Clearly the issue at hand is not the potential threat, but rather the efficacy and safety of the vaccine. This is a dual edged sword. For one thing, speculation that the anthrax vaccine has been linked to Gulf War Syndrome is a little unsettling to me. However, without vaccination or immediate antibiotic treatment (within 24-48 hours) after exposure, the death rate for inhalation victims is 99%, and for those treated immediately with antibiotics, it drops to about 80%. This lethality is exactly why DOD is such a strong advocate for the vaccine program. Even with these facts, the weapon of choice for terrorism are the improvised explosive devices (IEDs) and vehicle borne improvised explosive devices (VBIEDs). One VBIED in Iraq today kills more

people than all the terrorist biological attacks combined to date. With this in mind, I have to ask myself how likely an anthrax attack would be?

Exactly how effective is the vaccine? Mr. Katz reports:

At best, the vaccine provides some measure of protection to most who receive it. Just how much protection is acquired, by whom, for how long, and against what level of challenge are questions DOD answers with an excess of faith but a paucity of science.

(Katz, 2001)

The key issue at stake is whether the vaccine should be considered an investigational new drug (IND). If so, individual consent would be required by federal regulation and a Presidential Executive Order before the vaccine can be given. Since DOD's use of the vaccine is contrary to the Federal Drug Administration's original licensing (protection against cutaneous exposure versus inhalation Exposure) of the vaccine in 1970, and the fact the vaccine formula was changed, the vaccine should be classified as an IND. Therefore, require individual consent should be required prior to vaccination. This aside,

Both the GAO and Committee on Government Reform have concluded the vaccine is not safe and effective: concerns about the efficacy, and by implication the necessity, of the vaccine are legitimate given the extent of unproven, unknown, and perhaps unknowable, aspects of the protection afforded. (Katz, 2001)

What science is DOD justifying this program on? To date, no experiments on vaccine efficacy has been done on humans. In fact, no exact correlation between animals experimented on (to include monkeys) and humans exist which further clouds the dosage and actual protection issues. In fact,

The producer of the anthrax vaccine also noted that "to date, no animal or other

potency test has been demonstrated to be well correlated with protection of humans. The potency test required for the present vaccine has not been well correlated to efficacy in humans and it is doubtful it can be. Moreover, the current vaccine may not protect against genetically engineered and altered anthrax strains. This claim has been bolstered by recent, unconfirmed reports that Russian government scientists have genetically altered strains of anthrax to create a new biological weapon. (Katz, 2001)

In DOD's defense,

The DOD counters that the vaccine is safe and points to a plethora of published reports and studies to bolster its claim. The Centers for Disease Control also have concluded the anthrax vaccine is safe. A study published in the *Journal of the American Medical Association* determined that the potential benefits of the vaccine outweigh the risks. The American Public Health Association concluded that "evidence indicates that this vaccine is effective in preventing cutaneous [skin] and inhalation anthrax . . . [and] it may . . . be used to protect military personnel against potential exposure to anthrax used as a biological warfare agent. (Katz, 2001)

According to Katz, "The legal controversy over AVIP involves military, political, and medical issues. The basic legal issue centers on whether a service member can be ordered to submit to anthrax vaccination." (Katz, 2001) Several service members have been tried by court martial for not refusing to submit to immunizations; notable cases include: *United States v. Chadwell* (Smallpox, Revolutionary War), *United States v. New* (Anthrax), and *United States v. Rose* (Anthrax). To date,

No defendant, in any branch of the Armed Forces, has been able to argue successfully the merits (including the safety, efficacy, and necessity) of the anthrax vaccine. The

government's strategy, which has been wholly successful, is to foreclose the case procedurally before the merits can be substantively evaluated. The defense is left defenseless. (Katz, 2001)

From my own research, I have concluded that the institution (DOD) through its untouchable military judges has prevented a fair and honest examination of whether the vaccine is safe, necessary, and possesses sufficient efficacy to protect us from an anthrax attack. In the end, it will take a Soldier's death and a relative's civil lawsuit against the U.S. government to get these controversial issues in front of a jury.

Conclusion

Regardless of my opinion on this program, believe me when I say that a Soldier's duty is to do or die, not to ask why. That is why we need civilians to take up our cause and protect our interests while we fight the nation's wars. To this end, I will submit to vaccination if ordered to do so, but I will not volunteer. My life is half over, so who cares about long term effects of questionable vaccines which may or may not protect you. I'll tell you who, perhaps our sons or daughters, who at the mere age of eighteen may end up sterile, develop cancer, or Gulf War Syndrome. We just don't know based on the science to date. In fact, we may have already committed fratricide and doomed tomorrow's future warriors and leaders. Only time will tell. Perhaps it is too late to stop the program for fear of future litigation.

References

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