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THE IMPACT OF THE ANTHRAX VACCINE PROGRAM ON RESERVE AND NATIONAL GUARD UNITS

HEARING

BEFORE THE

SUBCOMMITTEE ON NATIONAL SECURITY, VETERANS AFFAIRS, AND INTERNATIONAL RELATIONS

OF THE

COMMITTEE ON GOVERNMENT REFORM

HOUSE OF REPRESENTATIVES

ONE HUNDRED SIXTH CONGRESS

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THE IMPACT OF THE ANTHRAX VACCINE PROGRAM ON RESERVE AND NATIONAL GUARD UNITS

WEDNESDAY, SEPTEMBER 29, 1999

HOUSE OF REPRESENTATIVES,
SUBCOMMITTEE ON NATIONAL SECURITY, VETERANS AFFAIRS, AND INTERNATIONAL RELATIONS,
COMMITTEE ON GOVERNMENT REFORM,
Washington, DC.

The subcommittee met, pursuant to notice, at 10:05 a.m., in room 2154, Rayburn House Office Building, the Hon. Christopher Shays (chairman of the subcommittee) presiding.

Present: Representatives Shays, Souder, McHugh, Mica, Burton, Metcalf, Jones, Blagojevich, Schakowsky, and Thompson.

Staff present: Lawrence Halloran, staff director and counsel; David Rapallo, minority counsel, and Earley Green, minority staff assistant.

Mr. SHAYS. I would like to call this hearing to order. The Anthrax Vaccine Immunization Program, which we refer to as AVIP, has two serious problems. Highly trained, veteran members of Reserve components, Reserve and National Guard units, are opting to leave military service, citing unresolved questions about the safety, efficacy and necessity of the anthrax vaccine program. And for those who are taking the vaccine, recent tracking data from the Department of Defense [DOD] confirms the worst fears of those who doubted the Department's ability to keep accurate medical records and comply with the FDA-mandated inoculation schedule.

How many are leaving? In some Air Guard units, attrition among pilots and technicians may be as high as 30 percent. But because phase I of the AVIP has reached only a small fraction of Reserve components, DOD appears unable, or unwilling, to discern a trend. So we asked the Department, and individual service members, to discuss the impact and implications of the AVIP to date on retention, readiness, and morale.

Implementation of an effective system to track personnel who receive anthrax vaccinations was one of four conditions Defense Secretary Cohen placed on the controversial program. Why? Because the lack of critical recordkeeping during Desert Shield and Desert Storm all but destroyed trust in DOD medical programs. To this date, the paucity of data prevents research on the health of those who received vaccines, including anthrax, and other experimental drugs during the desert war.

Accurate tracking is also essential because the FDA-approved schedule of six shots over 18 months is the only regimen shown to protect humans against anthrax. According to DOD policy, "Although the effect of specific deviations from this schedule on the efficacy of the vaccine is unknown, in general, the greater the deviation the less certain the protective effect in humans."

Yet deviations appear rampant in the Reserve and National Guard units participating in the AVIP through July of this year. Data provided by the Department shows almost half of all enrolled reservists and Guard members overdue for an inoculation. More than 80 percent of those in some units have missed a scheduled vaccination. Many appear to be overdue by weeks and months, not days.

DOD disputes the accuracy of their own data, pointing to delays in consolidating records from the service branches into the centralized Defense Eligibility and Enrollment Reporting System, which we refer to as DEERS. So, either DEERS data is inaccurate or compliance with the FDA prescribed shot regimen in Reserve component units is routinely failing. In either event, the program has serious problems.

If the centralized tracking system cannot provide a real-time picture of the inoculation status of the entire force, or individual units, it fails to meet the operational standard set by the Secretary as a condition of AVIP implementation. If the tracking is accurate, units are being deployed with uncertain and variable levels of protection. Remember, it was the military need for certain and consistent anthrax protection that dictated the mandatory nature and force-wide scope of the vaccination program.

With regard to the anthrax vaccine, the Pentagon appears to be at war with itself. On one front, DOD compliance with the full anthrax shot schedule is the order of the day. Yet under AVIP policy, troops are deemed adequately protected from anthrax attack, and therefore deployable, only after three of the six shots. The tracking data indicates most reservists and Guard members receiving the first three shots roughly on schedule, while compliance degrades dramatically after that.

The 1.5 million men and women serving in Reserve and National Guard units comprise half the total U.S. military force. They provide critical elements to every mission and are essential to national security. As more of them face the difficult personal and professional questions posed by the mandatory anthrax vaccine program, we need to know how their answers will affect the readiness of the volunteer force to complete their mission.

We look forward to the testimony of all of our witnesses this morning. I want to particularly thank Mr. Cragin for deferring what is usually the courtesy of going first so that we could hear from participants in the National Guard and our Reserve forces so that then you could respond to what you are hearing as well so we do thank you for that and we have always appreciated your cooperation and those who work with you.

We have two panels but before we do, we have others who have statements, and I am really sorry. We have our distinguished ranking member who also serves on the Armed Services Committee, Mr. Thompson and, Mr. Blagojevich, you have the floor.

[The prepared statement of Hon. Christopher Shays follows:]

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Statement of Rep. Christopher Shays
September 29, 1999

The Anthrax Vaccine Immunization Program (AVIP) has two serious problems: Highly-trained, veteran members of reserve components - Reserve and National Guard units - are opting to leave military service, citing unresolved questions about the safety, efficacy and necessity of the anthrax vaccine program. And, for those taking the vaccine, recent tracking data from the Department of Defense (DoD) confirms the worst fears of those who doubted the Department's ability to keep accurate medical records and comply with the FDA-mandated inoculation schedule.

How many are leaving? In some Air Guard units, attrition among pilots and technicians may be as high as 30 percent. But because Phase I of the AVIP has reached only a small fraction of reserve components, DoD appears unable, or unwilling, to discern a trend. So we asked the Department, and individual service members, to discuss the impact and implications of the AVIP to date on retention, readiness and morale.

Implementation of an effective system to track personnel who receive anthrax vaccinations was one of four conditions Defense Secretary Cohen placed on the controversial program. Why? Because the lack of critical record keeping during Desert Shield and Desert Storm all but destroyed trust in DoD medical programs.

To this day, the paucity of records prevents research on the health of those who received vaccines, including anthrax, and other experimental drugs during the desert war.

Accurate tracking is also essential because the FDA-approved schedule of six shots over 18 months is the only regimen shown to protect humans against anthrax. According to DoD policy, "Although the effect of specific deviations from this schedule on the efficacy of the vaccine is unknown, in general, the greater the deviation the less certain the protective effect in humans."

Yet deviations appear rampant in the reserve and national guard units participating in the AVIP through July of this year. Data provided by the Department shows almost half of all enrolled Reservists and Guard members overdue for an inoculation. More than 80 percent of those in some units have missed a scheduled vaccination. Many appear to be overdue by weeks and months, not days.

DoD disputes the accuracy of their own data, pointing to delays in consolidating records from the service branches into the centralized Defense Eligibility and Enrollment Reporting System (DEERS).

So, either DEERS data is inaccurate or compliance with the FDA prescribed shot regimen in reserve component units is routinely failing. In either event, the program has a serious problem.

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With regard to the anthrax vaccine, the Pentagon appears to be at war with itself. On one front, DoD says compliance with the full anthrax shot schedule is the order of the day. Yet under AVIP policy, troops are deemed adequately protected from anthrax attack, and therefore deployable, after only three of the six shots. The tracking data indicates most reservists and guard members receiving the first three shots roughly on schedule, while compliance degrades dramatically after that.

The 1.5 million men and women serving in Reserve and National Guard units comprise half the total U.S. military force. They provide critical elements to every mission and are essential to national security. As more of them face the difficult personal and professional questions posed by the mandatory anthrax vaccine program, we need to know how their answers will affect the readiness of the volunteer force to complete their mission.

We look forward to the testimony of all our witnesses this morning.

Mr. BLAGOJEVICH. Thank you very much, Mr. Chairman, and let me welcome our witnesses from the National Guard and Reserve units as well as our distinguished witnesses from the Department of Defense. Today we will be hearing testimony and particularly first-hand accounts about whether the Department of Defense anthrax vaccination program may be negatively affecting the morale of units, the retention of valuable service members, and possibly even the readiness of our forces.

I do recognize that the Department of Defense is working hard to address the challenges inherent in any program of this magnitude. For example, the Department of Defense has been working with a computerized system, a computerized vaccine tracking system, that notwithstanding its efforts may suffer from delays but notwithstanding that it is a monumental step up from where we were just a few years ago.

In fact, it seems ironic, but one benefit of the DEERS tracking system is that it has already begun to reveal areas that can be improved, such as the significant logistical problems with vaccinating Reserve and Guard personnel. That today's hearing can highlight that fact is a testament to the power and utility of the data base.

However, many of us do have some serious questions for the Department of Defense regarding the status of research on a new, reduced-shot regimen, and the success of top-down policymaking. For now, however, let me just thank the chairman for having this hearing and having the entire series of hearings related to anthrax vaccine. The chairman has been a real leader on this issue and deserves a great deal of credit.

And more than just heightening the focus on one aspect of a service member's health, these hearings have highlighted the entire context in which the military healthcare system operates in this country, particularly at a time when major issues have to be discussed regarding how we retain our service members and how we recruit new service members as we move into the new century.

So personally I feel that this kind of rigorous and persistent review should be the goal not just for the anthrax program, but for all vaccines given to our service members, indeed all medications and all treatment. And let me close by thanking the chairman once more.

[The prepared statement of Hon. Rod R. Blagojevich follows:]

Opening Statement
Representative Rod Blagojevich, Ranking Member
Subcommittee on National Security,
Veterans Affairs, and International Relations

September 29, 1999

GOOD MORNING. LET ME FIRST WELCOME OUR WITNESSES FROM THE NATIONAL GUARD AND RESERVE UNITS. LET ME ALSO WELCOME OUR DISTINGUISHED WITNESSES FROM THE DEPARTMENT OF DEFENSE. IT IS A PLEASURE TO HAVE MR. CRAGIN BEFORE THE SUBCOMMITTEE AGAIN AND I AM GLAD ALL OF YOU COULD BE WITH US.

TODAY, I LOOK FORWARD TO HEARING SOME FIRST-HAND ACCOUNTS ABOUT WHETHER THE DEPARTMENT OF DEFENSE ANTHRAX VACCINATION PROGRAM MAY BE NEGATIVELY AFFECTING THE MORALE OF UNITS, THE RETENTION OF VALUABLE SERVICE MEMBERS, AND POSSIBLY THE READINESS OF OUR FORCES.

I DO RECOGNIZE THAT THE DEPARTMENT OF DEFENSE IS WORKING HARD TO ADDRESS THE CHALLENGES INHERENT IN ANY PROGRAM OF THIS MAGNITUDE. FOR EXAMPLE, ALTHOUGH THE COMPUTERIZED VACCINE TRACKING SYSTEM MAY SUFFER FROM DELAYS, IT IS A MONUMENTAL STEP UP FROM WHERE WE WERE A FEW YEARS AGO.

IN FACT, IT SEEMS IRONIC, BUT ONE BENEFIT OF THE "D.E.E.R.S." TRACKING SYSTEM IS THAT IT HAS ALREADY BEGUN TO REVEAL AREAS THAT CAN BE IMPROVED, SUCH AS THE SIGNIFICANT LOGISTICAL PROBLEMS WITH VACCINATING RESERVE AND GUARD PERSONNEL. THAT TODAY'S HEARING CAN HIGHLIGHT THAT FACT IS A TESTAMENT TO THE POWER AND UTILITY OF THE DATABASE.

HOWEVER, I DO HAVE SOME SERIOUS QUESTIONS FOR THE DEPARTMENT OF DEFENSE REGARDING THE STATUS OF RESEARCH ON A NEW, REDUCED-SHOT REGIMEN, AND THE

SUCCESS OF TOP-DOWN POLICY-MAKING, WHICH I HOPE TO RAISE LATER.

FOR NOW, LET ME JUST THANK THE CHAIRMAN FOR HAVING THIS HEARING AND FOR HAVING THE ENTIRE SERIES OF HEARINGS RELATED TO THE ANTHRAX VACCINE. MORE THAN JUST HEIGHTENING THE FOCUS ON ONE ASPECT OF A SERVICE MEMBER'S HEALTH, THESE HEARINGS HAVE HIGHLIGHTED THE ENTIRE CONTEXT IN WHICH THE MILITARY HEALTHCARE SYSTEM OPERATES IN THIS COUNTRY. PERSONALLY, I FEEL THAT THIS KIND OF RIGOROUS AND PERSISTENT REVIEW SHOULD BE THE GOAL NOT JUST FOR THE ANTHRAX PROGRAM, BUT FOR ALL VACCINES GIVEN TO OUR SERVICE MEMBERS -- INDEED ALL MEDICATIONS AND ALL TREATMENT.

THANK YOU, MR. CHAIRMAN.

Mr. SHAYS. Thank you. At this time I would like to recognize the chairman of the committee, and actually I should have recognized him even before recognizing myself or the ranking member, so I apologize.

Mr. BURTON. Thank you, Mr. Chairman. I understand what the purpose of the hearing is today but I wanted to express my concern about some of the problems that I have heard about, and so I am pleased that you called this hearing today to look further at issues regarding anthrax and military readiness. As part of our ongoing investigation into vaccine safety and policy, we are hearing time and time again that the anthrax vaccine has a much higher rate of adverse events than that has been indicated.

We are also hearing the Department of Defense telling service members that the anthrax vaccine is "safer than childhood vaccines" and that the anthrax vaccine is safer than hepatitis B vaccine. You know, my granddaughter had a hepatitis B shot and 6 hours later she quit breathing. So if it is safer than that it is going to have to be a lot safer than that because she almost died. So if there is saying it is safer than the hepatitis B vaccine that still doesn't allay some of my fears.

Considering what we are hearing about the adverse events in those vaccines that doesn't still deal a great deal of confidence. My staff has communicated with numerous members of the military reserve units, active duty units, and civilian defense employees that have been injured by this vaccine. We have learned that there is a massive exodus from the Reserve and National Guard units especially of pilots who don't want to risk a lifetime of illness and a loss of the ability to support their families as a result of the vaccine.

We also are hearing that just as in childhood vaccines the healthcare professionals that are delivering the anthrax vaccine are not taking the time at the time of vaccination to do a medical evaluation of the individual receiving the shot including females if they could be pregnant. They are not informing individuals of the potential side effects and there is no systematic followup with active duty military or reservists to track adverse events.

I have supported proposed legislation to suspend the mandatory anthrax vaccination policy within the Department of Defense and to request extensive studies into the effectiveness and safety of this vaccine. We have a responsibility to the members of the Armed Services to get to the bottom of these issues and to insure they are not being put at undue risk from this or any other vaccines, and we need to do that before the fact, not after.

On October 12 the full committee will conduct a hearing on the development of a safe vaccine defense policy. And so, Mr. Chairman, I commend you for your dedication to this issue and all the hard work you have put into it, and thank you very much for yielding to me.

Mr. SHAYS. Thank you, Mr. Chairman. I appreciate your cooperation with the committee as always and all the staff that has been helpful on both sides of the aisle. At this time I would recognize the vice chairman of the committee, Mr. Souder.

Mr. SOUDER. I thank the chairman, also the chairman of the full committee and the ranking member. I think this is a difficult issue for all of us and I would like to make a few brief comments. As

we have worked with the anti-terrorism efforts in this subcommittee, we understand the dangers that anthrax poses to our Armed Forces and to our Nation. And it is with much trepidation that we have walked into this subject because none of us want to be accountable for something that may occur that would be a disaster.

At the same time, the evidence that is coming in from different Guard bases, even though it is a trickle of evidence based on a fear that reporting could hurt people's careers both in the military and outside the military is at the very least disturbing, and we have an obligation to go forth and pursue this. I have not only Lieutenant Colonel Heemstra today but other cases in Fort Wayne of people who are afraid to come forth. They are concerned about their multiple livelihoods.

Up to 70 percent at some of our major airlines, their pilots are Guard pilots. This should be of concern not only in the sense of the military but anybody who is getting on an airplane in this country because even if the side effects aren't long some of them involve headaches, involve blurred vision and other things that can put a dilemma not only on an individual pilot as far as his career and what he tells the airline that is employing him and the airlines increasingly asking that question, but puts potentially civilians throughout this country in unknown situations because we simply do not have adequate evidence.

I honestly believe that the military is trying to address this and trying to look at it but at the same time it is in my opinion to the point where enforced vaccinations are not going to work. And we are going to hear a number of cases today. I believe more and more are coming out and the truth is the more we hear the more cases come forward who previously have been discouraged from presenting that evidence.

And one last comment. It is really important as somebody who has been aggressively pro-military that the military handle this in a straightforward and open way. We cannot afford, and part of our problems here and part of the reason in some cases the risk has been exaggerated as far as how many people are affected, is because the credibility was damaged in Agent Orange, the credibility was damaged in the Gulf War Syndrome, and we cannot afford a third time because we are already having trouble in recruiting top pilots and people into our Armed Forces. We have to be straightforward and we have to confront this. Thank the chairman.

[The information referred to follows:]

July 10, 1999

I took my **Anthrax** shot at Civil Engineering at 1500, by Maj. Severe burning in arm from shoulder to elbow immediately following shot. Lasted for 30 minutes or so: then went to just burning behind shot area and the entire outer upper arm.

Same day 10 P.M after having sex with girlfriend, she stated that it burnt. Burning sensation lasted over an hour before subsiding.

July 11, 1999

Arm is still sore and burns, area around shot had swollen to the size of a baseball cut in half and just as hard around shot area in left arm.

July 12, 1999

Arm still sore. Tired and run down feeling, but no severe effects. Dull headache below eyes and left side temple. Still hot around shot area and burning.

July 13, 1999

Area is still sore around shot area, but going away. Still swollen. Tired, run down, still have headaches. Now chest feels like flu coming on. Chest feels congested, Dry,hacking cough,but nothing to cough up

July 14, 1999

My arm is the same, but I'm starting to get congested in the chest and sinuses. I talked to Sgt. Feldhiser about my girlfriend and me. He stated that he would do some checking and call Washington.

July 15,1999

Along with my sore arm, headache, rundown feeling and congestion; I feel a pulling sensation in my chest muscles across to my right side.

July 16, 1999

Symptoms still the same.

I got a call from our med.section,Sgt. Tracy, telling me that Sgt Feldhiser wanted me to get an appointment with a Ft Wayne urologist. Apt. made for 20 July at Carew Med. Park room 20 ph# 482-8684 Lisa.

July 17, 1999

The pain in my arm is less, but the knot is still there. The flue like conditions seem to be getting worse and my vision is still blurred.

July 18, 1999

There is still some pain in my arm and I still feel more run down and tired, with headaches. I'm feeling numbness all over.

July 19,1999

No change since yesterday

July 20, 1999

A lot more tired, more vitamins seems like. Went to see a Dr. Reynolds at Fort Wayne Urology at 1400. A friend of Dr. Ponds, who is anesthesiologist from Fort Wayne. Took urine samples and said there were no problems with the samples. Said that with any immunizations in mass, there could be some reactions. Checked prostate, checked good, showed proper stance for finger wave.

July 21, 1999

Feel about the same but tired. Took four vitamins. Feels like bones are pulling through back.

July 22, 1999

Feel about the same. Chest more congested, vision blurred. Back and joints feel better now.

July 23, 1999

Feel about the same today in my back and chest, just tired. No ambition, more vitamins.

July 24, 1999

Took shot number two. No burning like the first. Still tired and run down, like a loss of a lot of sleep.

July 25, 1999

Tired, headaches bad. Headache starts out like burning across the eyes. Turn into severe headache, nothing will stop it. Eyes blurred, back and joints ache from rear up back and across shoulders.

July 26, 1999

Tired, joints ache in back across shoulders.buttockarea.vision blurred. Same headaches and eyes out of focus.

July 27, 1999

Same

July 28, 1999

Same. Joints feel worse today especially around shoulders and across rear, both sides.

July 29, 1999

Feel some better today, but congestion in chest is worse, but nothing in chest. Harder to breathe.

July 30, 1999

Same feeling, but joints ache again. Light headed and numb across forehead. Talked to Mr. Dick Richie's from A.C.T. in Washington D.C. Wanted to know

symptoms and compared symptoms with others'. A lot of the same and feeling the same, plus other symptoms.from different other units.Drove to Alpena,Mi.Made it in time to see planes launch out for home.Went on to Soo Saint Marie,Mi

July 31, 1999

. Congestion in chest worse, but dry and joints ache all day. Back is splitting in two today. Stayed at Hotel in Soo. Hot water, exercise, nothing helps. Muscles across shoulders feel like they are pulling in two. Can't move enough to stretch and get muscles to work. Breathing is harder too.

August 1, 1999

Back is killer, nothing helps. Headaches and breathing is like breathing in tight place with no oxygen. Can't draw breath, can't get back to loosen up or feel better. Hot water hot enough to turn skin red doesn't help. Took Train up into Canada to Agawa canyon Went up about 30 steps, sounded like a steam locomotive. Can hardly walk. 320 steps to the top, heart felt like it could quit. Everyone on trail was wanting to know if I was okay, had to pull myself up by rail. Had no strength. Finally made it to the top, couldn't catch wind, felt bad enough, vision blurred, hands and legs shaky, sweat pouring off and cold. Coming down was a lot easier, but couldn't catch breath. Shooting pain in center of chest, sore a dickens, tender in that area.

August 2, 1999

Feels like someone is sitting on my chest. Can't catch breath, head is killer. Couldn't turn head to the left. Breathing was very hard, like deep dive with old double hose regulator on an air tank. Back is stiff and sore. Shooting pain in middle of chest with burning.

August 3, 1999

Coming back to Soo, joints stiff into hips and down into legs.

August 4, 1999

Breathe short, shoulders sore, muscles tight, and buttock area hips sore.

August 5, 1999

Easier to breathe, but chest sore. Back not as bad today, but hips and shoulders sore, like muscle cramps from charley horse. A lot better, even chest. Appointment today with Dr. Henry. Said I didn't appear to have congestion, but possible to have reaction to immunization. And with all dead bugs, and not testing serum, any reaction is possible. Said when asked what he thought about shot, that he would not take shot, but in my line of work, rather than get off plane and die, he would take his chance on the shot. The serum has not been tested, but needs more blood work done for now. Testing for several more problems that could be related.

August 8, 1999

Back sore into hips and shoulders sore. Shot number three in left arm. Burns some. Feel light and warm glowing all over-hot spells and sweating.

August 9, 1999

Don't feel too bad this morning, but tired and run down. Still kind of warm feeling. Tired and warn down like a couple of days with no sleep. Back to Dr. Henry's office. Chest x-rays. Took six vitamins. Dr. Henry said only one vitamin. More than one was fighting the others

August 10, 1999

Still tired and run down. Put in nine hours at work, get up and go is gone. No word from Dr. Henry's office. Like working a couple days without sleep.

August 11, 1999

Tired and run down with some back pain. Haven't picked up anything heavy, but harder to breathe.

August 12, 1999

Tired, back and rear from shoulders and neck hurt like dickens. Can't get breath.

August 13, 1999

Today is exactly the same as yesterday. Lungs are sore from trying to breathe.

August 14, 1999

Same as the last two days. Tried to exercise to maybe help lungs. Can't catch breath. Lungs are very tender.

August 15, 1999

Same as the last three days. Chest feels like it has caved in or out of oxygen. Shoulders and neck feel like they've been jerked in two.

August 16, 1999

Woke up at two am-can't breathe. Feels like a heavy weight is sitting on chest. Had burning headache from behind eyes. Turned into severe headache that lasted into night.

August 17, 1999

Had a pretty good day-chest felt like it had the flu virus in it and sharp pains in the right. Right testicle up into groin, into stomach. Tired and run down.

August 18, 1999

Got up tired, but I feel pretty good. Vision blurred, had trouble focusing eyes. Arm sore in the back, in shot location. Had pulmonary function test at Lutheran Hospital

at 11 am. Took test four times, lungs feel bad. Can't seem to catch breath. Blue until felt like would pass out. Don't have test results.

August 19, 1999

Woke up with severe back pain into shoulders and neck. Almost burning, couldn't move neck, can't stay awake. Talked to a commander from another base, wanted to know if I had blacked out. Told him I didn't know. Felt so tired, I sat down, and eyes closed. Wake back up and go on…is that blacking out or sleeping.

August 20, 1999

Have headache, but feel pretty good, but very tired.

August 21, 1999

Feel pretty good today, but dead tired.

August 22, 1999

Had to pull drill. Couldn't stay awake, but didn't hurt anywhere.

August 23, 1999

Had back pains, shooting in the hips. Pulled extra four hours, woke up at O600. Worked around house, came into work. Tired, light, numb feeling. Put in an extra four hours, 2130. Couldn't hold eyes open, feeling numb and light headed.

August 24, 1999

Breathing harder today, back and shoulders, pain pulling across. Eyes watering, very tired.

August 25, 1999

Woke up tired, breathing better, but not well. Headaches let up.

August 26, 1999

Headaches started. Burning behind eyes, then turned into headache. Shoulders hurt bad, breathing badly.

August 27, 1999

Talked to a Sgt.Feldheiser, told him I had problems. Got bill from Fort Wayne Urology. Gave it to Feld,heiser.

August 28, 1999

Went over to Bill Reisner's to work on yard. Had headache and shoulders hurt. Helped carry carpet upstairs, couldn't breathe.

August 29, 1999

Tired and couldn't do much. Shoulders hurt, worked on house some.

August 30, 1999
Shoulders and neck hurt. Eyes blurred and very tired.

August 31, 1999
Felt pretty good today. No headaches or shoulders hurting and could do something. Tired, but feel good, but have run out of antibiotics.

September 1, 1999
Felt as good as yesterday.

September 2, 1999
Today started off good, then a headache started burning, then went away. This started again around noon. Back, shoulders and neck pulling, headaches. Have a warm, glowing feeling, and got it across shoulders, rear and neck.

September 3, 1999
Pain was bad from hips into neck again. Couldn't move shoulders or turn neck, but headaches let up. Still no answer from Dr. Henry or his office.

September 4, 1999
Back felt better, but now can't breathe. Chest tight, breath restricted. Outside of that, it was a good day.

September 5, 1999
Back hurt bad, feels like shooting stabs down into left leg, and shoots up into right side of groin.

September 6, 1999
Got it in chest again. Hard to breathe. Bad in back again around 10 am, pulls hard across shoulders, but no headaches.

September 7, 1999
Chest was congested, forehead started to burn, turned into severe headache. Back of left arm started burning.

September 8, 1999
Chest still congested. Coughing, but nothing coming up. Talked to Dr. Henry, said he was going to put me back on antibiotics, that I may have stopped taking them too soon. Put me on 500 mg. Biaxin twice a day for two weeks. Went to motor pool to talk to Bob Sefton about his problems with the shots. He told me about them giving Roger Helms Anthrax. They had to go to Fort Benjamin Harris to take shots before leaving for Saudi. Doctor told him he had been injected with the live virus.

September 9, 1999

Chest still congested. Still nothing coming up with cough. Took antibiotics. Dee went to motor pool to talk to Roger. Said doctor hadn't done any blood work, but treated him for Anthrax.

September 10, 1999

Woke up with pain coming up back and across shoulders again. Couldn't turn head to the left. Still nothing in chest, but still congested.

September 11, 1999

Woke up with burning in left shoulder. Went to do walk/run at 8:30. Did three mile walk in 45 minutes. Couldn't draw a breath. Excruciating pain in buttocks, going down legs into knees. Severe headache, and left arm burning in shot area again.

September 12, 1999

Headache is gone. Still severe pain in buttocks down into knees. Light headed, numb feeling in forehead. Eyes won't focus and vision is blurred.

Mr. SHAYS. I thank the gentleman. I also appreciate his sincerity in expressing the dilemma we feel we are in. This is a committee that focuses on both terrorism at home and abroad and we know that chemical and biological agents can be used on our military and also on our civilian population. Mr. McHugh, John, it is good to have you here.

Mr. MCHUGH. Mr. Chairman, thank you. I don't want to take up everyone's valuable time with a long statement other than to add my words of welcome to our panelists here this morning and to echo the words of the chairman of the full committee and the other Members here, and thanking you, Mr. Chairman, for your leadership and your interest. This obviously is a very controversial and parallel also a critically important problem to those of us who are charged with the oversight of these kinds of programs. And I look forward to the testimony today and what we can learn from it. Thank you.

Mr. SHAYS. Thank you very much. We have three Members as well who are not members of the committee but I am going to invite them to make statements if they would like. We have Walter Jones from North Carolina, Jack Metcalf from Washington, and we have Mike Thompson from California. And let me first invite you, Walter, if you have any comments you would like to say.

Mr. JONES. Mr. Chairman, thank you, and I will be very brief. But I do represent three military bases in the third district of North Carolina which are Camp Lejeune, Marine Air Station, Seymour Johnson Air Force Base, and this problem was brought to my attention in March of this past year by five Air Force officers, two active and three Reserves, and from that my involvement developed and grew.

As you know, Mr. Chairman, I have introduced a bill, H.R. 2543, which would make this voluntary by the military. My concern is one word and that is trust because when I think of the men and women sitting here today and the men and women that are willing to die for me today that certainly if they are asked to take a vaccination by the Department of Defense, they should be convinced that the shot is safe and they should be convinced that the shot is necessary. And I think the Department of Defense has failed in convincing the men and women in our military that this shot is necessary and that this shot is safe.

So I want to thank you, Mr. Chairman, as well as Chairman Burton and all members of the committee for holding these hearings because I believe truthfully that what is happening is that the readiness of our military is seriously threatened because of this mandatory vaccination that is required that again I think raises many questions. So thank you for giving me a chance to sit here today. Thank you.

Mr. SHAYS. Thank you very much, and it is great to have you not only sit but to participate as well. Thank you. Jack, any comments you would like to make?

Mr. METCALF. Thank you very much, Mr. Chairman. I have a brief statement. I want to thank you and the other members of the subcommittee for your diligent efforts to provide oversight and direction regarding the Department of Defense anthrax vaccine immunization program. I am grateful for the opportunity to partici-

pate in this hearing. I am deeply concerned about the effect this program has had on retention, readiness and morale among our military Reserve and National Guard units.

Since its inception, I have had serious reservations about the wisdom of implementing this program and have spoken out on it before over the past 3 years. Congressional testimony, the General Accounting Office, and others have clearly demonstrated significant problems with the quality and safety of the anthrax vaccine, its ability to protect against weaponized anthrax, the absence of long-term studies on the vaccine's safety, administration and oversight of the Department of Defense program, adverse reaction tracking and reporting, the lack of medical response given to those who experience adverse reactions, and troubling gender issues with women reporting twice the rate of adverse reactions than men.

Key service personnel are questioning the demand they simply follow orders when it comes to invasive inoculation that has questionable records. Good and honorable Marines, sailors, airmen and soldiers are facing court martials and other than honorable or dishonorable discharges because they are unwilling to participate in an experiment with uncertain consequences. Morale has been seriously compromised because of the Department of Defense's stubborn unwillingness to honestly address the concerns of our outstanding military members.

Now I want to repeat that. Morale has been seriously compromised because of the Department of Defense's stubborn unwillingness to honestly address the concerns of our outstanding military members. I would like to read an excerpt of a letter I received from a Reserve pilot in my home State of Washington. It expresses the concerns that have been communicated to me by dozens of active and Reserve military members and their families.

> Dear Representative Metcalf: A sincere thank you for supporting our service members by your co-sponsorship of H.R. 2548, which calls for a moratorium on the Department of Defense anthrax vaccination program. This bill is exactly what is needed to preserve the health and welfare of our many dedicated members in uniform.

He goes on to say,

> As you are well aware, many service members have become extremely ill following injections with the anthrax vaccine. Many have reported that following the onset of illness, the Department of Defense has denied any connection between their illness and the vaccine, leaving our own troops with absolutely nowhere to turn for help with their acquired illness.

He concludes with a statement that should cause every Member of Congress to take note.

> As a member of the U.S. Air Force Reserve, I am appalled by this program, so much so that my family has concluded the best course of action for me is to resign my position as a C–141 pilot. This is not our ultimate desire but has become necessary by DOD's callous disregard of my right of informed consent.

It is a travesty that those who have served this country with honor and at great sacrifice are forced to resign from the service they love because of this policy. It is time for the Department of Defense to stop this forced program until an honest evaluation of the safety and efficacy of the anthrax vaccine is known. On behalf

of the extraordinary active and Reserve personnel in my district and our Nation, I want to thank you, Mr. Chairman, for the leadership you have provided on this issue. Again, thank you for the opportunity to express my concerns.

[The prepared statement of Hon. Jack Metcalf follows:]

JACK METCALF
2D DISTRICT, WASHINGTON

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STATEMENT OF REPRESENTATIVE JACK METCALF
BEFORE THE U.S. HOUSE OF REPRESENTATIVES
SUBCOMMITTEE ON NATIONAL SECURITY, VETERANS AFFAIRS
AND INTERNATIONAL RELATIONS
SEPTEMBER 29, 1999

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1. the quality and safety of the Anthrax vaccine;
2. its ability to protect against weaponized Anthrax;
3. the absence of long-term studies on the vaccine's safety;
4. administration and oversight of the Department of Defense's program;
5. adverse reaction tracking and reporting;
6. the lack of medical response given to those who experience adverse reactions; and
7. troubling gender issues, with women reporting twice the rate of adverse reactions than men.

Key service personnel are questioning the demand that they simply "follow orders" when it comes to an invasive inoculation that has such a questionable record. Good and honorable marines, sailors, airmen, and soldiers are facing court martials and 'other than honorable' or 'dishonorable' discharges because they are unwilling to participate in an experiment with uncertain consequences. Morale has been seriously compromised because of the Department of Defense's stubborn unwillingness to honestly address the concerns of our outstanding military members.

I would like to read an excerpt of a letter I received from a reserve pilot in my home state of Washington. It expresses the concerns that have been communicated to me by dozens of active and reserve military members and their families.

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"Dear Representative Metcalf: A sincere 'thank you' for supporting our service members by your co-sponsorship of H.R. 2548 which calls for a moratorium on the Department of Defense anthrax vaccination program. This bill is exactly what is needed to preserve the health and welfare of our many dedicated members in uniform."

He goes on to say, "As you're well aware, many service members have become extremely ill following injections with the anthrax vaccine. Many have reported that following the onset of illness, the Department of Defense has denied any connection between their illness and the vaccine; leaving our own troops with absolutely no where to turn for help with their acquired illness."

He concludes with a statement that should cause every member of Congress to take note:
"As a member of the U.S. Air Force Reserve I'm very appalled by this program; so much so that my family has concluded the best course of action for me is to resign my position as a C-141 pilot. This is not our ultimate desire, but has become necessary by DOD's callous disregard of my right of informed consent."

It is a travesty that those who have served this country with honor and at great sacrifice, are forced to resign from the service they love because of this policy. It is time for the Department of Defense to stop this forced program until an honest evaluation of the safety and efficacy of the Anthrax vaccination is known.

On behalf of the extraordinary active and reserve personnel in my district and our nation, I want to thank you Mr. Chairman for the leadership you have provided on this issue. Again, thank you for the opportunity to express my concerns. I look forward to working with you in the future.

Mr. SHAYS. Thank you. At this time I recognize Mr. Thompson. It is great to have you here. Thank you, Mike.

Mr. THOMPSON. Thank you, Mr. Chairman. I want to thank you for allowing me to participate in today's hearing and commend you on your leadership on this issue. I think it is a very important issue. In my district I have a large Air Force base, Travis Air Force Base, and it is of great concern to a lot of the individuals who are serving in uniform at that installation. As a matter of fact, one Reserve unit at Travis Air Force Base has a very serious problem. About half of that Reserve unit has threatened to resign their military service if they are forced to take these vaccinations.

It gives me great concern, not only because it is in my district, but as a member of the Armed Services Committee, where we are trying to deal with the issue of retention. This is a problem, and anybody who has any concern about our military combat readiness should be concerned when we have a threat pending such as this. So I am very interested in participating today. We are having a hearing tomorrow, the Personnel Subcommittee of Armed Services on the same issue. And, Mr. Chairman, again I just want to thank you for your leadership on this issue.

Mr. SHAYS. Thank you very much. We have been joined as well by committee member Janice Schakowsky, who has really been at every hearing on this issue and has been a major participant and we appreciate her presence. We are going to put in a statement for the record?

Ms. SCHAKOWSKY. I have a statement for the record, yes.

[The prepared statement of Hon. Janice D. Schakowsky follows:]

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Statement of Congresswoman Janice D. Schakowsky
September 29, 1999

I would just like to thank the Chairman for his ongoing leadership on this issue, and my other colleagues on this subcommittee and the full committee for their dedication to our men and women in service. This is the subcommittee's 5th hearing on the Anthrax Vaccine Immunization Program and still we are uncovering more questionable aspects of this DOD policy.

The Chairman, members of this committee, the majority staff, the democratic staff, and the personal staff of members of this committee have devoted countless hours to the investigation of this issue. Still we have many unanswered questions and story after story of service personnel who are not comfortable with this vaccine, or have suffered adverse health status that may be a result of this vaccine.

Whether or not the anthrax vaccine is safe and effective, I am not prepared to say. Even if it is safe and DoD is correct in its confidence in this vaccine, the fact remains that the way the DoD has dealt with this issue has been less than appropriate. Alienating men and women who have devoted themselves to service and the security of our nation is certainly not a policy that any member of Congress would endorse. And the obvious scare tactics employed by DoD are not what I consider a nice way to communicate important information to personnel.

If, after countless hours of investigation, several hearings, and the resources to really look into this issue, members of Congress are still not convinced that DoD has the right policy, how can we then expect our military personnel, who have to subject themselves to this vaccine, to be confident in its safety?

Today we are going to be focusing on our reserves. This is an area of particular concern to me. I have heard stories of reserve pilots who do not want to jeopardize their civilian careers by taking a vaccine that may be harmful. I am very concerned that we are losing the service of these dedicated men and women.

The FDA licensed an anthrax vaccine in 1970. I am not sure that it was the same exact vaccine now being produced by Bioport and used by the DoD. The FDA licensed the vaccine for a six shot schedule, meaning that after six shots of this vaccine, an individual would be immune to anthrax in an aerosolized form. Now, DOD has decided that the vaccine is safe and demanded that all service personnel get immunized. DOD, it appears has also decided to, without FDA approval, reduce the six shot regimen down to three shots. Deploying personnel after three shots may in fact be putting those individuals in greater danger, giving them a false sense of confidence.

Today we will hear from DOD how safe this vaccine is and how dangerous deployment without a vaccine for anthrax could be. I am looking forward to hearing from our reserve personnel here today. We should not take the resignation or discharge of a single reserve soldier lightly. DoD will try to downplay the significance of those resigning. DOD will also say there is no significant loss as a result of the vaccine, but DOD doesn't even have accurate or complete data on those who have taken the vaccine.

Again, Mr. Chairman, thank you for holding today's hearing and thank you to our witnesses. I look forward to your testimony.

Mr. SHAYS. OK. Thank you very much. Let me just get to the housekeeping and we will swear in our witnesses. Thank you for your patience. This is a little unusual to have as many members but we all have been affected by this and are deeply concerned as well. Let me ask unanimous consent that all members of the subcommittee be permitted to place an opening statement in the record and that the record remain open for 3 days for that purpose. Without objection, so ordered.

I ask further unanimous consent that all witnesses be permitted to include their written statements, and without objection so ordered. Particularly we have statements from Mr. Gilman of New York, Mr. Thompson, Mr. Jones, and Mr. Metcalf, your statements will be in the record as well. Thank you. Without objection, so ordered.

[The prepared statement of Hon. Benjamin A. Gilman follows:]

STATEMENT FOR THE RECORD
THE HONORABLE BENJAMIN A. GILMAN

MR CHAIRMAN, I WOULD LIKE TO THANK YOU FOR CONVENING THIS HEARING THIS MORNING AS PART OF YOUR SERIES OF ONGOING HEARINGS RELATED TO THE DEPARTMENT OF DEFENSE'S ANTHRAX VACCINATION PROGRAM. I HAVE BEEN FOLLOWING THE PROGRESS OF YOUR HEARINGS VERY CLOSELY, AND I AM GRATIFIED THAT YOU ARE TAKING YOUR OVERSIGHT RESPONSIBILITIES SERIOUSLY. TO DATE, THIS IS THE ONLY SUBCOMMITTEE THAT HAS BEEN WILLING TO TAKE A COMPREHENSIVE LOOK AT THIS CONTROVERSIAL PROGRAM.

AFTER REVIEWING THE BACKGROUND MATERIAL FROM THESE HEARINGS, I HAVE FOUND MYSELF WITH MORE QUESTIONS WHEN I FINISHED THAN BEFORE I STARTED.

THE EVIDENCE THAT YOUR HEARINGS HAVE UNCOVERED POINTS TO THE CONCLUSION THAT THIS VACCINATION PROGRAM WAS INITIATED IN A HASTY MANNER BEFORE A PROPER AMOUNT OF RESEARCH ON THE EFFECTIVENESS AND SAFETY OF THE VACCINE WAS COMPLETED. EVEN MORE DISTURBING HAS BEEN REPORTS OF DELIBERATE DOWNPLAYING OF ADVERSE REACTIONS AMONG THOSE RECEIVING THE SHOTS, AND GUARD AND RESERVE MEMBERS WHO HAVE CHOSEN TO RESIGN RATHER THAN ACCEPT THE SHOTS BEING TOLD THEY CANNOT LIST ANTHRAX REFUSAL AS A REASON FOR RESIGNING.

THESE REPORTS, OF COURSE, ARE ALL TOO FAMILIAR FOR THOSE OF US WHO INVESTIGATED THE GULF WAR SYNDROME ISSUE. THEN, AS NOW, THERE WAS THE ALL TOO FREQUENT CASE OF COMMANDERS WHO WERE MORE INTERESTED WITH FOLLOWING THE OFFICIAL PUBLIC RELATIONS MESSAGE RATHER THAN BEING CONCERNED WITH THE WELFARE OF THE PERSONNEL UNDER THEIR COMMAND.

THAT PUBLIC RELATIONS MESSAGE IS THE MAJORITY OF TROOPS ARE TAKING THE VACCINE WITH ONLY A SMALL MINORITY OF DISGRUNTLED HYPOCHONDRIACS AND UNPATRIOTIC INDIVIDUALS REFUSING THE VACCINE. IT IS WORTH NOTING THAT THE PENTAGON ONLY LISTS ACTIVE DUTY SHOT-REFUSERS IN THEIR PUBLIC ESTIMATES, NATIONAL GUARD AND RESERVE MEMBERS ARE IGNORED. THE BOTTOM LINE IS: THE SHOT IS NEEDED, ALL GOOD SOLDIERS TAKE IT, AND THE SMALL GROUP OF MALCONTENTS HAS IN NO WAY AFFECTED UNIT MORALE OR READINESS.

OF COURSE, THE REALITY DOES NOT SUPPORT THIS RHETORIC. RECENTLY, A MILITARY BASE NEAR MY DISTRICT (STEWART AIR FORCE BASE) WAS DUE TO BEGIN INOCULATIONS FOR HALF OF THE BASE PERSONNEL. IN THE SIX WEEKS LEADING UP TO THE DEADLINE, MY OFFICE RECEIVED OVER 100 PHONE CALLS, E-MAILS, AND WRITTEN CORRESPONDENCE FROM PERSONNEL WHO DID NOT WANT TO TAKE THE VACCINE. ACCORDING TO REPORTS IN THE LOCAL MEDIA, WHICH WERE SUPPORTED BY THE AFOREMENTIONED CORRESPONDENCE TO MY OFFICE, MORE THAN 25 OF THE 48 PILOTS WERE PREPARED TO RESIGN.

FORTUNATELY, A POWER OUTAGE RELATED TO HURRICANE FLOYD LED THE BASE COMMANDER TO POSTPONE THE INOCULATION OVER FEARS THE VACCINE HAD BEEN CORRUPTED DUE TO BEING UNREFRIGERATED FOR MORE THAN 18 HOURS. STILL, I BELIEVE THESE EVENTS WILL REPEAT THEMSELVES WHEN THE BASE EVENTUALLY RECEIVES A NEW LOT AND PROCEEDS WITH THE INOCULATIONS.

FROM THE EVIDENCE THAT I HAVE REVIEWED, EACH NATIONAL GUARD BASE THAT BEGINS TO IMPLEMENT THE VACCINATION PROGRAM SUFFERS ATTRITION AMONG ITS PILOTS THAT CONSISTENTLY AVERAGES BETWEEN 20-40%. THIS IS NOT RUMOR, IT IS REALITY. YET IT IS A REALITY THAT THE PENTAGON REFUSES TO ACCEPT. SEVERAL WEEKS AGO, IN A MEETING IN MY OFFICE, GENERAL WEAVER, WHO IS TESTIFYING TODAY, MADE THE INCREDIBLE STATEMENT THAT ONLY ONE PILOT IN THE AIR NATIONAL GUARD

HAS QUIT DUE TO ANTHRAX SINCE THE PROGRAM BEGAN. THE REMAINDER HAVE ALL LEFT DUE TO OPERATIONAL TEMPO. MR. CHAIRMAN, OPERATIONAL TEMPO DOES NOT MAKE SOMEONE WALK AWAY FROM NINETEEN YEARS OF MILITARY SERVICE. NOBODY LEAVES THAT CLOSE TO RETIREMENT WITHOUT A COMPELLING REASON. OPERATIONAL TEMPO IS CLEARLY NOT SUCH A REASON. COUNTRY.

I LOOK FORWARD TO HEARING TODAY'S TESTIMONY ON HOW THIS PROGRAM HAS IMPACTED THE RESERVE AND NATIONAL GUARD FORCES. I DO NOT EXPECT THE DEFENSE DEPARTMENT TO ACKNOWLEDGE THE NEGATIVE IMPACT THE AVIP IS HAVING ON THESE FORCES, BUT I AM INTERESTED TO HEAR HOW FUTURE PLANS FOR OVERSEAS DEPLOYMENTS, WHICH IN RECENT YEARS RELY HEAVILY ON RESERVE AND GUARD AIRLIFT UNITS, ARE BEING IMPACTED WHERE THESE UNITS ARE LOSING LARGE PERCENTAGES OF THEIR PILOTS AND GROUND CREWS, WHO WOULD RATHER RESIGN THAN POTENTIALLY IMPERIL THEIR CIVILIAN AVIATION CAREERS.

MR. CHAIRMAN, I COMMEND YOUR EFFORTS, A LOOK FORWARD TO TODAY'S TESTIMONY.

Mr. SHAYS. Let me recognize the first panel. We thank you all for being here. We know that it is not something that military personnel look forward to doing is come before Congress. You have to recognize the appropriateness of being good American citizens and being good military personnel so I think your superiors know that you were requested to be here and respect that and will honor that you have an obligation to be honest with us.

We have Mr. Thomas Heemstra, Lieutenant Colonel, Indiana Air Guard. We have Cheryl Hansen, Major, Air Force Reserves. We have David A. Panzera, Captain, New York Air National Guard. We have William Mangieri, Technical Sergeant, New York Air National Guard. If you would all rise, you know we swear in all our witnesses, even Members of Congress when they come and testify. Raise your right hands, please.

[Witnesses sworn.]

Mr. SHAYS. Note for the record all have responded in the affirmative. The practice of this committee is to ask you to speak for 5 minutes. We let you go over. We don't encourage it but we let you do that but 5 minutes is our preference and we will shut you off after 10, but we really hope you can stay within the 5-minutes. Thank you very much. We are just going to go right down the line starting with you, Lieutenant Colonel.

STATEMENTS OF LT. COL. THOMAS HEEMSTRA, INDIANA AIR NATIONAL GUARD, ERLANGER, KY; MAJ. CHERYL HANSEN, AIR FORCE RESERVES, BEAVER, PA; CAP. DAVID A. PANZERA, NEW YORK AIR NATIONAL GUARD; AND TECH. SGT. WILLIAM MANGIERI, NEW YORK AIR NATIONAL GUARD, HOPEWELL JUNCTION, NY

Lieutenant Colonel HEEMSTRA. Chairman Shays and distinguished Members of Congress, ladies and gentlemen, thank you for the invitation and the opportunity to address you this morning concerning the effects of the anthrax vaccine. I believe my academic background and military experience as a former F–16 Fighter Squadron Commander make my testimony extremely relevant to this situation. However, my viewpoint expressing my personal views only as a civilian comes from the grassroots level and a very common sense and reasonable approach and one that touches the heart of your troops that serve you.

Once my peers and fellow workers in the Air National Guard share these sentiments. They are very smart and very dedicated, loyal troops that love their country. I humbly submit these views which are shared by the majority, not as a rebel to change policy but as a servant and a civilian soldier interested in examining this policy in the best interest of my Nation and my former troops.

Mr. SHAYS. I was going to make the point, excuse me for interrupting, that that statement is felt by all who are participating today and I thank you for it, and we will save the others the obligation of making the same statement.

Lieutenant Colonel HEEMSTRA. Thank you, sir. As well, the anthrax vaccination, I don't know if you are familiar with the USA Today survey that was just published a couple weeks ago, it was done 2 months ago, 83 percent of Americans believe that military personnel should have the right to refuse the anthrax vaccination.

I know you are familiar with a lot of background about the shot and so I will only hit a few highlights.

As you know, we are the guinea pigs. We know we are the guinea pigs, you know we are the guinea pigs, and as one Senator shockingly told us a few months ago you signed on the dotted line when you joined giving up those rights of ordinary citizens so roll up your sleeve and obey orders. We may have surrendered those rights to our superiors but it was into their care and their trusteeship to take care of those rights. The Rockefeller Report describes the abuses of those rights and it is not a very good track record.

DOD has intentionally exposed military personnel to potentially dangerous substances often in secret. DOD has repeatedly failed to comply with required ethical standards when using human subjects in military research during war or threat of war. DOD used investigational drugs. DOD records of anthrax vaccinations are not suitable to evaluate safety. DOD failed to provide information and medical followup. DOD demonstrated a pattern of misrepresenting the danger of various military exposures that continues today.

The troops know that this is a serious ethical issue. This is not Internet misinformation. This is your colleagues, your peers, who have done their work, their job of oversight of DOD. The troops know that this is also a military strategy issue whether it is the book, the Cobra Event, or financial interest or an over zealous military medical community or combination or just CYA military leadership post Cobar Towers, whatever is driving this policy the effects and results will be genuinely seen and felt by the all volunteer force in the Guard and Reserve.

The troops also know that it is an efficacy issue that DOD admits that there is no adequate human surrogate to determine the effectiveness and the necessity of the shot as Congressman Jones brought up and that at best the effectiveness is unknown. And it is also a serious safety issue. People are sick at Dover, Battle Creek, Tripler study and now at home in Fort Wayne, IN. The symptoms include dizziness, blackouts, memory loss, heart and respiratory problems, muscle and joint aches.

Now I ask you to choose which one of those symptoms that you would enjoy experiencing when you are flying your F–16 low altitude, high speed, a demanding war scenario environment with multiple airplanes, rugged terrain. Not one of those scenarios sounds very good to me and also very interesting from the safety aspect for airline pilots like many of us are. And bringing that up, I know it is very difficult for people to understand why the retention problem is happening and very simply it is because many of us are, and especially the pilots are airline pilots and the airlines have already told us and their HMOs that cover us medically that they won't treat this as a pre-existing condition. They will not assume the military's liability if there is any sickness from the shot.

Therefore, we won't have any medical retirement. We won't have any medical treatment coverage through the airlines and when we as part-time soldiers come to the military and say that these symptoms are the shot, we already know that the military has denied in most cases that this has anything to do with the shot and as part-time soldiers we won't have any medical coverage there so it is just simply not worth the risk for airline folks.

There are links to Gulf war illness with memory loss. Even one of your own Congressman Buyer, admitted to Lieutenant Colonel Angerol and myself a few months ago that memory loss is one of the symptoms of the Gulf war illness. He probably doesn't remember that or may not remember that but he did admit that to us. And it is not very comforting for F–16 pilots to think about memory loss occurring short term——

Mr. SHAYS. Were you asking about whether he remembered because he was in the Gulf war?

Lieutenant Colonel HEEMSTRA. Yes, sir. And not very comforting for airline pilots either. My troops also know the effects of this misguided policy. As was alluded to, the breakdown of trust, the leadership issue, retention rates. I was just at an Air Force Academy briefing last weekend and I understand we are 2,000 Air Force pilots shy right now of where we should be. This shot based on what we are seeing with our informal survey of other Guard and Reserve units we stand to lose another 1,000 to 2,000 more pilots which is billions of dollars just walking out the door for the sake of a shot and obviously will affect readiness. That experience, that combat experience that we have is going to be walking out the door and cannot be replaced very quickly.

Last, I would like to discuss the real world case study and that is what happened at my base, and this will give you a picture of what the morale situation is. In the fall of 1998 morale was great. We were on our way to becoming a premier unit in the F–16 with night vision goggles and targeting pods soon to come. We had a great group of people with a great blend of youth and experience, and we were going places looking forward to being the best and spreading a reputation for being the best.

Then the anthrax program showed up and the leadership and the base philosophy was that we would be way out in the front and get the shot early in July 1999 and the sense of urgency then from what we were hearing about the shot took place with the troops there that we need to do some research. We sought out an expert on anthrax who has testified before you, Dr. Nass. He has written many articles and is not tainted by military motivations. We spent our own money to research possible weaponized anthrax use in Zimbabwe. And as the new Squadron Commander and from a sense of responsibility to my troops and with Air Force objectives in mind to inform and educate my troops, I went out and I interviewed her, checked out her credentials, checked out her research, and invited her to come back to the base to meet with the pilots.

I asked the base leadership for a meeting with her and also a live debate with the DOD's representative who was going to be sent out. She was denied access to the base. We still had our meeting. There were about 20 pilots that attended, about 30 maintenance personnel enlisted attended the meeting. Out of those 20 pilots all of them were I would say very committed to not taking the shot. And I know not until the hypodermic needle is about ready to go in can we really tell who is not going to take the shot, but they were thoroughly convinced in my opinion.

With this drastic attrition in mind, I made sure that we informed our superiors about the concerns that we have. Pilots were put down then for their lack of patriotism, their lack of commitment,

their disloyalty, their distrust in the system, and that was when we made a trip as a civilian back out to Washington to try to get some support. We went back because we had exercised our constitutional rights and were put under a gag order not to discuss the issue in uniform with any more military personnel.

I complied with that directive. However, morale suffered. Participation by the part-time pilots drastically dropped and hurt our readiness. The shot, because of Kosovo and the stop-loss then was finally put on hold when it was realized that we would have to court martial maybe dozens of people, and then the shot was made voluntary then once the stop-loss disappeared. However, commanders were encouraged to take the shot. I was then asked to take the shot myself. I did not refuse to take the shot. I simply said that I am uncomfortable with Congress doing ongoing hearings with taking the shot. I was then told that we have a vacancy as Squadron Commander and asked if I should resign or if they would like to fire me. A few days later I was asked to resign.

That further plummeted morale when they realized that somebody who was willing to stand up for something that is right and stand up and protect them and their human rights was lost. The unit still doesn't have a Squadron Commander. We have kind of a fill-in but we critically lack part-time leadership at this time. Promotions are put on hold. Further schooling is put on hold unless people are willing to take the shot. So I can tell you morale is in the tubes. Pilots were threatened with being replaced by rental pilots for upcoming deployment.

We are not sure if we are going to be taking the shot this fall, maybe in January. There are a lot of unknowns which adds to further confusion and poor morale. And, last, what is affecting morale is sick people. We have at least a few people on base that have some serious symptoms. No VAERS forms were filled out. They were not even offered prior to the shot or after the shot once the symptoms were reported. The flight surgeon at the base or the chief of the hospital was not even informed of the people that were sick and also the base leadership.

Enlisted personnel obviously feel roped. They feel trapped. And so you probably aren't going to see huge attrition in that sector. However, the pilots who do have an option and a marketing availability on the outside, you are going to see a huge attrition rate and we expect to lose probably 50 percent, maybe more of our pilots. This is just a sample scenario. I think you will see it repeated throughout the country. It was maybe initiated here in Fort Wayne just because we have been on the bubble.

Now is a critical hour and we are calling for your support. This should be your finest hour. I ask you to give them hope, show your faith in them, renew their trust, and where their military leadership has failed them because of careerism, institutionalism, lack of courage, a tyranny of distrust, give them a beacon of hope. As the civilian leadership that you are and they ultimately serve, protect them as they have protected you. Guard their health and future as they daily guard the freedoms and ideals of an incredible Nation. Thank you.

[The prepared statement of Lt. Col. Heemstra follows:]

Distinguished Members of Congress, Ladies and Gentleman:

Thank you for the invitation and the opportunity to address you this morning concerning the effects of the anthrax vaccination on the readiness, recruiting, retention and morale of our military forces. I believe my unique academic background in National Security/Political Science; and my military experience as a former F-16 Fighter Squadron Commander make my testimony extremely relevant to your investigation.

However my viewpoint (expressing personal views as a civilian) comes from the grassroots level and a very common sense and reasonable approach which I guarantee is very similar to most my peers and fellow workers in the Air National Guard. These are highly trained and well educated, smart Americans who love their country and have an enormous interest and personal stake in this issue. I humbly submit these views which are shared by the majority, not as a rebel to change policy, but as a servant and civilian-soldier and qualified expert in this area to question this policy in the best interests of my nation and my former troops.

Unlike some military leadership at this point, I have not been immunized against the truth and neither have our troops. They want to know the truth and their views are based on their personal research and experience. Their views are in fact very similar to grass roots America if you saw the results of a USA Today survey done a few months ago (7800 people), published 2 weeks ago: **83% of Americans believe military personnel should have the right to refuse the anthrax vaccination.**

This is what grass roots American patriots that I work with already know about this vaccination:

Much of this background information you are already familiar with and the troops know that you know. So I will emphasize only a few major points:

They Know:

ETHHICAL ISSUES

1. The Nuremberg Code and US Code require "informed consent" for investigational drugs to be used on troops for experimentation by the Sec of Defense. The fact of DOD's poor record-keeping to track reactions to the shot does not excuse this requirement nor allow them to pretend experimentation/testing is not being accomplished. They admit tests have not been accomplished. Are we to believe they are not in fact testing now or is that the reason for the poor record keeping? Which is it?
2. Since the military admits: no long term tests have been accomplished, the term "investigational" has then been lawyered and wordsmithed so not to be apparent to the troops or the public. Yet this very appropriate terminology is used on DOD's own documents when submitting their new drug application; and, coincidentally is used by the FDA to define a drug used for other than it's original purpose, for example using a cutaneous anthrax vaccine to protect against inhalational anthrax. The FDA at the request of DOD unfortunately has waived our constitutional rights.
3. We are the guinea pigs. And we know it. So do you.
4. In fact one senator's office said: "you signed on the dotted line when you joined giving up those rights!?, of ordinary citizens, so roll up your sleeve and obey orders".
5. Officers have a duty and responsibility in leadership positions to provide for the welfare of the troops, to question the lawfulness of orders when information contrary dictates a reasonable investigation.
6. Our oath is to protect and defend against all enemies foreign and domestic. While active duty traditionally makes the world safe for democracy, as guardsmen and patriots we historically perhaps, have a responsibility to protect our rear flank from our own worst enemy.
7. History proves an ugly past for DOD with Agent Orange, LSD testing, radiation/ nuclear testing, and Gulf War Illness.

8. Executing this policy has required deception, distraction from the truth, and heavy-handed enforcement. For example: the outrageous quote: "veterinarians have routinely taken this shot since the '50's". Or, consider when the Sec of Army on official documents labels it an "unusually hazardous program", but the AF Surgeon General (Mar '99) claims: it has been FDA licensed for almost 30 years in both the civilian and military populations. There has never been any question of its effectiveness and safety." Is this another case where the services don't communicate? Should we believe either, both, or investigate what motivates their viewpoint? While the AF Surgeon General is happy to take the shot and encourage his family to, 70% of the British military would not agree. Nor would 83% of Americans in the USA Today poll, nor would it be consistent with Nuremberg lessons learned, nor would U.S. Code applied by a reasonable man to this situation agree. In other words, some will take the shot and believe others should, statistically around 30% of the people. But forcing a controversial substance that is untested into someone's body makes them a potential test subject against their will.
9. The Sec of Defense requirements, four specific conditions to be satisfied before the vaccination program would start, were glossed over or grossly ignored.
10. The Rockefeller Report states: "DOD has intentionally exposed military personnel to potentially dangerous substances, often in secret", "DOD has repeatedly failed to comply with required ethical standards when using human subjects in military research during war or threat of war", "DOD used investigational drugs", "DOD records of anthrax vaccinations are not suitable to evaluate safety", "DOD failed to provide information and medical follow-up", "DOD demonstrated a pattern of misrepresenting the danger of various military exposures that continues today."

They Know:

STRATEGY ISSUES (Military Strategy)

1. A biological arms race can not be won. Takes 10 days to 2 weeks to develop a new offensive weapon. 10 years to develop an effective counter. The anthrax vaccination used, increases the probability of this competition, if not directly escalating it already, raising further ethical issues.
2. Promotion of this vaccination policy did not originate from military planners, or intelligence, or a war-winning strategy, but from a panic stricken circle (where the military was not involved) in Washington after reading a novel entitled The Cobra Event, or financial interests, or an overzealous military-medical community, or possibly a "CYA" military leadership core post-Khobar Towers, or a combination of all the above.
3. Whatever is driving this policy, the affects and results will be seen on the truly all-volunteer Guard and Reserve forces. Rather than strategy dictating policy, we have a policy dictating future strategy, unfortunately in a winless direction.
4. They were previously protected by a nuclear umbrella, a deterrent and very certain threat, if biological/chemical weapons were used on the battlefield. Now they are given a shot, a handshake for good luck, and a push to the sacrificial altar of an uncertain but horrific battlefield where anybody's guess may rule.
5. This appears a serious shift in strategy. In fact strategy may never have shifted, but policy only, and the senior service schools and war-winning strategists may not yet have caught up.
6. There is no documented increased level of threat. No additional nations in the last 30 years have biological weapons. In fact less have them than in the 1940's. Experts believe the major threat scenario is one of terrorism, not battlefield encounters.

They Know:

EFFICACY ISSUES

1. Test results were not provided by DOD although were available.

2. DOD admits no adequate human surrogate model exists.
3. Multiple anthrax strains can not be protected against after either advanced or low tech. genetic re-engineering and alteration, i.e. vaccine resistant strains.
4. The immunization protection can be overwhelmed or over-challenged in the battlefield.
5. Effective body armor protection has not been pursued or provided for troops, but questionable and controversial vaccinations have.
6. At best effectiveness is unknown. Worst case a placebo that puts troops in a more dangerous environment because of enemy assumptions and messages sent on the biological warfare battlefield.
7. Maintaining an effective fighting force to justify using the vaccination is farfetched because of the medical treatment required after exposure.
8. Col Friedlander, head of Bacteriology at Ft. Detrick, '94: "No assessment of the effectiveness of the vaccine against inhalation anthrax could be made because there were too few cases."

They Know:

SAFETY ISSUES

1. People are sick. Dover, Battle Creek, Tripler, and now at home. "Is it safe?"--a reasonable man would wonder about the risk of "vaccine roulette".
2. Symptoms: dizziness, blackouts, memory loss, heart, respiratory problems, muscle/joint aches. Let me ask you: Which one of these symptoms do you choose while flying your F-16 in one of the most physically demanding cockpits at 9 G's, mentally having extreme performance pressures for mission accomplishment, multiple airplanes in the same piece of sky: 15-20 minimum in a battle scenario, dropping bombs, being shot at?
3. Now, very wisely we are not allowed to self-medicate because of the physiological effects in a demanding and stressful environment. i.e. no aspirin or strong over the counter medicine, etc. Why would you expose yourself to the threat of symptoms from the anthrax vaccine? Would you feel more comfortable as an airline passenger with your civilian airline pilot, a part-time weekend military pilot being exposed to this and afraid to admit to symptoms for fear of losing his job and being unable to take care of his family? Is the FAA just another rubber-stamp government agency or do we really care about safety—supposedly they have a no self-medication interest too? Is it safe? A reasonable pilot is wisely trained and disciplined to assess the risk. The answer: No, it's not safe.
4. Further, our airlines and their medical insurance plans will not assume the military's liability for this and will treat it as a pre-existing condition. Therefore, no 50-60% paycheck from medical retirement assuming serious medical problems and loss of FAA license and no medical treatment coverage. The military will deny any symptoms are shot related and since the airline pilots are part-time soldiers, the military will not have any medical coverage for treatment and now no paycheck to take care of the family. Not safe. Not worth the risk.
5. DOD admits, no long term testing has been accomplished. Is it safe? Who knows? Many who were vaccinated from the 1950's took a different vaccine.
6. Serious problems occurred in manufacturing this vaccine. FDA twice threatened shutdowns for major discrepancies. DOD says paperwork problems. Is it safe? Trust DOD?
7. This is not the same vaccine originally licensed. Different composition, different anthrax strain, different adjuvant, different manufacturing process.
8. No fertility studies were accomplished. Is it safe for your future family? How lucky do you feel?
9. No carcinogenic studies. Roll the dice.
10. There are links to Gulf War Illness of this shot, requiring further investigation.
11. The floodgates are opened. AVIP, with strong-arm DOD, and blind, rubber-stamp FDA. Are multiple vaccinations, the "cocktail effect" safe for your immune system or what's left of it? You signed on the dotted line; you're in the military, step right up and take your best shot. Rockefeller Report: "anthrax vaccine… safety, particularly when given to thousands of soldiers in conjunction with other vaccines, is not well established."
12. Based on DOD numbers: Jul '95: 44,250 sick @ 1.77% rate of systemic reaction. Mysteriously

changed by Feb'99 to 5! @ .0002% rate. Because DOD refuses to attribute any adverse reactions and symptoms to the shot including heart, respiratory problems, and refuses to allow military members access to VAERS reporting forms even though required by SECDEF and shot regs the number of adverse reactions is very low.

They Know:

EFFECTS OF MISGUIDED POLICY

1. Breakdown of trust.
2. Leadership issue. In order to be manipulated this is what is claimed. The assumption and focus is really on followership—obey orders and take the shot. But in fact this really is a leadership issue, not a followership issue, because with the deception, lack of ethics, questionable motivation, and legal questions surrounding this policy, true leadership requires obtaining satisfactory answers to these valid questions and issues. If leadership were demonstrated, followership would never have been in question.
3. Retention: Horrible, estimates of losing 25-60% of Guard/Reserve pilots from various units. Already 2000 pilots short, potentially lose another 1000-2000, multiply by $6million each to train, = over $1 billion in national treasure walking out the door over a shot.
4. Readiness: Guard/Reserve most experienced, war veterans, thousands of man-years of combat experience/leadership walking.
5. Morale: Imagine working for this organization that can not answer these issues in an acceptable and straightforward manner. What we know and have reviewed so far is not comforting.

REAL WORLD CASE STUDY:

My Base: Fall 1998

Morale is great. We are fast becoming a premiere F-16 Squadron with night-vision goggle capability, and targeting pods on the way. The pilots are a perfect blend of youth and experience, extremely talented and a unified group with the goal of being the best and building a reputation for the same. Word of the anthrax shot program begins to spread along with information and the experience of Gulf War vets. We start doing more research.

Base philosophy begins to filter down. To prove we are 100% on board, in full compliance and on the leading edge we will take the shot very early, in July '99. Scheduling and administration/implementation of the program will be easier then.

However, this is way early. Only one shot is required by DOD policy prior to deploying which will be spring of 2000. A sense of urgency and concern begins to rattle the troops by spring of '99.

From our research we learn of a civilian expert on anthrax who has written many articles on the subject, is not tainted by military motivation, and who spent her own money to research possible weaponized

anthrax use in Zimbabwe. As the new Squadron Commander and from a sense of responsibility to my troops, and AF objectives to inform and educate them on this fast-growing controversial subject, I contact her, interview her in person, review her credentials and research, and invite her to speak to the pilots very soon. I inform my proper chain of command and request permission for such a meeting. I also request a live on-stage debate between her and DOD's representative visiting our base. However, she is not allowed on base. I am told we inform and educate (spelled censor) only to carry out policy. So we meet off base, about 20 pilots and 30 enlisted attend. After an unemotional, unbiased presentation of the facts and research, all attending pilots were mostly convinced not to take the shot.

I reported this information and concern for the poor retention to my superiors. Pilots were put down for their lack of patriotism, lack of commitment, disloyalty, and distrust in the system. With stop-loss, potential court-martials and rapidly deteriorating morale, I made a trip as a "civilian" (and concerned citizen exercising my Constitutional rights) to Washington to meet with our key congressman, to inform them of the seriousness of this issue, and the potential effects on our national security, readiness, retention, and finally to request support.

Pressure from state headquarters stated "you should have fired the son-of-a-b---- 5 years ago when you had the chance" referring to a previous time I had exercised my Constitutional rights as a civilian-soldier when our F-16 fighters were going to be replaced by tankers in the name of saving money under the Bottom-Up review.

I was given a "gag-order" to not talk about the shot on base in uniform, which I accepted and complied with. Morale suffered late spring, and participation by the part-time pilots drastically dropped, hurting our readiness. Stop-loss came with the war in Kosovo and realizing quality people, war veterans would be court-martialed for refusing the shot caused our early shot program to be put on hold. After the war, stop-loss was removed and a voluntary shot program was announced, however commanders would be encouraged to take the shot.

In July I was asked to take the shot. I did NOT refuse to take the shot. I merely said I was "uncomfortable taking the shot with hearings currently on-going in Congress". I was told, in that case we have a vacancy at the Squadron Commander position, my former job. I asked if they wanted to fire me or wanted me to resign and a few days later I was asked to resign, otherwise it wouldn't look too good on my record, which I also complied with. They allowed me to continue to fly F-16s and provide critically needed leadership and a positive impact on morale, which plunged after news of my forced resignation, especially recognizing the policy of commanders taking the shot was not consistently applied across the base, but was more of a targeted policy to force me out.

Today's status: We still do not have a Squadron Commander after 2 months, since no one will take the shot. The unit critically lacks part-time leadership at this point. While in the job, I tried to get two of my best promoted but was refused because they would not agree to take the shots. Promotions and further schooling are contingent upon the shot, another blow to morale.

Encouraging the pilot exodus if not the shot program, and early one at that, is the poor morale of the unit. Pilots were told they could be easily replaced by "rental" pilots. They were challenged on their commitment and accused of doing the job only for money.

Pilots were told if they do not trust the system then they should get out and not be part of the system, as opposed to trying to improve and work in the military for the country they serve. They were told they would not be flying F-16s in Jan if they didn't take the shot, so our flying careers will be over then; and also told there is pressure from above to force the shots in October causing further concern and confusion.

Periods of low morale are very concerning from the safety aspects of flying fighters since that is recognized as an increased risk factor for accidents.

Worse yet is the fact we have sick people on base now from the shot. One is a friend of mine, a crew-chief, enlisted maintenance man on the F-16. His diary—symptoms include headaches, blurry

vision, no energy, aches, chest congestion. RESULT:

He reported to the clinic on July 14. No VAERS forms were offered or completed by this crew chief. And 2 months later the flight surgeon was still unaware of his symptoms, and apparently others on base who may be sick.

The flight surgeon attended our original meeting with Dr. Nass but has not met with pilots since to address their concerns. He did however participate in DOD's character assassination program of Dr. Nass prior to her visit in Madison, Wisconsin.

Another example at our base of vaccine related illness:

Of course the troops feel roped, forced into taking a shot that is potentially unsafe, but feel career-wise no where else to turn, so they roll the dice. Unfortunately many have taken the shot uninformed. It's hard to know when it comes down to the final decision what the choices will be and if people will do what they have indicated their choice would be. Based on early indications we will lose over 50% of our pilots and perhaps at least 30 technicians on base. The attrition, the affect on readiness, retention, and morale will be replicated across the nation as other units face deadlines on this shot. Based on what we know so far the risks are unacceptable and the policy is wrong. Many proponents will attempt to protect their careers and claim otherwise but the truth is not on their side.

This is a sample scenario of one of the early units to face the vaccination program. While the details will not be exactly the same the situation will be seen at units around the country and is beginning to happen at various stages now in other units.

Those leaving the service and those forced to take the shots: These troops are patriots and no doubt all love their country. When their nation called, and other nations around the globe, they stood behind you and supported your leadership for freedom and human rights. But they are not 2nd class citizens. Treat them like you would any other citizen and provide a safe, FDA-standard, quality vaccine.

Now is the critical hour where they are calling for your support. Stand behind them. A watershed of abuse, the abuse of power threatens their health. This is a human rights issue. Peacetime, lack of moral justification, lack of legal authority without informed consent, lacking a safe, proven and effective vaccine, plus considering the effects on readiness, retention, and morale make this policy seem flawed.

This should be your finest hour. Give them hope, show your faith in them, and renew their trust. Where their military leadership has failed because of careerism, institutionalism, lack of courage, tyranny of distrust, give them a beacon of hope. As the civilian leadership they ultimately serve, protect them as they have protected you, guard their health and future as they daily guard the freedoms and ideals of an incredible nation. Thank you.

Most certainly out of time, I am looking forward to answering your questions.

[Home]

Mr. SHAYS. Thank you very much. Major Hansen. I probably should haven't interrupted you, Colonel, to say that what you said would be shared by the others but I do want to give you the opportunity to say whatever you want even if you want to repeat that but I just want you to know the committee understands that you are here because you have been requested to and you are doing it out of the highest motivations, we know, and I think your superior officers know that as well. Major Hansen.

Major HANSEN. Before I begin the testimony I would like to say all these opinions are completely my own. I don't represent the Air Force or the 459th or other members of the Air Force. These are only my opinions and interpretations. Mr. Chairman and members of the committee, good morning, my name is Major Cheryl Hansen, U.S. Air Force Reserves, Nurse Corps from the 459th Aerovac Squadron, Andrews Air Force Base, Maryland. I am a flight instructor on the C–141 Starlifter with over 3,000 hours of flight time.

I am a veteran of Operation Desert Storm and Operation Restore Hope in Somalia and been an active member on mobility status for 16 years. Being on mobility status, I have been vaccinated on an ongoing basis as required with Yellow Fever, Hepatitis A and B, Tetanus, Diphtheria, Cholera, Oral Polio, Meningitis, Typhoid, Measles, Mumps and Rubella, and numerous others. I consider myself a patriotic citizen. I am a member of the Daughters of the American Revolution, the Colonial Dames of the 17th Century, the Reserve Officers' Association, the Veterans of Foreign Wars.

My great, great grandfather Private Harry Boyd was a Civil War veteran of Company H 140th PA INfantry. Also, my great uncle, 2nd Lt. Donald Boyde, a navigator, was killed in acting during World War II while on a supply dropping mission at night to the French Underground and was awarded the Air Medal and the Purple Heart. When joining 16 years ago, I was proud to continue the long family lineage and was supported unhesitatingly by family members, friends. Everyone's morale and support could not have been higher. Today, this level of support is almost nonexistent based upon the mandatory Anthrax Vaccination Immunization Program.

Before I begin my testimony, I would like to state that my views are entirely my own. I am not here to criticize any single or group of individuals within the military or try to convince others from participating in the AVIP if they wish to do so. Part of my focus is the problems of distrust and discord that have been manifested within the ranks as a result of the AVIP ordered by the DOD.

In early June during a drill assembly, our squadron members were informed that we would immediately commence the AVIP. One month prior to this, both in our wing bulletin, the Starlifter, and our squadron newsletter we were informed that AVIP was about to begin. In addition to this throughout the summer months, we received additional information in both these publications that the AVIP was safe, effective, and believe it or not healthy. It also showed our leaders in a warm light, referring to us as being a 459th family, along with a photograph of one of our leaders being vaccinated.

The newsletter encouraged us to become fully educated about the AVIP. Leafing on through the Starlifter appeared a stern photograph of another Air Force leader making the point that anyone believing that they could stay in the military and not take the anthrax vaccine is greatly misled. This Starlifter also stressed, do not believe what you see on the Internet. I found this somewhat intimidating. This article also had a photograph showing a big ugly sore on an arm demonstrating what can happen in an anthrax biological warfare attack. Included was a diagram displaying the high percentage of members participating in the AVIP. Peer pressure was strong.

At one of the clinics at Andrews Air Force Base, a photograph was posted on a bulletin board showing the top brass with their sleeves rolled up enthusiastically receiving their anthrax vaccine. Underneath this picture was posted another newspaper clipping about a senior airman who was humiliated and dishonorably discharged for refusing the anthrax vaccine. Also at this clinic was a brochure from the DOD stating women can continue to attempt pregnancy and still participate in the AVIP. Overall, the DOD stressed there have been minimal adverse reactions reported.

Since I have dedicated 16 years of my life and plan to, at least invest 5 more years in the Air Force, I felt I needed to be fully educated about the anthrax vaccine. After speaking with Mr. Zaid, an attorney from the James Madison Project with reference to the issue of anthrax, he suggested that I attend the 4th congressional hearing concerning the AVIP, that Chairman Shays was presiding. Attendance at the hearing had been endorsed by the Reserve Officers' Association of which our leaders at the 459th Wing are active members.

Going into the hearing, I thought I was going to learn more information that would reinforce what I was reading in the 459th Starlifter Newsletter and get straight answers from the top brass of military doctors that were on the panel. I never, ever expected to learn about and come face to face with the brave men and women from Dover AFB, who were courageous enough to step forward, whose lives had been literally left in shambles after participating in the AVIP. Similar medical complications with AVIP realized at Dover Air Force Base have also been seen at Battle Creek.

The military personnel at both Dover Air Force Base and Battle Creek received the same bad batch or did they receive a different bad batch or are all these bad batches just a standard batch. In addition, after reviewing all the information and material that I could find on the AVIP, I do not have a comfort level that this vaccine has undergone the same methodical testing that other vaccines have undergone. And carried one step further, has this vaccine been pushed forward before thorough testing was complete by an over zealous pharmaceutical manufacturer eager to reap immediate profits.

Will I ever be forced by the DOD to be injected with a potentially bad batch of anthrax vaccine at Andrews Air Force Base and eventually end up in a wheelchair unable to feed and wash myself with a permanent autoimmune disorder? Why did the 459th Wing Starlifter not provide a balanced picture in regard to the adverse

reactions with which the people both at Dover and Battle Creek have encountered?

At the 4th congressional hearing on AVIP that I attended, I looked around the room and found that I was the only member from the 459th family in attendance. I found it odd that the people who were taking on the responsibility to convince me to take an immunization that I may not feel confident about were not in attendance at the hearing even though they worked and lived close by. But in all fairness to them, maybe they had no knowledge of the hearings or were confident with the education they were receiving from the DOD. Based upon all of the above, can I turn my body that I have to live in for the rest of my life over to the DOD?

I am concerned as to what extent the DOD informed our leaders at my wing about the adverse reactions of the anthrax vaccine at other bases. To my knowledge, these adverse reactions were never referenced in any of our newsletters. Even to this day, when I asked the 459th Air Force members did they hear about the members that became disabled or sick at Dover Air Force Base or Battle Creek, MI, they surprisingly say no.

Some of these unaware members are experiencing symptoms. One member stated that she had hives for 1 month that commenced 1 week after her first anthrax vaccine and that the hives come and go and she must take Claritin every day for relief. Another member is experiencing uncharacteristic knee pain that comes and goes after her 4th shot. While another member has a hyper reaction to all bug bites that are itchier than normal, that takes longer to dissipate after her 4th shot. I don't talk to everyone, but these are a few examples and in all fairness to the commander, these incidences may not have been reported to her.

And then there is the fertility issue. Most everyone in the military is in their fertile years. If someone is pregnant, it usually takes 1 week to confirm a positive pregnancy via blood or urine test. Two junior enlisted members administering the anthrax vaccine at Andrews told me they administer the anthrax vaccine until someone has a positive pregnancy test even if someone suspects they are pregnant. Planning a pregnancy around six anthrax vaccines in 18 months, along with all the other required immunizations can be stressful.

I then consulted the doctor in charge of the immunization clinic who agreed with the two junior enlisted members adding that they have to administer the anthrax vaccine in this manner because all the women in the military would use the excuse they are pregnant. He refused to send me this policy in writing. On June 28, 1999, the 459th Airlift Wing received an official message indicating that due to rare instances of immediate sytemic reaction following an immunization you can perform aircrew duties in-flight following all vaccinations. I feel this is potentially unsafe. Was this policy changed in DOD's haste to administer the anthrax vaccine? Previously, the regulation allowed us a 12-hour time period to report any potential reactions before we were allowed to perform any in-flight duties.

In conclusion, when educating members about factual information I have learned from any of the congressional hearings, I have been stereotyped as stirring up the bees nest or giving out information that is going to create whining amongst the troops after they

have all just been settled down. I feel as a nurse I have a moral obligation to educate people with readily accessible facts in regard to promoting their health and well being. This additional information that I have provided to others may not be what the DOD is informing our 459th leaders about but it is coming directly from Capitol Hill and not the Internet.

We as military members should be able to openly discuss both in and out of the workplace H.R. 2543 and 2548, which are currently before Congress, with reference to a moratorium of the AVIP. The balance of information as presented by these congressional hearings should be openly available to the military personnel who are solely affected by this program. Instead, we are being asked to take part in an anthrax vaccination program that has never been proven to be safe or effective because of a DOD directive, the alternative being leaving the military one way or the other.

While this anthrax vaccine remains suspect, how many people will be willing to join the military to fill the ranks of those who will potentially leave the military as a result of their reluctance to participate in the program? In addition, how many potential new recruits will not join the armed services based upon their apprehension in regard to the mandatory anthrax vaccination requirement. This concludes my testimony today at your request, and I am very grateful for the opportunity and your time to relate my feelings on this issue, and I am available to respond to any questions that you may have.

[The prepared statement of Major Hansen follows:]

Anthrax Vaccination Immunization Program (AVIP)

House Government Reform and Oversight Committe Hearings

Subcommittee on National Security, Veterans Affairs and International Relations

Chairman Shays Presiding

29 September 1999

Written Statement by: Major Cheryl Hansen

Mr. Chairman and members of the committee, good morning, my name is Major Cheryl Hansen, USAFR, Nurse Corps from the 459th Aerovac Squadron, Andrews AFB, Md. I am a flight nurse instructor on the C-141 Starlifter with over 3,000 hours of flight time. I am a veteran of Operation Desert Storm and Operation Restore Hope in Somalia and been an active member on mobility status for 16 years. Being on mobility status, I have been vaccinated on an ongoing bases as required with Yellow Fever, Hepatitis A and B, Tetanus, Diphtheria, Cholera, Oral Polio, Meningitis, Typhoid, Measles, Mumps, Rubella and numerous others. I consider myself a patriotic citizen. I am a member of The Daughters of the American Revolution, The Colonial Dames of the 17th Century, The Reserve Officers= Association, and The Veterans of Foreign Wars. My great, great grandfather Private Harry Boyde was a Civil War Veteran of Company H 140th PA Infantry. Also my great uncle, 2nd Lt Donald Boyde, a navigator was killed in action during World War II while on a supply dropping mission at night to the French Underground and was awarded The Air Medal and The Purple Heart. When joining 16 years ago, I was proud to continue the long family lineage and was supported unhesitatingly by family and friends, everyone=s morale and support could not have been higher. Today, this level of support is almost nonexistent based upon the mandatory Anthrax Vaccination Immunization Program (AVIP).

Before I begin my testimony, I would like to state that my views are entirely my own. I am not here to criticize any single or group of individuals within the military or to try to convince others from participating in the AVIP if they wish to do so. Part of my focus is the problems of distrust and discord that have been manifested within the ranks as a result of the AVIP ordered by the DOD.

In early June during a drill assembly, our squadron members were informed that we would immediately commence the AVIP. One month prior to this, both in our wing bulletin (The Starlifter) and our squadron newsletter we were informed that the AVIP was about to begin. In addition, to this throughout the summer months, we received additional information in both these publications that the AVIP was safe, effective, and believe it or not healthy. It also showed our leaders in a warm light, referring to us as being a 459th family, along with a photograph of one our leaders being vaccinated. The newsletter encouraged us to become fully educated about the AVIP. Leafing on through the Starlifter appeared a stern photograph of another Air Force leader making the point that anyone believing that they can stay in the military and not take the anthrax vaccine is greatly mislead. This Starlifter article stressed, do not believe what you see on the Internet, I found this somewhat intimidating. This article also had a photograph showing an arm with a big ugly sore demonstrating what can happen in an anthrax biological warfare attack. Included was a diagram displaying the high percentage of members participating in the AVIP. Peer pressure was strong.

At one of the clinics at Andrews AFB, a photograph was posted on a bulletin board showing the top brass with their sleeves rolled up enthusiastically receiving their anthrax vaccine. Underneath this picture was posted another newspaper clipping about a senior airman who was humiliated and dishonorably discharged from the military for refusing the anthrax vaccine. Also at the clinic was a brochure from the DOD stating women can continue to attempt pregnancy and still participate in the AVIP. Overall, the DOD stressed there have been minimal adverse reactions reported.

Since I have dedicated 16 years of my life and planned to at least invest 5 more years in the Air Force, I felt I needed to be fully educated about the anthrax vaccine. After speaking with Mr. Zaid, an attorney from The James Madison Project with reference to the issue of anthrax, he suggested that I attend the 4th congressional hearing concerning the AVIP, that Chairman Shays was presiding. Attendance at this hearing had been endorsed by The Reserve Officers= Association of which our leaders at the 459th Wing are active members. Going into the hearing, I thought I was going to learn more information that would reinforce what I was reading in our 459th Starlifter Newsletter and get straight answers from the top brass of military doctors that were on the panel. I never, ever expected to learn about and come face to face with the brave men and women from Dover AFB, Delaware who were courageous enough to step forward; whose lives had been literally left in shambles after participating in the AVIP. Similar medical complications with AVIP realized at Dover AFB have also been seen at Battle Creek. Did the military personnel at both Dover AFB and Battle Creek receive the same Abad batch@ or did they receive a different Abad batch@ or are these Abad batches@ just the Astandard batch@. In addition, after reviewing all the information and material that I could I find on the AVIP, I do not have a comfort level that this vaccine has undergone the same methodical testing that other vaccines have undergone. And carried one step further has this AVIP been pushed forward before thorough testing was complete by an over zealous pharmaceutical manufacturer eager to reap immediate profits. Will I ever be forced by the DOD to be injected with a potentially Abad batch@ of anthrax vaccine at Andrews Air Force Base and eventually end up in a wheelchair unable to feed and wash myself with a permanent autoimmune disorder? Why did the 459th Wing Starlifter Newsletter not provide a balanced picture in regard to the adverse reactions with which the people both at Dover and Battle Creek have encountered.

At the 4th congressional hearing on AVIP that I attended I looked around the room and found that I was the only member from the 459th family in attendance. I found it odd that the people who were taking on the responsibility to convince me to take an immunization that I may not feel confident about were not in attendance at the hearing even though they worked and lived close by. But in all fairness to them, maybe they had no knowledge of the hearings or were confident with the education they were receiving from the DOD. Based upon all of the above can I turn my body that I have to live in for the rest of my live over to the DOD?

I am concerned as to what extent the DOD informed our leaders at my wing about the adverse reactions of the anthrax vaccination at other bases. To my knowledge these adverse reactions were never referenced in any of our newsletters. Even to this day, when I asked 459th Air Force members did they hear about the members that became disabled or sick at Dover AFB or Battle Creek, Michigan, they surprisingly say no! Some of these unaware members are experiencing symptoms. One member stated that she has had hives for one month that commenced one week after her first anthrax vaccine and that the hives come and go and she must take Claritin every day for relief. Another member is experiencing uncharacteristic knee pain that comes and goes after her 4th shot. While another member has a hyper reaction to all bug bites that are itchier than normal, that takes longer to dissipate after her 4th shot. I don=t talk to everyone, but, these are a few examples and in all fairness to the commander, these incidences may not have been reported to her.

And then there is the fertility issue. Most everyone in the military is in their fertile years. If some one is pregnant, it usually takes one week to confirm a positive pregnancy via a blood or urine test. Two junior enlisted members administering the anthrax vaccine at Andrews AFB told me they administer the anthrax vaccine until someone has a positive pregnancy test even if someone suspects they are pregnant. Planning a pregnancy around 6 anthrax vaccines in 18 months, along with all the other required immunizations can be stressful. I then consulted the doctor in charge of the immunization clinic who agreed with the two junior enlisted members, adding that they have to administer the anthrax vaccine in this manner because all the women in the military would use the excuse that they are pregnant. He refused to send me this policy in writing.

On 28 June 1999, the 459th Airlift Wing received an official message indicating that due to Arare@ instances of immediate systemic reaction following an immunization you can perform aircrew duties in-flight following all vaccinations. I feel this could be potentially unsafe. Was this policy changed in DOD=s haste to administer the Anthrax Vaccine? Previously, the regulation allowed us a 12 hour time period to report any potential reactions before we were allowed to perform any in-flight duties.

In conclusion, when educating members about factual information I have learned from any of the congressional hearings, I have been stereotyped as @stirring up the bees nest or giving out information that is going to create whining amongst the troops after they have all just been settled down@. I feel as a nurse, I have a moral obligation to educate people with readily accessible facts in regard to promoting their health and well being. This additional information that I have provided to others may not be what the DOD is informing our 459th leaders about but is coming directly from Capitol Hill and not the Internet. We as military members should be able to openly discuss both in and out of the work place bills H.R. 2543 and H.R. 2548 which are currently before Congress, with reference to a moratorium of the AVIP. The balance of information as presented by these congressional hearings should be openly available to the military personnel who are solely affected by this program. Instead, we are being asked to take part in an anthrax vaccination program that has never been proven to be safe or effective because of a DOD directive, the alternative being leaving the military one way or the other. While this anthrax vaccination remains suspect, how many people will be willing to join the military to fill the ranks of those who will potentially leave the military as a result of their reluctance to participate in the program? In addition, how many potential new recruits will not join the armed services based upon their apprehension in regard to the mandatory anthrax vaccination requirements?

This concludes my testimony today at your request and I am very greatful for the opportunity and your time to relate my feeling on this issue and I am available to respond to any questions that you may have.

Mr. SHAYS. Thank you, Major. Now we will hear from Captain Panzera.

Captain PANZERA. I am sorry, Mr. Chairman, let me turn this over. Since C–SPAN isn't here the folks back home will want to hear it. Chairman Shays, members of the committee, I want to thank you for your attention to this issue. It is not easy. It is not fun. Some would say it is not fair. And a lot of people are being affected negatively. My name is Captain Dave Panzera. I am an aircraft commander in the greatest C–130 out there, the LC–130. I have given counsel a post card with a picture of the airplane and the reason I have given this picture to him to give to you is because right behind it you will see the mountain, Mt. Erelous, which is down in McMurdo in Antarctica. That is where we fly. An incredible place but an incredibly dangerous one. And I am going to go into the reasons why it is so important to remember this picture.

Behind that airplane on that mountain in 1978 an airplane flew right into the side and it simply was an error but it is one that could happen to anybody and one that we have to guard against. Let me get into my testimony and I will tell you why. I entered in 1985 as an enlisted man. I was crew chief on C–130's at Little Rock Air Force Base. I got an early out for university training, completed that at my own expense to come back in. The thrill of becoming a pilot was a dream and it was a dream come true.

And really by the strength of God and family, I am here today with wings and it is a tremendous opportunity for any man or woman. From a pilot's perspective what it takes to fly in our unit is substantial. It is substantial to fly any aircraft in the military but I want to give you what our specifics are. You will go to UPT. I am sure you know that is pilot training for the Air Force. You will go to survival school and learn how to do what Scott O'Grady did. You will then go to your primary aircraft training and that takes a substantial amount of time and a substantial amount of taxpayer dollars.

You will then come to our unit, go through a short conversion because of the differences in models and then you will start your ski training and that will take you about a year of experience. It is not that anyone can't move a lever, operate switches or even fly the airplane. The problem is your experience in getting to where you are going safely and carefully. We have had recent high media attention on an aircraft accident about experience and I think you know to what I refer. Well, in the end to make it generic aircraft commander in the snow is about 4½ to 5 years and $4½ to $5 million taxpayer dollars. That is a significant investment for the average guy. That is Joe Average once again, aircraft commander.

This is not the more expensive person, the evaluator, the instructor, the people who to take a Biblical maxim, raise up a pilot in the way they should go so that when they are old they do not depart controlled flight because that is not what you want. Departing controlled flight means meeting Mt. Erelous up close and personal. Well, in the end that cost is something we stand to lose. Congress Members across the board have routinely, and I thank them for this, routinely refer to military members as some of America's best and brightest. Some of American's best and brightest have been

doing some homework and they are not that happy with what they are finding.

Are they going to suspicious sources? I imagine of course they are going to run across some of those but to the folks I have talked to, to the people I have held conversations with, they have gone through, carefully, congressional testimony. They have sought out other professionals in and out of the military. They have looked at the safety of the vaccine as you have heard this morning. They question the potential of having children later in life. They have all kinds of concerns as Guard members and reservists with their healthcare outside of the Guard. Will this be a pre-existing condition? Will I be covered? Will the DOD continue to deny if they don't recognize this as a real and viable issue, will I be left in the dark?

We have seen evidence of that and that concerns them greatly. We have enlisted and officer problems because officers by and large in the military as it goes with the Air Force, most of them have a professional skill that directly translates accordingly with a college degree and their skills are a little more marketable. This is not to underscore the importance of the enlisted or the fact that many of them are as equally educated. But the fact is we know an airline pilot could easily sustain leaving a Guard position whereas many enlisted folks are caught between the rock of providing for their family, making their future bright, taking care of college concerns for their own children, guarding their health, and the fact that they have the shot coming.

And as the hard place and the rock come closer together they have to step off in one direction or the other. What a miserable place to be. America has got the best all volunteer force in the world. No one can match us and we are proud of what we can do. We are thrilled to be able to go even to Antarctica where a standard day is 40 below. Would you like to go with us? It is a tremendous opportunity across the board but because of these concerns many of them will indeed exercise an option that they have for if they no longer have commitment or if they have run into—they have done their 20-year service and they don't want to play this reindeer game anymore or if they are just too scared, which many of them are, they will simply exercise the option to step off. I am scared of that. I am very scared of that.

I am a full-time aircraft commander. There are eight of us that are full-time aircraft commanders in my unit. The departure of just two of these aircraft commanders means that instead of spending 10 weeks throwing snowballs at each other in Antarctica, I will be down there for 13½. My wife is not happy about that. That is hard to explain to her. It is hard to come back after that long a time and seeing my kids change and I missed a lot of things. We are willing to do those things. They are willing to support me in doing those things.

The departure of four of these AGRs means 20 weeks in Antarctica instead of 10. Think of the fatigue factor. Think of the safety concerns that spiral upward as people have to do more because other people have left. And do you know what, that does not even consider the guardsmen and the technicians that would leave. That is just the AGRs and they are not in as much of a position to depart as the guardsmen and reservists who have professions outside

of the Guard that are of a grave concern to them. Our mission impact will be serious. We are already facing a tough time pulling in many other people to fill the billets that we have.

Could you imagine the losses that our unit—if the echelon of instructors and echelon of evaluators leave, we can't replace them, not any time soon. It will require a military generation, so to speak, 10 to 12-year veterans who keep us safe, who watch over us as we start to do our mission and as we learn and as we gain our experience may leave us. That is a safety concern. That is a mission effectiveness concern. That is a morale concern that I can't even begin to express to you in a short amount of time.

In conclusion, I have been asked to ask you one simple question because it seems to have come from every different angle and in different words. I summed it up this way. Would you as Congress Members be willing to sacrifice any career over a shot that has the potential to do what anthrax has been demonstrated to do in some folks, would you be willing to do that? The other example is if you knew you were getting on the airplane with me and I wasn't doing good, would you be willing to near fly this hill? I thank you for your time and I will take your questions at the end of the testimony.

[The prepared statement of Captain Panzera follows:]

STATEMENT ON ANTHRAX VACCINE IMMUNIZATION PROGRAM (AVIP)

Captain David A. Panzera, NYANG

PREPARED FOR THE HOUSE OF REPRESENTATIVES

Committee on Government Reform

Subcommittee on National Security, Veterans Affairs, and Intn'l Relations

September 29, 1999

INTRODUCTION

Mr. Chairman, members of the committee, I want to sincerely thank you for the opportunity to speak here today. The issue of the Anthrax Vaccine Immunization Program has been a tumultuous one for many and I hope my comments here today may help the committee, and indeed the whole Congress, in its quest to understand the impact on the people who take an oath, wear a uniform, and face an impending order to be immunized under the Anthrax Vaccine Immunization Program (AVIP).

I do not intend in any way shape or form to represent the official position of the Department of Defense, the United States Air Force, the New York Air National Guard, the 109th Airlift Wing or any persons holding positions of authority over me. Neither do I intend this testimony to lead any members of the military to hold a position that supports or does not support this program.

I intend to relate to you my personal perceptions culled from various people in my unit and how they may react when it comes time for mandatory vaccination under the AVIP and the DOD policy. I will touch on morale, retention, and recruitment.

In October of 1985 I stepped into the world of the U.S. military as an enlisted man. I served just under 4 years as an aircraft mechanic on the C-130, achieved rank in advance of my peers, attended night school and had greater goals in mind. I was able to get an early release from my active duty commitment to attend college and return as an officer with the intent to become a pilot. I thank God, my wonderful and supportive wife, my family, friends, co-workers and peers for all their support over the years in my quest for the wings I proudly wear.

I am currently an Aircraft Commander assigned with the 109th Airlift Wing based at Stratton Air National Guard Base in Scotia, New York. I have the privilege and honor to fly the LC-130H version of the C-130. We are the only unit in the world to fly this aircraft and are the single point provider for the DOD and the National Science Foundation to both the Arctic and Antarctic. Our unit flies the largest ski-equipped aircraft in the world and we land on the polar ice caps of both Greenland and Antarctica. An even greater honor is to fly in the vast untouched areas of Antarctica and Greenland with the some of the best people the USAF has ever known. We are people who love very much what we do, what we have accomplished together, and the specialty of our work. The Arctic and Antarctic are the two most adverse places in the world. With temperatures that routinely hang around -40C and unpredictable severe weather conditions, it

can be terribly unforgiving if something goes wrong. This is why our teamwork effort is so great. In years past we have accomplished far in excess of our goals of moving people and cargo safely and efficiently from various parts of the United States to the farthest reaches of Antarctica and Greenland. However, now there are some concerns looming.

I. What it takes to fly at the 109th

From a pilot's perspective at the 109th, let me share with you what it takes to make one fully Ski qualified Aircraft Commander (AC). The individual will begin the process by Undergraduate Pilot Training (UPT). This program is estimated to cost approximately 1.5 million dollars and takes just over a year to complete. Upon graduation the new pilot has about 200 hours of flying experience and will then go to Water and Combat Survival Schools. This adds another several thousand dollars and takes two weeks. The pilot will then be sent off to Little Rock AFB for initial Co-Pilot Qualification costing tens of thousands of dollars and it will take about 4.5 months. At the end of this training, the pilot will return to our Guard Unit and, barring no unusual delays, will get checked out in our C-130H and the initial systems knowledge of the LC-130 ski equipped aircraft. This is additional cost in time and money for the person in question The pilot will then go north to Greenland and south to Antarctica under the instruction of a cadre of instructors and will take almost a year to be a fully qualified as a co-pilot on the Ice. After roughly 2-3 years, depending on the experiences documented, the proficiency displayed and the training received, the pilot will now transition to Aircraft Commander Candidate. He or she will fly with several instructors to be evaluated and input will be gathered from other crew members which is considered in the decision to send that person back to Little Rock AFB for more training and Aircraft Commander Upgrade. By this time the pilot will have roughly 800-1200 hours of flying time in an aircraft that costs close to $6,000.00 an hour to operate. Aircraft Commander school takes about 2 months and adds tens of thousands more to the cost. Upon return, the pilot again goes through a quick conversion course from the E-model to the H-model version. The pilot is certified by board recommendation and flies as a wheels only aircraft commander for about 100 hours. He or she is then sent into the program to become an Aircraft Commander on the Ice. At this point, with his or her experience as a co-pilot, full qualification can be completed in about one month, pending necessary weather conditions and a check-ride complete. This pilot is now ready to command the aircraft, and crew, of an LC-130 in a place where their skills require them to fly precisely, and smoothly. Landing on ice with that much aircraft takes a crew effort that eventually rests in the hands of the Aircraft Commander, sometimes under near white out conditions. It has cost the Taxpayer approximately 4-5 million dollars and the individual almost 5 years to become a generic Aircraft Commander. It will take a further 3-4 years to become an instructor and yet another 3-5 years to become an evaluator, both of which greatly increase the cost of investment in the individual and worth to our unit. This is JUST the pilot. This does not include the navigator (an officer position), the engineer (an enlisted position) or the loadmasters (an enlisted position). All of the people in these positions go through years of training and experience at great investment of time, taxpayer money and personal sacrifice as well as that of the sacrifice of their families. This is a good representation of both timeline and cost. Safety being our hallmark, none of us would like to see a drastic change in our level of experience, among our crewmembers and instructor cadre.

II. Some of the concerns

I have heard many members of Congress refer to those in uniform as "America's best and brightest." Many of those best and brightest have done their homework and have concerns about this vaccination weighing heavy on their minds. This due to the inconsistencies they find in the DOD information and the expert testimony already presented to this committee. They feel that there has not been a reasonable effort made to address their concerns. To many of them it is very disturbing to see such a great difference in what the DOD tells them and what they are uncovering on their own. I hear a recurring theme from the enlisted people that they feel that they are between a rock and a hard place. They must keep their jobs, as they have obligations to support their families, but they are greatly concerned about becoming a statistic of the Anthrax vaccine. It is their contention that should they resist, they could face losing their job, punishment or both. Yet if they take the shot series they greatly risk affecting their health and STILL losing their job with medical separation and a small pay benefit -- then living with their ailments for the rest of their lives. They wish to avoid these scenarios at all costs. I believe that many of them will leave, resulting in a serious morale and recruitment problem.

As for the pilots, once more let me speak from that perspective. We have many pilots who are Guardsmen. They are what many refer to as the "Week-end Warrior." They have families and jobs that exist apart from the Guard Unit and have the ability to look at the situation and weigh whether or not they want to chance an adverse reaction to this vaccine. Many of them are airline pilots and are rightfully concerned about the risk to their airline jobs due to potentially harmful side effects. They have simply done the cost-benefit-analysis of risking their health for a part-time position that they do not solely rely upon. Many of them will exercise their option to leave if faced with an ultimatum under current circumstances. After all, if they can not hold an FAA class one medical, they are grounded. Some of these people are finding information suggesting that their HMO's will treat an adverse reaction to this vaccine as a "pre-existing condition" and thus not cover these ailments.

III. The Impact on our unit and mission

As I stated before, our unit flies in a part of the world that does not forgive mistakes. It takes great team effort with people who have a combined experience that spans many years and individuals. We do not arrive in Antarctica or Greenland with inexperienced people and simply send them on their way. The importance of the instructors and evaluators cannot be emphasized enough. These people can only be replaced over a long period of time. This is assuming that those who have

gone before us, teach and pass down to us everything they do so very well.

Training requirements keep all military aircrew busy. When we are not in the Arctic or Antarctic, we are home at Stratton ANGB flying as any other unit does to keep up our flying skills. Each crew position requires the person filling it to be proficient on a large number of flying and ground training events. This carries on into the Arctic and Antarctic. As a result, training is constant. Air Force rules require that much of the training be done with an Instructor. Simply flying in a landing pattern with one engine simulated out (producing no thrust but running in case we need it) can not be done, even by Aircraft Commanders, without an instructor at the controls with them. Not one check ride to demonstrate yearly proficiency in all areas can be accomplished without both an instructor AND an evaluator.

Now that you have a basic idea of the importance of experienced individuals, you will better understand the potential impact to our single Guard unit should these highly trained, expensive and invaluable individuals exercise the option to leave us over the AVIP.

1. Training will seriously lag behind, further complicating unit effectiveness as no new people will have basic qualification thus straining the other crews to have to do more or operate at a higher Operations Tempo.
    - There are 8 fully qualified Aircraft Commanders who each must spend 10 weeks in Antarctica.
    - The loss of just 2 of them will result in the other 6 now spending 13.5 weeks
    - The loss of a total of 4 of them will result in the remaining 4 spending 20 weeks in Antarctica
    - All of the above predicated on NONE of the Technician or Traditional Guardsmen leaving yet they are more likely than the AGR pilots to be the ones leaving
2. Those individuals who now have to fly all the time to make up for the losses will also run into regulatory time outs where they will be mandatorily grounded due to having flown so many hours in a months time or a 90 day period.
3. Chronic fatigue will set in and play a part in reducing safety, risk management numbers climb. Morale declines
4. End of season numbers fall short of goals further hurting morale

Who are the types of people most likely to leave?

1. Traditional Guardsmen who have positions as Airline Pilots
    - Concern of becoming a health statistic as serious questions remain about the Vaccine
    - Concern that their own health problems may result in their grounding as a civilian pilot
    - Concern that their career could be lost as a result
    - Concern that their own health care companies under their Airlines will not cover their ailments of found to be linked to the anthrax vaccination series.

1. Technicians who have marketable skills that see a future as a professional in the private sector after a Guard Career.

- Possible discrimination against being hired as a pilot by an airline that is adverse to hiring someone who may be a health risk
- Concern of becoming a health statistic as serious questions remain about the Vaccine
- Concern that their current career could be jeopardized by way of being grounded and medically retired
- Concern that their current health care providers may not cover reactions to this vaccine

1. AGR (Active Guard Reserve) personnel
    - Concern of becoming a health statistic as serious questions remain about the Vaccine

- Concern that their current career could be jeopardized by way of being grounded and medically retired

- Possible discrimination against being hired as a pilot by an airline that is adverse to hiring someone who may be a health risk

- Concern that the DOD may refuse to acknowledge their medical condition being a result of the vaccination program and thus not be well taken care of medically

The Enlisted people in my unit will suffer greater morale loss than the officers for several reasons.

1. They do not have as much economic freedom unless in business for themselves or are professionals outside of the Guard as civilians
2. Their skills, though important and relied upon heavily, are not as marketable for comparable pay and benefits unless their rank has them in managerial positions
3. They will see a great many people they have come to respect and work with, leave them behind resulting in degradation of morale
4. They will have to work much harder to try and off set the losses in people
5. They, too, will have longer deployments to Antarctica resulting in depressed morale, time away from family
6. Chronic fatigue will eventually come from longer deployments, safety concerns will rise

Again, these folks do not arrive at these conclusions lightly. Many of them are heartbroken over the thought of leaving behind all that they have worked for, and the years of service that they have given over this vaccine -- yet it is just what many will do. They are keenly aware of the loss of income. They are burdened by the potential loss of retirement benefits. They do not hold their commanders in contempt, as they know that they will be following the directive of the DOD. They do not fear other vaccines or make any overtures to resist them. On the contrary, many of them have expressed that they will gladly roll up their sleeves and take any vaccine when given reasonable assurances as to its safety.

I have heard from some that support this program that there is a deliberate campaign of misinformation to undermine the morale of the troops and cause them to question the command. They may have an argument, however, since so many come to the same conclusions and since so much credible information is in conflict with the DOD's policy and position and assertions would it not be to the benefit of all to have a single agency outside of both parties review this and help end the debate as well as the concerns? This is what they are thinking in my opinion.

Several of the folks I have spoken with have asked the same question. Since many in the Congress have had access to greater amounts of information on this issue, knowing what you know, would you be willing to risk your career by taking this vaccine?

I thank you again for your time and effort spent on this issue and for your time here today and will be glad to take your questions now.

[Home]

Mr. SHAYS. Thank you. You heard bells ringing. We are going to have a series of votes but we are going to be able to get to you, Sergeant Mangieri. You will be able to give your full statement and then we will get on our way. So you have the floor.

Sergeant MANGIERI. Yes, sir. Mr. Chairman and members of the committee, I thank you for giving me the opportunity to testify before you today on the continuing saga of the Anthrax Vaccination Program. As recently as September 20, 1999, I was a Readiness Technician with the 105th Airlift Wing in Newburgh, NY. As a readiness technician, I am responsible for training the base populous in nuclear, biological, and chemical warfare defense. During my tenure at the 105th, I have personally given over 200 presentations on field level defense against these agents. Including but not limited to, anthrax, the most deadly biological warfare agent in the world.

About this time last year several members of the 105th Airlift Wing had sought my personal opinion regarding the mandatory Anthrax Vaccination Program. At this point I consistently supported DOD doctrine, including the vaccine in the anthrax portion of my 3-hour presentation. My friends and fellow guardsmen continued to raise concerns about the vaccine, compelling me to start a 6-month research project investigating the entire program. My mission was to validate this program in hopes of affording real protection to our members out in the field if this horrible biological warfare agent was used against us.

Unfortunately, when my research was concluded, I found a pattern of inconsistencies, constant misrepresentations by the DOD and poor program administration and management. I felt I had a professional obligation to my students to inform them of these findings. I felt I had a moral obligation to my friends and fellow Guard members to serve as their voice of reason in the campaign against this ill-prepared vaccination program. In April of this year I concluded my research. I released a newsletter which included events and testimony that question the effectiveness and safety of the vaccine. Also, I included information on the FDA inspection report of the former Michigan Biologic Products Institute.

The publication became very popular, prompting my command to temporarily prohibit me from teaching any classes. I was ordered to stop speaking to individuals about the anthrax vaccine. In addition, I was ordered to receive a psychological evaluation by base medical staff. After several unsuccessful attempts to inform my command of my views, I decided to take my concerns to the mass media. My protest was widely publicized because of my background in weapons of mass destruction.

On August 27, I was informed that I would be denied re-enlistment. When I asked why, I was told that they didn't have to give me a reason, it was the commander's discretion. The reason was clear. I was being denied re-enlistment because of my public protest of the anthrax vaccine in non-duty status. I was asked to provide testimony today in regards to the impact of this program on our Guard and Reserve forces. My experience is quite unique. When members depart from service, they must come through my office to check out so we can update our training roster. Many of our members who have recently separated privately told me that

the dominant factor in their decisions was the anticipated anthrax inoculation.

In my opinion there are four categories of service members who in the ensuing months will depart the Guard and Reserve because of the forced anthrax inoculation. First, our critical assets, our pilots whom many hold civilian commercial airline positions. They are primarily concerned with the short-term side effects such as dizziness that may affect their flying abilities. Their concerns are valid. Nobody wants an Air Guard pilot freshly injected with the anthrax vaccine to experience these short-term effects on final approach into JFK airport in their civilian 747.

The second category of members who will depart are men and women who have accrued 20 or more years of service. They are eligible for retirement at any time. At Stewart Air Guard Base, this group has undoubtedly voiced their concerns to me more than any other. Their overall concern is the unknown long-term health effects of the vaccine. When these members turn 60, they want to be around to reap the rewards of long and faithful service. What is our loss? Literally thousands of years of experience that could have been passed down to our young people.

Our young people comprise the third category. This group represents the future of the Guard and Reserves. They do not have a significant time investment in the military. What they do have is a myriad of infinite possibilities. Our current economic boom has fostered greater opportunities in a wide variety of career fields. They have other options besides a military career. Losing them means losing our future leaders. Last, I must mention the brave men and women stuck in the middle. This is my category. We have made a significant time investment into our military careers but we are strong in our convictions and are compelled to listen to our conscience. What is the loss? Some very dedicated men and women with many talents walking out the door either voluntarily or involuntarily.

If the threat of anthrax is so imminent, why hasn't the DOD put a greater emphasis on field level training in the NBC arena? Anyone in the readiness career field can tell you that our program is often brushed aside for more romantic high-ticket items like state-of-the-art aircraft and missile systems. Participating in NBC warfare training and exercises often requires wearing a special suit that is quite uncomfortable especially when it is hot. These annoyances are expressed in common complaints, which are conveyed to unit commanders. The end result is often the let us do the bare minimum attitude.

Ability to survive and operate in a bio-hazardous environment requires the re-qualification of perishable skills. If the threat of biological attack is so imminent, we should be training with increased intensity and bio-warfare defense should be a top priority. I have not been convinced that it would be medically sound to immunize troops against individual agents. There are 50 known biological agents, immunizing members for every one would be devastating on our immune systems. We already receive too many shots. I think forced medical protection should be re-conceptualized.

There has been much talk about developing immune boosting systems that would protect us against all biological agents. I be-

lieve this medical prophylactic would be the most effective and safer too. For these reasons, I am enormously suspicious of this so-called imminent threat and believe the best interests of our members are not being served. The DOD has a long history of covering up distasteful events that have affected the health and welfare of its members. I don't believe we have bad people in our military. I believe we get a lot of bad advice coupled with misguided intentions and then proliferated with powerful egos.

At the dawn of a new millennium, I believe it is an opportune time to start off from scratch again and make our wrongs right and forge a new commitment to the brave men and women who serve that I have had the pleasure of serving with in the greatest institution ever created, and that is the U.S. Military. Thanks a lot.

[The prepared statement of Sergeant Mangieri, Jr., follows:]

Opening Statement

Anthrax Vaccine Immunization Program (AVIP)

Technical Sergeant William F. Mangieri Jr.

Prepared for the House of Representatives

Committee on Government Reform

Subcommittee on National Security, Veterans Affairs, and International Relations

September 29,1999

Mr. Chairman and members of the committee, I thank you for giving me the opportunity to testify before you today on the continuing saga of the mandatory Anthrax Vaccination Immunization Program.

As recently as September 20, 1999 I was a Readiness Technician with the 105th Airlift Wing in Newburgh, NY. As a readiness technician I am responsible for training the base populous in nuclear, biological, and chemical warfare defense. During my tenure at the 105th I have personally given over 200 presentations on field level defense against these agents. Including but not limited to, Anthrax, the most deadly biological warfare agent in the world.

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My friends and fellow guardsman continued to raise concerns about the vaccine, compelling me to start a six-month research project investigating this entire program.

My mission was to validate this program in hopes of affording real protection to our members if this horrible biological warfare agent was used against us in the field.

Unfortunately when my research was concluded I found a pattern of inconsistencies, constant misrepresentations by the DOD and poor program administration and management.

I felt I had a professional obligation to my students to inform them of these findings. I felt I had a moral obligation to my friends and fellow guard members to serve as their voice of reason in the campaign against this ill-prepared immunization program.

In April of this year I concluded my research. I released a newsletter, which included events and testimonies that question the effectiveness and safety of the vaccine. Also I included information on the FDA inspection report of the former Michigan Biologic Products Institute.

This publication became very popular, prompting my command to temporarily prohibit me from teaching any classes. I was ordered to stop speaking to individuals about the Anthrax vaccine. In addition I was ordered to receive a psychological evaluation by our base medical staff.

After several unsuccessful attempts to inform my command of my views I decided to take my concerns to mass media. My protest was widely publicized because of my background in weapons of mass destruction.

On August 27th I was informed that I would be denied re-enlistment. When I asked why, I was told that they didn't have to give me a reason; it was the commander's discretion. The reason was clear; I was being denied re-enlistment because of my public protest of the Anthrax vaccine in non-duty status.

I was asked to provide testimony today in regards to the impact of this program on our Guard and Reserve forces. My experience is quite unique. When members depart from service they must come through my office to check out so we can update our training roster. Many of our members who have recently separated privately told me that the dominant factor in their decision to leave was the anticipated Anthrax inoculation.

In my opinion, there are four categories of servicemembers who in the ensuing months will depart from the Guard and Reserve because of the forced Anthrax inoculation.

Firstly, our critical assets, our pilots whom many hold civilian commercial airline positions. They are primarily concerned with the short-term side effects such as dizziness that may effect their flying abilities. Their concerns are valid. Nobody wants an Air Guard pilot freshly injected with the Anthrax vaccine to experience these short-term effects on final approach into JFK airport in their civilian 747.

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Our young people comprise the third category. This group represents the future of the Guard and Reserves. They do not have a significant time investment in the military.

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Lastly, I must mention the brave men and women stuck in the middle. This is my category. We have made a significant time investment into our military careers, but we are strong in our convictions and are compelled to listen to our conscience. What is the loss? Some very dedicated men and women with many talents walking out the door either voluntarily or involuntarily.

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I have not been convinced that it would be medically sound to immunize troops against individual agents. There are 50 known biological agents, immunizing members for every one would be devastating on our immune systems. We already receive too many shots. I think force medical protection should be re-conceptualized.

There has been much talk about developing immune boosting systems that would protect us against all biological agents. I believe this medical prophylactic would be the most effective and safer too.

For these reasons I am enormously suspicious of this so called "imminent threat" and believe the best interests of our members are not being served.

The DOD has a long history of covering up distasteful events that have affected the health and welfare of its members. I don't believe we have bad people in our military. I believe we get a lot of bad advice coupled with misguided intentions and then proliferated with powerful egos.

At the dawn of a new millennium, I believe it's an opportune time to make our wrongs, right and forge a new commitment to the brave men and woman who serve in the greatest institution ever created, the United States Military.

Thank you for allowing me to testify before you today and I will be happy to answer any questions that you may have.

Mr. SHAYS. I thank all four of you. You are very extraordinarily articulate people. We have about 5 minutes to get to vote. We have two votes. We will be back. So I suspect it will probably be 15 minutes to 20 that we will be back but hope to be back in 15.

[Recess]

Mr. SHAYS. It is my intention to have other members go first but let me start by again thanking you for your very articulate statements and to say that in all the areas involving anthrax the one that concerns me most is as it relates to our Reserve and National Guard units because it seems to me our Reserve and National Guard units have the best opportunity to express themselves by simply leaving. And within the Reserve and National Guard units the one that concerns me most are those who have technical skills that they think would be in jeopardy if they take this vaccine.

So I would like to ask each of you how you would agree or disagree with the statement I am going to read. Mr. Cragin submitted a statement to us. He is the principal Deputy Assistant Secretary of Defense for Reserve Affairs. He submitted his statement. In his statement, I am just taking parts of it now admittedly, but I will read you two paragraphs and I want to know if you agree or disagree, and if you agree or disagree where and why.

First and foremost, we must be aware that, except in a very small number of cases, the anthrax vaccination program is not the determining factor behind a member's decision to withdraw from military service. However, we must also acknowledge that, in some cases, concern about the program can, has been and will continue to be a factor in the decision of some service members to leave the force. So his point is it is in a very small number of cases.

And then he says despite the current negligible impact of the anthrax protection program on readiness, the Department of Defense continues to monitor the situation carefully and constantly. If or when anthrax vaccinations are cited by a service member as a reason for leaving or seeking reassignment, or if they indicate their intent to refuse the shot, Reserve Commanders in the field make conscientious efforts to educate and inform their personnel about the nature and purpose of the protection program. The commander's goal is to help their personnel fully understand and appreciate the nature of the threat and the necessity of vaccination.

I am going to ask whether you agree with the statement that in a very small number of cases, and then I am going to ask you if you were aware of any reservists or National Guard men and women who have simply been asked—told they can terminate their service but they cannot use anthrax as the reason for leaving. And then after you respond to that question, I am going to give the floor to you, Mr. Chairman, so I am just going through this set of questions. Mr. Heemstra. Excuse me, Lieutenant Colonel Heemstra.

Lieutenant Colonel HEEMSTRA. Yes, sir. I disagree with that statement. I think it is classic denial. With the anthrax being the only determining factor in—I guess what happens is as guys are informed about the anthrax decision or the anthrax shot coming down and doing research they start looking for other options, for example, doing Air Force Academy liaison work, you know, rather than flying a 16 to hopefully put off the shot thing for a couple or 3 years. Or looking back over their military career and discussing

things with their family, they find other ways to justify maybe why they are not going to continue their military career.

Mr. SHAYS. You have not left the service but you have given up a command, is that correct?

Lieutenant Colonel HEEMSTRA. Yes, sir.

Mr. SHAYS. And the basis for giving up that command is that you do not support the anthrax program?

Lieutenant Colonel HEEMSTRA. Well, sir, that was asked directly and the answer was because I did not take the shot. And so it was because I did not take the shot that I was asked to resign. That was not applied to all commanders that way.

Mr. SHAYS. Do you know of any of your fellow pilots who have chosen in the Indiana Air National Guard to leave primarily if not solely because of the anthrax vaccination program?

Lieutenant Colonel HEEMSTRA. They could be asked on any given day, you know, and with their frustration I have heard them say yes, I am leaving because of the anthrax. That is the——

Mr. SHAYS. And did they leave?

Lieutenant Colonel HEEMSTRA. Yes.

Mr. SHAYS. Major Hansen, you are a nurse.

Major HANSEN. Yes.

Mr. SHAYS. So you have—I know doctors take certain pledges as it relates to their medical responsibilities. I plead ignorance on this but do nurses take an oath as a nurse, Hippocratic Oath?

Major HANSEN. I don't remember taking an oath as a nurse.

Mr. SHAYS. But you obviously are taught ethics in your profession and those ethics play a major role in how you can——

Major HANSEN. Well, I feel people should be aware of what they are taking. When I went to nursing school it was really a big deal for people to be fully educated about their health care, informed consent, any side effects that may occur with anything. I feel with the anthrax it is a dark subject. It was a real eye opening experience coming to the 4th congressional hearing. It is something that I had never seen in a DOD pamphlet, the adverse reactions. The only thing you see is minimal reactions.

Mr. SHAYS. Are you aware of people who have left the service solely or if not solely primarily because of the anthrax program?

Major HANSEN. Personally I don't know of anybody as far as the medical squadron. I am not sure, I have heard rumors about the pilots and engineers but I can't——

Mr. SHAYS. Those are rumors so we are really interested in real life examples.

Major HANSEN. I don't know of anybody personally.

Mr. SHAYS. Thank you. Captain Panzera.

Captain PANZERA. Sir, I have nobody that I know personally up front. We are scheduled to start the shot series starting in March of next year. And the whole intent of coming down was to expose the fact that you cannot repair on the back side of losing these people as you can on the front side. In other words, their concerns are real. They are firm in their convictions and their departures will occur.

To the numbers, I am not prepared to give you an absolute number but I can tell you fully over a third of our pilot corps and that is devastating especially with the uniqueness of our mission. So in

that light I can't tell you that anyone I know exactly at my unit has departed over the issue but reading the other testimony, that is evidence enough of folks who have left or will be part of leaving. That is weighing on the minds of folks.

Mr. SHAYS. We already had testimony in previous hearings of pilots who have left solely for that and we have testimony that in some cases they were told they could leave the service but not use anthrax as the reason. Sergeant Mangieri.

Sergeant MANGIERI. Yes, sir. I know several individuals who will be leaving my unit solely because of the anthrax vaccine and also other factors that are involved with military life. This subject has not even hit critical mass yet. Once people start getting these shots within their units and somebody, God forbid, gets sick, that story, as you know, is going to go all over the base. And even if it is a small type of ailment that they have, the story is going to be big enough where other people are going to jump ship when they hear that.

As somebody who—I took the anthrax vaccine on January 6, 1991, in Riyadh, Saudi Arabia. I took two shots, a botulism toxoid shot and also pridostigmine B tabs for chemical nerve agent protection. I can tell you that my experience has been not to mix them, do not cocktail them. And a lot of what I have talked about to members who have said they are going to leave, I tell them, well, it may be a good idea at this point because we can't trust this vaccine.

Mr. SHAYS. Let me just ask you one last question because when you made your testimony I felt like I was in the Soviet Union and not in the United States. In April of this year I concluded, this is your statement, in April of this year I concluded my research. I released a newsletter which included events and testimonies that question the effectiveness and safety of the vaccine. Also, I included information on the FDA inspection report of the former Michigan Biological Products Institute. This is where the product is made.

This publication became very popular prompting my command to temporarily prohibit me from teaching any classes. I was ordered to stop speaking to individuals about the anthrax vaccine. In addition, I was ordered to receive a psychological evaluation by our base medical staff. Do you believe that you were ordered to take that evaluation because of what you had done?

Sergeant MANGIERI. Yes. They actually told me that—when I passed out that newsletter I was teaching a class. They sent security police to come get me and they detained me. And they told me the reason why they wanted to do this psychological evaluation is that the Columbine High School tragedy had happened 2 or 3 days before I sent this out so they were worried about me doing something crazy which I have absolutely no history of violence in my life or psychological problems in my life. I live a very basic life in Hudson Valley, NY, and that was the reason they told me. So I had a Major who was a nurse, medical nurse, evaluate me. I believe they did a report and it really kind of—it stopped there.

Mr. SHAYS. How did you do?

Sergeant MANGIERI. I think she got a little nuts after I talked to her, I don't know. I think she wanted to evaluate herself at that point.

Mr. SHAYS. Excuse me, Mr. Chairman. You have the floor.

Mr. BURTON. I don't have a lot of questions, Mr. Chairman, for this panel. I do, however, have a number of questions for the medical experts from the Defense Department. But some of the things that are troubling to me and one of the things I believe Colonel Heemstra said was that the retention is horrible. The estimate of losing 25 to 60 percent of the Guard and Reserve pilots from various units. You are already 2,000 pilots short. The potentiality of losing another 1,000 to 2,000, and if you multiply that by the $6 million it costs to train that is over $1 billion in national expenses walking out the door, is that correct?

Lieutenant Colonel HEEMSTRA. Yes, sir. That math there, I think it should have been $10 billion.

Mr. BURTON. $10 billion?

Lieutenant Colonel HEEMSTRA. I wasn't that quick but that is what you wrote down was $1 billion but it is $10 billion?

Lieutenant Colonel HEEMSTRA. I will have to get on my secretary for that but informal surveys——

Mr. BURTON. Always blame it on your secretary. We are not going to let you get away with that, sir.

Lieutenant Colonel HEEMSTRA. With the informal survey it looks like possibly—the numbers right now are about over 500 I guess of it looks like pilots that will walk out the door over the shot. In our unit, just to give you an example, when Dr. Nass came we had 20 pilots at the meeting which is about two-thirds and from that meeting whether these people stick with their commitment but do not take the shot it looks like all 20 would not at that time take the shot.

Mr. BURTON. But here is what we have in a report I just got. At Travis Air Force Base alone 32 pilots in the 301st Airlift Squadron have resigned or are planning to resign. That is more than a 50 percent attrition rate. The Baltimore Sun reports that 25 F–16 pilots of the 35 in the 122nd Fighter Wing of the Indiana National Guard are refusing the vaccination and that the squadron is being grounded and of course you know about that.

Then it says Regal who stands to lose about 12,000 a year as an instructor for the C–5, the Air Force's largest plane, says that 21 of the 57 pilots are leaving his squadron at Dover, DE. That is 100 men walking out the door. And what the Defense Department is saying is don't let the door hit you in the derriere. I am being a little nicer. We are also hearing that the 105th Air Wing stands to lose about 200 people because of the anthrax vaccine. It will be the largest voluntary departure of any single military unit in the world.

And it says from 1996 to 1998 the Air Force lost 369 pilots and they anticipate 340 pilots leaving this year. We have, as I understand it, aircraft carriers leaving with 400 to 500 personnel short right now for a number of reasons, not all attributed to anthrax vaccine. But our military is really suffering right now. I mean it is suffering severely. The cuts in the military budget, the unpreparedness of a lot of different units coupled with this anthrax thing is really undermining the security of the United States and we are sending troops all over the world with all these little brush fire wars trying to be the world's policeman.

And I just can't help but believe that an enemy of the United States couldn't do a better job of destroying the morale of the military than our own Defense Department is doing right now. It just doesn't make any sense to me. Now I also intend to ask these military physicians and experts if this anthrax vaccine will protect the military against all strains of anthrax because I have been led to believe that there is about 21 or 22 strains of anthrax and that in laboratory studies of guinea pigs, they can't do this on human beings, they can't have them inhaling the anthrax vaccine or virus, but after these animals have been inoculated with the anthrax vaccine, and I will ask them this in more detail, a large percentage of the laboratory animals died even though they had had the vaccine.

And if this doesn't protect against all strains of anthrax what in the world are we doing it for? So for those of you sitting back there ready to testify in the next panel you might get prepared for that because those are some of the questions we are going to be asking. If I were in the military right now, I wouldn't take it. And don't shake your head back there. I wouldn't shake it. And I just want you to know that until there is scientific evidence that it is safe and effective, you are not going to get these people to take this thing like they should and it is going to be undermining the military to protect the people of this country.

I mean look at the exodus. Look at the amount of people that are doing double duty on the aircraft carriers that are going out into the water. The Navy people know that, that are going out into these various—they are doing two and three stints of double duty. I just don't understand that. And until you got the confidence of your military personnel on something like this you shouldn't be ramming this down their throats. Now if you can prove that it is effective and safe, as I think has been said by others today, then I think you got a different argument but boy I will tell you after the Gulf War Syndrome and the Agent Orange debacle and all these other things that have happened to force this right now especially with the exodus that we are seeing, this doesn't make any sense to me.

So I want to congratulate you folks for having the guts to come forward and talk to Congress. I know some of you have laid your reputations and your careers on the line and at least as far as I am concerned, I really appreciate that. And the subcommittee chairman and I will be working together to continue to study this issue and get to the bottom of it. Thank you.

Mr. SHAYS. I am happy to have any of you comment to what was said before I recognize Ms. Schakowsky. Did you, Major, have a comment to make?

Major HANSEN. I guess my comment is that if we feel uncomfortable taking the anthrax vaccine and we are faced with signing into a drill weekend and we are faced with either resigning or taking the vaccine, how do we manage this and when is Congress or the Senate ever going to come to some sort of resolution, moratorium or any sort of thing like that? How long do we have to wait, be in limbo I guess is the question.

Mr. SHAYS. It is a fair question and let me say that this is intended to be our last hearing unless something comes up where we

get a dispute on data that requires us to have another hearing to clarify some numbers. But let me just tell you there are three parties here and I think we all have different challenges. The military with good intentions began this program. I think it hasn't worked out the way they intended. They decided to do sole source. I think that has been a problem. There I think has been a gigantic concern on the part of military personnel in the active and in the inactive but it is particularly alarming in the Reserve elements and particularly with pilots who have to make a determination on whether they want to take a risk if it is even slight and then give up a necessary stream of income in their full-time work and knowing as well that if they are adversely affected the military won't be there to help them.

So at any rate you have the military that has to figure out where they go with this program because there are gigantic problems. All of you have problems in whether you are going to fulfill your obligations as military personnel but decide literally to give your body to the military when you know that you are going to leave the military but they affected your bodies. And you have a problem on our side and our side is that we do know there is a very real terrorist threat and we have to decide where we come down on this issue as well.

And the question from our side is that we know that there are countries and individuals who are willing to use anthrax to fulfill whatever objective they have but we also know they have the ability to alter it and we also know that if we protect from anthrax they can decide to use something else. So we are weighing this issue as well. Should it be mandatory, should it be voluntary, should it be called what we think it is, an experimental drug which makes it voluntary and then require the President to say in certain cases it has to be mandatory.

So we have all these questions but I think we are close to as a committee coming to some conclusions and fortunately with the help of people like Ms. Schakowsky and others I think we will come to what we think is the right answer and then try to work our will on it. Ms. Schakowsky.

Ms. SCHAKOWSKY. Thank you very much, Mr. Chairman, and for your leadership on this issue. Major Hansen, I want you to know that I am interested in gender differences and had asked the GAO to investigate that in regard to anthrax. And the chairman and Mr. Metcalf have joined me on that and I appreciate it. We don't have the answers yet but I was interested in what you said about the pregnancy issues. Not so much the health effects that might result because we don't know them but about how well the policy guidance from DOD is being followed.

You stated that you were told by two junior level enlisted members at Andrews Air Force Base that they administered the vaccine until someone has positively—until there is a positive pregnancy.

Major HANSEN. Exactly.

Ms. SCHAKOWSKY. And you stated that you also confirmed this with the doctor in the immunization clinic but that he refused to send you this policy in writing. Did he say why he refused to do that?

Major HANSEN. No. No. I dropped the issue. He didn't say. He went into a big explanation of when the ovum anchors on the uterine wall and that is when it is safe to take the anthrax vaccine. While it is floating around in the uterus you can take it and it is OK. That is the explanation he gave me.

Ms. SCHAKOWSKY. But he also said to you that women would claim, all the women, that they are pregnant?

Major HANSEN. Oh, yeah, I heard that a couple different times from a couple different doctors. The women would all say they were pregnant so they could get out of it. Not all of them but a substantial amount.

Ms. SCHAKOWSKY. Is that your experience or your feeling that, you know——

Major HANSEN. No, I really don't think so. No.

Ms. SCHAKOWSKY. I just for the record want to say that that question offends me, that it suggests that women in the military would tell falsehoods in order to escape something that was military regulations.

Captain PANZERA. May I offer something on this too? In some of the conversations I have had with folks back in my unit one of the things that has been key with them is we will get in the squadron and the beautiful thing about the Guard is we are family. After all we are in careers together for sometimes upwards to 20 years so you get to know folks real well. You get to know their wives or their husband and their kids.

So when they are all together and we are having a family function and the subject comes up and the issues are brought forth and the evidence from both the DOD and other sources are used, I can't tell you the stress that is on these spouses about the pregnancy issue because it is not just the military member affected here now. Now it is the rest of the family. So it's a whole lot of other women outside of that that are affected as well.

Ms. SCHAKOWSKY. Thank you. The Army's official AVIP plan describes in detail the procedures for doctors administering the vaccine and I want to read you that. It states, "Each woman should be questioned before each injection as to whether she is or may be pregnant. If she states that she is pregnant or suspects that she might be or is not sure defer the immunization and refer her for evaluation for possible pregnancy." What I hear you saying is that that may not be the policy at Andrews, is that correct?

Major HANSEN. Yes, that is—when I talked to the people, junior enlisted people giving immunizations it seemed like they were pretty sure of themselves giving—saying what I am saying that until there is a positive pregnancy test they vaccinate people. And I wondered how many people they had been doing this to.

Ms. SCHAKOWSKY. Well, that was my last question. I wanted to know if you know of any women who thought there was a chance that they might be pregnant and were told—and told the doctor this but were still required to take the vaccine.

Major HANSEN. No, I don't know of anybody. I just know that when I approached these two people and this doctor this is what they told me but I don't know of anybody they have actually vaccinated. But I am guessing that if this is what they are saying, this is what they are doing.

Ms. SCHAKOWSKY. Let me ask Lieutenant Colonel Heemstra a question. You said that the insurance industry will not cover illnesses that are related to the anthrax vaccine. You were talking about prior conditions. If the department denies that there is any link then on what basis might an insurance company decide that a disease or an ailment or condition were caused by the anthrax vaccine? In other words, on what basis might they deny coverage?

Lieutenant Colonel HEEMSTRA. I guess if we took the shot and expected our airline insurance companies to protect us, we would have to make sure we didn't tell them anything about anthrax. Of course, I guess as long as we don't say that we took the anthrax shot I guess we could probably still get coverage from our civilian medical.

Ms. SCHAKOWSKY. So the insurance industry for the purpose of coverage has made a determination that there is some risk involved because they are asking the question and then if you present with some sort of illness are those bills being—they are not being covered?

Lieutenant Colonel HEEMSTRA. I guess a lot of it, there haven't been too many cases yet and so airline guys are trying to anticipate what the response is going to be so I am not sure.

Ms. SCHAKOWSKY. How is this communicated? Does the insurance industry have a policy? Do they tell you that? How do you know about this?

Lieutenant Colonel HEEMSTRA. Well, I spent a few hours with my chief pilot with my airline and gone up the chain of command through the civilian airline to try to find answers to those questions. And the answer that I am getting is that they will treat—they expect the military to assume the liability for this anthrax—any anthrax-related illnesses. So like I said as long as you go in and just tell them you are sick and don't admit that you took an anthrax shot, I guess you could still probably——

Ms. SCHAKOWSKY. But they are asking you, they ask if you have taken the anthrax shot?

Lieutenant Colonel HEEMSTRA. I am not sure. Like I said, there are no cases yet so we are just anticipating and it looks like they probably are. And we haven't heard this first end yet but the airlines in interviews are starting to ask if people have taken the anthrax.

Ms. SCHAKOWSKY. Thank you. I appreciate it.

Mr. SHAYS. Before I recognize Mr. Souder, let me just say that in our third hearing we had people in the military who simply refused to take the shots. Some were in the active service. Some were in the Reserve. And all of them face serious consequences from that. In the fourth hearing we had individuals who took the shots who had adverse impacts and they confirmed that they were not provided any health benefits. And you are the fifth hearing where you are potential refusers. In your case, Lieutenant Colonel Heemstra, you were an active pilot and now you are still in the Reserves but you are no longer commander and also no longer flying, is that correct?

Lieutenant Colonel HEEMSTRA. No, sir. I am still flying. They are allowing me to continue flying.

Mr. SHAYS. Now just explain that one just because you are not deemed to be in that first tier now because you moved over that you will not be going in the theater or should we not explore this because then they may make you take it?

Lieutenant Colonel HEEMSTRA. I guess we are expecting to deploy some time in the future so——

Mr. SHAYS. Are you just postponing your day of reckoning?

Lieutenant Colonel HEEMSTRA. Yes, sir.

Mr. SHAYS. And hoping that Congress will take action. Mr. Souder.

Mr. SOUDER. To further elaborate that point, I think the unit is scheduled to go to Saudi Arabia in April, or is it March?

Lieutenant Colonel HEEMSTRA. Yes, sir.

Mr. SOUDER. And that November is D Day in Fort Wayne, so to speak, at least that is what I have been told because it goes from the voluntary into a zone where it is considered higher risk and I personally have been approached by at least half the pilots who have said it is hard to say where it will be when you actually get to the final point, but I have been caught at the Chicago airport, at the Detroit airport, all over the country just randomly sitting there reading and pilots from the Black Snakes and other units coming up and saying this can't happen, whether they are younger pilots or older pilots, and it is very disconcerting and very difficult.

I would like to pursue the health angle just a second as well. It is my understanding that I know of at least one case where an individual is—and I believe the individual is prepared to go public but I don't know that they are so I have to keep this relatively vague but they have been told they have the flu but an outside doctor suggests that they may actually have been infected through the vaccination which comes right to the point of the health insurance question.

In that case, for example, that person would be denied coverage outside because the military made one decision but the outside doctor believes opposite. And that is what you are saying. That case because the person is scared to death that now they will never get health coverage getting out. It is the type of problem that you are trying to anticipate but it is not unrealistic because part of numerous people's concern about speaking out is there are people as pointed out by Captain Panzera may not have the career options that you have. Would you agree with my vague but specific summary?

Lieutenant Colonel HEEMSTRA. Yes, sir. That is the conflict that we have and we are trying to anticipate and rather than get put into that conflict and admitting that, you know, taking the shot and losing coverage the guys are just taking the easier option and that is just to not take the shot and not risk your health.

Mr. SOUDER. And I would say on behalf of the airline industry given the type of lawsuits that prevail today and the cost of these coverages it is not an illogical position for them to ask given the fact of the documented cases that are out there, documented at least that there is a correlation with the shot taking and illness developing, it is not absolutely clear what the shot is causing and so on, but the coincidences are fairly substantial as we have heard through numerous hearings.

Captain PANZERA. Mr. Souder, one other aspect to this that is kind of important is when insurance—I have contacted a couple of insurance companies and I have asked them will you tell me your position on if someone gets a shot in the military and they have an adverse reaction and now they are a health risk or something, where do you guys stand? I will get back to you. Well, I assume so. They haven't really read into it.

Well, I want to see the look on their faces when they call and find out that there is indemnification for the company that made this. How would they feel about any pharmaceutical company giving out any kind of vaccine or medicine or anything with indemnification.

Mr. SOUDER. One thing I believe is the benefit of the doubt ought to go to people who have volunteered to serve their Nation. And I am afraid with the legal proceedings and tying this up that the benefit of doubt may not go to the servicemen which is what everybody is concerned about at least in the short term. Much of the focus has been on the fourth and fifth shot. Colonel Heemstra, would you have had a different approach if there had only been three shots?

Lieutenant Colonel HEEMSTRA. No, sir. Based on what research we have done and what we know about the safety and efficacy I wouldn't have taken shot one probably based on that. Based on the fact that we have time to fight this thing when Dr. Nass came out I told my group of pilots there that if the balloon went up and we had to go fight a war, I would take the shot tomorrow in the deployment line. So my patriotism and my commitment to my country would take precedence but as long as what we know about it and I have time to fight it, I would choose not to take the shot.

Mr. SOUDER. We have alluded to it, have you had similar fears or have you heard similar fears of any of the other vaccinations that you have taken?

Lieutenant Colonel HEEMSTRA. No.

Mr. SOUDER. So this is an extraordinary event, not something that has—are there concerns about the interactions and our lack of study that will be required in the private sector about the interactions between the different vaccinations?

Lieutenant Colonel HEEMSTRA. Yes, sir. There is a hugh concern knowing that $320 million has already been allocated for multiple vaccinations and then seeing that this is an ugly precedent where FDA approval of this drug is in name only when we are getting a shot that is not the original. It is a different manufacturing process, a different vaccine, and seeing that corners were cut and arms were twisted and all of a sudden we call it FDA approval. And if you take multiple vaccinations, first of all, just the cocktail effect itself is scary but then to know that we weren't treated as first class citizens with FDA rigors applied and there is huge fear of that.

Mr. SOUDER. While the risk to the general population may be different than pilots going into the Middle East, the fact is that it is disappointing in my opinion that we don't have as high or higher standards for people in our Armed Forces than we do in the civilian population when we ask them to put their lives at risk for our country.

If I may ask one additional question to Sergeant Mangieri. You said in your testimony that you felt that we weren't aggressively pursuing other options to anthrax, for example, mentioned one of the problems that we have seen repeatedly as I saw in one of the—demonstrations out at Fort Wayne while they were preparing to go overseas. They were doing a how you put the uniforms on and have tried those uniforms on and you suffocate particularly if you would be in the desert, not to mention Fort Wayne in the summer, but that there is—and as we visited the Middle East in this subcommittee and looked at a number of the anti-terrorism things and at Prince Sultan Air Force Base where there has almost in my opinion been an overreaction on forced protection after Khobar Towers and people were held accountable when in actuality they were trying to move from the time they saw the vehicle pull up to the fence.

But now it is like alarms are going off every 5 minutes if a piece of sand blows up against the fence. Everybody is so hyper defensive. How do you get this balance and do you believe that part of the hopes of anthrax was that it would reduce the other requirements need for protection because if you are immunized and then you made the statement that you didn't believe that would do the job. Why?

Sergeant MANGIERI. Well, first of all, if you are going to immunize us, immunize us with something that works. No. 2 in a bio-warfare environment you have to have a bio-warfare plan and that bio-warfare plan consists of several factors. No. 1 is a strong command and control structure where when a missile comes into an air base and it explodes people know where to go, people know how to put on their gear. They put it on in a safe and effective manner and in a timely manner.

The other part of bio-warfare planning is medical contingency that may happen after somebody gets infected with maybe the anthrax bacteria. I can tell you from my experience field level medics don't know anything about seeing the symptoms of anthrax. They don't even know how to administer atropine properly. We are not good at chemical warfare defense. We are not good at it because the bottom line is there is no command emphasis for this type of training.

Just to give you an illustration, in the Air Force 5 years ago there was a realignment and we used to be a wing program, the chemical warfare people. We were moved to the civil engineering squadron. Now we are just a small component of that. We need to go back onto the wing command and be the wing commander's program so people take it seriously again. The mask that they give is the MCU2P mask in the Air Force will protect you against all known chemical and biological agents.

Now that initial strike that happens out in the field when a missile comes in, you will have your gear on and you will have your gear on maybe 2 or 3 hours until they find out what exactly is out there. OK. Once that happens they take the necessary actions to eliminate that threat. But what I am trying to say is they are using the vaccine as the only thing that is going to protect us against anthrax and you cannot—that is a very dangerous thing to do. We need a bio-warfare plan and we need instead of training

people—on my base we train people for 3 hours once a year, once a year.

It is a 3-hour presentation that I do. I have to do it quick because I have 600 mobility members on my base. I do it once a year. Once a year people forget how to even put on their mask. If the threat is so imminent we should be doing it once a quarter. Secretary Cohen said if the threat is so imminent if it is going to happen and when it is going to happen, why aren't they putting a bunch of money into chemical and warfare defense—chemical and biological defense.

Mr. SOUDER. In other words, you are saying you are getting a mixed message. On the one hand it is so imminent that this vaccine has to be mandatory. On the other hand it is not so imminent that you are not doing other things that you would do if it was imminent.

Sergeant MANGIERI. That is correct, sir.

Mr. SOUDER. And do you believe from looking at the type of chemical and biological threats that even if anthrax had a proven record of working and was applied appropriately and didn't have side effects, what percentage of the risks do you think it would cover?

Sergeant MANGIERI. I would say it would cover you maybe in a 30 percent risk if it actually worked. You want to couple that with your protective suit and you want to couple that with some good command and control structure, good intell, but I would say maybe a 30 percent not being a medical individual but seeing it as the whole plan of everything. If it weren't there is a possibility people want to take it. See, the problem here is that this is not the last one, you know. There are other biological agents that are out there that they are developing vaccines for.

I don't personally believe we need to be vaccinating against every individual agent. We need to come up with a system where we can maybe booster our immune systems where we can effectively eradicate all biological weapons because our bodies would be able to repel them. There are 50 known biological agents out there. Up in New York we are having an encephalitis attack. Well, you know, Venezuelan equine encephalitis is a biological warfare agent. Japanese encephalitis is a biological warfare agent.

There are so many different types of strains of anthrax, smallpox, Marburg, which is a close relative to Ebola that the Russians developed back in the 1980's and 1990's. We have got a lot of agents out there. Are we going to keep sticking ourselves every time that we feel that there is an imminent threat? I don't think that would serve our members well. I think we are going to have some serious health problems if that happens.

Mr. SOUDER. Well, thank you all for your willingness to speak out. This is just an incredibly difficult question when you are in the line of command and trying to figure out how to do it but I doubt quite frankly that our enemies will cooperate by just using the biological or chemical thing that we are prepared for. So hopefully we can develop a flexible plan that can meet the critical need of retention and recruitment. So I thank you all for your willingness to speak out.

Mr. SHAYS. Thank you, Mr. Souder. We are going to recognize Mr. Burton but let Mr. Metcalf know that when Mr. Burton is done that we are going to call on him. Mr. Chairman, you have the floor.

Mr. BURTON. Real quickly I just wanted to know again why did they not allow you to re-up?

Sergeant MANGIERI. In my opinion—they would not give me a reason. My opinion is that because of my outspoken—being an outspoken opponent of this vaccine in the public eye that is the reason I believe I was denied re-enlistment. I am not bitter to them, to Stewart. There are some good people up at Stewart. I commend Brigadier General MacGuire for making a real tough decision the other day stopping the vaccine after the refrigeration had destroyed it when we had the hurricane up there.

I was denied re-enlistment because basically it got too hot for them, I think. I came to them actually in the summer and I said to my support group commander I am going to take this outside on non-duty status and fight this thing. He had no problem with as long as I didn't bring bad press to the 105th and I agreed with that. I think that he thought I was going to be in some little local newspaper. What happened was I went nationwide in a couple of weeks and I was all over the place. Then I was doing radio interviews, newspapers, television, everything, and that affected them.

Mr. BURTON. I think everybody on the panel has been impressed with your knowledge of a lot of the problems that you face in this kind of warfare situation and it seems to me because of a difference of opinion on something like this to lose that kind of talent. It is a sad thing. Thank you.

Mr. SHAYS. Thank you, Mr. Chairman. Mr. Metcalf, thank you for participating. It is nice to have you here.

Mr. METCALF. Thank you very much. Can I ask two quick questions?

Mr. SHAYS. Yes. And, Mr. Jones, we are going to you next. We are going to you next after Mr. Metcalf. Thank you.

Mr. METCALF. It has been reported to me by Reserve pilots who have contacted my office that if they choose to leave rather than to take the anthrax vaccine they better not state that that is why they are leaving. If they list another reason then they won't be hassled. If they list anthrax as the reason they face a fight. Could any of you respond to those remarks? Do you know anything about that? OK, thank you.

Mr. SHAYS. I am sorry. Mr. Jones, you have the floor.

Mr. JONES. Yes, Mr. Chairman, and I will be very brief. I want to thank each one of you in panel I first for your service to our Nation and second for being here today because this is an issue as each one of you have said that affects the morale of our troops, also retention and also readiness, and I don't know three words that mean—are any more important to the defense of this Nation so I want to thank you for stepping forward.

And again I want to very briefly say, Mr. Chairman, because I want to hear panel II that in April of this year I wrote a letter to Secretary Cohen after I met with those five officers at Seymour Johnson Air Force Base. And I asked the Secretary if he would to please put a halt or moratorium on this vaccination until studies

could be completed so that our troops did feel that this was a quality injection and also it was necessary.

He did write me back about a month later and said that he felt the justification, which I respect his opinion even though I don't agree, was to go forward with the vaccination and so therefore I put a bill in as did Chairman Gilman, chairman of Foreign Relations. His deals with a moratorium. Mine deals with a voluntary system. I guess in closing what I would like to say that this issue—maybe I would ask each panel because you probably have answered this in your testimony as well.

It is a question, I just came back as you might have seen, as it relates to your unit and the morale and I would like to go down very quickly to each one. Would you say that this is an issue of the utmost importance to each individual in your unit as it is to you, and I will start with you, I believe it was Major. I don't have my names before me.

Lieutenant Colonel HEEMSTRA. Yes, sir. It is certainly very important to them. Like I said, we kind of have just an acting squadron commander at this time. I know there are several members that have verbally said they hope that I get reinstated so that we do have some strong part-time leadership and can move forward in the direction that we were originally going. So, yeah, there is very strong support there.

Mr. JONES. So in other words you are seeing that this issue is growing as a concern with your fellow man and fellow woman in your unit. This is something that is continuing to grow as a concern, is that right?

Lieutenant Colonel HEEMSTRA. Yes, sir. That originally was a very powerful effect on the morale because we were originally scheduled to take the shot in July. Now it has been put off so now probably what is affecting the morale is the uncertainty of when are they going to stick us or are they going to surprise us when all of a sudden we show up for October drill.

And for a fighter unit, you know, accidents happen with airplanes when morale gets in the tubes as a wing safety officer, so it is definitely concerning to see the morale, to see guys rather than stepping to the airplane to go fly their missions and thinking about what they are going to go do in the cockpit they are concerned about the shot program and what the latest is and what is going on. It is a huge distraction.

Mr. JONES. If I may go down the list, and obviously you don't need to be repetitive but if you can add something too.

Major HANSEN. I think it is an issue in our squadron and I think people are afraid to talk about it and step forward.

Captain PANZERA. It is the issue of the day. It is the conversation on everybody's mind. It is the talk of the town and you go into the unit you can't go more than 2 minutes without hearing about it, and that is the pilots, the navigators, the load masters, our engineers, our support personnel, our folks who are in maintenance. They see the things going on around them and it really bothers them and all they want is reasonable assurances and they can't seem to get those or at least they don't feel like they are getting any of that.

And this is based all upon their own research. You know, none of the folks that I talked to are anti-vaccines and they are not resistent to orders. They will take the hill. They know there are bullets coming at them. They will fly in the sky as they are knowing there are missiles coming up to meet them. But this? Why?

Sergeant MANGIERI. Yes, Congressman. I am here on behalf of my friends and co-workers at Stewart Air National Guard Base in New York. I am not here on behalf of myself. And the reason why I am here is because I have had several of my friends, dozens and dozens and dozens have called me in the last couple of weeks and, please, I had one young female who was interested in—she is newly married. She is interested in getting pregnant. Tears coming down her eyes saying, Bill, help us. Do something.

I do not want to see that welt on her arm. If you have ever seen a welt from an anthrax vaccine on your arm. I had one on mine on January 16, 1991. It is nasty. I don't want to see that welt on her arm. And it is so important that I am willing to be the sacrificial lamb today, put my career aside because of my friends.

Mr. JONES. Thank you. Mr. Chairman, just one statement and I will close. As we further looked into this, I am still amazed that the State Department only requires this vaccine of their employees and that it is voluntary. And I think that the State Department when the men and women at our Embassies they are definitely in harm's way to a certain degree if there should be a terrorist attack or some type of biological or chemical attack.

And yet I wrote to Secretary Albright and we were having a difficult time getting a response so I enlisted the help of the chairman of the Foreign Relations Committee and I think his letter, which is the same letter, we will get a response as to how they came to a determination that for their employees it should be voluntary instead of mandatory. So I close with that and thank you again for this opportunity.

Mr. SHAYS. Thank you. We loved having you here and if you have other questions you are more than welcome as well. Mr. Souder.

Mr. SOUDER. I would like any response that Congressman Jones gets from the State Department to be included into this and if they don't get a response to us to formally request that if this is our last hearing on it because that is a real question. If the State Department—we have had Embassies bombed by terrorists, if in that region they are voluntary why would the military not be?

Mr. SHAYS. Let me just say potentially last hearing before we issue our initial report but we intend to monitor this and follow it and then work to achieve whatever our report recommends with further hearings to reinforce it or to clarify it. I would like to just proceed for a few more minutes. Sergeant Mangieri, I understand what you have done and I respect it, and I think the bottom line is that you realize there are consequences because you went one step beyond.

I have someone in my family who I deeply respect who had two tours in Vietnam and his following these hearings made the point that you got to have—this is the issue of mandatory versus voluntary, just trying to have me a little more sympathetic for the fact that when a commanding officer has to make a command, he has

to make sure there is no doubt that the command will be followed by everyone. So in a way I tremendously respect your situation but I think that if you are candid with me you realize that you went because you felt out of conscience you had to take that step.

And I think I am hearing you say that you recognize why you weren't asked to re-enlist and accept it as part of the code of the military. Am I reading too much into this or not?

Sergeant MANGIERI. No, sir, you are actually not. I believe in the institution of following orders. I deeply believe that. I think it is an institution that has kept our military together for so long. I believe there is a line in the sand you have to draw. You can send me anywhere in the world but that line in the sand gets drawn when you are trying to inject me with poisons, that anthrax bacteria, in my system. I am not bitter for what they did. If I was a full-time individual in the DOD, my reasons or my stance on this may be different, drastically different.

If I was 2 years outside of retirement and I had to get this shot but I wanted my retirement honestly I got to tell you it may be different. I guess what I am saying is basically that I am not bitter against them. If I was commander of the Stewart Air National Guard base and I had a young man going out and talking about this issue in the mass media maybe I would have made the decision to fire him. I can honestly say that.

Mr. SHAYS. But the value is that in a sense you are practicing civil disobedience and then willing in a sense to go to jail, in this case to be let go, but you are serving a role that others now may not have to take. And we are all learning the consequence of the mandatory program. We have lost you. I want to ask Lieutenant Colonel Heemstra, and just preface it by saying again that we had a hearing on those who already took it and refused or were ordered to because they were in the process and they left.

And we have testimony that people left because of the anthrax program, and then we had people that came in because of the consequence if they are feeling ill and not getting any response which would reinforce why others may choose not to take it because if they do have an adverse response even if it is a few if you are that person and the government is not there, the one that ordered you to take it not there to help you, then we certainly can understand other's reluctance.

You are in a situation where you are right at the point where this is being required. In the California Air Force Reserve, those units are going through this program, the Connecticut Air National Guard, they are going through this program, the Delaware Air Force Reserve is going through this program, the Indiana National Guard is going through this program, the Washington Air Force Reserve is going into this program, the Wisconsin National Guard is going into this program.

Now I asked you a question which I was surprised by the answer but then I realized I was asking the wrong question. You can't testify that people have left at this time because this process is being initiated in the Indiana Air National Guard, is that correct? There haven't been many who have left because the program is just beginning.

Lieutenant Colonel HEEMSTRA. Sir, I would have to look at a roster but come to mind there is two that I know that have left just in I think the last month. And one I know—like I said, on a daily basis I remember hearing him say that that is the last straw, the anthrax shot. So one I can say for sure left because of that. The other one I——

Mr. SHAYS. Let me just make this question. But the issue is are you aware of—because in your testimony you imply that while there may have been only one or two you are warning us and the military that you suspect a good number more will leave if they are required to take the shot.

Lieutenant Colonel HEEMSTRA. Yes, sir, if they follow through on what they have said when Dr. Nass came out and I guess that has been my position all along and I felt it was an obligation to inform my chain of command that we have a huge attrition problem of which this is an example.

Mr. SHAYS. And if you are finally at the point where you have to decide to take the shot or not, you have already given up command, have you determined in your own mind what you will do?

Lieutenant Colonel HEEMSTRA. Yes.

Mr. SHAYS. No, I am not going to ask him. I just asked you in your own mind if you decided what you will do.

Lieutenant Colonel HEEMSTRA. Oh, yes, if it is—it will probably be a different decision based on if my country is calling me to go to war versus we are going to do a mandatory vaccination just because we think there is a threat out there.

Mr. SHAYS. Do you want to share what you are going to do or not? I am not asking you to tell us what you are going to do but if you want to.

Lieutenant Colonel HEEMSTRA. Yes. If the balloon went up, I am a patriot and I am committed to my country, if the balloon went up this week and they had a deployment line I would go take the shot tomorrow so I would sacrifice my health concerns and my airline career and whatever future. I would risk it all for my country. And if that didn't happen and we just had a mandatory shot in October then I am not going to risk those things.

Mr. SHAYS. OK. I appreciate that. And I bet you are not just a few like the military has applied and I just wanted that for the record. I am happy to have you clarify anything you like.

Mr. SOUDER. One thing that—correct me if I am wrong. Partly what happened is they were going to go through with the mandatory. They moved to voluntary after a short period when everybody had to stay in the forces which kept—we would have had attrition most likely last spring had they not done—I am sorry, I forget the term, that nobody could leave the Armed Forces.

Lieutenant Colonel HEEMSTRA. Stop-loss in July.

Mr. SOUDER. And then there was a push to do it voluntarily so a number of people felt that perhaps particularly after what happened to Colonel Heemstra that it could affect their careers, took a voluntary test, so it is not incorrect—I mean it is somewhat incorrect to say there hasn't been a process going on at Fort Wayne because more than normally would have gone forward in a voluntary test. It is also, as I understand, if everybody carried

through who said that they wouldn't take it, we would be devastated. We wouldn't have an air base.

Now as a practicality that doesn't necessarily mean they have another job lined up so it is very difficult to estimate what precisely is going to happen but while we haven't had mandatory the voluntary pressure has gone up some. And part of my concern with Armed Forces as every base like Fort Wayne, which is Delaware, Kalamazoo, the gentlemen who have spoken out here, potentially makes their base vulnerable. And it is very important to have assurances from the military that there is not going to be retaliation because that also sends signals throughout the country when those bases come up and something happens. This is a very delicate process we are going through.

Mr. SHAYS. It is very delicate and also very important. And you kind of confirmed what a witness we had when we were dealing with Gulf war illnesses and he has a very debilitating weakness, an Air Force pilot, I believe, and he said that knowing what he knows now he believes he got his illness from the Gulf war, totally debilitating. He said if he was ordered to do it again, he would do it again and serve and that is really what you are saying. But during peace time you are saying if given the option you will choose another.

Lieutenant Colonel HEEMSTRA. Yes, sir. And there is also a middle choice there that some people wouldn't—if the balloon went up and we were going to far tomorrow they would not—they believe strongly about the shot and they will take whatever consequences and choose their future help.

Mr. SHAYS. Thank you. Let me allow each of you to make a closing comment and then we will get to our next panel, and again we appreciate our panel for being so willing to let you go first and to hear what you had to say. Why don't we start with you, Sergeant?

Sergeant MANGIERI. All I would basically like to say is that I know this process through Congress is going to take some time to go through committee and finally get on the floor if it does but we have to keep in mind there are thousands of people getting inoculated every month as we speak. There is probably somebody getting inoculated with anthrax vaccine right now, as a matter of fact probably. So we have to be committed to make a fast decision because if we allow the process to drag out like it normally does, we may already have inoculated most of the force before we either put a stop to it and hold back and see how we can fix this thing or make it voluntary like Mr. Jones is trying to do.

There are people getting inoculated right now and we got to worry about those people. So I just urge you good folks to try to step up the process as fast as possible so we can get this hearing. Thank you.

Mr. SHAYS. Well taken. Yes, sir.

Captain PANZERA. The folks in the Air National Guard are some of the best patriots you will ever meet and I just love the opportunity to be able to work with them, fly with them, go to Antarctica with them, and do the kinds of things we do. We are in the forefront of a lot of things nowadays. We are spread all over the world.

We go to many deployments. We also carry the torch, so to speak, with the active duty but again they have options they can

exercise. It is amazing to me that so many of them who lead other lives outside of the Guard are so willing to come in on a weekend and put on a rubber suit and sweat themselves to death in that thing as they train or to come in and just routinely go over some of the other mundane classes. But you know they are not so mundane. They know the importance of them.

They know the severity of the issue at hand too and this is not something they are entering into lightly or on whimsy. It is deeply held convictions based upon the evidence that they have seen both from the DOD and from sources they have researched. And we are not conscripts and we are not forced into this and we submit many of our rights and many of our abilities, you know, that citizens have freedom wise to do these such things. It is just the way they are going to be treated is the question they are being asked—that they are asking, I should say.

So H.R. 2548 is highly important to them. They looked at Mr. Jones' bill as well and they said—believe it or not, sir, this is some of the concerns that were raised, well, you know what, if they would just make it voluntary they are going to come back and bring it in another way later. They didn't like that thought at all. Not that your effort wasn't even a concerned one. It most assuredly was. But if this is heavy on the minds of these folks and my specific unit being so unique, can we really afford the kind of risk we are taking to lose all these great folks?

Mr. SHAYS. Thank you, Captain. Major.

Major HANSEN. Yeah, I just want to repeat like how long are we going to have to wait. And also I think if I am remembering correctly one of the bills was a moratorium said that—the moratorium on the vaccine and that people would be able to be reinstated into the military with whatever benefits. I don't know if I am paraphrasing that correctly. I think if that—you can't wait too long on that because you are going to have a hard time finding those people to even be willing to come back after the way I guess they felt they have been treated so just keep that in mind, you know, about the waiting time and getting people back.

Mr. SHAYS. Thank you, Major Hansen. Colonel Heemstra.

Lieutenant Colonel HEEMSTRA. Yes, sir. Thank you. I just want to describe the dread and the fear that is out there on the flight line in the squadron. People are afraid. They are angry at being put in this difficult position, you know, where they are to make life-changing decisions, life-threatening consequences possibly so it is a very tough issue. We have already paid some pretty good costs and there are some future huge costs coming unfortunately.

And I would just like to comment on the background with the Air Force Academy, the code, the honor code, the ethics classes we had. This is a perfect case study where it is an extremely complex and very tough issue how to take this policy and apply it to yourself and then relate to your superiors and then relate it to your subordinates and still get—it is too bad that we can't be concentrated on the mission what we are really supposed to be about that this is a huge distraction from that but I would just ask you to—I think it is important that our basic human rights are protected and that we work along those principles and treat us like first class citizens.

Mr. SHAYS. Well, you all have provided a wonderful service. You have been very articulate and your testimony has been moving for everyone here including your superior officers, I am sure. Thank you so much for coming. Our next panel is Charles Cragin, Acting Assistant Secretary for Reserve Affairs, Department of Defense, accompanied by Major General Paul A. Weaver, Director, Air National Guard, Department of Defense, Colonel Frederick Gerber, Director, Health Care Operations, Office of the Army Surgeon General, Department of Defense, Colonel James A. Dougherty, Air Surgeon, National Guard Bureau, Department of Defense.

Some of you have appeared before us before. We welcome your testimony. Our committee has a great deal of respect for what you all are trying to do on behalf of your country and thank you very much. We are going to have you—if you would stand and we will swear you in and then we will hear your testimony.

[Witnesses sworn]

Mr. SHAYS. Let me say, Mr. Cragin, that really you have as much time as you want. We had four people testify. They ended up using 10 minutes each almost in every instance. I am happy they did because they had things we needed to hear so we are going to put the 5-minute on. We will put the 5-minute on again. If you want to go another 5 minutes, we will let you do that. And then we will start with questioning from the chairman.

STATEMENTS OF CHARLES CRAGIN, PRINCIPAL DEPUTY ASSISTANT SECRETARY FOR RESERVE AFFAIRS, DEPARTMENT OF DEFENSE; MG PAUL A. WEAVER, DIRECTOR, AIR NATIONAL GUARD, DEPARTMENT OF DEFENSE; COL. FREDERICK GERBER, DIRECTOR, HEALTH CARE OPERATIONS, OFFICE OF THE ARMY SURGEON GENERAL, DEPARTMENT OF DEFENSE; AND COL. JAMES A. DOUGHERTY, AIR SURGEON, NATIONAL GUARD BUREAU, DEPARTMENT OF DEFENSE

Mr. CRAGIN. Thank you, Mr. Chairman. I think in the interest of time what I will try to do is to abbreviate my opening remarks and make those remarks on behalf of my colleagues and myself and then turn to you and your colleagues and hope we can respond adequately to your questions. First off, let me take this opportunity, Chairman Shays, to thank you again for inviting me to participate in one of your very important oversight hearings. My colleagues also appreciate the opportunity to join you.

I got to tell you I have listened very attentively and with great interest to the testimony of my Reserve colleagues because they truly are my Reserve colleagues. I retired as a captain in the Naval Reserve last year after serving 7 years as an enlisted man and 30 years as an officer in the Reserve community. And I pretty much spend every weekend traveling around the world visiting with and talking to members of the Guard and Reserve who, as my colleagues have indicated to you, are deployed throughout the world serving and representing America.

And so their comments were of great interest and I tell you that I listened with great interest to the comments of all the men and women of the Guard and Reserve who make up 50 percent of America's total force today. I visited Sergeant Mangieri's unit up at Stewart just a couple of weeks ago and had an opportunity to

talk with a number of personnel at that unit including the commanders. In fact, come November 28 I will be flying to Christ Church to meet with the 109th and head down to Antarctica with Captain Panzer's organization.

So we try to see the men and women of this force where they work and understand their concerns and know that they are real. As you mentioned, I am joined today by colleagues who have perspectives to bring to bear in response to your questions. Major General Paul Weaver is the Director of the Air National Guard and before that served as the Commander of the 105th at Stewart in New York. Colonel Fred Gerber is the Director of the Army Health Care Operations, and as you requested, Colonel James Dougherty, the Air Surgeon of the National Guard is also with us today.

And we welcome the opportunity, Mr. Chairman, to discuss the Department of Defense's efforts to protect reservists from what we know to be a very real and a growing threat of weaponized anthrax. As I mentioned over the past weeks and months, I have had many conversations about the anthrax protection program with the chiefs of the Reserve components including Major General Weaver and also with National Guard and Reserve personnel in the field. And let me give you a sense of what I am hearing, what they are telling me.

First and foremost, recruiting and retention trends do not show any substantial change as a result of the anthrax protection program. In addition, we have not seen a sufficient number of refusals or departure of personnel attributable to concern over the anthrax vaccine that would degrade, impair or compromise mission capability or operational readiness. Mr. Chairman, in spite of the anecdotal reports, from my personal conversations I can tell you that morale remains high and that the men and women of the Guard and Reserve are very proud of the service that they perform for their country.

Mr. Chairman, we have routinely an annual turnover in our Reserve forces of around 18 to 20 percent and we do not see any impact that can be directly attributed to the anthrax program. Except in a very small number of cases concern about anthrax shots is not the determining factor behind a member's decision to withdraw from military service. Those who decide to leave, they do so for any number of reasons including a strong economy, and pressures from civilian jobs and employers. This is an issue that Secretary Cohen has been very concerned about for the last 2 years as we use this force much more. In comparison 4 years ago we were using it at the rate of about a million duty days a year and we are now using this force at the rate of about 13 million duty days a year so you can imagine the effect upon employers.

Mr. SHAYS. The million was when, what year?

Mr. CRAGIN. About 4 years ago. In fact, if you take—if you discount the blip, so to speak, from Desert Shield, Desert Storm, when we called up 260,000 members involuntarily to active duty from about 1989 until the last 3 years we were generally with even a larger Reserve force, we were generally using this force at the rate of about a million duty days a year. We are now for the third year in a row, and I would suggest it is going to remain reasonably constant for the foreseeable future, these men and women are per-

forming duty at the rate of 13 million duty days a year. That is the equivalent of adding about 35,000 people to the end strength of the active force. So there is a significant operational temp out there and it is truly a paradigm shift from the days of the cold war when everyone sat and waited for that catastrophic event when they would be called up.

In fact, today we are calling the men and women of the Guard and Reserve force involuntarily to active duty under three separate Presidential reserve call-ups, and I think Chairman Burton alluded to the tempo of this force today. We have, in addition to that, personal and family considerations. A great deal more time is asked of the men and women of this Guard and Reserve force today than ever in the past. But I have talked in just the last few days to commanding officers of many of the units that have been experiencing challenges regarding the anthrax protection program, and each of them has personally assured me unequivocally that the units remain fully mission capable and they are ready for service.

And as I said, while it is true that some service members have concerns about the anthrax protection program, the vast majority of our personnel currently requiring vaccination have taken the anthrax shots. And the people that are currently required to take the vaccination are those individuals who will be deploying to high threat areas either in Southwest Asia or in Korea. We are going to inoculate this force, the total force, in three phases, and we are currently only inoculating those individuals actually deploying to the high threat areas.

The second phase will be what we characterize as early deployers, and then the third phase which will begin in the year 2003 will be the remainder of the force. As you can see and as you know, members of the Guard and Reserve component are participants in each of those three phases of the inoculation program. Most of the people have taken the shots and many have done so because they understand and appreciate that the anthrax vaccine is the best option and the right choice for protecting our forces from this valid threat.

As of today, more than 27,000 selected reservists have already begun anthrax vaccinations. I should point out, Mr. Chairman, that I know that you have received data that I transmitted to you that might indicate a different number of reservists have received inoculations and that is because that data is aggregate data which includes members of the Individual Ready Reserve as well as members of the Selected Reserve. The Selected Reserve is essentially that group of men and women who deploy, who train regularly month to month and who perform annual training periods.

The IRR are individuals who do not have those training requirements. Some of them may come to the IRR directly from active duty. Others come from the Selected Reserve community and therefore there may be a bit of a disconnect in our numbers, but we have inoculated essentially to date about 27,000 Selected Reserve members. And overall, nearly 340,000 men and women in the force have received over 1.1 million shots to date. Unfortunately, we have not been able to convince everyone about the wisdom and necessity of the program, and as a result as you have rightfully ob-

served this morning, we have lost some valuable people, and, candidly, we may lose more in the future.

Although that would be regrettable, it would not be nearly as tragic as the losses we would incur in the event of an anthrax attack against unvaccinated personnel. Let me take a moment now to discuss how vaccinations are tracked and reported because I know that was a matter of interest to you in this hearing. Anthrax vaccination data for the total force can be found in a system that we call the Defense Enrollment Eligibility Reporting System. The acronym is DEERS. This serves as the department's master repository for such information.

Each service maintains its own tracking system which feeds into the DEERS and although DEERS currently indicates significant shortfalls in our efforts to meet vaccination time lines closer analysis of the shot tracking data contained in the services systems reveals a much more positive picture. The discrepancy between DEERS and the service-specific tracking systems is primarily due to data recording and transmission systems coming from the individual member who gets their shot and gets notification of that shot on their personal shot card and their personal medical record which remains with their unit. That information feeds into their service-specific tracking system which then ultimately feeds up to the repository, the DEERS system.

Most of the overdues are the result of delayed reporting rather than lack of timeliness of vaccination. I don't know whether you noticed my shot card, Mr. Chairman. I have had four of the anthrax shots so far. Each serviceman and woman gets the shots recorded on their individual shot card as well as their individual medical record.

Mr. SHAYS. Now you put us at a disadvantage. Now we are going to have to put that in the record.

Mr. CRAGIN. Well, I will be happy to provide it to you. I am sure that they will give me a duplicate if you feel it is necessary. Commanders in the field have the ability to insure compliance and timeliness of vaccination by using their service-specific systems and these systems provide reliable, accurate and up-to-date information that is being used to track vaccination time lines. In an effort to insure that service-specific tracking data is more accurately reflected in DEERS, we are in the process of merging all service-specific systems into one comprehensive streamlined and easy to use automated system.

In addition, Mr. Chairman, let me say unequivocally that we are committed to meeting the FDA-approved protocol for shots, and we are determined to make this vital force health protection initiative work. Toward that end, we have made substantial improvements in educating our personnel and their families. We have imposed quality controls that vigorously track the flow of the vaccine from production to vaccination. We have upgraded the level of medical support and information for those with vaccine-related concerns, and most importantly we have made this a commander's program, one in which leaders of the total force from the service chiefs on down to the unit level have direct responsibility and accountability for insuring that this new force health protection initiative is implemented in a timely and responsible manner.

We are working assiduously to resolve outstanding challenges, and the Reserve chiefs and I assure you that this situation will continue to improve. We are strongly committed to reducing the threat to our forces posed by weaponized anthrax. We intend to meet that threat by providing our personnel with a safe, effective and FDA-approved vaccine. It is imperative that we continue to meet our responsibilities, most importantly to the members of the total force, but also to our Nation and to the Congress, which has oversight responsibility of these very important matters.

Mr. Chairman, I would be the first to admit having worked with this program since its inception that we have not done a good job in informing the members of the Reserve components both as to the nature of the threat and the safety and efficacy of this vaccine. And I think it has been a particularly important challenge in the Reserve community because Reserve commanders don't have the comparable luxury, so to speak, of having their men and women with them every day of every week of every month. We essentially in most instances must communicate all of the information and do all of the training that is necessary in about 16 hours a month, and therefore there is a phenomenal challenge for these commanders to inform and educate the men and women of their force.

I can also tell you that there is a great deal of rumor that in many instances is difficult to get in front of. I listened to a number of questions of you and your colleagues concerning airline pilots and their concerns that the Lieutenant Colonel was referencing. And I recently had an opportunity to talk to flight surgeons who work for the Airline Pilots Association who told me that they were receiving so many calls from members of the Guard and Reserve who were pilots working for the airlines inquiring about anthrax that they ultimately developed their own webpage which they could refer airline pilots to gather this information. That webpage is called Virtual Flight Surgeons, and it is located at www.aviationmedicine.com/anthrax.htm.

And you may be interested to know that in that webpage they have a section that says for those pilots whose concerns are not addressed in this section or other parts of this page, contact VSS through our anonymous confidential encrypted questionnaire and we will attempt to verify any responses from primary sources before responding to inquiries. Then they talk about rumors. Rumor one, the FAA will revoke my medical certificate if I receive the anthrax vaccine. False. Dr. Warren Silberman, manager of the FAA Aeromedical Certification Division, confirms that receiving the anthrax vaccine does not affect a pilot's medical certificate.

Rumor two, this airline will not hire me or will terminate me if I take the anthrax vaccine. False. VSS physicians contacted those airlines having full-time medical director positions, medical consultants retained by the airlines, aeromedical pilot representatives, et cetera. Each airline medical director or consultant confirmed that receipt of the anthrax vaccine has no effect on hiring, retention, policies or decisions.

Rumor three, my medical insurance carriers will drop coverage for conditions resulting from the anthrax vaccine. False, probably. Medical insurance carriers are required by law to provide coverage for non-preexisting conditions arising from legitimate treatment.

The anthrax vaccine is FDA-approved for human use. Rumor four, my company will not authorize paid sick leave or disability if I have complications from the anthrax vaccine. False. Corporate medical directors contacted by VSS indicated that any legitimate medical condition that interferes with safe flying or medical certification is covered for sick leave.

Mr. Chairman, these are just a few examples of some of the information that is flowing out there that presents this substantial challenge to the leadership of the Guard and Reserve in communicating effectively with their membership with reliable, factual information concerning this program, concerning the nature of the threat, and concerning the safety and efficacy of the vaccine that the man and women of this force are being inoculated with. With that, Mr. Chairman, on behalf of myself and my colleagues I will conclude my opening statement, and we look forward to being able to respond to your questions.

[The prepared statement of Mr. Cragin follows:]

Protecting the Total Force Against Anthrax

Statement by

Charles L. Cragin

Principal Deputy Assistant Secretary of Defense for Reserve Affairs

To

Subcommittee on National Security, Veterans Affairs,

and International Relations

Committee on Government Reform

U.S. House of Representatives

September 29, 1999

Mr. Chairman, distinguished members of the Committee.

I welcome the opportunity to be here today to discuss the Department of Defense's efforts to protect the Total Force, and in particular the members of our Reserve components, against the very real and growing threat of weaponized anthrax. This vital force protection issue deserves your full attention, careful deliberation and continuing support.

My statement begins with a brief overview of the rationale behind the Department's decision to implement the Anthrax Vaccine Immunization Program (AVIP). It then addresses the impact of the AVIP on the recruiting, retention, readiness and morale of our National Guard and Reserve forces; the criteria used to select Reserve component (RC) units for enrollment in the AVIP; and the factors considered in setting definitive dates for RC units to begin inoculations. In addition, this statement discusses the operation of the AVIP tracking system; the accuracy of the Defense Eligibility and Enrollment Reporting System (DEERS) data; and the extent of enrolled RC compliance with the FDA-approved immunization regimen.

Why We Are Protecting the Total Force against Anthrax

The Gulf War and the recent air campaign over Kosovo were both prime illustrations of the awesome technological and military superiority of our armed forces. However, these advantages may also prove to be our greatest weaknesses, prompting future adversaries to strike with asymmetrical or non-conventional means, which may include chemical or biological weapons.

Today, at least 10 countries, including Iraq and North Korea, now have—or are attempting to acquire or produce—these deadly, insidious weapons. When it comes to germ warfare, anthrax remains the weapon of choice. In the words of Secretary of Defense William S. Cohen, anthrax "is very easy to weaponize and almost always deadly."

In an effort to protect our military personnel from the anthrax threat, the Department of Defense has begun immunizing the Total Force with the anthrax vaccine. Over the next seven years, 1.4 million active duty personnel and some 900,000 members of the Selected Reserve will be immunized.

For those who inhale anthrax but have not been vaccinated, death is the ultimate and predictable outcome. For the unvaccinated, the onset of clinical symptoms means that most will die, despite the most heroic, state of the art, post-exposure medical intervention and treatment. But much of this death can be prevented by vaccination—in fact, the anthrax vaccine provides our men and women in uniform with their best chance of survival.

The anthrax vaccine is as safe as most common vaccines. It has had an excellent safety record since it was first licensed and approved by the Food and Drug Administration (FDA) in 1970. In fact, before Secretary Cohen authorized the use of a single dose, he ordered supplemental testing of the vaccine, further ensuring the vaccine's safety.

I have taken four in the series of six anthrax shots as required by the FDA for best protection. Secretary Cohen, General Henry H. Shelton, the Chairman of the Joint Chiefs of Staff, and numerous other senior military and civilian leaders, including the Chiefs of all the Reserve components, have done the same, and they too are on their way to being protected against this threat.

The anthrax vaccination protection program was unanimously recommended by the Chairman and the Joint Chiefs of Staff. Vaccination is a requirement for all service members and must remain so—voluntary participation is not an option, for it would result in having only part of our force protected and would open the way for uncertainty and unacceptable risk in battle. When our personnel go into battle, they need to know that all, and not merely some, of those who serve with them have full protection from weaponized anthrax. A voluntary program would mean a less well protected force, which would create unnecessary vulnerabilities for our troops, endanger mission accomplishment, and impact the overall combat effectiveness of our personnel.

What we are doing today is no different from what we have always tried to do: we are taking prudent measures to protect the Total Force. We routinely vaccinate military personnel against many diseases, including tetanus, diphtheria, influenza, hepatitis A, measles, mumps, rubella, polio, and yellow fever. Like the anthrax vaccine, the vaccinations for these diseases are FDA-approved and effective. The anthrax vaccine will protect our men and women in uniform from yet another disease—a disease that will kill, a disease that can be used as a weapon.

If we were to deny our military personnel protection from anthrax, we would be denying them the protection they need to undertake the critical missions they are called upon to perform. Just as we would not deny them helmets and flack jackets, we cannot send them into battle without protection from anthrax. In short, we have an obligation to give our personnel the best protection available from all anticipated threats—anthrax is one of those threats; and the vaccine offers safe and effective protection.

Our men and women in uniform, their families, the American public and the Congress rightly expect the Department of Defense to meet the highest standards of force health protection and ensure that those who defend our nation are equipped to meet the threats that they may face on the battlefield. Failing to provide our personnel with protection against anthrax would be the equivalent of failing to fulfill our solemnly sworn duty to protect them on the battlefield. We have no alternative other than to proceed with this program—it is the right thing to do, and we have a moral obligation to see it through.

Recruiting, Retention, Readiness and Morale

Mr. Chairman, we view the recruiting, retention, readiness and morale of our service members, both active and reserve, as paramount to the viability and sustainability of our military forces. Our personnel are our most precious resource. Throughout the military services and across the nation, we are working tirelessly to recruit our nation's best and brightest and retain them in the service of their country.

Over the past weeks and months, I have had many conversations with the Chiefs of the Reserve components to discuss the impact that the anthrax protection program is having on our forces. In addition, I travel nearly every weekend, around the world and here at home, to visit with National Guard and Reserve personnel—and anthrax protection has been a topic in our discussions. Let me give you a sense of what our personnel and their leaders are telling me.

First and foremost, we must be aware that, except in a very small number of cases, the anthrax vaccination program is not the determining factor behind a member's decision to withdraw from military service. However, we must also acknowledge that, in some cases, concern about the program can, has been and will continue to be a factor in the decision of some service members to leave the force.

Reservists decide to leave military service for many reasons, including pressures or demands related to their civilian jobs or employers; the recent high optempo that all of our personnel have had to endure in the aftermath of the Cold War, and the resulting strains on family relationships; service-related illnesses or injuries; and the fact that some people may simply no longer find military service rewarding or challenging. To these very disparate factors we must also add the tremendous impact of today's booming economy and the temptations, both monetary and professional, which may draw our people away from continued military service and into the civilian sector.

These combined forces, rather than the prospect of anthrax vaccination, help explain why we continue to face challenges in the recruiting and retention realms. We should not look to a single-factor explanation, such as concern about anthrax vaccinations, to account for the decline in recruiting and retention that has generally characterized the Total Force in recent years. According to the Chiefs of the Reserve components, recent recruiting and retention trends do not show any substantial increase or decrease attributable to the anthrax vaccination program. And although the military recruiting market has posed significant challenges to all Services, both active and reserve, in the past few years, we currently see no appreciable impact as a result of implementation of the anthrax vaccination program.

As for the readiness of our Reserve components, we have not seen a sufficient number of refusals, or departure of personnel, attributable to concern over the anthrax vaccine that would degrade, impair or compromise mission capability or operational readiness. As a matter of fact, in the past few days, I have spoken personally with the commanding officers of many of the units that have been experiencing personnel challenges regarding anthrax, and each of them has assured me unequivocally that their units remain fully mission capable and ready for service.

Despite the current negligible impact of the anthrax protection program on readiness, the Department of Defense continues to monitor the situation carefully and constantly. If or when anthrax vaccinations are cited by a service member as a reason for leaving or seeking reassignment, or if they indicate their intent

to refuse the shot, reserve commanders in the field make conscientious efforts to educate and inform their personnel about the nature and purpose of the protection program. The commander's goal is to help their personnel fully understand and appreciate the nature of the threat and the necessity of vaccination. Some commanders provide education and counseling over a 3 month period to ensure relevant information is presented in a non-confrontational manner, allowing time for reluctant members to make a reasoned decision concerning their participation. These efforts are being undertaken within a very challenging administrative framework, especially in light of the fact that most commanders can plan on only sixteen hours a month (or one drill weekend) in which to formally communicate with their personnel.

Admittedly, the Department's efforts to inform and educate reserve personnel about the anthrax protection program were not initially as robust as they should have been. That matter is now being addressed and, towards that end, we are working hard to better educate our service members about the nature of the anthrax threat and provide them with credible and convincing information about the vaccine's safety and efficacy. Increasingly, as the anthrax protection effort matures, we are reaching out to service members well before their initial vaccination and providing a range of educational and information tools. We are also communicating directly with them, both shortly before and at the time of vaccination. Our communication effort is becoming increasingly broad in scope, sophisticated in its approach and flexible in terms of its implementation. We are endeavoring to be more responsive to the needs of individual units and components; and our efforts regularly include commanders' calls, briefings, brochures, videos, the Internet, and a toll-free "877" phone line to answer questions and address concerns.

As I have said, the anthrax vaccine is safe, effective and FDA-approved. To further support these facts, we are making our personnel aware of independent assessments. We are providing them with information from the Food and Drug Administration, the Centers for Disease Control, the Institute of Medicine, the Presidential Advisory Committee on Gulf War Illnesses, and the Airline Pilots Association, among others. More independent assessments will be forthcoming.

To provide our reserve service members with additional assurance, Dr. Sue Bailey (Assistant Secretary of Defense for Health Affairs) and I have disseminated a policy which ensures that we take care of our people if they have any vaccine-related health problems. The memorandum reinforces existing policy and directs commanders of medical treatment facilities (MTF) to provide full access to reserve component personnel at Department of Defense MTFs for evaluation and treatment of adverse events potentially related to any DoD-directed immunizations, to include anthrax. Reserve service members can also refer to their own physicians if they choose. We plan to develop additional educational information to help civilian physicians who may be unfamiliar with the vaccine. The bottom line is that if there is a vaccine-related health problem, we are committed to taking care of the service member and have made extensive provisions to provide the necessary and appropriate medical support.

Our efforts to nurture and sustain Total Force awareness about the safety and efficacy of the anthrax protection program are now being combined with ongoing measures to enhance command emphasis, provide thorough and comprehensive medical support, and furnish independent assessments to our personnel. Our objective is to address, credibly and convincingly, the concerns of reservists as we move forward in protecting them from the threat of weaponized anthrax. And despite the media attention and scrutiny that this issue sometimes receives, I can say to you with complete confidence that, overall, the program has not significantly affected the readiness and morale of our reserve forces. Nor has it had a significant impact on our ability to recruit and retain personnel in the Reserve components.

While it is true that some service members have concerns about the anthrax protection program, we are working tirelessly to alleviate those concerns through an intensive educational and leadership outreach effort. The vast majority of our personnel currently requiring vaccination have taken the anthrax shots. Many have done so because they realize that the anthrax vaccine is the best option and the right choice for protecting our forces from a valid threat. Within this context, we have not been able to convince everyone about the wisdom and necessity of this course of action and, as a result, we have lost some

valuable people. We may lose more in the future. Although that would be regrettable, it would not be nearly as tragic as the losses we would incur in the event of an anthrax attack against unvaccinated personnel.

Criteria Used to Select RC Units for Enrollment in AVIP

All military personnel are not being immunized immediately, due largely to limited production capabilities and stockpiles. Initial immunization is a priority for personnel deploying to the Korean peninsula or Southwest Asia (SWA), which includes Kuwait, Saudi Arabia, Bahrain, Jordan, Qatar, Oman, United Arab Emirates, Yemen, and Israel. Second priority goes to those who are on mobility status and who have the potential to deploy early to high-threat areas. The lowest priority—and, consequently, the last to begin the immunization program—will be the remainder of our personnel. Reserve forces are included in all three groups.

Accordingly, the Department's anthrax effort has three phases:

- Phase I. Forces assigned or rotating to high threat areas of SWA and the Korean peninsula

  (Accelerated phase began March 1998)

- Phase II. Early deploying forces (C to C+35) into high threat areas of SWA and the Korean peninsula

  (Projected start of 2nd quarter of FY 2000)

- Phase III. Remainder of Total Force, accessions, and program sustainment

  (Projected start of 2003)

Selected Reserve units and individuals will be scheduled for vaccination based on where they fit into these three phases. For example, National Guard or Reserve personnel who are deployed or are expected to delpoy early to Southwest Asia or the Korean peninsula are in Phase I, and would begin their shots before deploying. This includes many Air National Guard and Air Force Reserve pilots and air crews who are rotating in and out of high threat areas. The majority of Selected Reserve units will be vaccinated in Phase III, beginning in 2003.

As part of this process of phased immunization, on March 30, 1999, the Department announced the implementation of the "One Day Policy," which states that all Service members and DoD emergency essential civilians and contractors deploying to a high-threat area for any period of time, even one day, must initiate the anthrax vaccination regimen. Ideally, personnel should at least receive the first three vaccinations in the series before deploying.

As a result largely of the One Day Policy, more than 27,000 Selected Reserve component personnel in nearly all of the 54 states and territories have already begun anthrax vaccinations (see chart below). Overall, nearly 340,000 men and women in uniform have received over 1.1 million shots.

Reserve Component Vaccinations (As of September 24, 1999)

Reserve Component	Total Individuals (At Least 1 Vaccination)	SELRES End Strength (July 1999)
Army SELRES	2,388	202,126
Army Guard SELRES	2,824	356,438
Navy SELRES	1,981	90,842
Air Force SELRES	8,781	71,033
Air Guard SELRES	10,486	105,866
Marines SELRES	710	40,583
Coast Guard SELRES	16	8,151
Total	27,186	875,039

Tracking and Reporting Anthrax Inoculations

Anthrax vaccination data for the Total Force can be found in the Defense Enrollment Eligibility Reporting System (DEERS), which serves as the Department's master repository for such information. Let me take a moment to lay out the process by which vaccinations are tracked, and what is being done to streamline and improve that process.

We currently have a "triple-redundancy" system that records vaccinations in three key places – "yellow" shot cards carried by individual personnel; individual medical records used by health care providers; and automated data systems for commanders. Each service maintains its own tracking system (MEDPROS for Army; SAMS for Navy, Marines and Coast Guard; RSTARS for Naval Reserve; and MITS for Air Force)* —each of which feeds into DEERS. If information is not entered properly or in a timely fashion, the accuracy of tracking data contained within DEERS can be impacted. As a result of data entry errors and the time lag in getting data transmitted, DEERS data slightly lags behind the Service systems that supply data to DEERS. Nevertheless, I can report with confidence that the tracking systems used by individual services are more current and complete than DEERS, and they continue to provide commanders with the information they need to track vaccinations.

In an effort to address the challenge of ensuring that service-specific tracking data is accurately reflected in DEERS, we are in the process of merging all service-specific systems into one comprehensive, streamlined and easy-to-use automated system. This merger entails a tremendous amount of work and a significant amount of time, but the payoffs in force health protection tracking will be profound and long-lasting.

Our interim tracking systems are functioning much more proficiently than in the past, but the new comprehensive system will help us perform even better. This common system will feed data directly into DEERS, be available to any unit with access to the Internet, be easy to use, and support the commander's tracking of the personnel in his unit who need shots.

Although DEERS currently (and consistently) indicates significant shortfalls in our efforts to meet vaccination timelines, closer analysis of overdue shot tracking data reveals a more complex picture. The Reserve components actually fall within the 70 to 90 percent range with regard to shots being administered within 30 days of the due date. Most of the "overdues" are the result of tardiness in reporting, rather than lack of timeliness of vaccination. A case in point is the Connecticut Air National Guard. Though the data shows it to be in excess of 90 percent overdue, only five percent of the state's Air Guard personnel are actually overdue for shots. The discrepancy is primarily due to data recording

and transmission problems.

Though we are working hard to ensure the timeliness of vaccinations and are doing far better than in the past, we have not consistently met our own stringent standards. We are working aggressively to bring all the Reserve components up to the 90 percent standard. Throughout the entire force, both active and reserve, we are improving the timeliness of vaccinations and their reporting through a concerted effort by commanders at the national, state and unit level. We have analyzed why the "overdues" are as high as they are. We have sorted out "data reporting" issues from "shots in arms" issues. And we have launched aggressive efforts to address both sets of issues. In short, we are working assiduously to resolve the outstanding challenges, and the Reserve Chiefs and I assure you that this situation will continue to improve.

RC Compliance with the FDA-Approved Protocol

The anthrax vaccine has a stringent FDA-approved shot protocol, which presents unique challenges to the Reserve components. While active duty personnel are available for vaccination virtually any day throughout the year, the availability of reservists varies throughout the month. Coupling that with the availability of medical personnel makes strict compliance with the FDA-approved protocol a very demanding challenge for our service members and commanders alike. In addition, many reserve units are very small, located in isolated communities, and less likely to have computers and other equipment that are compatible with the automated tracking systems. Small units may also have limited or no refrigerated storage for the anthrax vaccine. Many units, especially those in the Army National Guard and Army Reserve, do not have medical resources embedded within their organizations. These create tremendous challenges with regard to our efforts to comply with the FDA-approved protocol for the vaccine.

Although these challenges are not easily surmounted, we intend to do just that and conform to the protocol. Towards that end, we have negotiated contracts with non-military health agencies, the Department of Veterans Affairs, and Federal Occupational Health organizations to provide shots to Army National Guard and Army Reserve units. As I mentioned earlier, we have also ensured that the Department's military treatment facilities provide evaluation and care when a reservist has a vaccine-related health concern. In addition, we are assisting small units in finding ways to handle vaccine storage, and we are ensuring that even the most isolated units can have their shots recorded and tracked on a timely and accurate basis. We are arranging alternative times (which fall within the approved protocol) and, in some cases, alternative sites for reservists to get their shots. We are committed to meeting the FDA-approved protocol for shots, and we intend to fulfill that commitment.

Conclusion

In many respects, the future of Total Force health protection depends upon how well we implement the anthrax vaccination program. This program will set the tone and tenor of future efforts—efforts that will very likely need to be undertaken repeatedly in the next millennium, as our adversaries seek new and more effective ways to counter our military and strategic superiority. Faced with our awesome technological prowess and the skill and determination of our personnel, future adversaries may look to other forms of attack. The lethality and accessibility of anthrax may very well prove highly tempting as a means of moderating or neutralizing our forces in the field.

As a result, the Department of Defense has made a leadership commitment to provide our personnel with all the means at our disposal to protect them from any known threats. The anthrax threat is real and growing; and the vaccine offers safe and effective protection. In recent months, and in direct response to many of the challenges that I have discussed here today, the Department of Defense has re-engineered its methods for providing force health protection. This has required a high level of commitment from the Department's senior military and civilian leadership.

We have made substantial improvements in educating our personnel and their families. We have imposed quality controls that vigorously track the flow of the vaccine, from production to vaccination. We have upgraded the level of medical support and information for those with vaccine-related concerns. Most importantly, we have made this a "commanders" program, one in which leaders of the Total Force, from service chiefs on down to the unit level, have direct responsibility and accountability for ensuring that this new force health protection initiative is implemented in a timely and responsible manner.

Mr. Chairman, we are strongly committed to reducing the threat to our forces posed by weaponized anthrax. We intend to meet that threat by providing our personnel with a safe, effective and FDA-approved vaccine.

It is imperative that we continue to meet our responsibilities—to our service members, to the nation and to the Congress—within the realm of force health protection. We have a moral obligation in this regard, and we would be derelict in our duty if we were to decide not to protect our forces from anthrax. Failure to implement this protection program could have profound consequences: sending our men and women in uniform into battle unprotected could result in unacceptable (and preventable) losses and prompt the outrage of the nation.

Thank you very much.

[Home]

Mr. SHAYS. Thank you. I am going to recognize Mr. Burton for questions first but I am just going to point out the significant challenge that you have given us. You basically say that there is not a morale problem and that it is overstated and that you don't see any significant differences between what happened in the past with the Reserves and the National Guard in terms of reenlistment and what exists now. But then in your written statement you say you recently spoke with the commanding officers of many of the units that have been experiencing personnel challenges regarding anthrax. The word many is significant and the number of units.

The bottom line is there are a lot of units that you are not going to be dealing with because they don't have the program yet. And then you tell me that it is not a big deal and yet you then tell me that in dealing with the Federal Aviation Agency they are getting a plethora of concerns. And so I feel like you want it both ways. And so when I come to asking my questions, I can't reconcile the differences of your statements and then other things that you say.

Mr. CRAGIN. I will try to work with you on that, Mr. Chairman.

Mr. SHAYS. OK. I appreciate that. Mr. Burton, you have the floor as long as you want.

Mr. BURTON [presiding]. Thank you very much, Mr. Chairman. Is it common practice for the military to assume product liability responsibilities for a manufacturer of things like the anthrax vaccine?

Mr. CRAGIN. Mr. Chairman, I understand that with respect to the indemnification letter that was provided to the manufacturer that was considered by legal counsel to be normal in the course of business practices, yes.

Mr. BURTON. So you are holding them harmless in case something goes wrong?

Mr. CRAGIN. I believe it was with respect to certain litigation activities, yes.

Mr. BURTON. What if we have some people that are injured as a result of the anthrax vaccine, who is responsible for taking care of them? Is it the military and the American taxpayer?

Mr. CRAGIN. Yes, sir, it is.

Mr. BURTON. So you are holding the company harmless in effect?

Mr. CRAGIN. I don't have the indemnification letter in front of me, Mr. Burton. I would like to put it in the record and respond to that for the record if you wouldn't mind.

[The information referred to follows:]

OFFICE OF THE ASSISTANT SECRETARY OF DEFENSE
1500 DEFENSE PENTAGON
WASHINGTON, DC 20301-1500

RESERVE AFFAIRS

2 NOV 1999

Honorable Christopher Shays
Chairman, Subcommittee on National Security,
Veterans Affairs, and International Relations
Committee on Government Reform
House of Representatives
Washington, DC 20515

Dear Mr. Chairman:

Thank you for the October 26, 1999, letter from your Subcommittee regarding Department of Defense indemnification of the anthrax vaccine manufacturer.

In order to provide a complete response, I have enclosed the following information:

1. A copy of the indemnification letter concerning BioPort.
2. With respect to Representative Burton's questions on indemnification, the answers provided by the Office of the Under Secretary for Acquisition and Technology are enclosed.

Again, thank you for your interest in the Department's anthrax effort. We will continue our efforts to ensure that the anthrax protection effort incorporates the lessons learned from past deployments and our troops are successfully protected against the anthrax threat.

Sincerely,

Charles L. Cragin
Principal Deputy Assistant Secretary

Enclosures:
As stated

SECRETARY OF THE ARMY
WASHINGTON
September 3, 1998

MEMORANDUM OF DECISION

SUBJECT: Authority Under Public Law 85-804 to Include an Indemnification Clause in Contract DAMD17-91-C-1139 with Michigan Biologic Products Institute

Michigan Biologic Products Institute (MBPI), a temporary agency of the State of Michigan, has requested that the Department of the Army include an indemnification clause under Public Law 85-804 (50 U.S.C. 1431-1435) for Anthrax Vaccine Adsorbed (AVA) produced under Contract DAMD17-91-C-1139 with the U.S. Army Medical Research Acquisition Activity (USAMRAA).

The contract is a firm-fixed price effort for AVA production with insurance and facility renovations being provided on a cost reimbursement basis. At present, MBPI is storing over six million doses of AVA at their Lansing, Michigan facility. This vaccine has been accepted by the Government with storage costs identified as a part of the firm-fixed price. MBPI is also responsible under separate contract for the security, testing, labeling and shipping of the Government Material, as required.

The obligation assumed by MBPI under this contract involves unusually hazardous risks associated with the potential for adverse reactions in some recipients and the possibility that the desired immunological effect will not be obtained by all recipients. Although AVA has been extensively tested under the auspices of the Food and Drug Administration, the size of the proposed vaccination program may reveal unforewarned idiosyncratic adverse reactions. Moreover, there is no way to be certain that the pathogen used in tests measuring vaccine efficacy will be sufficiently similar to the pathogen that U.S. forces might encounter to confer immunity. These concerns, coupled with the uncertain and evolving state of product liability law with regard to vaccines, lead me to the conclusion that the performance of this contract will subject MBPI to certain unusually hazardous risks.

The definition of the unusually hazardous risks to which the contract indemnification clause will apply is as follows:

"The risk of adverse reactions, or the failure to confer immunity against anthrax, from the administration to any person of the vaccine

manufactured or delivered under this contract. For the purpose of this clause, the phrase "adverse reactions" includes anaphylaxis and any other foreseeable reactions, as well as any unforeseen reactions."

I have considered the availability, cost, and terms of private insurance to cover these risks, as well as the viability of self-insurance, and have concluded that adequate insurance to cover these unusually hazardous risks is not available to the contractor at a reasonable cost. While limited "claims-made" insurance is available to the contractor, the terms and conditions of the insurance are not deemed to be practicable. On the basis of this review, I find that the use of an indemnification clause in this contract will facilitate the national defense.

In view of the foregoing and pursuant to the authority vested in me by Public Law 85-804 (50 U.S.C. 1431-1435) and Executive Order 10789, as amended, I hereby authorize USAMRAA to include the indemnification clause set forth at FAR Subpart 52.250-1, together with Alternate I, in Contract No. DAMD17-91-C-1139, provided the contract defines unusually hazardous risks precisely as set forth above.

Should it prove necessary in implementing this Memorandum of Decision to incorporate language into the contract to clarify terms found in the indemnification clause, the contracting officer shall not include any such clarifying language without the prior review and approval of the Office of the Assistant Secretary of the Army (Research, Development and Acquisition).

It is not possible to determine the actual or estimated cost to the Government as the result of the use of this indemnification clause, inasmuch as the liability of the Government, if any, will depend upon the occurrence of an incident in the definition of unusually hazardous risks.

The contractual documents executed pursuant to this authorization shall comply with the requirements of FAR Subparts 28.3 and 50.4 as implemented by the Department of Defense and the Department of the Army. This Memorandum

of Decision shall be incorporated in its entirety into Contract No. DAMD17-91-C-1139, and shall specifically cross reference FAR 52.250-1. The contracting officer shall not require, and the Army shall not reimburse the contractor for the cost of insurance coverage applicable to the unusually hazardous risks and in excess of the minimum required by FAR Subpart 28.3.

Louis Caldera

Response to Questions from Government Reform Subcommittee on Anthrax Vaccine Indemnification:

Q: "So you are holding them harmless in case something goes wrong?" "What if we have some people that are injured as a result of the anthrax vaccine, who is responsible for taking care of them? Is it the military and the American taxpayer?" "So you are holding the company harmless in effect?"

A: BioPort is indemnified against legal claims that arise in the event that an individual has an adverse reaction to the vaccine or in the event that the vaccinations fail to confer immunity. Anthrax Vaccine Adsorbed (AVA) has been extensively tested under the auspices of the Food and Drug Administration, however the size of the vaccination program may reveal unforewarned idiosyncratic adverse reactions. Additionally, while there is no way of knowing with absolute certainty that the pathogen used in measuring AVA efficacy will be sufficiently similar to the pathogen that US forces might encounter to confer immunity, the Department believes that the vaccine is effective against all the strains of anthrax of which we are aware.

As with any vaccine, the possibility exists that a severe adverse reaction may occur. There is no way of predicting if such an event will occur although everything is being done to reduce the risk. Additionally, administration of the vaccine may not result in the desired protective immune response in a very small percentage of those vaccinated.

The indemnification of the AVA contractor was accomplished in accordance with Public Law (P.L.) 85-804 and Executive Order (E.O.) 10789. P.L. 85-804 was passed, and E.O. 10789 was signed, in 1958 as part of the reenactment of Title II of the War Powers Act of 1941. P.L. 85-804 and E.O. 10789 allow for indemnification of contractors performing defense contracts that meet specific criteria. The authority to indemnify defense contractors in certain circumstances was granted because both Government and industry were concerned about the possibility of liability and risks for which insurance coverage was unavailable at a reasonable price in the commercial marketplace. Under the authority of P.L. 85-804 and E.O. 10789, indemnification may be appropriate when a contractor is exposed to risks which are unusually hazardous or nuclear in nature and for which insurance coverage is not available at a reasonable cost. If these circumstances exist, indemnification may be granted if it is determined to facilitate the national defense. The indemnification agreement with the AVA contractor is not unusual; the Army currently has agreements to indemnify contractors engaged in such activities as: producing ammunition and explosives at Army ammunition plants, demilitarizing lethal chemical agents and munitions, producing vaccines to protect against identified biological warfare threats, etc.

The use of the indemnification clause under the authority of Public Law 85-804 was carefully considered and was deemed to be in the best interest of the government to ensure the availability of AVA. The use of an indemnification clause for the AVA contract will facilitate the national defense because without it we will be unable to provide the vaccine needed to protect our service members from this deadly disease.

Commercial insurance to cover the unusually hazardous risks covered by this indemnification was determined not to be practicable because of the limitations of commercial insurance available and the uncertain and evolving state of product liability law with regard to vaccines. Congress previously acknowledged the problem of indemnification for vaccine production when it passed the National Childhood Vaccine Injury Act (NCVIA) of 1986, which mandated the establishment of a program to limit the liability of childhood vaccine producers and to compensate individuals injured by administration of childhood vaccines. The NCVIA was precipitated by the withdrawal of a number of pharmaceutical houses from the activity of producing vaccines due to liability issues and the impracticality of obtaining commercial insurance.

Mr. BURTON. I wish you would check that out for me and respond for the record. I would really appreciate it. One of the things that was of concern to me is an article that was written about this company. It says that there is a Federal probe going on right now and that on the heels of the Pentagon announcing it, it doubled the sole source contract to purchase the vaccine from $25.7 million to almost $50 million in an effort to stabilize the financially troubled company.

Under the new contract Bioport will provide about 2.3 million fewer doses and is going to get double the money but 2.3 million fewer doses than previously requested for a total of about $5.3 million. The Pentagon says the expected delivery still will be enough to administer the vaccine to all those who need it. Why are we doubling the amount of money that was previously agreed to?

Mr. CRAGIN. Mr. Chairman, I can try to answer your questions. It is not——

Mr. BURTON. You don't have to answer. You can just submit it for the record.

Mr. CRAGIN. Let me submit it for the record and also point out the principal deputy for acquisition and technology that is primarily responsible for the acquisition program will be one of the witnesses tomorrow before the House Armed Services Committee dealing with the issues of acquisition of the vaccine but I would be happy to provide for the record the response to your inquiry, sir.

Mr. BURTON. Well, the Defense Department has advanced $18.7 million to Bioport. Bioport owes the State of Michigan $8.7 million that has to be paid by September 4 and there is going to be a State investigation up there. And the former chairman of the Joint Chiefs of Staff is the major owner, I guess, of this company and that is of some concern to some of us because we are mandating that everybody get this anthrax vaccine, and Admiral Crowe, is the principal behind the company. And we are giving them all kinds of financial breaks and I think that is something that we need to look into very, very thoroughly because there may be more to this than meets the eye and I want to make sure that we are not overlooking anything.

Let me get back to the issue at hand. You say there is no problem with the military. You may have heard this earlier in my questioning. At Travis Air Force Base 32 pilots in the 301st Air Lift Squadron have resigned or are planning to resign because of the vaccine. Now that is more than a 50 percent attrition rate. The Air Force estimates it costs $6 million to train a pilot and if that holds true you are going to lose $190 million worth of training and over 450 years of combined experience in that area. What about that?

Mr. CRAGIN. Chairman Burton, initially, and I get the anecdotal information as well as looking at the data, a number of people will express opinions as to intentions about leaving the Guard and Reserve. And as I say, we have an attrition process that is about 18 to 20 percent every year. All of these people may come and go freely. There is no obligated service and there are many reasons why people do that.

Mr. BURTON. Well, this is more than 50 percent.

Mr. CRAGIN. Well, they had not left, sir. I mean what you have is apparently an anecdotal report of a number of individuals who

have expressed an opinion. I can't validate each and every expression of opinion on any given day. I can only tell you what their commanders tell me. I can only tell you what the data reflects, and I can tell you that the men and women of the force leave for many reasons on many occasions.

Mr. BURTON. Let me just interrupt and just tell you this. When I was a private in the Army when a second lieutenant walked by I used to get the shakes and I was very concerned about what I said to him. I think most people in the military will show deference to somebody from the Pentagon when they come around and start asking questions. And you may or may not get the straight facts and if you want to believe everything that you hear then possibly you can and you can come before this committee and say those are all factual. But the fact of the matter is you do have a morale problem and you do have an attrition problem. And we have military ships and planes that are going wanting, and it does concern me.

Now let us go to what the Baltimore Sun wrote just recently. It said that 25 F–16 pilots of the 35, 25 out of 35 pilots, in the 122nd Fighter Wing of the Indiana National Guard are refusing the vaccination. Now that is accurate, is it?

Mr. CRAGIN. I don't believe that is accurate. I have listened to the Lieutenant Colonel. We have talked to the commander. We do not believe that is accurate. And when the inoculation occurs, we do not believe that that will be the number. Chairman Burton, I have got to tell you, and I was the equivalent of a private back in 1961 and I quivered in my boots when that lieutenant walked by as well. This force does not quiver in its boots. I am out there and a lot of other people are out there and they will tell you exactly what they are thinking.

Mr. BURTON. I was just informed by the gentleman who represents that area, Congressman Souder, that they didn't voluntarily take it and the reason they didn't voluntarily take it is because they are very apprehensive about it. So, you know, they are patriotic Americans but they are very concerned about this and some of them probably will leave because of it. And then it says at Dover, DE 21 in 57 pilots are leaving the squadron. That is more than $100 million walking out the door. And when pilots do leave there is not much concern about the cost factor to add another pilot. What they are telling you is don't let the door hit you in the rearend.

Mr. CRAGIN. I personally talked to the commander of the Dover squadron——

Mr. BURTON. And that is not true either.

Mr. CRAGIN. He told me, sir, that if pilots were leaving more of them were leaving in frustration because of the weapons system than were leaving because of anthrax inoculation, that the C–5 aircraft were not operational a substantial percentage of the time, that these men and women would give up their off-duty days from their civilian jobs and come in and be prepared to fly and fly the missions and not have the opportunity.

I have Major General Weaver with me who talks to his commanders, Chairman Burton, on a regular basis and perhaps he would like to make an observation.

Mr. BURTON. Well, let me go forward with the rest of these questions and then he can answer if he would like. From 1996 to 1998 the Air Force lost 369 pilots in that 2½ to 3-year period. It is estimated this year that it could reach as many as 340 in 1 year when the paperwork is processed in mid-September. Many tracking the numbers have remained mute because of what happened to Deborah J. Eagen, an Air Force pediatric nurse, who in a letter to the military newspapers, Stars and Stripes, raised concerns about the vaccine side effects, and so forth. Is that also a figment of someone's imagination, sir?

Mr. CRAGIN. Would you—I am going to ask General Weaver. I have his facts and figures in front of me, Mr. Chairman, but I would prefer to have you hear from General Weaver since I am looking at his attrition numbers for the last 5 years.

General WEAVER. Mr. Chairman, in the Air National Guard we have 3,920 pilots authorized. We are a third of the combat pilots of the U.S. Air Force, of which we have 3,735 assigned. Our attrition average is about approximately 330 to 350 pilots a year. Now when I say attrit, they will either join the Air Force Reserve because of a move or the location of their airline job or join another Reserve component or be retiring. This is the year that we have the best retention rate of all of our Air National Guard pilots in the previous 5 years.

Our retention rate, and we are the busiest Reserve component force of all the Reserve component forces; in fact 75 percent of the Reserve component forces called up for Kosovo were Air National Guard men and women; we have the best retention rate in the Air National Guard of all services, over 90 percent. Talking personally, to all the ANG commanders to include the 122nd FW, there are challenges with explaining, and discussing, with all the members of their units on the anthrax issue. But when it really gets down to it, we have had 10,700 people inoculated for anthrax in the Air National Guard with one known refusal documented.

That is almost 10 percent of our force inoculated. Now there is a lot of anecdotal evidence out there about all of these pilots leaving the force when they are forced to do it. Well, we have already had 10,000 individuals voluntarily take the anthrax shot, some of which right now are in combat in Operation Northern Watch. So when I hear all of these other figures about these mass resignations and what not, they are simply just not there.

The pilots are saying to the commanders we want the information, we want accurate information. We have an extremely aggressive information program on not only the threat but the efficacy of this anthrax vaccine. And for one who is on his fifth shot for anthrax with a 5½ month old daughter, I would give it to her if I could. That is how much I believe in that shot and the requirement for that.

Mr. BURTON. You know, my granddaughter had a hepatitis—have you had a hepatitis B shot, General?

General WEAVER. Yes, I have. It is in my records.

Mr. BURTON. I am sure you have. She had a hepatitis B shot too. Six hours later she wasn't breathing. Are you sure you would want to give that to your daughter?

General WEAVER. Yes, I would. My daughter, my child.

Mr. BURTON. Well, you are a better man than I am. Let me ask you a couple questions about the testing of the anthrax virus. And I want to tell you I have received a lot of calls from people in the military myself in my office about the anthrax virus. Perhaps we are talking to different individuals. There is a misconnect here some place because you are out there talking to everybody and you are not getting any complaints. It sounds like everybody is happy. We had four people up here that aren't too happy.

General WEAVER. Sir, I am not saying they are not talking about it. They are talking about it. But we don't consider it a loss until the individual actually walks out the door.

Mr. BURTON. So if they are patriotic enough to take the shot even though they are very concerned about the risk then that doesn't count. Let me——

Mr. CRAGIN. Mr. Chairman, it counts enough that we know we need to do a better job of informing and educating our people.

Mr. BURTON. I don't have a lot of time. Let me go on to some of the other things here. There has been a number of studies. Critics say that some of these studies are flawed noting that the Fort Detrick study did not even support a control group. Dr. Meryl Nass, a member of the Physicians for Social Responsibility [PSR], and a physician at Parkview Hospital in Brunswick, ME says she doubts the vaccine will work. While a controlled trial that would subject humans to inhalation of anthrax is unethical scientists have forced monkeys and guinea pigs to inhale anthrax with contradictory results.

A Fort Detrick experiment using guinea pigs showed 9 of the 27 strains tested killed 50 percent of the vaccinated guinea pigs. In a second study, 26 of 33 strains killed half of the animals. Such studies prompted the Senate Veterans Affairs Committee in 1995 to declare the vaccine should be considered investigational when used as a protection against biological warfare. Nass also points to a series of studies suggesting that reaction rates are much higher than the Pentagon has led troops to believe.

A Korean study shows rates of all reactions from minor to severe were 40 percent in men and 70 percent in women. The ongoing Tripler Army Medical Center study of 600 service members resulted in 20 percent of vaccinated soldiers developing a systemic reaction after at least one of the first three injections. At Dover Air Force Base 20 to 25 pilots have been identified with symptoms similar to those present in people with the so-called Gulf war illness with 50 percent reduction in function. Are you familiar with those statistics?

Mr. CRAGIN. Colonel Gerber I think can answer your question.

Mr. BURTON. OK, Colonel.

Colonel GERBER. Yes, sir, I am familiar with them.

Mr. BURTON. Well, tell me about them. Are they accurate?

Colonel GERBER. Well, yes, sir, they are.

Mr. BURTON. What I just read was accurate?

Colonel GERBER. Well, some of it was, sir. I mean when you talked about the TAMC 600 study, the Hoffman study from Korea, that is correct. You have gotten all those reports off of our anthrax website.

Mr. BURTON. If the Korean study shows that rates of reactions from minor to severe were 40 percent in men and 70 percent in women, doesn't that bother anybody?

Colonel GERBER. Well, sir, these are all localized reaction from redness at the injectionsite which almost any immunization gives you to swelling of various degrees of centimeters from the point of injection. When we compared the rates of localized reaction at mild, moderate, severe and systemic rates the anthrax vaccination is very comparable to all of the other 15 to 18 vaccines that our service members receive for worldwide deployment. In fact, as Mr. Shays knows, at our last committee hearing, the anthrax vaccine shows less of a side effect than a Lyme vaccine placebo. So, no, sir, these rates don't disturb us and you will find them prominently published in our literature and website.

Mr. BURTON. What about at Dover Air Force Base 20 to 25 pilots have been identified with symptoms similar to those present in people with so-called Gulf war illness with 50 percent reduction in function, is that accurate, 50 percent reduction in function?

Colonel GERBER. No, I cannot verify that. I verify my adverse events. All of my adverse events worldwide are reported on a VAERS report and then submitted, 100 percent of them, to a national panel of non-military vaccine immunology experts, the same experts that evaluate——

Mr. BURTON. Let me tell you why I question the vaccine immunology experts. We had a scientist before my committee on the whole issue of vaccines and he told us about the DTP shot which every child is required to get and he says there is a 50 percent adverse reaction rate with that shot. That shot has been given for the past 20 years to kids and many kids have become autistic it is believed because of that shot and yet they are still giving it today even though there is an alternative shot that can be given with a DPT shot.

And so when these experts start talking about this sometimes I wonder if there is a vested interest and we are checking into that right now. But the fact is there was a 50 percent adverse reaction rate with 50 percent reduction in function in these people and you are telling me you don't know anything about that.

Colonel GERBER. Well, sir, as I was trying to tell you, we use these six panel members of national vaccine experts. Sir, that is the best we can do. They are the best experts in their field of immunology, vaccinology, neurology, internal medicine. It is about the best we can do. But every adverse event that is reported goes in front of this panel to assess where the event was actually a reaction caused by the vaccine or whether it was not caused by the vaccine.

In the vast majority of cases all of these adverse events reported through the VAERS system are temporal. They go away with time and they have little or nothing to do with the vaccine. Now, when you talk about the 25 cases at Dover, I don't have the data here. I will be glad to report back to you for the record on those but I can tell you that every member in the service worldwide that identifies themselves with an adverse event reports it through VAERS is vigorously followed up through the medical system and the clinical systems that gives it to them.

Mr. BURTON. Did you hear the question I asked about the Fort Detrick experiment using guinea pigs showed 9 of 27 strains tested killed 50 percent of the vaccinated guinea pigs, and in a second study 26 of the 33 strains tested killed half of the animals? Are you familiar with that?

Colonel DOUGHERTY. Mr. Chairman, I am aware of that study. Sir, I have read that study. I am not a vaccine expert but I have talked to vaccine experts about that study. I think there are some criticisms to be made of it. First of all, they don't follow the same protocol that we use. They don't challenge the experimental animal in the same way that humans get the disease. They didn't test for efficacy of the vaccine in the same way that we would with a better model for the human disease.

And, last, guinea pigs don't get anthrax in the same way that humans do. I think that those results are interesting but don't provide any conclusion about the coverage that the current vaccine provides.

Mr. BURTON. I have two more questions, Mr. Chairman. How many strains of anthrax are there?

Colonel DOUGHERTY. Sir, I am aware of at least 31.

Mr. BURTON. Does this vaccine cover all of them?

Colonel DOUGHERTY. This vaccine was designed in such a way that it provokes a response in the human body to a component of the organism that is required to produce disease. That is the logic for this vaccine.

Mr. BURTON. So what you are saying is it will protect the person that gets the vaccination against all 31?

Colonel DOUGHERTY. We believe that every isolate that you can come up with currently that has the so-called protective antigen as a part of the germ, it will provoke an antibody response to it. The protective antigen that is a part of that vaccine is a part of every strain that causes disease. If you don't have that antigen disease doesn't occur.

Mr. BURTON. So you are saying it will protect you against every one of those strains?

Colonel DOUGHERTY. Sir, it——

Mr. BURTON. I just want a yes or no. Will it protect you against all 31 strains?

Colonel DOUGHERTY. We believe it does.

Mr. BURTON. You believe it does. Thank you. Now let me ask you this, Colonel. You have the Marberg virus which is an Ebola cousin, smallpox, biotoxins, resin I think is one of them, botulism, Japanese encephalitis, Venezuelan encephalitis and about 44 other viruses that could be used in biological warfare. Are we going to start inoculating people for every one of those? Because they can be used in a warlike situation, can they not?

Colonel DOUGHERTY. We are not at this time. We don't have that capability. But the anthrax——

Mr. BURTON. I know, but let us say that we inoculate the entire military for anthrax and let us say that your thesis is correct that it will work on all. I mean there are some scientists who don't agree with you. I think you know that. I think you know that.

Colonel DOUGHERTY. Yes, sir.

Mr. BURTON. But let us assume for the sake of argument that the anthrax vaccine is safe, which many people doubt, but let us assume it is safe and let us assume it will protect against every one of the strains of anthrax. If you were an enemy of the United States and you knew that everybody was inoculated against it, why wouldn't you use an Ebola virus because you know there is no protection for that and put that into some kind of a—into a military warlike missile and use it in a warlike situation.

Colonel DOUGHERTY. Mr. Chairman, the reason we think that anthrax is the correct focus right now is because it is so easy to make, it is simple to make, you can make a ton of it and you can attack somebody without a lot of——

Mr. BURTON. I understand, but you didn't answer my question. If an enemy of the United States knows that we are protected, our military, against anthrax, assuming it works like you say, why would they go ahead and produce a missile or a weapon that used anthrax when they could use the Ebola virus, smallpox or any of these other things?

Colonel DOUGHERTY. Sir, a lot of those other things that you are mentioning I think have some real technical problems in producing an effective biological warfare agent.

Mr. BURTON. Is it possible to do?

Colonel DOUGHERTY. Anthrax is not.

Mr. BURTON. Is it possible they could do it with the Ebola virus?

Colonel DOUGHERTY. It is theoretically possible.

Mr. BURTON. Thank you very much. Thank you, Mr. Chairman.

Mr. SHAYS [presiding]. I am going to recognize Mr. Souder, but as you all were having this dialog I was trying to think of what it must have been like in the French Parliament when they were developing the Maginot line and you could make a strong case the Germans were going to go right in that direction. And the politician was probably saying, well, if I vote against this he is probably saying but maybe they can come around it but if I vote against it and I don't let it happen and they come straight on then it is my fault.

So in one sense you could say, well, at least they have provided the French one line and they have less to defend but I feel like in a way we are almost dealing with a medical imaginal line. We have cut one option and they got 30 others. And it really does raise a question of whether the military has given the probabilities of every instance of biological agents.

The question, and I believe your answer was sincere and I do think you are right, that anthrax is cheap. It can be produced by many and it is the logical first if you haven't defended but there are so many others. And so it is an interesting process that we are going through here. Mr. Souder.

Mr. SOUDER. Once again I want to repeat I don't deny that you are in an extremely awkward position and the chairman has held many hearings on the terrorist threat and we did many in the previous 2 years in trying to sort this out and it is a difficult question. I want to grant that up front. But I want to make sure that you all search through because there is a tendency of anybody, including me, to dig in on a position. And your goal here isn't to defend anthrax vaccinations, your goal is to defend the Armed Forces of the United States.

And when you get tough questions which may be adversarial sometimes I feel like we are more concerned about defending the position of the government currently than in trying to get behind this. And let me just express a frustration because I can see it from your perspective but I am still disappointed with this response. It sounds like based on what we are hearing from different units around the country that the reaction from the Defense Department is that we need to say our position louder and more often rather than trying to accommodate. The assumption is almost—it kind of sounds just listening here that, oh, well, they are all wrong. They just don't understand what the facts are.

Now the truth is that I don't doubt that there are some questionable cases here that are in judgment areas, that there are people who may exaggerate, but it is impossible inside the proud discipline of the Armed Forces of the United States with personnel who are officers and heretofore have never spoken out against vaccinations who are seeing cases where there is at least tremendous confusion and fear about reporting.

I have had a discussion in private with the Surgeon General's office in that part of the problem here, and there is an acknowledgment at least privately, there is a fear right now of reporting. So question No. 1 is part of the reason the general public is questioning some of the data is I am having doubts about some of the data because I know that not only in Fort Wayne but in other places there are individuals afraid to report to the military right now what they are personally feeling and what their private doctors are telling them versus the military.

It is not because the military is directly threatening them because nobody really wants to do that right now because it is not politically correct for one thing. But at the same time it is a fact that is occurring because there are enough people that we are hearing from that are intimidated. They don't know even if there was no immediate retaliation there could be long-term retaliation, viewed you are a problem person, you are unwilling to be a good soldier, and they don't want that in their record.

It is a problematic question in analyzing the severity of the data right now because there is no question that any vaccination is going to have some reaction. The question comes is to what extent are things that heretofore wouldn't necessarily be attached to vaccinations that are occurring simultaneously with this event that often are written off that, oh, they couldn't come from this vaccination, therefore, are you digging in in every reported case and saying rather than assume this person isn't connected let us for a change assume that it is connected and we have an obligation to our men and women in the Armed Forces to go after every one of these cases and see if something is turning up that we don't know about.

Mr. CRAGIN. Mr. Souder, let me try to respond because I think you make a phenomenally good point about the whole issue of how we inform and educate. I don't think anyone is digging in, sir. I think we are led by an individual, Secretary Cohen, who spent his entire public life either in this body or in the other body asking the hard questions and being concerned and understanding that in times gone by there were serious credibility issues.

I was the chief judge at VA having to deal with a Department of Defense with men and women who—with men who asserted they have been mustard gas experiment individuals in World War II with a department that refused to acknowledge that. So Secretary Cohen that there could be credibility issues and he essentially set up a system to insure the efficacy and the safety of this vaccine and a tracking system that had never, ever been put in effect before.

And we are learning the hard way about how to deal with some of those issues. We also have a discussion going on because you and I and the chairman have had this dialog about the threat in America and people are hearing about anthrax. And we have the big hoax in our country, you know, is drop anthrax. So we have this entire constellation of events occurring and we truly have not in my opinion—and as I say, I am out there every weekend listening and talking to these folks and they are very candid.

We have not done a good job of explaining the threat. This threat is real to our force. We cannot evacuate our men and women from an Embassy because there is a perceived threat. We are lining them up to go to war. We have to make sure that to the best of our ability we are protecting them from a known threat that they may experience, a big distinction from the Department of State.

Have we done the best job we can? No. Is the Secretary committed to doing it? Yes, he is. But he is convinced, as am I, that this threat is absolutely real, that we have got to protect this force and we have to explain to these men and women who think, who evaluate, and who articulate why we are doing it.

Mr. SOUDER. I understand that point and I don't disagree with it. I have some questions on the threat thing but the first thing I want to say is when you—because you said that you were just in Sergeant Mangieri's——

Mr. CRAGIN. I was up at Stewart, NY.

Mr. SOUDER. And also you are headed with Captain Panzera's unit.

Mr. CRAGIN. To Antarctica.

Mr. SOUDER. Is it on purpose that you are going to those units because they have had dissention?

Mr. CRAGIN. No, I travel, as I said, every week. Every weekend I am some place in the world. The 109th, I am going with them on their mission. They assumed the mission of supporting Antarctica from the U.S. Navy. It is a National Guard mission and I am going to go with them and observe it.

Mr. SOUDER. When you and others from our leadership go into the bases, I would ask that part of the approach here isn't just to inform of the risk and about the vaccination but you indeed learn and try to be as open as possible in a non-intimidating way. If you come in and we are here from Washington and we are here to tell you that, hey, this is safe, we have a great threat. I mean I understand your concern but partly when we are in a voluntary—this isn't a draft anymore.

Mr. CRAGIN. You are absolutely right.

Mr. SOUDER. And we are in a totally different type of a country that right now doesn't trust any of us. They don't trust Congress, they don't trust the military, they don't trust churches, they don't

trust big business. And part of it is to listen and to say you are concerned here, what are you hearing? There isn't going to be any penalties here because all this is going on under the radar and you are not going to pick it up on your system because they are afraid and the more you come in trying to be helpful to tell them these things, in fact it backs them up wondering whether they are—because they don't feel somebody is hearing. That is partly my message.

The second thing is that as we relate to the threat that I am intrigued by why you don't think Embassies in that area are in the same—our medical personnel who aren't under the Armed Forces in those regions required to take anthrax if they are from another part of the Federal Government. Is there a distinction between the military and all other branches of government in the high risk zones and if so, why?

Mr. CRAGIN. Well, I think, one, there is a distinction between the military and all other individuals.

Mr. SOUDER. In the high risk zone.

Mr. CRAGIN. In the high threat areas, yes. I think also, I have at least been advised, that in many non-DOD agencies civilians are not required to take any immunizations. It is a voluntary condition. But as it relates to the military, we are there to perform a military mission. We can't leave if the troops are coming at us; if the opposition force is coming at us, we can't evacuate the Embassy. We have to stand and defend which means that we have to be assured that those troops to the greatest extent possible are protected from whatever nature the attack may present whether protection is provided by a flack jacket, a helmet or immunization.

Mr. SOUDER. Of course we heard from Colonel Heemstra earlier that if this was a war situation we really don't have much disagreement. This is a random terrorist act that won't be anticipated and therefore there really isn't a question whether the domestic civilian personnel are going to be evacuated or the military personnel are going to be evacuated because they are often in the same building and at the same base and it is a surprise attack. But we need to look at those type of questions.

I think we are different here than if we are in battle in the Gulf war and there has been a known threat of just being targeted or if there is a distinct threat at the Armed Forces in that area distinguished from other personnel but we have a little bit of a double standard. I think that is part of my concern. If I can get to another question here too and that is that there is a fundamental disagreement too over whether this actually addresses the threat. Even if we grant that there is a threat, and I think we have had this discussion before and whether we are more like monkeys or guinea pigs I am not an expert on——

Mr. CRAGIN. I am buying into the monkeys.

Mr. SOUDER. It seems to me because in this study from Little and Neutson on the different anthrax ranging from the most potent where there was a zero percent survival after the vaccination to the least potent where there was a near 100 percent survival in guinea pigs. I understand monkey research is different. I find it a little disconcerting to depend on the monkey research when the

guinea pig research is definitely particularly since we refer to everybody as guinea pigs all the time.

In fact, many of the strains were below 50 percent survival. The balance that you all have to have and that we are really pushing to the next envelope with are the questions of three to five shots, the particular company involved, the particular dosages. Then the fundamental questions come as, well, how many strains does this protect from. I assume that anybody who really wants to target us can pick this off the Internet and figure out which strain this is best with and not best with.

It is not that hard to find. There is a question of whether it works. We have questions on whether there are side effects that in the question of whether or not there is reenlistment rates is there. I think you will all agree that there probably isn't one single reason for most people not to reenlist.

Mr. CRAGIN. I would agree.

Mr. SOUDER. But we don't need to give them another. We are having enough problems in this country with reenlistment and this is adding to the pressures in the system. What we are hearing even in Sergeant Mangieri's—in his—where he clearly was interested in the subject, he found that many of them listed as one of the reasons they left. He didn't maintain that that was why everybody cited as their first. And they certainly are not necessarily going to tell the military if they believe that that is an official position.

But I think it is without a doubt that merely the speculation just like in Fort Wayne, we don't know what the end result will be, the speculation isn't helping. It isn't helping in recruiting. It isn't helping in the enthusiasm of the services themselves that there is a—and fundamentally one other thing that has really troubled me is I don't believe this would go through FDA today.

Mr. CRAGIN. I am sorry?

Mr. SOUDER. I don't believe that you could clear this in a normal FDA process. When we have asked why you could go down from not five, to three shots, it means it would have to be reapplied and to some degree that is a length of time question but to some degree it raises whole questions about whether the FDA would actually clear this drug and that is really troublesome to me. Any comments?

Mr. CRAGIN. A couple of comments. I want to get back to your first observation, the reason why we can't wait for the big balloon, to go up to use the characterization and then start inoculating this force. This isn't one shot. This is a series over time and the immunity develops over that period of time. And obviously that is one of the reasons why we are trying to work through this phase, as soon as possible to the extent we have the vaccine available.

You may recall we had a policy, a 30-day policy, in which if we had men and women flying into the Gulf, for example, and they weren't going to stay for 30 days, we didn't inoculate them. And we looked at them and said that is absolutely crazy because they could have an attack perpetrated at any time they were in that high threat area. And so we have a zero day inoculation policy so that we can insure that anybody going into a high threat area is at least beginning to develop that immunity. This is an immunity that

takes time. We have got to get this force into a posture where it is fully protected.

On your FDA observation, I am not a scientist. I can't speculate. I know this has been approved by the FDA since 1970 and the vaccine has been in use since 1970 in this country. Wool workers, veterinarians who work around large animals, things of that nature. I don't know what the answer is to a follow on as Sergeant Mangieri was talking about. All I know is that this is the best available vaccine that we have to protect this force today. It would be almost immoral to know of this threat and understand and appreciate this threat and have this vaccine that can protect our force and not utilize it.

Mr. SOUDER. Not if you don't agree that it provides the protection which is—I agree with you if we knew it could. We would have a different——

Mr. CRAGIN. Well, and we have a difference of opinion. Our scientists have assured the Secretary that it does in fact protect the force.

Mr. SOUDER. One last question. In your own surveys it is clear that the symptoms of what I would term medium symptoms which may not be medium symptoms for a pilot going in a plane, which is another whole problem that we didn't get into here, but rather than just a rash but something that goes a—it is clear that even in your own data it is significantly more common among women. What is the department's official policy if there are in fact differences in the data with women and would you treat them differently and do you treat them differently because of questions that the data is at best unclear on pregnant or potentially pregnant women?

Mr. CRAGIN. First off, with respect to pregnant women, we do not inoculate pregnant women because the FDA protocol, which is the basis of the FDA approval, dealt with 18 to 65 year old individuals that were not pregnant.

Mr. SOUDER. Can I ask a clarification with that? What if somebody becomes—if they become pregnant during the process they don't get the five?

Mr. CRAGIN. That is correct. They defer the inoculations which is generally the proposed course of conduct for any sort of vaccine inoculations with women who become pregnant.

Mr. SOUDER. What about if they have an interest in—they want to start a family over a period of time, why would you start the process?

Mr. CRAGIN. Well, because we don't know exactly when they intend to start this family over a period of time.

Mr. SOUDER. They would falsify that?

Mr. CRAGIN. No, I am not suggesting that they would falsify that. I think to the extent that they are not pregnant there is no medical evidence that suggests in any way that they shouldn't have the inoculation. They are part of the total force. If they are a deployable resource, we have to take advantage of that resource. Obviously, as women become pregnant we have rules with respect to how many weeks they can be pregnant and still be deployable.

Mr. SOUDER. Because clearly the FDA had some concern about pregnancy or they wouldn't have had that.

Mr. CRAGIN. I am not sure that I could draw that inference, Mr. Souder. I haven't recently looked at that but I just think there are studies where the basic premise for the approval of that vaccine did not include pregnant women but I will defer to——

Colonel DOUGHERTY. That is exactly correct. When you conduct research on a proposed vaccine you as a matter of policy do not test it on pregnant women so when it is approved that is a standard prohibition in the absence of any information. Now the anthrax vaccine is a category C along with about 10 other of our vaccines which means that it should be deferred unless there are compelling reasons to get it and that is pretty much across the board.

Mr. SOUDER. Do you agree that your data suggests that there are more reported side effects with women than men?

Colonel DOUGHERY. I believe that is confined to local reactions. That absolutely is true.

Colonel GERBER. And I understand, Mr. Souder, that that happens with many inoculations. This is not something that is anthrax vaccine specific that women have more local reactions to inoculations than their male counterparts.

Mr. SOUDER. Do you believe that that is also true for more than just local reactions?

Colonel DOUGHERTY. Mr. Souder, I don't believe the data suggests that. I think it is for local reactions. By the way, this study that showed that was an uncontrolled survey. As you know, the answer you get depends upon the question you ask and this was a very open-ended kind of question.

Mr. SOUDER. Because most of the original complaints we were hearing were also coming most predominantly from women with side effects as they came into the committee here too but as a matter of policy if in fact data showed there were more serious side effects with women you would alter it for women even if you didn't for men?

Colonel GERBER. Alter what, sir?

Mr. SOUDER. The mandatory vaccination. If data showed that there was a difference between men and women, would you treat them differently?

Mr. CRAGIN. I am not sure that we would, sir. I think it would depend on if this was something that was very, very specific to the anthrax vaccine vis-a-vis all other vaccinations that women take. I mean I think there is something that may be gender specific to a higher rate of reactions but with the admonition that the good doctor gave you that this data to some extent is self determinative.

Mr. SOUDER. I am really interested. It is interesting because I didn't—we debated it out but you also seemed to make a policy statement that even if there were differences you wouldn't take that into account. If women reacted differently to the vaccination and had more severe side effects would you make a difference between men and women in the military?

Colonel DOUGHERTY. If the side effects that you discover are those that are potentially harmful, I think the argument you are making is a good one, but if they persist in being transient, local effects that disappear within a day or two then I would not say that is a strong argument to make a difference.

Mr. SOUDER. So it is a little pain but not a lot.

Colonel DOUGHERTY. Not pain but disability, loss of function, those kinds of things.

Mr. SOUDER. And those are some other concerns. I understand the distinction but I am not sure I agree with the distinction but I understand your distinction and if it reached a level of severity then you would.

Colonel DOUGHERTY. You know, in the same studies that were done the people who reported these reactions in most cases felt they were of a nature they could ignore them.

Colonel GERBER. That is correct. A majority were self-resolved. They weren't hospitalized. They did not lose duty over 24 hours. And I think most significantly as you all know, the 603 people that participated in that Tripler Army Medical Center study were all medics, physicians, nurses, medics, which have a tendency when we gave them the survey we asked them to report every little side effect that happened after that immunization, so we in fact over-reported, so there is some test bias involved, in that in getting them to actively participate and tell us every single thing they were feeling.

Mr. SOUDER. I understand what you are saying. I also think that there are people who wouldn't have a medical background who might report symptoms that had nothing to do with that. I am not sure which way the best bias goes. Usually you don't say when you are testing for health things that if the people actually know about medicine they are less of a good sample. That is kind of an odd—I mean I understand what you are saying. They might be more hypersensitive. On the other hand, somebody who isn't of medical background might report really random things whereas these people presumably would know a little bit what is normal and what isn't normal and what is something that they——

Colonel DOUGHERTY. Sir, it is my understanding that they went out of their way to emphasize to them that they wanted them irrespective of what they thought might be going on, trivial or not, to report it so——

Mr. SOUDER. I think you have to take that with a grain of salt.

Mr. CRAGIN. You are concerned about the self-diagnostic expertise of this group, and I think the Colonel is suggesting that they said disregard your ability to self-diagnose and report everything you are feeling.

Mr. SHAYS. Just to make sure we don't have to repeat past hearings, I want to put on the record now, we don't need to wait for you to get back to us on the memorandum of decision which was Mr. Togo West and the Secretary. I am going to read two paragraphs. It is clear what we basically indemnified for. In the third paragraph of the agreement it said the obligation assumed by MBPI under this contract involves unusual hazardous risk associated with potentially severe adverse reactions and the potential lack of efficacy of the AVA.

And then it goes on to say these concerns stem from, A, the limited use of the vaccine to date, i.e. tests prior to the approval of the vaccine by the Food and Drug Administration on two small a scale to permit accurate assessment of types and severity of adverse reactions—only widespread use can provide this assess-

ment—and, B, insufficient experience in mass immunization programs to truly evaluate the efficacy of the vaccine.

Moreover, there is no way to project whether the pathogen against which the vaccine may be used will be sufficiently similar to the pathogen used in tests to insure vaccine efficacy. I find that performance of this contract will subject MBPI to certain unusual hazardous risks defined in attachment A. And attachment A is the risks of adverse reactions or the failure to confer immunity against anthrax from the administration to any person of a vaccine manufactured or delivered under this contract.

The bottom line is they were given indemnity for everything. And I realize in some cases this is boilerplate but in other cases it is not. We knew that anthrax was used for a few and not many and now you are going to many. That was a decision you all made. And, Major Weaver, I just want to say, and I don't want to overblow this because I think you are just trying to tell me how strongly you have confidence so you have made your point.

But you would be an absolute fool to give any vaccine to a child who hasn't—that it hasn't been tested on children in this way in my judgment. And in my capacity as chairman of the Human Resource Committee which oversaw HHS, we had countless hearings on this type of area and the medicines you apply to children are different and the vaccines are as well. And I just have to say that I think your major point is that you have total faith and I accept that and I am impressed by it but I am just—I had to react to that you would even let your child have it or your children's children.

I am not at all comfortable with the recordkeeping, and I am not at all comfortable with your explanation, Mr. Cragin, that there is a delay. And I am not at all comfortable with the logic that says that you can deploy troops after they have only had three. Under what basis in the testing of this drug do you have any right to say that someone would be protected after three shots?

Mr. CRAGIN. Let me respond first and then I will let the doctors respond. It is my understanding, Mr. Chairman, that with respect to the FDA protocol that there is the progressive development of immunity over the course of the protocol as a result of essentially jarring your immune system with each of these inoculations. And the opinion of the experts is that a reasonably high level of immunity is achieved at the time that three shots have been acquired.

Let me also say that if we were to have a cataclysmic event today which required us to call up our force and send it in harm's way into one of these high threat areas, we would be sending most of our force in harm's way without any of this immunity developed. So it isn't a question of a confidence level of saying three shots and we will send the force in harm's way. We have been looking at the level of protection that is developed with the inoculation of the first three shots in the series because that is 1, 14, and 28 days which would mean that you could deploy a force with some protection within 30 days of the commencement of the inoculation process.

Mr. SHAYS. Can you define been looking?

Mr. CRAGIN. I am sorry?

Mr. SHAYS. Been looking, you said we have been looking at. I don't know what that means. It doesn't have any medical basis.

Mr. CRAGIN. I am not a physician so that is probably why I used that term.

Mr. SHAYS. You are saying we have been looking at. What I asked you was under what basis. This is a vaccine that is approved for six shots, not three.

Mr. CRAGIN. That is correct.

Mr. SHAYS. That is what the testing was. Now maybe if we developed a better vaccine, we would be able to say that three was enough because we would have tested it but we haven't tested for three, we tested for six and that is what you are approved for. You are not approved for three.

Mr. CRAGIN. That is absolutely correct. We are not approved for three.

Mr. SHAYS. So under what basis then would you deploy after three, what is the logic?

Mr. CRAGIN. The logic of deploying after three would be if they were coming over the wall at us. We essentially inoculate this force. We can't bring the force back home.

Mr. SHAYS. I don't want to trick you here. You are not using this policy if they are coming over the wall at us. You are deploying after three, is that not true?

Mr. CRAGIN. Mr. Chairman, we are deploying the personnel into high threat areas. With the immunization process that has been in effect, as I mentioned to Mr. Souder——

Mr. SHAYS. That doesn't make sense to me.

Mr. CRAGIN. We now require that before anyone goes in the theater they begin the immunization process. There was a point prior to this policy change when we did not require members of the Guard and Reserve who were not going to be in theater more than 30 days to have any inoculations prior to entering the theater. We will deploy people who have begun their inoculations series and they will continue to complete their inoculation series in theater.

But, Mr. Chairman, we are deploying members of the Guard and Reserve in constant rotations in Southwest Asia and in Turkey, and we are inoculating this force in accordance with the protocol which is set forth by the Food and Drug Administration.

Mr. SHAYS. I think I would have answered that different and I think that it would have been a more honest answer, you are not doing it based on the protocol. The protocol is six, not three.

Mr. CRAGIN. Mr. Chairman, we are doing it on the basis of the protocol. We are giving shot one on day 1, we are giving shot two on day 14, we are giving shot three on day 28, and we are moving forward with the protocol.

Mr. SHAYS. No, it is six. It is six.

Mr. CRAGIN. We move forward with the protocol of the six shots.

Mr. SHAYS. In your testimony it says although DEERS currently and consistently indicates sufficient shortfalls in our efforts to meet vaccination time tables, closer analysis of overdue shot tracking data reveals a more complex picture. The Reserve components actually fall within the 70 to 90 percent range with regard to shots being administered within 30 days of the due date. Where do the 30 days come from? I am taking your own testimony.

Mr. CRAGIN. I understand it. I know what I said. If somebody is required to have shot two which is required to be 14 days after

shot one, we consider compliance for purposes of the DEERS reporting to be any time within a 30-day period following day 14.

Mr. SHAYS. Does FDA? I know what you consider. I want to know if FDA considers it.

Mr. CRAGIN. FDA's protocol is on day 1, day 14, day 28, 6 months, 12 months, 18 months.

Mr. SHAYS. And you have been licensed to do it, to administer this, based on the FDA's protocol.

Mr. CRAGIN. That is right.

Mr. SHAYS. So are you abiding by the FDA protocol?

Mr. CRAGIN. We are abiding by the FDA protocol to the greatest extent possible in inoculating this force. If we have someone who does not come in, remember these are people who are drilling reservists, one, we have to reschedule their drills because if you get shot one on day 1 these men and women generally will not be back until day 30 or day 31, so we have to reschedule their drills. If they are away going to a school, if they have an excused absence from a drill, they are not available.

We can encourage them to go to a medical treatment facility or some other location where we can provide the shot but in many instances that does not occur. That is why I mentioned at the outset in my opening remarks——

Mr. SHAYS. So the answer is you aren't complying but you are trying to comply and you are doing your God best effort to do it.

Mr. CRAGIN. Mr. Shays, I am confident, sir, that you can find an example in which a member of the Reserve components did not get the shots based on——

Mr. SHAYS. No, don't play games. Come on. I have been really fair with you all and you be fair with me. We are not talking about one or two people. I mean if we start this then this is going to be an all-out effort to just bring everybody in here and illustrate how absurd that is. You have many, many people that aren't coming under this. See, the problem is you can't have it both ways. You can't tell me your data is accurate and then tell me that what the data tells us is wrong.

Let me ask you this. Are you tracking PA antibody tiers. These are the levels of vaccinated personnel. In other words, are you trying to understand how robust their antibodies are?

Colonel GERBER. No, sir, we are not.

Mr. SHAYS. Why not?

Colonel GERBER. We are not resourced. We have not been required to do it but as you know there is significant human data to suggest that the protective antigen antibodies are best respondent after the first three doses. In fact, the data suggests that most people gain a 98 to 100 percent antibody or immune response after two doses which also as you know is why we are continuing to study or work with the FDA to reduce the amount of doses from six to five or even to four and change the route of administration to reduce the amount of local side effects.

Mr. SHAYS. No, I do remember that hearing and I think if I were in your position I would logically conclude that you might need just two or three but the problem is that is not what you and I are allowed to do because the test requires something else. So it strikes me that the military basically decides to play by its own rules.

Colonel GERBER. Sir——

Mr. SHAYS. And I will just make this point and then you will get a chance to respond. And if I didn't have the history of everything that has preceded you all before you had opportunities to make these decisions going back to the misuse of our military from way back to Agent Orange to Gulf war illnesses and the fact that we provided PB shots and didn't keep records and all of that, I might feel a little more comfortable but I have no comfort level.

Colonel GERBER. Well, sir, I can't help you with that discomfort. All I can tell you is that our best scientists that work in laboratories in immunology and vaccinology have demonstrated these antibody responses 98 to 100 percent after two shots. We are sticking with the six-shot regimen until the FDA approves our reduced shot and route regimen.

Mr. SHAYS. And we are conducting tests to give them a basis to make that?

Colonel GERBER. Affirmative.

Mr. SHAYS. What are we doing?

Colonel GERBER. What are we doing?

Mr. SHAYS. Yes. What tests are we doing?

Colonel GERBER. We are—as you know, the Pittman study in 1996 and 1997 submitted to the FDA——

Mr. SHAYS. So you are doing it based on that?

Colonel GERBER. We are continuing that, sir. The FDA, as you know, has given us encouraging responses based on the preliminary data. The FDA has asked for more test subjects in the data and we are going to pursue that. We think within a year we will get FDA approval for reduced dose based on the science.

Mr. SHAYS. I would like to ask as it relates to a more localized issue, the Connecticut Air National Guard. The DOD statements says although DEERS data shows 90 percent of the unit overdue for a scheduled inoculation "only 5 percent of the state's Air Guard personnel are actually overdue for shots. The discrepancy is attributed primarily to data recording and transmission problems." When did the members of the Connecticut Air National Guard receive their fourth anthrax inoculation?

Colonel DOUGHERTY. Mr. Shays, those guardsmen were due for their fourth shot on May 5th.

Mr. SHAYS. They were due for it and when did they get it?

Colonel DOUGHERTY. On May 5th in large part.

Mr. SHAYS. You are saying—well, large part, I want you to define large part because I have a problem with the whole issue of substantial that you all use as to when this becomes a problem so define in large part.

Colonel DOUGHERTY. Currently, the DEERS reporting system shows 65 people overdue.

Mr. SHAYS. I don't mind you looking at data if you like, and if you want to take a second because I do want this to be as accurate—I don't want you to just do it on memory.

Colonel DOUGHERTY. Until recently a great number of the group of people in the program in Connecticut were overdue in DEERS.

Mr. SHAYS. There were 65 that were supposed to have their first shot on May 5?

Colonel DOUGHERTY. I am sorry, it was—I am trying to remember—my memory here, but there were 6 people that are overdue, currently overdue, in DEERS for the third shot and 57 currently overdue for the fourth shot. Now that represents what is in DEERS but the unit has forwarded to us their service tracking program data and when you look at that, which is the accurate point of service tool on who has actually gotten the shot it shows that only about 12 people are currently overdue.

The issue is one of the data that they put in at the time the shot is given——

Mr. SHAYS. I just want to pin you down a little bit more. Do we have those records?

General WEAVER. Yes, sir, we do.

Mr. SHAYS. In other words, we haven't really done that many Air National Guard and Reserve units. We got a long way to go. So why don't you pull out your data and tell me what you got.

General WEAVER. Yes, sir. We have 97 percent are on track in the 103rd FW, and this is right from Colonel Burns the commander of the 103FW. That is 401 people, 401 people; 14 are overdue.

Mr. SHAYS. On track based on FDA on track or your on track?

General WEAVER. Based on the shot regimen.

Mr. SHAYS. Of whom?

General WEAVER. FDA.

Colonel DOUGHERTY. This is based on the military immunization tracking system data files of the unit.

Mr. SHAYS. I understand, and I really don't—I am not looking for a quick answer. I am looking for an accurate answer.

General WEAVER. Yes, sir.

Mr. SHAYS. You have the regiment of six shots. They had their shots May 5. How many did not get their shots May 5?

General WEAVER. We will have to pull that up, sir. I can only give you current right now today and this is from the wing commander.

Mr. SHAYS. OK, but the problem is you all allow little lag times so that if it is not May 5 you still think you are on track. And what you would testify, how many people are in the Air National Guard in Connecticut, Connecticut Air National Guard, how many people are we talking about, personnel?

General WEAVER. In the 103d I would say approximately about 950. I would have to get that exact figure for you, sir.

Mr. SHAYS. And how many are required to take this shot?

General WEAVER. Everyone will eventually be required to take it.

Mr. SHAYS. And it is your testimony that how many of the 950 are up to date?

Colonel WEAVER. 401 people, 97 percent.

Mr. SHAYS. 401?

Colonel WEAVER. Yes, sir.

Mr. CRAGIN. He is talking about the deployers.

Colonel WEAVER. The deployers, sir. I am sorry.

Mr. SHAYS. The deployers. How many of the deployers are required to have the shot, 401?

Colonel WEAVER. 424 it looks like to me. Mr. Shays, I would be happy to try to do this and get it to you for the record.

Mr. SHAYS. The problem is that sometimes when I get it later I wish I then had the opportunity to pursue the question. So we have 424 and of that you think 401 are on track.

General WEAVER. Yes, sir.

Mr. SHAYS. And on track means complied with. Of the 401 how many were late and how late were they?

General WEAVER. I would have to get that for you, sir.

Mr. SHAYS. Do you know if being on track means in the last week or two they got caught up?

General WEAVER. This information is current as of yesterday from the wing commander.

Mr. SHAYS. Well, what I am going to do is have you just submit it for the record and then we will have to go from there.

General WEAVER. Yes, sir.

Mr. SHAYS. Because you haven't really told me an answer. And I know you have done your best but your best isn't very helpful because May was May and we are in October.

Mr. CRAGIN. Mr. Shays, we will get you some time lines on it, sir, so that you can see when people did actually get the shots that were required in the regimen.

Mr. SHAYS. I am almost done here. If DOD plans to measure AVIP impact on readiness and/or retention, which I expect you are, what are the elements that will insure consistent, meaningful measures across the services? First off, I make an assumption that you are intending to measure AVIP impact on readiness or retention. Should I make that assumption?

Mr. CRAGIN. I think there certainly is desire on the part of the folks who deal with the issue of measuring readiness on every given day to measure joint medical readiness as it relates to anthrax inoculations because obviously that would be something that would tell us how much of this force that we have inoculated has reached the highest level of immunity if we were required to deploy it. So I think it stands to reason that medical readiness from that perspective would be looked at, yes, sir.

Mr. SHAYS. And also retention.

Mr. CRAGIN. We would look at retention and a number of issues. Readiness certainly is affected by retention. There is no question about that.

Mr. SHAYS. I guess what I want to know is how are you going to——

Mr. SOUDER. One question would be is when somebody doesn't reenlist do you specifically ask a question whether anthrax vaccination was part of that?

Mr. CRAGIN. I don't know that the question is specifically asked that way. I know there is an exit interview and we try to ascertain the reasons. Each of the services have different exit interview processes. I know the Marine Corps Reserve, for example, has a highly computerized out-processing program where you are asked to articulate all of the reasons so that we can really get a handle on is it this, is it employer difficulties, is it family issues, is it work schedules, you name it. We do look at all of that.

Mr. SOUDER. So earlier, for example, when you referred to the one unit where you said it was a lot of the equipment which I

would agree with is a big problem in Reserve and Guard units, was that a question that was solicited or volunteered?

Mr. CRAGIN. I talked to the commander with respect to that one but when I was up at Stewart I was talking to some of the men in the shops and they were complaining about the T tails on their C–5s and the fact they had 13 C–5 aircraft and only I think four or five were mission capable at the time. And that was volunteered and it was a frustration to them to not really have the aircraft to fly. But General Weaver I am sure can respond with much more specificity as it relates to the Air Guard side of the house.

General WEAVER. As our Air Guard members depart for whatever reason, retirement, and so on, they go through the exit interview. Anthrax is not specifically pointed out as one issue. If they would like to add to that, that is fine.

Mr. SOUDER. Is equipment?

General WEAVER. Well, the stress on the family and the employers are the two biggest reasons right now. The stress on the family and the fact of——

Mr. CRAGIN. He is asking you do you inquire about equipment?

Mr. SOUDER. Do you have—what I thought the term was I asked you, do you have specific questions in effect as opposed to open end where we could actually measure——

General WEAVER. Each commander has a command program as far as exit interviews and what they ask.

Mr. SHAYS. We are being very candid with each other. When you say if we request to have the information, that is fine. That is a very telling statement though, because I asked a question earlier of the other panel, where I thought the answer would be that they could name me names, but admittedly, and not names the names, and I know can be simply left, now if I am practicing as an attorney which I am not and I want a particular answer, now if I am practicing as an attorney which I am not and I want a particular answer I don't asked the question unless I know the answer. I am almost—I had this concern that you don't want to ask this question because you may not like the answer. It is a no-brainer for me, General, that you should ask this question because there are sincere allegations that this is true and therefore you could nail it down and say no, we asked everyone and this is the answer, and you would have the answer. And you may not like it or I may not like it but either way we will know the truth.

General WEAVER. You are right. We wouldn't like the answer if it was anthrax but what we are seeing with people leaving and voicing their frustration it is not with an immunization, it is with the things that are very important to them as far as their family and their employer.

Mr. SHAYS. That doesn't really cut it with me, General.

Mr. SOUDER. May I make a comment on that? I am sorry to interrupt. I talked to a young pilot who—my bet is he is going to wind up staying in but he had a long conversation with me. And he has only been married a couple of years. They have one child. They are hoping to expand their family. He said I am getting a lot of these vaccinations. There are a lot of questions about it.

If he leaves, he will say it was employment because there are plenty of other options but this is an additional thing on top of it

that he was wrestling with this decision do I want to stay in, do I want to go out, I have these job opportunities. I am 28. What if they find out 10 years from now like what happened in the Gulf and so on because they tell us one thing now but did they really know later. It will come in as employment but if you ask a specific question are there several things here, I think it would show up.

Mr. CRAGIN. I think, as evidence by your previous panel our guardsmen and our Guard family are pretty vocal. We never deter them from that at all and they will speak their mind. I have no doubt of that.

Mr. SHAYS. I think the pilots in particular because they are so ticked off that they have this policy that potentially could jeopardize them in their other profession which is the profession they are ultimately going to have and that is being pilots. Are you aware of any service members that have been told they could not list anthrax as the reason for transfer, resignation, or are you aware of any allegations that this has happened?

Mr. CRAGIN. I am not, Mr. Chairman, and I have specifically asked that question because I was aware of the allegation and I am told that there is a form in the Air Force called the 1288, which is an exit form. I asked the question has anybody given instructions that you cannot on this 1288 say that you are leaving because of anthrax and I have never been told that. Now maybe Mr. Souder's thesis is right and Chairman Burton's that nobody is ever going to tell me that but I asked that question of the troops as well. And as General Weaver knows since he gets reports of some of my visits to his commands they are very candid with me.

Mr. SHAYS. And so it would not be approved policy to have that be a factor?

Mr. CRAGIN. Absolutely not.

Mr. SHAYS. Now what I thought we had an understanding with was that I appreciate you checking this out but you would make it clear proactively that this could not be an issue whether it was in the Reserve or National Guard or any other force.

Mr. CRAGIN. And I have certainly made it clear in my meetings with the chiefs of the Reserve components and they have assured me that they and their commanders are not in any way, shape or form saying don't you dare put the reason you are leaving as anthrax.

Mr. SHAYS. Now let me say that I am asking these questions under oath, as you know, and I need to ask—this is the problem that I sometimes find in committees. I just ask the wrong person. The person who could answer that in a different way I didn't ask so I just need to—I need to say that when I am asking Mr. Cragin this I am making an assumption that I will ask all four of you. Are you aware of any service members who have been told they could not list anthrax as the reason for a transfer or resignation?

General WEAVER. I am not aware of that at all.

Colonel GERBER. No, sir. I have heard that anecdotally at your last session.

Mr. SHAYS. OK, but you are not aware of it?

Colonel GERBER. No, sir.

Mr. SHAYS. Are you aware of any service members who have been told they would be subject to discipline proceedings if they

listed anthrax vaccine as their reason for transfer or resignation? Each of you.

Colonel GERBER. I only hear it anecdotally on the Internet.

Mr. CRAGIN. If someone is going to resign, Mr. Shays, they are certainly not going to be subject to any penalties. That is one of the points of the Guard and the Reserve.

Mr. SHAYS. This isn't the question though. I asked this question. Are you aware of any service members who have been told they would be subject to disciplinary proceedings if they listed the anthrax vaccine as their reason for transfer or resignation?

Mr. CRAGIN. No, sir.

General WEAVER. No, sir.

Colonel DOUGHERTY. No, sir.

Mr. SHAYS. Are you aware of resignation or transfer forms being held by unit commanders for weeks or months so they are not reflected in periodic manpower reports?

Colonel GERBER. Negative, sir.

Mr. CRAGIN. Being a good trial lawyer, sir, I should object to the form of the question. It is compound. I think there are delays in the processing of resignations and retirement requests. I do not believe and to my knowledge I have not heard of anyone being delayed so that somebody can game the system of statistics.

Mr. SHAYS. As it relates to anthrax.

Mr. CRAGIN. That is right.

General WEAVER. No, sir.

Colonel DOUGHERTY. No, sir.

Mr. SHAYS. Are you aware of commanders demanding letters or statements of intent from unit members regarding whether or not they will take the shots?

Colonel GERBER. Negative, sir.

Mr. CRAGIN. No. I think that General Weaver has made the observation that the Guard is a large family and it truly is, and these are men and women—I think a couple of your previous panel members made the same observation. They have grown up together. They have been in the same unit from the time they were O1's or E1's to E9's and O10's or 08's or 06's or whatever. And they share opinions. There is no question about that. But as far as somebody asking for some sort of documented expression, I am not aware of that, Mr. Chairman.

General WEAVER. Sir, some units are taking surveys in your interest, our interest to look at how massive the problem might be in the unit, where the education needs to be focused but that is all that is being done.

Colonel DOUGHERTY. No, sir.

Mr. SHAYS. OK. Let me just end my participation and the hearing by saying that in response to you, General Weaver, when you said that is fine. I would make a request that any person who leaves the Reserve or National Guard be specifically asked if anthrax vaccine was a factor in their decision and to what extent it was. And I will followup and see if that is done.

General WEAVER. Yes, sir, I will do that.

Mr. SHAYS. I think it would make a lot of sense and we will find out the answer, whatever it is, and it will be an important answer

to have. I thank you all. I would allow you to and welcome you making any closing comments that you would like to make.

Mr. CRAGIN. Mr. Shays, I think in conclusion let me just say that you were kind and gracious the last time I appeared before you to let me leave at quarter of 12 so I could catch a flight. I think paybacks are hell but I think we have accomplished it today, sir.

Mr. SHAYS. So you have been nice to me because—and I thought you were just a nice guy.

Mr. CRAGIN. Thank you, Mr. Chairman.

Mr. SHAYS. Thank you. Colonel, any comments you would like to make?

Colonel GERBER. Well, this is my fifth and hopefully last hearing with you, sir. It has been fun, all five. I just want to take a couple minutes because I came prepared to talk about the good news stories that DOD is doing with the anthrax tracking. You know, I have been with this program for 22 months spending 14 to 16 hours a day working it and I think there is a good news story to tell. You know, at this date, as of yesterday evening, the Department of Defense had immunized over 340,000 service members active and Reserve component representing over 1.12 million immunizations. I think the phenomenal story I would like——

Mr. SHAYS. That is about an average of two per personnel, about two shots per personnel. Let us say between two and three. OK.

Colonel GERBER. I will bring my calculator next time.

Mr. SHAYS. No, I am not being funny. I don't want to give the impression that you completed the six with them.

Colonel GERBER. No, sir. I never meant to give the impression that we completed six shots, but since we started shot one through shot six 340,000 service members. I can tell you in our service immunization tracking systems, which ultimately get dropped in the DEERS data base as the final data repository, I can tell you today every single record or service member active and Reserve where those 1.12 million immunizations have gone.

And since everybody has had a chance to share their stories, I would just like to share my anecdotal story. I had the privilege about 5 weeks ago to travel to Fort Benning, GA and make four parachute operations with my son. I also had the chance to interview 16 pilots and crew chiefs in four Reserve component wings or squadrons and interview 300 soldiers who were conducting that parachute operation.

Sir, frankly, in my circles there are no issues. Now, unless the pilots were afraid to talk to a colonel who was in battle dress with a parachute, they all said, "no," there is no problem. "I had a welt." "I had a knot." "Sir, there is no issue in our unit." So in the 300 soldiers that I talked to in over 36 active and Reserve component units it is, "hey, sir, I don't have a problem." "I have heard some stuff but we are going to take it." That is the other side of my story.

Mr. SHAYS. I totally accept that you would not be a hard person to converse with. You come across as someone you could say whatever who needed to. I just need to know were they pilots?

Colonel GERBER. Yes, sir. The 16 members of those four Reserve component crews. Obviously there was the pilot, the co-pilot and then the back-end part of the crew.

Mr. SHAYS. And were they active or Reserve?

Colonel GERBER. They were all four Reserve C–130, C–141 squadrons.

Mr. SHAYS. Thank you. Anything else you want to say?

Colonel GERBER. No, sir. Thanks for the opportunity to let me say what I had to say.

Mr. SHAYS. Thank you. It won't be the last hearing though because we will do followup even after our reports and I think that is important to say for the record. Mr. Cragin, Mr. Weaver, Colonel.

General WEAVER. Sir, as a commander that sent his kids off to war twice and as a director who sent his kids off to war on four different occasions as we are still engaged in Operation Northern Watch, there is no more sobering responsibility than to send our kids off to war and we certainly have to make sure they are well protected against everything.

Mr. SHAYS. Thank you, sir. Thank you, General. Colonel.

Colonel DOUGHERTY. Mr. Shays, as a practicing physician, it is my firm belief that this vaccine is a safe and effective way to protect against this threat. And the kind of thing that keeps me up at night is that we won't get around to getting everyone what they need to have to form their duty for their service.

Mr. SHAYS. Thank you. I am convinced that all four of you believe strongly in this program and that is helpful to know. Thank you so much. This hearing is adjourned.

[Whereupon, at 2:30 p.m., the subcommittee was adjourned.]

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