

VACCINE ADMINISTRATION HISTORY

TEAR AND SAVE

NAME RANK UNIT

STREET ADDRESS

CITY STATE ZIP

PHONE

**CONFIDENTIAL MEDICAL RECORD
TO BE RELEASED ONLY WITH YOUR
PERMISSION**

TYPE OF VACCINE (Note here any physical side effects you experienced)	DATE ADMINISTERED	PLACE ADMINISTERED

Send copy to:
Citizen Soldier, 267 Fifth Avenue, #901
NY, NY 10016

ANTHRAX AND OTHER VACCINES: Protection or Placebo?



**A Citizen Soldier Guide:
The Facts
Your Rights**

1. Is it true that everyone in the military will receive inoculations in an effort to protect them from anthrax and other bioweapons?

Yes. In December, 1997, Defense Secretary William Cohen announced that all 2.4 million GIs, both active-duty and reserve, will be inoculated against anthrax over the next six years. First to receive shots are the 100,000 troops currently deployed to the Middle East, Korea and Japan—where the threat from bioweapons is believed to be the greatest. The Pentagon is also developing vaccines for botulinum toxoid, ricin, and other bioweapons; these will be dispensed once they've been tested.

The first three anthrax shots are given at two week intervals. Three more shots follow six, 12 and 18 months later. An annual booster shot follows.

Military health officials told the *Army Times* that fewer than five percent of those inoculated would experience localized adverse reactions. Assuming side effects occur at a constant rate over the 2.4 million planned injectees, this could mean that 12,000 people will become ill from the vaccine.

2. Will these inoculations protect me if I'm exposed to an anthrax weapon?

Probably not. In August, 1997, a team of Army doctors admitted in the American Medical Association's Journal that they weren't sure that their anthrax vaccine would work. "There is insufficient data regarding (its) effectiveness against inhalational anthrax, although (monkey) studies indicate it's protective," they wrote.

The anthrax vaccine being given to GIs was originally developed to protect Ft. Detrick lab workers, two of whom died from anthrax in the 1950s. It has also been used by roughly 3,000 tannery and veterinary workers to protect them from cutaneous (skin) exposure to anthrax spores, which infect farm animals. Military weapons disperse

anthrax spores via a very fine aerosolized mist that deposits the spores in the lungs through inhalation. Three years ago a Senate Veterans Affairs Committee report concluded, "Since the vaccine's effectiveness against *inhaled* anthrax is unknown... it should be considered investigational (experimental) when used as a protection against bio-warfare."

Another problem arises because the rules that require "informed consent" of injectees when experimental drugs or vaccines are used were suspended by the FDA during the Persian Gulf war because the military claimed it needed authority to dispense experimental drugs (like pyrodistigmine bromide (PB) and botulinum toxoid) without obtaining GIs' consent. Although the FDA later criticized the military for failing to keep accurate records of either immunizations or adverse health reactions, the Pentagon is still exempt from these rules.

**GENETIC ENGINEERING:
BEATING THE VACCINES**

Today, bacteria like anthrax can be genetically reformulated by manipulating their DNA molecules in any modern biology lab. In fact, Russian researchers who had worked on bioweapons for the former Soviet Union recently reported in *Vaccine* magazine that they'd produced genetically-engineered strains of anthrax that evaded the Russians' own vaccine. U.S. researchers recently found *four* different strains of anthrax in the tissue of Russian victims who were killed when anthrax was accidentally released from a Soviet research lab in Swerlosk in 1979. American scientists at Los Alamos concluded that the most likely reason multiple strains were used was to override protective vaccines.

Since antibiotics are used in concert with anthrax vaccines, genetic engineering can erode

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or destroy their effectiveness as well. A formerly classified Army memo, which was prepared for Desert Storm commanders in December 1990, summarizes, "It's not difficult to develop resistance to both penicillin and tetracycline through laboratory manipulation of anthrax bacilli." The memo goes on to recommend using ciprofloxacin because its "unusual mechanism of action" makes it less susceptible to genetic engineering. Eight years later, DNA engineers may have also "cracked" ciprofloxacin.

There are two other potential risks with vaccination. The first is that military commanders may take risks when faced with bioweapons because they mistakenly believe that their troops are protected. The second is that enemy commanders may construe the immunization of U.S. troops as evidence that the U.S. is preparing to use bioweapons offensively. This might lead them to strike first with biowarfare weapons that they wouldn't have used otherwise. While this may seem far-fetched, it is now believed that the Soviets justified their work to develop offensive bioweapons because they thought America's vaccine development program was actually camouflage for the secret development of new offensive weapons.

3. What will happen if I refuse to be inoculated?

In 1995, two Marine corporals, Joseph Vlacovsky and John Mayfield, refused to provide the DNA samples that are required of every servicemember. Their lawyers sought an injunction in federal court, claiming that the mandatory program violated the Marines' rights against self-incrimination and unreasonable search. The courts upheld the specimen collection as militarily necessary and the Marines were court-martialed for refusing to obey a lawful order. They received "bad" discharged, but no jail time. Anyone who

refused to be injected with anthrax or other vaccines should expect similar treatment—even if they seek exemption on religious grounds. However, they could still challenge the vaccine's safety and effectiveness as part of their defense.

4. What is known about how the anthrax vaccine interacts with other drugs or vaccines I may be given?

Very little. The FDA licenses vaccines for specific purposes. While it requires the manufacturer to demonstrate its product's safety and effectiveness to win approval, it doesn't require any information regarding the safety of a vaccine or drug when administered with other vaccines or drug. While anthrax may be safe when given in conjunction with other therapeutic or prophylactic

drugs, there is no data suggesting that such studies have ever been conducted.

An example of this synergistic effect is a recent study at Duke University where researchers exposed animals to three compounds widely used during the Gulf War: pyridostigmine bromide (PB), an experimental nerve gas antidote, DEET and Permethrin—both pesticides. They found that when they exposed the animals to *all three*, the animals experienced some of the signs and symptoms being reported by Gulf War vets. Yet, when they were exposed to the compounds separately, they suffered no health problems.

5. Since 150,000 GIs received anthrax vaccinations during Operation Desert Storm, have they been studied to determine if the vaccine caused or contributed to the chronic health problems reported by so many Gulf vets?

It's unclear. In September 1991, shortly after the Gulf War ended, the Army's Medical Research and Development Command published an "Update on Medical Biological Defense Vaccine Program," which proposed a follow-up study of a "unique pool of subjects"—those troops who received anthrax vaccinations. Attempts to learn if such studies were ever conducted have been unsuccessful to date. One problem is inadequate vaccination records. The Presidential Advisory Committee on Gulf War Veterans' Illnesses reported in 1996 that, "Many health concerns...may never be resolved fully because of the lack of data (such as) missing medical records, absence of baseline health data, inaccurate records of troop locations and incomplete data on the health effects of what should have been...reasonably anticipated risks."

6. Is our military developing new vaccines to counter other biological weapons?

Yes. In addition to anthrax, they're working on vaccines for botulinum toxoid of which there are

seven known strains, ricin, plague, brucellosis, vaccinia, tularemia, Q fever, and Western, Eastern, and Venezuelan equine encephalitis viruses. Of course, all of these vaccines may be susceptible to the threat of genetically-altered microorganisms, such as viruses and bacteria, which we discussed in question #1. The Army's Joint Vaccine Acquisition Program at Ft. Detrick, MD acknowledged this problem in a June 1997 report, "Advances in biotechnology are widespread...throughout the world. Such advances make it possible to modify naturally-occurring pathogens and toxins and to amplify desirable characteristics for their use as BW agents."

7. How can I best protect myself if I decide to accept inoculations against these bioweapons?

We recommend that you maintain your own record of immunizations and any adverse health reactions. Many veterans who began to suffer chronic health problems after the Gulf War discovered that inoculations they had received hadn't been entered in their medical records nor was there any notation if they had been sickened by the vaccines. This brochure contains an easy-to-use Vaccination History form, which you should fill in. When it's complete, send us a xerox copy for safekeeping. We will maintain it as a confidential medical record—to be released only with your permission (see back of brochure).

For additional information and legal counselling regarding the military's inoculation programs, please contact us:




CITIZEN SOLDIER

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Deadly Bacteria

Anthrax is a naturally occurring disease in plant-eating animals that can infect all warm-blooded animals. The disease is caused by the bacterium *Bacillus anthracis*.



Rod-shaped spore found in soil

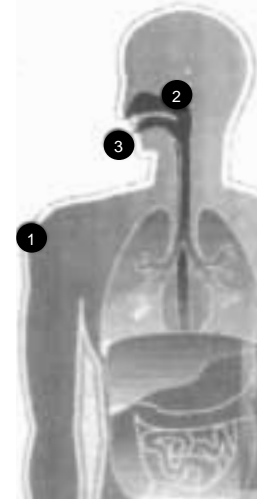
A PREFERRED BIOLOGICAL WEAPON

Some facts:

- Highly lethal
- Easy and cheap to produce in large quantities
- Easy to weaponize

How humans are infected

- Through cuts in skin resulting from contact from infected animals
- Breathing spores
- Eating infected meat



Symptoms begin one to six days after exposure*

- Fever, fatigue, cough
- Breathing problems, sweating
- Bluish skin tone

Treatment

- Vaccination prior to exposure
- Antibiotics immediately after exposure

SOURCE: DEFENSELINK; AP