

# The Anthrax Vaccine

**Because of the terrorist problem, a series of anthrax shots (six required, plus an annual booster) may be in your future. You will want to know what you are getting into, if you decide to take this vaccine.**

## FACTS YOU SHOULD KNOW

**Anthrax.** Anthrax is a highly infectious disease caused by spores from a bacterium known as *Bacillus anthracis*. These spores resist destruction; can lie dormant for centuries; and may be present in the soil for decades, infecting grazing animals (primarily goats, sheep, and cattle) that ingest the spores.

Third-world countries, especially agricultural-based economies, continue to report cases of human anthrax. But it occurs far less frequently in advanced nations (at the present time, about 130 cases per year in the U.S.).

**How contracted.** You cannot catch anthrax from humans. Infection can only occur from three sources of exposure:

The first is **skin contact** with live infected animals or with the hide, hair, or bones of an infected animal. This can cause cutaneous (skin) anthrax infection, which is the most common type, accounting for more than 95% of cases. About 20% of untreated cases are fatal.

The second is **eating undercooked or raw infected meat**. This can cause gastrointestinal anthrax infection, which kills about 20% to 60% of those not immediately treated.

The third is **breathing in airborne spores**. This may lead to pulmonary (or inhalation) anthrax. This form has a high mortality rate of 80% to 90% or higher. Those who are infected generally die within a few days.

**Three stages of infection.** The **first phase** of the infection occurs for up to five days after inhalation of the spores. The patient has flu-like symptoms, such as cough, fatigue, and mild fever.

During the **second stage**, conditions improve as the body tries to fight the disease. But quite rapidly, the **third stage** begins, and a severe respiratory infection occurs. Fever, usually accompanied by chest pain occurs, and there is fluid in the lungs. Within a day, septic shock and death generally occur.

Antibiotics are the primary method of treatment, but only useful if given immediately after exposure.

**Symptoms.** Here is a more complete description of symptoms, not all of which will be experienced by the same victim of the vaccine:

The early symptoms include headaches, malaise, respiratory distress, chills, diarrhea (sometimes bloody), fever, and abdominal cramping. Symptoms often worsen after the third or fourth shot (of the six). Later chronic symptoms include dizziness, chronic fatigue, chest pains, sleep disorders, memory loss, headaches, joint and muscle pain, peripheral sensory neuropathies, intermittent diarrhea, abdominal pain, and recurring rashes. Other known symptoms include blackouts, au-

toimmune diseases, swelling of the limbs, nausea, night sweats, muscle and joint pain, ringing in the ears, cysts, tunnel vision, seizures, and fatigue.

Nearly fifty different reactions have been reported from the shot.

**An untested vaccine.** The original anthrax vaccine used in the U.S. was later modified and the manufacturing process was changed. But a patent was later issued to the U.S. army on a vaccine (called an anthrax "antigen") using a still different process. The army applied for a license for this vaccine in 1967. But the original study of this antigen vaccine was never documented, nor were the results published. It is believed that the army wanted them kept secret. Yet it was the vaccine for which the license was granted (*Thomas L. Rempfer and Russ Dingle, "Information Paper for American's Policymakers," W. Suffield, CT, October 26, 1999, p. 7*).

Thus the current anthrax vaccine has never had proper testing and was never properly licensed as considered safe and effective by the FDA. The only legitimate license was granted for the original vaccine, before it was changed. The Defense Department, in its paperwork, does not acknowledge the existence of this second unlicensed vaccine—yet it was the one given to servicemen in the Gulf War and from the later 1990s onward. This provides an interesting background to the anthrax vaccine crisis we live with today.

**Officially "undefined."** The vaccine has three parts: the protective antigen, edema factor, and lethal factor. Safe vaccines balance the three. But this vaccine is termed "undefined" by both civilian and military medical experts, and the ingredients vary from lot to lot, affecting potency and safety.

**The best record of how safe it is.** In this brief account, we will primarily look at how the U.S. military is making use of the anthrax vaccine, its effects, and the cover-up associated with it. This is because the Pentagon has used it extensively on U.S. troops, whereas it has not been given to many civilians. Learning what happened to our troops, we can know whether we will later want such an injection ourselves.

**Pentagon denial.** The Defense Department denies any connection between anthrax and the Gulf War Syndrome, just as it denied the existence of that Gulf War illness for at least the first five years after that war. More than 130 studies have been funded by the Defense Department, to investigate the causes of the Gulf War Syndrome; yet not one has looked specifically at the anthrax vaccine—although 16 other causes have been considered.

**British study.** But one study done by the British government showed a high correlation of the syndrome in those who received the British anthrax vaccine (*C.E. Fulco, "Health of UK Servicemen Who Served in the Persian Gulf War," The Lancet, January 16, 1999, p. 169*).

**Further checking refused.** The closest we ever got to investigating the relationship were several high-level briefings, which concluded that there was no connection; and recommendation was made against further research into any U.S. correlation of anthrax vaccine to the Gulf War Syndrome.

**Second vaccine entirely different.** After the vaccine had been used for years on Americans, at a General Accounting Office (GAO) hearing in 1999, Kwai Chan testified that “these two vaccines, the original and the newly licensed one of the ’70s, were made using different processes and have different data to support their safety. While these studies identified varying rates of adverse reactions, they did not question the safety of the vaccine” (*Kwai Chan, testifying before the House Government Reform Committee, May 7, 1999*). In spite of varying amounts of response and infection in the second version, which had never been tested, our military did no investigations.

**Inadequate data.** Another interesting statement was made nearly a year later: “In the peer-reviewed literature there is inadequate/insufficient evidence to determine whether an association does or does not exist between anthrax vaccination and long-term adverse health outcomes” (*Conclusion of the National Academy of Sciences’ Institute of Medicine Committee on Health Effects Associated with Exposures during the Gulf War, March 30, 2000*).

Those are big words, for “We don’t know and have never tried to find out.”

**Two shocking studies.** Although the Defense Department, itself, never did any studies on the vaccine, there is some other data on the vaccination results (*from a Statement by Kwai Chan, hearing before the Subcommittee on National Security, Veterans Affairs and International Relations, Committee on Government Reform, U.S. House of Representatives, May 7, 1999, p. 2*):

- A 1997 Pittman study focused on 508 doses given. They revealed high local reactions of 21% (with 5% moderate or severe), plus high amounts of systemic reactions: 29% mild and 14% moderate or severe.
- The CDC reported on 4,000 doses given. Local reactions were up to 30%, with 10% moderate or severe.

**A Korean study.** Using the same vaccine, a Korean study of 337 troops showed reaction rates of minor to severe of 40% for men and 70% for women. For a lengthy period of time afterward, 3% of the men and 8% of the women had a reduced work rate (*Redmond Handy, “Analysis of DOD’s Anthrax Vaccine Immunization Program [AVIP],” report submitted to Call for Amnesty Press Conference, Washington, D.C., February 12, 2001, p. 2*). A Fort Bragg study revealed a 44% reaction rate.

**75% reaction rate.** Testifying before Congress, data was given that one Air National Guard squadron reported a 75% systemic rate of reactions from the anthrax vaccine. Many were too weak to work. These are men and women who formerly were in the best possible

physical health. Some took more than eight weeks to get a diagnosis and treatment.

**50% reduction.** Dr. Renata Engler, chief of the allergy-immunology department at Walter Reed Hospital, said that, of those vaccinated at Dover Air Force Base, 25 service members reported Gulf War illness-like symptoms, resulting in a 50% reduction in function.

Such high rates of reaction are astounding, in view of the fact that the Pentagon is determined to vaccinate 2.4 million military personnel.

**2.4 million before 2005.** The Pentagon is determined to inject all 2.4 million service people with anthrax before 2005, without arousing the opposition of the American public.

**The notorious VAERS form.** VAERS are *Vaccine Adverse Event Report System* forms. One is to be filled out each time a service person has a bad reaction from a vaccine. But it is known that frequently the military either does not fill them out or discards them afterward. They do not want evidence of injury from the anthrax vaccine.

Instead of protecting service personnel from injury from the vaccine, the Pentagon appears anxious to protect itself and to protect the firm which makes the dangerous vaccine.

**Indemnification.** In September 1998, Secretary of the Army Louis Caldera, on behalf of the Defense Department, granted indemnification from legal liability to BioPort, the Michigan firm making the anthrax vaccine.

**Protecting the firm.** An earlier protection was signed in 1992, on a Secretary of the Army letterhead, for the preceding owner of that plant. Here is part of that letter:

“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. There is no way to be certain that the pathogen used in tests measuring vaccine efficacy will be sufficient, or similar to the pathogen that U.S. forces might encounter to confer immunity.”—*Redmond Handy, “Analysis of DOD’s Anthrax Vaccine Immunization Program [AVIP],” report to Call for Amnesty Press Conference, Washington, D.C., February 12, 2001, p. 12.*

**The truth about BioPort.** Because a significant part of the problem is the sloppy manner in which BioPort manufactures the vaccine, here is a little history:

In September 1998, BioPort purchased the anthrax vaccine manufacturing facility from the State of Michigan for \$24 million (*Keith J. Costa, “Audit Paints ‘Bleak Picture’ of Anthrax Vaccine Maker’s Viability,” Inside the Pentagon, April 13, 2000, p. 14*). Less than two weeks later, BioPort was awarded a \$45 million sole-source contract to supply anthrax vaccine to the Pentagon.

Major Glenn MacDonald, USAR (retired), in his book, *Greed and Guinea Pigs: Risking the Health of the U.S. Military*, revealed the background of this mess.

Also see *David Oppliger, statement to House Majority Counsel to Democratic members of the House Oversight and Ethics Committee, September 23, 1998.*

**Conflict of Interest.** Two former directors at that Michigan plant (Robert Myers and Robert van Ravenswaay) wanted to purchase the facility, for they knew that major profits would accrue when the government signed new contracts for the anthrax vaccine. But when Michigan State Representative Lingg Brewer called it a conflict of interest, Myers stated in the *Lansing State Journal* (November 30, 1996) that he was not involved in buying the plant. He wrote: "I am a state employee . . . this would be a conflict of interest." The problem here was that, as the plant director, he knew of the \$130 million contract with the Pentagon as early as October 2, 1996, before the purchase. This knowledge placed Myers and Ravenswaay in an unfairly advantageous position.

Then, in January 1997, before the purchase, Myers and Ravenswaay filed a for-profit corporation under the name MBPI, with 60,000 shares of stock. One week later, sale of the plant was authorized. On June 10, the MBPI increased its shares to 1 million. In one letter, Myers confirmed that he knew in advance of the confidential bids for the plant. The pair also solicited financing from at least one other bidder, which was a violation of non-disclosure requirements.

Myers and Ravenswaay later joined the board of BioPort, which was the top bidder; and Myers became its chief scientific officer. The purchase was announced on June 2, 1998. Both before and after the purchase, Myers had not maintained proper quality controls at the plant; nor did he do so afterward.

**Fuad El-Hibri enters.** This same year, MBPI was resold to Fuad El-Hibri, a man of Near Eastern (Lebanese) descent, who became a U.S. citizen a month after the purchase. He called the firm BioPort. About three weeks after the purchase, BioPort received a \$29 million exclusive contract with the Department of Defense to manufacture, test, bottle, and store the anthrax vaccine. Over the next five years, BioPort was expected to produce \$60 million worth of anthrax vaccine. By August 2001, the Pentagon had given BioPort \$126 million.

**An admiral joins.** There had been bidders lower than BioPort; but former chairman of the Joint Chiefs of Staff, Admiral William Crowe, who only recently had retired, had been quickly placed on El-Hibri's BioPort board of directors. He immediately helped make sure that BioPort got the plant.

Some believe Crowe had been rewarded for publicly defending Clinton in his first presidential bid. At a time when few others would do so, Crowe stood before the TV cameras and declared Clinton to be a good man. Later still, Crowe was appointed ambassador to Britain, another high-paying job.

**Where the money is spent.** Records show that BioPort has since spent millions on sidelines (such as \$23,000 on the chief executive officer's furniture and \$1.28 million in management bonuses for its executives)

while still not improving the quality of the vaccines. To this day, BioPort continues to fail FDA inspections.

*So much for the place where the vaccine is not properly made; what happens to the people who take it?*

**Personal experiences.** Thomas Heemstra, in his book, *Anthrax: A Deadly Shot in the Dark*, described several incidents that he personally knew of in the U.S. Air Force. Heemstra was an F-16 Fighter Squadron Commander and had a successful military career spanning 20 years, with over 3,000 flying hours and 15 combat missions in the Middle East before he was forced out of the military for refusing to take the anthrax vaccine. Here are a few of many incidents he describes. Americans are frightened of anthrax and smallpox terrorism; we need to become afraid of the vaccines against them!

**Nine of Twelve.** "In Battle Creek, Michigan, nine of twelve personnel from a small unit preparing to deploy to the Middle East were given the shot and became sick. Three of those were seriously ill. They were harassed and the officers made an example of them. They were called malcontents and poor workers, even though they had excellent work records. Worse, they could not get the medical treatment they needed and deserved. Their symptoms were similar and very troubling for any fighter pilot; these included memory loss, chills, fatigue, muscle aches, and dizziness."—*Heemstra, p. 38.*

**Aged 20 years.** "Within six weeks of his fifth shot, Master Sergeant Clearence McNamer of Vacaville, California, experienced severe symptoms. He wrote to the *Air Force Times*, 'I began to experience severe insomnia, headaches, twitches in my right arm, involuntary tremors and complete loss of scalp hair, eyebrows, and facial hair . . . eyesight worsened, hot and cold flashes, exhausted all the time, chest pains, shortness of breath, and moments of memory loss. [I] feel and look like I've aged 20 years. Some of the symptoms have subsided, but I am concerned about the long-term effects.' With most people, the vaccine has its worst effects after the third or fourth shot.

**Can barely walk.** "Laurie spoke to reporters for her father, Air Force Reservist Earl Stover, because his symptoms are so severe and limiting. He has health problems every day from ringing ears to chronic fatigue to memory loss. Previously a very strong man who hung drywall, [now] barely able to walk or keep his balance.

**After two shots.** "Jason Nietupski, an Army reservist, was diagnosed with an autoimmune disorder case by the first shot and became markedly worse after the next two. His symptoms ranged from sores all over his mouth to blood clots in his legs, which make him unable to stand for long periods. Not only does he suffer from chronic fatigue syndrome, but he has been diagnosed with an allergic reaction called Stephen Johnson Syndrome. His medical records are six to eight inches thick, from his own description.

**Totally ruined.** "Thomas J. Colisimo of Pennsylva-



nia, once an amateur weight-lifting competitor, now gets winded pulling his wheelchair out of his pickup truck. He had the typical, fairly serious symptoms from the first two shots. The third resulted in nine cysts on his scalp that had to be surgically removed, one the size of a half-dollar. Still, he didn't associate these symptoms with the shot until his fourth one in September 1999. From this, he lost 50 pounds and began unexpectedly passing out. Three months later, he was suffering from fatigue, tunnel vision, and the first of his blackouts which lasted 30 to 45 minutes. He suffers from low-blood pressure, memory loss, depression, explosive and unexpected loss of bowel control, and cognitive difficulties. Sleep apnea causes him to stop breathing in his sleep up to 60 times per hour.

"Military doctors told him that the cysts were probably from a milk allergy, that everything else was psychosomatic, and that he was starving himself. They would not allow him to see his own medical records, saying they were confidential. He was told that his symptoms were not anthrax-related and that he had to take the fifth shot, which he refused."—*Heemstra*, pp. 39-40.

Only the most capable men and women, in the very best physical condition, are selected to fly fighter planes. Yet after a few injections of an extremely small amount of fluid, many have been ruined for life.

**Really protective?** Here is what two medical experts say about that part of the anthrax vaccine, called the "protective antigen," which is supposed to keep you from getting anthrax:

"No direct determination of the content or structure of the protective antigen in the vaccine have been made, and it is unknown whether the protective antigen is biologically active."—*Dr. Philip Brachman and Colonel Arthur Friedlander, M.D., Anthrax, in S.A. Plotkin and E.A. Mortimer, Jr. (eds), Vaccines, p. 739. [Friedlander was chief of bacteriology at Fort Detrick, our military headquarters for biological warfare research.]*

Why then is this dangerous liquid being injected into American citizens? If only one person is protected from taking any of the dangerous shots described in my book, *The Vaccination Crisis*, it will be worth the work it took to write it.

**Comparing medical claims.** After the Vietnam War, 9.6% of the veterans filed medical claims due to the war. The Korean War was 5% and World War II was 6.6%. As of March 1, 2001, 36% of the Gulf War veterans have filed claims! Yet that was from a war that only lasted a little over four days!

**Astounding facts.** Of the 700,000 military sent to the Gulf, 263,000 sought VA (Veterans Administration) medical care and 185,780 filed claims. Of the 171,878 claims processed, 149,094 were approved. Already,

more than 9,600 Gulf War veterans have died! Yet nearly all of them were in their twenties in 1990.

During that war, more than 14,000 chemical-agent detection devices sounded repeatedly, yet they were all discounted as false alarms.

It is of interest that, of the service personnel who did not go to the Gulf but still received the anthrax vaccine, 12% developed Gulf War Syndrome.

It should be mentioned that the highest rate of physical problems (42%) was experienced by those troops who were in Kuwait or Iraq, for they were exposed to additional contamination. Here is a summary from a special, detailed report in a large natural remedies book:

"Pesticide collars and sprays, nerve-gas inhalation, swallowing anti-nerve gas (PB) tablets, Mycoplasma infection from the nerve gas, anthrax vaccines, breathing smoke from burning oil wells, and drinking 'diet' ('sugarless') soft drinks heated above 86° F."—*Vance Ferrell, Natural Remedies Encyclopedia, 3rd Ed., p. 487.*

**More vaccines ahead!** In all that you have read in this chapter, you should be made aware of the fact that the anthrax vaccine is only the start.

**Forty more vaccines!** The Joint Vaccination Acquisition Program (JVAP) is a \$322 million, ten-year program for the development, production, testing, and storage of vaccines. A wide range (as many as forty) of vaccines are being developed to "protect" U.S. armed forces against potential biological warfare agents (*William F. Jasper, "Vexing Vaccine," New American, November 20, 2000, p. 10.*)

The Pentagon plan, that it must maintain exclusive control of all aspects of these new vaccines, is deeply flawed. It will be in a position to hide negative data, just as it has with the anthrax vaccine. Military leaders were trained to fight wars, command men, and get the job done. They were not taught to be careful of the lives of service personnel.

"As the JVAP moves forward, DOD [Department of Defense; *i.e.*, the Pentagon] will fund and control all steps in the vaccine process, from initial research and development to manufacturing and administering the vaccines. If history is a guide, assessment of efficacy and safety, stringent manufacturing controls, and normal FDA oversight may be compromised. If the vaccines are licensed as proposed, no informed consent need be obtained and vaccinations will probably be mandatory. The Defense Department is assuming greater authority over the medical interventions given to troops, at the same time that it has failed to follow agreed upon procedures for the use of experimental drugs and vaccines."—*Meryl Nass, M.D., "Anthrax Vaccine: A Model Response to the Threat of Biological Warfare," paper dated July 19, 1998, p. 14.*