

Written Testimony of Maj. Dingle and Capt. Rempfer, CT ANG

Opening Statement by Captain Thomas L. Rempfer

Good morning. I want to begin by thanking the Congress for all you do to insure America has the best trained, equipped, and protected military in the world. And I thank the members of this Committee for your willingness to thoroughly review the Anthrax Vaccine Immunization Program (AVIP). Given the rapid rate at which this costly program is progressing, I believe timely action by Congress is critical to insuring that the vaccination policy is truly in the best interests of force protection.

There is an important common bond behind why we are all present today. It's because we all care about our armed forces. We simply disagree on what form of force protection is best for our troops. Do we achieve it through mandatory vaccines, or through other means? The answer to this question is important, because it is forcing servicemembers to make serious choices about the future of their military careers.

Out of respect for the military and my chain of command, I am not here today in uniform. My professional dissent on this policy brings me to Congress only after attempting to resolve my concerns through my chain of command. I believe it is my duty to continue to speak out against the dangerous doctrinal precedents and questionable effectiveness presented by the anthrax policy. We are not here to speak out against shots required for the public's health - we take those shots, and lots of them - we are here to speak out against vaccines for biological weapons.

As an Air Force Officer, I have obeyed orders for nearly 16 years while serving as a fighter pilot in Korea, Central America, Bosnia, and the Middle East. However, that is what makes my duty today so difficult, because from my earliest training at the Air Force Academy, I have also been trained to question orders if they are objectionable. I learned this from officers who lived through the challenges, and learned the lessons, of the Vietnam War.

Today, it is not the legitimacy of the order that I question, or the officers enforcing the Department of Defense Directive. Instead, I question the assumptions on which the policy is based, and feel that by implying our troops are protected against anthrax, we may actually place them in more danger.

The Defense Department acknowledges they did not anticipate a resistance to the anthrax vaccination policy. Resistance to the policy is based partly on our self-education that revealed the cursory nature of the review that occurred prior to implementation of the program. Therefore, I hope this recognition warrants a Congressionally directed, comprehensive review that also answers the following questions:

1. What suddenly mandates the use of this outdated vaccine? Both the capability to weaponize anthrax and the FDA approval for the vaccine have existed for decades. The troops are asking, just as the Chairman asked in his opening statement, 'why now?'
2. Why force us to take a vaccine that was not intended to combat inhalation exposure to anthrax, and that will be defeated with different or mutated strains of anthrax, or simply a different pathogen altogether? The body armor the Surgeon General of the Air Force mentioned in his opening statement may really be 'tin foil armor.'
3. Why abandon the time-tested deterrence doctrine of massive retaliation that was successful in the Gulf War by mandating a force protection measure that may create a façade of force protection, possibly endangering our soldiers.

4th. And finally, could it be dangerous to erroneously imply to our top military and civilian leaders that we can withstand a biological weapons attack through defensive posturing? Why have we prudently avoided this path for the preceding three decades? Perhaps it's because we can't protect against biological weapons and this dynamic form of warfare.

After answering these questions, I believe you will conclude we can do better than an outdated, marginally effective vaccine that targets only one of many potential biological threats. Instead, I hope Congress will mandate a program that offers real, comprehensive force protection based on the logical foundations of intelligence, detection, external protection, and medical treatment.

These foundations of force protection rely upon a credible willingness to use force. This resolve won the Cold War and the Gulf War. Abandoning this time-tested doctrine, and emphasizing the inevitability of biological attack as the DoD spokesman did today as a means of advocating a defensive anthrax vaccination policy, may inadvertently result in legitimizing biological warfare.

A monument in Washington honors America's soldiers by saying, "First in war, first in peace, and first in the hearts of our countrymen." Just as that quote impressed me, I am equally encouraged by your committee's decision to keep servicemembers interests "First" by reviewing the anthrax program.

The dialogue you have initiated today could perform a vital service to this nation by halting this potentially dangerous doctrinal shift. You can help insure our armed force's readiness by stopping personnel losses due to this program. And you can help ensure the armed forces remain an attractive service option for young Americans.

It is my ardent hope that this review will stop any further mandatory vaccinations until a thorough, unbiased, and scientific review is conducted. This review may find that the costs of the anthrax vaccination policy far outweigh its limited force protection benefits.

I sincerely thank you for the opportunity to testify today.

- **Spring 1998:** Flight Surgeon briefed the AVIP. He said that it was a six shot series and very expensive, and that the ANG would have very low priority, so we wouldn't be seeing it at our base for a long time.
- **Spring and Summer 1998:** Research by officers began from Internet sites, and government documents. Officers remained skeptical of reports or stories that did not cite references. We obtained a copy of Senate Report 103-97 (Is Military Research Hazardous to Veterans' Health?; Lessons Spanning Half a Century). It was an official government document that said the vaccine should be considered investigational, and that the government could not rule out the vaccine as a causal factor in Gulf War Syndrome.
- **Late Summer 1998:** We began to develop a roster of pilots to deploy to the Gulf. The DOD guidelines were that you don't require the vaccine unless you're spending more than thirty days in the theater. Most pilots would be going for less than three weeks, so we wouldn't be getting the shots. It became apparent that several officers would not be taking the shot under any circumstances when they did become a requirement, and this word made its way to the command structure.

- **September UTA, 1998:** The wing commander announced a policy regarding anthrax: all officers regardless of mobility status would begin the anthrax shot series in October whether they were deploying to the Gulf or not. Considerable resistance surfaced, so a meeting was held on September 27, 1998. At this meeting the wing commander assured us that those who chose not to get the shot would be treated equally, i.e. a pilot would receive the same punishment as a supply officer, and flying status would not be used as a punishment tool for pilots. We were supplied with basic Xeroxed information regarding the vaccine (Exh. A, B, C)
- **Early October 1998:** Tiger Teams were formed, and for a short time the shots became optional, unless you were scheduled to be in the Gulf for more than 30-days. Maj. Dingle announced his intention to leave the unit at this time, but only after completing his performance report duties, and serving on Tiger Team Alpha. Tiger Team Alpha would research the anthrax vaccine and develop a list of questions for the commander to send to higher HQs. Tiger Team Bravo would research the legal aspects, avenues, and options for guardsman that chose not to take the shot. Maj. Dingle and Capt. Rempfer were the two pilot participants in Tiger Team Alpha. Maj. Dingle performed the bulk of the research and worked very hard to ensure the information presented was factual. Only material including government documents or established publications were used. The team member's initial list of questions (Exh. D, E) ultimately evolved into the dictated document that was to be no more than two pages (Exh. F). We presented 15 questions with supporting information to the commander. Examples of our documents include the FDA report (Exh. G) showing microbial contamination in the sublots our unit's lot was derived from (FAV 030). (Note: not all our sources were obtained for the original Tiger Team report – yet many additional references are obtained through our research paper at the end of this summary chronologically listing the attachments). I.e. We've included the Dr. Burrow's letter (Exh. H), stating in Enclosure point #2 that the FDA inspection drove supplemental testing. As well, and in contrast, a letter to the editor by Dep. Sec. Of Def. Hamre (Exh. I) contradicts the Dr. Burrows letter by saying the exact opposite. Finally, we asked our wing commander for the supplemental testing results of our lot FAV 030. We were only provided with the '96 paperwork for the original production testing (Exh. K). We pressed for the supplemental testing results and they were never provided.
- **October 1998:** The wing commander subsequently forwarded Tiger Team Alpha's questions to Major General Weaver (Exh. K). We are still waiting for answers. According to the wing commander, the shots were to be delayed until the answers came back, and they would be optional unless you were scheduled to be in the Gulf from more than the thirty days IAW HQs guidance. The wing commander later informed us he actually forwarded a letter up the chain of command to summarize our inputs (Exh. L). His letter reduced our questions to 4, and in the 5th note of the attachment he refers to us as "hard liners", and maintains the unit will be better off when we are gone. At this point we were not very confident answers would be forthcoming.
- **November 1998:** Unit leadership arranged Dr. Huxsoll, Dean of Veterinarian Medicine at LSU to appear at the unit to dispel our concerns. Upon the night of the event all unit members were provided with a guidance sheet of what they could and could not ask (Exh. N). Contrary to the flyer, Dr. Nass was not invited until 8pm the night prior, via a phone message on answering machine to one of the unit members. Maj. Dingle attended the event and wrote a summation of the evening (Exh. O). As well, it was video taped and the video can be obtained from the NGB in DC. Although the NGB taped it and provided it to other ANG units on closed circuit TV, they did not edit it, and ANG members who have watched it have become very concerned with it's content.
- **November UTA 1998:** It became apparent that the answers to the Tiger Team inquiries were not forthcoming, and we were told that the anthrax debate was over, that our questions could not be answered, and that the shots would begin. As well, following our wing commanders' inquiries up the chain of command as to the rationale for the 30-day in country requirement, that requirement was changed to one-day. As a result, 16 vacancies appeared on the deployment list.

- **December UTA 1998:** As a result of the sudden vacancies, and the deployment roster being half full, the unit leadership announced another policy change. All pilots will either take the shots or leave the unit. We were encouraged to leave ASAP, or our fate might be out of our commander's hands. We were also relayed the message by our commanders from our State's TAG, MG Gay, that anyone refusing the vaccine and trying to leave over it, would never work in the military again in any capacity. The policy letter (Exh. P) designates a deadline of the Jan. UTA, and grounds all pilots not in compliance, despite earlier assurances that flying status would not be used as a punishment for refusal. Capt. Rempfer announced his intention to transfer to another military capacity at this time.

- **December 1998:** We gained access to two ANG messages. The first was the ANG message on Force Health Protection Guidelines (Exh. Q). This document prescribes the use of P-tabs for forces, despite our commander's insistence that he'd never make us take them. We felt this was a severe contrast to the way the Anthrax Vaccine Immunization Program (AVIP) was being conducted. As well, we received the ANG message on the AVIP (Exh. R). It specifically stated three phases, where with the most liberal interpretation we would be classified as Phase II. So why the rush to take the vaccine with a Jan. 2000 deadline? We were told it was to get rid of those who could not be relied upon. As a result Capt. Rempfer filed an IG complaint (Exh. S) with the NGB (subsequently he was informed it would not be investigated since it related to DOD policy):
 - I. If you go to a High Threat Area (HTA) for any amount of time, you require the Anthrax vaccination.
 - II. Early deployers have to get the shot by Jan. 2000.
 - III. All others by 2003.

- **Fall of 1998:** We contacted are elected representatives (Exh. T-1, to T-9). We are still waiting for responses from most, and the only initial letters we received maintained they would contact the DOD, or repeated information off the DOD website.

- **January UTA:** Nine pilots decided to not take the vaccine. One had decided in Oct. to transfer to another non-flying position, so he was not included in the numbers. The squadron commander issued a letter confirming the 8 losses (Exh. U). Subsequent to that he reported different numbers to the chain of command, which showed only 2 pilots departed due to the anthrax issue. All the involved pilots were upset at the misrepresentation and signed, a letter confirming it was the anthrax policy that forced them out of the cockpit (Exh. V). The TAG reported these inaccurate numbers to a congressional interviewer, and Mr. Kevin Bacon reported it in a Pentagon newsbrief.

- **January 1999:** We evolved our original Tiger Team paper into an 11-page research document over time analyzing the myriad of issues of the AVIP (Exh. W). We pressed our concerns again up the chain of command and also posted them on the Internet.

- **February 1999:** As a result, we did obtain 17 detailed answers to our questions from sources outside our chain of command (Exh. X), but were later informed they were merely a draft prepared to answer the questions the Surgeon Generals might face by the 20/20 ABC news representatives. We are adding the answers to the website, despite the fact that they are still in draft form, to try to get the full set of information out to the public. Also, the NGAUS Magazine did an article (Exh. Y) in March dispelling the DOD's myth that the military members that are concerned with the vaccine are simply "misinformed." It specifically says the DOD didn't know our research was conducted professionally and thoroughly, and was well cited.
- **March 1999:** Capt. Rempfer published an Op Ed. in the Baltimore Sun to try to expand the debate on the AVIP. The goal is to help servicemember's, legislators, and Americans understand that the issues with respect to the AVIP are much more complicated than soldiers being scared of a vaccine.

Summary:

1. We feel the DOD's claims of widespread use of the anthrax vaccine are an exaggeration.
 2. We feel the DOD's claim of safety and effectiveness is unsubstantiated exaggeration.
 3. We feel the DOD is discrediting honest service members that are concerned about a very important force protection issue.
 4. We feel the DOD is misrepresenting the numbers to Congress on the losses the AVIP is costing our country.
 5. We feel the AVIP needs to be reviewed, and we know that almost every service member who we know feels the same way, even if they've taken the shot.
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