

STATEMENT BY
JON IRELAN
TO
GOVERNMENT REFORM COMMITTEE
HEARING ON

ANTHRAX VACCINE IMMUNIZATION PROGRAM – WHAT HAVE WE
LEARNED?

OCTOBER 3, 2000

My name is Jon Irelan.

I am Regular Army Officer assigned to Fort Lewis, Washington with a duty location in Tigard, Oregon.

I am serving as an adviser to Oregon's Enhanced Infantry Brigade. I am here today to tell you that I have suffered a severe autoimmune reaction to the Anthrax vaccine.

I have returned to Oregon advisory duties after just completing a remote, one-year unaccompanied tour to the Kingdom of Saudi Arabia. My health problems began while I was stationed in Dhahran, Saudi Arabia after having taken the vaccine.

I arrived in Saudi Arabia on 8 May 1999. My duty location was in Dhahran/Dammam/ Al Khobar area near the Persian Gulf as a member of a three man advisory detachment. When I arrived, I was in excellent physical condition and weighed approximately 175 pounds. I had taken the first three Anthrax shots at Madigan Army Medical Center (Fort Lewis, Washington) before I deployed. However, on 3 October 1999, when I was in Saudi Arabia, I received my fourth Anthrax vaccination (Attach A). By the morning of 4 October, I was sick and started to develop the following symptoms: loss of facial hair, shrunken testicles (to peanut size), rapid weight gain (mainly in the form of subcutaneous fat), mood swings, severe groin pain, a substantial of muscular strength and complete loss of libido.

On 4 November I was able to visit our Joint Aid Station in Riyadh. I walked into the clinic and asked the Physicians Assistant to check me out. He immediately called in the flight surgeon who examined me and diagnosed me as having hypogonadism and wrote a referral to Urology, and ordered an MRI (Attach A). I was sent back out to Dhahran to seek medical attention at a contracted Saudi facility.

At the Saudi facility, the urologist immediately sent me over to their endocrinologist since he found no signs of injury to my testicles. The endocrinologist ordered blood tests to look for indications of brain tumors. Blood tests returned within normal range except in the testosterone area. The endocrinologist started me on heavy doses of oral testosterone. My symptoms quickly vanished. However, both the endocrinologist and I had expected that I would be able to drop down to a lower maintenance dose and eventually no-testosterone at all. We were both wrong. As I would later learn, my testicles were dying.

Several weeks later, while home in the States over Christmas with my wife and two children, I paid a visit to my civilian doctor. I wanted to update him on what was going on with me. Both he and my wife's uncle (a radiologist) were very

concerned that the symptoms returned, with a vengeance, at each attempt to reduce my dosage. My doctor asked me to have another MRI to make certain that something had not been over-looked the first time. Back in Saudi Arabia, I had another MRI and a retinal scan in March 2000. Both tests came up negative for brain tumor. About this time, a new flight surgeon examined me when he visited our remote area. He shared my concern over my increasing need for testosterone and requested that the endocrinologist consider returning my dosage back to the original high daily dosage rate since my beard was again thinning and my libido was dead. The Saudi endocrinologist readily agreed and again returned me to the maximum daily dosage.

On 1 May 2000, while I was in Riyadh to out-process, the flight surgeon was reviewing my records to ensure that they were complete for my return to the States and reentry back into the Army Medical system. It was during this meeting that the connection to the Anthrax vaccine was raised by the flight surgeon when he reviewed my shot records. The flight surgeon specifically said that I should never take another Anthrax shot. He directed me to report to a tenant Air Force Medical Company to file a Vaccine Adverse Events Reporting System (VAERS) report using their terminal (Attach B). However, when I arrived at the medical company, an Air Force Sergeant got very excited, told me to stay put, and he ran from the room. Moments later, an Air Force doctor came in; grabbed my records, read the referring flight surgeon's note and then promptly bent-back the top sheet in my medical records and wrote that he did not believe that there was any connection between my unexplained or "idiopathic" hypogonadism and the Anthrax vaccine, recommended that I first see an urologist and sent me on my way (Attach C). He never even spoke to me nor did he examine me. Had he bothered to read my file, he would have seen that I had been under medical care for this problem for nearly six months. The referring flight surgeon (only a Major himself) was not able to get the report filed.

Later that afternoon, at the close of my exit briefing to my general, I told him that he needed to be aware of the incident at the Medical Company. He became angry himself and asked what he could do to help. He said he was going to personally call the commander at Madigan Army Medical Center to make sure I received care. I told him that I was going to ask the Joint Aid Station to set up referrals at Madigan Army Medical Center for my return to the U.S. The next day, I returned to Dhahran to spend my remaining few days in the kingdom introducing my replacement to my Saudi counterparts. I had two referrals in my hand (for urology and endocrinology). I only had an appointment time for urology. I returned to the U.S. on 7 May 2000.

I traveled from my remote duty location in Oregon to Ft. Lewis, WA for in-processing on 22 May 2000. I had my urology appointment on the afternoon of the following day. My plan was to stay the night and take care of medical issues the 23rd of May before driving back to Oregon. Since I did not have an appointment for endocrinology, only a referral, I drove to Madigan Army Medical Center to see if they might be able to squeeze me in. As I topped the escalator, in the Medical Mall, a voice called my name. The receptionist came out from behind the her desk and said to me, "We've been looking all over for you. Sir, you need to know that the Surgeon General was just here talking about you."

Not quite grasping the significance of her statement, I jokingly replied, "So the fix is in, ha?" She did not laugh but raised her eyebrows. She instead asked for my medical records and said that I should return at 8:00 am the next morning (23 May 2000). The following morning I reported as directed. A nervous endocrinologist gave me a cursory examination. His primary attention appeared

to be focused upon discrediting the first-hand observations of the two flight surgeons and the endocrinologist who had treated me in Saudi Arabia. He said he could not, of course, tell if I really had those symptoms since I was already being treated for them. I told him that I never diagnosed anything. I simply stood there and real doctors did the diagnosing. He mumbled to himself about what a hot political topic this was. The exam also noted such germane issues as my lack of interest in seeking counseling to quit smoking cigars and the occasional cigarette. He ordered no tests and I must admit, I was happy to leave his company. As I was preparing to leave, the doctor came out into the lobby and gave me a copy of his write-up (Attach D). He then told me that he knew that I was going to urology next and that he would defer to their judgment as to whether I would continue to receive testosterone or whether I would resume the Anthrax injections. After a quick lunch, I returned for my urology appointment. I was prepared for more of the same treatment.

I was seen by a young urologist. He gave me a thorough examination. He asked pertinent questions as he studied my file. As he sat at his desk, with his back to me, he started shaking his head. He turned and said, "Sir, I apologize. You must be extremely frustrated by the care you have received."

Still the naive Infantryman, I thought he was referring to the half-hearted examination I had received at endocrinology hours before. I told him it was OK. I was not expecting much more. The urologist then excused himself and returned with the chief of the urology department. The chief performed his own examination. He said to the other doctor, words to the effect "Screw them, I'm treating him!" He said that I was now his patient. He then told me that I had Primary Testicular Failure and would have to take testosterone for the rest of my life. He said that "something" had caused my body to attack itself and we may never know why. I didn't press him. This doctor was putting himself in harm's way just to treat me. He apologized for now having to put me through two weeks of no testosterone so that he could "washout" the foreign made medication before starting me on a U.S. made product.

The next two weeks were bad. I lost my beard, suffered terrible chills, hot flashes, muscular weakness, bed-sweats, mood swings and groin pain. Occasionally, ringing ears and blurred vision. Mercifully, on 12 June 2000, I returned to urology submitted to another blood draw for testosterone baseline after a short two-week period. Then I demonstrated to the nurse's satisfaction that I could give myself my own deep-muscular injections of testosterone. I started to feel "normal" again several days later.

I returned to my civilian physician several days later. He is still my primary care provider here in Oregon. He read through my entire medical file and got very upset. He told me that competent medical care could likely have saved my testicles. He said that suspecting Anthrax as a source of autoimmune reaction, to a Saudi doctor, would be like someone walking into a local doctor's office with a rare tropical disease; that doctor is not likely to ever make the connection. When my doctor telephoned some other colleagues, he became concerned that whatever was attacking my testicles could still be attacking something else. They were also puzzled by the absence of other tests that might help to identify the cause of my problem. He was puzzled why I had never been referred to an immunologist. As a former Army physician himself, he wondered why I was not sent to the servicing Army Hospital in Germany aboard the scheduled medical rotator flight at the first diagnosis of potential brain tumor.

I contacted Dr. Meryl Nass, MD with my doctor's concerns and asked her if she was aware of others possessing similar symptoms. She immediately replied

saying that she was aware of others with my symptoms and agreed that my physician was correct in his concern about the continued attack on my body. My doctor was totally convinced that I must seek private testing and evaluation at a top civilian medical facility.

I called the VAERS Hotline. There has never been a report filed on my behalf.

Since then, I have sought assistance at a private medical facility. The attending endocrinologist said that I am not exhibiting any other symptoms or signs of autoimmune attack at this time.

I sought assistance through Representative Jack Metcalf's office on 22 July 2000. Congressman Metcalf's office has been assured that a VAERS report will be submitted concerning my own suspected reaction to the Anthrax Vaccine.

I continue to serve in my capacity as an active duty advisor. My retirement date from active duty is 1 June 2001. I am continuing to receive testosterone injections at a rate of once every 12 days or as symptoms start to return. I believe that I will have to take these shots for the rest of my life.

Members of Congress, I appear before you today to tell you that I would willingly lay my life down for the United States of America. I feel that certain members of the Department of Defense have breached the trust that is supposed to exist between soldiers and our leaders. No one needs to tell me that military service is a dangerous occupation and that there are risks associated with that service. But what I wish

someone would explain, is why certain civilian and uniformed members of the Department of Defense have been permitted to inflict this unproven investigational drug on my fellow soldiers and why they have been permitted to perpetrate the deceptions and half-truths that surrounds this program.

I and my fellow service members, who have been sickened by the Anthrax vaccine, come to you, our elected representatives, for help.

Please, do not abandon us.