

UNITED STATES DISTRICT COURT

FOR THE DISTRICT OF COLUMBIA

JOHN DOE #1 et al.

Plaintiffs,

v.

DONALD H. RUMSFELD et al.,

Defendants.

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Civil Action No.: 1:03CV00707 (EGS)

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Declaration of Luis Angel Hernandez

1. My name is Chief Petty Officer Luis Angel Hernandez, USNR. My Naval Reserve unit, Mobile Mail Company "K, Supply Support Battalion Two, was mobilized for duty in the Persian Gulf in Bahrain from February to May, 2003. I was required to take anthrax and smallpox vaccinations for this deployment. On February 2, 2003, I was given my first anthrax vaccine; on February 15, 2003 I was given my second anthrax vaccine; on February 26, 2003, I was given a smallpox vaccine; and on March 4, 2003, I was given my third Anthrax vaccine.

2. Two to three weeks after my third anthrax vaccine I developed a bullous lesion on my left leg, and I have subsequently had a total of 11 lesions. I began to experience chest pains, profound fatigue, and migraine headaches. I then began to experience chronic muscle pain and spasms. These conditions continued and became worse after I returned to the United States. I sought medical care from the Navy, but their medical providers were either unknowledgeable, uncooperative or both. I also began to take a significant

amount of sick leave from my employer, the U.S. Postal Service, after a long record of taking little sick leave.

3. Therefore, I began researching vaccine-related illness and became aware of the National Vaccine Healthcare Center at Walter Reed Army Medical Center (WRAMC). However, when I requested to be seen there, the Navy would not send me (i.e. provide funds for travel and per diem, and place me on active duty orders). So, I had to file a Congressional complaint against the Navy to be seen at the Vaccine Healthcare Center. In January 2004 I was given orders by the Navy to go to Walter Reed. I was seen by both the Deployment Healthcare Center and the Vaccine Healthcare Center, where numerous doctors from Walter Reed examined me. Dr. Limone Collins, M.D. clearly stated in his Medical Board Addendum that my history of persistent physical symptoms after my deployment were associated with anthrax vaccine. In my January 20, 2004, clinical summary from the Vaccine Healthcare Center at page number 7, he stated:

“ The occurrence of headaches and myalgia following the receipt of vaccines has been well documented. The immunopathogenic mechanism of these symptoms has yet to be clearly defined. We have noted that in a number of service members who now exhibit chronic, refractory headaches as well as persistent musculoskeletal pain in temporal association with the receipt of the anthrax vaccine. Based on these observations, we are attempting to establish case definitions as well as diagnostic, treatment and vaccination options.”

4. After receiving an evaluation at Walter Reed for over a month, I was then sent to the Washington (DC) Navy Yard with my medical records and diagnosis to be evaluated by the Navy for a service-connected medical disability. I never received a medical examination or even met any Navy doctors at the Washington Navy Yard. Yet, on February 26, 2004, Captain (Dr.) Frank L. Nuar, MC, USNR, stated in his review of my WRAMC records that there was no correlation between immunization and

symptomatology. He reached this finding even though Navy doctors, including Captain (Dr.) Nuar, never evaluated me during my time at Walter Reed or at Washington Navy Yard. Captain Nuar also stated that I was fit to separate, fit to re-affiliate with the Navy Reserve, and fit to be recalled to Active Duty.

5. In contrast to Navy Captain (Dr.) Nuar's findings, my Walter Reed Vaccine Healthcare Center evaluation, dated January 20, 2004, had stated:

"Chief Hernandez' life has been profoundly effected by his clinical symptoms. He is in continual pain, has difficulty functioning at his civilian job and has used 400 hours of sick leave. He is unable to run or walk briskly..." [sic]

6. In my subsequent disability evaluation by the Navy, I was offered a 10 percent rating for only migraine headaches, which I did not accept. I appealed, and in December 2004 I was given a 40 percent rating for fibromyalgia by the Navy medical board at Bethesda Naval Medical Center.

7. This finding clearly affirms the diagnosis made by the experts at the Walter Reed National Vaccine Healthcare Center, and refutes the finding of a Navy doctor who never even met me much less examined me. My experience should demonstrate for the court how military physicians routinely dismiss vaccine-related illnesses, and how military medical boards deny or minimize disability ratings even when they are justified by diagnoses in servicemembers' medical records. I received a 40 percent rating only because I fought for it.

8. Given my experience, I am absolutely opposed to a resumption of anthrax vaccinations under either a voluntary or involuntary system. The FDA's recent approval for DoD to restart the shots was based on the military's flawed adverse reaction reporting – and outright denial that these chronic illnesses occur. If cases like mine, and of other

chronically ill servicemembers I met at Walter Reed were objectively considered, then the FDA could not credibly say the vaccine was safe. I urge the court to subpoena the medical records from servicemembers evaluated at the Walter Reed National Vaccine Healthcare Center. These medical records, combined with VAERS reports, will demonstrate that anthrax vaccine is not safe.

9. I have granted permission to those organizations filing a joint amicus brief in opposition to the government's emergency motion to restart the anthrax vaccine shots to use my medical records and other documentation. This statement is to certify that the records I have provided these organizations are true and exact copies of my military medical records and related correspondence.

Pursuant to 28 U.S.C. 1746, I declare under penalty that the foregoing is true and correct. Executed this 28th day of February, 2005.

/s/

Luis Angel Hernandez, Chief Petty Officer, USN
637 East 219th Street
Bronx, New York 10467-5303

Walter Reed Regional Vaccine Healthcare Center

Hernandez, Luis A

CLINICAL SUMMARY

VHC ID#: 01010735

Date: 20 Jan 04

Rank: Chief Petty Officer

Branch/ Years of Service: Naval Reserves /20 years

MOB/ AFSC: Supply Support

DOB: 22 May 55

Sex/ Race: Male/ Hispanic

Contact Information:

Home #: 718-881-3563 **Work #:** 973-468-714

Fax #: 609-7249027 (Unit)

E-mail: lherna0326@aol.com

Home Address: 637 E. 219th St.

Bronx, NY 10467-5303

Military Unit: Supply Support BN2 Mobile Mail, Co K, John Piper CPT Commander

POC: HM2 Gregory: (609) 723-7160 ext 123, Cell (609) 744-6200

History of Present Illness:

Chief Hernandez was referred to the VHC by the WRAMC Infectious Disease service after his consultation on 23 Dec 03. He was experiencing progressive clinical symptoms after receiving his 3 anthrax and smallpox vaccines in Feb and Mar 03.

Chief Hernandez is a 48 y/o Naval Reservist who was activated for Enduring Freedom/ Noble Eagle in Feb 03 and deployed to Bahrain on Mar 1 03. He received the following vaccines:

- AVA #1 on 2 Feb 03
- AVA #2 on 15 Feb 03
- SPV on 26 Feb 03, reports major reaction
- AVA #3 on 4 Mar 03

No other vaccines were given on the above dates. He reports no adverse local or systemic events immediately following any of these immunizations. However within 2-3 weeks of AVA #3 he developed a 2-3 cm bullous lesion of his left leg. He was told this was a spider bite and given antibiotics. The lesion was painful and took 3-4 weeks to heal. Around the same time he developed headaches, chest pain and profound fatigue. The chest pain was diagnosed as costochondritis. Continuous muscle pain and spasm developed in May.

He reports he has had ~11 re-occurrences of the skin lesions. The headaches, myalgias and fatigue have continued to the present.

On 31 Dec 03 he was admitted overnight to the Bronx Veteran's Hospital for chest pain. According to the patient, his pain was determined to be non-cardiac and he was placed on ibuprofen and zantac. No records regarding the episode are available at this time.

Walter Reed Regional Vaccine Healthcare Center

Hernandez, Luis A
██████████**Current Problem List:**

1. **Muscle Spasm/ Pain-** Reports significant, continuous discomfort in the anterior and posterior musculature of the thighs bilaterally and in the left arm. Reports frequent spasm and /or fasciculations and occasional "electric shock" sensations shooting down legs. Denies numbness, tingling or other paresthesias. OTC medication has not been effective for pain control.
2. **Headaches-** Approximately twice / week experiences bilateral frontal headaches. He reports they are throbbing in nature and accompanied by photosensitivity. They become less severe when lying down, more severe with stress. OTC medication is not effective in controlling pain.
3. **Recurrent Skin lesions-** Discreet lesions on the legs and abdomen have occurred repeatedly since returning to the US from Bahrain in Apr 03. Lesions are usually 2-3 cm oval or circular, and are described as "indurated" "bullous" "crusted" or "violaceous". Lesions have been cultured repeatedly for staph A and are treated with 4-week courses of dicloxicillin. Member reports most lesions are exquisitely painful and usually need incision and drainage.
4. **Chronic Fatigue-** Member describes dramatic decrease in energy level and has overwhelming fatigue that interferes with functioning.
5. **Depression-** Depressed mood began in Bahrain when his health began to decline. Depressive symptoms have increased as his medical problems have been prolonged. He experiences crying spells, anhedonia, feelings of hopelessness, insomnia and impaired sexual functioning.

Sleep Disorder Screening:

Reports restless sleep approximately 5-6 hours /night and does not awaken refreshed.
Sleep Apnea Questionnaire is pending.

Consulting M.D.s:

- Carmen Sherer MD-WRAMC Infectious Disease- "Staphylococcus Aureus carrier/colonization with multiple small staph furuncles over last several months since stationed in Middle East."
- M.J. Merrick MD- Internal Medicine – Bahrain- "Costochondritis... Multifactorial Inflammation, etiology undetermined... Anxiety
- Jacob Levitt MD- Bronx VAMC- Dermatology- "Furunculosis"
- Tara Brass M.D.- Bronx VAMC- Psychiatry- "Major Depressive Disorder secondary to medical condition vs. Adjustment Disorder with Depressed Mood.
- Thomas Jamieson MD- Newport Naval Amb Care Center-Rheumatology, records unavailable
- Joseph Costabile MD – Naval Reserve Center Ft Dix NJ
- Peter Konclick MD- Naval Reserve Center Ft Dix NJ
- Dr Dombrowski MD - Naval Reserve Center Ft Dix NJ
- Alfred Fululy MD -Naval Reserve Center Ft Dix NJ, Psychiatry
- LCDR K. Peterson MD - Infectious Disease, Bethesda MD

Walter Reed Regional Vaccine Healthcare Center

Hernandez, Luis A

Diagnostic Tests:

- Multiple EKGs in Bahrain- normal
- Left knee X-ray- normal

Laboratory Data:

- Skin Biopsy 14 Oct 03- "inflammation with necrosis in the dermis. Epidermis is separated from dermis and there are acute inflammatory scale crusts over epidermis. No viral inclusion bodies identified"

4 Dec 03 @ 0759 (Coll)

Na+	141	(137-145)	mmol/L
K	4.4	(3.6-5.0)	mmol/L
Cl	106	(98-107)	mmol/L
CO2	25	(22-31)	mmol/L
GLUCOSE	106	(75-110)	mg/dL
BUN	15	(9-20)	mg/dL
CREAT	0.9	(0.8-1.5)	mg/dL
Ca	9.2	(8.4-10.2)	mg/dL
ANION GAP	10	(7-16)	mmol/L
EST GFR	95	(>=90)	cc/min
PROTEIN TOTAL	7.6	(6.3-8.2)	g/dL
ALBUMIN	4.7	(3.9-5.0)	g/dL
ALK PHOS	88	(38-126)	U/L
AST	27	(15-59)	U/L
ALT	48	(21-72)	U/L
TRIGL	0.5	(0.2-1.3)	mg/dL
DHDL	0.1	(0.0-0.4)	mg/dL
CE	110	(55-170)	U/L
COMP CH50	53	(26-58)	U/mL
THYROID STIMULA	2.650	(0.27-4.20)	uIU/
ESR	7	(1-19)	mm/hr
C3D IMMUNE COMP	9	(0-23)	ug/mL
C3	127.6	(90-180)	mg/dL
C4	23.1	(10-40)	mg/dL
TH/CUMMP ULTRASENS	0.144	(0.000-0.744)	mg/Dl
WBC	5.9	(4.4-9.5)	TH/CUMM
RBC CNT	5.05	(4.36-5.85)	M/CUMM
HGB	15.7	(13.2-16.8)	G/DL
HCT	46.4	(40.2-52.3)	%
MCV	91.8	(80.8-97.8)	fL
MCH	31.1	(26.8-32.9)	PG
MCHC	33.9	(31.4-34.8)	G/DL
RDW	12.1	(10.9-13.5)	%
PLT CNT	234	(173-373)	TH/CUMM
MPV	9.8	(7.2-11.2)	fL
NEU%	48.2	(39.7-72.4)	%
LYM%	38.1	(18.4-47.)	%
MON%	10.3	(4.8-12.2)	%
EOS%	2.8	(0.6-7.0)	%
BAS%	0.5	(0.0-3.1)	%
NEU#	2.8	(2.2-4.8)	
LYM#	2.3	(1.2-3.4)	TH/CUMM
MON#	0.6	(0.0-0.8)	TH/CUMM
EOS#	0.2	(0.0-0.4)	TH/CUMM
BAS#	0.0	(0.0-0.1)	TH/CUM

Walter Reed Regional Vaccine Healthcare Center

Hernandez, Luis A

Quality of Life Impact of Current Illness:

Captain Hernandez' life has been profoundly effected by his clinical symptoms. He is in continual pain, has difficulty functioning at his civilian job and has used 400 hours of civilian sick leave. He is unable to run or walk briskly and reportedly doesn't have energy to carry out normal day-to-day tasks. He is unable to play ball with his children due to the muscle pain and spasm. He has always scored in the mid-range in the Physical Training Test and now is unable to take the test. Can sleep only with the aid of Ambien , which he takes nightly.

He expresses anger at developing the above symptoms. Since he was in excellent health prior to his deployment in Mar 03, he believes his clinical symptoms to be directly related to receipt of the smallpox and anthrax vaccines. He believes that his unit, battalion and CTF/53 in Bahrain "... didn't believe anything was wrong with me. It felt like I got a kick in the face. It was and continues to be very frustrating."

He filed his own VAERS report In Aug 03.

SF-36 score: 30.93 Physical Component 10.16 Mental Component
(all scores are norm-based with the general population mean =50 and standard deviation =10)

Past Medical History:

- Hypercholesterolemia
- Hepatitis A 1975

Surgical History:

- None

Occupational/Environmental Exposure History:

- none known

Military Service History (include medals and honors, service tours):

- Deployments to Mediterranean x 7mo in 1975
- Mobilized to Persian Gulf in 2003 x 2mo
- 12 medals to include: AFM, Sea Service Ribbons, NDM with 2 gold stars, Overseas Service medal with 4 gold stars, Battle E 3 times, Joint Coastguard Operation Medal, Navy and Marine Corps Achievement Medal with 3 stars, Rifle and pistol Medal,

Family Medical History:

Father	RVN and Koreans Injury
Mother	Hypothyroidism
Sibs	Non-contributory

Walter Reed Regional Vaccine Healthcare Center

Hernandez, Luis A

Social History:

- Married, 4 children
- Smokes 1/2 pack cigarettes/day since Mar 03
- Occasional social drinking of alcohol

Allergies:

- None

Adverse Drug Reaction History:

- None

Medications:

- Celexa 20 mg qd
- Zopicor 20 mg qd
- Ambien 5 mg qhs
- Ibuprofen 600mg tid prn
- Zantac 150mg qd

Complementary & Alternative Medicine Use:

- None

Immunization History

Vaccine	Date	Lot/Batch Number	Injection Site	Source of Information
Tetanus-Diphtheria	18 May 86			Medical Records
Yellow Fever	17 Oct 93	3A41014		Medical Records
Typhoid	19 May 96			Medical Records
Tetanus-Diphtheria	19 May 96			Medical Records
Influenza	23 Jan 99			Medical Records
Hep A #1	23 Jan 99			Medical Records
Polio	26 Feb 99			Medical Records
Typhoid	4 Dec 99			Medical Records
Influenza	4 Dec 99			Medical Records
Hep A #2	4 Dec 99			Medical Records
MMR	4 Dec 99			Medical Records
Polio	7 Jan 00			Medical Records
Influenza	04 Feb 01			Medical Records
Typhoid	12 Jan 02			Medical Records
Influenza	02 Nov 02			Medical Records
Anthrax	01 Feb 03	FAV067		Medical Records
Anthrax	15 Feb 03	FAV067		Medical Records
Smallpox	26 Feb 03	4020071		Medical Records
Anthrax	04 Mar 03	PAV073		Medical Records

Walter Reed Regional Vaccine Healthcare Center

Hernandez, Luis A

Vaccine Exemption Status (list all exemptions for ALL vaccines)
None at present

VAERS (Vaccine Adverse Event Reporting System):

Date filed	Initial or F/U	Vaccine & Shot #	VAERS Reference # (if known)	Copy on File (y/n)
13 Aug 03	Initial	AVA 1-3, smallpox	E/3652	Yes
21 Jan 04	F/u	AVA 1-3, smallpox	E/ 3652	Yes

Review of Systems:

GENERAL	Complains of fatigue , insomnia and chronic pain. Weight stable.
HEENT	Denies alopecia, nose bleeds, diplopia, tinnitus, vertigo and recurrent sore throat
NECK	No history of adenopathy or thyromegaly
CV	No history of palpitations or cardiac disease.
PULM	Denies cough, expectoration, shortness of breath wheezing and frequent URIs
GI	Denies nausea, vomiting, diarrhea, constipation, dyspepsia, bloating and gas.
GU	Denies frequency, dysuria, hematuria, and flank pain
NEURO	Headaches as described above No lightheadedness, blurred vision, paresthesias, shingles, blackouts and seizures
MUSC/SKEL	Denies joint swelling and overt rheumatoid disease. Muscle pain and spasm as noted above. Costochondritis as described above.
SKIN	Denies rashes, masses. Recurrent lesions as described above
ENDO	No history of gout, heat or cold intolerance, polydipsia or polyuria. Has hypercholesterolemia as noted above.
PSYCH	Symptoms of MMD as noted above. No previous history of treatment for anxiety, mood disorders or substance abuse, no family history of psychiatric illness.

Walter Reed Regional Vaccine Healthcare Center

Hernandez, Luis A

Physical Examination:

H: 6'5"	Wt: 180	T: 98.2	P: 90	R: 16	BP: 138/80
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GENERAL: y/o HM, alert, cooperative. Well groomed in military uniform, full range of motion and in NAD

HEENT: - PERRLA, EOMs in tact, discs sharp

- TMs pearly gray with + LR, no auricular tenderness
- Nares patent; no drainage
- Throat pink, no exudates
- No LAD, thyroid no masses

CV: RRR, no murmurs/ adventitious sounds, no swelling in extremities

PULM: Lungs CTA all lobes

GI: --BS all quadrants, no masses pr tenderness

GU: deferred

NEURO: coordinated gait, CN II-XII in tact, rapid alternating movements coordinated and smooth, reflexes 2+ and equal throughout, sensory equal and in tact

MUSC/SKEL: posture straight, full ROM, no masses, no tenderness, strength 5/5

SKIN: No evidence of violaceous lesions at present, scattered hyperpigmented macules on areas where patient described previous lesions

Assessment:

1. New-onset headaches, migraine type
2. Chronic myalgias, upper and lower extremities
3. Chronic Fatigue
4. Recurrent Furunculosis
5. Major Depressive Disorder
6. Atypical chest pain

Discussion:

The occurrence of headaches and myalgia following the receipt of vaccines has been well documented. The immunopathogenic mechanism of these symptoms has yet to be clearly defined. We have noted in a number of service members who now exhibit chronic, refractory headaches as well as persistent musculoskeletal pain in temporal association with the receipt of the anthrax vaccine. Base on these observations, we are attempting to establish case definitions as well diagnostic, treatment and vaccination options

Plan/ Recommendations:

1. Rheumatology Consult- 27 Jan 04
2. Neurology Consult- 27 Jan 04
3. Deployment Health Center Phase 3 Evaluation- 28 Jan 04
4. Save blood specimen to store in WRAMC Allergy/Immunology Clinic for future testing
5. Permanent exemption to anthrax vaccine unless exposed to the anthrax bacillus

Walter Reed Regional Vaccine Healthcare Center

Hernandez, Luis A

Lorraine C. Collins

Lorraine C. Collins M.D.
Medical Director
Walter Reed Vaccine Healthcare Center
Washington, D.C. 20012-0605
202-782-0362 / DSN 662-0362

Jeannette Williams

Jeannette F. Williams FNP-BC, C.S.
Nurse Practitioner
Walter Reed Vaccine Healthcare Center
Washington, D.C. 20012-0605
202-782-0398 / DSN 662-0398

I have reviewed this summary and concur with the accuracy of its contents.

Luis A. Hernandez
Patient Signature

01-29-2004
Date

Authorization for Distribution to the following:

- Walter Reed Deployment Health Center: Dr Roesel, Dr Crowley, Dr Clymer
- HM2 Joyce Gregory, NRC Ft Dix, NJ
- Bureau of Medicine and Surgery and Personnel
- *Dr Under / Turner RAA*

I authorize this summary be released to those listed above:

Luis A. Hernandez
Patient signature

01-29-2004
Date



DEPARTMENT OF THE NAVY
NAVAL RESERVE CENTER
5951 NEWPORT STREET
FORT DIX, NEW JERSEY 08640-7800

IN REPLY REFER TO:
1770
Ser 019
1-27-04

From: Commanding Officer, Naval Reserve Center Fort Dix
To: Commander, Naval Reserve Force (NOLM)

Subj: REQUEST FOR MEDICAL ADSW ICO PCC LUIS HERNANDEZ,
USNR, [REDACTED]

Ref: (a) SOP, BUPERS

Encl: (1) Copy of HIPPA Release of Information
(2) DD261 Report of Investigation Line of Duty
(3) Copy of Point Capture Sheet
(4) Copy of case Summary
(5) Memorandum from Department of the Army

1. Per reference (a), enclosures (1) through (5) are submitted with the following information:

a. PCC LUIS HERNANDEZ, USNR, [REDACTED], SSB2 MOBILE MAIL, UIC 83-24.

b. Naval Reserve Center Fort Dix, 5951 Newport Street Fort Dix, New Jersey 08640, UIC 68994. POC RM2 Joyce Gregory at 609-723-7150 x123 email address: joyce.gregory@navy.mil

c. Member was in PRC (OPERATION IRAQI FREEDOM) duty status 20 FEB 2003 TO 02 MAY 2003

d. Injury occurred during mobilization at NMPS Norfolk when vaccinated with SMALLPOX, ANTHRAX MARCH 2003.

e. DX: Recurrent Furunculosis (11 lesions), headaches, chronic fatigue, muscle spasms/pain, and depression.

f. Commanding Officer determines member's injury was incurred in the line of duty.

Subj: REQUEST FOR MEDICAL ADSW ICO POC LUIS HERNANDEZ, USNR,
██████████

. Member's home address and telephone number: 637 East
219th Street, Bronx, NY 10467, 718-881-3564.

. PEBD: 29 SEP 72

. Married with dependents.

. POC of NOE request is HM2 Joyce Gregory, 609-723-7160
x123, email address joyce.gregory@navy.mil

. Member's health record is held at NRC Fort Dix Medical
Department.

. Member is currently at Walter Reed Army Medical Center
for evaluation in Rheumatology and Neurology Clinics. Member is
also scheduled to attend an evaluation beginning, 27 January
2004 through 01 March 2004. Per REDCOM request, Medical ADSW
would be more cost effective. Member requires many medical
appointments, which are not scheduled to coincide with each
other.

D.R. Drew
D. R. DREW
By direction



DEPARTMENT OF THE NAVY

COMMANDER NAVAL RESERVE FORCE
4400 DAUPHINE STREET
NEW ORLEANS, LOUISIANA 70146-5046

IN REPLY REFER TO:
1770
Ser N01M/0405
FEB 9 2004

FIRST ENDORSEMENT on NAVRESCEN Fort Dix ltr 1770 Ser 019
of 27 Jan 04

From: Commander, Naval Reserve Force
To: Commander, Naval Personnel Command (SMO)

Subj: REQUEST FOR MEDICAL ADSW FOR PCC LUIS HERNANDEZ, USNR,

Ref: (a) COMNAVRESFORINST 1770.5B

1. Readdressed and forwarded.
2. Per reference (a), our office has determined that Chief Postal Clerk Luis Hernandez is eligible for Line of Duty (LOD) benefits. Benefits have been authorized for erthema multiforme/reaction to smallpox vaccination, expiring 25 August 2004. Chief Postal Clerk Hernandez may seek treatment at Walter Reed Army Medical Center with his LOD benefits.
3. Per reference (a), Chief Postal Clerk Hernandez may be reimbursed for loss civilian income not to exceed military pay and allowances for his grade and years of service when attending appointments related to medical care authorized by a LOD.
4. My point of contact is Disability/LOD Programs at DSN 678-1087 or COMM (504) 678-1087.

S. A. Dunn
S. A. DUNN
By direction

Copy to:
NAVRESREDCOM Northeast
NAVRESCEN Fort Dix
PCC Hernandez

Wallmark, Gwen NDW

From: Nuar, Frank L. CAPT (SMO Bupers) BUMED [FLNUAR@US.MED.NAVY.MIL]
Sent: Thursday, February 26, 2004 10:39
To: Gilbert, Christopher G CDR; P4-Powell, Johnny C. LCDR
Cc: 'piperjoh@cnrf.navy.mil'; 'Thomas.Rosel@na.amedd.army.mil'; Gregory, Joyce HM2; Cullen, Priscilla; Madhavan, Steven; Wallmark, Gwen NDW
Subject: Further Med Extend NOT Indicated. Hernandez 5705 COMNAVDIST Washington
Importance: High

TO ALL,

CONFIDENTIALITY NOTICE

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IF YOU HAVE RECEIVED THIS IN ERROR, PLEASE CONTACT THIS OFFICE AND DESTROY ALL COPIES!!

RE: PCQ Hernandez, Luis 5705
NMPS: COMNAVDIST Washington
POC: CAPT Piper CO RC 609 723 7160 X 100 piperjoh@cnrf.navy.mil
 HM2 Gregory MDR 609-723-7160 ext 123 joyce.gregory@navy.mil

Dx: Recurrent Furunculosis Seen and confirmed by Infectious disease at Bethesda and VA Bronx NY, Dermatology at Bronx VA, WRAMC, determined not to be related to recent immunizations of anthrax or smallpox per Walter Reed Army Medical Center Regional Vaccine Health Center; specifically determined NOT to be Cutaneous Leishmaniasis.

Dx: Malaise and Fatigue evaluated and cleared by Walter Reed Army Medical Center, Deployment Health Clinical Center, Gulf War Center-Specialized Care Program.

Dx: Myalgia of Thighs, evaluated and cleared by Walter Reed Army Medical Center, Department of Rheumatology

Dx: Atypical Chest pain in individual with Low risk for Coronary Artery Disease, repeatedly normal evaluations.

Dx: Disordered sleep, evaluated and treatment begun.

Dx: Migraine, common, 2-3/week, stable, Evaluated and cleared by Neurology.

Dx: Tobacco Use Disorder, recommendations made.

Dx: Obesity, BMI 29, treatment recommendations made.

Dx: Low Back Pain, evaluated and stable medically.

Dx: Hypercholesterolemia, evaluated and treatment recommendations made.

Dx: Lymph Node, R ant cervical region, non tender, 0.7cm, evaluated and stable.

Dx: Other diagnoses not described here for privacy reasons, evaluated and treatment recommendations initiated.

The reason for the recent re-activation orders was to permit evaluation and

Apr-13-2004 11:55

From-OPS SUPPORT NNJD 9734687208

T-392 P.005/011 F-565

vaccine reaction from anthrax vaccine. While at WRAMC, member was seen and evaluated by Limone Collins, M.D., and a nurse practitioner, Jeanette Williams. There is no correlation with immunization and symptomatology identified.

The member indicated that he had previously been evaluated and treated at the VA system facility in the Bronx, N.Y. and that he planned to return there for continued treatment. Bronx, N.Y. VA Hospital Phone # (718) 584-9000) Physicians at the VA Bronx, N.Y. Dr. Jacob Levitt, M. D. Dermatology; and Tara Brass, M.D., Psychiatry

Member is fit to separate, fit to re-affiliate with the Navy Reserve, fit to be recalled to active duty, ADSW, ADT, AT, Special AT. Continued drilling MOE recommended and granted.

Further Med Extend NOT Indicated.

Steaming to Assist

Captain Frank L Nuar, MC, USNR
SMO-BUPER/Bureau of Medicine and Surgery
2300 E. St., NW
Washington, DC 20372-5300
COMM: 202-762-3497
DSN 762-3497
FAX: 202-762-3470
EMAIL: flnuar@us.med.navy.mil
WWW: <https://dumed.med.navy.mil/>
<http://navymedicine.med.navy.mil/>

Medical Board Addendum
DEPLOYMENT HEALTH CLINICAL CENTER
WALTER REED ARMY MEDICAL CENTER

5 March, 2004

HERNANDEZ, LUIS ANGEL, CPO, USN

21 [REDACTED]
DOB 22 MAY 1955

CPO Luis Angel Hernandez was first seen at the Deployment Health Clinic Center (DHCC) on January 28, 2004. He had been deployed to Bahrain for Operations Enduring Freedom and Noble Eagle, Feb 2003-May 2003. He was referred to the Deployment Health Care Center by the Vaccine Health Center for a history of persistent physical symptoms with onset of symptoms after this deployment associated with anthrax vaccination. The patient successfully completed the Specialized Care Program that was held from Feb 2 to Feb 20, 2004. Left anterior rib films for localized pain revealed no lesion. Patient had an head MRI on February 19, 2004 ordered by Neurology which revealed a right choroid fissure cyst and a right periventricular white matter lesion. Evaluation by history, records review, and physical examination reveal the following diagnoses:

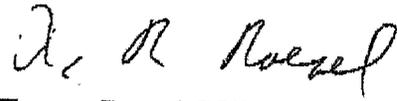
1. Multiple persistent physical symptoms related to deployment, etiology unspecified to varying degrees after exhaustive medical evaluation. The following symptoms and/or previously diagnosed symptom-based syndromes are included in this category: fatigue, sleep problems, muscle pain in thighs and back, headaches, recurrent skin lesions, chest pain, back pain, and depression.
2. Myalgia of Thighs (Quadriceps and Hamstrings)
3. Atypical Musculoskeletal Chest Pain, left anterior chest
4. Hypercholesterolemia
5. Overweight, BMI 29
6. Tobacco Use Disorder
7. History of Recurrent Furunculosis, last one treated with antibiotics in Nov. 2003
8. Migraine Headache, 2-3 times per week
9. Sexual Dysfunction
10. Non-tender Lymph Node Right Anterior Cervical Area
11. Right Choroid Fissure Cyst
12. Right Periventricular White Matter Lesion

The patient was discharged from the Specialized Care Program and given instructions to follow-up with his primary care provider, Neurology, and the Vaccine Health Clinic. He was given a consult for Acupuncture. A repeat non-contrast MRI of the brain is has been scheduled. On March 3, 2003 the patient was re-examined for pain in his axillae. A tender palpable mass 2 X 1 cm in size was noted in the posterior axillary fold. In addition, it was noted that a previously 0.7 cm lymph node in the right anterior cervical area had enlarged to 1 cm and was now tender. Consults for otolaryngology and general surgery were given. He may follow-up with the Deployment Health Clinical Center at his discretion. If there are any questions, please contact me at 202-782-0976.

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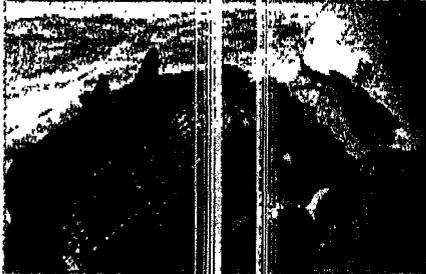


Thomas Roesel, M.D., Ph.D.
Director, Clinical Evaluation Program

NavyTimes

8 March 2004

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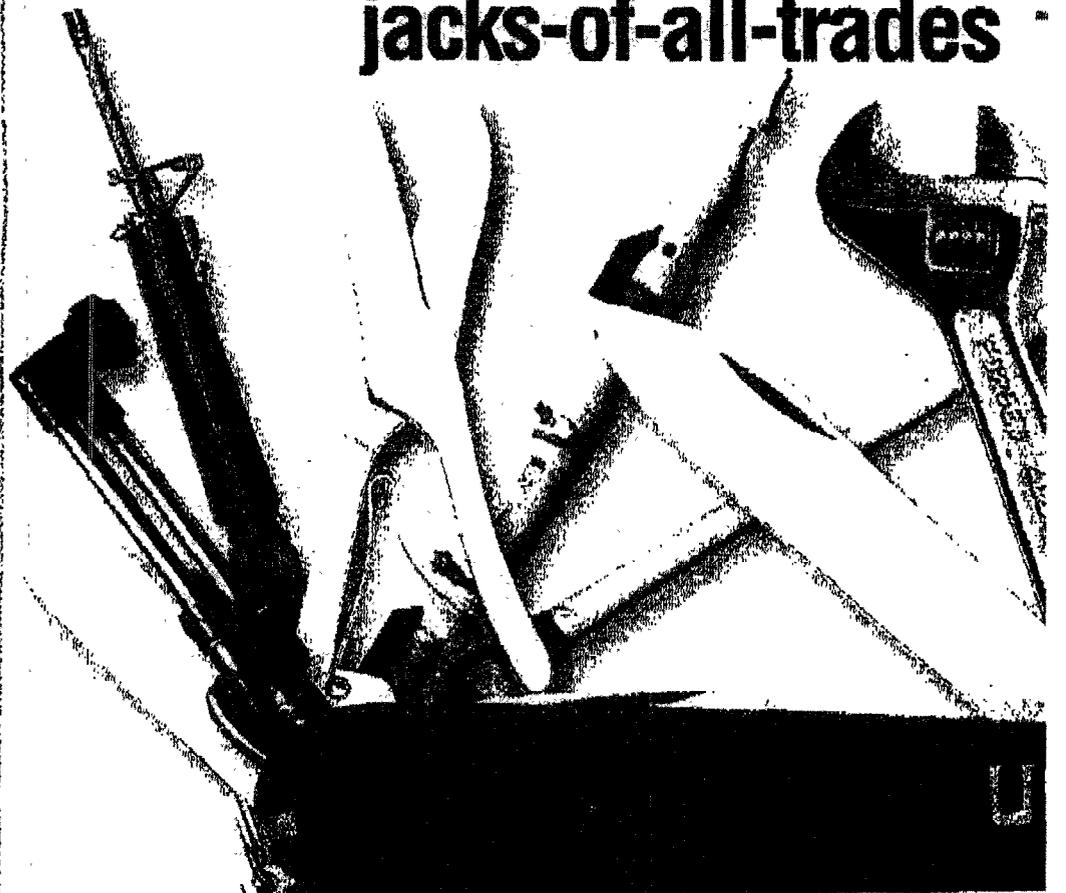
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Hunting for a link between anthrax shots and illness

CDC studies safety of inoculations

By Deborah Funk
TIMES STAFF WRITER

Lesions scar the body of Navy Chief Postal Clerk Luis Hernandez. He has spasms in his legs, arms and sometimes chest. He gets migraine headaches and is severely fatigued.

Air Force Tech. Sgt. Andrew Luna is similarly tired. His joints hurt. He's gained weight, has difficulty forming thoughts into words, and his testosterone levels have plummeted.

Both say they were completely healthy — until they took the mandatory anthrax vaccine.

"As many years as we've had in service, we've never had a health problem until after we got these shots," said Hernandez, who has nearly 20 years of active and reserve service.

Under congressional order, the Centers for Disease Control and Prevention is studying the safety of the vaccine, mining military records for any possible link with poor health.

"A number of people who have received the vaccine ... have complaints and want this looked at," said Dr. Michael McNeil, team leader of the CDC study.

Hernandez, 48, of New York City, got his first three anthrax shots a year ago. The reservist since has had to use 400 hours of sick time from his job as a postmaster in New Jersey. His chest-muscle spasms landed him in an emergency room on New Year's Eve. He has had 11 different skin lesions, from his midsection down, that last from four to six weeks. The scar from one lesion on his leg looks like a nickel-size cigar burn.

Department of Veterans Affairs and Navy doctors say the lesions are due to a staph infection. But the civilian doctor who initially treated Hernandez didn't know what they were, Her-



M. SCOTT MARASKEY, TIMES STAFF

Reserve Chief Postal Clerk Luis Hernandez has had to take 400 hours sick time from his job in New Jersey.

andez said.

A summary from Walter Reed Regional Vaccine Healthcare Center in Washington, D.C., where he was treated recently, doesn't conclude that the anthrax vaccine caused his ailments. But it notes officials have seen some of his symptoms among other troops after various vaccinations, including anthrax.

"The occurrence of headaches and myalgia following the receipt of vaccines has been well documented," states a copy of the summary given to Hernandez. "The

immunopathogenic mechanism of these symptoms has yet to be clearly defined."

Safety studies underway

The CDC already has a study underway at five civilian sites where volunteers are injected with anthrax vaccine either just under the skin, as is currently licensed, or into the muscle. Experts theorize the latter method will ease the number of local reactions, such as pain and swelling at the point of injection.

The big question that remains, however, is whether there are "longer-term safety issues with the vaccine," McNeil said.

Researchers took to see if the vaccine is connected to arthritis, lupus, vision impairment that may be related to multiple sclerosis and the skin condition erythema.

Still in the early stages of their work, CDC staff at Walter Reed Army Medical Center and officials with the Defense Medical Surveillance System examine how data gets from the patients' charts to the medical surveillance system. With this knowledge, they can understand what the data can tell them — and its limitations.

Defense officials launched their anthrax vaccination program in 1998, and 1.1 million troops have received at least one shot.

Serious side effects, ranging from severe swelling in the arm that resembles a bacterial skin infection to life-threatening allergic

reactions, occur in about 1 in 100,000 people. These can occur after any vaccination, not just anthrax, according to the military's anthrax Web site, www.anthrax.osd.mil.

The Pentagon insists the anthrax vaccine is as safe as any other vaccine.

"Scientists have evaluated every organ of the body, and diseases happen at the same rates in anthrax vaccinated and unvaccinated people," according to a statement posted online by the Defense Department at www.anthrax.osd.mil/vaccines/safe4.asp.

Luna, 39, of Abilene, Texas, said he began having problems after his fourth shot. He took to bed for 12 hours, but attributed his fatigue to working hard. But after his fifth shot, "I felt like somebody turned my power level way down," said Luna, who expects to retire in March.

His mind began to cloud, he said, and concentrating and paying attention to details became challenges. About two weeks after his fifth shot, he said, he awoke in the night, vomited blood and couldn't breathe.

He still suffers from sleep apnea, fatigue, concentration problems, joint pain and other problems, and needs hormone replacement therapy, he said.

The last time he felt well was July 29 — the day before his fifth and final anthrax shot. "I don't think of myself as an old person," he said. "I'm angry about the way I feel right now." □

Senate committee presses Pentagon on sexual assaults

