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**STATEMENT ON ANTHRAX VACCINE ADVERSE EVENT REPORTING**

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**PREPARED FOR THE HOUSE OF REPRESENTATIVES**

**Committee on Government Reform**

**Subcommittee on National Security, Veterans Affairs and International Relations**

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**INTRODUCTION**

Mr. Chairman, It is truly an honor to appear before the subcommittee and participate in the investigation of the Anthrax Vaccine Adverse Event Reporting System and the events that have transpired at Dover Air Force Base during the past several months.

For over fourteen years I have faithfully served this great nation of ours in a variety of capacities and have worked my way through the ranks to become a commissioned officer. Currently I serve as the Health Care Integrator for the Flight Medicine Clinic at DAFB. My duties include Case Management, Patient Education, Clinical Nursing and Patient Advocacy.

\*The following statements are strictly mine and should not be viewed as those of the USAF

**POTENTIAL ANTHRAX ADVERSE REACTIONS AT DAFB**

-To date thirty individuals have filed VARES reports in regards to the anthrax vaccine (five more will be processed by next week)

--Six report dizziness

--Six report ringing in the ears

--Ten report joint pain

--Three report muscle pain

--Three report memory impairment

- Two report constant fatigue
- Three report numbness and tingling in various parts of their body
- One reports photosensitivity
- One reports having a miscarriage post vaccination (individual did not know she was pregnant at time of vaccination)
- One individual reports having "greyouts"
- One complains of swollen and painful testicle
- Two report cardiac problems
- One reports chills and fever >48 hours post vaccination
- Three report rash, swelling and nodule at injection site
- Two report non-localized persistent rash
- One reports hypothyroidism
- According to anthrax vaccine package insert we potentially have
  - Two mild reactions
  - Three moderate local reactions
  - Three systemic as characterized by chills, fever, lassitude or malaise
- There is significant confusion in relation to these categories, especially in regards as to what constitutes a systemic reaction

## **CHALLENGES TO ANTHRAX ADVERSE EVENT REPORTING**

### THE MEDICAL CULTURAL CLIMATE

- Medical Providers see issue as "politically sensitive"

--Clinical supervisor stated on 15 Jul 99, "My providers won't touch this, they want nothing to do with this"

--To the best of my knowledge only three providers have received the vaccine out of our entire medical group.

-One physician stated that illnesses without concrete etiologies are frustrating to us

-- Currently we have **30 unexplained medical conditions** DAFB

#### PATIENTS VIEWED AS SUSPECT, NOT THE VACCINE

-Initially patients who reported their illnesses as potentially related to the anthrax vaccine were viewed as " malingers", "whiners", " liars" and "hypochondriacs"

--One patient complaint was filed on this issue

-In some cases patients told that their potential adverse event is in no way related to the anthrax vaccination

--Simple logic dictates that if we know what isn't a reaction then we must have a good handle on what is!

-- 13 Jul 99 USAF Technical Sergeant was told, by a medical officer at Walter Reed, that his condition cannot possibly be related to the anthrax vaccine ( this was stated prior to evaluation )

#### FEAR OF NEGATIVE IMPACT ON THEIR CAREER

Many officer and enlisted individuals are afraid to come forward for fear of damaging

their careers

--Patients state that for every person that reports an adverse reaction there are 2-3 who are afraid to come forward

--Pilots fear that a medical "black-mark " in their record would eliminate them from their current duties and diminish their chances to fly in the future for a civilian airline

-If an individual is found to have an adverse reaction to the anthrax vaccine, as with many vaccines , they are not considered worldwide qualified for duty.

#### CONFUSION IN REPORTING PROCEDURES

-Original threshold was high for reporting

--Physicians were told to filter to complete VAERS and check provider box if they felt the patients' condition was related to an adverse reaction

- To date, no provider has checked the provider box on the VAERS
- Reporting threshold was lowered in late May early June timeframe
- Individuals were encouraged to come forward if they suspected an adverse reaction
- Many separate agencies are requesting information regarding anthrax adverse reactions and limited guidance is given
- FDA collects VAERS. They also would like additional medical information on certain patients
- Brooks Air Force Base epidemiologists are also requesting VAERS and additional patient data
- Walter Reed Immunology Dept, who is currently evaluating many of our patients is also requesting additional medical information
- Walter Reed and DAFB Medical Group have recently coordinated services for five individuals who originally reported adverse reactions. These patients are to be evaluated by a team of physicians at Walter Reed
- This has the potential for fragmentation of data and is confusing for the "front line" medical troop
- ANTHRAX ADVERSE EVENT REPORTING AND PATIENT EVALUATION SHOULD BE STANDARDIZED ACROSS THE DOD

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### **CONCLUSION**

The Proud Sons and Daughters of the United States who voluntarily serve this great nation of ours are confused. Morale is being eroded throughout the ranks on this volatile issue.

The common theme is a lack of trust. There have been numerous recantations of information that was originally put forth in regards to this vaccine. We are told time

after time that the vaccine is entirely safe, yet there is a disparity between what we are told and what we are seeing.

My daily responsibilities are to help keep the men and women of Dover's AirLift Squadrons healthy and fit to fly.

Why are we seeing these unexplained illnesses?

Why was the vaccine originally marketed as entirely safe and used routinely by veterinarians for over 28 years?

Why are we told now that the long-term health effects of the vaccine are not known?

Why has there been a fluctuation in reaction rates?

Why is the FDA changing its package insert to reflect new data?

Why do we see a similarity between some of these illnesses and what was seen after the Gulf War?

Why were some vaccines used in the Gulf and not recorded in many individuals' shot records?

Why is morale low and retention rates in jeopardy?

This along with the unanswered questions regarding Gulf War Illness only adds to the climate of confusion and mistrust. I fully understand the need for force protection and will dutifully obey the orders of the officers and civilians appointed over me, yet I feel bound by the core values to express my perspective to the sub committee. I would like to thank the committee for this opportunity to testify.

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