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The Honorable William S. Cohen
Secretary of Defense
1000 Defense Pentagon
Washington, D.C. 20301-1000

Dear Mr. Secretary,

The purpose of this letter is to inform you that the Executive Council of *The Society of Medical Consultants to the Armed Forces* (SMCAF), acting for our membership, has approved a resolution in support of the Department of Defense's initiative to implement an Anthrax Vaccine Immunization Program for the military forces.

The resolution states:

Whereas: Anthrax is the bioterrorism agent that troops would most likely encounter. It is ubiquitous in nature, easily accessible, requires little knowledge and experience to work with, needs only readily available technology, and is perhaps the most easily incorporated into a weapon. Potential enemies have access to the weapon. Anthrax is as deadly as the Ebola virus. It is 99 percent lethal to unvaccinated and untreated persons. Reportedly, a number of potential adversaries are interested or actively engaged in weaponizing anthrax.

Whereas: Anthrax is capable of generating large numbers of casualties, overwhelming medical capabilities and creating hysteria and chaos. In one allegedly accidental release of anthrax aerosol in Sverdlovsk, Russia, in the mid '80s, numerous civilian casualties and some animals as far as 50 Km from the facility working with bio-warfare became ill. This demonstrated its potential as a weapon of mass destruction. Anthrax has a short (rapid) incubation period, i.e. only 1 - 6 days, before appearance of the clinical disease.

Whereas: The vaccine against anthrax has been in use for 25 years and has been proven to

protect against the cutaneous form of the disease in the large number of veterinarians, herders, wool workers and other occupational groups who have been against it over this quarter century. In experimental studies with Rhesus monkeys it has been shown to protect from inhalation anthrax.

Whereas: The vaccine has been associated with no serious lasting adverse effects despite widespread use. Minor adverse reactions resolve without permanent residua. The military vaccination program has reported on the administration of over one million shots to more than 325,000 personnel. There have been no deaths and the infrequent adverse reactions follow a course of resolution. Most of these represent headache, fever, soreness around the injection site, or fatigue. All reports of adverse events are reviewed by a panel of civilian academic experts sponsored by the Health Resources and Services Administration of the U. S. Department of Health and Human Services (DHHS), i.e. the Anthrax Vaccine Expert Committee ("AVEC").

Whereas: Administering the vaccine poses but few problems. Full immunity requires 6 injections, over 18 months; the first 3 within the first 2 months. After the first 2 doses (2 weeks apart), protection is attained for 85 - 90 percent of those vaccinated. After the 3rd dose, protection is attained for 95 percent of those vaccinated. With the mobility of personnel, separations, retirements or resignations, it may prove difficult to complete the series, particularly among Reserve and National Guard personnel. Therefore, record keeping, for immunizations and reporting, becomes an urgent priority. These difficulties can be overcome by a comprehensive, detailed case-monitoring and follow-on program. We are encouraged by the role and the authority provided for the "AVEC" committee, which provides on-line feedback and, thereby, guidance to the vaccination program.

Be It Resolved that: *The Society of Medical Consultants to the Armed Forces* endorses the decision of the Surgeons General to proceed, with priority attention, to provide protection against anthrax for our military forces.

We wish you well for the future as you direct the Department of Defense.

Respectfully,


Nicholas L. Rock, M.D.
President

CC: ASD Health Affairs; SGs USAF, USA, USN