

Vaccine A: The Covert Government Experiment That's Killing Our Soldiers--and Why GI's Are Only the First Victim

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In this provocative look at the US military from the Persian Gulf War through the 2003 invasion of Iraq, investigative journalist Gary Matsumoto contends that an anthrax vaccine dispensed by the Department of Defense was the cause of Gulf War Syndrome and the origins of a massive cover-up. Matsumoto calls it the worst friendly-fire incident in military history. A skillfully-woven narrative that serves as a warning about this man-made epidemic, *Vaccine A* is a much needed account of just what went wrong, and why.

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Editorial Review

About the Author

Gary Matsumoto has reported from thirty-two different countries and has won ten journalism awards. His 1999 article in *Vanity Fair* was the first to draw the connection between the vaccine and Gulf War Syndrome. Matsumoto is based in New York City.

From The Washington Post
The history of American medical experiments with soldiers is one of ambivalence and ambiguity. Since the 1930s, high-ranking officers and civilian officials have at times foresworn the use of military personnel as human guinea pigs; at other times soldiers have been the most likely candidates to help answer scientific questions related to national security. According to one attitude these young soldiers are our best, our heroes, and must not be exploited for experimental purposes; another holds that they have already agreed to perform risky service for their country and so are natural experimental subjects. Often these views have coexisted, with one arm of the security establishment resisting the opportunity to use military personnel in medical studies while another arm takes advantage of it. During World War II, for example, the White House Committee on Medical Research decided not to approve the use of soldiers in experiments, while the Navy pushed sailors into mustard gas studies.

In general, soldiers have to follow orders that will keep them fit for duty -- a presumption that has been extended to accepting medical care, including experimental treatments if the threat is grave and the treatment thought to be potentially beneficial. But Defense Department rules also require prior scientific review and informed consent for highly experimental interventions. Then there is the broader problem, in civilian as well as military medicine, that it is not always easy to tell the difference between a deliberate medical experiment that falls under the federal rules intended to govern medical research and a merely innovative approach that does not.

Gary Matsumoto, a former reporter for NBC and Fox News, argues in Vaccine A that since the 1991 Gulf War, U.S. soldiers have been exposed -- without their consent -- to a gigantic, injurious medical experiment involving a "second-generation" anthrax vaccine. He claims that the pre-1990 vaccine was so purified that the Pentagon under Defense Secretary Dick Cheney feared it would be ineffective against Saddam Hussein's biological weapons. So Cheney ordered the Pentagon's health affairs division to identify a second vaccine source. At some point, Matsumoto alleges, someone seems to have decided to add an oil called squalene to the vaccine to stimulate the immune system and make the vaccine more effective. Squalene is found in the bodies of many animals, including humans, but was obtained for this purpose from sharks.

Not long after returning from the Gulf, some veterans began to complain of symptoms that included painful joints, rashes, fatigue, loss of hair, weight fluctuations, headaches and digestive disorders. The problems have been grouped under the heading of Gulf War syndrome. Matsumoto claims that many of the victims had antibodies to squalene in their system, indicating that they had been exposed to the oil. According to Matsumoto, a growing body of scientific evidence shows that injected squalene overstimulates the immune system, causing a cascading autoimmune reaction in which one's natural defenses lose the ability to tolerate the body's own components. The disintegration of cells and their contents leads to diseases such as lupus, arthritis and multiple sclerosis.

There are other theories about the still largely unexplained Gulf War syndrome, including stress and exposure to Iraqi neurotoxins such as sarin gas, but Matsumoto contends that "vaccine A" (as he says it was enigmatically referred to in the Gulf) is the most likely answer. Worse, he claims, a vast, self-interested and in some cases financially conflicted conspiracy of government agencies and private interests (including Chiron, the flu-vaccine company that also manufactures the squalene additive) has ignored the data and continues to expose soldiers to the dangerous vaccine preparation.

A problem with Matsumoto's thesis is that squalene is found in the body's own cells. Something else might be causing the cells to break down and leak squalene. It's also found in food, including the massive amounts of energy bars eaten by soldiers. Laboratory tests of the vaccine can be contaminated by squalene on a technician's fingers. And, as Matsumoto admits, a complete theory will have to explain why some people who were supposedly exposed to the squalene-laced vaccine got sick and some didn't. The epidemiology of disorders like those grouped under Gulf War syndrome is notoriously difficult to pin down.

Much of the book is devoted to the David-and-Goliath tale of courageous individual scientists battling a bureaucracy that is hidebound or worse. There are also painful accounts of the suffering of veterans who were vaccinated. Some of the scientists and doctors who disagree with Matsumoto's conclusions are objects of harsh attacks on their candor and credibility. At times Matsumoto, who has been working on this story for years and is clearly passionate about it, indulges in payback against some of his critics. He suggests, for instance, that Gen. Philip Russell, formerly the Army's top-ranking physician and the hero of Richard Preston's The Hot Zone, might not have informed another investigative journalist that he was a proponent of the new vaccine, raising "questions about [Russell's] motives or his memory." Matsumoto then recounts a telephone conversation with a journalist named Trevor Butterworth (who'd called Matsumoto a "susceptible journalist") in which he dresses down Butterworth for failing to check Matsumoto's claims against his scientific sources. Not surprisingly, in this version, Matsumoto gets the last word. The pages that overly personalize the issue do his argument no service.

Matsumoto gives the impression that in both the civilian and military spheres, the human research protection system is a sham. While there are serious problems with the system, his account of the actual rules is inaccurate. For example, taking a line in the federal regulations out of context, he claims that research-ethics committees can easily waive the requirement to get a subject's informed consent for important science, but he fails to note that this refers only to situations in which states have requested it to improve delivery of services to people in programs like Medicaid; in 20 years of work on research ethics, I have never heard of such a waiver being requested, let alone granted. Matsumoto also seems unaware of the rigorous human-experiment rules in the military. If those rules have been violated, at least there is a long trail of accountability. When he states that, after the early 1970s Tuskegee syphilis study scandal, soldiers became "the only game in town," he must be ignoring the millions of civilians, both sick and healthy, who participate in medical experiments every year.

Yet Matsumoto admits that if Pentagon officials wanted to test a new anthrax vaccine, they could not officially do so on troops because that would violate ethics rules. If the system were as full of holes as he claims it to be, the rules wouldn't be an obstacle. Ironically, he cites Occam's razor -- the principle that all things being equal, the simplest explanation is probably correct -- when depreciating other theories of Gulf War syndrome but does not apply it to his own conspiracy theory.

Though Matsumoto labors to build a circumstantial case that a covert experiment has been carried out over many years, in the end he seems to suggest that there is room for doubt. Much of the book is taken up with the technical arguments about the dangers of squalene. Military officials continue to insist that squalene has never been deliberately introduced into any approved vaccine, though they have used it in some studies. The Institute of Medicine has discounted the squalene theory, but the Government Accountability Office

complained about "a pattern of deception" on the part of the Pentagon when it did its own investigation of the claims that squalene was in the vaccine. Scientific doubt about the good and bad effects of squalene persists, and researchers disagree about why some batches of the anthrax vaccine tested positive for squalene if it was not deliberately added. Matsumoto's accusatory and often angry account does not resolve the matter, but the questions he raises will increase the pressure on the federal government to take up the charges at the highest levels.

Reviewed by Jonathan D. Moreno
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Users Review

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