



# Federal Health Matters

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## ***Independent Panels Link DoD Vaccines to Recent Death***

After investigating four cases of illness or death among service members receiving vaccinations from the DoD, two independent panels have concluded that, in one case, the vaccines may have contributed to the illness that led to death. The investigations were performed at the request of the DoD by expert civilian physicians and scientists from the Clinical Expert Immunization Committee of the HHS and the Smallpox Vaccine Safety Working Group.

SPC Rachel Lacy, a 22-year-old combat medic in the Army Reserves, received five routine vaccinations (anthrax, hepatitis B, measles-mumps-rubella, smallpox, and typhoid) on March 2, 2003 in preparation for overseas deployment. Shortly after, she developed pulmonary, neurologic, and other symptoms. She died on April 4, 2003 from diffuse alveolar damage consistent with a diagnosis of systemic lupus erythematosus.

Both panels agree that the vaccinations could have triggered the underlying autoimmune disease that caused Lacy's death—though the evidence is inconclusive and doesn't point to any one of the vaccines in particular. According to the DoD, the case was unique and, unfortunately, not preventable. Lacy had received some of the vaccinations previously, and this wasn't her first

time receiving simultaneous vaccinations. She had been screened properly and declared healthy and medically cleared for vaccination. Although a few isolated cases of autoimmune disease following vaccination have been reported in medical literature, none have shown a definitive causal relationship.

The three other cases reviewed in this investigation yielded no evidence of an association between DoD vaccinations and the service members' illness or death. Because these vaccinations are considered essential to protect service members deployed to high risk areas, the DoD plans to continue administering them, simultaneously when necessary, while maintaining careful screening and immunization procedures and closely monitoring troops for adverse events.

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## ***Fiscal Year 2004 Defense Budget Provides for Disabled Military Retirees***

When President George W. Bush signed the National Defense Authorization Act for Fiscal Year 2004 into law in late November, he not only approved a \$400 billion defense budget but also set in motion mechanisms that will phase out the prohibition on "concurrent receipt" that has been in place for disabled military retirees for more than a

century. Under this prohibition, disabled veterans who retired from a military career had their retirement benefits offset by the amount of disability coverage they received from the VA. Under the new provisions enacted as part of the 2004 budget, however, disabled retirees who were wounded in combat, retirees (including National Guard and reserve members) with combat-related injuries, and retirees granted a VA disability rating of 50% or greater eventually will be able to receive their full military retirement pay in addition to their VA benefits.

According to House VA Committee Chair Chris Smith, this change "will result in more than \$22 billion going directly into the pockets of hundreds of thousands of military retirees who were injured or made ill as a result of their service." For example, over the next decade, a veteran classified as 100% disabled could receive as much as \$167,000 in additional benefits. Furthermore, the Combat-Related Special Compensation program will be expanded for veteran retirees with 10% to 50% disability ratings.

Thanks to extensive lobbying by the American Chiropractic Association, the new law also includes orders for accelerated implementation of DoD chiropractic care benefits for active duty service members and recommendations to correct perceived deficiencies in the implementation process. ●