

Congress of the United States
House of Representatives
Washington, DC 20515

August 30, 2022

The Honorable Lloyd J. Austin III
Secretary of Defense
U.S. Department of Defense
1000 Defense Pentagon
Washington, D.C. 20301

Dear Secretary Austin:

As you know, our Armed Forces are facing a recruitment and retention crisis that, if left unaddressed, threatens our nation's ability to field an all-volunteer force capable of protecting and defending the United States. The health and morale of our servicemembers are fundamental to ensuring our military can meet the demands placed upon them. However, it is also undeniable that the United States military will not be able to face and defeat the many threats confronting us today if we are unable to recruit and retain our nation's most critical asset: our people.

For various reasons, the COVID-19 vaccine mandate has undoubtedly contributed to the present readiness crisis. Some of our servicemembers may be choosing to not receive the vaccine for religious reasons. Others have expressed concerns about the safety and efficacy of the vaccine – concerns that are best addressed between a patient and his or her trusted doctor, not dictated by the Federal Government or the Department of Defense (DOD), especially when public discourse creates controversy, warranted or otherwise.

The vaccines developed through Operation Warp Speed, in which DOD played a crucial role, were undoubtedly a modern medical triumph and indicative of the progress the medical community can make when bureaucracy gets out of the way.

As well, while these vaccines were initially approved for use under Emergency Use Authorization, you waited until one of them had been fully approved by the Food and Drug Administration (FDA) before requiring servicemembers to receive it and committed to only mandating “vaccines that receive full licensure from the Food and Drug Administration (FDA), in accordance with FDA-approved labeling and guidance.”¹

However, we also know that the COVID-19 vaccines, like many other vaccines and treatments, do not come without side effects. Though rare, there have been instances of myocarditis and pericarditis, anaphylaxis, and other adverse events.² Over the course of the year, we have also learned more, but not enough, about natural immunity. Additionally, just like the seasonal flu, the COVID-19 vaccines will likely need to be adjusted for the predominant variants that emerge over time.

¹ <https://media.defense.gov/2021/Aug/25/2002838826/-1/-1/0/MEMORANDUM-FOR-MANDATORY-CORONAVIRUS-DISEASE-2019-VACCINATION-OF-DEPARTMENT-OF-DEFENSE-SERVICE-MEMBERS.PDF>

² <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/safety/adverse-events.html>

As the research and findings around COVID-19 continue to evolve, DOD should consider the ever-evolving landscape. With a growing body of work around the effectiveness of natural immunity, it is irresponsible to ignore the science as you set policies for our servicemembers. For example, a recent study published in the *New England Journal of Medicine* found previous infection without vaccination to be 50.2 percent effective against the Omicron BA.1 variant, and a two-dose vaccination without previous infection to be 4.9 percent effective.

Vaccine mandates, as you are aware, are not a novel concept for the United States military. In addition to the vaccines mandated for the entire force before initial entry or basic training, there are vaccine requirements depending on risk, occupation, and area of operation (AOR). As the COVID-19 vaccines – and the mRNA technology for two of the FDA-approved vaccines – are relatively new, additional data should be reviewed as we learn more.

The research conducted by DOD plays a vital role in informing health care decisions for our troops, civilians, and people around the globe. DOD is uniquely positioned to answer many of the questions that servicemembers and civilians have about vaccine and natural immunity efficacy.

DOD should take this opportunity to collect data from our entire military so that we may learn more about the performance of the vaccine and the impact of previous infection in order to inform data-driven vaccine policies for our Armed Forces and civilians.

To that end, we ask that you respond to the following questions:

1. Do you test servicemembers for Nucleocapsid Protein IgG antibodies and/or a T-cell immune response to COVID-19 prior to requiring vaccination?
 - a. If so, does a physician receive the results of an antibody or T-cell test prior to the determination that a servicemember should be vaccinated?
 - b. If not, has DOD considered testing for antibodies or T-cell immune response?
2. What research is DOD conducting regarding the efficacy of COVID-19 vaccines for servicemembers without previous infection?
 - a. If DOD is not conducting this research, please provide the rationale for not doing so.
3. What research is DOD conducting regarding the efficacy of COVID-19 vaccines for servicemembers who have received the COVID-19 vaccine?
 - a. If DOD is not conducting this research, please provide the rationale for not doing so.
4. What research is DOD conducting regarding the efficacy of previous infection for servicemembers who were not vaccinated against COVID-19?
 - a. If DOD is not conducting this research, please provide the rationale for not doing so.
5. Is DOD researching adverse events related to COVID-19 vaccination of servicemembers?
 - a. If so, is that data informing future DOD policies?
 - b. If not, please provide the rationale for not doing so.
6. Have any servicemembers experienced a hyper immune response due to vaccination and previous infection?

7. What percent of the recruitment shortfall can be attributed to resignations, removals, and lost recruits due to the current COVID-19 vaccine mandate?

It is important that our medical policies keep pace with the situation on the ground. To that end, within DOD's rules and regulations, we would urge you to reconsider the DOD-wide vaccine mandate. Instead, we should seek to strike a better balance between protecting our servicemembers' health and our military's readiness needs. Especially as new variants emerge and different parts of the world face different caseloads, we believe it is time that DOD consider a more data-driven approach to requiring our men and women in uniform to receive the COVID-19 vaccine.

With a simple blood test, along with vaccine and COVID histories, this is a great opportunity for military medicine to lead the world toward sound medical decisions as well as gaining a greater understanding of the effectiveness of natural immunity and vaccinations.

Sincerely,



Brad R. Wenstrup, D.P.M.
Member of Congress



Michael C. Burgess, M.D.
Member of Congress



Andy Harris, M.D.
Member of Congress



Roger W. Marshall, M.D.
United States Senator



John Barrasso, M.D.
United States Senator



Larry Bucshon, M.D.
Member of Congress



Neal P. Dunn, M.D.
Member of Congress



Ronny L. Jackson, M.D.
Member of Congress



Brian Babin, D.D.S.
Member of Congress



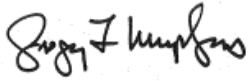
Diana Harshbarger, Pharm. D.
Member of Congress



Mike Simpson, D.M.D.
Member of Congress



Mariannette J. Miller-Meeks, M.D.
Member of Congress



Gregory F. Murphy, M.D.
Member of Congress



Earl L. "Buddy" Carter, R.Ph.
Member of Congress



Jefferson Van Drew, D.M.D.
Member of Congress



Scott DesJarlais, M.D.
Member of Congress



A. Drew Ferguson, IV, D.M.D.
Member of Congress



John Joyce, M.D.
Member of Congress



Mark Green, M.D.
Member of Congress



Paul A. Gosar, D.D.S.
Member of Congress

Cc: President Joseph R. Biden, Jr.

Lieutenant General Ronald J. Place, Director, Defense Health Agency

Lieutenant General Robert I. Miller, Surgeon General, United States Air Force and
United States Space Force

Lieutenant General R. Scott Dingle, Surgeon General, United States Army

Rear Admiral (upper half) Bruce L. Gillingham, Surgeon General, United States Navy

Colonel Sarah B. Goldman, Director, Congressionally Directed Medical Research Programs

The Honorable Dawn O'Connell, Assistant Secretary for Preparedness and Response,
U.S. Department of Health and Human Services

The Honorable Rochelle Walensky, Director, Centers for Disease Control and Prevention