

# Project Whitecoat

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## I

*First Tuesday*, a National Broadcasting Company television special program shown on February 4, 1969, dealt with the topic of Chemical and Biological Warfare (CBW). After showing the effects of a number of the agents on animals, the program turned to an interview with a young man who was identified as a Seventh-day Adventist and a participant in a volunteer program of the United States Army known as PROJECT WHITECOAT. In this project, experiments with BW agents are performed on the volunteers. This knowledge came as a shock to many who are proud of the contributions the Seventh-day Adventist church has made in medicine and health care.

Although February 4 was the first time many people had heard of the church's connection with CBW research, it was not the first time this had been mentioned in the public media, nor has it proved to be the last. The November 1967 *New Republic* carried an article that made such a connection. Similar references appeared in a book on the subject published in 1968<sup>1</sup> at an international conference on CBW in London in February of that year,<sup>2</sup> and in the second of two articles on the subject in *Science* magazine.<sup>3</sup> On July 8, 1969, the Columbia Broadcasting System television program *Sixty Minutes* featured CBW, and again an Adventist serviceman was shown in connection with this effort. It was stated that the 180 men like him at Fort Detrick, Maryland, the army's headquarters for research and development of biological warfare, undergo voluntary tests in which they are infected with diseases and then sent to the hospital for study.

These presentations, if they are factual, raise a number of serious questions about the moral posture of the Seventh-day Adventist church with respect not only to biological warfare but also to military service in general.

Before we look at these questions, however, it would be instructive to review briefly the history and present position of the United States government on the development and use of chemical and biological weapons.

## II

During World War I various kinds of gas were used freely by both the Allies and Germany. In all, 1.3 million casualties, including 91,000 deaths, were attributed to gas warfare.<sup>4</sup> After the war, the Geneva Convention of 1925 banned the first use of chemical and biological weapons. Although the United States helped to draft the treaty and signed it at Geneva, the Senate Foreign Relations Committee, after a closed-door debate, refused to ratify it. By mid-1968 sixty nations, including Communist China and the Soviet Union, had ratified the treaty.<sup>5</sup>

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Although the United States had used gas in World War I, by the start of World War II still no significant effort had been made in this country to develop biological (germ) weapons. In 1942, however, a National Academy of Sciences study committee concluded that such weapons were feasible, and a year later Camp Detrick was opened under strictest secrecy. There was some initial interdepartmental fighting between the Office of the United States Army Surgeon General and the Chemical Warfare Service, which had done most of the work with gas. The surgeon general took the position that only the defensive aspects should be studied, but the chemical corps generals argued successfully that the offensive and defensive aspects cannot be separated, and they were given the responsibility for the entire program.

For several years opposition to the program by the United States Army Medical Corps was so strong that they refused to station a medical team at Fort Detrick.<sup>6</sup> By 1952, however, the breach had healed sufficiently for such a unit to be stationed there permanently. The first use of Seventh-day Adventist volunteers began in this unit in 1954. In 1956 the unit was reorganized on a permanent and independent basis and named the United States Army Medical Unit, Fort Detrick. The name was changed again in 1969 to the United States Army Medical Research Institute of Infectious Diseases (USAMRIID).

Project Whitecoat is the code name for the human volunteer group within this unit, a group made up almost exclusively of Seventh-day Adventists. Recruitment is done only among Adventists in training at Fort Sam Houston; but for legal reasons, others cannot be excluded if they find out about the project, are qualified, and request entrance. Project Whitecoat is the only program at Fort Detrick that involves experiments on humans.

Partly as a result of the use of gas in World War I and the subsequent ban on its use by the Geneva Protocol, considerable public feeling rose against the development and use of chemical and biological weapons. To counter this sentiment and "educate" the public on the subject, the army hired a team of publicity experts to direct a large-scale public relations campaign called Operation Blue Skies. The program, begun in 1959, primarily promoted the idea that CBW was "humane." The response was largely favorable, but some were not convinced.

Representative Robert W. Kastenmeier, a Democrat from Wisconsin, concerned by a series of newspaper and magazine articles published in connection with Operation Blue Skies, began a drive to have the administration reaffirm as official policy a statement made in a 1943 speech by President Franklin D. Roosevelt that the United States would not use chemical or biological weapons first. On September 3, 1959, Congressman Kastenmeier introduced a resolution to this effect on the floor of the House of Representatives and warned in a speech that the army was seeking a change in this policy.<sup>7</sup> Both the Departments of Defense and State actively opposed the adoption of the resolution, and it was defeated. There the matter remained, officially at least, for almost ten years.

On November 25, 1969, President Richard M. Nixon announced that the United States would not be the first to use lethal or incapacitating chemical weapons, and it would "renounce the use of lethal biological agents and weapons and all other methods of biological warfare." He also said that he would resubmit the 1925 Geneva Protocol to the Senate for ratification.<sup>8</sup>

The announcement was greeted with approval in many quarters, but some persons pointed out that it signaled no change in the present use of tear and nausea gases and defoliants in Vietnam. In addition, the Geneva Protocol, which bans the use of lethal and "all other gases," is interpreted by the United States as not applying to nonlethal gases, defoliants, or food-destroying herbicides, in spite of the fact that two thirds of the signatory nations, including Britain, France, and the USSR, have officially interpreted the ban to include them.<sup>9</sup> It is feared, therefore, that if the United States ratifies the treaty with these reservations the effect will be to weaken rather than strengthen the Protocol.

The renunciation of biological weapons seems all-inclusive at first glance, but it should be noted that the option for research on "defensive measures" was left open and that all CBW work is officially referred to as defensive in that it acts as a deterrent. But perhaps more important, Pentagon officials revealed after the November 25 speech that biological toxins (the poisonous

but nonliving, nonreproducing by-products of living bacteria) had been redefined as chemical rather than biological weapons.

Until recently the definition of biological warfare included the "employment of living organisms, toxic biological products, and plant growth regulators to produce death or casualties in man, animals, or plants; or defense against such actions."<sup>10</sup> Militarily, toxins are much more useful as a weapon than live bacteria, because there is no danger of their setting off epidemics that could react on the user. They would not cause the "massive, unpredictable, and potentially uncontrollable consequences" the president cited as drawbacks to the use of germ weapons.

The announcement was beneficial, because it did clear up the ambiguity of United States policy regarding the first use of CBW. It by no means settled the controversy over CBW, however, because it made almost no difference in the present use or development of these weapons. The day of the president's speech, Secretary of Defense Melvin Laird said that it would cause "no major impact on the basic research in defense systems and safety" supposedly being done at Fort Detrick, and Colonel Lucien Winegar, deputy commanding officer of the post, said that "it would be 'fair to assume' that Detrick will continue to produce dangerous organisms that could be used offensively, since any defense against biological weapons involves the production of harmful agents that are potentially available to an enemy."<sup>11</sup>

### III

Although the debate over CBW has become more audible within the past year, actually it has been going on for some time. A number of professional and scientific groups have studied the matter, among them the Arms Control and Disarmament Agency, Physicians for Social Responsibility, Stockholm International Peace Research Institute, The Union of Concerned Scientists, and the Pugwash Study Group. These groups have also sponsored numerous conferences and symposiums, one of which met in London in February 1968, sponsored by the J. D. Bernal Peace Library. An important question about Project Whitecoat, one that was mentioned repeatedly by the participants in that conference, is the difference between offensive and defensive research. The army justifies its CBW work on the basis that defense against such weapons is needed. A look at how the money is spent, however, raises doubts about this motive.

In 1964, of the total \$115 million budget for CBW, \$102.8 million was spent for offensive work. The remaining \$12.2 million went into what could be more readily called defensive measures, such as detection, protection

systems, and immunizations.<sup>12</sup> There are good reasons to believe, however, that even these apparently beneficial types of research are not as innocent as they appear at first. The most obvious reason is found in an army manual on CBW, which states candidly that “CB defense is a prerequisite to attack capability.”<sup>13</sup>

Theodor Rosebury, a microbiologist who served as director of research at Fort Detrick during World War II, says of his experience: “At Detrick a certain delicacy concentrated most of the physicians into principally or primarily defensive operations; the modifiers *principally* or *primarily* are needed because military operations can never be exclusively defensive.”<sup>14</sup>

Another well-known microbiologist, Ivan Målek, has pointed out why the development of such weapons is usually justified on the grounds that they are defensive in nature: “One of the characteristic features of biological weapons is that it is difficult to distinguish work done purely for defensive ends from that which is mainly offensive. Furthermore, if defense is to be effective and prepared in time it must be based on knowledge that can easily be transferred to offensive uses. That is why military establishments working on the development of these weapons do it mostly under the label of defense.”<sup>15</sup>

*Science* magazine, in one of a series of two articles on the subject, in January 1967 noted that much of the BW work

inescapably has a special character, an inverted quality like that of medicine turned inside out. It consists in part, for example, of efforts to breed into pathogenic organisms precisely the characteristics — such as resistance to antibiotics — that medical researchers would like to see eradicated. In the context of biological warfare even lifesaving techniques such as immunization take on a strange aspect: immunity among one’s own population and troops is a prerequisite to the initiation of disease by our own forces, as well as a precaution against the initiation of others. Some diseases are currently excluded from active consideration as BW agents simply because no vaccines against them have yet been developed.<sup>16</sup>

In a paper presented at the 1968 London conference, Elinor Langer made this comment: “With few exceptions, such as development of detection and protective equipment, little CBW research can be accurately described as defensive. . . . Because of the nature of chemical and biological weapons, research even in seemingly ‘pure’ areas, such as the development of vaccines, has at least equal implications for offensive and defensive use.”<sup>17</sup>

The difficulties of using vaccination as a means of defense against a BW attack led the Pugwash Study Group to conclude that, in spite of the fact that vaccines are available for most of the major BW agents, a general immunization program will probably never be effective as a prophylactic

measure.<sup>18</sup> Apparently these same difficulties have led the Pentagon to put most of its effort into the offensive area of development. As we have seen, however, there is still a need for some "defensive" knowledge, because, as M<sup>a</sup>lek points out, "in the case of intended microbiological attack it is possible to prepare one's own personnel, for instance, by vaccination against selected microorganisms, so that they would not be seriously endangered when entering the infected area."<sup>19</sup>

#### IV

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In October 1954 then Surgeon General George Armstrong sent a letter to Theodore R. Flaiz, secretary of the General Conference Medical Department, in which he noted that Lieutenant Colonel W. D. Tigertt, commanding officer of the medical unit at Fort Detrick, had been invited "to present to representatives of the Seventh-day Adventist Conference a request for their assistance in the conduct of a study of the highest importance to our nation's health. Only through the use of volunteers can the necessary information be obtained."

A reply by Doctor Flaiz dated the following day stated that he had just received the letter and heard the presentation by Colonel Tigertt. He went on to say:

We feel that if anyone should recognize a debt of loyalty and service for the many courtesies and considerations received from the Department of Defense, we, as Adventists, are in a position to feel a debt of gratitude for these kind considerations.

The type of voluntary service which is being offered to our boys in this research problem offers an excellent opportunity for these young men to render a service which will be of value not only to military medicine but to public health generally. I believe I speak not only the sentiments of our administrative group in this office, but also of our Adventist young men in the services, in observing that it should be regarded as a privilege to be identified with this significant advanced step in clinical research.

Since that time about 1,500 men have served in this unit. In a paper presented to the Association of Military Surgeons of the United States in November 1954, General Armstrong made the following statement in relation to the aims of this project: "The Army Medical Service, with its requirement for operation anywhere in the world, must maintain a continuing interest in all of the communicable diseases. Obviously, should such diseases ever again become problems in this country, the information deriving from these studies would be directly applicable to the overall national health."<sup>20</sup> It is of note that biological warfare is not mentioned.

By 1963, however, after Operation Blue Skies had publicized CBW, a

number of charges were made about the use of volunteers for such work. In an article in *Military Medicine* Colonel Tigertt acknowledged that volunteers were being used for experimentation, but he defended the practice as being necessary for defense. He said it should not be surprising that deliberate infection was being induced in human subjects for BW research and added:

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What is surprising is that many physicians have refused to deal with the problem. They explain their apathy by stating that ethics prohibit their participation in any endeavor, the derivatives of which might be used to produce suffering or cause loss of life. Yet our profession admits that to be prepared to deal with such a threat we must have an understanding of the methodology. This writer once heard a solemn proposal to provide a medical education for certain men, but to deny them the Hippocratic Oath so that they might participate in the study of biological weapons, thereby obtaining the necessary medical information but keeping the medical profession free from blemish. Such attitudes, whether fully developed or not, cannot be ignored because they seriously hamper efforts to get appropriate investigations under way.<sup>21</sup>

In response to the February 4 NBC television program, the March 20, 1969, issue of the *Review and Herald* carried an explanation of the beginning of Seventh-day Adventist participation in the project:

The United States Government decided that as soon as a definitive treatment could be developed for a disease, the findings would be given wide publicity in medical journals around the world. This publicity would effectively remove that particular disease from the potential arsenal of biological warfare. At the same time, it would also spread medical knowledge on treatment worldwide, so that those presently afflicted by that particular disease could be helped. . . .

Adventist medical servicemen were known to be highly motivated for humanitarian service. Thus the Seventh-day Adventist Church was approached to ascertain whether this would be considered something an Adventist serviceman might be able to volunteer for. After thorough study, the Medical Department of the General Conference and the General Conference Committee agreed that this was humanitarian service of the highest type, and that any Adventist serviceman might feel free to volunteer.<sup>22</sup>

As we have already seen, it is not certain that the existence of an effective treatment or vaccine for a disease is sufficient to ensure its removal "from the potential arsenal of biological warfare." In fact, such treatment must exist for the disease to be included in that arsenal.

After this article appeared, I wrote to the National Service Organization at the General Conference and asked for additional information about Project Whitecoat. The reply from Clark Smith, director of the organization, included the letters from which I have quoted. But as for more detailed information, he said, "I do not know what official statements I could get from the Army concerning this project inasmuch as it is classified and therefore all statements would have to be cleared before release."

Concerned by the apparent contradiction between “wide publicity” and classified research, I wrote again asking for clarification. The reply did an about-face, however, and said that according to Colonel Dan Crozier, the commanding officer of the project, all clerical and secretarial work connected with Whitecoat was done by Adventist men, “so that there is nothing secretive about the entire project.” The fact that all Whitecoat volunteers must have a security clearance at the “secret” level was not mentioned.

A number of questions about the project had been raised, and by August 1969 a committee had been set up by the General Conference to conduct another “thorough investigation” of Project Whitecoat. The investigation consisted of a visit to Fort Detrick by an eight-man subcommittee for an interview with Colonel Crozier and his staff. When I asked if any information other than that given by the army was to be considered, it was pointed out that the committee members were very busy men and that, although such information might be “interesting,” it was not considered important to their work. The visit to Fort Detrick took place on September 11.

The following day Winton H. Beaven, then president of Columbia Union College and a member of the investigating committee, wrote a letter to the presidents of the other Adventist colleges and universities in North America in which he said:

I can report to you categorically that Project White Coat is a completely volunteer unit, that no classified projects are carried on in Project White Coat, that it has no relationship to either chemical or biological warfare directly or indirectly. . . .

It appears that because the biological and chemical warfare unit is located at Fort Detrick, Project White Coat has been tarred with the same brush. As a matter of fact, Project White Coat is a completely open unit — anyone can enter the post any time he wants to and see anything he wants to. There is nothing hidden and there never has been. However, the area which deals with chemical and biological warfare is within a stockade and completely enclosed, but it has no relationship whatsoever with Project White Coat.

The official report of the study committee was not quite so emphatic. It did acknowledge that the official mission of the unit is to conduct “studies related to medical defensive aspects of biological warfare and to develop appropriate biological protective measures, diagnostic procedures, and therapeutic methods,” but went on to emphasize that the results of the research “are freely available to the public; the material is not classified information.” In a subsequent letter, Clark Smith, who acted as secretary of the committee, went even farther, saying that the policy of free publication had been in effect from the inception of the project: “From the beginning of the work which is represented by USAMRIID in 1953 to the present time,



the work of this project has been freely published in the professional journals of the world.”

This sounds somewhat strange, however, when compared with the testimony of some previous participants. A former researcher at Fort Detrick, who asked not to be identified, and who is now dean of the medical school at a well-known university, said in a recent interview that when he was at Detrick, from 1954 to 1956, much of the work done with the volunteers (predominantly Seventh-day Adventists, but the program was not yet officially designated Project Whitecoat) was classified. He recalled one experiment in which volunteers were taken out into the desert for tests of nerve gas. The objective was to find out if the results of tests in laboratory aerosol chambers were similar to those in actual open-air situations. He went on to say that the experiments were successful and that from the results they were able to determine the concentration of gas necessary to cause death under actual use conditions.

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A former volunteer of my acquaintance who was in the project in the late fifties said he was under strict security regulations at the time in connection with his work on tularemia and there are some things he participated in that he cannot disclose because they are still classified. Another person with whom I have talked said he went for an interview but decided not to volunteer for the project. After the interview he was told explicitly not to mention to anyone that such a project even existed.

Classification policies have become more lenient in recent years and more information is now being published in an effort to break down public opposition to CBW. The November 27, 1969, issue of the *Review and Herald* carried an interview with Clark Smith in which he reported the findings of the Project Whitecoat study committee.<sup>28</sup> He said: “After the first program in 1953-1954 the present unit was established in 1956 and since that time more than 160 articles and reports have been published in the standard journals of the medical profession.”

He neglected to state, however, that the 160 total includes all the articles from the entire medical unit at Fort Detrick. Only 23 of the 160 articles deal specifically with Project Whitecoat volunteers. During the first twelve years of the project only 5 published articles reported on studies involving 255 volunteers. During the twelve years 1,200 men participated in the project. From 1966 through September 1969, 18 articles were published about 440 volunteers, giving a total of 695 volunteers mentioned in the published literature since 1956.

In a private interview on November 17, 1969, Colonel Crozier indicated

that between 1956 and September 1969, 623 men had participated in one project, 225 participated in two, 40 in three, 3 in four, 2 in five, 1 in six, and 374 men did not take part in any studies. This gives a total of 1,221 man-projects, leaving 526 unaccounted for in the literature. Colonel Crozier stated that only two experiments did not successfully meet their objectives. These were cases where the volunteers were accidentally infected with a disease other than the one being studied. He also acknowledged that there had been a recent series of classified studies that involved 73 volunteers. He said that "most of these studies were done in the fall of 1965, one in January 1966, and the last ones in June 1966." He emphasized that these were the only experiments that had been classified since he became commander in 1961, but admitted that before that time more of the work done by the unit was classified.

Another item of interest to come out of the interview with Colonel Crozier was not mentioned in the *Review* article. The medical unit furnishes the offensive research laboratory with vaccines developed through experiments on Whitecoat volunteers. Colonel Crozier acknowledged that these vaccines were indispensable to the work of the researchers in the offensive area and that they would have to develop the vaccines themselves if the medical service did not. He saw no ethical problem, however, and explained that "we are engaged only in the study of infectious diseases and we can't help what use others may make of our work. I have no problem at all reconciling my work here with medical ethics, none at all."

We asked if there was any interaction between the professional staff of USAMRIID and those in the offensive area. He replied that "USAMRIID is completely separate from the Biological Research Laboratory here that does the offensive work. Of course our people cooperate and researchers exchange technical information since they are working on the same bacteria. But although they cooperate at a working level, the two units are completely separate organizationally." The *Review* was more emphatic:

The fact that these two research programs are situated on the same Army post, Fort Detrick, has led many people to unwarranted conclusions as to their connection. About the only connection is a piece of experimental equipment costing in excess of a million dollars. . . . Perhaps once a year permission is requested by USAMRIID for the use of this equipment. To illustrate the difference between the two programs, though, the USAMRIID offices and laboratories are open to visitors with a purpose. The research program in what could be called the offensive area in biological warfare, on the other hand, is highly classified and enclosed in a separate section of the post with a high fence guarded at all times. No one enters that section of the post without a classification allowing access to the secret work carried on there.

But Colonel Crozier, when asked, revealed that “up until two months ago we had two labs, Virology and Animal Assessment, inside the fence. Actually, much of the work done behind the fence is not classified, and there is some of the offensive type of work that is done outside the fence.” He explained that the laboratories were no longer behind the fence because they had been moved into a new building.

The *Review* declined to publish a letter that called attention to these errors and omissions, since “very few, if any, *Review* readers have sufficient information to be able to discuss the question intelligently.”

In addition to talking to Colonel Crozier, I have corresponded with Congressman Richard McCarthy, who has been instrumental in bringing CBW into the open in Congress and in the public press. He is also the author of a book on the subject.<sup>24</sup>

At a conference on CBW in December he stated that he was convinced by his investigation that Project Whitecoat was being used for offensive rather than defensive purposes. “The whole thrust of it in its essential conception was a deterrent one, an offensive one, that we threaten to use a disease on somebody else if they use it on us. Now what they have done of a defensive nature is minimal, and they even admit it themselves. We don’t have any measures to inoculate the American people against this kind of germ warfare.”

His testimony on this point is corroborated by Colonel Crozier. He acknowledged that no preparations were being made for civilian defense and that “the Department of Civil Defense has never recognized biological warfare as a serious threat to this country.” Congressman McCarthy said further, “My knowledge of [Project Whitecoat], and I base that on the statements made by very responsible people, is that it is offensive, not defensive, and that the Seventh-day Adventists are being duped.”

## V

The most critical questions that must be asked about Project Whitecoat are those about the morality of contributing to a morally dubious cause. If one accepts the proposition that one is morally responsible not only for the immediate result of his actions, but also for the net long-term results, it becomes clear that the moral aspects of participation in CBW research are really little different from the ethical problems surrounding the role of medical personnel in warfare in general.<sup>25</sup>

The Hippocratic Oath says: “I will use treatment to help the sick according to my ability and judgment, but never with a view to injury and wrong-

doing. Neither will I administer poison to anybody when asked to do so, nor will I suggest such a course."<sup>26</sup>

The Oath of Geneva, formulated and adopted by the World Medical Association in 1948, states that "even under threat I will not use my medical knowledge contrary to the laws of humanity."<sup>27</sup>

The Code of Ethics in Wartime of the World Medical Association is more specific, stating that "it is deemed unethical for doctors to weaken the physical and mental strength of a human being without therapeutic justification and to employ scientific knowledge to imperil health or destroy life."<sup>28</sup>

Obviously, these codes have direct bearing on biological warfare research. Their application to the combat situation is not quite so clear, but there can be little doubt that the role of medical personnel in war is a critical one. Official military doctrine, stated in Army Field Manual FM 8-10, *Medical Service Theatre of Operations*, makes the mission of medical troops abundantly clear:

The primary duty of medical troops as of all other troops, is to contribute their utmost to the success of the command of which the medical service is a part [p. 195].

The mission of the medical service in a theatre of operations is to contribute to the success of the military effort [p. 20].

The objective of all hospitalization is to return a maximum number of casualties to full duty within a minimum period [p. 32].

Significantly, saving life and easing suffering are nowhere mentioned as being part of the mission of the medical service.

Traditional medical ethics are concerned primarily with the doctor's responsibility to his patient as a single individual. In the military situation, however, this approach obscures the larger context and the aims of the organization in which the individual interaction takes place.

[Doctors] withdraw and wait while their fighting friends drop toxic gas or napalm, after which they may help the victims who survive. To a physician trained to prevent suffering, such a role may appear irrational, but it is sanctioned by medical ethics, through its apparent humanitarian function. But the wider situation has been well described by Dr. Howard Levy as "Kill, Kill. Cure, Cure," and this is the situation which the doctor's presence supports. A doctor may need to do this kind of thing, but he cannot shelter behind his humanitarian role. He is always an accomplice to the wider act and it is his relation to this which he must consider.<sup>29</sup>

## VI

On August 2, 1864, the General Conference Committee sent a letter to Austin Blair, governor of Michigan, in which is set forth the position of the church on military service. The letter stated that Adventists take the Bible

as their guide and "are unanimous in their views that its teachings are contrary to the spirit and practice of war." It was emphasized further that the Ten Commandments were regarded as especially important, and it was noted that "the fourth of these commandments requires cessation from labor on the seventh day of the week, the sixth prohibits the taking of life, neither of which, in our view, could be observed while doing military duty. Our practice has uniformly been consistent with these principles. Hence our people have not felt free to enlist into the service."<sup>30</sup>

A year later the 1865 General Conference session passed a resolution which stated that Adventists "acknowledge the justice of rendering tribute, custom, honor, and reverence to the civil power, as enjoined in the New Testament. While we thus cheerfully render to Caesar the things which the Scriptures show to be his, we are compelled to decline all participation in acts of war and bloodshed, as being inconsistent with the duties enjoined upon us by our divine Master toward our enemies and toward all mankind."<sup>31</sup>

Even during World War I, with its nationalistic excesses, official statements by the church did not say specifically that Adventists were willing to serve in the army. No doubt many did, but a 1917 statement reaffirmed the 1865 declaration and requested that "we be required to serve our country only in such a capacity as will not violate our conscientious obedience to the law of God as contained in the Decalogue, interpreted in the teachings of Christ, and exemplified in His life."<sup>32</sup>

But by 1934 official policy had become more specific. In May of that year, the General Conference Committee approved a "document of instruction to the youth" which allowed that since "warfare is unavoidable in maintaining civil government in a world of sin," we should not condemn those who take part in it, but that those who refrain from "taking *combatant* part in the destruction of human life" (italics mine) will be a "greater influence for the cause of righteousness."

The statement goes on to enumerate some of the activities that noncombatants will perform: "They will help to feed and clothe the Army; assist in caring for the sick and wounded; help to bury the dead; aid in the transportation of men, food, clothing, etc. . . . They will help to fortify positions and otherwise protect human life. They will carry the wounded back from the front. The noncombatant . . . simply and conscientiously and courageously objects to taking human life, *so far as his participation is concerned*" (italics mine).<sup>33</sup>

A two-page definition of noncombatancy given in a statement authorized

in 1940 makes it plain that “noncombatancy is not pacifism.” It “is not conscientious objection to war service,” and therefore the “Christian non-combatant will not refuse to participate in the military establishment.”<sup>34</sup>

The early statements also refer to the position of the church as being “noncombatant,” but there is some doubt that the term had the same meaning in 1864 as is assigned to it today. It should be remembered that at that time there was no such separate category within the army as there is today. Additional evidence that the terms *noncombatant* and *pacifist* were used interchangeably in 1864 comes from a letter of introduction to the governor of Illinois written by a local official for two church leaders who wished to make known the church’s position on war. The letter informed the governor that “there is in this part of our state a number of church organizations of the Seventh-day Adventists, who are as truly noncombatants as the Society of Friends.”<sup>35</sup> Neither does the present definition appear to be particularly “contrary to the spirit and practice of war” as long as someone else does the actual killing.

Current church literature still quotes the 1865 statement, apparently oblivious to the contradiction between it and the present position. It would seem that the best method of resolving the inconsistency would be to re-revise the definition of noncombatancy to conform to the original usage, and to initiate in the churches an active program of education that emphasizes “the duties enjoined upon us by our divine Master toward our enemies and toward all mankind,” and that makes it clear why these are inconsistent with “all participation in acts of war and bloodshed.” Whether this is done or not, it should be clear that we can no longer have it both ways. A narrowly defined morality that claims to object to “the spirit and practice of war” but that does not believe in “conscientious objection to war service” will no longer suffice.

The position that biological warfare research is “humanitarian service of the highest type” is an unfortunate example of the fruits of such moral nearsightedness. An important and meaningful first step in the process of change would be for the church to renounce publicly its support of Project Whitecoat and to make its influence felt on the side of those who are working for a redirection of the CBW effort toward genuinely humanitarian ends.

A conscience that is sensitive to the dangers of coffee and wedding rings, but fails to be concerned with the moral implications of participation in biological warfare research, and in war itself, must seem paradoxical to a great many thinking people. A recent magazine article that dealt specifically with the Adventist involvement in Project Whitecoat concluded:

"The guardians of the Adventist Church . . . are content with a morality of form without substance, one in which the arts of disease can be presented as the healing arts, and in which germ warfare can be embraced in pious obedience to a divine injunction against death."<sup>36</sup>

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