Removing the COVID-19 Vaccination Requirement for the Military Increases the United States’ National Security Concerns

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In response to a recent legislative mandate, the Department of Defense has officially eliminated the requirement for Active Duty military personnel to receive COVID-19 vaccinations. Importantly, requirements for other current immunizations remain unchanged. Military leaders are now considering COVID-19 vaccination status as one more factor in determining whether an individual service member will deploy. The unfortunate decision to eliminate the COVID-19 vaccine requirement prioritizes politics over the health of our armed forces and undermines force readiness in many ways.

COVID-19 vaccine mandates are undoubtedly controversial. However, controversial vaccine requirements in the US Armed Forces are not new. To protect the health of his troops, General George Washington mandated smallpox vaccinations in 1776. The requirement was not popular because inoculation carried risk. The influenza vaccine was also resisted when ordered due to concerns about its effectiveness. Anthrax vaccination is the most recent example. Some service members refused the anthrax vaccine and were court marshaled or dishonorably discharged for their actions. In each case, the underlying rationale of the policy was the same, to maximize the readiness and health of the fighting force in the best interests of national security.

The first and most apparent risk this policy change imposes is increasing servicemembers’ susceptibility to COVID-19 infection. This may force commanders to leave unvaccinated (or ill) troops behind during deployments, reducing unit effectiveness. While service members could opt to receive the vaccination just before deployment, it takes time for vaccination to become fully effective, thus creating a vulnerable period that further complicates commanders’ decisions. The infection of over one-quarter of the crew of the USSTheodore Roosevelt in March of 2020 vividly demonstrates how a COVID-19 outbreak in close quarters can quickly sideline an entire combat unit.

The second and perhaps more dangerous risk of removing the COVID-19 vaccine mandate is that it negatively impacts unit cohesion. The understood agreement of volunteering to join the armed forces is that personal political interests are put aside for the nation’s greater good. Active Duty service members are counseled to avoid political statements while in uniform. Current military policies that have been politically controversial (eg, Don’t Ask, Don’t Tell; transgender service) were hotly debated in the press and public eye, yet were successfully implemented and obeyed within the ranks. Despite broad personal opinions on these policies, open dissent from those in uniform was rare. Vaccination status is often seen as a surrogate marker for personal political leanings, which is often quite polarizing. In terms of mission readiness and troop morale, this sets up a situation whereby vaccinated service members may feel that unvaccinated colleagues are putting them at unnecessary risk or attempting to avoid deployment.

Current evidence suggests that vaccination reduces the risk of developing long COVID by 60% to 70%. Thus, a third consequence of the current policy is the risk of inducing more severe cases of acute COVID-19 and more cases of long COVID among service members. Either situation will have a negative financial impact on the Defense Health Agency and the Veterans Health Administration.
Finally, this decision sets an unfortunate precedent, complicating future immunization mandates for evolving and emerging infectious diseases. Both recent and remote examples from history suggest that novel infectious diseases will continue to grow and disrupt our increasingly global society creating chaos in financial markets and international relations. Protecting America’s armed forces against emerging infectious diseases is a matter of national security and defense. Sadly, opponents of future vaccinations will be able to use COVID–19 as an example, placing politics over national and personal protection.

The removal of the COVID–19 vaccination policy needs to be consistent with sound medical decision–making in the context of the health protection of our armed forces. This legislative act was based on political considerations rather than medical data or scientific facts. The decision potentially weakens the combat readiness of America’s armed forces, undermines unit cohesion, and increases long–term health care costs for veterans. Such policy decisions should be left to the war fighters and their medical advisors instead of lawmakers. Our service members and our nation deserve better.

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REFERENCES