A Coat of Many Colors
Adventists and Operation Whitecoat
Looking back at Operation Whitecoat

BY BILL KNOTT

IT IS NOT A LANDSCAPE WE ASSOCIATE with war, but appearances deceive. The gentle, wooded hills and rich hayfields near Frederick, Maryland, have been some of the most contested acres in American history, though few reminders of that pain and violence remain. Dairy cattle browse the grass where Union and Confederate soldiers massed 135 years ago. The cows will never know that the pastures they inhabit were the prize for which thousands fought and died.

Thirty miles to the north, the three-day carnage known as Gettysburg unfolded. Twenty miles to the west, the bloodiest single day in American history played out along the banks of Antietam Creek. In Frederick itself, Barbara Fritchie earned literary immortality by daring Stonewall Jackson’s troops to “shoot if you must this old gray head” as she defiantly flew the Stars and Stripes over the heads of the invaders from the South.

And within the gates of the U.S. Army’s Fort Detrick on the northwest edge of town, one of America’s most controversial military projects evolved—a project that injected the Seventh-day Adventist Church and more than 2,300 non-combatant young Adventists into a national debate about the morality of biological and chemical warfare.

The History

Only two months before the General Conference of the Seventh-day Adventist Church was officially organized in 1863, the wartime U.S. Congress voted to require all able-bodied Northern men between the ages of 21 and 45 to register for compulsory military service. From its earliest moments, the fledgling church had to negotiate the difficult terrain between the commandments of God and the edicts of government.

Beginning in 1862, leading Adventists had passionately argued their differing perspectives about military service in the pages of the Second Advent Review and Sabbath Herald (now the Adventist Review). Abolitionist Adventists maintained that compulsory military service would aid a righteous cause—the destruction of slavery—while pacifists rejoined that any participation with the military constituted a violation of the sixth commandment—“Thou shalt not kill” (Ex. 20:13).

James White, editor of the weekly Review, suggested a third and middle way in a landmark editorial in August 1862. “For us to attempt to resist the laws of the best government under heaven,” White wrote, “which is now struggling to put down the most hellish rebellion since that of
Satan and his angels, we repeat it, would be madness. Those who are loyal to the government of Heaven, true to the constitution and laws of the Ruler of the universe, are the last men to ‘sneak’ off to Canada, or to Europe, or to stand trembling in their shoes for fear of a military draft.”

Notwithstanding White’s editorial, most Adventists continued to pay the “commutation” fee of $300 per person that allowed exemption from the draft. In 1864, Congress amended the draft law to allow some exemptions for those conscientiously opposed to bearing arms, and Adventist leadership was quick to claim the new status for church members. A growing body of Adventist members and church leaders, however, saw wisdom in a middle way: refusing to bear arms but participating in the military as noncombatant medical personnel when legally required to do so.

United States involvement in World War I (1917-1918) and World War II (1941-1945) again tested the North American church’s resolve to cooperate with compulsory military service and still be obedient to Scripture. Draft laws swept hundreds of young Adventists into military service, creating personal hardship for many over Sabbathkeeping and conscientious noncombatancy. Denominational leaders struggled to clarify the church’s position to harried national governments, while also trying to support individual Adventists in the military. The church’s timely sponsorship of the Medical Cadet Corps in the 1930s offered thousands of young Adventists paramilitary and paramedical training that aided their placement as medical corpsmen when they were drafted during World War II. The recommended “noncombatant but cooperative” position also received much favorable publicity when one Adventist wartime medic, Desmond Doss, was awarded the Congressional Medal of Honor in 1945 for conspicuous battlefield bravery.

Cold War tensions and the threat of continued Communist aggression persuaded the U.S. Congress to maintain a peacetime draft even when the Korean conflict ended in 1953. One year later, when the U.S. Army Medical Unit (USAMU) approached General Conference leadership with a highly unusual request, hundreds of
Adventist men aged 18-26 were still being drafted to serve a minimum of 24 months in military service.

The Army
The post-World War II discovery of the extent of the Japanese and German “germ warfare” programs accelerated efforts by the U.S. military to develop adequate defenses against bacteriological and chemical weapons. While the attention of the American public in the late 1940s and early ’50s was focused on the more obvious threat of nuclear warfare, the U.S. Army launched an intensive and top-secret effort at Fort Detrick, Maryland, to defend U.S. troops and population from airborne infectious and chemical weapons and to respond in kind to a first strike by an enemy nation.

In late 1954 representatives of the U.S. Army Medical Unit and the office of the surgeon general of the Army contacted General Conference leaders in Takoma Park, Maryland, to ascertain the willingness of the denomination to support an Army proposal to use Adventist draftees as volunteers for human trials of defensive vaccines and antibacterial medicines. Within weeks church leaders gave a cautious but favorable endorsement. A document titled “Statement of Attitude Regarding Volunteering for Medical Research” was voted by an appointed subcommittee and forwarded to the Army Medical Unit. The four-paragraph statement invoked the heroic research of such medical giants as Louis Pasteur and Walter Reed as a rationale for Adventists volunteering to serve in medical research volunteers for human trials of defensive vaccines and antibacterial medicines. Within weeks church leaders gave a cautious but favorable endorsement. A document titled “Statement of Attitude Regarding Volunteering for Medical Research” was voted by an appointed subcommittee and forwarded to the Army Medical Unit. The four-paragraph statement invoked the heroic research of such medical giants as Louis Pasteur and Walter Reed as a rationale for Adventists volunteering to serve in medical research.

USAMU personnel were soon recruiting Adventist draftees for what was dubbed “Operation Whitecoat” during their Basic Training at Fort Sam Houston. All Adventist draftees who had identified themselves as “noncombatants” (1-A-O) were invited to at least twice-annual meetings with USAMU representatives, during which an overview of the research program was given along with a description of its benefits and risks. Questions were welcomed and answered in a public forum following the presentation. A representative of the General Conference’s National Service Organization (NSO) also was on hand to describe the denomination’s relationship to the Whitecoat program. Within 24 hours of the public meeting, interested draftees were interviewed jointly by the USAMU and NSO representatives and given the opportunity to sign consent forms that clearly stated the voluntary aspect of individual participation.

USAMU based selections for the research effort on such characteristics as overall general health, skills acquired in civilian life, and perceived ability to participate in medical research. Survey results suggest that more highly educated volunteers were preferred; fully 70 percent of Whitecoat participants had completed one or more years of college, with 27 percent having completed a bachelor’s degree.

Whitecoat volunteers were assigned to Fort Detrick in Frederick, Maryland, to the Walter Reed Army Medical Center, or to the Center Annex in Forest Glen, Maryland, just outside Washington, D.C. Their identification as medical research volunteers didn’t excuse them from standard military assignments at their posts. Most served as medical technicians, medical corpsmen, clinical aides, or animal caretakers in Fort Detrick’s massive animal-research program.

At peak strength, the Whitecoat program included as many as 175 men at a time. This number usually represented less than a third of those who had volunteered for the project, no doubt disappointing many Adventist servicemen who had hoped for state-side service, especially during the Vietnam War. Both single and married men volunteered for the program and were selected. Nearly 40 percent were married, many of them living offpost in Frederick or suburban Maryland.

The Research
Just as participation in the overall project was voluntary, so participation in specific trials of vaccines, toxoids, and other antibacterial medications was also voluntary. Whitecoat participants were briefed about the medical purposes of each proposed human trial and the likely effects on health. Consent forms were again required before participation in any project, and individuals were free to refuse involvement if they deemed the project too risky, or for any other reason.

While there were undoubtedly informal and social pressures to volunteer, anecdotal evidence gathered from Whitecoats suggests that as many as 20 percent never participated in any medical trials during their tenure with the program.

Major research projects during the 19-year life span of Operation Whitecoat included human trials of vaccines and antibiotics for some of the world’s most dangerous bacteriological agents. Q-fever (Queensland fever), first noted in Australia, is an acute airborne infectious disease common in agricultural areas that incapacitates its victims for two to four weeks. The disease had affected many U.S. troops in Southern Europe during World War II. Owing to research involving Adventist Whitecoats, an effective vaccine was developed by 1958, offering hope to both military and civilian populations in many farming regions of the world.

Tularemia (Francisella tularensis) is a highly virulent microbe common to the Northern Hemisphere (including 49 U.S. states) that produces symptoms ranging from low-grade fever to swollen lymph nodes to fatal infections. Vaccines for tularemia developed at Fort Detrick were tested on Whitecoat participants, resulting in highly effective control of the disease and dramatically decreased mortality.
Several strains of viral encephalitis were also studied in the Whitecoat program, involving nearly 240 Adventist volunteers for human trials of vaccines. Encephalitis is usually carried by mosquitoes and infects the brain tissue of victims, sometimes leading to confusion, coma, and death. While increasingly rare in the U.S., incidence in tropical regions is still dangerously high, and public health officials remain vigilant about any occurrences.

Sandfly fever, Rocky Mountain spotted fever, Rift Valley fever, typhus, and typhoid fever were also intensively studied during Operation Whitecoat. Dozens of scholarly articles were published by USAMU/USAMRIID physicians and scientists between 1955 and 1973 that grew out of research involving Seventh-day Adventist servicemen. Information gained through this human research has helped combat outbreaks of these and other diseases in both civilian and military populations around the world.

USAMU/USAMRIID records maintain that while hundreds of Whitecoat volunteers were made ill, some seriously, by the human medical trials, no Whitecoat died during the program, nor was there documented permanent health damage to any participant. Both military records and Whitecoat anecdotes do, however, report three disease-related deaths among civilian and scientific employees at Fort Detrick.

The Church
As noted above, most Adventist leaders supported Operation Whitecoat because of its perceived humanitarian focus. Repeatedly assured by responsible USAMU personnel that the research at Fort Detrick and Walter Reed was being used only for defensive purposes, church leaders viewed the project as a logical extension of the denomination’s established policy of supporting non-combatants who served the military in a medical capacity. Articles appearing in the Advent Review and Sabbath Herald in 1955 and 1960 praised the courage and selflessness of young Adventists who volunteered for Operation Whitecoat. A two-part 1963 Youth’s Instructor article even innocently relayed the harrowing tale of one volunteer who participated in tests of airborne bacteriological agents in the Utah desert. Articles in the church’s servicemen’s journal, For God and Country, frequently highlighted the humanitarian nature of the program.

As early as 1957, however, Adventist leaders became aware of the ethical complexities that attended support for a medical research project yielding results that could just as conceivably be used for offensive biological and chemical warfare. While the offensive biological weapons program and USAMU/USAMRIID’s defensive medical research were officially distinct, the location of the two programs at Fort Detrick provoked a continuing stream of inquiries to church leaders about whether Adventist volunteers were actually serving as noncombatants.

Articles appearing in prominent Canadian and American journals between 1962 and 1969 openly challenged church leadership’s contention that Operation Whitecoat was chiefly focused on defensive medical research (see below), some suggesting that denominational officials had been duped by the military into supporting a morally questionable enterprise. As public sentiment against American involvement in the Vietnam War began to be reflected on Adventist college campuses during 1968-1969, church leaders officially reviewed their support for Operation Whitecoat. An eight-person inspection team, including General Conference officers, NSO personnel, two college presidents, and a physician, visited Fort Detrick in October 1969 and interviewed Colonel Dan Crozier, the officer immediately responsible for Operation Whitecoat.

Satisfied by their site visit and the answers provided, committee members carefully reaffirmed support for the program through an article in the Review and letters to each North American Adventist college campus. Noting that USAMU/USAMRIID required approvals by both civilian and military panels before each human medical trial and that there was no evidence of health damage to participants, the committee concluded, as General Conference officers had 15 years earlier, that Operation Whitecoat was a praiseworthy humanitarian project.

NSO information about Operation Whitecoat, however, began to reflect a more cautious approach. Notes from an undated presentation by NSO director Clark Smith to Adventist candidates at Fort Sam Houston (probably in 1969) include the following line: “The SDA Church neither encourages nor discourages anyone in volunteering. This is definitely an individual decision to be made on the basis of the information available at the time.” In light of the...
praise given Operation Whitecoat by church leaders since 1955, the new statement suggested a shift in leadership opinion.

**The Critics**

Many North American Adventists were deeply troubled by the criticism of Adventist participation in Operation Whitecoat that appeared in the popular press during the 1960s. Major articles in *McClures, The New Republic*, the *New York Times Magazine*, the *Washington Post*, and *Ramparts* portrayed Adventist servicemen as “human guinea pigs.” One prominent author even claimed that “Adventist leadership has elevated service in Project Whitecoat almost to an act of faith.” Church leadership’s 1954 “Statement of Attitude” was characterized as “at best—wonderfully naive.” The 1969 inspection committee’s affirmation that the program was “strictly medical” was deemed “almost laughable—except that the entire hierarchy of the Adventist Church believes it.”

Two major U.S. television networks broadcast investigative reports during 1969 that either alluded to or alleged Whitecoat participation in the development of offensive biological and chemical weapons, implying that church leaders had compromised the church’s historic noncombatancy position. Editorials in campus newspapers at several Adventist colleges subsequently called for the church to distance itself from Operation Whitecoat and to actively support young Adventists who opted for a 1-O (conscientious objector) status, thereby avoiding the perceived moral ambiguity of the project.

President Richard Nixon’s executive order in November 1969 that banned both the use of biological and chemical weapons and research and development of such weapons brought most of the immediate public scrutiny of Operation Whitecoat to a close. As the offensive weapons program at Fort Detrick ground to a halt, Operation Whitecoat’s defensive mission was less frequently challenged in the public press and among church members. A major 1970 article in *Spectrum*, the journal of the Association of Adventist Forums, nonetheless continued to challenge leadership’s support for what it termed a “morally dubious cause,” implying that any participation in the military made one morally culpable for all that the military did.

During the ’80s and ’90s, both serious researchers and those pursuing conspiracy theories have attempted to gather data and personal statements from the more than 2,300 men who served in Operation Whitecoat. Two documents highly critical of Operation Whitecoat featured sensational claims by several Adventist participants and testimonies from some who believed they were suffering lingering medical problems because of their participation.

While both anecdotal and survey evidence suggests that the vast majority of Adventists who served in Operation Whitecoat still view their service as honorable and humanitarian and report no related-health concerns, a vocal minority continues to criticize the project for ethical and health reasons. Even some volunteers who viewed Operation Whitecoat as a patriotic alternative to service in Vietnam report continuing concerns about how the bacterial agents to which they were exposed during human medical trials may have affected their health in the decades since then.

**The Future**

In the quarter century since the U.S. military draft ended and Operation Whitecoat was terminated (1973), hundreds of Whitecoats have served both society and the Seventh-day Adventist Church in many fields, including medicine, science, journalism, law, education, and theology. A 1991 survey of those for whom addresses were available suggested that more than 60 percent had completed at least a bachelor’s degree, while nearly half of that number had earned at least a master’s degree.

Efforts to locate and communicate with Operation Whitecoat volunteers are ongoing, including attempts by the Army to conduct a health survey for all participants (see sidebar). Perhaps the most complete database is that maintained by Dr. Frank Damazo, a general surgeon and member of the Frederick Seventh-day Adventist Church. Damazo has lived and worked in Frederick since 1956, and he and his wife, Ann, have been mainstays of the Frederick church’s support network for Whitecoat participants. At considerable personal expense the Damazos have collected the addresses of hundreds of Whitecoats across North America, as well as helping to organize national reunions in 1985 and 1989. A third national reunion for Operation Whitecoat volunteers is scheduled for September 25-27, 1998, at the Frederick church. Special features will include the dedication of a Whitecoat memorial, tours of Fort Detrick, a certificate of appreciation from the U.S. Congress, a USAMRMI medallion for each participant, and the release of a new book about Operation Whitecoat.

“Hawks” and “doves” need not continue to make feathers fly in the present.
Health Follow-up for Whitecoat Participants

The United States Army Medical Research Institute of Infectious Diseases (USAMRIID) is conducting a retrospective study of Whitecoat volunteers to determine if there could be any long-term adverse effects resulting from their participation in human medical trials between 1954 and 1973.

The study, which has been approved by the surgeon general of the Army, invites Whitecoat participants to fill out a questionnaire incorporating state-of-the-art knowledge about immunization and diagnostic methods.

Entry into the study is restricted to those Whitecoat participants who wish to volunteer. Contact Dr. Frank Damazo, 700 Montclaire Avenue, Frederick, Maryland 21701 (301-662-4502) or Mike Bradley at USAMRIID (1-800-256-7621) to receive the initial postcard response form. Once response postcards have been received by USAMRIID, names will be checked against USAMRIID’s records of those who received special immunizations during the Whitecoat program. Detailed questionnaires will be forwarded to all Whitecoat participants who are selected for the study.

Phone and/or mail follow-up of former Whitecoats in the study is planned by USAMRIID, including discussions with medical personnel from USAMRIID. Results from the completed study will be forwarded to all participants, as well as specific medical information that has a bearing on the health status of individual Whitecoats.

Further information about the health study of Whitecoat participants will be available at the Whitecoat reunion at the Frederick Seventh-day Adventist Church, September 25-27, 1998.

authored by a father-son duo.

Dr. Damazo’s continuing concern for Operation Whitecoat participants and the four decades of nurture provided by the Frederick church suggest a helpful way for the wider Seventh-day Adventist Church to relate to the still-simmering controversy about the Whitecoat era: *simply support the participants*. The non-judgmental attitude that can embrace both those who praised the project and those who castigated it illustrates a particularly appropriate way for spiritual people to deal with a troubled history. The passions of a quarter century ago that polarized society and the Seventh-day Adventist Church into “hawks” and “doves” need not continue to make feathers fly in the present. The ultimate irony would be that persons endorsing a principle of noncombatancy refuse to lay down weapons of invective and insinuation against each other for choices made a generation ago.

Christians embracing a “message of reconciliation” (2 Cor. 5:19, RSV) come to recognize that not all arguments must be won; not all painful history must be sorted out, with blame attached and penalties pronounced. We best learn the lessons of the past when we understand their human dimension, when we see the faces of those with whom we disagree and strive to understand their stories. God’s “teaching in our past history” becomes even more precious when it yields believers who make every effort to “maintain the unity of the Spirit in the bond of peace” (Eph. 4:3, RSV).

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1 James White, in Advent Review and Sabbath Herald, Aug. 12, 1862.
3 The Army Medical Research Unit (USAMU) was renamed the United States Army Medical Research Institute of Infectious Diseases (USAMRIID) in 1969. For purposes of this article, the differing designations will be used as appropriate to their chronological occurrence.
4 “Statement of Attitude Regarding Volunteering for Medical Research,” Operation Whitecoat File, ed. Errol L. Chamness (General Conference Archives).
5 Ibid.
6 Mole and Mole, p. 112.
7 Ibid., p. 117.
8 Interview with Dr. Frank Damazo by the author, July 8, 1998.
9 Mole and Mole, pp. 67, 68.
10 Ibid., p. 76.
13 Report of the Project Whitecoat Study Committee (Sept. 11, 1969), Operation Whitecoat File, General Conference Archives.
15 Don Roth, in The Youth’s Instructor, Oct. 8 and 15, 1963.
16 Memo of Colonel Dan Crozier (May 6, 1957), Operation Whitecoat File, General Conference Archives.
19 Clark Smith, “Project Whitecoat,” Operation Whitecoat File, General Conference Archives.
21 Hersh.
22 Ibid.
23 Ibid., p. 23.
25 Editorials appeared in the Southern Accent (Southern Missionary College), The Student Movement (Andrews University), and the Collegian (Walla Walla College).
28 Mole and Mole, p. 112.

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