

'The man had never been sick'

A Michigan lab worker's cause of death is still a mystery as experts' opinions conflict.

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IONIA, MICH. -- Richard Dunn worked with the test animals at the only anthrax vaccine manufacturing site licensed in the United States, so he had to get the shots regularly.

Each time, his arm would swell up, and he'd be in pain, says his widow, Barbara, a nurse. It got so bad that doctors at the BioPort plant decided to split his annual booster into two smaller doses. After receiving those shots, he rapidly became ill and died.

The medical examiner who did Dunn's autopsy, a nationally recognized forensic pathologist, says he thinks the man died because of the vaccine.

The military and BioPort disagree. Their hypothesis about Dunn's death involves a rare disease with no known cause, giving them just as little evidence for their findings.

A panel of experts on vaccines convened by the federal government decided that there wasn't enough information to rule on the relationship between Dunn's death and the vaccinations.

Still, Dunn's demise is mentioned among the possible side effects that must be disclosed in packages of the drug.

It's clear that Dunn died from heart problems, but there were no clogged arteries or other problems to support the likelihood that this was a normal case of heart disease death for a 61-year-old, Dr. Stephen D. Cohle says. He's the forensic pathologist from Grand Rapids, Mich., who was called in to perform Dunn's autopsy.

FINGERS LOOKED LIKE 'LITTLE SAUSAGES'

Tissue in several parts of Dunn's body showed evidence that an autoimmune disease was involved. That's when the body's own defenses start attacking healthy cells and organs.

Cohle sent samples from Dunn's body to the Centers for Disease Control and Prevention for testing. He says the results convinced him that Dunn died of coronary arteritis, an autoimmune problem that attacks



coronary arteries.

The close time connection between the shot and Dunn's death, and reports in medical journals linking arteritis to vaccines in general, make him suspect that the anthrax vaccine triggered the disease, Cohle says. Cohle has written more than a dozen studies examining fatal heart problems.

Dunn's illness began within a day of the shot and kept getting worse. By the time that he saw a doctor about four weeks later, he'd become progressively weak and sick - with his arm and hands "so swollen that he looked like he had little sausages out of his hands for fingers," Barbara Dunn says.

His health plan's doctor and BioPort's doctors couldn't figure out what was wrong, and things kept getting worse, she says. "The man had never seen a doctor until his last shots," she says. "The man had never been sick."

The shots were in April 2000.

He died July 7, 2000.

Barbara Dunn lives in Ionia, Mich, about 130 miles northwest of Detroit. She worked in the emergency room of the hospital there, along with Robert Joyce, who was the medical examiner in Ionia.

"One of the things I didn't want is a conflict of interest," she says. So she asked Joyce whether her husband's autopsy could be done elsewhere.

AUTOIMMUNE DISEASE, BUT WHICH ONE?

Cohle got the case and spent weeks doing research and getting lab results. He shared his data and tissue from the body with the military.

The military medical examiner, whom Cohle says he knows and respects, concluded that a different autoimmune disorder affecting the heart was the likely cause of death - polyarteritis nodosa.

"In our opinion, there is only a chance association between the development of polyarteritis nodosa in this individual and the fact that he received vaccinations with the anthrax vaccine," the military medical examiner, Jerry D. Spencer, wrote. He acknowledged that his theory involved a rare disease of unknown cause, which made proving or disproving his own theory virtually impossible.

Barbara Dunn says she's sure that her husband died from the vaccine, and BioPort and government officials tried to convince her otherwise, even before the autopsy was finished.

BioPort and Pentagon officials have publicly dismissed the death as simple heart disease, normal for a 61-year-old.

Cohle says that if doctors treating Dunn had known what was the matter, they might have been able to save his life. Autoimmune problems such as polyarteritis nodosa and coronary arteritis can be treated

successfully with steroids and other drugs, he says.

In 2003, after a number of cases of post-vaccination pneumonia and other illnesses in the military - and the death of a reservist in Michigan - the assistant secretary of defense for health affairs took the unusual step of sending a memo to military doctors. It read that autoimmune diseases should be considered in illnesses that follow vaccinations.

They should be "particularly alert" for fever, chest pain, inflammation of heart tissue and other symptoms, said the warning - all symptoms that Dunn experienced before he died.

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