Form over Substance: The Inadequacy of Informed Consent and Ethical Review for Thai Injection Drug Users Enrolled in HIV Vaccine Trials

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FORM OVER SUBSTANCE: THE INADEQUACY OF INFORMED CONSENT AND ETHICAL REVIEW FOR THAI INJECTION DRUG USERS ENROLLED IN HIV VACCINE TRIALS

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Abstract: Acquired Immune Deficiency Syndrome ("AIDS") has emerged as a health issue of global significance, and clinical research on Human Immunodeficiency Virus ("HIV") and AIDS has become increasingly international in scope. A clinical trial of a vaccine designed to prevent the spread of the HIV raises important legal and ethical questions because injection drug users who were believed to be unsuitable subjects for study in the United States were singled out for research in Thailand. The protections for human subjects must not be compromised when U.S. pharmaceutical companies conduct research abroad, particularly where clinical trials are conducted in vulnerable populations.

U.S. regulations, as well as international declarations and guidelines, require two primary protections for research subjects: individual voluntary informed consent, and prior review of proposed research by an independent ethical review committee. Ethical review committees should gauge the adequacy of informed consent by the substance of the information communicated between researcher and participant, and should not be satisfied with a mere signature on a consent form. The recent clinical trial of HIV vaccines in the United States and Thailand highlights the gaps and weaknesses in the current system of protections for human subjects. Members of the committees that reviewed the protocols for the AIDSVAX vaccine failed to properly consider the vulnerability of the subject population and the implications for informed consent.

Countries that host research sponsors, as well as countries that host research volunteers, must share the responsibility of protecting human subjects. To strengthen the protections for human subjects, Thailand should enact comprehensive national legislation, and existing legislative protections in the United States should be expanded to reflect the increasingly international scope of biomedical research. As a case study, the AIDSVAX clinical trials can provide useful information for planning more equitable HIV vaccine trials in the future.

I. INTRODUCTION

Acquired Immune Deficiency Syndrome ("AIDS") has become a health epidemic that no community, nation, or continent can ignore. AIDS is the “first modern infectious disease to strike the developed and developing world simultaneously and to give both a large stake in finding a cure.”1 As biomedical research becomes increasingly international in scope, clinical trials often involve several nations that are socially, politically, and

† The author would like to thank Professor Anna C. Mastroianni and the Editorial and Production Staff of the Pacific Rim Law & Policy Journal for their assistance throughout the writing process. Any errors or omissions are the author’s own.

1 David J. Rothman, The Shame of Medical Research, N.Y. REV. OF BOOKS, Nov. 30, 2000, at 60-64.
economically distinct.² When clinical research is conducted in both developed and developing nations, a system of protections is necessary to ensure that the treatment of human subjects does not vary with the location of the research.

Federal regulations in the United States and most international guidelines require two fundamental protections for research subjects: (1) individual voluntary informed consent, and (2) prior review of proposed research by an independent ethical review committee.³ These protections are necessary to ensure that the autonomy of research participants is respected, that volunteers consider the risks and benefits of participation, and that the benefits and burdens of research are equitably distributed.⁴

A recent clinical trial of a vaccine designed to prevent the spread of Human Immunodeficiency Virus ("HIV") raises important legal and ethical questions because injection drug users who were believed to be unsuitable subjects for study in the United States were singled out for research in Thailand.⁵ At the time of the research, injection drug users were subjected to coercive government programs in Thailand that did not exist in the United States.⁶ Given the study populations and social conditions in Thailand at the time of the study, it would have been more appropriate to conduct the research solely in the United States. When protocol review committees slavishly adhere to regulatory forms without properly considering substantive ethical issues and the local research context, inappropriate research may proceed. Approval by ethical review committees of HIV vaccine trials in Thailand represents one example of the form of legal and ethical analysis prevailing over substance.

If the United States and Thailand continue to collaborate in the search for an HIV vaccine, the protections for human subjects that are enforced in the United States must be equally robust when applied in Thailand. Part II of this Comment provides background information on the HIV clinical trials, and considers the ethical and legal implications of international biomedical research. Part III argues that U.S. regulations provide one source of protection to human subjects in Thailand, given the absence of Thai

⁵ See discussion infra Part II.A.
⁶ See discussion infra Part IV.A.3.
legislation. However, Part IV illustrates that in the case of the HIV vaccine clinical trials in Thailand, U.S. regulations governing informed consent were ineffectively applied. Part V suggests several approaches to strengthen existing protections for human subjects in future clinical trials.

II. INTERNATIONAL VACCINE TRIALS ADVANCE THE FIGHT AGAINST THE HIV/AIDS EPIDEMIC BUT ALSO HIGHLIGHT RESOURCE DISPARITIES

Vaccines represent one possible way to curb the spread of HIV/AIDS. Most vaccines currently being explored in the context of HIV are preventive vaccines, which teach the body to recognize and defend itself against the viruses that cause the disease. Preventive vaccines cannot cure someone who has HIV or AIDS, but may prevent infection or slow the progression of HIV to AIDS. Clinical trials of vaccines are research studies in which new therapies for AIDS and HIV infection are tested in humans to assess whether the drugs or vaccines actually work as intended. Clinical trials of HIV vaccines progress through three phases. After a vaccine is shown to be safe in humans at a particular dosage level (Phase I), and initial evidence shows that it might be effective (Phase II), it may proceed to large-scale efficacy trials (Phase III).

This Comment focuses on the challenges of conducting a Phase III HIV vaccine clinical trial. First, HIV clinical trials require healthy volunteers. In the typical research scenario, the subjects recruited for drug trials are directly interested in the outcome of the trial because they already have the disease the drug is designed to treat. Yet in order to know if a vaccine works, the subjects recruited for clinical trials must be healthy individuals who may be at risk for HIV at some future time. A second challenge for Phase III vaccine trials is the large number of volunteers needed. While Phases I and II of vaccine testing require only several

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8 Id.
12 Id. at 65.
hundred volunteers, Phase III trials test thousands of healthy participants for
efficacy and side effects in order to reveal the less common effects of the
vaccine. In particular, HIV vaccine trials require larger numbers of
participants because only a small number of those vaccinated will ever be
exposed to and contract HIV, even if no effective vaccine is given. In other
words, for the clinical trials to be scientifically meaningful, the research
subjects must not only be healthy, but must also have a relatively high risk of
acquiring HIV. Phase III vaccine trials therefore pose the challenge of
recruiting and maintaining a large number of healthy but at-risk volunteers.

A. Participation Criteria for the VaxGen HIV Clinical Trials in Thailand
Differed from the Criteria in the United States

VaxGen, a biomedical research company based in the United States,
developed an HIV vaccine called “AIDSVAX.” VaxGen also funded most
aspects of the clinical trials to test the HIV vaccine. AIDSVAX was the
first experimental vaccine to be approved by the Food and Drug
Administration (“FDA”) for large-scale testing, and Thailand was the first
developing nation to host a large human trial of an experimental HIV
vaccine. The study began in the United States in June 1998, and in
Bangkok, Thailand in March 1999. The Bangkok Metropolitan
Administration (BMA) led the Thai trial, in conjunction with VaxGen, the
Mahidol University Faculty of Tropical Medicine in Bangkok, and the
HIV/AIDS Collaboration (a research collaborative between the Thai
Ministry of Public Health and the Centers for Disease Control and
Prevention).

Although the vaccine trials in the United States and Thailand tested
similar versions of the AIDSVAX vaccine and were funded by the same
company (VaxGen), there were significant differences in the criteria for

13 See Rados, supra note 10.
14 See Grady, supra note 11.
15 Id. at 121.
16 VaxGen is based in California. AIDSINFO, U.S. Department of Health and Human Services,
Questions and Answers on the Thailand Phase III Vaccine Study and CDC’s Collaboration (1999),
17 Id. “There’s no guarantee the vaccine will work, and many U.S. scientists are highly skeptical
because it’s based on a concept that the National Institutes of Health shelved in 1994.” FDA Allows Large-
Scale Test of AIDS Vaccine, THE COLUMBUS DISPATCH (Ohio), June 4, 1998, at 5A.
18 See Bill Hutchinson, Firm Gets OK to Test AIDS Drug, DAILY NEWS (New York), June 4, 1998,
at 2.
20 AIDSINFO Phase III, supra note 16.
21 Aphonluc Bhatiasevi, VaxGen to Stop Funding of Vaccine Trial, BANGKOK POST, July 2, 2003.
22 AIDSINFO Phase III, supra note 16.
participation. The population of 5,000 research subjects recruited in the United States was comprised of non-monogamous gay men or heterosexuals. Injection drug users were excluded from participating in the U.S. trials. Those who designed the study believed it would be too difficult to follow a population of injection drug users in the United States. In contrast, the Thai version of the study was conducted exclusively among 2,500 uninfected injection drug users attending 17 drug treatment clinics in Bangkok. In other words, while the use of injection drugs was grounds for exclusion from the U.S. trials, it was a requirement for participation in the Thai trials.

For the purposes of this discussion, the results of the AIDSVAX vaccine trial are of little significance. The trials conducted in both the United States and Thailand ultimately showed that neither form of the vaccine effectively prevented HIV infection among study participants. However, the vaccine trials provide an important context for examining the legal and ethical issues raised by international research.

As evidenced by the selection criteria, researchers generally follow populations that are considered to be at high risk of exposure due to sexual contact or injection drug use. While health officials are obligated to ensure that all participants benefit from known prevention methods—such as the use of condoms and clean syringes—the studies will only be informative if

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25 See CHRIS BEYRER, INTERNATIONAL AIDS VACCINE INITIATIVE, Injecting Drug Users and HIV Vaccine Trials: What Does the Science Say?, 6 IAVI REPORT 3, (2002), http://www.iavireport.org/Issues/0602/idus.asp; see also Thomas H. Maugh II, U.S.-Thai Trial for AIDS Vaccine Slated; Medicine: The Joint $36-million Effort Will Be the Largest Yet, LOS ANGELES TIMES, July 9, 2002, at 6 (“Critics had argued that it would not be possible to complete the study because of the difficulties involved in monitoring large numbers of high-risk patients for three years or longer”).
26 See CLINICALTRIALS.GOV, NATIONAL INSTITUTES OF HEALTH, Effectiveness of AIDSVAX B/E Vaccine in Intravenous Drug Users in Bangkok, Thailand (2005), http://www.clinicaltrials.gov/ct/show/NCT00006327?order=5; see also AIDSINFO Phase III, supra note 16 (All injection drug users who participated in the trial were automatically enrolled in drug treatment and maintenance programs at the Thai clinics to help them stop using drugs and reduce their risk of HIV infection). According to available estimates, there are anywhere from 100,000 to 250,000 injection drug users in Thailand. HUMAN RIGHTS WATCH, Thailand, Not Enough Graves: The War on Drugs, HIV/AIDS, and Violations of Human Rights 2 (June 2004), available at http://www.hrw.org/reports/2004/thailand0704/thailand0704.pdf [hereinafter HUMAN RIGHTS WATCH].
some of the participants are exposed to the HIV virus. See Grady, supra note 11, at 121 (“To run a scientifically useful study, the community must have a high incidence of HIV and of members at risk of acquiring HIV”).

29 Id.


31 See Alice K. Page, Ethical Issues in International Biomedical Research: An Overview, 37 J. Health L. 629, 633 (2004); see also Emanuel, supra note 3, at 209 (“Sponsorship of research is increasingly commercial, and studies are frequently conducted in sites outside the United States”).

32 Id.

33 Id.

34 See Ruth Macklin, Double Standards in Medical Research in Developing Countries 7 (2004).

35 See Page, supra note 31, at 632-33; see also Macklin, supra note 34, at 7.
financial and regulatory burdens create disincentives for conducting research in countries such as the United States.\textsuperscript{36}

The increasingly private nature of biomedical research raises legal and ethical concerns about the potential for exploitation\textsuperscript{37} of resource deprived countries.\textsuperscript{38} Developing countries may not have legal requirements in place for reviewing and conducting research, and may lack the financial resources to implement programs for legal and ethical review of research.\textsuperscript{39} Thailand has been referred to as both a developing nation and a “newly industrialized” nation, as a reflection of its status between the richest and poorest countries.\textsuperscript{40} Legislation is an important source of law in Thailand,\textsuperscript{41} but the legislature has not formally enacted regulatory protections for human subjects.\textsuperscript{42} In response to the increasing presence of HIV in Thailand, public health officials developed a series of “National Plans” to address the problem.\textsuperscript{43} The National Plans allow Thai officials to coordinate efforts among government agencies to find an effective vaccine and to slow the spread of the HIV epidemic.\textsuperscript{44}

However, the fact remains that Thailand lacks formal legislation on human experimentation.\textsuperscript{45} Successive governments have failed to introduce the legislation needed to protect trial subjects, rationalizing that more serious

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\textsuperscript{36} In many cases, multi-center trials are not subject to a single formal oversight structure in the United States. See Institute of Medicine, Responsible Research: A Systems Approach to Protecting Research Participants 35 (2003).

\textsuperscript{37} Ruth Macklin, a prominent bioethicist, asserts that “[e]xploitation occurs when wealthy or powerful individuals or agencies take advantage of the poverty, powerlessness, or dependency of others by using the latter to serve their own ends (those of the wealthy or powerful) without adequate compensating benefits for the less powerful or disadvantaged individuals or groups.” Macklin, supra note 34, at 101-02.


\textsuperscript{40} See Macklin, supra note 34, at 10.

\textsuperscript{41} Legal Systems of the World: A Political, Social, and Cultural Encyclopedia, Vol. IV, at 1616 (Herbert M. Kritzer, ed., 2002). Legislative power is vested in the National Assembly (Rathasapha), which is comprised of the Senate (Wuthisapha) and the House of Representatives (Sapha Phuthaen Ratsadon). Id.

\textsuperscript{42} See A Poison Pill?, BANGKOK POST, Nov. 21, 2001.


\textsuperscript{45} See A Poison Pill?, supra note 42.
national problems must be given priority. Suntaree Vitayanatpaisan, assistant professor of Chulalongkorn’s Faculty of Pharmaceutical Sciences, remarked that “[w]e’ve pushed and pushed to try to finalise legislation to protect trial subjects …. Is the government trying to say that researchers are allowed to treat humans like guinea pigs?” Suntaree blames the government bureaucracy for sidelining legislation designed to protect human subjects in Thailand.

In the absence of formal legal protections for human subjects, several university-based ethics committees have been established to monitor biomedical research in Thailand. The VaxGen trial received an ethics review and approval from the Bangkok Metropolitan Administration, the Faculty of Tropical Medicine of Mahidol University, the Ethical and Scientific Review Committees of the Thailand Ministry of Public Health (“MOPH”), and the Thailand Food and Drug Administration. In addition, the Thai Safety and Monitoring Board evaluated the results of the trial after thirty months. While efforts to conduct ethical review in Thailand are commendable, Thailand lacks a formal regulatory body with the “teeth” to enforce such requirements. Although the Medical Council of Thailand encourages biomedical researchers to obtain informed consent from trial subjects, without formal legislation, the vulnerable public must rely on researchers’ voluntary compliance with ethical standards.

When research is proposed, authorities such as the Thai MOPH may not be in the optimal position to determine what is best for Thai research subjects. Local researchers stand to gain experience and prestige through international collaboration, and money flows from the researchers to

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46 Draft legislation to protect human subjects was taken to the National Research Committee in 1975, and then rejected by the Office of the Permanent Secretary for University Affairs; in 1993 a final draft of the legislation was proposed to parliament, but no action was taken. See id.
47 Id.
48 Id.
49 Id.
51 See AIDSINFO Phase III, supra note 16.
53 The Forum for Ethical Review Committee in Thailand (“FERCIT”) works solely on a voluntary basis; the Medical Council of Thailand steps in only when a subject files a complaint, and does not take a proactive role. See A Poison Pill?, supra note 42.
54 Id. (“Many researchers don’t look for approval from FERCIT or anywhere”).
55 See MACKLIN, supra note 34, at 23.
research institutions,\textsuperscript{56} possibly even to the government itself.\textsuperscript{57} In addition, “biomedical research in Thailand could strengthen the nation’s bargaining power with pharmaceutical companies,” when it comes to obtaining essential drugs.\textsuperscript{58}

Thai activists note that without legislation to protect research participants, volunteers and communities are open to being exploited by pharmaceutical manufacturers.\textsuperscript{59} Professor Thada Seublinwong of Chulalongkorn University encourages researchers to be “sensitive to community issues as well as individual rights.”\textsuperscript{60} Professor Seublinwong offered the example of researchers using Thai medical facilities and research subjects, and then pulling out all of the resources after the study, which he says would be “unacceptable and unethical.”\textsuperscript{61} In fact, the economic motive for the AIDSVAX research was highlighted when VaxGen considered prematurely halting the Thai trials on commercial grounds.\textsuperscript{62} Clinical trials are expensive, and when it became clear that the AIDSVAX vaccine was not effective, VaxGen considered pulling out of Thailand before the final analysis of the data was complete.\textsuperscript{63} Mahidol University epidemiologist Dwip Kitayaporn noted that VaxGen’s threat of withdrawal from the trial “should teach Thailand and other developing countries to be more careful and not fall into the trap of private business.”\textsuperscript{64}

In contrast to the substantial number of financial interests served by clinical research, the Thai MOPH also has a duty to protect the small population of potential research subjects. Wealthy and powerful sponsors such as VaxGen may influence institutions such as the Thai MOPH to approve clinical trials at the expense of the research population.\textsuperscript{65} In their eagerness for an HIV vaccine and research funding, the public health officials and scientists of Thailand failed to protect a small, vulnerable segment of society: the injection drug users who participated in the research. As evidenced by the unscientific desire of VaxGen to halt the

\textsuperscript{56} According to the Drug Issue Research Group, a voluntary group of medical people and activists in Thailand, enormous sums are spent on medical research projects in Thailand every year; a single project can cost up to $500 million. \textit{See A Poison Pill?}, supra note 42.

\textsuperscript{57} \textit{See} \textit{MACKLIN}, supra note 34, at 23.

\textsuperscript{58} \textit{See} \textit{A Poison Pill?}, supra note 42.

\textsuperscript{59} \textit{See id.}

\textsuperscript{60} \textit{Id.}

\textsuperscript{61} \textit{Id.}

\textsuperscript{62} \textit{See VaxGen Set to Pull Plug on AIDS Vaccine Trial}, \textit{THE NATION} (Thailand), July 2, 2003 (“If they leave and allowed all Thai efforts to count for nothing, it could wreck the chances of future clinical trials in developing countries”).

\textsuperscript{63} \textit{See id.}


\textsuperscript{65} \textit{See} \textit{MACKLIN}, supra note 34, at 23-24; \textit{see also A Poison Pill?}, supra note 42.
clinical trial before its completion, the power of profit motive necessitates strong ethical and legal protections. While Thailand has yet to see court battles over human clinical trials, circumstances will likely change if the government fails to take decisive legislative action in the near future. 66

III. FEDERAL REGULATIONS AND ETHICAL PRINCIPLES ABSENT IN THAILAND PROTECT HUMAN SUBJECTS IN THE UNITED STATES

In recent history, a number of protections have evolved to minimize the harm to research participants. The risk of harm to participants arises because unlike treating physicians, who aim to improve the health of the individual, biomedical researchers seek to advance generalized knowledge that will benefit broader populations, often at the expense of the individual. 67 In other words, the researcher “must often subordinate an enrollee’s personal interests and desires to the protocol.” 68 The creation of international guidance documents and domestic laws marked the recognition of the need to protect individual rights over the interest of the researcher in the scientific endeavor. 69 The principles from international guidance documents are important because they are often used as a definitive source of authority by non-governmental organizations, investigators, and both national and local committees that review the ethical dimensions of research. 70

A. Historical Foundations for the Protection of Human Subjects

Historically, informed consent has functioned as one of the primary protections for human subjects of biomedical research. Informed consent provides a process for ensuring and documenting that a research participant (or his or her legally authorized representative) has acted according to his or her informed, considered, and freely made judgment. 71 Following World War II and Nazi medical experimentation, the Nuremberg Code declared in 1947 that “[t]he voluntary consent of the human subject is absolutely

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66 See A Poison Pill?, supra note 42.
68 Id.
70 See MACKLIN, supra note 34, at 19.
71 See generally Belmont Report, supra note 4, at 23,195 (discussing the application of informed consent principles, including the provisions for sufficient information, adequate comprehension, and voluntariness); see also INSTITUTE OF MEDICINE, supra note 36, at 95 (noting that obtaining written “informed consent” is tangential to the process of informed consent).
The Nuremberg Code not only requires the consent of research subjects, but also maintains that the consent must be voluntary (free from coercion), competent, and informed.73

For many years after the creation of the Nuremberg Code, most physicians believed that the Code primarily applied to war crimes, and not to the medical establishment.74 Subsequent documents developed by international organizations provided guidelines for ethics in research, and were intended to apply to multinational and intranational research. For example, the Declaration of Helsinki was developed and adopted by the World Medical Assembly in 1964.75 In addition to requiring informed consent, the Declaration of Helsinki calls for additional protections for vulnerable and incompetent subjects.76 The Declaration of Helsinki also espouses the use of ethical review committees, which are empowered to evaluate “information regarding funding, sponsors, institutional affiliations, other potential conflicts of interest and incentives for subjects,” and have the right to monitor ongoing trials.77

In addition, the World Health Organization (“WHO”) and the Council for International Organizations of Medical Sciences (“CIOMS”) issued a new set of guidelines designed to aid in the application of the Declaration of Helsinki IV.78 The 1993 version of the CIOMS guidelines specifically addresses developing countries hosting clinical trials.79 In addition to informed consent, the CIOMS guidelines also require that research protocols are prospectively reviewed by independent ethical review bodies.80

Guideline 3 specifies that an external sponsoring organization (such as

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73 See GEORGE J. ANNAS ET AL., INFORMED CONSENT TO HUMAN EXPERIMENTATION 7 (1977).
74 See Roman, supra note 69, at 451 (noting that the “[b]ecause judges created the Code, and not other researchers, physician-researchers thought the Code inapplicable to their own practices”).
76 See Declaration of Helsinki, supra note 75, at paras. 22-24.
77 Id. at para. 13.
79 The CIOMS Guidelines require investigators to obtain voluntary informed consent from every prospective subject, but they also recognize that it may be challenging to obtain informed consent from subjects in countries with low levels of education. See CIOMS Guidelines, supra note 78, at Guideline 4.
80 See CIOMS Guidelines, supra note 78, at Guideline 2.
VaxGen) should submit the research protocol for ethical and scientific review “in the country of the sponsoring organization, and the ethical standards applied should be no less stringent than they would be for research carried out in that country.”

The Joint United Nations Programme on HIV/AIDS (“UNAIDS”) has also issued a guidance document titled “Ethical Considerations in HIV Preventive Vaccine Research,” which directly relates to the VaxGen clinical trials in Thailand. The UNAIDS document highlights some of the special issues that ethical review committees should consider when reviewing international research. First, HIV preventive vaccine trials should only be carried out in countries and communities that have the capacity to conduct appropriate independent and competent scientific and ethical review. Additionally, the research protocol should describe the social contexts of a proposed research population, so that reviewing bodies can evaluate whether there may be exploitive conditions or increased vulnerability among potential research participants. Like other guidance documents, UNAIDS requires informed consent, as well as a plan for monitoring the continuing adequacy of consent among research subjects. In addition, UNAIDS specifically calls for special measures to protect persons, including intravenous drug users, who may be limited in their ability to give informed consent due to their social or legal status.

While the aforementioned documents declare the importance of informed consent and suggest the utility of prior independent ethical review to protect human subjects, none create legally enforceable obligations for states or individuals. Nonetheless, the Nuremberg Code and Declaration of Helsinki, and to a lesser extent, the CIOMS and UNAIDS guidelines, have all influenced the creation of law and policy in the United States. Accordingly, U.S. regulations incorporate the legal and ethical requirements of informed consent and prior ethical review.

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81 Id. at Guideline 3.
83 Id. at 21.
84 Id. at 22.
85 Id. at 32, 39.
86 Id. at 36-37.
88 The U.S. federal regulations of human subjects research specifically reference both the Nuremberg Code and the Declaration of Helsinki. See Chang, supra note 2, at 346.
B. The Belmont Report Provides the Ethical Foundations for the Protection of Human Subjects in the United States

In the United States, the National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research created the Belmont Report to provide an “analytical framework” for the resolution of “ethical problems arising from research involving human subjects.”\(^89\) The Belmont Report identified three ethical principles that govern research on human subjects: (1) respect for persons (autonomy), (2) beneficence, and (3) justice.\(^90\)

The principle of respect for persons is comprised of two moral requirements: (1) that individuals should be treated as autonomous agents, and (2) that persons with diminished autonomy are entitled to protection.\(^91\) The Belmont Report clarifies those requirements, explaining that for most research on human subjects “respect for persons demands that subjects enter into the research voluntarily and with adequate information.”\(^92\) In other words, the principle of respect for persons requires the provision of informed consent. Informed consent is assessed according to the adequacy of the information, comprehension by the subject, and voluntariness (consent free of coercion and undue influence).\(^93\)

According to the Belmont Report, the principle of “beneficence” can be expressed by two general rules: “(1) do not harm, and (2) maximize possible benefits and minimize possible harms.”\(^94\) While a research subject can balance the risks and benefits of participation individually, ethical review committees must also weigh these factors on behalf of the study population.

The principle of “justice” requires a fair distribution of the risks and benefits in the selection of research subjects.\(^95\) Justice is a particularly important factor to consider in the context of international research, because it implies that certain nations and populations must not disproportionately bear the burdens of biomedical research.\(^96\) Justice concerns have often focused on the exploitation of subjects in developing countries with regard

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89 See Belmont Report, supra note 4, at 23,193.
90 Id. at 23,193-94.
91 Id. at 23,193.
92 Id. at 23,194.
93 Id. at 23,195.
94 Id. at 23,194.
95 Id.
96 See id. at 23,196 ("Individual justice in the selection of subjects would require that researchers exhibit fairness: thus, they should not offer potentially beneficial research only to some patients who are in their favor or select only ‘undesirable’ persons for risky research").
The Belmont Report cautions that vulnerable populations should be “protected against the danger of being involved in research solely for administrative convenience, or because they are easy to manipulate as a result of their illness or socioeconomic condition.” Justice demands that the risks and benefits of research are spread evenly across the globe, and that cost-benefit ratios do not vary with geographic location. By promoting the concepts of respect for persons, beneficence, and justice, the Belmont Report provides the ethical foundation for the current federal laws governing research on human subjects in the United States.

C. The Statutory Basis for Protecting Human Subjects Derives from the Common Rule and FDA Regulations

Federal regulations implement the ethical principles of the Belmont Report, but the regulations only control certain types of research on human subjects. Two separate sections of the Code of Federal Regulations may apply to clinical trials on human subjects, depending on the funding source.

The Common Rule was created in 1991 when the President’s Commission recommended that all federal agencies adopt U.S. Department of Health and Human Services (“DHHS”) regulation 45 CFR part 46, governing research on human subjects. Subpart A of the regulations was thereafter endorsed by seventeen federal agencies and departments that fund research on human subjects, creating a unified system of protections. If a clinical trial involving human subjects is conducted by the federal government, supported by federal grants, or otherwise subject to regulation by a federal department or agency, the Common Rule applies.

Under certain circumstances, compliance with the Common Rule may not be legally required of a clinical trial involving human subjects. For

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97 See Macklin, supra note 34, at 68.
98 See Belmont Report, supra note 4, at 23,197.
100 See Berman, supra note 10, at 308.
101 See Grady, supra note 12, at 44-45 (The DHHS regulations were originally codified in 1981 at 45 C.F.R. § 46, and were most recently revised in 1991); see also Sharona Hoffman, Regulating Clinical Research: Informed Consent, Privacy, and IRBs, 31 CAP. U. L. REV. 71, 75 (2003).
102 See Institute of Medicine, supra note 36, at 138; see also Emanuel, supra note 3, at 282.
104 See Emanuel, supra note 3, at 283.
example, research that is entirely funded by private sources (rather than government sources) lacks the requisite federal nexus for the Common Rule to apply. In the case of privately-funded research by pharmaceutical companies, the federal government would need an additional basis for regulating.

The FDA did not sign on to the Common Rule, and therefore has a separate basis for regulating research on human subjects. The FDA applies requirements similar to the Common Rule to clinical research conducted as a part of the approval process for drugs, devices, or biologics (which include vaccines). When a sponsor of a drug or vaccine seeks to study the product to learn if it is suitable for marketing, the sponsor must file an investigational new drug application (“IND”) with the FDA. If IND approval is secured by an investigator, then the study may begin, subject to strict compliance with the protocols accepted by the FDA. Even if a private pharmaceutical company conducts research on populations outside of the United States, the research will be subject to FDA requirements if the company ultimately intends to seek FDA approval for use of the product in the United States. FDA regulations unquestionably have full legal effect in the United States, and compliance is mandatory.

In sum, the federal system of protections applies only to research funded by a federal agency that is subject to the Common Rule, and to private entities that will ultimately seek FDA review and approval.

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105 45 C.F.R. § 46.101(a).
106 See Emanuel, supra note 3, at 282 (discussing 21 C.F.R. §§ 50, 56 (2005)); see also Chang, supra note 2, at 341-42.
107 See Emanuel, supra note 3, at 282.
108 See Dale E. Hammerschmidt, Understanding the FDA’s IND Process, in INSTITUTIONAL REVIEW BOARD: MANAGEMENT AND FUNCTION 323 (Robert J. Amdur & Elizabeth A. Bankert eds., 2002). The overarching purposes of the IND process are to “ensure the rights and welfare of study subjects and to ensure the quality and integrity of the data on which licensing applications are based.” Id. at 325.
109 Id.
110 45 C.F.R. § 46.101(a); 21 C.F.R. § 50.1(a).
111 45 C.F.R. § 46.102(e).
113 See INSTITUTE OF MEDICINE, supra note 36, at 138.
D. The Federal Regulations Create Safeguards for Research Subjects

The Common Rule and the FDA regulations, as well as the aforementioned international declarations and guidelines, require two primary protections for research subjects: individual voluntary informed consent, and prior review of proposed research by an independent ethical review committee. Ethical evaluation of clinical trials using the Belmont Report framework is often required to ensure that the regulations are appropriately implemented.

1. Individual Voluntary Informed Consent Promotes Autonomy and Beneficence

The general requirements for informed consent are virtually identical in the Common Rule and the FDA regulations. Subjects (or their legally authorized representatives) must give “legally effective informed consent” in order to participate in research. To clarify the information that must be provided to a research subject (or their legally authorized representative), the regulations list eight basic elements:

1. a statement that the study involves research, as well as a description of the research and its purposes;
2. a description of reasonably foreseeable risks;
3. a description of reasonably expected benefits;
4. disclosure of appropriate alternatives;
5. a statement about maintenance of confidentiality;
6. for research involving more than minimal risks, an explanation about possible compensation if injury occurs;
7. information about how the subject can have pertinent questions answered; and
8. a statement that participation is voluntary (i.e., refusal to participate involves no penalties or loss of benefits).

It is important for investigators to understand the difference between “the presentation of the information, and even the signing of the consent document, and bona fide consent.” A document with a signature is not consent, but is merely a record of what was supposed to have been

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114 Emanuel, supra note 3, at 282.
117 Id. at § 46.116; 21 C.F.R. § 50.25 (2005).
communicated between researchers and prospective participants.\textsuperscript{119} According to the Belmont Report, informed consent is evaluated by the adequacy of the information provided, the subject’s comprehension of the information, and the voluntariness of the consent.\textsuperscript{120}

2. \textit{Prior Independent Ethical Review Strengthens Informed Consent and Promotes Beneficence and Justice}

Institutional Review Boards (“IRBs”) are responsible for reviewing the ethical facets of proposed human research. When research is not subject to federal regulation, investigators “are under no formal obligation to monitor the ethical aspects of research,” but may voluntarily elect to do so.\textsuperscript{121} In contrast, all clinical trials under federal jurisdiction must be examined and approved by a U.S. IRB prior to commencement.\textsuperscript{122} IRBs are required by the federal regulations to ensure that: (1) informed consent is obtained from subjects and documented (respect for persons, or autonomy),\textsuperscript{123} (2) the risks to subjects are minimized and are reasonable in relation to benefits (beneficence),\textsuperscript{124} and (3) the selection of subjects is equitable (justice).\textsuperscript{125}

Privately-funded researchers that are not required to comply with the Common Rule must comply with FDA regulations\textsuperscript{126} when research involves the investigational use of biologics such as vaccines, and the institution plans to market the biologic in the United States, regardless of the source of funding.\textsuperscript{127} However, if an institution conducts research that is subject to both the Common Rule and the FDA regulations, the IRB review must comply with both sets of regulations.\textsuperscript{128} Requiring researchers and review


\textsuperscript{120} See Belmont Report, supra note 4, at 23,195.


\textsuperscript{122} In the U.S., research on human subjects must be approved by the appropriate IRB. 45 C.F.R. § 46.101(a)(2) (2005); see generally Barbara A. Noah, \textit{Bioethical Malpractice: Risk and Responsibility in Human Research}, 7 J. HEALTH CARE L. & POL’Y 175, 181-206 (2004); Hoffman, supra note 101, at 76; Berman, supra note 10, at 309; Chang, supra note 88, at 342.


\textsuperscript{126} 21 C.F.R. §§ 56.103 (2005).


\textsuperscript{128} \textit{Id.}
committees to implement informed consent and ethical principles helps to ensure the equitable selection of subjects from diverse populations.129

D. United States Regulations Apply to U.S.-Based Research Conducted in Thailand

Informed consent and IRB review protect the rights and welfare of research subjects in the United States by promoting autonomy, beneficence, and justice. The strength of the protections must not be compromised when U.S. pharmaceutical companies conduct research abroad, particularly where clinical trials are conducted in vulnerable populations.130 In addition to Thai protections, United States federal regulations represent another layer of protection for research subjects.

In the case of the AIDSVAX clinical trials, determining whether the Common Rule applies to research conducted outside U.S. borders is not a straightforward task. If international research is funded through the Department of Health and Human Services (“DHHS”), then the Common Rule unquestionably applies. However, the AIDSVAX trial was funded by VaxGen, a private pharmaceutical company that developed the AIDSVAX vaccine. Despite the private nature of the funding, collaboration between the U.S. federal government and researchers in Thailand created a sufficient federal nexus to bring the research within the reach of the Common Rule.

The National Institutes of Health (“NIH”) issued guidelines to help investigators determine whether collaborative research between intramural investigators and others in the United States and abroad is covered by federal requirements.131 According to the NIH, collaborative activities may include “substantive intellectual contributions to research techniques, protocol design, or interpretation of data.”132 If VaxGen collaborated with an entity supported by the NIH or another DHHS entity, then the research would be subject to the Common Rule. The NIH declined to provide direct funding for the AIDSVAX trials, but the Centers for Disease Control and Prevention (“CDC”) collaborated with both United States and Thai institutions by providing epidemiologic and laboratory technical

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130 See CIOMS Guidelines, supra note 78, at Guideline 13.
132 Id.
The CDC assisted researchers in Thailand with statistical analysis (interpreted results, determined whether the vaccine was effective), consulted on implementation strategies and access, and conducted studies on the subject population. The CDC arguably “collaborated” with VaxGen when it provided “substantive intellectual contributions,” thus bringing the AIDSVAX research within the purview of the Common Rule.

Additionally, the United States exercises control over the introduction of new pharmaceutical products into the U.S. marketplace through the FDA, which requires informed consent and IRB review for research on human subjects. Institutions that are not required to follow the Common Rule must comply with the FDA regulations when research involves the investigational use of biologics (such as vaccines), regardless of the source of research funding. Since the VaxGen vaccine products would ultimately require FDA approval, the research is subject to federal regulation by virtue of the FDA statute.

IV. UNITED STATES PROTECTIONS FOR HUMAN SUBJECTS WERE IMPROPERLY APPLIED TO THE THAI VACCINE TRIALS

United States research regulations and practices cannot be directly applied in Thailand, where many cultural, social, and political factors operate to undermine the effectiveness of the protections. In assessing whether the legal requirements for informed consent and IRB review are met, research should be measured against the underlying ethical principles that gave rise to the U.S. laws. The ethical substance of the U.S. regulations must be maintained in Thailand, even amid vastly different circumstances, because different contexts do not allow for the use of a lower ethical standard in assessing legal compliance. Researchers and review

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135 See NATIONAL INSTITUTES OF HEALTH, supra note 131.
137 21 C.F.R. § 56.103.
138 See Amdur, supra note 127, at 329.
139 Id.; 21 C.F.R. § 56.103.
140 See Gerald S. Schatz, Are the Rationale and Regulatory System for Protecting Human Subjects of Biomedical and Behavioral Research Obsolete and Unworkable, or Ethically Important but Inconvenient and Inadequately Enforced?, 20 J. CONTEMP. HEALTH L. & POL’Y 1, 31 (2003).
141 See Page, supra note 31, at 641–42.
boards must account for the factors in Thai culture that create special harms and vulnerabilities for the research population.

A. Informed Consent in Thailand was Inadequate

According to the Belmont Report framework, scientific research on human subjects must adhere to three ethical requirements for informed consent: adequate information, comprehension by the subject, and voluntariness, or the absence of coercion. The informed consent provisions of the Common Rule and the FDA regulations incorporate these ethical components. As a developing nation, Thailand presents researchers with “unique challenges” during the process of obtaining informed consent. In addition to concepts about research and individual choice that might be unfamiliar, participants “may be plagued by poverty, illiteracy, and limited access to health care services that make it difficult for them to give valid informed consent.” In the case of the AIDS VAX vaccine trials, conditions in Thailand, as well as the decision to study a population of injection drug users, created challenges for the informed consent process that did not exist in the United States.

1. The Information Provided to Research Subjects was Inappropriate or Inaccurate for the Thai Population of Injection Drug Users

Researchers in Thailand need to provide meaningful information through culturally appropriate channels, because the information necessary for informed consent involves complex concepts. Researchers should present information that is appropriate for “research subjects from different backgrounds and with varying levels of education” to allow for a clear understanding of the nature and purpose of the research, and to promote “an informed and considered decision” about participation.

In vaccine clinical trials, complex scientific concepts such as “placebo” and “randomization” must be explained to potential volunteers. In a placebo-controlled design, some of the participants receive the vaccine

142 See Belmont Report, supra note 4, at 23,195.
144 See Page, supra note 31, at 648.
146 See Baruch A. Brody, Making Informed Consent Meaningful, 23 IRB: ETHICS & HUMAN RESEARCH 1, 3 (2001) (“Of particular importance is the development of useful general language that promotes an understanding of the general features of clinical trials”).
147 Page, supra note 31, at 648.
being tested, known as the “experimental group,” and the others receive no vaccine, known as the “placebo group.” The determination of which subjects get the vaccine and which do not is made by a process of “randomization.” For example, of the 2,500 Thai volunteers, half were randomly given the AIDSVAX vaccine and the other half received placebo injections that did not include the vaccine.

When conceptually challenging issues such as placebos and randomization must be explained in order for participants to understand the research, particular care should be taken to ensure that explanations are clear and translations are appropriate. In one clinical trial, when the U.S. and Thai consent forms were compared, it was determined that the Thai form was less clear in its definition of a “placebo.” When this difference was brought to the attention of the Thai Ministry of Public Health, rather than clarifying the term, the Director defended the translation as being “appropriate and clear and understandable in its description of the concept of an inactive comparison pill, or placebo.” A later study of Thai research participants reinforced the idea that “randomization” was a problematic concept for participants to understand.

Another concept that should be clarified when obtaining informed consent from Thai research participants is the distinction between medical treatment and experimental research. Several cultural reasons make truly informed consent difficult to achieve in Thailand at the present time, including the “relative lack of understanding of the nature of medical research in the lay population.” The doctor-patient relationship involves treatment for the benefit of the individual, while the researcher-subject relationship is not undertaken for the benefit of the individual participant. Whereas the individual subject is primarily concerned with improving their health, the researcher seeks generally applicable scientific knowledge, which does not necessarily provide any benefit to the subject’s health.

148 See AIDSINFO Phase III, supra note 16.
149 Id.
151 Id.
152 See Pace, supra note 145, at 14.
154 See JESSICA W. BERG et al., INFORMED CONSENT: LEGAL THEORY AND CLINICAL PRACTICE 279-80 (2d ed. 2001); Morreim, supra note 67, at 475.
155 See BERG, supra note 154, at 280; see also Morreim, supra note 67, at 475.
In addition to providing the appropriate information, the method by which the information is conveyed is also important for informed consent. The traditional one-on-one informed consent process commonly used in Western cultures may not be the best practice in Thailand.\textsuperscript{156} Researchers have noted that “[i]n all fields of medicine, not just HIV/AIDS, Thai subjects tend to be dominated by the health professional in the doctor-patient relationship.”\textsuperscript{157} For cultural reasons, open group interaction may be more appropriate in Thailand, where potential research participants are allowed to share experiences with peers when making decisions.\textsuperscript{158}

2. \textit{Researchers Did Not Adequately Address Barriers to the Comprehension of Injection Drug Users}

For informed consent to be truly valid, Thai research subjects must actually comprehend the information they are given. However, a number of barriers to effective comprehension exist in the Thai study population, including illiteracy, injection drug use, misconceptions about the nature of research, and confusing recruitment practices. A 1999 study of the comprehension and motives of volunteers for participating in medical research in Thailand\textsuperscript{159} noted that literacy may be a barrier to comprehension for some, particularly for those who lacked a secondary education.\textsuperscript{160} When most research participants come from lower-educated segments of the Thai population, the use of technical language in informed consent documents may be inappropriate for the intended audience.\textsuperscript{161} The previously discussed problems in translating research concepts (such as “placebo”) from English to Thai may exacerbate comprehension problems in subjects with literacy difficulties.

In addition to general concerns about comprehension among Thai research participants, special issues arise due to the characteristics of the research population. The group of subjects recruited for the clinical trials in

\textsuperscript{156} See Pace, \textit{supra} note 145, at 10.

\textsuperscript{157} Id.

\textsuperscript{158} See id.

\textsuperscript{159} See Kathleen M. MacQueen et al., \textit{Willingness of Injection Drug Users to Participate in an HIV Vaccine Efficacy Trial in Bangkok, Thailand}, \textit{21 Journal of Acquired Immune Deficiency Syndromes} 243, 244 (1999).

\textsuperscript{160} Id. at 249.

\textsuperscript{161} See Hoffman, \textit{supra} note 101, at 83; see also Michael K. Paasche-Orlow et al., \textit{Readability Standards for Informed Consent Forms as Compared with Actual Readability}, 348 N. Engl. J. Med. 721, 722 (2003) (“Institutional review boards are charged with safeguarding potential subjects with limited literacy, but they may have an inadvertent role in promulgating unreadable informed-consent forms.”).
Thailand was entirely comprised of injection drug users. Addicts may not be able to give informed consent to treatment, even assuming that they are not under the influence of drugs at the time of recruitment. It is clear that acutely intoxicated people are impaired in their decisionmaking, but it is "less obvious to what extent these individuals are still decisionally impaired when they are not intoxicated." When research subjects are selected from a group of injection drug users, it raises questions about the ability of the subjects to comprehend the research to which they are consenting.

Volunteers should not be categorically excluded from clinical trials for merely belonging to the general class of injection drug users. However, researchers must consider whether an actual impairment of decisional capacities would make voluntary research participation problematic for such individuals. A report by the National Bioethics Advisory Committee ("NBAC") proposed that "subjects failing to exhibit a minimal degree of concern for [their] welfare should be deemed incapable of independent decision making." Although the Thai study participants were enrolled in drug treatment programs, it is unlikely that all participants had successfully abandoned their addictions at the time of the trial. Former and recovering addicts may be able to give informed consent to research if certain criteria have been met, such as being free from intoxication or withdrawal, as well as not having an intense "craving" at the time informed consent is obtained. In short, the presence of drug addiction at the time of enrollment should trigger a special inquiry about the decisional fitness of the volunteer.

In some circumstances, a basic misunderstanding about the nature of clinical research can undermine the comprehension element of informed consent. The mistaken belief among subjects that the principle of personal

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162 See Suphak Vanichseni et al., Recruitment, Screening and Characteristics of Injection Drug Users Participating in the AIDSVAX B/E HIV Vaccine Trial, Bangkok, Thailand, 18 AIDS 311, 312 (2004); see also CLINICALTRIALS.GOV, Effectiveness of AIDSVAX B/E Vaccine in Intravenous Drug Users in Bangkok, Thailand, supra note 26.

163 See M. Susan Ridgely & Martin Y. Iguchi, Coercive Use of Vaccines Against Drug Addiction: Is It Permissible and Is It Good Public Policy?, 12 VA. J. SOC. POL’Y & L. 260, 280 (2004); see also BERG supra note 154, at 270.


165 Id. at 73.


168 See Cohen, supra note 164, at 76.
care applies in the research setting has been termed the “therapeutic misconception.”169 In research involving healthy volunteers such as the AIDSVAX trials, subjects may assume that physicians will not suggest enrollment unless the vaccine is very likely to be of help to participants, and that the risks of participation are low.170 For example, the clinical trials of the AIDSVAX vaccine involved the use of placebos, so only half of the volunteers actually received the vaccine. If the vaccine had actually been effective, then half of the participants had no chance of benefiting from the vaccine. In this case, because the vaccine was shown to be ineffective, none of the study participants received any health benefits from the vaccine trials. Therefore, it is important for volunteers to understand that clinical trials do not constitute a form of treatment.

The recruitment practices employed in Thailand were one factor that likely contributed to the therapeutic misconception among Thai participants. Drug treatment differs from medical treatment in certain respects, but the therapeutic misconception may be applicable to the AIDSVAX trial. Injection drug users who enrolled in the AIDSVAX trials were recruited from Bangkok narcotic treatment clinics.171 Recruiting subjects at treatment centers is an attractive option for researchers because it provides access to large numbers of potential subjects at a single site. Clinical research is facilitated when the subject population is convenient, “both in terms of availability for recruitment and for monitoring through the course of the study.”172 Initially, drug users came to know and trust the staff at Bangkok Metropolitan Administration (BMA) narcotic clinics, where they received individual benefits from the methadone treatment. Then, other researchers visited these injection drug users at BMA facilities to request their participation in a clinical trial. One of the reasons for the willingness of drug users to participate in the trials was likely the “atmosphere of trust between BMA staff and IDU [injection drug users].”173 As a result of their trust in the BMA staff, injection drug users may have agreed to participate in clinical research under the mistaken assumption that they would personally benefit from participating.

171 See Vanichseni supra note 162, at 312.
173 Vanichseni supra note 162, at 315.
When subjects fail to appreciate the nature of research, they may fail to comprehend and clearly evaluate the risk/benefit ratio for the project to which they are being asked to consent. When the subject misunderstands the nature of the research, a decision to participate “raises concerns about the autonomy of that decision.” The operation of HIV vaccine clinical trials in Thailand illustrates the concept of therapeutic misconception in practice. The difficulty of obtaining truly informed consent in Thailand is related to the manner in which subjects are recruited, as well as the fact that the subjects are members of a socially vulnerable segment of the Thai population.

3. **Social and Political Factors in Thailand Compromised the Voluntariness Element of Informed Consent**

The Thai clinical trials lacked the element of voluntariness more than any other aspect of informed consent. Collectively, injection drug users are a marginalized, socially vulnerable segment of Thai society. A report from the U.S. National Bioethics Advisory Commission (“NBAC”) on research with human subjects recommended that vulnerability be assessed on the basis of individual characteristics, rather than group membership. The six categories of vulnerability proposed by NBAC included cognitive, institutional, deferential, medical, economic, and social. Injection drug users are often incarcerated or committed to treatment programs, and occupy a relatively low status in society. Given that nearly every category described by NBAC could apply to Thai injection drug users, they constitute a vulnerable population. Despite their vulnerable status, vaccine clinical trials follow injection drug users because they engage in many practices that create high risks for contracting HIV.

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174 See BERG, supra note 154, at 290 (“[P]atients, in their eagerness to become subjects of the study in order to receive the restricted treatment, will fail to attend to other information that might alter their assessment of the value of participation”).


178 Id. at 88-91.

179 See Ridgely, supra note 163, at 265.

180 NBAC, supra note 177, at 87.

Negative social attitudes toward injection drug users are evidenced by the lack of political will to curb the spread of HIV infection among Thailand’s drug users. In contrast to other at-risk groups, such as sex workers and military recruits, HIV prevalence among Thailand’s injection drug users has never dropped. In fact, drug users are “projected to account for 30 percent of new HIV infections in Thailand by 2005, a higher percentage than any other group.” Yet many people with HIV/AIDS who want to recover from drug addictions find it “difficult to get access to treatment because of discrimination in their communities.”

In addition to the lack of social programs for drug users with HIV/AIDS in Thailand, recent political movements have been characterized by significant violations of the legal rights of injection drug users. Since taking office in 2001, one of Prime Minister Thaksin Shinawatra’s top priorities has been the “prevention and suppression” of narcotic drugs, which has negatively impacted drug users. When the government campaign against drug use was officially launched in February 2003, it resulted in approximately 2,275 extrajudicial killings of drug users within the first three months, the “arbitrary arrest or blacklisting of several thousand more…the endorsement of extreme violence by government officials at the highest levels,” and coerced or mandatory drug treatment.

Thai police typically profile drug users based on factors such as syringe markings on their arms or attendance at methadone clinics. Those who meet the criteria are often arrested and forced to confess to drug-related crimes. These methods of tracking and profiling individuals can have negative implications for the safety of anyone associated with drug use, including participants in HIV vaccine trials carried out exclusively on injection drug users. In an environment where the rights of individuals with substance abuse problems are disregarded, it seems unlikely that their autonomy interests would be afforded much value.

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183 See HUMAN RIGHTS WATCH, supra note 26 at 28.

184 Id.


186 See HUMAN RIGHTS WATCH, supra note 26, at 1.


188 See HUMAN RIGHTS WATCH, supra note 26, at 23.
Thai policies that coerce drug users into treatment and rehabilitation through threats of arrest or death compromised the voluntariness of injection drug users who participated in the AIDSVAX trials. After a group of AIDS researchers presented their findings at the Ninth National Conference on AIDS in Bangkok in July 2003, Thai police raided the researchers’ offices in Chiang Mai and demanded to know the location of the study participants.\(^{189}\) While many Thais avoid drug treatment for fear of being identified as a drug user and targeted for arrest, “scores of Thais—some drug users, some not—reported for drug treatment during the war on drugs simply because they perceived it was the only way to avoid arrest and possible murder.”\(^{190}\) Drug users who are able to prove their enrollment in a drug treatment program may be able to avoid harassment by the police.\(^{191}\) Given the authoritarian mechanisms used by the Thai government to ensure compliance with drug treatment programs, injection drug users were probably fearful of not participating in the HIV clinical trials. Drug users who enrolled in government-approved vaccine clinical trials to avoid persecution by government officials have not freely consented to participate.

While social and political factors contributed heavily to the lack of voluntariness among research participants, the prospect of free health care or improved access to care can create strong inducements to participate.\(^{192}\) For many Thai injection drug users, participating in research may be their only way to access health care. Under these conditions, subjects may believe that any benefit is worth the risk, no matter how unlikely it is that participation will confer health benefits.\(^{193}\) One study of Thai trial participants concluded that principal motivations for enrolling in the study included HIV testing, a physical examination, HIV information, and altruistic reasons (e.g., to stop the spread of HIV).\(^{194}\) In addition, economic incentives also played a role in the subjects’ decisions to participate, given that seventy-two percent thought that being reimbursed for their time and travel was an incentive to participate.\(^{195}\)

\(^{189}\) See id. at 39. One researcher related that the police officers “pretty much wanted to know why we were in touch with drug users and where they were…” Id.

\(^{190}\) Id. at 32.

\(^{191}\) Human Rights Watch interviewed a thirty-six year old man who had been injecting heroin for ten years: “[i]f they [the police] see me, I present a card as proof that I’m in treatment at a medical center….If you have an ID showing you attend treatment, you are considered a ‘patient,’ so they don’t arrest you.” Id. at 33.

\(^{192}\) See Lertsithichai, supra note 153, at 1255.

\(^{193}\) See Page, supra note 31, at 655 (“This is particularly true where the research involves an intervention aimed at HIV/AIDS or other deadly diseases”).

\(^{194}\) See Vanichseni supra note 162, at 313.

\(^{195}\) Id. at 313-14.
The existence of incentives does not necessarily indicate that research subjects are being exploited. While drug users may be induced to enroll in trials by the promise of free health services, they may be even more influenced by the “negative attitudes held against them by officials and researchers” who ran the trials, particularly the Bangkok Metropolitan Administration. The health benefits of trial participation raised questions about undue inducement, but the more pressing reason to question the voluntariness of research subjects was the coercive political environment for injection drug users during the vaccine trial. If the informed consent and autonomy of research subjects cannot be assured amid the environment of persecution and coercion in Thailand, then U.S. companies should not conduct clinical trials in Thailand.

B. Institutional Review Boards Failed to Adequately Protect Human Subjects in Thailand

Members of the IRBs that reviewed the protocols for the AIDSVAX vaccine trials failed to properly consider the vulnerability of the subject population and the implications for informed consent. In particular, ethical review committees did not question the obvious differences in the selection criteria used for the U.S. trials and the criteria used for the Thai trials. When some or all of the subjects are vulnerable to coercion or undue influence, as with a population of injection drug users, IRBs should ensure that “additional safeguards have been included in the study to protect the rights and welfare of these subjects.”

Ethical review by an IRB located in the United States ensures that U.S. standards and regulations for protecting human research subjects are maintained when research is conducted abroad. It is particularly important for the IRB to determine “whether conducting a research study in a developing country, rather than in the U.S. or another industrialized country, is justified.” Determining the appropriateness of a study to be conducted in a developing country may be more difficult for IRBs in

196 See MACKLIN, supra note 34, at 127.
197 See Between the Lines, supra note 176.
199 See Page, supra note 31, at 652. “It is ludicrous to hold that there are Western ethical imperatives that apply only to the West...and Asian ethical principles that apply only to that part of the world. Maintaining the same ethical standards for research will not thwart the research enterprise, but can help to ensure that judgments made at some future time will not condemn the current era as one that accepted and even endorsed double standards of research ethics.” MACKLIN, supra note 34, at 260.
200 Page, supra note 31, at 653.
developed countries, who are often “unfamiliar with the host country language, culture, social and ethical norms, level of health care, and other factors essential for a thorough ethical review of a clinical protocol.”

Researchers in developing countries have expressed concerns that U.S. IRBs lack familiarity with research conditions in developing countries. As ethical review has become standardized under U.S. regulations, researchers suggest that the content of that review often focuses on the form and documentation of informed consent rather than the quality and substance of the consent process. When IRB members are less familiar with the research conditions of clinical trials in developing countries, it is particularly important to scrutinize the process of informed consent.

For international research subject to U.S. regulation, prior independent ethical review generally involves review by committees in the United States and in the country where the research will be conducted. For the AIDSvAX clinical trials, IRBs in Thailand reviewed the research proposal. Review by a Thai IRB was important for taking the local perspective into account. However, the infrastructure for ethical review is not as well-developed in Thailand as it is in the United States.

The need for additional protections for drug users correlates with their capacity to give valid informed consent. It is doubtful whether voluntary consent can be assured, given the coercive social environment in Thailand. Considering the special vulnerabilities of injection drug users in Thailand, and the challenges of procuring valid informed consent from this population, IRB members should have questioned the decision to study the HIV vaccine exclusively in this population. IRB members initially failed to appreciate the coercive social environment endured by injection drug users in Thailand, but the committees also failed to suspend the study upon learning of the unsuitable conditions.


\footnote{See Nancy Kass et al., Ethical Oversight of Research in Developing Countries, 25 IRB: ETHICS & HUMAN RESEARCH 1, 3 (2003).}

\footnote{Id. at 3, 8.}

\footnote{See AIDSINFO Phase III, supra note 16.}

\footnote{In less developed countries, investigators have “limited experience with U.S. sponsored clinical studies, potential research participants are unfamiliar with concepts such as informed consent, and institutions have not established strong human-subjects protection programs.” David A. Borasky, International Research, in INSTITUTIONAL REVIEW BOARD: MANAGEMENT AND FUNCTION 481 (Robert J. Amdur & Elizabeth A. Bankert eds., 2002).}

\footnote{See Page, supra note 31, at 652.}
V. THE UNITED STATES AND THAILAND MUST IMPLEMENT LEGISLATION TO ENFORCE PROTECTIONS FOR HUMAN SUBJECTS

The compelling scientific incentives for studying HIV vaccines in Thai injection drug users must be balanced against the legal and ethical risks for the subject population. Mechanisms such as informed consent and prospective review by IRBs have evolved to protect human subjects of clinical research.207 However, laws and principles can only protect human subjects to the extent that they are enforced. At the time of the AIDSvAX clinical trials, social and political conditions in Thailand were not conducive to safeguarding the rights of a study population comprised of injection drug users. When there is a risk that legal and ethical protections may not function effectively in a particular study population, the research protocol must be closely scrutinized by IRBs in the host and the sponsoring countries. The existing system of IRB review in the United States must be strengthened so that research will be suspended when freely-given informed consent cannot be obtained in a population of research subjects.

Unlike the United States, Thailand has not enacted formal legislation on human experimentation.208 Therefore, while the recommendations proposed here may be of interest, Thailand’s immediate goal should be to enact an updated version of the draft legislation that has lain dormant in Thailand since 1993.209 However, by examining protections currently in force in the United States, as well as proposed improvements to those protections, the Thai government can incorporate the successful aspects of the U.S. protections into a system appropriate for Thailand.

A. Congress Should Extend the Common Rule to Govern All Research Conducted on Human Subjects

Congress should enact laws to strengthen existing research protections in the United States. In order to resolve questions about the applicability of the Common Rule to private research conducted by companies, Congress should broaden the reach of the federal regulations.210 One possible solution to these questions would be to extend the application of the Common Rule to all research conducted on human subjects, regardless of the sponsor. Representatives Diana L. DeGette (D-CO) and Jim Greenwood (R-PA) advocated for this change when they introduced the Human Research

207 Id. at 652-53.
208 See A Poison Pill?, supra note 42.
209 See id. (the final draft of the legislation was never proposed to the Thai Parliament).
210 See INSTITUTE OF MEDICINE, supra note 36, at 198.
Subject Protections Act of 2002. The bill sought to extend federal protections to all research involving human subjects, including research that is not federally funded. Soon after the bill was introduced in the House, Senator Edward Kennedy (D-MA) introduced a similar bill in the Senate. Both bills died in Committee, and while a similar bill was subsequently introduced, it was not enacted into law.

Congress should act quickly to extend the protections of the federal regulations to all research participants, in order to keep pace with the increasingly private nature of clinical research. Even if Congress extends the federal regulations to all sponsors located within the United States, the laws would be more effective if countries such as Thailand enact similar legislation.

B. Gaps in the Existing U.S. Regulations Must Be Bridged and Inconsistencies Should Be Harmonized

One major structural problem with the U.S. system of protections for human subjects is the disconnect between the federal regulations and their underlying ethical foundations. IRBs must evaluate laws, institutional regulations, and standards of professional practice against ethical principles to answer practical questions about proposed research. The two most important sources of guidance that IRBs consider are the federal regulations and the Belmont Report. Although both the federal regulations and the ethical principles of the Belmont Report are designed to protect human subjects, a gap between the two authorities has led to poor IRB decisionmaking in cases such as the AIDS-VAX trials. Problems arise because the federal regulations and ethical guidance documents do not directly reference each other. For example, the Code of Federal Regulations barely mentions ethics, or the role that ethical principles play in protecting human subjects. The Belmont Report enumerates “ethical principles and applications without specifying how they relate to interpreting and applying

212 Id. at § 491A(a).
216 Id.
217 Id.
federal regulatory rules.” As a result, “there is a lack of national guidance on the...ethical requirements of providing adequate protections” for human subjects.

Greater educational training for IRB members in research ethics would improve the current structural problems. When IRB members are familiar with the ethical issues specific to international research, they will be better equipped to grapple with substantive issues, as opposed to merely focusing on the procedural requirements of the federal regulations. The tendency of IRBs to focus on the documentation of informed consent undermines the widely accepted notion that consent is a process. While the consent document serves as a physical representation of an exchange between researcher and subject, it may be more important to focus on whether the informed consent provisions are achievable in a given social context and within a particular population. The focus of the consent process should be on informing and protecting participants, and not on protecting institutions.

While the provisions of the Common Rule are nearly identical to the provisions of the FDA regulations, the existence of two separate sets of rules creates another area of inconsistency in the protections. The proposed Human Research Subject Protections Act of 2002, as well as the subsequent Protection for Participants in Research Act of 2003, sought to harmonize the federal regulations. Both bills proposed a study of the differences between the two statutes, and required that differences in subsequent rulemaking be justified. Minimizing the gaps between law and ethics and harmonizing the federal regulations is necessary for a more efficient and effective administration of the laws.

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218 Id. Ruth Macklin notes that “Leading controversies in research ethics can be traced to this confusion between ethical principles and specific rules of procedure, in particular, rules governing the informed consent process and the need for prior review of research by an independent committee.” MACKLIN, supra note 34, at 147.

219 INSTITUTE OF MEDICINE, supra note 36, at 39.

220 See Emanuel, supra note 3, at 283.

221 See Kass, supra note 202, at 9; see also INSTITUTE OF MEDICINE, supra note 36, at 113-114 (proposing research ethics education goals).

222 See Emanuel, supra note 3, at 286.

223 See INSTITUTE OF MEDICINE, supra note 36, at 92.


C. Accreditation Programs Would Promote Effective Oversight of Research on Human Subjects

Accreditation programs for IRBs would be a powerful tool for accelerating and maintaining improvement in the provision of research protections to participants. At the very least, accreditation would help to ensure that IRBs conduct self-assessments and address deficiencies. The Council for Certification of IRB Professionals has begun offering credentialing programs, which could streamline review and improve continuing review. The proposed Human Research Subject Protections Act of 2002 would have made accreditation of IRBs voluntary, while the Research Revitalization Act of 2002 would have imposed mandatory accreditation. The Institute of Medicine advises that accreditation is currently “a nascent process that will require substantial time and development before a meaningful assessment of its added value can be made.”

D. Reviewing Committees in the United States Need Greater Familiarity with the Local Context of Research Conducted Abroad

IRBs are charged with ensuring that informed consent is obtained from research participants in diverse communities. The Office for Human Research Protections (“OHRP”), which monitors IRBs in the United States, “expects the designated IRB to have knowledge of the local research context.” In the case of HIV vaccine research conducted in the United States and Thailand, the characteristics of the sponsor and host countries varied greatly. IRBs located outside of the host country should be provided with basic information about economic and political realities in the host country. In the case of international clinical trials, the responsibility for ensuring IRB familiarity with the research context should rest with both the

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226 See INSTITUTE OF MEDICINE, supra note 36, at 177.
227 Id. at 171.
228 See Emanuel, supra note 3, at 287. Other accreditation organizations include the Association for Accreditation of Human Research Protection Programs, and the National Committee for Quality Assurance. INSTITUTE OF MEDICINE, supra note 36, at 171.
230 “The Institute of Medicine was established in 1970 by the National Academy of Sciences to secure the services of eminent members of appropriate professions in the examination of policy matters pertaining to the health of the public . . . .” INSTITUTE OF MEDICINE, supra note 36, at iv.
231 INSTITUTE OF MEDICINE, supra note 36, at 175.
232 Borsasky, supra note 205, at 481. Available evidence suggests that U.S. IRBs rarely try to communicate with host-country ethics review committees. MACKLIN, supra note 34, at 152.
233 See Kass, supra note 202, at 9.
host and sponsoring countries. Particularly for higher-risk research, such as HIV vaccine trials, a consultant familiar with Thai culture should be added to the U.S. IRB, and it may be necessary for some IRB members to regularly visit the research site.234

E. Thailand and the United States Should Engage in Mutually Beneficial Research Collaboration

While many aspects of the protections for human subjects are ripe for improvement, collaboration between the United States and Thailand should continue. Both the United States and Thailand gain valuable scientific knowledge from clinical trials. Additionally, Thailand receives derivative benefits from the “capacity building” of its scientists, researchers and health personnel, and infrastructure strengthening of laboratory and specimen archiving.235 Both the CIOMS guidelines and the UNAIDS guidance document assert that capacity building in host countries is an ethical component of research.236 Capacity building in Thailand is of particular value because Thailand continues to host vaccine clinical trials. Another Phase III trial is already underway in Thailand, testing a combination of HIV vaccines in 16,000 volunteers.238 Unlike the VaxGen study239 analyzed in this Comment, which exclusively recruited injection drug users, the current study follows a more general population of volunteers.240 As a case study, the VaxGen AIDSVAX clinical trials can

234 Borasky, supra note 205, at 481.
235 Research capacity development is defined as the “process by which individuals, organizations, institutions and societies develop abilities (individually and collectively) to perform functions effectively, efficiently and in a sustainable manner to solve problems.” GLOBAL FORUM FOR HEALTH RESEARCH, The 10/90 Report on Health Research 2001-2002 x (2002), http://www.globalforumhealth.org/filesupld/35.pdf.
236 Alice Page, Prior Agreements in International Clinical Trials: Ensuring the Benefits of Research to Developing Countries, 3 YALE J. HEALTH POL’Y, L. & ETHICS 35, 40-41 (2002); see Ministry Insists on Continuing Vaccine Trials Despite Criticism, BANGKOK POST, Jan. 21, 2004 (describing post-trial benefits to Thailand).
237 See CIOMS Guidelines, supra note 78, Commentary on Guideline 20 (“In externally sponsored collaborative research, sponsors and investigators have an ethical obligation to ensure that biomedical research projects for which they are responsible in such countries contribute effectively to national or local capacity to design and conduct biomedical research, and to provide scientific and ethical review and monitoring of such research”); UNAIDS Guidance Document, supra note 82, at 15 (“Strategies should be implemented to build capacity in host countries and communities so that they can practise meaningful self-determination in vaccine development, can ensure the scientific and ethical conduct of vaccine development, and can function as equal partners with sponsors and others in a collaborative process”).
238 AIDS VACCINE CLEARINGHOUSE, supra note 27.
240 See Maugh, supra note 25, at 6.
provide useful information for planning future preventative HIV vaccine trials.

VI. CONCLUSION

If the United States and Thailand continue to collaborate in the search for an HIV vaccine, the protections for human subjects that exist in the United States must be equally robust when applied in Thailand. In the VaxGen clinical trials conducted in Thailand, the provision of informed consent and IRB review failed to provide the level of protection espoused by the Belmont Report and required by U.S. federal regulations.

Given the special vulnerabilities of injection drug users in Thailand and the challenges of procuring valid informed consent from this population, IRBs should have questioned the decision to study the HIV vaccine exclusively in this population. Even if IRBs initially failed to appreciate the coerciveness of the social environment for injection drug users in Thailand, the committees should have suspended the study upon learning of the conditions. In the future, U.S. pharmaceutical companies conducting research on vulnerable populations abroad must be held to the same standards that apply in their home country, and steps must be taken to ensure that federal regulations are ethically implemented in practice. To strengthen the protections for human subjects, Thailand should enact comprehensive national legislation, and existing legislative protections in the United States should be expanded to reflect the increasingly international scope of biomedical research.