

ANTHRAX ISN'T THAT RISKY

HON. JOHN J. LaFALCE

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

Wednesday, November 28, 2001

Mr. LaFALCE. Mr. Speaker, I would like to share with my colleagues the following article, which appeared in the Wall Street Journal on October 22, 2001. The article underscores the importance of putting into perspective the relatively small risk to average Americans posed by the threat of anthrax and bioterrorism, and the need for Americans to continue to go about their daily lives as before.

[From the Wall Street Journal, Oct. 22, 2001]

CHILL OUT: ANTHRAX ISN'T THAT RISKY

(By Ezekiel J. Emanuel)

My brother's business partner, a well-educated Hollywood agent, called to say that he just purchased \$1,900 worth of Cipro to protect his wife and two kids. Knowing there was a threat of anthrax out there, he couldn't sleep comfortably without Cipro at home.

The fear of anthrax, and the public response to it, has so far reflected bad math, bad medicine and bad public health. We cannot continue to let confusion determine how we act. It may hurt us badly.

First, the bad math. Anthrax is out there. Letters containing spores are a real threat. But the question is: How big a threat? So far one person has died of inhaled anthrax, and several others have cutaneous anthrax—from which they will probably recover uneventfully with treatment. Several hundred more people have been exposed, but far fewer than 100 have tested positive for having anthrax without being infected. For the family of Robert Stevens, who died in Florida, it is a terrible tragedy. But for the rest of us, anthrax is not a public-health menace that should drive us to do crazy things.

The risk of dying of anthrax needs to be put into perspective. One death among 280 million Americans is a minuscule risk. It is less than the risk of dying from driving just one mile. To put it another way, 280 people would have to die of anthrax to equal the risk of driving 50 miles in a car (about one in a million). How many Americans refuse to drive because of the risk of dying in a car accident?

More important, the risk is hardly random. There may be call for people working on Capitol Hill or at the White House or federal agencies or major news organizations to be concerned. But for average Americans the chance of an anthrax-filled letter is less than one in a billion, substantially less than the risk of being struck by lightning (about one in 600,000 in a year).

There are many reasons we react more strongly to the risks of anthrax than to the risks of driving. We are used to driving; we are habituated to the risks. We take precautions—we buckle up, we don't drink and drive. But anthrax is new, unexpected, outside our routine, and therefore scary.

Also, it is not the single death from anthrax that really worries us but the unknown possibility of a full-scale bioterror attack. But here we need to rationally consider the risk of a large attack and the likely harm it will cause. It takes a great deal of sophistication to generate the right-sized spores and, even more challenging, the right way of aerosolizing them over a large area. Spiked letters are not terribly effective at spreading anthrax to thousands, let alone millions, of people. During the Cold War, it took the U.S. and the Soviet Union decades

to work out the details of biological warfare with anthrax. Is it likely a terrorist group could do the same in a few weeks or even years?

Also, anthrax does not kill instantly. It takes several days. With the nation on high alert to the threat, any large-scale dissemination would be detected and people in the exposed area would be monitored and treated. The risks of dying of anthrax are simply not very high.

Stocking up on Cipro is bad medicine. First, children should not take Cipro; it can damage the development of their joints. Second, while relatively safe, Cipro, like all drugs, has side effects, some of which can be serious. Besides minor annoyances of nausea, diarrhea and rashes, Cipro can cause the inflammation and rupture of tendons. Prolonged use—like the 60 days of treatment necessary for prophylaxis against anthrax—can cause superinfections with very serious and even life-threatening bacteria. It also can have serious, potentially fatal, interactions with other drugs, such as the asthma drug theophylline.

And spending \$1,900 on Cipro for anthrax is foolish. There are many other drugs that are just as effective against anthrax, safer for children and considerably cheaper, including penicillin, erythromycin and doxycycline.

Cipro is a prescription drug. It should be used when there is a medical indication for its use, making the benefits of specific treatment favorable compared to the risks of the drug. Physicians should not dispense it as a way of calming worry. Real facts, not the prescription pad, are the right treatment for the insomnia of my brother's partner and his wife.

Bad medicine produces bad public health. The dispensing of antibiotics for colds, sore throats, the flu and other minor viral infections has created a serious problem; many bacteria are becoming resistant. We have been able to stay ahead by developing new antibiotics, but we are losing the race. The bacteria are able to mutate to outsmart our drugs faster than our pharmaceutical companies can develop, test and market and market new antibiotics. The result is a danger to us all. The next infection we get may be harder—or, God forbid, impossible—to treat because the bacteria no longer respond.

Millions of Americans self-medicating with Cipro is a real threat to public health. In the years since it has been on the market, bacteria have become resistant to Cipro. Widespread use serves no medical purpose, but only increases the chances of other bacteria—more threatening than anthrax—becoming resistant. We would end up protecting ourselves against the minuscule risk of anthrax, only to make ourselves more vulnerable to more common everyday bacteria. Not a good bargain.

My advice to my brother's partner: Take the Cipro to the pharmacy and get your money back. Keep driving your car and be sure you buckle up every time. Stop asking for antibiotics for every cold. And keep alert, contacting your local health department, hospital or physician if there is a credible threat.

CONGRATULATIONS TO SIX ALUMNI RECIPIENTS OF 2001 GEORGE ESTABROOK DISTINGUISHED SERVICE AWARD

HON. STEVE ISRAEL

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

Wednesday, November 28, 2001

Mr. ISRAEL. Mr. Speaker, I am extremely pleased to rise today to offer my sincere con-

gratulations to the six alumni recipients of the 2001 George M. Estabrook Distinguished Service Award. These six individuals are receiving Hofstra University's most prestigious alumni award for all of their excellence in the categories of career and service to society.

Thomas J. McAteer, Honorable John Pessala, Edward P. Mangano, Mindy Dragovich, Lauren Hanley and Steven B. Aptheker all represent an extremely impressive group and truly deserve their award tonight, December 1, 2001 at the Hofstra Annual Alumni Award Dinner.

Congratulations again to this fine and outstanding group of candidates.

SAVE-A-FRIEND NATIONAL HOTLINE PROGRAM

HON. MARK FOLEY

OF FLORIDA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, November 28, 2001

Mr. FOLEY. Mr. Speaker, I am pleased to rise today concerning the Save-A-Friend national hotline program. The need for a national school violence hotline to help prevent tragedies in our nation's schools is extremely pressing. These senseless acts of violence against children must be stopped. While hotlines at the state and local level are useful, a national hotline must be implemented in order to better combat the problem of school violence.

I am pleased that the concept of Save-A-Friend has been supported by so many and I plan on making a request to the United States Department of Justice recommending a total of \$500,000 in grant funding for the study and preliminary design of a Save-A-Friend National Hotline Program. This hotline should be staffed by trained professionals, 24 hours a day, 7 days a week, and ensure timely interaction between schools, local police organizations, the FBI and other federal law enforcement agencies. My request will ask the Department of Justice to report back its plan and budget to implement such a program on a national basis next year. This report will be submitted before the Fiscal Year 2003 budget process.

TRIBUTE TO THE HILL VIEW TREE FARM

HON. BILL SHUSTER

OF PENNSYLVANIA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, November 28, 2001

Mr. SHUSTER. Mr. Speaker, I rise today to share some exciting news from my district. I am delighted to report that the official White House Christmas tree is coming from a farm in my district. Specifically, the White House Christmas tree has been chosen from the Hill View Tree Farm in Middlecreek, PA, which is owned and operated by Janice Bowersox and her son and daughter-in-law, Darryl and Aimee Bowersox.

In order to achieve the honor of being designated the farm to supply the White House Christmas trees, the Bowersox family entered the national Christmas Tree contest, an event sponsored by the National Christmas Tree Association. The Bowersox family won the contest at the national convention in August 2000,