

Madame Chair, Members of the Committee,

6 April 2015

Re:SB920

I am a Family Physician with 43 years of experience delivering primary care in Oregon. I am here in support of this bill, which begins to address the very real hazards created by the widespread use of subtherapeutic antibiotics in the animal food industry to maximize weight gain and protect against infection usually secondary to unsanitary conditions.

I am only the most recent in a long line of scientists and health care professionals to support the principles behind this bill. Other supporters include the Oregon Nurses Association, the Oregon Pediatrics Society, the World Health Organization, Centers for Disease Control, the American Medical Assn., the American Nurses Assn., and the American Academy of Pediatrics. Recommendations from these supporters go back to 2004. The science behind this bill and its principles is irrefutable (see list of attached endorsements.)

No one wants to live in a post-antibiotic world. Antibiotics remain one of the most powerful frontline weapons against infectious disease. We are in ever increasing danger of losing effectiveness with our current antibiotics. Much of this loss comes as a direct result of widespread subtherapeutic use in the animal industry. Such conditions favor bacterial mutations producing antibiotic resistance.

Let me describe what it is like to treat a patient with a resistant infection. About five to six years ago I admitted a patient to the hospital with an infection which would have easily been cleared by antibiotics prior to our era of resistant bacteria. We started the patient on a usually effective antibiotic, and waited for some improvement or the return of the sensitivity report 48 hours later defining which antibiotics would kill the bacteria. After the report returned, we found that the patient's bacteria was resistant to the prescribed antibiotic. We had lost 48 hours in our battle to save the patient. Such circumstances are especially dangerous with pediatric or frail patients. We not only lost time, we also lost living tissue and viability.

Senate Bill SB920 begins the work of avoiding more grim scenarios by reducing the likelihood of emerging antibiotic resistance. I believe each of you can see how such a scenario might affect one of your family members.

I ask for your thoughtful, principled consideration of the facts of this bill. Your decision to move this bill forward will only positively affect us all.

Respectfully,

Dr. Walter Richard Buhl, M.D.

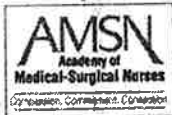
Wilsonville, Oregon

HB 2598 & SB 920: Protecting Antibiotics

Selected Endorsements



Greater Portland Area Chapter #418



CONVERGING GULCHES FARM



Problem

You, or someone in your family, have probably relied on antibiotics to treat an illness. Maybe it was a simple ear infection or strep throat, or a potentially life-threatening illness like pneumonia or the side-effects of cancer. Unfortunately, these life-saving drugs are losing their effectiveness due to overuse, with grave public health consequences.

Factory farming practices are often a source of the problem. In fact, up to 70 percent of antibiotics sold in the United States are for use on livestock and poultry, and not primarily to treat sick animals. Instead, antibiotics are often put into the daily feed of healthy animals to promote growth and prevent disease due to overcrowded conditions.

As a result, bacteria commonly present on farms are mutating into stronger, antibiotic-resistant strains. These germs, sometimes called "superbugs", can then find their way to the human population through numerous pathways, including contaminated food, airborne dust blowing off farms, and water and soil polluted with contaminated feces. The CDC estimates that 2 million Americans become infected with antibiotic-resistant bacteria and at least 23,000 people die as a direct result of these infections each year.

Solution

To protect antibiotics and combat the spread of drug-resistant bacteria, antibiotics for food animals should be used sparingly and only on sick animals or to contain verified disease outbreaks. House Bill 2598 and Senate Bill 920* would:

- 1. Prohibit giving antibiotics to healthy farm animals in Oregon.** Healthy humans aren't supposed to take antibiotics; neither should healthy farm animals. The measure has exceptions for when there is a significant need to control the spread of disease. To keep the measure focused on the vast majority of farm animals, the bill is limited to cattle, swine and poultry; the state is empowered to add additional animals by rule.
- 2. Require disclosure of how antibiotics are used on factory farms once the bill becomes law.** Because the bills would still allow for some antibiotic use on healthy animals, it is important to track that use. The bills will require EPA-defined Concentrated Animal Feeding Operations (CAFOs) to annually disclose the details of their antibiotic use on their farm animals, and make that information public record. This provision would affect just over 100 Oregon farms.
- 3. Limit the role of both government and the courts, and presumes the legislation will be largely self-enforcing.** Authorizes the state to enact additional rules to enforce the law, but only requires the state to set the format and schedule of the aforementioned CAFO annual report. Authorizes private citizens to enforce the law through the courts when there is a violation, but prohibits any damages from being awarded.

* The primary difference between the bills: Oregon Health Authority is point agency in Senate bill; Department of Agriculture in House bill.

Positions of Medical & Scientific Organizations on Antibiotic Use in Livestock Operations



World Health Organization

"The problem arises when drugs used for food production are medically important for human health, as evidence shows that pathogens that have developed resistance to drugs in animals can be transmitted to humans." **Full statement and policy recommendations**



"Antibiotics are widely used in food-producing animals, and according to data published by FDA, there are more kilograms of antibiotics sold in the United States for food-producing animals than for people. This use contributes to the emergence of antibiotic-resistant bacteria in food-producing animals. Resistant bacteria in food-producing animals are of particular concern because these animals serve as carriers." **Link** (2013 report, pp. 36-37, under "Improving antibiotic use")



"The AMA is opposed to the use of antimicrobials at nontherapeutic levels in agriculture or as pesticides or growth promoters." **Link**

"American Nurses Association urges Congress, meat and poultry producers, and bulk purchasers of meat to promptly phase out the non-therapeutic use of medically important antibiotics and the use of fluoroquinolones in poultry." **Link** (2004 resolution)



"Clearly, a decrease in the inappropriate use of antimicrobials in human medicine alone is not enough. Substantial efforts must be made to decrease inappropriate overuse of antimicrobials in animals and agriculture as well." **Link** (2003 report, p. 207)



"Evidence now exists that these uses of antimicrobial agents in food-producing animals have a direct negative impact on human health and multiple impacts on the selection and dissemination of resistance genes in animals and the environment. Children are at increased risk of acquiring many of these infections with resistant bacteria and are at great risk of severe complications if they become infected." **Link** (2004 report)



"The Preservation of Antibiotics for Medical Treatment Act (PAMTA) . . . and/or other measures (including FDA regulations) should be adopted to end use of antibiotics for growth promotion, feed efficiency, and routine disease prevention purposes in animal agriculture and to ensure that these precious drugs are being used wisely in all settings." **Link** (2011 report)



"Hence a comprehensive approach to control and ultimately reverse antimicrobial resistance must limit the inappropriate and non-judicious use of antimicrobial agents in veterinary medicine and food production." **Link** (2012 comments on proposed FDA rules)

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