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News & Views



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President's Corner

I hope you all have had the opportunity to look through the AVMA preliminary program for the summer convention in Washington DC. Keynote speakers include Drs. Julie Gerberding from the Centers for Disease Control and Prevention and Tony Fauci from the National Institutes of Health. There are a fantastic number of opportunities for current ACVPM Diplomates and future Diplomates to get continuing education in our specialties including in-depth scientific symposia on food safety, foot and mouth disease, influenza, Johne's disease, transmissible spongiform encephalopathies, methicillin resistant staph aureus, infection control, environmental issues, zoonotic diseases, disaster response, incident command, shelter medicine, a Johns Hopkins University session on one-medicine, as well as two "wet labs" on personal protective equipment and epidemiologic analysis.

I also want to alert you all to a special educational session that will occur at 1 PM immediately prior to the ACVPM general membership meeting, Monday afternoon, July 16th. AVMA President Roger Mahr, AMA President-Elect Ronald Davis, and Dr. Mirta Roses Periago, Director of the Pan American Health Organization, will join Jim Steele biographer Dr. Craig Carter in a late breaking session entitled "One Medicine--One Flag."

On another note, your ACVPM leadership is provided by an Executive Board of elected officers, an Executive Vice-President, standing committees, and ad-hoc task forces. More than 10% of our active membership is directly involved in ACVPM leadership. All the committees and task forces have been busy this year. We traditionally make new appointments at the summer meeting, so if you have an interest in serving in a specific capacity—contact me directly at johnherbold@yahoo.com.

The ACVPM Executive Board will meet on Friday, July 13th, in Washington DC. All Committee Chairs and Task Force leaders are invited to directly participate. All ACVPM Diplomates are invited to observe.

The ACVPM General Membership Meeting is scheduled for 3 PM, Monday afternoon, July 16th.

I am looking forward to visiting personally with everyone at the annual AVMA meeting in Washington DC this summer.

John Herbold
President
American College
of Veterinary Preventive Medicine

Special Issue on Food Irradiation

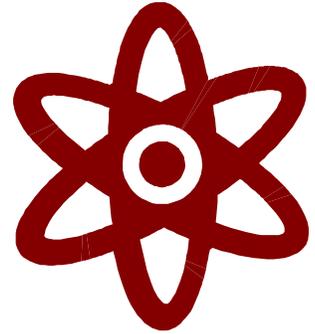
This issue of the college newsletter is dedicated to focusing attention on food irradiation as a long overdue process to reduce foodborne disease in the nation. This technology has languished on the shelf of public health measures for decades and needs to be continually presented to the nation's citizens as a method to eliminate pathogens from foods and secondarily to improve the shelf-life of the foods so treated.

We lead off with an address by Dr Jim Steele to a Minnesota conference highlighting irradiation, eight years ago. The message, rich in history and background on the issue, is still timely, unfortunately for the very fact that food irradiation is still not practiced widely in the United States.

Second, I include an op-ed piece that I drafted last month in response to a news article by Tony Leys here in Des Moines that reported on a recent fast food chain related *E. coli* O157:H7 outbreak in Iowa and Minnesota. I was partially motivated by full page sanctimonious advertisements by two fast food chains to the effect that outbreaks were unfortunate, customers were very important, and that they were doing everything possible to eliminate risk such as changing produce suppliers who get their product from the same Salinas valley. After consideration, this op-ed piece was not published owing to competing demands from other opinion pieces. I include it here to get it "published" and to issue a call to the ACVPM membership to accept a challenge for leadership in this area.

So I encourage you all to brush up on this technology and to keep reminding your local citizens that these serious outbreaks, and even deaths, do not have to occur and that various responsible government officials and food industry executives need to take the necessary steps to institute food irradiation. Elizabeth Whelan, President of the American Council on Science and Health in New York, said it best and most succinctly, "Illness-causing organisms are always present; irradiation – harmless to humans – will kill them, not inspection." [Los Angeles Times, February 3, 1993] What can you do? Write an op-ed piece for your local newspaper the next time we have an outbreak. Start reviewing the topic now because you won't have long to wait for another episode.

—Russ Currier



Food Irradiation: Lost Public Health Opportunity

James H. Steele, D.V.M., M.P.H.

Public health scientists have had an interest in food irradiation for a hundred years and more. The first investigations occurred within a few years of the discovery of x-rays by the German physicist Roentgen in 1895. German and French scientists carried on studies to pasteurize food by irradiation up to the war years, beginning in 1914. The problem was an unacceptable taste following irradiation. In 1915 x-rays were reported to be effective in killing *Trichina* cysts in pork meat. Later, the U.S. Department of Agriculture demonstrated that x-rays could kill disease-causing organisms and halt food spoilage.

Josephson in a recent review (1) states that food irradiation was the first entirely new method to preserve food since thermal canning and pasteurization of fluids—wine, beer and milk—in the 19th century. These methods of food preservation were all considered to be processes, but in 1958 the Food, Drug, and Cosmetic Act designated food irradiation as an additive under pressure from protesters. Scientific research has never found evidence to call radiation an additive that remained in food.

In 1899, scientists at the Massachusetts Institute of Technology initiated the first studies in the United States. Many studies were undertaken over the first half of the 20th century to learn how ionizing radiation could be used to provide more and safer foods to humanity on a worldwide basis. However, the paucity of suitable radiation sources and their high cost prevented the full benefits from their uses in food and biomedical research.

Since 1950, it has been observed that ionizing radiation could cause a number of beneficial effects in addition to its potential to reduce the incidence of foodborne diseases. Among these are: 1) inhibition of post-harvest sprouting in tubers (potatoes) and bulbs (onions); 2) disinfestation of fruits, vegetables and grain of insects; 3) delaying ripening in fruits; 4) eliminating of pathogens using substerilization doses (pasteurization) in meat, seafood, fruits, poultry, eggs, fruit juices, and vegetables; 5) elimination of pests such as the screw worm fly which preys on cattle, the Mediterranean fruit fly, and the tsetse fly by the use of sterile insects; 6) and with sterilization doses, production of an array of prepackaged meats, poultry and seafood, which can keep for years without refrigeration (2).

Worries about nuclear weapons began to cross over into food irradiation research after the second World War. The nuclear age did make available large enough quantities of irradiation source material; however, this gain was not sufficient to make food irradiation a more acceptable option. Josephson (3) stated earlier: "The midwife attending the birth of food irradiation was the development of nuclear fission and its military use at Hiroshima and Nagasaki. This stigma has attached itself to food irradiation's origins and has dogged its progress in the United States and abroad ever since. It is likely that if food irradiation had been spawned as an outgrowth of the medical application of nuclear energy, the public today would be enjoying the benefits of this new method for preserving food."

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The introduction of gamma irradiation for treating food – combined with the horrors of nuclear weapons—convinced lawmakers to control the development of nuclear technology for treating foods. In 1958 when the Food, Drug and Cosmetic Act was passed by the U.S. Congress, there were many unanswered questions: Would food be made radioactive and what would be the effect of this additional radioactivity above that of background upon humans? Would there be new toxic products formed in the irradiated foods? Would carcinogens be formed? Would there be excessive loss of nutrients? Would molecular fragments from packaging materials migrate on to the foods in amounts derogatory to the health of consumers? In killing pathogens, would new microbial problems evolve? What radiation doses would be safe to use? What effect would radiation have on the taste, odor, color, and texture of food? Also, what adverse effect, if any, would result to the environment should there be accidents? What sources of radiation (gamma and machine) would be used and what doses would be suitable for irradiation?

The U.S. Congress—with successful lobbying by well-known public figures from movie and entertainment circles—convinced congress to keep food irradiation under tight control. To do this, a legal fiction was created that ionizing radiation used to treat food was a food additive. The 1958 law assured that no irradiated food could be approved for consumption without a lengthy drawn-out procedure, thereby singling out and stigmatizing foods so treated for a long period needed for research, petition writing to the Food and Drug Administration (FDA) and the U.S. Department of Agriculture (USDA), and months or years for evaluation (4).

After 1961-62, when Josephson was placed in charge of the Department of Defense (DOD)'s food radiation research and development program, the top priority was to try to sort out the diverse claims—pro and con—about irradiated foods. During his tenure as head of the program, the U.S. Army Medical Services completed studies in rats, mice, and beagle dogs, using 21 foods representing all major food classes in the diets of Americans. In a June 1965 hearing by the Joint Committee on Atomic Energy, the Army Surgeon General submitted a statement that all foods irradiated at sterilizing doses up to 5.6 Mrad (56kGy) using ^{60}Co , or electrons at energies below 10 MeV, were wholesome—that is, safe to eat and nutritionally adequate (5).

Nutritional assessments showed that the irradiation process was no more destructive to nutrients than those other commercially used processes. There were no toxic products formed in quantities that would be hazardous to the health and well being of consumers.

The microbiological standard for irradiation-sterilized foods was to use a radiation dose sufficient to reduce a theoretical population of spores of *Clostridium botulinum* by 12 logs. This standard, recommended by the National Academy of Sciences-National Research Council Advisory Committee to the Army's program on food irradiation, was adopted. In the ensuing years there was no record of any problem with possible *C. botulinum* survivors.

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Thousands of irradiated components of meals have been served to volunteers. In every respect the irradiated foods have come through with flying colors. Irradiated foods have been eaten by astronauts on flights to the moon, on many other space missions, and by military personnel in several parts of the world.

Every conceivable possibility for harm has been carefully considered. None has been found. Nor have any chemicals which are unique to irradiated foods ever been found. In the meantime, irradiated foods have been approved by health authorities in 40 other countries.

Between 1964 and 1997 the World Health Organization (WHO), in concert with the Food and Agricultural Organization (FAO) and International Atomic Energy Agency (IAEA) held a series of meetings of experts from many countries to assess the quality and safety of irradiated foods (6). The latest meeting in September 1997 recommended approval of irradiated foods without restrictions at all doses up to the highest dose compatible with organoleptic properties. At each meeting, the internationally-recognized health authorities have concluded that all irradiated foods are safe to eat without the need for further toxicological testing at high doses where taste would still be acceptable.

In the view of the foregoing, food scientists believe that the FDA and the USDA should follow the WHO/FAO/IAEA recommendation that food irradiation is a process, not an additive.

Scientists have felt for three decades that the legal fiction designating ionizing radiation as a food additive, instead of a food process, unjustly penalized food irradiation and helped delay its application for almost 30 years. On the other hand, it stimulated those working in the field to perform at the highest level of good science, thus convincing the scientific community worldwide that food irradiation is a safe and beneficial process. Now we need to “educate” government and industry officials including health workers, food processors, marketers, and the public on the safety and advantages of food irradiation.

With approximately 9,000 people dying annually in the U.S.A. and an estimated 30,000,000 cases of foodborne illness each year, the time has come to use food irradiation more widely for the benefit of mankind.

Today in the application of ionizing radiation to protect the public health against foodborne pathogenic bacteria, public health officers face the same arguments that were voiced against pasteurization at the beginning of the century, as well as canned or frozen food later. In the history of pasteurization, the authors cite many beliefs as to the danger of pasteurization under headings of sanitation, nutrition, physical and bacteriological quality, public health and safety, and economics. Loss of hair, skin tone, and general well-being as well as potency were also alluded to. All of these mistaken beliefs are cited today against the irradiation of food.

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Food irradiation is now recognized as another method of preserving food and ensuring its wholesomeness by sterilization or pasteurization and has wide application worldwide. If it had been in place in the U.S., recent foodborne disease outbreaks caused by *E. coli* 0157:H7, which are found in food producing animals, would not have occurred. If one attempts to tabulate the tens of thousands of *Salmonella*, *Campylobacter*, *Yersinia*, *Listeria*, and *Escherichia coli* foodborne disease outbreaks related to poultry and meat, the totals exceed millions of human illnesses. It is over 40 years ago since the Delaney Act made a travesty of the fiction that gamma rays are a food additive.

How many thousands of deaths and illnesses could have been prevented if we public health authorities had implemented food irradiation and educated the public as to its benefits we will never know.

The morbidity and medical expense of meat and poultry borne diseases can be prevented, just as milk borne disease can be prevented by pasteurization. All of the bacteria cited above can be present in unpasteurized raw milk even though USPHS Grade A standards require that milk be free of disease causing organisms. Imagine the public outcry if governments allowed the marketing of unpasteurized milk in which *Salmonella* were found; or *E. coli* virulent strains; or *Listeria* in soft or Mexican style cheeses.

Since 1984 when the Secretary of Health, Margaret Heckler, endorsed food irradiation after lengthy studies had proven its safety, and if public health officers had spoken out for the irradiation of foods that are known to carry pathogenic bacteria, events like the *E. coli* 0157:H7 outbreaks from undercooked hamburger (3 deaths and more than 400 cases) that occurred in the northwest United States in January 1993 could have been prevented. Even today as this is being written, no national, state, or local health authority is speaking out to require pasteurization by irradiation of hamburger (meat patties) of which some tens of millions are consumed daily. The same attitude and apathy exists in Europe, where *Listeria* contaminated pork meat and other food caused the death of 63 persons in France as reported in 1993. Since then, *Listeria* has become a serious public health problem in America.

In the early 1990's, Steele and Engel (7) stated:

“The advancement of food preservation hygiene since the time of early civilizations has been marked by the increased longevity of man. In the 20th century, human mortality has had a constant decrease. The extension of human life and well being is attributable to good public health practices, immunization of all children and adults, chlorination of potable water, sewage disposal of human and industrial waste, and food hygiene, including pasteurization. All have contributed to improved life and longer survival of human beings. The irradiation of food will further improve human health by the prevention of foodborne disease (i.e. *Salmonella*, *Campylobacter*, *Listeria*, *Yersinia*, and various *Escherichia coli* infections). The constant decline of gastric cancer in the United States parallels the introduction of pasteurization, refrigeration, and processing of food, all of which contributed to better hygiene.”

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One hesitates to ask who is in charge of the protection of the public health in these United States or our neighbors in the Americas and Europe. The anti/activist can always be relied on to oppose new technologies, and among them are powerful interests. These may be public health activists, environmentalists, net worker protesters, food processors, wholesalers, retailers and producers. All, for many reasons, are saying the consumer is not ready, or does not want it, or is against it.

To belie the consumer indifference or fear, one can cite the U.S. Dept. of Agriculture survey of consumer attitude research and actual market tests by Susan Conley which say that 70 percent of the American public want safe food and will accept food irradiation to ensure it being so. The University of California survey by Christine Bruhn found Californians of the same mind. A University of Georgia survey went further and found the consumer willing to pay more for irradiated food that would offer the same protection as pasteurized food. The consumer said the same in surveys by the Food Science Departments at Purdue, Iowa State, and Kansas State Universities. More recently, several national consumer surveys find the public seeking an opportunity to test irradiated foods.

We public health workers and policy makers have been lax in not encouraging the use of food irradiation. The first top public health official to speak out on the importance and value of food irradiation was James Mason, M.D., the Assistant Secretary of Health, HHS, in an editorial in *Public Health Reports*, September/October 1992 (8). The conclusion reads, "The bottom line on food irradiation is that the nation deserves to have—and should claim—the health benefit this technology will surely provide. We don't know how great that benefit will be – but we do know it will be significant."

Two years later, Philip R. Lee, M.D., the Assistant Secretary of Health, Director of the U.S. Public Health Service (9) stated,

"It is the U.S. Public Health Service's responsibility to use what we know to protect and improve the health of the public. Each modern food-processing advance—pasteurization, canning, freezing—produced criticism. Food irradiation is no different. It is up to leaders in the health professions to dispel the myths. The technology of food irradiation has languished too long already. Perhaps our nation has become dangerously complacent about the importance of public health measures. The current health care debate offers us both a mandate and an opportunity to increase the understanding of the importance of public health for ensuring personal health. If this message is lost, our efforts to advance and protect the nation's health will not succeed."

The introduction to this speech has been omitted as well as the references. A hard or electronic full copy of the address, including introduction and references, is available on request from the executive vice president at P.O. Box 22219, Clive IA 50325 or evp@acvpm.org.

Food Irradiation: It Works, It's Safe and It's Time

20 January 2007

By Russell W. Currier DVM, Executive Vice President,
American College of Veterinary Preventive Medicine

Tony Leys' January 13th, 2007 story [in the Des Moines Register] on the E. coli investigation was informative as to the source of the outbreaks but contained one error in the second from last paragraph. He quoted one company representative as saying "... no link has been found..." between the outbreaks in Iowa/Minnesota and those in the eastern states. I would offer there was a link or commonality all too frequent in these episodes and that is the absence of using irradiation also known as cold or electronic pasteurization to inactivate the E. coli and other microbiological pathogens from various food commodities.

Irradiation of food products to improve microbiological quality was demonstrated almost 100 years ago by German and French scientists and received a big research push by President Eisenhower's, "Atoms for Peace" program during the 1950s. In subsequent decades the U.S. had supported research into this technology, particularly by the Army's Natick, Massachusetts research facility. Not only has irradiation rendered food safe from nasty microorganisms but has also extended shelf life and reduced spoilage, precluding use of carcinogenic gases used in fumigating produce for insects and spoilage organisms.

All government food hygiene officials know about this technology—even studied it in graduate school—and how effective it is but almost never mention it. An oft heard phrase is, 'well, consumers are not sufficiently educated' to accept this technology. The Institute of Medicine in a 1998 report of almost 200 pages entitled, "Ensuring Safe Food: From Production to Consumption," contained a mere three paragraphs on irradiation and dismissed it with the statement (you guessed it) that consumers were not sufficiently educated to accept it. (Dr Michael Osterholm—nationally noted public health advocate and staunch activist for food irradiation was one of the panelists on this report!)

The constituency opposing food irradiation—antinuclear activists and crack-pot environmentalists—is in many ways similar to parties opposing fluoridation of water and even pasteurization of milk. They complain about the nutritional decrement of foods that is extremely minimal. They are concerned about sources of radioactivity being present in society. Well most modern medical material used in hospitals, surgery including implant devices, and other procedures is treated with irradiation because extreme heat or steam under pressure would destroy products made with modern plastics and other materials. Some of the most common products in America that are treated with irradiation are contact lens solution, band aids, tampons/sanitary napkins and in terms of foods, mostly only spices.

In looking at lettuce, last fall's episode was not an isolated event. During the period 1993 to 2005, there were 24 episodes involving 611 patients of E coli linked to fresh lettuce and spinach. Do you really think that more inspection oversight will eliminate this problem? Today's agriculture

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and food processing systems are highly centralized and reflect very low levels of contamination but when distributed to large populations of consumers result in episodes of sporadic illness that would have been puzzling 20 years ago before sophisticated laboratory technologies and epidemiological investigative techniques evolved to identify these outbreaks. Recognizing that even a low risk is unacceptable, all food consumed by U.S. astronauts and Florida's cancer patients is irradiated to eliminate this risk.

If consumers are uneducated on the benefits of irradiation as a food safety measure, I would observe that episodes like those occurring recently in Iowa are "teachable moments." Why didn't some high-ranking food official say aloud that we recommend irradiation as soon as possible as the only alternative to the diminishing returns of extra inspection? Why didn't any of the fast food CEOs drop the phrase into their full page ads, a statement that we're doing all we can i.e. "change produce suppliers" but now we're going to do more and demand irradiated produce. Why don't newspaper reporters ask the obvious question, "None of these patients would have become ill or died if the produce was irradiated so why don't you employ this technology"? Finally, I often hear attorneys defend their large judgments on injury claims with the positive fact that it motivates industry to eliminate the dangers of their products. In front of a judge and jury the question could be, "Why haven't you procured irradiated raw foods that we know are effective in eliminating this problem?"



Wilhelm Conrad Roentgen

Knowing that all this illness is unnecessary is very distressing because of the irrational views held by a vocal minority and lack of leadership by government officials and industry executives. What we have is a crisis by simply not irradiating food that will render it safe, greatly prolong its shelf life, and usher in an entire array of new ready-to-eat foods that will taste better than any frozen products now on the shelf.

Suggested References for review of irradiation:

1. E.A. Murano, Ed. FOOD IRRADIATION – A Sourcebook, 1995, 136 p. Iowa State University Press [Now Blackwell Scientific].
2. P. Loaharanu, Ed. Irradiated Foods, 6th Ed, American Council on Science and Health, New York. Publication is in press and due out March 2007. \$5.00/copy; slightly less for bulk orders. Also downloadable without cost/fee from www.acsh.org when released.
3. Maki, DG. Don't Eat the Spinach – Controlling Infectious Disease, NEJM 355:1952-1955. Nov 9, 2006. Full article available online from www.nejm.org. Last sentence of Dr Maki's paper speaks of food irradiation: "I believe it is time to overcome our irrational fears and act to ensure the safety of our food."
4. Mahapatra AK, Muthukumarappan K, Julson JL. Applications of ozone, bacteriocins, and irradiation in food processing: a review. Crit Rev Food Sci Nutr. 2005;45(6):447-61.
5. Wood OB, Bruhn CM. Position of the American Dietetic Association: food irradiation. J Am Diet Assoc 2000;100(2):246-53.
6. Parnes RB, Lichtenstein AH. Food irradiation: a safe and useful technology. Nutr Clin Care 2004;7(4):149-55.
7. Tauxe RV. Food safety and irradiation: protecting the public from foodborne infections. Emerg Infect Dis 2001;7(3) Supplement:516-21. Excellent review article downloadable in PDF format from http://www.cdc.gov/ncidod/eid/vol7no3_supp/tauxe.htm



Marie Curie

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Remembering Three Senior Diplomates Emeriti

It is my honor to call your attention to the recent deaths of three noted senior diplomats emeriti: Dr. Philip R. Carter (KSU '26), 101, died July 14, 2006; Dr. Harry L. Rubin (AUB '39), 92, died September 14, 2006; and Dr. Edwin A. Beckcom, Jr. (TEX'38), 90, died November 26, 2006. They were among those unique and early veterinary medical specialists in public health and preventive medicine. Their long and distinguished careers in public service were similar and prompt this collective tribute.

These men were all commissioned officers in the U.S. Army Veterinary Corps and served in World War II. They remained in service. Drs. Carter and Rubin each served 26 years as Army veterinarians and attained the rank of full colonel. Dr. Beckcom was honorably discharged in 1946, but was recalled in 1948 at which time he transferred to the United States Air Force Veterinary Corps. His assignments included the Sentry Dog Center, Lackland Air Force Base. He served 21 years and retired as a lieutenant colonel.

Harvey Rubin was one of the last of Army veterinarians in the era of riding boots and breeches, initially serving at the U.S. Army Quartermaster Remount Depot, Pomona, California. He is among the Army veterinarians credited with developing lip tattooing for identification of Army horses instead of branding. The method was adopted by the Thoroughbred and Quarter Horse industries.

These men were of the seminal group of veterinarians who pursued graduate studies in public health. Particularly noteworthy was Dr. Carter, who received his MPH from Harvard in 1940, two years before our legendary and active Jim Steele. Drs. Rubin and Beckcom received their MPH degrees from John Hopkins in 1952 and 1954, respectively.

Phil Carter was a founder and charter diplomate (1950) of the American Board of Veterinary Public Health (ABVPH), the antecedent of the American College of Veterinary Preventive Medicine (ACVPM). He received certificate number 8. Harry Rubin and Ed Beckcom were boarded by the ABVPH in 1958 and 1968, respectively.

As military veterinarians they served in several capacities: Phil Carter served stateside and overseas in food inspection, civil affairs and administration; Ed Beckcom served at air bases around the world in animal and public health assignments; Harry Rubin, following his service with the remount department, was assigned to U.S. Army Medical diagnostic and research laboratories including Walter Reed Army

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Medical Research Institute. He was the first director of the Military Substance Testing Laboratory, Chicago, Illinois, and established the first program for verification of contractor testing.

These officers carried their military experience and training, post-graduate education and specialty certification into extended civilian careers with municipal, state and private institutions. Dr. Carter had initially served 14 years as a public health veterinarian with the Minnesota State Health Department. He retired from the Army in 1959, moved to Colorado, where he maintained an active life. He was one of two charter diplomates alive and well in 1999-2000 when the 50 year anniversary report of the ACVPM was prepared. His vivid recollection was valuable in the reconstruction of events surrounding veterinary public health and formation of the ABVPH.

Harry Rubin transplanted his expertise from Army Medical diagnostics and research laboratories to Florida's Department of Agriculture, where he served as Chief of the Bureau of Diagnostic Laboratories, and director of the Kissimmee Diagnostic Laboratory from 1978-1998. Dr. Rubin was a past president of the American Association of Veterinary Laboratory Diagnosticians, the American Leptospirosis Research Conference, and Osceola County VMA. He was active and a leader in local civic organizations and continued to work with the Florida VMA until his death. He was the recipient of numerous awards.

Ed Beckcom returned to his native state of Texas where he was engaged as a public health veterinarian with Dallas County and later became the executive director of the Dallas Society for Prevention of Cruelty to Animals (SPCA). He held an appointment as an adjunct professor with Texas A&M University. In 1990, the Texas VMA honored him with the distinguished alumnus award. He remained active as a consultant until his death.

The passing of these distinguished men, representatives of the early generation of public service veterinarians, is a substantial loss; the passing of a generation. Their life long contributions to their profession, the nation, and human and animal health and welfare shall remain a lasting legacy. These pioneers clearly foresaw the veterinarian's role in public service. We salute them and those who knew them will treasure the association.

B.G. Thomas G. Murname, DVM, USA Ret.
Diplomate Emeritus and Former Historian, ACVPM

From the Desk of the EVP

The “world headquarters” of the ACVPM in Des Moines, Iowa, sees a flurry of activity recording recent dues payments and thanks to the many of you who have responded and I hope to hear from those who have not. We also have over 60 applications in for the June 2007 examination in Columbus and I am very busy processing these. The Epidemiology Specialty has two applicants for the July 2007 exam at the AVMA meeting in Washington DC.

I just returned from a two day meeting of the Examination Committee with Chairman Mo Salman and subject matter expert members, Hugh Mainzer – environmental health, David Goolsby – public health administration/education, Scott Brooks – food safety, Brian McCluskey – infectious disease, and finally Dale Moore – epidemiology, who assumed the yeoman’s task of recording secretary. Very apparent from our deliberations was what Dave Dreesen, former EVP, informed me earlier; this committee works hard and is the central most function of the college. So I offer this salute to their tireless energy in constructing sound examination content.

Another committee with an important function is the ad hoc group that will assist with the job analysis work that will include future surveys of our membership. Members include: Drs. George Moore, Charles Pixley, Marguerite Pappaioanou, Ken Petersen, Kenneth Hall, Malcolm Roberts, Bob Lavan, and Danelle Bickett-Weddle. Oversight will be provided by Drs. Peggy Carter, Gary Gackstetter, and Kevin Grayson. They plan to meet in Baltimore on St Patrick’s Day, 17 March 2007 and interact with staff of the National Board of Medical Examiners, headquartered in Philadelphia, to plan for surveys and analysis of what we do and the relevancy of our testing procedures. It goes without saying that this is a very important activity for our college’s future, so I urge you to fully participate in the planned surveys. Response to the pre-survey questionnaire included with dues invoice was very good. Thank you to all the responders.

That’s all for now colleagues, and I wish you a pleasant and productive spring in your various preventive medicine activities.

Russ Currier EVP





Annual ACVPM Meetings

Meeting locations will be announced in the next issue of *News & Views*.

DATE		MEETING
Thursday	July 12th	Examinations Committee
Friday	July 13th	Examinations Committee
Friday	July 13th	Epi Specialty Examination
Friday	July 13th	Executive Board
Monday	July 16th	Epidemiology Specialty
Monday	July 16th	General Membership

Help Wanted

Volunteers are needed to represent the ACVPM in the College information booth at the annual AVMA meeting in Washington, D.C. this summer.

Please contact Dr. Russ Currier, EVP, to select a time, or stop by the booth to sign up for a time when you arrive at the convention.

Epidemiology Specialty News

“To every complex question there is a simple answer . . . and it is wrong.” I recently came across this quote from H.L. Mencken, and it struck a chord with me. We face a great many complex issues today, and everyone seems to be searching for the simple answer. Veterinarians are in search of answers to food safety, antimicrobial resistance, animal well-being, zoonoses, bioterrorism, and contagious domestic and foreign animal diseases, among many others. A colleague recently commented “if you think you’ve finally come to understand antimicrobial resistance, then it hasn’t been explained well enough to you yet.” There really are no simple answers, in spite of so much rhetoric, and political posturing, to the contrary. Yet, I find Diplomates of the ACVPM Epidemiology Specialty hard at work in the search for meaningful solutions to these complex issues. Our Diplomates have the training and tools to solve these problems. It is a good time to have credentials in veterinary epidemiology.

The ACVPM Epidemiology Specialty is the specialty organization recognizing veterinarians with advanced levels of competency in epidemiology. Please encourage your veterinary epidemiologist colleagues to become Diplomates of our Specialty.

The Epidemiology Specialty is busy “behind the scenes” this time of year. The Nominations Committee is preparing a ballot for Specialty President. Elections will be later this Spring. The Continuing Education Committee is completing plans for a poster session sponsored by the Epidemiology Specialty at the 2008 AVMA Convention. A call for abstracts will be coming later this summer. The Credentials Committee will soon be evaluating applicants to sit for examination. Finally, the Examinations Committee is actively preparing for the next examination; you can help by preparing just one or two questions. It is important.

It is the Credentials, Examination, Nomination, and Continuing Education committees that keep our Specialty functional. Please consider volunteering some of your time to one of these committees. As always, please share with me your thoughts about the Specialty – I’m especially interested in simple answers.

Regards,

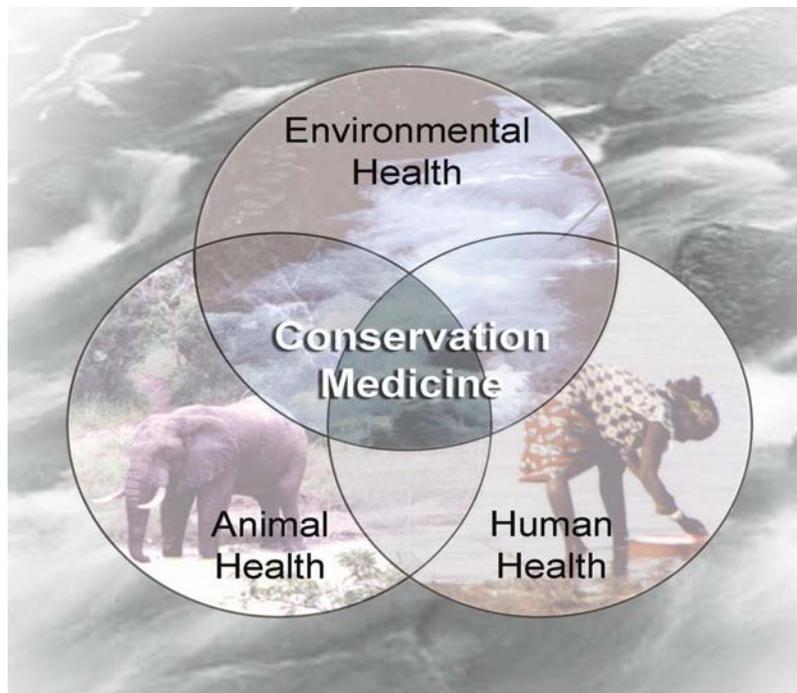
David R. Smith
President, ACVPM Epidemiology Specialty





President's corner – John P. Sanders, Jr. DVM DACVPM

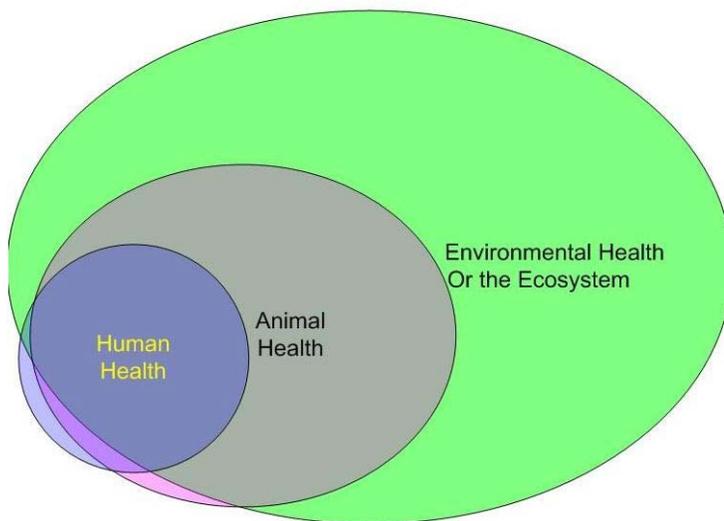
As 2006 ended, public attention has been drawn to veterinary public health with media coverage of high path avian influenza and food safety issues, as well as Dr. Mahr, president of the AVMA's emphasis this year on "one world, one health, and one medicine." 2007 promises to be an interesting year for veterinary public health with the Symposium on Veterinary Public Health scheduled for April 22-24, 2007 in Atlanta GA, NASPHV in Atlantic City, NJ in June 2007, and AAPHV/NASPHV meeting in conjunction with the AVMA convention in July 2007. Also there is a new journal that is being edited by former AAPHV President Mary Torrence; I have attached information about the journal at the end of this article.



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I wonder what the term “one world, one health, one medicine” means. I see diagrams in presentations showing three spheres overlapping to some extent, but still distinct from one another. For your consideration, I would like to offer a different graphic that shows the dynamic interplay between different facets of the whole. There are human diseases processes for which we haven’t found an animal model, but that doesn’t negate the fact that human health is a subset of animal health, which is impacted by environmental issues. I contend that we should think of this issue as three circles sharing the majority of their area with each other, with only small independent regions that are affected by factors attributed to such issues as genetic variation. If we are truly going to advance the “one medicine” concept, we need to embrace a holistic view by integrating our knowledge of human, animal, and environmental health.



Announcing an exciting new journal on veterinary medicine and public health

Zoonoses and Public Health

(Formerly Journal of Veterinary Medicine, Series B, Blackwell)

A timely new journal for 2007, Zoonoses and Public Health, provides a venue for rigorous scientific discussion of emerging and existing zoonoses and their impact on public health. Interdisciplinary in nature, the journal pursues a unique integrative approach to

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encourage and support the most current research and management of zoonotic diseases. This journal will bring together veterinary and human health researchers and policy-makers by providing a medium for integrative and global approaches to zoonoses and public health. Finally, this journal will provide a forum to bring together professionals such as veterinarians and physicians and scientists such as microbiologists, virologists, parasitologists, and epidemiologists in order to better understand the interactions and roles of animals, humans, and the environment in the emergence, persistence, transmission, and control of zoonoses.

As Editor-in-Chief of this new journal, I've tried to select Associate Editors and an Editorial Board that reflects our goals for this journal and the spirit of "one medicine". They reflect the diversity of the field, in expertise as well as focus and experience, and also reflect the spirit of this journal. The international participants of the editorial board indicate our global commitment to zoonoses and public health. In 1984, Dr. Calvin Schwabe described the concept of "one medicine". Those of us who work in public health, veterinary medicine, human or animal health, have taken to heart this challenge and have championed this idea. Yet, in our quiet and fractured roles, we have not really succeeded in that mission, and now this concept is being emphasized again. To succeed, we need more visibility, more collective action, and a common theme, or branding statement.

This journal provides us a visible and active platform to make the concept of one medicine a tangible representation. This journal will provide a unique integrative forum of experts to explore the interactions of humans, animals, and organisms, in an evolving environment. As with any new journal, it will take time to shape Zoonoses and Public Health to reflect the leading research by our network of professionals and scientists. But the success of this journal and its impact on all fields will be determined by the researchers and professionals that submit manuscripts. I hope that you will join us in this new and exciting journey.

For more information on how to subscribe and how to submit your paper, visit www.blackwellpublishing.com/zph. Please feel free to contact me as well at mtorrence@csrees.usda.gov. Mary E. Torrence, DVM, Ph.D., DACVPM, Editor-in-Chief

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FDA Proposes Food Irradiation Rule Change

The Food and Drug Administration (FDA) is proposing to revise its labeling regulations applicable to foods (including dietary supplements) for which irradiation has been approved by FDA. FDA is proposing that only those irradiated foods in which the irradiation causes a material change in the food, or a material change in the consequences that may result from the use of the food, bear the radura logo and the term "irradiated," or a derivative thereof, in conjunction with explicit language describing the change in the food or its conditions of use. For the purposes of this rulemaking, the term "material change" is being used to refer to a change in the organoleptic, nutritional, or functional properties of a food, caused by irradiation, that the consumer could not identify at the point of purchase in the absence of appropriate labeling.

FDA is also proposing to allow a firm to petition FDA for use of an alternate term to "irradiation" (other than "pasteurized"). In addition, FDA is proposing to permit a firm to use the term "pasteurized" in lieu of "irradiated," provided it notifies the agency that the irradiation process being used meets the criteria specified for the use of the term "pasteurized" in the Federal Food, Drug, and Cosmetic Act and the agency does not object to the notification. This proposed action is in response to the Farm Security and Rural Investment Act of 2002 (FSRIA) and, if finalized, will provide consumers with more useful information than the current regulation.

Written or electronic comments will be due no later than 90 days after the proposed rule appears in the Federal Register for public comment. Further details can be found at

<http://www.accessdata.fda.gov/scripts/oc/ohrms/dailylist.cfm?yr=2007&mn=4&dy=4>.