

It's Still a Cow Eat Cow World

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Why isn't the F.D.A. adopting the same rules as the European Union to protect Americans from Mad Cow Disease?

Since 1996, Chicago Life readers have been learning about a very serious human and animal health issue, Mad Cow disease—an issue that has been spurned by most media. The facts surrounding this issue are being heavily spun by government agencies and representatives of the multi-billion dollar livestock industry. Most Americans probably think that the United States has been doing everything it can to prevent Mad Cow disease from emerging here, but that is not the case, according to John Stauber, co-author of *Mad Cow U.S.A.*

Now something that supposedly could never happen in North America has occurred—on May 20, a single cow in the Canadian province of Alberta was announced to have Mad Cow disease. The U.S. immediately banned all shipments of Canadian cattle, beef and rendered animal feed from entering the U.S. As we go to press, Canada is lobbying hard to get this ban lifted because it has already cost the country's beef industry hundreds of millions of dollars. But as Stauber points out in this exclusive interview, this issue will not go away because the dangerous ³animal cannibalism² feeding methods that spread Mad Cow disease remain widespread in both the U.S. and Canada.

John Stauber is a life-long consumer and public interest writer who has co-authored four books: *Toxic Sludge is Good For You*, *Mad Cow U.S.A.*, *Trust Us, We're Experts!*, and his latest, *Weapons of Mass Deception*. In 1993 he founded the Center for Media and Democracy in Madison, Wisconsin. He and his co-author and colleague Sheldon Rampton edit the Center's quarterly *PR Watch* (www.prwatch.org) and specialize in investigative reporting on corporate and government propaganda. Their 1997 book *Mad Cow U.S.A.* predicted the likely emergence of the disease in North America, and since BSE's discovery in Canada, he has been featured in *USA Today* and on Canadian television and radio.

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Chicago Life: How does the recent discovery of Mad Cow disease in Canada affect the U.S.? Is this a one-in-a-million case or just one among many?

Stauber: This is not a one-in-a-million case of sporadic disease. British scientists have definitely confirmed this case as bovine spongiform encephalopathy, BSE, or Mad Cow disease. The Alberta cow was infected with Mad Cow disease that it almost certainly picked up from eating rendered animal byproduct—slaughter-house waste—fed to it as protein, fat or mineral supplement. How many more animals might be infected, and whether the infected feed came from Canada, the U.S. or Mexico, we simply do not know and may never know. After all, the infected feed was probably consumed by this cow and others more than three years ago. This cow was rendered into animal feed, and so were the others that ate the feed that infected this cow. It is important to realize that this is not a Canadian problem, it is a North

American problem. This cow might just as well have come from Juarez, Mexico, or from Sonoma, Calif., because cattle, cattle feed, and meat products flow freely across the borders of the three NAFTA nations. In all three countries, unlike Britain and Europe, cattle are still fed rendered byproduct?which is animal feed made from slaughterhouse waste. As we documented in Mad Cow U.S.A., the U.S. government and livestock industry manipulated and misled reporters and the public in 1997 when they claimed to have ended the practice of feeding slaughterhouse waste to livestock. The practice has never even slowed down, and today billions of pounds of blood, fat, meat, bone meal and such are legally fed back to livestock. Until that practice is completely banned, the Mad Cow problem in North America will likely spread and worsen, although rather invisibly.

Chicago Life: Can the U.S. still consider itself BSE-free when more than three quarters of Canadian cattle exports (about one billion pounds of beef) end up in our country each year?

Stauber: The U.S. livestock industry desperately wants us to believe that Mad Cow disease can't happen here, but that's nonsense. With the disease now in Canada, it could be in the U.S. and in Mexico too. As long as we continue to feed cows to cows, weaning calves as we do on milk formula containing cattle blood protein, the level of infection can spread and grow. There are about 96 million cattle in the U.S., and last year less than 20,000 were tested for mad cow disease. Contrast that with Britain and Europe where 10 million out of 40 million slaughtered for human consumption were tested before eaten. The U.S. livestock industry is terrified of testing millions of animals, because testing would likely find the disease.

Chicago Life: Can you talk about the U.S. practice of rendering. How has the practice changed since 1996? Are we any safer?

Stauber: About half of every animal slaughtered is unfit for human consumption. This slaughter-house waste?along with road kills, euthanized pets, restaurant cooking fats?which amounts to billions of pounds of material, is sent to rendering plants-giant factories that take all this offal and biological waste and cook it. Since the 1970s, a major product of rendering has been supplemental fat, protein and minerals that are fed back to livestock to promote bigger, faster growth. In 1988, just a few years after the first appearance of Mad Cow disease in Britain, scientists realized that it was this rendered byproduct that was amplifying and spreading BSE. BSE is a prion (pronounced PREE-on) disease caused by an infectious protein, which can survive rendering, cooking and even irradiation. Britain began banning the practice of feeding rendered byproduct to its livestock in the late 1980s, but for years the banned British feed was exported and spread around the world so that any country might develop Mad Cow disease. Since we still feed livestock back to livestock, it can further amplify and spread. In 1997, under pressure from activists such as Oprah's guest Howard Lyman and Michael Hansen of Consumers Union, the Food and Drug Administration announced that the U.S. would ban the feeding of slaughterhouse waste to livestock. However, the actual regulations were deceptive. Most of the news media merely repeated the phony assurances of government and industry that the practice was banned. In reality, it was just tweaked a bit. The FDA said that meat and bone meal from ruminant animals-cows, sheep, deer, elk-should be labeled ³do not feed to ruminants.² However, blood and fat from ruminants were exempted, and since 1997, the weaning of calves on cattle blood protein used in milk formula has really taken off. The meat and bone meal from cattle is legally fed to pigs, pets and poultry. Those animals are fed back to themselves and to cattle. In fact, sheep and deer known to be infected

with diseases similar to Mad Cow disease can even be rendered and fed to pigs, pets and poultry, which are then fed to cattle.

Chicago Life: What are some immediate actions that the meat industry could take to avoid an outbreak of Mad Cow disease in the U.S. cattle population?

Stauber: What the U.S., Canada and Mexico must do is very simple. These NAFTA nations must put in place the same regulations that have succeeded in preventing additional cases of Mad Cow disease in Britain and Europe. This would mean completely banning the practice of feeding any slaughterhouse waste back to livestock, and testing every animal before it is eaten. Government and industry know what to do, but they refuse to do it because feeding this waste back to livestock is so lucrative and helps the U.S. produce cheap meat and milk. So instead of doing the right thing, government and industry have permitted gaps in the defenses against this disease to appease industry.

Chicago Life: Can you talk about chronic wasting disease (CWD)? Are the recent increases of CWD in the deer and elk populations in Wisconsin and Illinois related to Mad Cow?

Stauber: Chronic wasting disease, or mad deer disease, is in the same family of diseases as Mad Cow and sheep scrapie. For the past decade, CWD has been spread across North America by the explosive growth of deer and elk farming. Both in the wild and on game farms, deer have been fed rendered byproducts to grow big antlers, and there is evidence that this practice has been a factor in the disease. In addition, CWD seems to spread deer to deer, like a cold or the flu. Whether or not CWD can infect people and other livestock is unknown, but there is some evidence that it can. And we seem to be seeing a small?but disturbing?increase in U.S. human deaths from Cruetzfeldt-Jakob Disease, the human equivalent of Mad Cow and chronic wasting disease. Is U.S. CWD or Mad Cow already spreading into hunters or beef eaters? We don't know, and it could take years to find out.

Chicago Life: Can you explain the idea of a species barrier and how Mad Cow can be passed on to people?

Stauber: The most dangerous form of byproduct-feeding is within a species. Once Mad Cow disease?where ever it came from?was established in cows, it spread rapidly via feeding cows to cows. This fact has been known for 15 years, yet in the U.S., Canada and Mexico, cattle blood and fat is still fed back to cattle. So far, the number of people in Britain who have died from the human version of Mad Cow disease, called new variant CJD (nvCJD), is less than 200, but the death toll is rising and will continue to rise for years because of the long invisible latency period that can last decades. No cure exists for the disease; it is always fatal. Britain no longer uses its own human blood plasma for transfusions because people who have died from nvCJD have given blood, and blood can transmit such diseases in laboratory tests. We'll have to wait years before we know exactly how many people will die from eating Mad Cow parts, or possibly from picking up nvCJD from contaminated blood or surgical instruments. By the way, autoclaving does not destroy infectious prions on surgical instruments. Any surgical or autopsy instruments used on people with CJD must be destroyed.

Chicago Life: According to the CDC, Alzheimer's Disease is now the 8th leading cause of death in the U.S., affecting as many as 4 million Americans. What are the chances that some of these deaths are misdiagnosed cases of Creutzfeldt Jakob Disease (CJD)?

Stauber: In Mad Cow U.S.A. we cite a study showing that as many as 25 percent of the human dementia diagnoses were found to be inaccurate when the victim was properly examined after death. A dementia disease might look like Alzheimer's and be diagnosed as such, but prove to be CJD or another dementia under autopsy. Almost no one who dies of dementia disease is properly autopsied; there is a strong aversion to performing autopsies on persons suspected of having CJD—and because there is no national requirement to report CJD cases, we do not know exactly how many CJD cases might be in the U.S. every year, and whether or not they are increasing. Britain keeps careful track of all CJD deaths, and we should too. We should be especially concerned if we see an increase in CJD that is non-familial in anyone 50 or younger, and it seems to me that we are seeing an unusual number of such cases (see below).

Chicago Life: The American meat industry seems reluctant to deal with this issue. Britain and other countries have changed many practices to ensure the safety of their meat. Why does the U.S. seem so resistant to acknowledge Mad Cow as a potentially devastating public health issue?

Stauber: The American meat industry is dominated by executives and lobbyists who use their advertising clout to bully and manipulate the media—and use their political contributions to influence the USDA and F.D.A. The typical farmer and livestock producer isn't calling the shots inside his or her industry—it's the big trade groups like the American Feed Industry Association, the American Meat Institute and the National Cattleman's Beef Association, and corporations like Cargill and Archer Daniels Midland. Unfortunately, it may take international financial pressure to affect change in F.D.A. rules. For example, if a major importer of U.S. beef—like the nation of Japan—were to announce a boycott of U.S. beef until the U.S. adopted the same Mad Cow protections that are in Britain and the EU countries, that would get the attention of the industry. If more and more people start dying of mysterious cases of CJD, that might get attention. But with the government refusing to mandate the reporting of CJD, it could take a long time for increased deaths to be noticed.

Chicago Life: How can Americans avoid Mad Cow? Who do we contact to change meat production practices?

Stauber: Look for meat and meat products that are certified organic or personally certified by the producer to have been raised without the use of rendered byproducts, including meat, bonemeal, fat and blood. Be prepared to pay more for meat raised without these byproducts, and your selections will be diminished, because at the moment, almost all meat comes from animals that were pumped up on drugs such as hormones and antibiotics, and fed slaughterhouse waste. Call senators and congresspeople, and write letters to the editor, demanding that the identical Mad Cow protections working in Europe be put in place in the United States. And, of course, there is always the option of going vegetarian. But even vegetarianism isn't 100 percent protection if prion diseases were to be spreading in U.S. livestock and rendered products. For instance, hundreds of prescription drugs are made from animals, and if Mad Cow-type diseases were infecting cattle and pigs in the U.S. through byproduct feeding, those drugs would also be a theoretical source of human infection. The sooner we act, the better, and we are already much too late. Mad Cow disease is now in North America

MORE

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CJD screening may miss thousands of cases

By Steve Mitchell, UPI Medical Correspondent

WASHINGTON, July 21 (UPI) -- The federal government's monitoring system for cases of Creutzfeldt-Jakob disease, a fatal human brain illness, could be missing tens of thousands of victims, scientists and consumer advocates have told United Press International.

Creutzfeldt-Jakob disease or CJD can be caused by eating beef contaminated with mad cow disease, but the critics assert without a better tracking system it might be impossible to determine whether any CJD cases are due to mad cow or obtain an accurate picture of the prevalence of the disorder in the United States.

Beginning in the late 1990s, more than 100 people contracted CJD in the United Kingdom and several European countries after eating beef infected with bovine spongiform encephalopathy -- the clinical name for mad cow disease.

No case of mad cow has ever been detected in U.S. cattle and the Centers for Disease Control and Prevention's monitoring system has never detected a case of CJD due to eating contaminated American beef. Nevertheless, critics say, the CDC's system misses many cases of the disease, which currently is untreatable and is always fatal.

The first symptoms of CJD typically include memory loss and difficulty keeping balance and walking. As the disease destroys the brain, patients rapidly progress in a matter of months to difficulty with movement, an inability to talk and swallow and, finally, death.

Spontaneously-occurring or sporadic CJD is a rare disorder. Only about 300 cases appear nationwide each year, but several studies have suggested the disorder might be more common than thought and as many as tens of thousands of cases might be going unrecognized.

Clusters of CJD have been reported in various areas of the United States -- Pennsylvania in 1993, Florida in 1994, Oregon in 1996, New York in 1999-2000 and Texas in 1996. In addition, several people in New Jersey developed CJD in recent years, including a 56 year old woman who died on May 31, 2003. Although in some instances, a mad cow link was suspected, all of the cases ultimately were classified as sporadic.

People who develop CJD from eating mad-cow-contaminated beef have been thought to develop a specific form of the disorder called variant CJD. But new research, released last December, indicates the mad cow pathogen can cause both sporadic CJD and the variant form.

"Now people are beginning to realize that because something looks like sporadic CJD they can't necessarily conclude that it's not linked to (mad cow disease)," said Laura Manuelidis, section chief

of surgery in the neuropathology department at Yale University, who conducted a 1989 study that found 13 percent of Alzheimer's patients actually had CJD.

Several studies, including Manuelidis', have found that autopsies reveal 3 percent to 13 percent of patients diagnosed with Alzheimer's or dementia actually suffered from CJD. Those numbers might sound low, but there are 4 million Alzheimer's cases and hundreds of thousands of dementia cases in the United States. A small percentage of those cases could add up to 120,000 or more CJD victims going undetected and not included in official statistics.

Experiences in England and Switzerland -- two countries that discovered mad cow disease in their cattle -- have heightened concerns about the possibility some cases of sporadic CJD are due to consuming mad-cow-tainted beef. Both countries have reported increases in sporadic CJD since mad cow was first detected in British herds in 1986.

Switzerland discovered last year its CJD rate was twice that of any other country in the world. Switzerland had been seeing about eight to 11 cases per year from 1997 to 2000. Then the incidence more than doubled, to 19 cases in 2001 and 18 cases in 2002.

The CDC says the annual rate of CJD in the United States is one case per million people, but the above studies suggest the true prevalence of CJD is not known, Manuelidis told UPI.

Diagnosing CJD or Alzheimer's is difficult because no test exists that can identify either disease in a living patient with certainty. So physicians must rely on the patient's symptoms to determine which illness might be present. Sometimes, however, the symptoms of one disease can appear similar to the other disorder. The only way to determine the disease conclusively is to perform an autopsy on the brain after death.

Unfortunately, although autopsies once were performed on approximately half of all corpses, the frequency has dropped to 15 percent or less in the United States. The National Center for Health Statistics -- a branch of the CDC -- stopped collecting autopsy data in 1995.

"If we don't do autopsies and we don't look at people's brains ... we have no idea about what is the general prevalence of these kinds of infections and (whether) it is changing," Manuelidis said.

At the same time autopsies have been declining, the number of deaths attributed to Alzheimer's has increased more than 50-fold since 1979, going from 857 deaths then to nearly 50,000 in 2000. Though it is unlikely the dramatic increase in Alzheimer's is due entirely to misdiagnosed CJD cases, it "could explain some of the increase we've seen," Manuelidis said.

"Neurodegenerative disease and Alzheimer's disease have become a wastebasket" for mental illness in the elderly that is difficult to diagnose conclusively, she said. "In other words, what people call Alzheimer's now is more broad than what people used to call it, and that has the possibility of encompassing more diseases -- including CJD."

The autopsy studies that found undiagnosed CJD cases raise the question of whether the United States "already has an undetected epidemic here," Jeff Nelson, director of vegsource.com, a vegetarian advocacy Web site, told UPI.

"What's the source of that?" Nelson asked. "Could it be the same source of encephalitis we saw in minks?" Nelson referred to an outbreak of a mad-cow-type disorder in minks in Wisconsin in the 1980s. The origin was traced back to the animals' diet, which included parts of so-called downer cattle -- sick cows that are unable to stand, which often indicates a neurological disease, including mad cow. The mink disease raised concerns about whether U.S. cattle were carrying a mad-cow-like pathogen even prior to the U.K. epidemic that began in 1986.

Andrew Monjan, chief of the neuropsychology of aging program at the National Institute of Aging - part of the National Institutes of Health in Bethesda, Md. -- acknowledged there has been an increase in U.S. Alzheimer's cases. However, he told UPI, this probably is due to the aging of the population -- as people grow older, they develop a higher risk of developing Alzheimer's.

"There's been no change in the number of CJD cases in the country and there has been clearly a tracking of the unusual cases of CJD" that could be due to mad cow disease, Monjan said. However, Terry Singletary, coordinator of CJD Watch -- an organization founded to track CJD cases -- says efforts to track the disease have been close to nonexistent. For example, only 12 states require such reports. Therefore, many cases might be going undetected, unreported or misdiagnosed.

If more states made CJD a reportable illness, there would be more clusters detected across the United States, said Singletary, who became involved with CJD advocacy after his mother died from a form of CJD known as Heidenhain variant. In the 18-year period between 1979 and 1996, he noted, the country saw a jump from one case of sporadic CJD in people under the age of 30 -- a warning sign for a link to mad cow because nearly all of the U.K. victims were 30 years of age or younger -- to five cases in five years between 1997 and 2001. "That represents a substantial blip," he told UPI.

Singletary also said there have been increases in sporadic CJD in France, Germany and Italy, all of which have detected mad cow disease in their cattle.

So far, the CDC has refused to impose a national requirement that physicians and hospitals report cases of the disease. The agency has not chosen to make CJD a reportable disease because "making it reportable is not necessarily directly helpful in surveillance because in some states where it's reportable you may not get the physician to report it," said Dr. Ermias Belay, CDC's medical epidemiologist working on CJD.

Instead, the agency relies on other methods, including death certificates and urging physicians to send suspicious cases to the National Prion Disease Pathology Surveillance Center at Case Western Reserve University in Cleveland, which is funded by the CDC. However, because autopsies generally are not done, if a CJD case is misdiagnosed as Alzheimer's or dementia, a correct diagnosis might never be determined and therefore the cause of death listed on a death certificate might be inaccurate.

Belay told UPI he discounted this possibility. It is unlikely to happen, he said, because it is easy to distinguish CJD from Alzheimer's -- the two conditions display different symptoms.

Manuelidis disagreed. It can be quite difficult to determine accurately if a patient has CJD, as evidenced by her study, in which respected and competent neurologists and psychiatrists at Yale originally diagnosed patients with Alzheimer's, yet were wrong at least 13 percent of the time. Another study conducted at the University of Pennsylvania, which found 6 percent of dementia patients actually were suffering from CJD, supports the difficulty in distinguishing the illnesses correctly.

The U. Penn. researchers concluded: "These results show that in patients with a clinical diagnosis of dementia, the etiology (cause) cannot be accurately predicted during life."

In addition, the NPDPSA sees less than half of all the CJD cases each year, so the CDC's investigational system not only is missing many of the misdiagnosed CJD cases, it also is not conducting autopsies on most of the detected cases. Belay said the CDC follows up on all cases of CJD that occur in people under age 55, as these could be linked to variant -- mad-cow-related -- CJD. But so far, all have turned out to be sporadic forms of the disease. About 30 cases of the disorder occur each year in the United States in this age group, while the remaining 270 or so are older.

The case of Carrie Mahan -- a Philadelphia woman who developed a brain disorder that appeared to be CJD and died from it in 2000 at the age of 29 -- illustrates just how difficult it can be to diagnose the disease.

Mahan's physician, Dr. Peter Crinos of the University of Pennsylvania Medical Center, ruled out other disorders and felt certain the young woman had died of CJD, a concern that raised the possibility of a link to mad cow disease because of her young age. When neuropathologist Nicholas Gonatas, who had seen CJD before, examined Mahan's brain after her death, he, likewise, was confident he detected the microscopic, sponge-like holes caused by the disease. But when he sent brain samples to the NPDPSA, the results came back negative. Gonatas, convinced the surveillance center's finding was erroneous, sent off two more samples, only to have them both come back negative.

Subsequent research, however, has shown the test used by the surveillance center cannot rule out CJD, said Crinos, an assistant professor of neurology.

"There's no question that Carrie had a spongiform encephalopathy," Crinos said, but added although it appeared to be CJD, it is difficult if not impossible to say if it was due to mad cow disease.

Crinos told UPI until the CDC implements a better tracking system, a lot of questions will remain about CJD and cases like Carrie Mahan's. One central question: Why are cases of what is presumed to be a rare disease popping up in clusters in certain areas of the country? Crinos said the clustering suggests an environmental or food-borne cause, but so far, "No one knows the answer to that."