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FDA Dockets Branch (HFA-305)
Food and Drug Administration
5603 Fishers Lane, Room 1061
Rockville, MD 20852

Re: Docket No. 98D-1146, "A Proposed Framework for Evaluating and Assuring the Human Safety of the Microbial Effects of Antimicrobial New Animal Drugs Intended for Use in Food-Producing Animals"

To Whom It May Concern:

The company for which I administer health services produces over 250 million pounds of turkey and over 250 million pounds of pork per year. Our laboratory oversees all diagnostic efforts in support of these animals and the breeding stock associated with them, and oversees and/or prescribes any indicated medications as appropriate. I have over 25 years experience in integrated veterinary health management, pharmaceutical and biological development and technical service, and have advanced degress in both veterinary microbiology and pathology.

The "framework document" itself has some flaws which I will address later. However, I believe the basic premise of the document, that "use of antimicrobial drugs in food-producing animals...is of key importance in the development of resistance in foodborne pathogens and may be important in some non-foodborne infections" to be a speculative assertion with weak, controversial scientific underpinnings. The real question here is "How many human antibiotic-resistant infections of clinical significance have been acquired from federally inspected animal protein?". This argument has dragged on for over 30 years, and I have yet to see a single documented, published study by the Center for Disease Control designed to answer this question. If the hazard of humans acquiring antibiotic resistant infections from inspected food is large, where are the documented cases in the literature? Current federal press releases tend to run in the opposite direction - that federally inspected food has less food-borne pathogens in ready-to-cook product. The World Health Organization, Council for Agricultural Science and Technology, the Institute of Medicine, and the National Research Council all believe further study is indicated before major regulatory initiatives in animal pharmaceutical use begin. Indeed, Recommendation I of the President's Council on Food Safety Assessment of the NAS Report is to "Base the food safety system on science". Various projects to address this concern are underway at USDA, FDA, pharmaceutical manufacturers, and universities. I have been contacted by representatives of all of them. With all these bodies, including a President's Council, advising that risk assessments and more studies are necessary before action, and with these studies underway, perhaps CVM would be well advised to accept both scientific advice, and Executive Branch direction, and formulate a policy based on science, rather than speculative hypotheses. Operating from ignorance is very likely to have untoward, unexpected results. I believe the public health deserves better.

CVM has not received adequate input from commodity groups and the veterinary profession, while receiving potentially misleading input from some elements of the public health establishment. In an October 4, 1994 letter to Dr. Stephen Sundlof, physician James M. Hughes, Assitant Surgeon General and Director, National Center for Infectious Diseases asserts "It is a common 'therapeutic' strategy to treat entire herds or flocks at the first sign of illness in one individual". This statement, by a senior official of the Public Health Serivce and CDC, is completely, utterly incorrect. Unfortunately, it is not an isolated example. It does, however, reveal the extreme ignorance of, and resulting prejudice against, the use of antibiotics in veterinary medicine by prominent individuals. This prejudice continued through the appointment of one of Dr. Hughes' subordinates, Dr. Fred Angulo, to the Veterinary Medical Advisory Committee, although his prejudices in this area and ignorance of animal agriculture are also well known. I believe this constitutes a direct conflict of interest - Dr. Angulo could hardly be expected to espouse a more

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reasoned approach than Dr. Hughes. Of course, members of the commodity and pharmaceutical industries are excluded from Committee membership as a matter of course due to precisely such perceived conflicts. This has isolated CVM, FDA, and HHS from knowledge of what is actually occurring in both industries, and left them unable to evaluate statements such as Dr. Hughes' on their merit.

CVM is charged with protecting the public health. Within the "framework document" this appears to be interpreted quite narrowly, viz., to preserve antibiotic efficacy in humans at any cost. This interpretation is too narrow. Application of framework criteria to currently approved drugs would result in their removal from the market due to financial considerations, if not direct regulatory action. This could negatively impact mortality and feed conversion of animal agriculture. Anything that increases feed conversion has predictable effects on the environment - more feed is consumed for the same amount of meat, and more manure is produced for the same amount of meat. This is not a trivial concern. In our turkey operation alone, an increase in feed conversion from 2.45 to 2.50 would require an addition 12,500,000 pounds of feed a year, releasing an additional 437,500 pounds of nitrogen and 75,000 pounds of phosphorous into the environment with a 70 mile radius. Milling and delivering this feed would require an additional 141,875 kilowatt-hours of electricity and 6,000 gallons of diesel fuel to deliver. These environmental effects and the stress effects of decreased poultry welfare and decreased income on our growers and personnel should also be considered in the public health mission of CVM. An environmental impact statement should be prepared by CVM encompassing these effects.

While CVM is not legally concerned with animal welfare, I would make an appeal that it be given at least some consideration in these deliberations. My family has been in the turkey business since 1926 - I really like turkeys. It has been very satisfying to administer a fluoroquinolone to those few flocks with colibacillosis resistant to other antibiotics and watch the mortality drop from 40-50 per day to 4-5 per day, and the flock improve in appearance. It was difficult for me to get used to watching them sicken and die of histomoniasis after CVM removed all treatments from the market some years ago - I'm certainly not looking forward to watching animals under my care sicken and die because pharmaceuticals such as penicillin must be reserved for use in humans, no matter how liberal and poorly controlled human dispensing remains.

The framework document itself contains no controls to prevent the "easiest path" scenario from occurring - restriction of all antibiotics to use in humans. The classification system is a good example. The proposed system essentially is: 1. fluoroquinolones or any new drug or any drug deemed to have a significant risk (although the risk cannot yet be quantified) of resistance development . 2. All other therapeutic antibiotics. 3. Ionosphore coccidiostats (not really used as antibiotics, although various public health figures include them incorrectly). Category 2 reputedly would include penicillin and streptomycin - antibiotics that have been in use in human and veterinary medicine for over 40 years. Requiring additional work on these drugs presents two problems: Surely in 40 years, documented risks from food-borne infections should have manifested themselves. Requiring additional studies in food animals of these drugs seems foolish. Both are old drugs with small margins - manufacturers would probably elect to not market them rather than face increased regulatory costs to prove that a problem does not exist. It is frequently difficult and expensive to prove a negative. No quantifiable risk criteria are proposed although one rumor circulating that defies all sense is that food animal use of an antibiotic would be curtailed if resistance levels increase in pathogens isolated from humans by two to five percent - no proof of whether the problem originated from use of the drug in animals as opposed to use in humans would be required, even though acquisition of antibiotic resistance in humans by use of that antibiotic in humans is a known risk, as opposed to the speculative risk from use in animals.

The framework document contains no clear provisions for revision of classification based on food processing techniques or results. Should a turkey company electing to irradiate or cook all its product be faced with the same lack of choice of therapeutic alternatives as one selling fresh ready-to-cook product that hasn't been terminally pasteurized prior to shipment? This issue is central to the public health aspects of CVM's intent in this document, and should be clearly elucidated. Otherwise, it would appear that this effort denigrates the overall federal food safety effort at the processing plant. This document essentially

sets forth that our current efforts to control food-borne disease through HACCP are so meaningless that significant risk of human disease due to antibiotic resistant bacteria from that food warrants immediate regulatory action. It would be ludicrous for CVM to force a drug off the market for speculative reasons, have that drug withdrawal result in clostridial or gram-negative overgrowth in the gut resulting in carcass contamination, possibly with irradiation resistant spores, and then claim to be representing the public health. It is not clear to me from the framework document how such a decision tree would be averted. I see no clear emphasis within the document on the product that should be evaluated for risk - product immediately prior to consumption. This is where the risk should be evaluated - not at the farm, and possibly not even at the processing plant, but at point of sale. This is, after all, the material to which the consumer is actually exposed.

Your consideration of these issues in a timely manner would be deeply appreciated.

Sincerely,

Eric Gonder, DVM, MS, PhD, PAS, ACPV

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