



Testimony of James Hodges
President of the American Meat Institute Foundation
Before The
Senate Commerce, Science, and Transportation
Subcommittee on Interstate Commerce, Trade and Tourism
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Thank you for providing the American Meat Institute (AMI) the opportunity to submit testimony on the U.S. Department of Agriculture's proposal to allow the importation of cattle and beef from regions that present a minimal risk of introducing bovine spongiform encephalopathy (BSE) into the United States. Specifically, the proposed rule would allow Canada to export live bovines born after March 1, 1999. AMI supports the proposed regulation for the following reasons.

BSE has garnered considerable attention since the first indigenous cases of BSE in North America were diagnosed in Alberta, Canada on May 20, 2003 and Washington State on December 23, 2003. Comparisons have been drawn between North America and Europe with respect to the risk of BSE and its animal and human health consequences. The U.S. and Canada remain very low risk countries in comparison to many countries around the world. Despite speculation to the

contrary, the facts show that the risk level is many orders of magnitude lower than Europe's.

More than 190,000 cases of BSE have been diagnosed in cattle since the disease was first discovered in the United Kingdom in 1986. And, more than 95 percent of the cases worldwide have occurred in the U.K. At the height of the epidemic in 1992, more than a 1,000 cases per week were being diagnosed. In 1992 alone, more than 36,000 cases were diagnosed. And that's only the diagnosed cases. Experts have estimated that between 3 and 4 million cases of BSE actually occurred. That's compared to twelve cases of BSE in North America, ten which were determined to be of Canadian origin and two of U.S. origin.

Fortunately, the number of BSE cases in the U.K. has declined every year since 1992 because preventive measures have been implemented. The epidemic is drawing to a close with less than 250 BSE cases being diagnosed worldwide last year.

Unfortunately, British citizens were exposed to massive doses of the infective agent during the early years of the epidemic. In view of this massive exposure, approximately 200 human illnesses in the world have been attributed to the BSE agent. The number of variant Creutzfeldt-Jakob disease (vCJD) illnesses has declined for six consecutive years with five deaths due to vCJD reported last year.

Bottom line: Potential human exposure to the BSE infective agent in the U.S. and Canada is exceedingly small compared to the massive human exposure that occurred in the U.K. North America is not Europe. Neither the U.S. nor Canada will experience the animal disease epidemic or the number of human illnesses that occurred in the U.K. because preventive steps were taken to protect both human

and animal health. For more than 20 years, we have learned and adopted interventions based on the U.K.'s experience.

Even though the public health risk from BSE is exceedingly small, considerable debate has ensued regarding how best to protect the public. The first objective is to prevent the introduction and spread of the disease in the cattle population. If the disease does not enter and reside in the cattle population, then a significant level of human health protection is achieved.

To that end, firewalls have been constructed to protect the North American cattle herds. Import restrictions on countries that have BSE were first put in place in the U.S. and Canada following the BSE outbreak in the U.K. Both the U.S. and Canada implemented animal disease surveillance programs when the disease was not known to exist in either country. A precautionary ruminant-to-ruminant feed ban was implemented in both the U.S. and Canada in 1997 to prevent the spread and amplification of the disease in the North American cattle herds. These interlocking safeguards or firewalls have been significantly strengthened since the first cases of BSE were diagnosed in North America.

Most importantly, for consumer health protection, all slaughter facilities in the U.S. and Canada must now remove potentially infectious material, the so-called specified risk materials or SRMs, from the food supply. Experts from around the world agree that removing SRMs from the food supply is the most effective means to protect public health.

Only SRMs have been shown to be vectors of the infective agent, beef muscle has not. Effective SRM removal prevents human exposure to the infective agent. Without exposure there is no human illness. As an added precaution, animals most likely to harbor the disease are prevented from entering the food supply.

This brief testimonial background coupled with APHIS's risk assessment and a comprehensive evaluation of the issues provide ample evidence that cattle and beef products can be safely imported from Canada into the U.S. under the conditions described in the proposed rule. The proposed rule is based on scientific facts and internationally accepted principles that are supported by the World Organization for Animal Health (OIE).

In closing, I would like to emphasize two points. First, the risk of BSE in North America is very low and the risk to human health from BSE is even lower. This fact has been confirmed by numerous risk assessments. Secondly, sound scientific principles and reliable data must underpin all of our preventive control measures. To do otherwise endangers the credibility of all our institutions.

The AMI appreciates the opportunity to submit our views on this important rulemaking. We will provide more detailed comments to USDA during the public comment period and to this subcommittee.