# EDITORIAL

## ELECTRONIC SUBMISSION AND TURNAROUND TIME

*Public Health Reports* has greatly increased the speed with which manuscripts go through the review process. We sometimes send decisions about publication to authors in as little as a month. More commonly, authors receive a response after review in eight weeks. Of course there are glaring exceptions and we are trying to do better.

Each reviewer is queried for willingness to review by e-mail, fax, or telephone before a manuscript and review package is dispatched by courier service. Our follow-up correspondence with authors and reviewers is increasingly conducted by e-mail.

Because *Public Health Reports* has upgraded its computers with a new set of Macintoshes, we are able to translate almost every manuscript into Word 6.0.1 for Macintosh, in which we work, and back into the original format before returning it. This means we are now able to receive submissions electronically and transmit them to most reviewers in the same way.

We would like to encourage authors to send their covering letters by e-mail, with the manuscript appended as an electronic attachment. This will help speed the manuscript to reviewers and the results back to the authors. With a little luck, our turnaround will shrink further.



# LETTERS TO THE EDITOR

## COMBATING MAD COW DISEASE IN THE UNITED STATES

The ominous and enigmatic shadows cast by mad cow disease and other mysterious spongiform encephalopathies, including its human Creutzfeldt-Jacob form, are the subject of Richard Rhodes's newest book, *Deadly Feasts*,[1] reviewed in *Public Health Reports* in the July/August issue.[2] Rhodes explores this problem with the same scrupulous scholarship and insight that characterize his Pulitzer Prize-winning book, *The Making of the Atomic Bomb*,[3] and its sequel, *Dark Sun*,[4] the story of the development of the hydrogen bomb.

It is clear that although the potential magnitude of the problem is difficult to evaluate because of scientific uncertainties and a range of possible scenarios, the threat is sufficiently serious and real to warrant taking vigorous preventive measures both in this and other countries. This may prove difficult given the strength and size of commercial agricultural interests.

In Britain, which has been struggling with an epidemic of bovine spongiform encephalopathy (BSE) since the 1980s, an estimated one million cattle have so far been infected and have entered the food chain,[5] but the government has been seen to be less than vigorous in pursuing preventive measures. More recently, the British government has been accused of suppressing information, of obfuscation, and of obstructing scientific inquiry to an extent sufficient to warrant severe criticism by a committee of inquiry of the European Parliament.[6]

Until the last 12 to 18 months, BSE was not seen as an American problem, either presently or potentially. That perception has changed. Although American-bred cattle have experienced no cases, American elk, mule deer, and mink are infected and it is now clear that the disease has considerable capacity to cross species barriers. Moreover, during 1996, 14 human cases occurred in Britain and one in France that appear to have been caused by the agent responsible for BSE. Whether these cases represent rare occurrences or are the first in an epidemic wave remains to be seen.[7]

In June, the U.S. Food and Drug Administration issued new regulations.[8] In simplified terms, the regulations now require that in processing animals to make feed supplements for ruminants such as cows that the rendering plants and feed mills exclude tissues from mammals that might be infected with transmissible spongiform encephalopathies (TSE). This would prohibit using the carcasses of cows, sheep, elk, deer, and mink. This is a prudent step which, if enforced, should go far toward preventing a national epidemic of BSE such as occurred in Britain.

However, the FDA makes no provision to assure that infected or possibly infected carcasses are excluded from the production of pet food products. This is a curious omission given the fact that numerous cases of spongi-

form encephalopathy have now been diagnosed in cats in Britain and one suspects that dogs and other pets might be likely next victims, given the propensity of the disease to cross species barriers.

Clearly, more definitive preventive measures are needed, but these must await a better understanding of the epidemiology of these diseases, better diagnostic methods, and a more comprehensive understanding of the nature of the causal agent and how to inactivate it. A strong research agenda should be high priority.

D. A. HENDERSON
University Distinguished Service Professor
International Health and Epidemiology
Johns Hopkins University

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## CIGARETTE TAXES

Michael Grossman, PhD, and Frank Chaloupka, PhD, in the July/August issue of *Public Health Reports*, provide updated information on the single most valuable tool available to address youth tobacco use—the cigarette excise tax. This study comes at a time when the public health community is evaluating an agreement between the tobacco industry and state Attorneys General to settle lawsuits filed to recoup Medicaid expenditures for tobacco-related disease. These talks were initiated by Mississippi Attorney General Mike Moore, who outlined his efforts in the May/June 1996 issue of *Public Health Reports*. It is of critical concern to the American Lung Association that the cigarette excise tax was not included in Mr. Moore's original outline of issues and that it is not a part of the recent settlement agreement. The American Lung Association has opposed the settlement agreement, in part, because it far exceeds the authority of the state Attorneys General and sets many unsatisfactory precedents.

The American Lung Association believes the settlement is premature and wrong. Its public health protections are too weak to compensate for the benefits afforded to the tobacco industry. Given the tobacco companies' dismal record of lies, manipulation, and bad faith, we certainly cannot trust them to abide by this latest set of promises they have negotiated for themselves. The settlement would grant legitimacy to an industry whose behavior we find reprehensible. In vindicating this industry, accepting a deal now tells the public that all is forgiven and tobacco use is an appropriate and safe behavior.

The American Lung Association has carefully analyzed the settlement document. We believe the agreement falls considerably short of protecting the public's health. We are especially wary of provisions that would weaken the ability of the Food and Drug Administration to regulate tobacco products by requiring a lengthy, formal rulemaking process for any future action. Settlement provisions would also raise the judicial standard to "substantial evidence" for regulatory efforts to reduce nicotine in tobacco products and to "a preponderance of evidence" for eliminating nicotine in tobacco products. The settlement also provides the tobacco industry with several forms of immunity from future legal action.

Interestingly, the settlement does not discuss excise taxes on tobacco products. While it purports to provide "landmark" public health protections for our children, it fails to utilize this key tool. Grossman and Chaloupka found that a 10% increase in the price of tobacco products would reduce the number of teenagers who smoke by 7% and reduce consumption among smokers by 6%. The settlement agreement uses a series of financial penalties against the industry—all untested—to achieve its promised reductions in youth tobacco use.

I had the honor of representing the American Lung Association on the Advisory Committee on Tobacco and Public Health, co-chaired by former Surgeon General C. Everett Koop and former FDA Commissioner David Kessler. The Committee was organized at the request of a bipartisan group of Members of Congress. Its goal was to develop a comprehensive and rational public health policy toward tobacco to be used as a benchmark against which future public and private actions can be measured. The Committee's recommendations are being finalized as this is written. Among the recommendations unanimously adopted *is* a significant increase in excise taxes for tobacco products indexed to inflation. The American Lung Association will urge our nation's leaders to adopt the recommendations of the Koop/Kessler panel—including higher tobacco excise taxes—*instead of* the loophole-filled tobacco industry settlement. The American people cannot and should not live with a deal that so clearly serves the best interests of tobacco at the expense of the public's health.

JOHN R. GARRISON
Managing Director
American Lung Association