



Testimony before the Dallas County Commissioner's Court August 14, 2012

Richard W. Snyder II, MD
President, Dallas County Medical Society

"My name is Dr. Rick Snyder, President of the Dallas County Medical Society. The society represents over 70% of the physicians in Dallas County. Eight days ago, the Dallas County Medical Society, representing 6,400 physicians, sent a letter to the Health Department, that was shared with the Commissioner's court, Judge Jenkins, and the Mayor's office expressing our deep concern about the historic epidemic of West Nile disease in North Texas and recommended the immediate implementation of an aerial spraying plan.

The Society's recommendation originated from an informal infectious disease physician group representing most of the major hospital systems in the County. They reviewed epidemiological data shared from the Health Department, Guidelines from the CDC and EPA, and numerous scientific studies. They voted unanimously, 13-0, for a recommendation of immediate implementation of aerial spraying in a letter to the Health Department and our Society dated August 3rd.

The recommendation and data were reviewed by our Community Emergency Response Committee in an emergency telephone conference Sunday night, August 5th. This committee by its nature and design is made up of physician leaders from all the major hospital systems. They also voted unanimously for the immediate aerial spraying recommendation, 13-0.

Finally the recommendation of this Committee, the supporting Guidelines and data were reviewed the next day, a week ago Monday, the 6th by the full Board of Directors of the Medical Society. Once again the recommendation was approved unanimously. In total, 38 physicians of the Society at different levels of leadership and expertise voted unanimously for this recommendation. The recommendation from the Society for immediate implementation of aerial spraying was sent that same night.

Given the trajectory of new fatalities and cases that we have witnessed since then, still little more than half way through the peak illness season for West Nile disease, the physicians of the Society remain deeply concerned. We have exceeded the previous yearly record for West Nile fatalities(4) in the last ten days alone. Given this situation, we reaffirm our recommendation that protective measures including the immediate application of insecticide by air is clearly warranted at this time.

The weight of scientific evidence from a number of published human and environmental studies demonstrates that these applications are efficacious, saving lives and the human cost of prolonged and permanent neurological impairment from west Nile disease. The scientific data, especially the published and verbally shared experience of the Sacramento Yolo Mosquito Vector Control District (who have sprayed by air almost every year since 2005 before human cases emerge, and with no examples of human side effects) also indicate that aerial spraying can be accomplished with limited exposure risk and minimal adverse effects to human and animal populations."

About DCMS: The Dallas County Medical Society unites and empowers physicians to support the health of all residents in the metropolitan region. DCMS is a professional organization of approximately 6,400 local physicians, medical students and residents dedicated to serving Dallas area patients.

Contact:
Lauren Cowling, director of communications
Dallas County Medical Society
Lauren@dallas-cms.org
214.215.0060 (cell)



Testimony before the Dallas County Commissioner's Court August 14, 2012

Don R. Read, MD
Former President, Dallas County Medical Society
Board of Trustees, Texas Medical Association

"My name is Dr. Don Read. I am a colon and rectal surgeon. I am a Past-President of the Medical Staff at Medical City Dallas Hospital and a Past-President of the Dallas County Medical Society. I am currently a member of the Board of Trustees of the Texas Medical Association, but I am here speaking as an individual member of the Dallas County Medical Society. My expertise in West Nile Virus comes from the fact that I am a survivor of the disease and that I have run a West Nile Virus support group since 2006. For those who come down with the severe form of the disease, WNV is devastating.

When I came down with WNV in 2005, I was a perfectly healthy surgeon working 88.7 hours a week on average. Eight days after getting sick, I became paralyzed and was in ICU. My legs were mostly paralyzed and my arms were partially paralyzed, so that I couldn't even turn over in bed. I couldn't talk, I couldn't write, and for a while I couldn't hear. Fortunately, because of the prayers of hundreds of people and the excellent medical care that I received, I did not die. However, I spent 5 weeks in ICU, 2 months in inpatient rehab, and 2 months in all-day outpatient rehab, and then two years in weekly outpatient rehab. I had to learn how to walk, how to talk, and how to write again. I was out of work for 7 months. Because WNV ruins your endurance, when I went back to work, I could see patients for only 1 hour before I had to go home and go back to bed. It was a year before I could work a reasonable schedule.

Because of the polio-like paralysis from West Nile Virus, I still have to wear braces on both legs. Due to my leg weakness, I had to quit doing abdominal surgery. If it weren't for the support of my partners, I would have gone bankrupt and had to retire. After 7 years, I am still only able to work about 35 hours a week, less than half my pre-illness pace. My leg strength and my endurance will never be completely back to normal.

From working with many other WNV survivors through my support group, I can tell you that although some survivors do completely recover by the end of one year, many others have life-long disabilities.

WNV doesn't just affect the elderly. Within the past few years, we had two different 35 year olds on ventilators. One of those eventually survived, but the other one didn't.

WNV is like cancer - it's not a big deal unless it affects you or your family. But if it does, it can be a disaster from which you will never fully recover.

On behalf of West Nile survivors, I am deeply appreciative of the excellent work that Director Zac Thompson and his staff have done in trying to keep the mosquito population under control. Because of the large number of cases, it is apparent that the disease has escaped the ability of our current ground spraying program to contain the infected mosquitoes. Therefore, on behalf of those people whose disease may be prevented by aerial spraying, I thank you for giving serious consideration to aerial spraying."



About DCMS: The Dallas County Medical Society unites and empowers physicians to support the health of all residents in the metropolitan region. DCMS is a professional organization of approximately 6,400 local physicians, medical students and residents dedicated to serving Dallas area patients.

Contact:
Lauren Cowling, director of communications
Dallas County Medical Society
Lauren@dallas-cms.org
214.215.0060 (cell)



Testimony before the Dallas County Commissioner's Court

August 14, 2012

214.215.0060 (cell)

James Luby, MD

Dallas County Medical Society, Community Emergency Response Committee

Professor, Infectious Diseases, University of Texas Southwestern Medical School

“There are several arguments that can be advanced favoring the use of aerial spraying of insecticide in the present epidemic of WNV in Dallas:

1.) Dallas has used aerial spraying in the past to effect another arboviral epidemic. In 1966, Dallas had an epidemic of St. Louis encephalitis. WNV and St. Louis encephalitis virus are closely related viruses. In that epidemic, St. Louis encephalitis virus caused 168 cases including 16 deaths and the majority of cases had onsets during August. Aerial spraying was performed over the entire county between August 20-27. Prior to spraying, 1 in 150 mosquitoes were infected by the virus while after spraying less than 1 in 50,000 were infected. Human cases of the disease rapidly declined after spraying. Published articles on the epidemiology and the economic costs of the epidemic suggest little significant toxicity incurred by the spraying.

2.) The present WNV epidemic in Dallas is historic in terms of its magnitude. As of 8/14, there were 207 cases of WNV disease including 10 deaths occurring before mid-August. Dallas is the present epicenter of WNV disease in the U.S. in 2012. The present epidemic is comparable to the 1966 St. Louis encephalitis epidemic and is a once in 50 year event. Although epidemics of St. Louis encephalitis in 1976 and 1995 and WNV in 2003 and 2006 have occurred, their magnitude was much less than in 1966 and 2012 and aerial spraying was never considered necessary for their control.

3.) Other counties in the U.S. have used aerial spraying to control epidemic WNV disease. There are published reports outlining the 2005 experience in Sacramento County CA. in which aerial spraying reduced the occurrence of WNV disease after one incubation period from 18 cases in untreated areas to none in treated areas. There were few toxicity problems induced by the spraying. Sacramento County now uses aerial spraying routinely every year as soon as virus is detected in mosquito pools.

4.) We have sought consultation from the Texas State Health Department and the Centers for Disease Control. They both have recommended in our circumstance the use of aerial spraying as a means of control.

5.) Although there are reports of small insects other than mosquitoes being affected by aerial spraying and the filing of some lawsuits, the overall assessment of toxicity is that insecticides used in this manner is that they are generally safe. Using modern technology, it has been very difficult to demonstrate any amount of insecticide in the urines of exposed persons. Aerial spraying is used safely almost every year in selected regions of California (WNV) and Massachusetts (Eastern equine encephalitis).

The Dallas County Health Department has performed admirably since infected mosquitoes were found in the spring, but the epidemic has progressed despite conventional control measures. In view of the magnitude of the epidemic, its localization to specific areas in the county and the severity of the illness in some patients, I concur with the use of aerial spraying of insecticide delivered to parts of north Dallas and recommend that it be done as soon as practically possible.”

About DCMS: The Dallas County Medical Society unites and empowers physicians to support the health of all residents in the metropolitan region. DCMS is a professional organization of approximately 6,400 local physicians, medical students and residents dedicated to serving Dallas area patients.

Contact:

Lauren Cowling, director of communications

Dallas County Medical Society

Lauren@dallas-cms.org