

Jessica Snyder Sachs

Smart Talk about *Super Germs*

An expert on germs answers important questions about a growing concern among athletes

Science fiction writers love germs: from the alien viruses annihilating the planet's population in Michael Crichton's 1969 classic novel *The Andromeda Strain* to the persistent zombie-creating viruses characterized in such popular flicks as *28 Days* and the *Resident Evil* series. Fiction, yes, but it's been said that the science fiction of the past is the science fact of today. It turns out that some of the

most troubling threats facing humans today are indeed coming from the world of germs.

Today's news headlines are full of true-life horror stories about germs, specifically the antibiotic-resistant "superbugs" such as MRSA that have expanded from the confines of prisons and hospitals to locker rooms and athletic fields. What's more, many of these strains of health-threaten-

ing germs are partly our fault, through improper use and overuse of antibiotics. The question, now, is *what can we do about it?*

One person who has conducted an extensive investigation into the realm of germs is accomplished science writer Jessica Snyder Sachs. The results of her findings, along with practical suggestions on how to deal with this "bug problem," can be found in her recent book,

Good Germs, Bad Germs: Health and Survival in a Bacterial World.

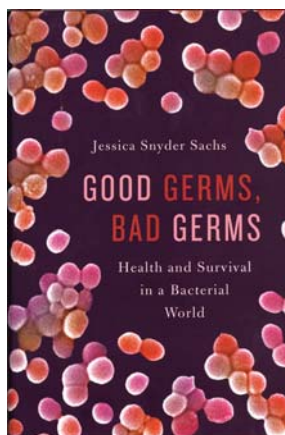
In this exclusive interview, Sachs discusses the fascinating world of germs: germs that are bad for us and germs that are (believe it or not) good for us. Even more, she discusses some of the ways that we can peacefully co-exist with these small wonders.

BFS: *Why did you write this book?*

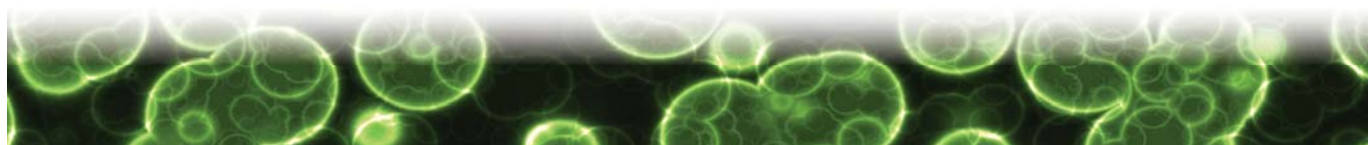
JS: I am fascinated by the idea of the human body as a "bacterial ecosystem" and by the reality that the vast majority of these bugs are good for us. We couldn't live a healthy life without them, and they are the main defense against the bugs that would cause problems.

BFS: *Who is the book written for – who is your target market?*

JS: A lay audience. I write for the "armchair scientists," those who



Good Germs, Bad Germs: Health and Survival in a Bacterial World is a must read for those interested in learning why we are facing such a serious problem with deadly bacteria.



are interested in this stuff and maybe enjoyed biology in high school, so I'm definitely trying to translate this science so that anyone can understand it. I wanted this to be an enjoyable read, not a textbook.

BFS: *With MRSA [methicillin-resistant Staphylococcus aureus] there are a lot of conflicting estimates about how bad this problem is. Some say that it's not as big a problem as the various media say, just that it's being reported more now.*

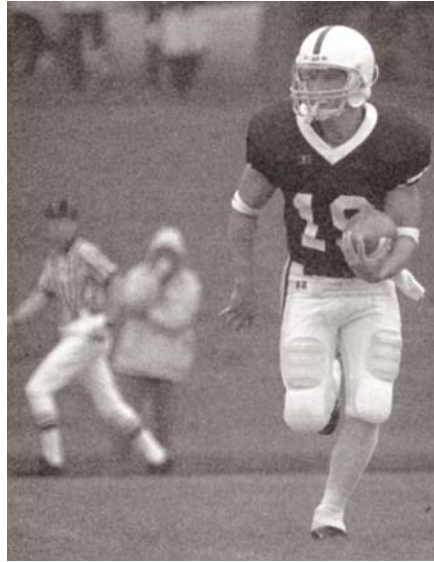
JS: I think there is a bit of truth in both viewpoints. It has been a serious problem for a number of years. On the one hand I agree it's completely inappropriate to exclude kids from school or to try to disinfect an entire school after one case is diagnosed. At the same time, should we be taking regular precautions such as wiping down weight training equipment or the benches in the locker rooms? Absolutely.

BFS: *What do you think about the value of antibacterial soaps?*

JS: I think antibacterial soaps are bad news, and I cite in my book that they don't prevent the spread of infections any better than ordinary soap and water; and in the laboratory it seems they may promote drug resistance. If there is no benefit to using antibacterial soap but there is some risk, why take the risk?

BFS: *How are doctors addressing the problem of drug-resistant bacterial infections?*

JS: Too many of our everyday doctors don't want to be bothered with running the tests to find out exactly



As discussed in Jessica Snyder Sachs' book, Ricky Lannetti was a college football player who died in 2003 due to infection by the "superbug" MRSA.

what is making their patient sick. They just do a "best guess" approach, and prescribe a big-gun antibiotic that can take care of whatever might be making you sick. Unfortunately, those big-gun antibiotics also tend to raze the body's protective bacteria.

BFS: *Are you saying that part of the problem is that some doctors get, for lack of a better word, lazy?*

JS: Yes – definitely. Many doctors still use antibiotics in a "what can it hurt?" manner. They are rushed – it takes time and followup to prescribe the narrowest targeted antibiotics. Because when they go to the antibacterial big guns, the ones that wipe out everything, that kind of antibiotic also knocks down your good bacteria. You're really vulnerable when you're on a big-gun antibiotic, and you're wide open for something really nasty to move in.

BFS: *What can you tell us about the current debate about a possible connection between childhood immunizations and autism?*

JS: I've looked into this subject pretty deeply, both for this book and in the graduate studies I took in immunology at Columbia University. There has been a lot of research on immunization, and the proposed link with autism has been thoroughly studied . . . and disproven. I think the issue is that we did a lot of immunizations around the ages when autism tends to kick in. That's why it really drives me nuts when I see politicians such as John McCain spouting off about vaccines causing autism; there is just no science there, and it's been looked at so intensely because it's so important that people have confidence in vaccines.

BFS: *What do we need to do in this country to deal with germs?*

JS: First, we need to recognize that it's not a case of "the only good germ is a dead germ." Bacteria that make us sick represent a tiny, tiny fraction of all the bacteria out there in our food and in our water, and most of those bacteria are very good for us. And our bodies are filled with bacteria. That tells us two things: One, we don't want to get germaphobic and start dosing our bodies and our homes with antibacterial products; and the other thing is we need to stop using antibiotics in a careless manner. They are lifesaving drugs; but just as you wouldn't do chemotherapy if you weren't sure you had cancer, we need use to use antibiotics carefully. **BFS**

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