Post-September 11Security?: Show Me the Plan

Norah A. Schwartz; Ph.D., M.P.A.
El Colegio de la Frontera Norte

My world, as that of everyone on this planet, changed dramatically on the morning of September 11. As I prepared to cross the border for a doctor's appointment, I was struck by the news of my hometown and the realization that not only could I not fly to New York to assist in the emergency, but I could not even drive across the busiest border crossing in the world to get to my home country! The United States-Mexico border was shut down—and I was on the Mexican side. As the border closed down, so did the local economy. Much of the economy here is based on tourism, and much of the tourism takes place in the local pharmacies. Antibiotics, which require prescription for sale in the United States, are sold over-the-counter in Mexico. Pharmaceutical sales in Tijuana dropped dramatically immediately following September 11. Californians were still in shock and had a need to stay home. But, then came the next big shock wave: Anthrax. As East Coasters were hysterically asking physicians and health departments to prophylactically prescribe ciprofloxin, Californians (with less risk of exposure to the spores), were crossing the Mexican border into Tijuana to purchase inexpensive, widely advertised, over-the-counter, 'Cipro'.

Early morning, September 16. I waited on line for the first plane out of San Diego to Newark Airport. For five days straight, I did not sleep. I walked around the 'City That Never Sleeps' with my camera and an open heart. I listened to stories—the same story over and over again—and I served hot dogs and hamburgers to volunteers from around the world. None of us slept; and when some of us now meet by chance, we

tell our stories as if they were new and never told before. My world, as that of everyone else on this planet, changed on the morning of September 11…

I returned to Tijuana a week later, with my story; with the story of how the world had changed in one day. I told my story to whomever would listen, and I showed photos of how my world had changed. For three full months, I could concentrate on nothing else. For three months, I sat in my office remembering September 11. As I sat in reverie and shock, the world continued changing. The anthrax scare broke out, and I read everything I could get my hands on about bioterrorism. There is something romantic about having one's city bombed and seeing the overwhelming response of people who only a day before had no idea that their neighbors existed; now they were cradling these same neighbors in their arms. However, there is absolutely NOTHING romantic about anthrax or bioterrorism. I, personally, felt overwhelmed, sick and scared by this threat. I had studied about anthrax in my microbiology class, but I never thought much about it. In reality, it doesn't require much thought; Anthrax hardly exists. For years, though, this Jewish New Yorker, the last of the great worriers, worried about and questioned an emergency on the Tijuana-San Ysidro border crossing; the largest border crossing in the world—the crossing that consists of over 250 million crossings per year. WHAT if there is an emergency??? I still do not have an answer to my question. Hopefully, by the time I finish writing this paper, I will have one.

Fast forward a few weeks to sometime in October or early November. Things have quieted down a bit in terms of the anthrax scares, but I am still sitting in my office, contemplating the meaning of my life, and especially of my work. I contemplate, contemplate, contemplate, but no answers come. Danny Pearl is kidnapped, and I am sure

the kidnappers would have preferred to have me; a Jewish woman. A close friend suggests that I get out of my office and go downtown with my camera. I take her suggestion, and my world begins to move forward again.

It's early November and Christmas shopping has not yet begun. I stroll through downtown Tijuana, looking like a typical tourist with camera in hand. Drug vendors hawk their goods, luring me into their shops, trying to tempt me with their drugs. "Ours are better. Ours are cheaper. One dollar for a photo." They try the hook: "We have what you are looking for." The drugs they are selling are not illicit, nor are the vendors the stereotypical drug dealers that one expects to see hanging out on the street corners of "El Centro". The drugs I describe are the common, everyday antibiotic--ampicillan, penicillin, tetracycline--and, the hottest new seller: ciprofloxin. They are being peddled by shiny faced young men and women in white medical uniforms. "Penicillin; Amoxicillin; Viagra", read the sidewalk placards. "Cheap. 20% off." Only, these men and women in medical uniforms are, more often than not, high school students.

According to both Mexican and American law, antibiotics require a physician authorized prescription for sale. Yet, they are blatantly sold over-the-counter to visitors from around the world, as well as to local consumers. How are the rules bent?: 1) So-called "pharmacists" (many of whom are trained on the job) do not "prescribe" medications, they only "recommend" them. It is then up to the consumer to decide whether or not to purchase the medication; and 2) pharmacists are not required to keep or record the prescription, so there is no follow-up to ensure that the medications are being sold without prescription.

Tijuana: Land of A Thousand Pharmacies

Antibiotic resistance is on the rise worldwide and is growing at an alarming pace. The threat of antibiotic resistance is much greater than exposure to anthrax; yet, it receives less attention. In 1978, the definition of antibiotic resistance was not included in the New American Pocket Medical Dictionary. Today, every introductory medical microbiology textbook probably contains, or at least should contain, one section on antibiotic resistance. Says the Microbiology Coloring Book, "not all bacteria are susceptible to antibiotics…For an antibiotic to be employed, some idea of the pathogen causing the disease must be acquired. This is done by taking a swab of the infected skin or mucosal surface" (Alcamo and Elson 1996). This is clearly the exception to the rule in Tijuana (see Schwartz and Casillas 1998), where approximately 1000 local pharmacies are listed with the *Associacion de Farmacias y Botanicas.* While microbiologists are trying to discover ways of developing new antibiotics, social scientists need to be observing behavior that may be contributing to antibiotic resistance[1], on both the macro and micro sociological level.

Marketing to Mexicans

In my research on the treatment of childhood asthma, I learned that the issue of pharmaceutical regulation and the authorization of pharmacists to distribute antibiotics is a widely discussed theme among pharmacists and physicians alike:

> Pharmacist: Here, we talk much about this theme. The physicians complain a lot that there are people who come to the pharmacist for treatment. I do not

know if it is for psychological influence, but many times they receive better treatment from the pharmacy than even a medical specialist.

Later, this same pharmacist confides that they never actually "prescribe" medications; they simply "recommend" them:

> Pharmacist: We are never going to prescribe because it is said that we do not have the facility to do that. In so many rules that the '*Salubridad*' make for us, there is no regulation that tells us that we can not recommend. They (clients) believe that it is a physician who is giving them medicine. Many times they come and ask if there is a doctor. I do not specifically say that I am not a doctor; we don't say that I am not a doctor. We simply say 'can I help you with something?' and they are left with the idea that there is a doctor. The question is left up in the air because there is never an answer—simply an "I am at your service." And that is what counter personnel do—and we give the idea that there is a physician.

The only person benefiting from this type of activity is the person behind the counter. The lure of Mexican pharmacies to border residents in the United States as well as 'snowbirds' spending their winters in southern California, Arizona, New Mexico and Texas is growing. The pharmacies advertise in newspapers and on radio and television. Cruise ships from all over the world dock in Ensenada, one hour south of Tijuana. Here, a pharmacist, located on the famous tourist strip,

explains that 99 percent of his clients are foreigners—only one percent are local. They come from Europe, Japan, South America; even after September 11.

During my strolls of downtown Tijuana, Rosarito and Ensenada, I begin to develop what feels like an intimate relationship with the drug ciprofloxin, affectionately known as "Cipro". "Anthrax Medicine Sold Here. Stock Up Now." "We Sell Cipro…Be Prepared." "Cipro Anthrax Very Effective." "Cipro 20% Off." "Cipro 30% Off." "We Have the Best Prices in Tijuana" "Cipro $5.00 a Box. Generic" The signs seem to be endless, and the pharmacists are determined to make up for post-September 11 loss of revenue. But, at what price to the society?

Prior to Sept. 11, I was conducting research on the treatment of childhood asthma in Tijuana and the role that the pharmaceutical industry plays in this treatment. My concern then was that antibiotics were being used inappropriately by families to treat this chronic illness and that pharmacists had a major role in the treatment decision-making process. My hypothesis turned out to be correct. While asthma is related to, and may result in, bronchial infection, it is the 'infection' rather than the inflammation caused by the narrowing of the bronchial tubes that is often treated by recommendation of local pharmacists. I heard many times pharmacists denying that they are doctors, yet when I ask them how they know what treatment to recommend, they name the symptoms and then they recommend medication for the symptoms. Most of them learned from each other and from a book that is roughly the equivalent of the American *Physician's Desk Reference.* There is no required education or certification for becoming a "pharmacist". My obvious comradarie with the charming and persuasive drug vendors aside, my

concern with this method of treatment is that it could be one of the contributing factors leading to a worldwide increase in antibiotic resistance.

The ciprofloxin that was being sold over-the-counter in order to “prevent anthrax”, is of varying quality and price. When I asked to buy a $5.00 box of ten pills that was stacked in the front of a pharmacy with a large sign on it, the pharmacist gave me a ‘wink’ and told me to “wait here”; he would give me a better deal. He came back a few minutes later with a different brand that contained twelve pills for the same price. I asked another pharmacist how these pills should be used. “You can start to take them prophylactically or when you are already infected. One tablet every 12 hours for five days… But if you are already infected, you have to take one pill every 12 hours over 90 days, three months…If you are not infected, you can take two pills in 24 hours.”

There are a number of problems that need to be addressed here by health officials. Normally, medications, whether allopathic or natural, are being dispensed without instruction; some to families coming from as far away as San Francisco. There is a strong possibility that medications purchased in Mexican pharmacies, some partially used or expired, are being sold in ‘swap meets’ across the border (Personal communication, Andrea Karolys, RN.; California State University, Long Beach). With the anthrax scare, we now have a compounded problem. Said the pharmacist whose clientele is 99% foreign—that he sold over 1000 boxes of generic Cipro over the past few months---up from approximately 10 boxes a month before September. That consumers are actually willing to buy a generic form of ciprofloxin without a doctor’s prescription shows that the problem, and the responsibility, lies not only with the pharmaceutical industry,

but with international public health professionals, and with ourselves as consumers.

As I ponder the question of post-September border security, I continue to wonder why there is so little communication about how we—on both sides of the border—are preparing to deal with future threats and current problems. We NEED to sit down and talk about our worries and how we are going to address the problems of today, as well as those of tomorrow. It's called "having a plan".