



Photos by Mike Van Meter

Cold Storage

A piece of history was pulled from the Warm Springs Market this week – an ice machine and cutting implements that used to supply much of the need for blocks of frozen water as heavy as 300 pounds throughout north central Oregon. Robert Macy and Tom Grant (pictured) pulled the old equipment, which will make way for an expansion of the store's retail space.



Road construction continues on Wolf Point project

New route to Kah-Nee-Ta

Work is well under way on phase one of a road that eventually could become a main route to Kah-Nee-Ta.

Workers with Warm Springs Construction Enterprise have been making steady progress since this summer on the Wolf Point, or Webster Flat road project.

This is a realignment of route 13, starting along Highway 3 and working northeast toward Kah-Nee-Ta.

The current project involves straightening the road, paving and lining. Eventually, the Culpus Bridge will be improved, as will the road from the bridge to Kah-Nee-Ta.

At that point the new route from the Warm Springs area to



Photos by Dave McMechan

Crews and heavy equipment have been working this summer on the project, which will be completed next summer.

Kah-Nee-Ta would be completed.

For now the crews are working on phase 1, which makes up about 40 percent of the roadwork from Highway 3 to the Culpus Bridge, said Glenn Carpenter, construction supervisor.

Phase 2 should be finished next summer, said Carpenter. Total length of phases 1 and 2 is about 4

miles.

Tenino Road also saw some improvement this summer.

This work has been put on hold now that the cooler weather has set in.

In colder temperatures it is not possible to apply the necessary oil mixture onto the surface of the roadway, said Carpenter.



Questions about bioterrorism concerns addressed by experts

From OSU Extension Warm Springs

In an attempt to answer questions about bioterrorism that may arise this information was prepared by the Johns Hopkins Center for Civilian Biodefense Studies.

Bioterrorism Concerns after September 11

Since the terrorist attacks of September 11, public concern regarding a potential biological attack has heightened. The Johns Hopkins Center for Civilian Biodefense Studies received a steady stream of phone calls from the general public seeking more information about bioterrorism and ways to protect themselves. In response, the Center prepared the following "Frequently Asked Questions" (FAQ) fact sheet.

Should I buy a gas mask?

No. A mask would only protect you if you were wearing it at the exact moment a bioterrorist attack occurred. Unfortunately, a release of a biological agent is most likely to be done "covertly," that is, without anyone knowing it. That means you would not know ahead

of time to put on your mask. To wear a mask continuously or "just in case" a bioterrorist attack occurs, is impractical, if not impossible.

Should I have my own supply of antibiotics?

There are a number of different germs a bioterrorist might use to carry out an attack. Many antibiotics are effective for a variety of diseases, but there is no antibiotic that is effective against all diseases. Thus, no single pill can protect against all types of biological weapon attacks. Keeping a supply of antibiotics on hand poses other problems because the antibiotics have a limited "shelf life" before they lose their strength.

There is currently no justification for taking antibiotics. Also, it should be known that antibiotics can cause side effects. They should only be taken with medical supervision.

Is it safe for me to drink water from the tap?

It would be extremely difficult for a bioterrorist to contaminate our drinking water supplies to

cause widespread illness. There are two reasons. First of all, huge amounts of water are pumped daily from our reservoirs, most of which is used for industrial and other purposes; very little is actually consumed. Thus, anything deliberately put into the water supply would be greatly diluted. Secondly, water treatment facilities routinely filter the water supply and add chlorine in order to kill harmful germs.

What is smallpox?

Smallpox is a disease caused by the Variola virus. Historically, 1 out of 3 people who contracted the disease died. The disease can spread from person to person. Transmission usually occurs only after the patient develops a fever and rash. Although there is no treatment for the disease, a vaccine against smallpox provides excellent protection and serves to stop the spread of the disease. While many vaccines must be given weeks or months before a person is exposed to infection, smallpox vaccine is different. It protects a person even when given 2 to 3 days after exposure to the

disease and may prevent a fatal outcome even when given as late as 4 to 5 days after exposure.

Smallpox was stamped out globally by 1980 and vaccination stopped everywhere in the world. However, the Centers for Disease Control and Prevention (CDC) maintain an emergency supply of smallpox vaccine. Currently there are 12-15 million doses in storage, and a program to produce more vaccine began a year ago. For more information on smallpox, go to <http://www.hopkins-biodefense.org/pages/agents/agents-smallpox.html>.

If smallpox is a potential threat to the U.S., why shouldn't we all get vaccinated?

The vaccine may cause serious side effects. In 1972, the U.S. decided to stop routinely vaccinating its citizens because many people were experiencing side effects, while they had almost no risk of getting smallpox. By 1972, the disease was present only in a few countries of Asia and Africa. Today, health authorities would only recommend vaccination if there

was clear evidence that the disease had resurfaced and those in the U.S. were at risk of acquiring infection.

Many people over age 30 have a vaccination scar. Vaccination consists of introducing the virus into the top layers of the skin. Over the following few days, a blister forms at the site of vaccination (usually the upper arm). The arm is sore, and there is fever. Very rarely, some people get a vaccine-related infection of the brain (about 1 case per 300,000 vaccinations); one fourth of these cases are fatal. Other potential negative effects of the vaccine are a severe skin reaction, spread of the vaccine virus (known as Vaccinia) to other parts of the body, and spread of the Vaccinia virus to other people.

If I was vaccinated against smallpox before 1980, am I still protected?

Probably not. Vaccination has been shown to wear off in most people after 10 years but may last longer if the person has been successfully vaccinated on multiple occasions. If health authorities de-

termine that you have been exposed to smallpox or are at risk of infection, they would recommend that you be re-vaccinated immediately.

What can I do to protect myself and my family?

Unfortunately, there is presently little that individuals can do in advance to protect themselves from a bioterrorist attack. However, there is much that government agencies, health care institutions and public health departments can and should be doing to improve the capacity to protect the public following a bioterrorist attack.

For more information, go to <http://www.hopkins-biodefense.org/pages/library/congress.html>.

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