In May 2009, Linda Rivera enjoyed a favorite treat—raw cookie dough. A week later, she lay in the hospital, her kidneys shut down from an E. coli O157:H7 infection. After Linda spent four months living in and out of the hospital, doctors removed her gallbladder and part of her colon. Linda’s liver has stopped working, and she can no longer speak. While her family remembers a vibrant mother whose life revolved around her children’s activities, they now fear that she may not recover. Unfortunately, similar scenarios have occurred repeatedly throughout the last decade.

Americans Demand a Safe Food System

The food safety system has reached a tipping point. An increasing number of Americans are concerned about outbreaks of life-threatening illnesses caused by contaminated food. Food-borne contaminants cause an average of 5,000 deaths, 325,000 hospitalizations, 76 million illnesses, and cost billions of dollars annually. The five most common food-borne pathogens cost the U.S. economy more than $44 billion each year in medical costs and lost productivity.¹
A recent Pew survey found that a majority of American voters are worried about bacterial contamination of their food and 90% support the federal government’s implementation of new food safety measures. In exchange for a safer food supply, 72% of voters would be willing to pay between 3%-5% in increased grocery costs.

Recent outbreaks from FDA regulated products such as spinach, peanuts, and cookie dough have roused public anxiety regarding the safety of our food supply. A recent Pew survey showed that a majority of American voters are worried about bacterial contamination of their food, and 90% would support the federal government’s implementation of new food safety measures. In exchange for a safer food supply, 72% of voters would be willing to pay between 3% and 5% in increased grocery costs.2

**Food Safety Gaps Threaten the Public’s Health**

The involvement of multiple government agencies in food safety regulation results in overlapping authority, gaps in responsibilities, and timing issues that delay identification, remedial action, and resolution of the problem. Currently, more than a dozen federal, state, and local agencies regulate or oversee the food safety system in some capacity. These include the U.S. Food and Drug Administration (FDA), the U.S. Department of Agriculture, the U.S. Environmental Protection Agency, and the U.S. Consumer Product Safety Commission, as well as state and local departments of agriculture, environment, and health. This complex system requires ongoing coordination, communication, planning, and surveillance. It is not surprising that systemic gaps and breakdowns occur regularly, resulting in hundreds of food-borne illness outbreaks each year.

FDA-regulated food products account for two of every three outbreak events. Overall, FDA conducts facility inspections only once every 10 years. High-risk facilities undergo inspections more frequently, but they still do not reach the FDA inspection target of once per year. Although state and local agencies conduct nearly 80% of all facility inspections, they lack the necessary resources to conduct more frequent inspections. More often than not, food processors and industry self-monitor their practices to prevent contamination of food products and subsequent outbreaks. Only in 2007 was legislation passed requiring the reporting of any positive contamination results to FDA, and the regulations for such reporting were not implemented until September 2009.

Contaminated products often escape notice until consumers become ill. Identifying and tracing the source of these outbreaks can be very difficult. The multiple surveillance and laboratory networks involved in collecting and reporting data do not always communicate with each other in a timely manner, impeding the ability of public health professionals to identify trends and prevent or minimize food-borne illness outbreaks.

Determining the source of an identified outbreak is even more challenging than identifying an outbreak. The recent outbreak of *Salmonella* in jalapeño peppers illustrates the difficulty encountered in an investigation. Limited record keeping, especially in the case of raw fruits and vegetables, hampered traceback efforts. Not only did it result in costly delays in identifying the source of contamination, but those delays also increased the number of individuals who ultimately became ill.

FDA currently lacks the authority to *require* tracking, maintenance, and access to records on foods, including fresh fruits and vegetables. FDA does not have the authority to mandate a recall when a food is identified as contaminated or as a source of an outbreak. Instead, it must work with individual companies to encourage them to *voluntarily* recall their products.

Finally, limited funding at all levels restricts the ability of state and local health agencies to conduct robust prevention and surveillance activities. Without existing federal funding, many states would be unable to monitor and investigate food outbreaks at their current level. Providing an increase in sustainable funding will enable preventive inspections, proactive surveillance, and a coordinated response to minimize food-borne illness outbreaks—all of which are necessary to strengthen the food safety system.

**New Authority to Strengthen the Food Safety System**

In order to address the gaps identified in the current food safety system, the American Public Health Association (APHA) recommends the following legislative changes:
Improved coordination among local, state, and federal agencies to enhance surveillance, investigations, and response;
- Comprehensive implementation of food safety plans, including testing, record maintenance, and reporting of positive contamination results;
- Frequent risk-based inspections;
- FDA mandatory recall and traceback authority;
- Mandatory penalties for noncompliance;
- New grants and training for federal, state, and local surveillance and inspection activities;
- Enhanced public education on food safety; and
- Increased funding for FDA to fulfill its responsibilities.

Congress has introduced several bills to improve the food safety system in response to public frustration and outcry over recent failures. The Food Safety Enhancement Act of 2009 (H.R. 2749), passed by the House of Representatives in July 2009, and the FDA Food Safety Modernization Act (S. 510), referred to the Senate Committee on Health, Education, Labor and Pensions, include a number of APHA’s policy recommendations.

The proposed legislation in Congress provides a foundation for a vastly improved food safety system. Strengthening it further through the following modifications will ensure that the system protects Americans from food-borne illnesses.

**CAPACITY BUILDING**

To fully address the current gaps in the system, legislation will need to invest in building capacity at the federal, state, and local levels. In its present form S. 510 provides added funding for FDA to increase its staff and activities. Congress should expand this provision to include new resources, such as capacity-building grants, for state and local agencies, which currently conduct more than 80% of FDA regulatory actions and inspections.

**COLLABORATION**

APHA strongly supports the creation of a collaborative workgroup composed of stakeholders at all levels of government to improve and provide greater oversight of the surveillance and response activities outlined in S. 510. While the House bill authorizes information sharing among federal agencies and between federal and state agencies to address public health threats, S. 510 provides a broader mandate for increased coordination at all levels in preventing and responding to food-borne illness outbreaks.

**PUBLIC EDUCATION**

Improved public education is necessary to prevent food-borne illness. While the Senate bill calls for greater public access to surveillance data in its present form, the House bill provides stronger language for a robust public food safety education program.

**ENFORCEMENT**

The proposed legislation must provide both incentives and deterrents to ensure adherence to new guidance and rules. Mandatory penalties for noncompliance, which are included in H.R. 2749, should be incorporated into S. 510 and enacted in final legislation.

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<th>APHA PUBLIC HEALTH PRIORITIES IN PROPOSED LEGISLATION</th>
<th>HR 2749</th>
<th>S 510</th>
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Now is the Time to Act

Heightened awareness and concern about the food safety system has prompted the public to demand change, prompting Congress to introduce legislation to strengthen the system. Congress has a unique opportunity to enact legislation that will begin to address the dangerous shortcomings in our nation’s food safety system. The foundation for effective change has been laid in both the House and the Senate bills.

APHA’s Commitment to a Safe Food System

This year, APHA joined the Make Our Food Safe Coalition to support efforts to ensure the safety of America’s food system. As a coalition member, APHA is helping to make the case for a modern food safety system, one that will provide FDA with greater authority to inspect, investigate, and recall food products as needed. APHA is also calling for greater collaboration, communication, and leadership to ensure that the system operates efficiently and effectively. Finally, APHA is advocating for greater resources at the federal, state, and local levels to increase inspection and surveillance activities and conduct public education campaigns.

For More Information


Make Our Food Safe Coalition Information: Available at www.makeourfoodsafe.org/.

End Notes


Photos courtesy of the U.S. Food and Drug Administration