

## UNITED STATES DEPARTMENT OF AGRICULTURE

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## NATIONAL ADVISORY COMMITTEE ON

## MEAT AND POULTRY INSPECTION

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## SUBCOMMITTEE 2

ISSUE II: STRENGTHENING POLICY AND COLLABORATION IN  
PRE-HARVEST FOOD SAFETY

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September 30, 2010

9:17 a.m.

USDA Room 327-E Whitten Building  
Washington, D.C.CHAIR: DR. CATHERINE N. CUTTER  
Pennsylvania State University

## COMMITTEE MEMBERS:

MR. BRIAN R. COVINGTON  
MS. NANCY J. DONLEY  
DR. JEFF FARRAR  
DR. CRAIG HENRY  
MS. SARAH A. KLEIN  
MR. ROBERT G. REINHARD  
DR. CRAIG E. SHULTZ  
MR. STANLEY A. STROMBERG  
DR. J. BYRON WILLIAMS  
MR. LEONARD W. WINCHESTER**Free State Reporting, Inc.**  
1378 Cape St. Claire Road  
Annapolis, MD 21409  
(410) 974-0947

## FSIS:

DR. PAT BASU  
MS. ELIZABETH BOODY  
DR. DAN ENGELJOHN  
DR. DAVID GOLDMAN  
MR. JOHN LINVILLE

## ALSO PARTICIPATING:

MS. SAVONNE CAUGHEY  
MR. MIKE GILSDORF  
MS. BARBARA MASTERS  
MR. BRYAN MILLER  
MR. STEVE PRETANIK

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(9:17 a.m.)

1  
2  
3 DR. CUTTER: So the first question -- Cathy  
4 Cutter from Penn State -- is to -- "In order to  
5 fully explore how to address pre-harvest controls  
6 and evidence-based documentation that producers can  
7 provide to slaughter plants, what type of technical  
8 or public meeting would be helpful? What content  
9 and types of speakers should be included?"  
10 Discussion?

11 DR. HENRY: I think the meetings -- this is  
12 Craig Henry with Deloitte and Touche. I think that,  
13 looking at the various classes of livestock FSIS has  
14 to deal with and the inherent differences on the  
15 production principles and practices, meetings  
16 probably need to be separated either by livestock  
17 group or possibly some mini groups within those. So  
18 poultry's very different than dealing with beef and  
19 the same with pork, and then you've got the layer  
20 industry as well. So that's just the first  
21 recommendation anyway, that they consider those  
22 segregations.

1 DR. CUTTER: Okay. Comment?

2 MR. PRETANIK: I'm Steve Pretanik with the  
3 National Chicken Council. I would like to support  
4 what Craig's saying and particularly, when you get  
5 to poultry, separate out. You've got three separate  
6 industries, three models. What works in one doesn't  
7 necessarily work in another. So when you're  
8 separating species, remember, you've got three  
9 separate poultry groups as well.

10 DR. CUTTER: Okay

11 MS. BOODY: What was your name, sir?

12 MR. PRETANIK: Steve Pretanik.

13 MS. BOODY: Thank you.

14 DR. CUTTER: Stan?

15 MR. STROMBERG: Stan Stromberg, Oklahoma  
16 Department of Agriculture. I want to kind of add on  
17 to what Craig said there. I think what we need to  
18 do is we need to look at different market class'  
19 animals and have them targeted towards the specific  
20 market class. Like the gentleman just said, spent  
21 hens, dairy cows, beef cows, they all have their own  
22 problems and different hazards that need to be dealt

1 with, and you can't have a one-size-fits-all meeting  
2 that's going to cover all this.

3           So it has to be targeted toward the  
4 specific livestock class. And then I think it would  
5 also be helpful to -- as far as some of the  
6 speakers, to have some from the producers groups  
7 that have bought into this because, if they don't  
8 buy into it, I don't care what you tell the plants,  
9 the producer groups are not going to go along with  
10 it. So I think you need to include those in the  
11 meeting format too.

12           DR. CUTTER: Okay.

13           DR. WILLIAMS: Byron Williams, Mississippi  
14 State University. I want to echo Stanley, and  
15 that's some of the notes that I had made that  
16 producer representatives of the respective  
17 classification groups should definitely be included  
18 there to get 100 percent buy in.

19           DR. HENRY: This is Craig Henry again with  
20 Deloitte. I think -- and when you look at that  
21 breakout, you have, if you will, the farmers and  
22 growers responsible for each phase of the grow-out,

1 they have different issues within each class, and  
2 you certainly have the companies that are  
3 contracting for rearing or purchase of livestock and  
4 that can go between red meat or white meat.

5           And I think the representatives from the  
6 Vertical Trade Associations also lend some value,  
7 especially if some of the smaller producers are not  
8 able to attend. The Regional Trade Associations  
9 need to be considered. Certainly, slaughter and  
10 further processors need to be at the table. And  
11 then, back to what Steve Pretanik brought to bear, I  
12 think we need to be very cognizant, especially  
13 dealing with SE. We need to go and include primary  
14 breeders in the poultry arena. They're absolutely  
15 critical because they bring programs that will be  
16 impinging upon the national poultry improvement  
17 plan.

18           MS. BOODY: Okay. No, we're good. Okay.  
19 We just can't cover these up, so if they're in the  
20 way, I'll move them. Okay?

21           UNIDENTIFIED SPEAKER: Um-hum.

22           MS. BOODY: Okay. Thank you.

1 DR. CUTTER: Any other additions? Yes.

2 MR. COVINGTON: Brian Covington with  
3 Keystone Foods. I think all of these are very good  
4 points and to me, the issue has to be thought about  
5 in two different arenas. One is the practical  
6 applications of the flow of product through the  
7 system, which would include all these segments that  
8 Craig just introduced.

9 The other one, in terms of a technical  
10 meeting, is we've got to get the experts on the  
11 particular organisms of concern, whether that be  
12 microorganisms, chemical issues whatever it may be,  
13 that truly understand the science behind the ecology  
14 that's going on so that we can better understand  
15 even some of the transmission patterns of these  
16 organisms and then how to address it. I think, if  
17 we don't address that first, then it's going to be  
18 awful difficult to take the next step and figure out  
19 how -- what information the plants can receive or  
20 vice versa, the producers to the plants or plants  
21 back to the producers.

22 DR. HENRY: This is Craig Henry with

1 Deloitte. Brian, I think you've got a great point  
2 there. And maybe just to back up a little, you  
3 know, it wasn't too many years ago -- Steve, you  
4 remember when we had the *Salmonella* meeting down at  
5 Athens.

6 I think that it is important, when we're  
7 talking about pre-harvest controls and  
8 documentation, we've got to know what currently  
9 is -- has been used successfully. We also need to  
10 review programs such as vaccines and others that  
11 have, for years, not been approved to move forward  
12 with from the APHIS perspective.

13 So I think we need to review history and  
14 then, certainly, bringing forth new technology, that  
15 will be another part of that discussion so that we  
16 have everything in the sequence of events because we  
17 know there's a lot of new technology. For example,  
18 you know, we've got no forward movement with  
19 irradiation for -- as a processing aid for beef  
20 carcasses. I mean, we can talk about all of it, but  
21 there's no point in talking about it unless we have  
22 reasonable application because then, you have no

1 documentation for the use in the field.

2           So just throw that out on the table. Let's  
3 look where we've been, where we currently are, and  
4 where we might go, but it's got to be a reality  
5 check. There's no point in talking about processes  
6 that are not going to be approved.

7           MS. CAUGHEY: Savonne Caughey with Elanco  
8 Animal Health. Just to echo or to kind of build  
9 upon what Craig just said, some of the interventions  
10 or new technologies, the path for approval is not  
11 just within USDA. Some of it is with FDA, and I  
12 think you need your governmental partners from that  
13 agency as well.

14           DR. CUTTER: Identify yourself.

15           MS. DONLEY: Nancy Donley from STOP, Safe  
16 Tables Our Priority. I also think what would be  
17 helpful here is to, in some sort of a technical  
18 meeting, would be invite speakers from other  
19 countries, for instance, the EU, and get some input  
20 on what they have done with pre-harvest,  
21 particularly when it -- *Salmonella*, for instance,  
22 and just -- and Canada with their cattle. And --

1 but just get some input from some other nations as  
2 well.

3 DR. HENRY: This is Craig Henry with  
4 Deloitte. Nancy, you bring a very good point to  
5 bear, and maybe we need a little clarification from  
6 FSIS or to put a clarification in, Cathy.

7 DR. CUTTER: Okay.

8 DR. HENRY: And that is, make sure we have  
9 the right focus on the meeting from the standpoint  
10 of, are we talking about what other people are doing  
11 to educate and update or are we actually talking --  
12 I mean, when I read this, I saw they wanted to see  
13 what documentation exists within the farms, within  
14 pre-harvest operations that can be shared back and  
15 forth. So that's really what's going on now.

16 So the meeting really should be clarified  
17 because, if we're going to bring people in, which,  
18 no question, I think overseas technologies have  
19 merit. Are we educating the people, the farmers,  
20 the growers because they've only got so much time to  
21 spend there, as to what might be the case because  
22 that will be outside the scope of real documentation

1 transfer since it doesn't exist within the U.S. So  
2 I think it's a point of merit that needs to be  
3 considered.

4 MS. DONLEY: Yeah. I guess, when I read  
5 this, I looked at it as being an information sharing  
6 type of meeting and that it might be with just --  
7 that might be on a level that then goes down a level  
8 to the -- I mean, I was hoping for everyone,  
9 obviously, but that it might then, with the  
10 culling -- gathering of all this information, that  
11 would be something that can then go out to producers  
12 and -- I don't know.

13 DR. HENRY: Craig Henry again with  
14 Deloitte. I was just reading here. It says  
15 evidence-based documentation that producers can  
16 provide to slaughter plants. I saw this as bottom,  
17 up --

18 MS. DONLEY: Yeah.

19 DR. HENRY: -- not a top, down. But I  
20 think that the value of technical exchange certainly  
21 has merit, but just focusing on this, what's out  
22 there that can be exchanged upwards is what's being

1 asked for.

2 MS. DONLEY: Okay. But I still think there  
3 would be a role with -- from getting what other  
4 countries are doing as well. But yeah, I see the  
5 point.

6 DR. HENRY: Yeah. You've got -- you know.

7 MS. DONLEY: Yeah. Yeah.

8 DR. HENRY: You've got to decide who's  
9 going to come because --

10 MS. DONLEY: Yeah.

11 DR. HENRY: -- you don't want to tell them  
12 it's going to be one thing and you do another.

13 DR. CUTTER: Dan?

14 DR. ENGELJOHN: Dan Engeljohn with FSIS.  
15 Maybe just a clarification as well is, I wouldn't  
16 look at it as just a single meeting. I think we're  
17 looking at it, what progress should we be making,  
18 and maybe it's phases or maybe it's one type of  
19 meeting to begin with, and then follow-up meetings  
20 after that as well.

21 MS. BOODY: I'm sorry, sir. What was your  
22 name again?

1 DR. ENGELJOHN: Engeljohn.

2 MS. BOODY: Thank you.

3 DR. CUTTER: Stan?

4 MR. STROMBERG: Stan Stromberg from  
5 Oklahoma. I also think that you need to -- and be  
6 sure that APHIS and state veterinarians are included  
7 in this because they're the ones that really have  
8 the regulatory authority over this phase that we're  
9 talking about. It's going to affect what we do, but  
10 they're the ones that really are the ones that  
11 control that part of it.

12 DR. HENRY: Totally agree.

13 DR. CUTTER: Agree. Any other questions or  
14 comments on question number 1?

15 DR. SHULTZ: Craig Shultz. Just a  
16 question. How are you going to prioritize what  
17 organisms you're going to address in each species  
18 class? Because you've got a wide variety, varying  
19 degrees of significance in terms of human disease,  
20 you can't cover the waterfront with a single  
21 meeting. So someone's going to have to do some  
22 planning on how to identify or how to prioritize.

1 DR. HENRY: Good point, Craig.

2 DR. CUTTER: Pat?

3 DR. BASU: Pat Basu, FSIS. I want to  
4 mention the fact that -- I mentioned it a little bit  
5 yesterday. We have an initiative under -- formed by  
6 the Secretary under the leadership of Dr. Hagen, and  
7 with Dr. Engeljohn and Dr. Goldman also as members  
8 of the group and the one health initiative. And we  
9 are looking at -- across the USDA-wide and across  
10 agency -- department-wide with HHS and everybody  
11 else to work on pre-harvest issues.

12 DR. CUTTER: Well, it kind of reemphasizes  
13 the point that we need to include all the other --

14 DR. BASU: Right.

15 DR. CUTTER: -- agencies.

16 DR. BASU: Beyond our rules and our  
17 relations --

18 DR. CUTTER: Anything else on question  
19 number 1? Okay. So at this point then, we're going  
20 assimilate -- how do we -- we're going to -- help me  
21 here, I'm trying to think. All right. She's  
22 writing stuff down. We want to --

1 MS. BOODY: Sorry. These are just -- I've  
2 written stuff down, too, and it will be cleaned up  
3 later.

4 DR. CUTTER: Yes. Dr. Goldman?

5 DR. GOLDMAN: David Goldman, FSIS. Since  
6 someone mentioned the pre-harvest meeting on  
7 *Salmonella* that was held in Athens, we typically  
8 will invite our partners from CDC to make a  
9 presentation to help set the context. It gets to  
10 Craig's question or comment earlier. You know, they  
11 help us periodically and on an ongoing basis to kind  
12 of rank and re-rank the health priorities from a  
13 public health point of view. So we would -- I would  
14 envision that being part of the meeting as well.

15 DR. CUTTER: Good idea. I just -- I want  
16 to get clarification from the Committee here. Cathy  
17 Cutter. Do you want the transcriber to put  
18 everything together, or do we want to go ahead and  
19 jump on to number 2 and then --

20 MS. BOODY: You can jump on.

21 DR. CUTTER: Just go? Okay. All right.  
22 Question number 2, "Regarding pre-harvest controls

1 in support of reducing *Salmonella* Enteritidis in  
2 FSIS-regulated products, what does the Committee  
3 recommend FSIS take into consideration when  
4 developing associated policies?" For example, are  
5 there particular strengths in the FDA or --  
6 approaches to controlling SE that FSIS should  
7 consider? Are there additional, existing, or novel  
8 pre-harvest approaches that the agency should  
9 consider to promote the reduction of SE in FSIS  
10 regulated products? Finally, what recommendations  
11 does the Committee have to overcome barriers in the  
12 use of SE vaccines in broilers? What solutions can  
13 FSIS consider under the current constraints of  
14 currently licensed vaccines?

15 Discussion? Committee? Stan?

16 MR. STROMBERG: Stan Stromberg, Oklahoma.  
17 As far as the first bullet, I think FSIS should  
18 analyze both the FDA and EU approaches to  
19 controlling this and see if they would be something  
20 that would be effective to use here. I mean,  
21 there's no need to reinvent the wheel, so I think  
22 they would be foolish not to do that.

1 DR. CUTTER: Just got to say your name.

2 MS. DONLEY: Nancy Donley from STOP. It  
3 came up yesterday in one of the presentations that  
4 something to consider is -- and I don't know if that  
5 belongs exactly in this question -- is the thought  
6 of diverting any SE contaminated flocks into a  
7 ready-to-eat product to better control. And I  
8 thought that was something that certainly should be  
9 looked -- that FSIS should look at. There is  
10 evidence of SE contaminated flocks that be diverted.

11 MR. PRETANIK: Steve Pretanik, the National  
12 Chicken Council. You're going to be considering a  
13 lot of things, but you have to look at the practical  
14 aspect too.

15 MS. BOODY: Excuse me, sir.

16 MR. PRETANIK: If you have --

17 MS. BOODY: Could you keep your voice up?

18 DR. HENRY: Yeah.

19 MR. PRETANIK: Okay.

20 MS. BOODY: Thank you.

21 MR. PRETANIK: If you have a flock on a  
22 farm that's SE positive, where are you really going

1 to send that flock? Not every plant does cooked  
2 product. They're -- in fact, they're small in  
3 comparison to your other processing operations. And  
4 then, if you don't cook a product, what are you  
5 going to do with that flock? You're going to  
6 destroy it. You're probably not going to be able to  
7 sell it to another company because they're raising  
8 birds in their processes. So I mean, this is a  
9 consideration.

10 Now, if you're saying okay, you've got a  
11 flock that's SE positive, basically, you're saying  
12 it's an adulterant; if you don't cook it, you're  
13 going to have to destroy it. You're talking about a  
14 lot of money. A lot of farmers are going to lose  
15 out. So keep these things in mind. You know, there  
16 might be some other alternatives that will get us  
17 where we want to go other than something as drastic  
18 as that.

19 DR. HENRY: Yeah. This is Craig Henry with  
20 Deloitte. Just echo what Steve said. I think we  
21 got some snapshots yesterday as to what the SE  
22 challenge is to FSIS facilities, but I think we've

1 got to get a stronger alignment of the baseline data  
2 between FDA and FSIS. Because, kind of the way I  
3 read the documents, okay -- this is almost like we  
4 did with BSE, if you remember, when we were going to  
5 have to deal with all of the -- part of the  
6 intestines we were cutting out had to go to all the  
7 landfills. It's kind of the same situation.

8           FDA is going to say no, you know, you can't  
9 have it in my shop so I'm going to send it over to  
10 FSIS. FSIS has got to do something with it. Well,  
11 you just don't create a whole new industry to deal  
12 with all these birds. And we need to look at this  
13 by class because yesterday, I saw for the first  
14 time, SE in broilers. We're now dealing with two  
15 different issues, and I'm looking forward to my  
16 buddy, Craig Shultz here, to weigh in on the  
17 Pennsylvania program which, you know, I was gauged  
18 with years ago.

19           But we've got to look at this. This is  
20 just not one-stop one-shop for everybody. You've  
21 got different classes of poultry. You've got  
22 industries that really don't exist. You've got

1 minimal demand for spent hens. You don't have the  
2 capacity, and even if you do the meat, what are you  
3 going to do with all of the offal, the feather meal,  
4 et cetera, et cetera, or do we have the capacity to  
5 deal with that, especially if everything gets  
6 diverted basis testing results.

7           So I think we need to look at where  
8 Pennsylvania is and how efficacious they've been,  
9 but are we increasing the amount of product that's  
10 going to have to be managed should policies be made  
11 because this is a policy oriented question as I saw  
12 it.

13           MS. DONLEY: Is it all right if we respond?

14           DR. CUTTER: Yeah.

15           MS. DONLEY: Okay. Thanks. It's Nancy  
16 Donley. I appreciate that I -- and I knew this  
17 would be my -- my raising this issue would not be  
18 met wholeheartedly with -- and being embraced from,  
19 you know, every member here. But I'm just going to  
20 remind the subcommittee, you know, the charter here  
21 is FSIS' mission is its public health. And I  
22 understand that there may be -- I understand there's

1 economic concerns from the industry. I totally,  
2 totally, totally get it, but I'm speaking from the  
3 perspective of consumers and public health and  
4 safety.

5 And so that said, yeah, you can't unroll  
6 something, snap your fingers and have something  
7 happen tomorrow, but this is something that needs to  
8 be in the discussion and as part of the discussion.  
9 And all these issues are very, very valid issues,  
10 but I really believe it needs to be discussed part  
11 of the -- as part of a policy.

12 DR. HENRY: Go ahead, Craig.

13 DR. SHULTZ: Craig Shultz, Pennsylvania  
14 Department of Agriculture. A couple of  
15 considerations. One is, how well defined are the  
16 standards or the parameters under which an SE  
17 processing plant would operate? How clearly do we  
18 understand those sanitary measures that could be  
19 taken in that plant to make that product safe?

20 With that said, if we were to take an  
21 approach of depopulating SE flocks, and we've looked  
22 at that in Pennsylvania, the cost of

1 indemnification, if we were to take the European  
2 approach, in today's fiscal climate, it's completely  
3 out of the question for us to even think about in  
4 Pennsylvania. We can't indemnify other diseases.  
5 Now, if we're going to include foodborne illness  
6 into this, we're talking about a huge undertaking.  
7 So it would be a huge public undertaking for the  
8 states to engage in this. And I truly don't think  
9 that we're ready.

10 DR. HENRY: Yeah. I -- this is Craig  
11 Henry, Deloitte. Just to come back, Nancy, I fully  
12 agree with you. If there is a practical way to do  
13 the job, we should pursue it with all rigor, but I  
14 think it would be a mistake to send the message that  
15 policy can be made and not executed, which we've  
16 seen many times across many of the agencies. But  
17 that's where I come back. Where is the baseline  
18 data? What do we really know about these flocks?

19 SE happens to be a vertically transmitted  
20 organism. It's one of many. We've got to decide  
21 how much of this is under man's control versus how  
22 much of it's coming in environmentally. I mean, I

1 tested flocks in 1983 when FSIS was just starting to  
2 look at *Salmonella* hard in California from farm to  
3 farm, and the species will vary farm to farm. And  
4 right now, the instance is quite low. So we need to  
5 know, what exactly is the problem, what's the scope  
6 of that problem, and what can we do to change that,  
7 especially if it's a public health significance at  
8 this particular time.

9 DR. CUTTER: You have one, you were next,  
10 but I think --

11 MR. COVINGTON: That's fine. I just have a  
12 question.

13 MR. PRETANIK: Okay. Craig may have -- and  
14 I think --

15 DR. CUTTER: Please identify.

16 MR. PRETANIK: Steve Pretanik, National  
17 Chicken Council. Makes a good point and this is  
18 why, as many of you know, the industry put together  
19 and *Salmonella* Enteritidis -- program for breed of  
20 flocks, which the NPIP adopted and the reason  
21 industry took that step is to get right where Craig  
22 is talking about, to find out what are we facing as

1 an industry with respect to SE? How prevalent  
2 really is it, and where can we begin to take  
3 measures that will have an effect?

4 Now, we're talking and we're concerned  
5 about SE and -- but I think part of the picture  
6 that's been painted is not a whole picture. We saw  
7 a chart yesterday that showed the prevalence, the  
8 percent positive SE, of positive *Salmonella*, the SE  
9 positives going upwards. But over that same period  
10 of time, if you look at the actual number of SE that  
11 were found over that period, it's relatively flat,  
12 there's a little bit.

13 So when you divide a small number by a big  
14 number, you're going to get a small percent. You  
15 bring *Salmonella* down in total on all of the flocks  
16 like the industry has done, you then end up dividing  
17 a small number by a smaller number and you end up  
18 with a high percent. So I -- you know, the question  
19 is, are we really seeing an increase? Is it flat?  
20 And from a food safety standpoint, we want to  
21 address it either way, but it gives us a clue as to  
22 where to begin.

1 DR. CUTTER: Brian?

2 MR. COVINGTON: Brian Covington with  
3 Keystone. Just in terms of the context of the  
4 discussion, we're talking about verification testing  
5 of some sort for identification purposes. So my  
6 question is a more general one. Whose purview is  
7 this under? Is this an FDA? Is this APHIS? Is  
8 this FSIS? Where are the samples going to be taken,  
9 coming from, all of the practical aspects to even  
10 begin to formulate some type of plan to even  
11 approach some valid statistics and data relative to  
12 the impact on public health and product.

13 MS. KLEIN: This is --

14 DR. CUTTER: Okay.

15 MS. KLEIN: -- Sarah Klein from Center for  
16 Science in the Public Interest. I just want to back  
17 us up a little bit to a kind of a higher picture.  
18 You know, the -- I think verification testing is  
19 going to be a huge part of controlling SE, but it's  
20 only one part.

21 You know, one of the bullets here is asking  
22 about existing or novel pre-harvest approaches that

1 the Agency should consider. One of the things that  
2 I know we would like to see is FSIS undertake a  
3 study that really looks at the difference in  
4 handling of the birds throughout the lifecycle and  
5 the impact that that has on SE. We've seen data  
6 coming out of Europe that suggests, for example,  
7 that cage-free environments may be better in terms  
8 of reducing SE, but we've seen conflicting studies  
9 out of the U.S.

10           And it's one of the things that I feel like  
11 we need some more information about that. Because,  
12 if it turns out that there is a very clear  
13 connection between the environment in which the  
14 animals are raised, you know, whether it's -- you  
15 know, when we're talking about egg laying,  
16 obviously, we're talking about things like forced  
17 molting, and then those are things that the agencies  
18 should consider. And since this is the bullet point  
19 that says what should the Agency consider, I would  
20 like to say, let's consider undertaking a study that  
21 really examines the lifecycle of the bird and how  
22 the environment could impact.

1 DR. CUTTER: Yes?

2 MS. BOODY: Ask the people to turn off  
3 their cell phones. Sometimes I'm getting some  
4 interference. I apologize.

5 UNIDENTIFIED SPEAKER: Sure.

6 (Pause.)

7 DR. WILLIAMS: Byron Williams, Mississippi  
8 State. In overview of all of this, I think we've  
9 got to keep in mind too, of the effects that our  
10 discussions on -- I know we're talking specific  
11 poultry here, but as we know, *Salmonella* in general  
12 is across species. So there are other things there,  
13 and we don't want to serotype ourselves into one  
14 lane and one channel here for one particular species  
15 because I think it covers across the board. And so  
16 far as dispensation of it, need to keep in mind too,  
17 of what food preservation methods and methodologies  
18 that are proven to be very effective in controls in  
19 our food supply, of which, we rely on cooking to  
20 control that and all aspects.

21 DR. HENRY: This is Craig Henry, Deloitte.  
22 On question 2b, relative to novel approaches, I

1 think that, you know, without -- we only have so  
2 much time. I think that issue is really going to  
3 better delineated if the execution of question 1 is  
4 done right. You know, you need to bring the current  
5 players to the table by class and then look at the  
6 available technology.

7 Dr. Engeljohn clearly stated, we have  
8 multiple types of meetings, so I think they are  
9 going to have to be put in a chronological sequence,  
10 a logical sequence, but that will help deal with  
11 number 2b because we can sit here and postulate over  
12 2b all day long.

13 DR. CUTTER: Any other comments from around  
14 the room?

15 DR. SHULTZ: Craig Shultz from the  
16 Pennsylvania Department of Agriculture. I think we  
17 have to keep in mind that we have not succeeded in  
18 eradicating a foodborne pathogen that I know of to  
19 this date in all of our efforts. And we've  
20 certainly concentrated a great deal of science and  
21 technology in that end -- toward that end.

22 And with that said, we will continue to

1 deal with food products that have some level of  
2 pathogen presence and the importance of  
3 antimicrobial interventions and methods to minimize  
4 pathogens will continue to be important. I don't  
5 think we -- I think we never need to lose sight of  
6 the importance of the potential for the elimination  
7 of certain pathogens in food products. And in --  
8 and understanding the ecology of those pathogens and  
9 understanding how, at every step, they can be  
10 minimized and the positive effects of this  
11 multilayered approach in achieving that toward a  
12 goal of elimination of a pathogen.

13 But I also think that we need to recognize,  
14 as we experience -- I experienced many times in  
15 *E. coli* O157:H7 recalls, large amounts of product  
16 that was contaminated that could have been diverted  
17 to cooking that was destroyed, not necessarily in  
18 the best interest of public nutrition, human  
19 nutrition, not in the best interest of anyone  
20 involved. So I think that we have to recognize the  
21 reality of the current situation that we're in.

22 DR. HENRY: Craig Henry with Deloitte. I

1 want to chime in and piggyback on what Craig Shultz  
2 just said, and I think that it is very important.  
3 If we acknowledge the premise -- the real focus of  
4 this -- meeting this go-round is on the new PHIS  
5 system. It was very clear through all the  
6 documentation that FSIS -- and I compliment them on  
7 reaching out to CDC, along with FDA to look at what  
8 we would consider foodborne illness attribution  
9 going backwards, trying to align with FSIS.

10 That said, I think that there now becomes a  
11 necessity for FSIS to take that and let's reverse  
12 engineer this a little bit. And we might as well  
13 use SE as the issue in case. I would like to see  
14 the data. I would like to see the system challenged  
15 to determine what will be the expected impact on  
16 public health based on the result in CDC foodborne  
17 illness projections if you eliminate SE. You know,  
18 not calculated, estimated. I'm being -- you know,  
19 we're coming back.

20 You know, the all illness table which we  
21 all looked at them, 500,000, 600,000 illnesses, and  
22 I think that also holds merit for Tier 1, Tier 2, I

1 mean, if you think about it. Right now, the way I  
2 read it, and I could be wrong, Tier 1 seems to be  
3 less risky as far as the product putting out than  
4 Tier 2. Okay. Based on the numbers that I saw, we  
5 have about 12 percent Tier 2. So what happens if  
6 all the Tier 2's go got Tier 1? What is the data  
7 today? You don't need any more data. You already  
8 have all the data.

9           You know, I think it's important that we  
10 have a realization as to what is the projected  
11 outcome should you get 100 percent compliance with  
12 the projected program. And the same thing would  
13 apply for SE because, again, as Craig brought up and  
14 others, there's only so many resources, so where do  
15 you want to put your resources? We need to do it  
16 appropriately. We need to improve public health,  
17 but we don't need to do it on calculations.  
18 Somewhere, there has to be a real rubber meets the  
19 road, and FSIS is certainly trying to do their part  
20 to reduce the pathogen load on their products that  
21 are amenable to their inspection. However, we need  
22 to be cautious about chasing zero with no measurable

1 impact on foodborne illnesses.

2 DR. CUTTER: Cathy Cutter here. That said,  
3 could we address 2c with regard to SE vaccination  
4 and broilers?

5 DR. SHULTZ: Well, there are some  
6 challenges with vaccination. We have not been  
7 successful in Pennsylvania in making it a  
8 requirement in the program. Although, we have -- we  
9 do have a great deal of confidence in the value of  
10 the vaccine and the efficacy of the vaccine.

11 There are concerns about how it's  
12 administered, whether or not it is used correctly  
13 and that's -- that, of course, is very difficult to  
14 regulate. It's very difficult to control, but I --  
15 we believe, in Pennsylvania, that a mandatory  
16 vaccination program would be valuable. How to  
17 approach it and to make it effective and make sure  
18 that the vaccine is used correctly is a challenge.

19 DR. HENRY: They would qualify them by  
20 species, where that vaccine's going. Not everybody  
21 will understand.

22 DR. SHULTZ: Poultry. Yeah.

1 DR. HENRY: By class.

2 DR. SHULTZ: Lay hands. Yeah.

3 MR. COVINGTON: Dr. Shultz, can you --  
4 Brian Covington with Keystone. Can you give us a  
5 little background on how a vaccination program works  
6 in terms of the inoculation and actual  
7 administrating in the -- specificity involved in  
8 that?

9 DR. SHULTZ: Well, the problem, and I'm not  
10 an expert in this area. I wish Dr. Hanshaw (ph.)  
11 were here, but the problem is, individual bird  
12 handling in laying houses, the fact that they have  
13 to be individual -- the vaccine has to be  
14 individually administered, the problem also is  
15 proper dilution of the vaccine, whether or not the  
16 vaccine is administered at the appropriate dosage.  
17 And there are some differences of opinion about  
18 dilutions and how it's used, and that has been a  
19 problem in the application of vaccine use in laying  
20 flocks.

21 With that said, where it's been used, our  
22 staff is -- feels very positive about the effect of

1 it and controlling SE in eggs.

2 DR. HENRY: This is Craig Henry with  
3 Deloitte. I've been there and done that and so,  
4 I'll help out a little bit here. For many years, my  
5 expertise is poultry pathology, but specifically,  
6 there's two factors have to be brought up to bear.  
7 Steve helped me out over there, old buddy, Steve  
8 Pretanik.

9 But you've got to consider, with  
10 vaccination of laying flocks or of meat flocks and  
11 especially, the greatest efficacy comes from an  
12 inactivated adage of any killed vaccine. That  
13 vaccine requires a minimum of ten weeks of  
14 application. The real challenge that comes in in  
15 either species, whether you're using heavy or light  
16 breeds, is the administering of the vaccine.

17 Over years, we used to do a subcutaneous  
18 injection behind the neck. Now, we've known for  
19 years that that doesn't work. We actually use an  
20 intramuscular injection. When you do that, that  
21 creates a downgrade of meat, creates problems within  
22 the plant, so you, again, have an economic impact

1 as, what are you going to do with the product.

2           The other part that plays into this though,  
3 is the administration and the primer for those  
4 flocks. And, normally, the primer is done in order  
5 to get the immunity going. For a little more quick  
6 response, you use a modified live vaccine. And  
7 hence, that's one of the issues that comes to bear  
8 because the other thing we need to be aware of,  
9 which is no different than dealing with influenza  
10 within avian flocks, is once you administer or put  
11 that live vaccine into the environment, you now  
12 changed your environmental profile. Your baseline  
13 just changed.

14           So where you're trying to fix one thing,  
15 any monitoring you do of the flock, of the plant,  
16 any subsequent products down line, now you've got to  
17 start saying, okay, what am I chasing, am I chasing  
18 the inherent live virulent SE of public health  
19 concern or are we chasing the vaccine strain. And  
20 then there's -- you know, there are debates. It is  
21 a very good program. It can be done, but it has to  
22 be put into perspective relative to practical

1 application and the fallout.

2           Most of the work has always been done in  
3 the light breeds. Very little has been moved  
4 forward in the broilers because we haven't had that  
5 concern. Broilers are the end of the line. You  
6 don't worry about vertical transmission. So I just  
7 throw that out in response to Brian's question. I  
8 hope that was helpful.

9           DR. CUTTER: Questions on this issue?  
10 Nancy?

11           MS. DONLEY: Nancy Donley. Maybe -- I  
12 would be interested to hear from some our -- the  
13 industry people in the room. What -- you know, is  
14 there a barrier to overcome that the industry has to  
15 overcome to the use of vaccines? Is -- I guess,  
16 it's the -- this is a really bad pun. It's the  
17 chicken or the egg thing. Is the industry reluctant  
18 to use vaccines because the vaccines aren't good  
19 enough, and is the vaccine industry not pursuing  
20 better applications and better results because of  
21 the resistance that the poultry industry doesn't  
22 want to use them? Do you kind of understand?

1 MR. PRETANIK: Yeah. Yeah. This is Steve  
2 Pretanik. Let me try to address some of that.  
3 There are companies who do vaccinate for SE, along  
4 with other *Salmonella* serotypes, but it's done with  
5 the breed of flocks, the birds that are going to  
6 produce the hatching eggs for -- eggs when they --  
7 you know, raise the birds that are going to be  
8 raised for meat. And it was mentioned earlier, the  
9 birds that we're raising for meat are not old enough  
10 for a vaccine to be effective, so the focus is on  
11 the breeding flocks.

12 Now, they are -- they show promise, some  
13 effectiveness, but usually it takes about, close to  
14 two years before you see any benefit of a  
15 vaccination program, okay? But there is, I think, a  
16 place for vaccination in the breeder flock as a way  
17 to address this. Right now, it's the only practical  
18 place where we can do something and actually see  
19 some benefit. And then, you start getting -- since  
20 it's a breeder flock, you don't have to get into  
21 some of the other issues then, if you try to  
22 vaccinate a meat bird, assuming they were old enough

1 that you could do it, you know, with the meat  
2 downgrades and so forth.

3           Yeah. So there is a place for it, but it's  
4 not the sure-all thing. For that program to be  
5 effective, you would have to buy your breeder flock  
6 chicks from a primary breeder that had provided  
7 *Salmonella* -- eggs. They're going to be more  
8 expensive, okay, but you can do that. So you have  
9 to start with that anyway.

10           And this is one of the things we're  
11 proposing in the NPIP program that was adopted.  
12 Your -- breeder flocks, you start with, if the birds  
13 are purchased from the SE-free -- and then you're  
14 going to monitor them, but you have to start with  
15 that. We vaccinate those birds. You can reduce,  
16 maybe even eliminate -- I don't want to say  
17 eliminate, but reduce tremendously, any vertical  
18 transmission. Once those birds get into a grow-out  
19 house, they're exposed to the environment.

20           There are factors that -- at play there  
21 where they do pick up SE. Even though they may have  
22 some immunity passed on to them from the parent,

1 there's still this challenge. So you could still  
2 end up with some SE positive flocks. You know, it's  
3 not as many, but you know, you're not going to  
4 eliminate it. But it is -- you know, it's an  
5 approach that has some merit.

6 DR. CUTTER: One more question.

7 DR. FARRAR: Hi. Jeff Farrar, FDA. FDA  
8 did not make mandatory vaccination in our Ag rule,  
9 as you probably know. However, because of the  
10 extensive time required to implement the rule, we  
11 have agreed to go back and relook at the possibility  
12 of mandatory vaccination, whether it makes sense,  
13 whether there's new science, what's the cost benefit  
14 for the layer flocks.

15 In recent conversations with UEP coming in  
16 to meet with us after this SE outbreak, UEP was  
17 extremely supportive of the idea of advancing  
18 vaccination. Came up a little short of saying --  
19 asking FDA to make it mandatory, but strongly  
20 pushing FDA to look at ways to very much encourage  
21 vaccination in our current Ag rule, perhaps through  
22 guidance of some much faster means than trying to

1 amend the regulations, so for what it's worth.

2 MS. BOODY: Excuse me. What was your name  
3 again?

4 DR. FARRAR: Jeff Farrar --

5 MS. BOODY: Okay.

6 DR. FARRAR: -- F-a-r-r-a-r.

7 DR. CUTTER: Take one more question because  
8 we really need to move on because we have a lot to  
9 cover. Stan?

10 MR. STROMBERG: Stan Stromberg, Oklahoma  
11 Department of Agriculture. I have a question.  
12 Poultry production is not my strong point. I'm  
13 curious, if the breeding flock is SE free, what's  
14 the probability of SE appearing in the hatchlings?  
15 Can anybody tell me that?

16 DR. HENRY: Craig Henry of Deloitte.

17 MR. MILLER: This is -- I'm sorry.

18 DR. HENRY: Go ahead. No. Go ahead, jump  
19 in.

20 MR. MILLER: Bryan Miller with Wayne Farms.

21 DR. CUTTER: Come on up.

22 MR. MILLER: Okay. Bryan Miller with Wayne

1 Farms. And it's my experience with vaccinations, as  
2 Steve said, it's something that's done in the  
3 breeders, okay, and hoping to get some internal  
4 antibodies into the hatchlings, but -- or into the  
5 chicks. But our experience has been that, even  
6 though you have a good, well-thought-out vaccination  
7 program for your breeders, you're still not going to  
8 have the amount of immunity that you would like to  
9 have to keep those birds protected from SE that  
10 might come in from other factors. You'll still have  
11 some of the broilers that you could find SE in.

12 MR. STROMBERG: Okay.

13 MR. MILLER: So -- but again, I think  
14 vaccinating the breeders is a good approach. It --  
15 I have -- my experience is that you will see a  
16 reduction in *Salmonella* in an operation through  
17 vaccination.

18 MR. STROMBERG: Thank you.

19 MS. DONLEY: Madam Chairwoman, may I make a  
20 very -- this is totally off. Just to everyone in  
21 this enclosed room, airless room with me, and we're  
22 talking about pre-harvest and prevention. I look

1 and sound a heck of a lot worse than I am, and I am  
2 coughing into kleenexes. I've got my hand sanitizer  
3 here, and I promise, I will do everything to keep  
4 from contaminating anybody in this room.

5 DR. CUTTER: Okay. Let's move on to  
6 question number 3. "Regarding providing more  
7 detailed reports of Agency data to affected  
8 establishments, what does the Committee recommend  
9 FSIS take into consideration when evaluating  
10 additional detail to include?"

11 For example, are there any new reports that  
12 the Agency should provide to establishments to  
13 enhance overall food safety system decisions  
14 regarding hazards such as chemical residues, *E. coli*  
15 *O157:H7*, *SE*, *Campylobacter*, or multi-drug resistant  
16 pathogens?

17 Are there any particular additional pieces  
18 of data that FSIS could add to existing reports,  
19 such as *Salmonella* -- which would enhance an  
20 establishment's ability to make better food safety  
21 system decisions, including poor pre-harvest  
22 controls?

1           What additional steps can FSIS take to  
2 assist industry when collecting and providing  
3 additional producer/grower intermediary purchase  
4 information to establishments in regards to residues  
5 or pathogens?

6           What additional data would be useful to  
7 collect *E. coli*, and what is the most useful way to  
8 provide that information to establishments?

9           There's a lot here. Do we want to keep  
10 going just to get these out here or can we -- do we  
11 want to start addressing one by one? Go ahead.

12           MR. LINVILLE: This is John Linville.  
13 Just --

14           DR. CUTTER: We have them here. I just --

15           MR. LINVILLE: Yeah. No. I mean, the --  
16 all of the little bullets below are just supposed to  
17 be --

18           DR. CUTTER: Pointed discussion.

19           MR. LINVILLE: -- sort of --

20           DR. CUTTER: Pointed discussion.

21           MR. LINVILLE: -- prompts. Yeah.

22           DR. CUTTER: Okay.

1 MR. LINVILLE: Not necessarily that you --

2 DR. CUTTER: Okay.

3 MR. LINVILLE: -- have to.

4 DR. CUTTER: So let's just look at the --  
5 we've got issues within this question, so what does  
6 the Committee recommend for FSIS to take into  
7 consideration when evaluating additional details to  
8 include in this data? Brian first?

9 MR. COVINGTON: Brian Covington, Keystone.  
10 First, I think you have to understand how the Agency  
11 relays the data to us today. And I want to commend  
12 the Agency because, in the old days, for instance,  
13 poultry in the broiler *Salmonella* set, you would go  
14 all 51 and then you get, okay, you had 3 positives  
15 and here's what they were. Today, as soon as they  
16 get the result, it is passed on to us.

17 So from that standpoint, that's a much  
18 improvement to the industry because it allows us the  
19 ability to -- if there is something we can do at the  
20 plant level, then we're able to take action much  
21 quicker. So, you know, more of a comment than a  
22 question. I think we've gotten a much more rapid

1 line of communication going, which is always  
2 helpful.

3 DR. CUTTER: I think, Stan, you had a  
4 question --

5 MR. STROMBERG: Stan Stromberg, Oklahoma  
6 Department of Agriculture. I think that, in order  
7 to answer this, you need to have input from industry  
8 because if it's not something that's going to be  
9 valuable to them, just sending them a report with  
10 more information is just something else that they're  
11 going to just throw in the round file and isn't  
12 going to accomplish anything unless it's something  
13 that's useful to them. So we need to have input  
14 from industry about the kind of information that  
15 they want that's going to be useful to them.

16 DR. CUTTER: Craig.

17 DR. SHULTZ: Bullet 1 --

18 DR. CUTTER: Craig Shultz, PDA.

19 DR. SHULTZ: Craig Shultz, Pennsylvania  
20 Department of Agriculture. Chemical residues, I  
21 think it's very important that we do monitor  
22 screening activities for the various species and

1 the -- particularly the highest -- the higher risk  
2 species to know what the screening activity is  
3 across plants and be able to compare surveillance so  
4 that we know that we know we have a meaningful  
5 report in terms of the actual incidents of those --  
6 residues in those in those high risk species.

7 *E. coli* O157:H7, I think it's important  
8 that we broaden that to Shiga toxin-producing *E.*  
9 *coli* and start to look at some of the others that  
10 are also becoming more significant. We had a  
11 foodborne outbreak in Pennsylvania with a non-  
12 O157:H7 this year, so that's certainly important.

13 And I think it's important to determine  
14 the -- it is intuitive to think that the use of  
15 antibiotics in agriculture is associated with multi-  
16 drug resistance. I think it's important to  
17 determine the role of residues in that and whether  
18 or not residues -- the presence of residues are --  
19 have a direct effect on multi-drug resistant  
20 pathogens. And the fact that, because a residue is  
21 present, it may not actually be the cause of multi-  
22 drug resistant pathogens in human illness. They're

1 certainly an indicator.

2           They're a useful indicator, but I think we  
3 need more science to determine the course in which  
4 multi-drug resistant foodborne pathogens are  
5 generated and avoid the intuitive tendency for  
6 everyone to believe that we have a residue,  
7 therefore, we've got agriculture antibiotic abuse,  
8 therefore, we have produced a multi-drug resistant  
9 pathogen. I think it's too easy to say that. I  
10 think we need to understand the mechanics of that  
11 better.

12           DR. CUTTER: So I am sensing, on that last  
13 comment -- Cathy Cutter here, Penn State -- that  
14 this would be, probably, a charge of ARS to look at  
15 some of these issues with regard to this -- I mean,  
16 they're already doing a lot of this, to my  
17 understanding, antibiotic residues and the multi-  
18 resistant drug pathogens.

19           MR. LINVILLE: Okay. This is John Linville  
20 again. And remember my comment yesterday in the  
21 presentation. We're not really wanting you to  
22 determine whether that association exists or not.

1 That's something that will be determined over time.  
2 The fact of the matter is though, that we are --  
3 increasingly resistant strains in our positive  
4 results. We need to deal with that issue either  
5 way, whether there's a causal link between  
6 production and practices combined.

7 DR. CUTTER: Thanks for clarification. Any  
8 other comments with regard to the way data -- Byron?

9 DR. WILLIAMS: Byron Williams, Mississippi  
10 State. I'm not intricately in detail with how the  
11 reports necessarily come back, but one thing that  
12 I've had from constituents or clients is that the  
13 accuracy of producer lot identification on the  
14 samples that are taken, specifically FSIS generated  
15 samples. There's issues of the specificity of the  
16 producer and/or sub lots from a particular producer  
17 and the accuracy of, which, I think would be very  
18 beneficial from -- to both sides, to -- in  
19 identifying and tracing those issues through,  
20 whether it be chemical or bacteriological.

21 DR. CUTTER: Any other comments from  
22 committee, members in the audience on this issue,

1 number 3? Go ahead.

2 MS. DONLEY: Sorry.

3 DR. CUTTER: You can --

4 MS. KLEIN: Go ahead.

5 DR. CUTTER: Nancy?

6 MS. DONLEY: Sarah, go ahead.

7 MS. KLEIN: Okay. This is Sarah Klein from  
8 CSPI. I'm looking on to the next page at the end of  
9 number 3 in what information is useful in providing  
10 to the public. I know that, currently, FSIS is  
11 publishing category two and three sampling results  
12 and you know, at CSPI, we're always eager to get  
13 more information, both for ourselves and out to the  
14 public.

15 So I would like to offer that the idea of  
16 publishing those reports in a way that's most useful  
17 to the public would include where establishments are  
18 not using the same name as the name that a consumer  
19 might see in the market. Like, for example, if  
20 the -- if that establishment is selling to another  
21 producer who will ultimately package the product  
22 under a label, that those links would be useful for

1 consumers to see so that they can -- I mean, the  
2 point of publishing the data for consumers, I think,  
3 is in part, you know, to serve as an incentive that  
4 consumers can make a decision based on that data  
5 about whether they want to purchase it.

6           So providing as much information for  
7 consumers as possible about the trade names that  
8 they might actually see in the stores would be  
9 useful. And I know, terribly, unpopular, but that's  
10 why I'm here.

11           DR. CUTTER: Discussion on it?

12           DR. SHULTZ: I think the point might --

13           DR. CUTTER: Craig, identify.

14           DR. SHULTZ: Craig Shultz, Pennsylvania  
15 Department of Agriculture. I think that your use of  
16 the term might cause a problem is a great concern  
17 because, to make a direct link that a product  
18 produced in a -- perhaps, in a particular slaughter  
19 plant gets a particular label and can consistently  
20 be followed through the market is extremely  
21 difficult. So it would be very easy in that  
22 situation to unfairly target a label because, at

1 some point in the past, they did obtain product from  
2 that producer, but at a given time, they may or may  
3 not.

4 MS. KLEIN: Yeah.

5 DR. SHULTZ: So I think that would be  
6 extremely --

7 MS. KLEIN: That's a reasonable concern.

8 DR. SHULTZ: -- would be extremely complex.

9 DR. HENRY: This is Craig Henry with  
10 Deloitte. I think, along that line, you can also,  
11 quickly -- because I think about that in my mom.  
12 She's 93. I can about guarantee you, if you  
13 started -- if we started just throwing out data as  
14 sampled from retail, pretty soon, the consumer will  
15 not have anything to buy that doesn't have a taint  
16 to it. You're not going to find an all or none.  
17 And then it's going to be, well, which data should I  
18 look at; last week's data, last month's data, or  
19 should I wait for Monday's data. So again, we need  
20 to control that.

21 Along that line, I think this is a very  
22 broad question in 3 because we speak about reports.

1 Brian brought up a good point. Frankly, I mean, I  
2 don't have my plants anymore, but I don't really  
3 know where to go to to get reports that are in  
4 context. Brian brought to bear *Salmonella* results  
5 relative to sampling, you know, set testing. That's  
6 one thing. We've got a repertoire here of residues,  
7 O157, SE, *Campylobacter*, MDR, you name it.

8           Too broad a question, in my opinion. We're  
9 trying to get more detail reports, detailed relative  
10 to what? Testing is only good when it's in context,  
11 so I think the Agency, one, we should have a  
12 baseline of information that people can easily go  
13 and get relative to each of these as this is the way  
14 the Agency is interested in presenting them. And  
15 then we can get our hands around what they mean, but  
16 they have to be in context. It just can't be --  
17 data that is laid out. I think 3B, 3C are kind of  
18 redundant to 3A, above, as far as the bullets that  
19 are there. Relative to -- I'm just going to get it  
20 all out while I've got the floor.

21           Incentives, I'm not sure; incentives to do  
22 what? That question is not clear to me. And who to

1 provide that incentive to is of concern. So --  
2 yeah.

3 DR. CUTTER: Nancy, did you have a comment  
4 or did you --

5 MS. DONLEY: I think I'll hold off for now.  
6 Thank you.

7 DR. CUTTER: Brian?

8 MR. COVINGTON: Brian Covington with  
9 Keystone. I just want to clarify my answer in terms  
10 of -- particularly with the *Salmonella* sets. When  
11 we get the immediate result, that allows us to take  
12 a look at our process and our food safety system to  
13 maybe make some immediate corrective action, but  
14 that would not -- one particular result would not be  
15 sufficient for us to look at the total food safety  
16 system to make a system change. And so, we're  
17 really looking at two different types of data in  
18 reporting as within the context of the question.

19 And then, if I may, we get down to the  
20 incentives or disincentives, whatever you want to  
21 call it. Today, one of the incentives is, if you  
22 get results that are not where they should be, we

1 get an FSA. And part of the challenge for the  
2 Agency has always been -- and for the industry, for  
3 that matter, is what do you do when everything in  
4 your food safety system is operating the way you  
5 understand it to and it should?

6 And I think that's a challenge, when we get  
7 these FSAs is sometimes, we're just -- we're going  
8 over a good food safety system that may have had  
9 a -- from a design standpoint and from a development  
10 standpoint is very good and even from an execution  
11 standpoint, is very good. So I don't think, all the  
12 time, in food safety assessment, based off of some  
13 of these results, may be the best approach to  
14 incentivizing or however you want to call it in  
15 terms of verifying the food safety system.

16 DR. CUTTER: Any other -- Craig.

17 DR. SHULTZ: On --

18 DR. CUTTER: Craig Shultz, PDA.

19 DR. SHULTZ: Craig Shultz, PDA. On the  
20 fourth bullet, what incentives, with regard to the  
21 origin of animals and how they are acquired by  
22 slaughter establishments and how they move in the

1 markets, I think that it's certainly, livestock  
2 markets and the complex regulation of livestock  
3 markets, because of the involvement of GIPSA, FSIS,  
4 and APHIS in the movement of those animals and  
5 trying to simultaneously regulate food safety,  
6 animal health, and to some extent, even public  
7 health in that environment is extremely complex.

8           And as a result, I think there are some  
9 difficulties, there are some complexities. And  
10 having experienced this in the past, when you start  
11 to talk about the value of direct marketing and  
12 larger production units and the controls that you  
13 can have in that type of a marketing system, there's  
14 a great outcry from the small producers in the  
15 livestock marketing industry about their survival.

16           And so the regulatory challenge associated  
17 with the acquisition of animals and control of  
18 animals that come into slaughter plants that move  
19 through livestock markets is a huge one. And I  
20 think it's something that probably needs multi-  
21 agency cooperation to overcome the problems that  
22 we've experienced in the -- over the last several --

1 over the last decades.

2 DR. CUTTER: Any other comments from folks  
3 in the room on this issue?

4 UNIDENTIFIED SPEAKER: Go ahead.

5 DR. CUTTER: Go ahead.

6 DR. HENRY: This is Craig Henry with  
7 Deloitte. I just want to throw one in. I was kind  
8 of -- I got an education yesterday about repeat  
9 violators when it comes to chemical residues. I  
10 think this, again, comes back to a real area where  
11 we have technology after the fact, not able to be  
12 tied back if it's going to be -- or dairy cattle or  
13 whatever. There's an area of opportunity to try to  
14 accelerate that process. I mean, this is pretty  
15 simple. It's a cause and effect relationship. And  
16 U.S. -- AID program has definitely got to come to  
17 bear, but I think FSIS needs to really be able to  
18 enforce and enforce rapidly, and it shouldn't take  
19 months to make that happen.

20 You know, I had my poultry flocks, and my  
21 veterinarians never approved the flock to go to  
22 market if it had a residue. And we tested two weeks

1 before and we controlled everything that went into  
2 the flock. I mean, it was my job because, if I sent  
3 it into the plant had to shut that down and the  
4 birds had to come back to the farm, I had a problem.  
5 We tested in advance. I think that's a requirement  
6 and I heard yesterday, you know, at the stockyard  
7 sales, that people get really sensitive if their  
8 name's on the wrong list. I'm sorry about that, but  
9 if you're there, you're there, and I think FSIS has  
10 that opportunity to try to put some more resources  
11 towards it. Repeat violators are just -- that just  
12 catches me. Why are they in the marketplace? Why  
13 do we still have that for something that's  
14 quantitatively measured rapidly?

15 DR. CUTTER: Any other comments, questions  
16 on this issue, number 3? Floor's open.

17 All right. Let's move on to number 4.  
18 "Regarding pre-harvest controls in support of  
19 reducing O157:H7 in FSIS-regulated products, what  
20 does the Committee recommend FSIS take into  
21 consideration when developing associated policies?"  
22 Go ahead, Nancy.

1 MS. DONLEY: Nancy Donley. This one is  
2 kind of really near and dear to my heart. Right  
3 now, and correct me if I'm wrong, Dan, FSIS does not  
4 have, really, the authority -- legal authority to  
5 put into place, any -- to mandate any pre-harvest  
6 interventions or to -- or at feedlots, et cetera.  
7 And that's really, really problematic because that's  
8 the -- and that is something, too, that the FDA  
9 needs to be really, really concerned with as well  
10 because these pathogens originate in the animal and  
11 wind up in meat products, but that's also, they wind  
12 up on produce products.

13 And until -- I mean, that's this -- that's  
14 the elephant in the room. Until there is  
15 authority -- legal authority to start developing --  
16 to be able to implement policies that will affect  
17 the animals, the livestock, you know, the impact on  
18 public health that can be done is limited. We just  
19 can't -- we can't get there. So that's -- those are  
20 some of the barriers that we're talking about.

21 I think, for instance, and this kind of  
22 goes back to the, you know, information, back to

1 question 3, which is kind of why I tabled what I  
2 had, is providing detailed reports. There is so  
3 much that I would love for FSIS to have information.  
4 For instance, in the case of cattle, of what -- and  
5 track an animal of what's the microbial load on the  
6 hide at the ranch, goes into the feedlot, tests that  
7 at -- what's it there. Test it then at the  
8 slaughterhouse store. We don't have a good feel of  
9 what's really happening there, at which point a  
10 cross contamination's occurring.

11 So I think that -- I think FSIS needs to  
12 pursue getting legal authority to be able to have an  
13 impact on -- at these various points in the meat  
14 production chain.

15 DR. ENGELJOHN: I'll just follow up on  
16 that. This is Engeljohn with FSIS. It's true, we  
17 don't have authority on the farm, but what we're  
18 presenting here, taking the legislative changes off  
19 the table just for now, okay, there are many  
20 legislative things that, perhaps could help the  
21 Agency on a number of issues.

22 But the focus of this particular issue was

1 we do have the authority when the animals arrive at  
2 slaughter and the HACCP program and the regulations  
3 that we have require the establishments to address  
4 hazards before the product enters the facilities.  
5 And so that's the component that we're looking at.  
6 What is it that FSIS can -- what policies can be put  
7 in place that encourage the use of pre-harvest  
8 interventions and how can those be incentivized in  
9 some way such that there is an encouragement to use  
10 them, there is some benefits seen by doing so in  
11 terms of, once that product arrives at slaughter,  
12 then how it's managed thereafter.

13           And so part of the issue here is that, are  
14 there interventions that can be used and if they  
15 are, how can an establishment purchasing from  
16 someone who uses that intervention see some benefit  
17 through the system? Either through, just because  
18 they want to have a program in place that reduces  
19 the likelihood that O157 or other Shiga toxin forms  
20 of *E. coli* are coming into the facility.

21           So what we would like, although the  
22 legislative issue would deal with parts of that,

1 there are things we can do at the beginning at the  
2 slaughter facility and we're trying to find, how can  
3 we make better policy judgments, what information  
4 can we provide back.

5 We provide names of poor performers today.  
6 We don't have a way to provide names of those who  
7 are using best practices, perhaps, that are  
8 recognized by industry for which industry, perhaps,  
9 might put together those practices and could be  
10 adopted. So could flip that around too to find ways  
11 to provide the incentive for industry to do what  
12 they should do in the absence of we mandating it.

13 DR. CUTTER: Go ahead. Craig first and  
14 then --

15 DR. SHULTZ: Craig Shultz, Pennsylvania  
16 Department of Agriculture. Another concern is  
17 whether or not we've reached a point where we have  
18 defined that combination of best management  
19 practices that is effective. And if we were going  
20 to try and regulate that or make it a regulatory  
21 requirement, we would first have to define, you  
22 know, what particular combination of best management

1 practice would produce the desired result.

2           And then the other, going back to something  
3 I stated before, how do we regulate that through a  
4 very intricate livestock marketing establishment  
5 that exists across this country and how animals,  
6 especially from small producers, move to market.

7           DR. CUTTER: Yes.

8           MR. WINCHESTER: That was my key -- Leonard  
9 Winchester, Seattle and King County Health  
10 Department. More of the retail level, what we deal  
11 with with direct consumers and retail stores and the  
12 very big market we have approaching is with direct  
13 farm sales and/or farmer market type sales. And  
14 when this gets to the very last bullet here, with  
15 the very small producers, how do you do a pre-  
16 harvest with them?

17           Because we're actually at a point where we  
18 have -- you know, we have a BSD, a mobile slaughter  
19 unit out in our region where people actually -- the  
20 mobile unit is going to the farm, slaughtering the  
21 product, and then the people are then having it  
22 further produced and then bringing it to the market.

1           The issues that I have at the market level  
2 are that we hear this, because I raised it, it is  
3 safer and therefore O157:H7 free. We don't hear it  
4 directly that, but there is this correlation between  
5 consumer to -- from direct farmer that because it  
6 was -- they raised and that it's USDA inspected from  
7 a commercial facility, it's now somewhat better or  
8 perceived better.

9           And I think that's the issue that we're  
10 trying to deal with on the local level or at the  
11 retail level from that farmer market level too, that  
12 it's really not or potentially, not there. And I  
13 think that would be a question thinking through  
14 these strategies and/or what can we do to actually  
15 get that information to that farmer, you know, or to  
16 that small -- very small producer because I think  
17 that's an area that gets overlooked. We always talk  
18 about the large producers and the large  
19 manufacturers and what can happen, but there's just  
20 as much of a problem at that local level and there's  
21 this perceive that it's better. And I must --  
22 hopefully you all are aware of that, but that's the

1 perception out there.

2 DR. CUTTER: Sarah?

3 MS. KLEIN: This is Sarah Klein from CSPI.  
4 I just want to kind of echo that, that we hear from  
5 consumers that there is a perception that locally  
6 raised food, and it's very hip right now,  
7 particularly among, kind of, those who can really  
8 afford to be choosy, that they believe that there is  
9 a correlation between, you know, know your farmer,  
10 know your food has come to mean that your food is  
11 safer. And that because that animal was raised in a  
12 more bucolic environment, that it's safer.

13 And so I would second the call for some  
14 sort of hard look at providing consumers with the  
15 information they need to be sure that they're not  
16 correlating things together, apples and oranges,  
17 that they're not packages apples and oranges  
18 together. And that they really understand the  
19 opportunity for contamination exists even at the  
20 small level and the local level. And it's not to  
21 disparage farmers' markets, which we've been accused  
22 of doing before, but that's not to disparage

1 farmers' markets or the small producers. It's just  
2 to say that consumers need to be aware of the risks  
3 that are present throughout.

4 DR. CUTTER: Brian?

5 MR. COVINGTON: Brian Covington with  
6 Keystone. Back to the question, I guess one of the  
7 main barriers in terms of advancing pre-harvest,  
8 take out the economic model that's in place for  
9 cattle. I mean, because when we're talking about *E.*  
10 *coli* 0157, we're talking about cattle, namely. Is  
11 the regulatory constraints on new approval for  
12 products to be used? And I think that's something  
13 that we have to take a hard look at trying to  
14 address, even on some scale, to get it to a  
15 commercial use so that we can evaluate the efficacy  
16 of that product on a large scale.

17 And I know there is certain things that are  
18 being done today, but that maybe others in the room  
19 that deal with this can talk about the challenges,  
20 that there are products that have shown promise but  
21 we can't get it to market that, I think again, not  
22 going to eliminate, but it gives us another ding --

1 you know, another chip in the wood that just chips  
2 away at it and helps us.

3 DR. CUTTER: Stan?

4 MR. STROMBERG: Stan Stromberg, Oklahoma  
5 Department of Agriculture. I think we all need to  
6 be aware that these small and very small plants have  
7 very little leverage with their suppliers because  
8 most of them are buying from a local sale barn. And  
9 there's this culture out there with the producers  
10 that they get a cow that's going to off a little  
11 bit, they're going to give her a shot of penicillin  
12 and send her to the sale barn and it happens all the  
13 time.

14 Then this kind of thing is what -- where,  
15 then we come back and all the sudden, now we've got  
16 a residue problem because the local supplier bought  
17 an animal they thought was in good health through a  
18 sale barn and come to find out, now we have a  
19 residue problem.

20 And, you know, the big producers have much  
21 more control. They can tell their feedlots, I get  
22 one like that, I'm not buying from you anymore. The

1 low, small packer can't do that.

2 DR. CUTTER: Craig?

3 DR. SHULTZ: Craig Shultz, Pennsylvania  
4 Department of Agriculture. What many of the  
5 northeastern states have been working very hard at  
6 for the last 10 to 15 years is producer quality  
7 assurance initiatives and we've had -- we have some  
8 pretty sophisticated ones. New York has the NYSCHAP  
9 program, the New York State Cattle Health Assurance  
10 Program. Pennsylvania has a program. There are a  
11 number of these that promote the use of best  
12 management practices.

13 And in my 15 years in cattle slaughter, I  
14 worked really hard at trying to complete the circle  
15 where there would be an economic incentive that  
16 would promote the implementation of these quality  
17 assurance programs, producer quality assurance  
18 programs at the farm level. It's very difficult to  
19 do that. I'm pretty -- I'm basically convinced it's  
20 impossible to do that.

21 But with that said, I don't see any other  
22 approach for small producers, and we cannot

1 eliminate the reality that small producers will  
2 always be there, they will be important, they will  
3 be appreciated by many consumers as very important  
4 to them and the way that they purchase their food.

5           So with that said, I think we need to  
6 continue to promote the development of producer  
7 quality assurance programs and perhaps on a broader  
8 scale than just the state level.

9           DR. CUTTER: Nancy.

10           MS. DONLEY: Nancy Donley. You know, I  
11 really appreciate the concern that's being voiced  
12 about small producers and small establishments.  
13 However, I have to look at it from a bigger public  
14 health and safety perspective. I just have to. And  
15 I will tell you that it -- there is no consolation  
16 to any parent or loved one of someone who gets sick,  
17 whether it comes from the little local place or it's  
18 this big, mega corporation. It doesn't matter.

19           So we have got to be approaching this as  
20 far as what is best for the -- as far as public  
21 policies go, what is best, period, for the  
22 consumers. And then and only then can you then say

1 okay, we now have this other subset within of the  
2 small or very small and what can we do to kind of  
3 put in place help and provide the government and  
4 industry to provide help and guidance to these other  
5 small entities. But we just can't be driving our  
6 policies down to that very small level. We've got  
7 to take the bigger -- where are most of the people  
8 getting their food.

9 DR. HENRY: This is Craig Henry with  
10 Deloitte. I think it's a good point, Nancy, but I  
11 also think that's the gap. Do you have any idea  
12 what percentage of pork comes from small, local  
13 producers of the total? Yeah. Better than 70  
14 percent. So it's not Smithfield, it's not Cargill  
15 it's not Tyson's. It's a smaller producer. So we  
16 do have to, and I think that puts a demand on the  
17 geographical distribution, the demographics that go  
18 with the challenge of managing this.

19 Now, back to the key issue of dealing with  
20 O157, just quickly, Madam Chairwoman. I think that  
21 we need to -- we haven't talked about the  
22 vaccination program, the efficacy of that vaccine.

1 I think that needs to be brought to bear here, and I  
2 think, from a standpoint of policy, Jeff brought up  
3 where the egg rule may go with SE vaccination. I  
4 know a number of companies are evaluating O157.  
5 Nancy, you brought up earlier, which I think,  
6 indirectly, is correct.

7 I mean, cattle are an origin for this, but  
8 in actuality, Mother Nature. I mean, you know, man  
9 doesn't create O157, give it to the cattle for fun.  
10 It comes from Mother Nature. We know that truth  
11 from the spinach outbreak and others that we've had  
12 to deal with over time because Mother Nature and  
13 wildlife can bring that to bear. Cattle can  
14 exacerbate it because it's a concentrated  
15 agricultural process.

16 That being said, we need to use the tools,  
17 such as vaccination, that has applicability within  
18 the pre-harvest programs and show efficacy of it.  
19 It may have merit. It's no different than measles  
20 vaccination or, you know, small pox or anything  
21 else. If it has merit, then we should move forward  
22 that.

1           That said, Brian made note about other  
2 tools. Again, I will reiterate, where are we with  
3 the processing use of irradiation within the plants?  
4 Multiple years. We need more support. It's a well-  
5 founded, safe process. Why aren't we using that?  
6 And it's used in so many other parts of the  
7 industry.

8           So trying to get back to policy, let's  
9 identify the tools that work, let's put everything  
10 into perspective by demographics and geographics and  
11 go for the right result. So the policy needs to be  
12 centered around the facts, science-based.

13           MS. KLEIN: Can I --

14           DR. CUTTER: Sarah?

15           MS. KLEIN: Can I ask a question? Can I  
16 ask Dan to maybe explain? I'm not sure what --  
17 where are we in the regulatory process for  
18 irradiation in that? Like, what's --

19           MS. DONLEY: Carcasses

20           DR. ENGELJOHN: Well --

21           DR. HENRY: Processing it.

22           MS. KLEIN: Yeah.

1 DR. ENGELJOHN: -- just to talk -- this is  
2 Engeljohn with FSIS. To talk about irradiation  
3 specifically and for beef, irradiation is approved  
4 for application in beef, chilled beef, it can be  
5 used today, the issue being that product would have  
6 to be labeled.

7 MS. KLEIN: Right.

8 DR. ENGELJOHN: The petition, in a  
9 nutshell, was to allow the use of irradiation with  
10 some limits on the application, but not be labeled.

11 MS. KLEIN: Right.

12 DR. ENGELJOHN: And so that's where we are.

13 MS. KLEIN: So it can be used.

14 DR. ENGELJOHN: It can be used today.

15 MS. KLEIN: Yeah.

16 DR. HENRY: Post process, we're talking  
17 about. Now, just --

18 MS. KLEIN: So what you're --

19 MS. DONLEY: You could do it on a carcass.  
20 You just have to label.

21 DR. ENGELJOHN: -- for use on the carcass.

22 DR. HENRY: But just to --

1 MS. DONLEY: Yeah.

2 DR. HENRY: Just to bring back to bear,  
3 because what Dan says is the confrontation for FSIS,  
4 Jeff, would you weigh in on pepper, please?

5 DR. FARRAR: On the irradiation of pepper?

6 DR. HENRY: Correct. And the labeling  
7 requirement in process for institutional use.

8 DR. FARRAR: Hot topic.

9 DR. CUTTER: Can you come up a little  
10 farther?

11 DR. HENRY: Yeah. You've got to step up to  
12 the plate.

13 DR. FARRAR: Sorry.

14 DR. HENRY: Identify.

15 DR. FARRAR: Jeff Farrar, FDA.

16 MR. LINVILLE: Can I say something just  
17 before you --

18 DR. FARRAR: Sure.

19 MR. LINVILLE: Please remember this is a  
20 pre-harvest meeting.

21 DR. CUTTER: Yeah. Yeah.

22 MR. LINVILLE: I have to keep us on track

1 there.

2 DR. CUTTER: Yes. Agreed. Agreed.

3 DR. FARRAR: As far as irradiation of  
4 pepper goes, I'm not familiar with the rule or the  
5 reg, so I'm going to have to get back to you on that  
6 one. Sorry about that.

7 DR. ENGELJOHN: I mean, I know, just to  
8 take it off the table, the distinctions -- there are  
9 differences in -- I'm sorry. Engeljohn with FSIS.  
10 FSIS has had regulations on the book since '89 on  
11 irradiation and it requires any application of  
12 irradiation, whether it be for entrees direct to the  
13 consumer or an ingredient in the product. If it  
14 contains an irradiated meat component, it would have  
15 it labeled either as an irradiated ground beef or  
16 ground beef with irradiated ground beef in the  
17 ingredient statement if it's a mixture product.

18 It differs from the FDA regulation for  
19 secondary products in that, like FSIS, products  
20 irradiated in their entirety are labeled, but once  
21 you take that product and make it into a smaller  
22 component, like, take a spice which is irradiated in

1 a combo bin, it's labeled. If you take that spice  
2 out of that combo bin and put it in the small  
3 bottles for the consumer, it doesn't bear labeling.  
4 So the labeling regulations are set differently for  
5 that in that way.

6 DR. CUTTER: Leonard, I think we have -- we  
7 need to get back on track.

8 MR. WINCHESTER: Sorry. Yeah, I know.

9 I just was going to follow up with this  
10 irradiation. Leonard Winchester with King County  
11 Health. We had a number of chains a few years ago  
12 when irradiated beef came that there was just no  
13 consumer acceptance of the product. I mean, it  
14 literally sat there, sat there, sat there, and they  
15 stopped carrying it. And the same with the egg  
16 issue with pasteurized eggs in the shell.

17 We had a couple chains regularly carrying  
18 them. We would refer people to that particular to  
19 say, for this particular item, you should use  
20 pasteurized egg product or pasteurized in-the-shell  
21 eggs for SE reduction. There again, they're no  
22 longer being carried and people just can't find

1 them. So those people that are looking for that  
2 product, it's just not out there because the  
3 consumer side of it has not accepted that. So  
4 that's a barrier, and it's not on topic, but I just  
5 wanted to say that. Irradiation, coming up, that's  
6 an issue.

7 DR. CUTTER: Last comment from Brian, but  
8 we still need --

9 MR. WINCHESTER: Right.

10 DR. CUTTER: We should talk about  
11 probiotics. That is an -- we need to discuss that  
12 before we move on to the next. Brian?

13 MR. COVINGTON: Brian Covington, Keystone.  
14 That kind of propels me. Might I make a suggestion?  
15 To me, given that the Agency has put out some draft  
16 compliance guidelines for pre-harvest control, we've  
17 brought up the issue of vaccines, probiotics, those  
18 things. It might be best to suggest a technical  
19 meeting to get the experts together again to see  
20 what works, what's available, where our holdups are,  
21 you know, how can we move some of the products that  
22 have to be approved forward to see if they actually

1 have some efficacy and can help us in this process.

2 DR. CUTTER: Any other comments with regard  
3 to that, recommending a meeting of some sort with  
4 technical expertise and discuss some of these issues  
5 and where the technology stands and what we can do  
6 to move things forward? One last -- any other  
7 questions with regard to number 4 before we move to  
8 number 5.

9 MR. PRETANIK: On that last point -- Steve  
10 Pretanik, National Chicken Council. Would it be  
11 beneficial to invite CVM to that meeting since  
12 they're the ones that are going --

13 DR. CUTTER: Committee?

14 MR. PRETANIK: -- to have to approve a lot  
15 of those things?

16 DR. CUTTER: Sure. Yes. Yes.

17 DR. HENRY: Sure. Yeah.

18 MR. PRETANIK: Yeah.

19 DR. CUTTER: Duly noted.

20 All right. Number 5. "Regarding  
21 antimicrobial resistant strains of *Salmonella* such  
22 as MDR *Salmonella* Newport and DT104, what does the

1 Committee recommend FSIS take into consideration  
2 when developing associated policies?" Nancy?

3 MS. DONLEY: I would like to see that  
4 the -- that there would have to be some sort of  
5 documentation that the animal or flock are MDR  
6 pathogen free. If not, they can't slaughter.

7 DR. CUTTER: Stan?

8 MR. STROMBERG: Stan Stromberg, Oklahoma.  
9 I think what we have to do on this is, number one,  
10 we're going to have to look at these three outbreaks  
11 from 2009 to determine what class of cattle were the  
12 source of the problem and not just take a shotgun  
13 approach to it because I'm not familiar enough with  
14 the outbreaks to know what class of animals this  
15 product came from. If it's a dairy cow issue, then  
16 we need to look at dairy cows. If it's a fat cattle  
17 issue, we need to look at fat cattle.

18 And we need to break it or FSIS needs to  
19 break it down and determine what was the real source  
20 of this. And then you can effectively try to combat  
21 it, but I don't think you can take a -- paint with  
22 too broad of a brush on it.

1 DR. CUTTER: Any other -- we've got to have  
2 more discussion than this. Craig?

3 DR. SHULTZ: I think that we need to  
4 understand more about the generation of MDR  
5 foodborne pathogens and how they arise in production  
6 environments and what causes them to be selected  
7 for. I think, intuitively, we would like to believe  
8 that everything is associated with the agricultural  
9 use of antibiotics. I don't know that that's really  
10 the case. I think we've seen some data recently to  
11 suggest that if you're using benzalkonium chloride  
12 in a hospital and you don't use it at the  
13 appropriate concentration, you can actually produce  
14 a MRSA situation without the presence of antibiotic  
15 abuse.

16 So there are lots of variables and what  
17 effects do pathogen reduction interventions have on  
18 the selection for these MDR resistant organisms in  
19 the plant? So I think there are -- there's a lot  
20 of -- there are many unknowns here.

21 DR. HENRY: This is Craig Henry with  
22 Deloitte. I agree. Pathogenesis here is key and I

1 think it needs to be traced backwards. Another good  
2 example within the hospital is -- sits in the same  
3 boat. But looking at the data that was presented  
4 yesterday and the discussion we had here about, if  
5 you will, targeted use of therapeutic antibiotics, I  
6 don't think we have good hands around what the  
7 independent small producers are doing.

8           Again, I'll have to review the demographics  
9 and the geographics of where are these products  
10 coming from that entering the plant? Do we have a  
11 repeat offender, and do we have unlicensed use of  
12 prescription drugs, therapeutics, antibiotics that  
13 are being administered by the growers. We all know  
14 it happens out there. Veterinarians do not have  
15 control of these drugs. They are being sold through  
16 multiple distribution houses. I can't tell you  
17 exactly under what auspices, but that certainly  
18 falls to the state more so than the federal  
19 authorities.

20           So I think that we need to look at that  
21 part, as far as indiscriminant application of  
22 therapeutic antibiotics, especially those that are

1 prone to set it up based on the science, not just  
2 based on distribution.

3           The other part is certainly, the more  
4 appropriate use of culture and sensitivity for  
5 target organisms of concern from pathogens,  
6 pathogens to the animal which can lend themselves to  
7 be converted over through the indiscriminant use of  
8 antibiotics. Now, that also applies, not only to  
9 veterinary application, it also applies to human  
10 application. And I know every one of us in this  
11 room goes to the doctor, and we've got some kind of  
12 a problem with -- we're coughing and spitting and  
13 sputtering, and Nancy may be there by the end of  
14 day. And I --

15           MS. DONLEY:           No.           Mine's viral.  
16 Antibiotics won't help me.

17           DR. HENRY:   But typically, physicians will  
18 administer a broad-spectrum antibiotic. It's the  
19 best and hottest thing you can get. How many people  
20 here have had Cipro, the Z-paks? Right. And how  
21 many people got a call back from their doctor about  
22 the culture and sensitivity of their bacteria of

1 choice?

2           So I think what's good for the goose is  
3 good for the gander here. It's not just at the farm  
4 level. The situation exacerbated through the supply  
5 chain, all the way through to the physicians in the  
6 hospitals. So we need to look at the big picture.  
7 Connect the dots. It needs to be science-based.

8           DR. CUTTER: Nancy?

9           MS. DONLEY: This is Nancy. Just to your  
10 point, Craig, the -- what's driving this are the  
11 physicians in the hospitals and CDC where they've  
12 got the concern that they're being presented with  
13 these patients who they can't treat. So I think  
14 that the -- at that level, you know, they come to  
15 terms and they say hey. And it wasn't until they  
16 realized -- I mean, has there been over prescription  
17 of antibiotics by physicians, you bet, but I think  
18 that that culture is kind of changed where they  
19 realize this is a problem. And now, we -- yeah, we  
20 goofed, you know, decades ago. We've really goofed  
21 and now we're paying the price, but now we're seeing  
22 people presenting here with these other things.

1           So our challenge here in this room is how  
2 can we prevent people from contracting these  
3 illnesses that the physicians can no longer treat?  
4 And so that's why I'm saying is, is that hey,  
5 let's -- these animals, these should be tested and  
6 if they present with these characteristics, that  
7 they just not make it into the food supply.

8           DR. HENRY:    You're going to -- this is  
9 Craig Henry with Deloitte.    You're going to have a  
10 lot of livestock sitting around, that's for sure --

11           MS. DONLEY:   Well, then it's -- what it's  
12 going to do is it's going to put pressure back on  
13 the producers to stop using the stuff.    I mean,  
14 that's -- at the end of the day, that's what it's  
15 all about is holding them accountable to not be  
16 using these things in the first place.

17           DR. HENRY:    Craig Henry, Deloitte.    Just  
18 one last thing.    Stuff has to be defined.    I  
19 appreciate the concern, but you have to have a  
20 reality check with the science.    You just can't say  
21 stop doing this or you can't produce the animal.    We  
22 don't have the science.    We don't have the dots

1 connected here to show the cause and affect  
2 relationship.

3 MS. MASTERS: Barb Masters, Olsson, Frank,  
4 Weeda. With PHIS, it's my understanding there's  
5 going to be a lot more data to pull together and  
6 look at. And if the Agency's able to look at ante-  
7 mortem condemns, postmortem condemns, and the reason  
8 for those condemnations, the residue tests that are  
9 selected and there's *Salmonella* data. And start to  
10 compare and contrast and see if they can start  
11 looking for trends. And use those data points to  
12 see if they can start getting that information. And  
13 then, engage the producer community and the academic  
14 community.

15 In looking out in California, they have  
16 University California data -- California Davis has a  
17 pre-harvest group that's been looking at some of  
18 this and doing some studies out there. And I know  
19 Cornell has as well. And start engaging those  
20 communities, and once they get some of those data  
21 points, I think it may be useful to start seeing if  
22 they can get some of that clinical data once they

1 get theirs because they'll have almost a little bit  
2 more subclinical data once we're able to pull those  
3 data points together. And I would encourage them to  
4 do that.

5 DR. HENRY: Good suggestion, Barb.

6 DR. CUTTER: Question I have for the  
7 Committee, Cathy Cutter from Penn State. I mean,  
8 within USDA, are there -- I mean, can -- are there  
9 specific things that ARS can be addressing with  
10 regard to some of the interventions that are being  
11 done?

12 I mean, I -- when I worked for -- out in  
13 Clay Center, one of the things that we did do back  
14 before I left in the late '90s was, we looked at  
15 DT104 and just *Salmonella* type -- and then the  
16 DT104. Antidotal information set, we washed with  
17 some organic -- with organic acids that we could  
18 affect a production with -- of DT104 at the same  
19 level as we see with *Salmonella*. Granted, it was a  
20 very simple, basic study done well over 12 years ago  
21 now. I think there's opportunities here that we  
22 need revisit some of this.

1           Whatever we're doing for some of these  
2 other pathogens, you know, look to see if they're  
3 effective against the -- against the DT104s, some of  
4 these other multi-drug-resistants and see if we  
5 can -- at least for stopgap measure maybe. I don't  
6 know. I just throw that out there for discussion  
7 because the ARS is capable of doing this. Craig?

8           DR. SHULTZ:     Craig Shultz, Pennsylvania  
9 Department of Agriculture. Just one other concern I  
10 think that we have to keep in mind is that, with  
11 multi-drug resistant *Salmonella* outbreaks, most of  
12 them have been associated with the ground beef. And  
13 for those to occur, that ground beef had to be  
14 undercooked. So we are dealing with a product  
15 handling deficiency or a communication of product  
16 handling practices that have allowed this outbreak  
17 to occur.

18           So the fact that we want to keep that  
19 pathogen out of the food supply and minimize it in  
20 the food supply is certainly important, but also, we  
21 have to recognize we're not going to eliminate it in  
22 the near term, so therefore, safe handling practices

1 and their communication are extremely important.

2 MS. DONLEY: Nancy Donley from STOP.  
3 Sorry. I just can't let a comment go by. The  
4 problem is not how people are cooking their food.  
5 The problem is the food is coming to them  
6 contaminated. And I said that about the Ag's too,  
7 just so I'm not picking on just the meat and poultry  
8 people in the room.

9 MR. PRETANIK: Yeah. Steve Pretanik,  
10 National Chicken Counsel. Some of you may be aware,  
11 but FDA, CVM is also addressing the use of  
12 antibiotics in food animals, and they've published a  
13 draft judicious use policy that they're going to be  
14 advancing. And one of the major tenets of the  
15 program is having veterinary oversight over the use  
16 of antibiotics in food producing -- There would be  
17 no more over-the-counter and that, I think, will go  
18 a long way. There's pros and cons for some  
19 producers, but that's the direction they're heading,  
20 and I think that would address a lot of the concern.

21 DR. HENRY: This is Craig Henry with  
22 Deloitte. Just one last thing to throw in here. I

1 think that's a good point, Steve, and Stan, maybe  
2 you and Craig can weigh in. But it seems to me,  
3 when it comes back down to the antibiotic  
4 application in the field, the states have got more  
5 immediate impact than anybody, especially with OTC.  
6 So it should be a strong recommendation, I think,  
7 from the Committee that we have an alignment between  
8 state capabilities and federal expectations.

9           And, again, I will reiterate the necessity  
10 for demographics and geographics. You know, I don't  
11 think it's a big problem in the state of Hawaii, but  
12 we might be looking at Colorado, Kansas, and all the  
13 other western states when we're looking at beef. So  
14 we need to look at that situation and see how we  
15 bring the forces to bear because the -- we can make  
16 the policies at the federal level. It's not going  
17 to do us any good if you can't affect the mechanisms  
18 of action that are actually occurring at the state  
19 level.

20           MS. DONLEY: When -- excuse me. Nancy  
21 Donley. Wouldn't federal regulations override what  
22 the states are doing?

1 DR. HENRY: No.

2 MR. STROMBERG: The --

3 UNIDENTIFIED SPEAKER: No.

4 MR. STROMBERG: Stan Stromberg, Oklahoma.  
5 The -- as far as the livestock production area, it's  
6 a state veterinarian that controls the livestock  
7 production in a state. APHIS has no authority to  
8 condemn or do anything with animals. The state  
9 veterinarian has that authority.

10 MS. KLEIN: And that's because of what we  
11 were talking about before, that there is no  
12 legislative authority on the farm. Just clarifying.

13 DR. HENRY: Well, it's against the state  
14 and not the farm, but it goes back to state. It's  
15 just like, you know, National Uniform of Labeling,  
16 it comes back to preemption, food code. I mean, the  
17 food code is not mandated against all states now.  
18 States adopt them ad libitum.

19 MS. KLEIN: Right.

20 DR. HENRY: So it's the same situation  
21 here. You've got to look at the chain of events.  
22 Now, if we have a national outbreak of like BBND

1 (ph.) or avian influenza or hoof and mouth, APHIS  
2 comes in very quickly, but the states are already in  
3 concert and the programs are established. So you've  
4 got to get an alignment of the programs between  
5 federal program and expectation against state  
6 program and expectation --

7 MR. STROMBERG: Stan Stromberg, Oklahoma  
8 again. And actually, APHIS is supporting the state  
9 veterinarian when they're working in the state.

10 DR. HENRY: They absolutely do.

11 DR. SHULTZ: Craig Shultz from the  
12 Pennsylvania Department of Agriculture. I recently  
13 participated in an FDA national food safety food  
14 defense initiative, and we did a national work  
15 planning study where we looked at inspection work  
16 planning across -- integrated inspection work  
17 planning across the states integrated with the  
18 federal system. And it was fascinating to see the  
19 difference in levels of authority on farm authority,  
20 even processing plant authority within particular  
21 states. So it is not uniform. It's highly  
22 variable, and that would have an effect on any

1 attempt to move toward a uniform regulation across  
2 all states.

3 DR. GILSDORF: I would like to make a  
4 comment too. I worked -- this is Mike Gilsdorf with  
5 the National Association of Federal Veterinarians.  
6 I worked with APHIS for 33 years. APHIS has the  
7 authority for inner state movement, so that's where  
8 their authority comes in, to prevent something going  
9 from one state to another. But they also, as  
10 already mentioned, coordinate with all the animal  
11 health -- state animal health officials.

12 DR. HENRY: Craig Henry from Deloitte, and  
13 I think you bring a good point to bear. We should  
14 remember that the outbreaks are not germane to cross  
15 boundary -- I mean inner state transfer. That comes  
16 back again where, again, I will reiterate, the  
17 demographics and the geographics, there's a lot of  
18 local product never crosses the state line. You can  
19 have a bunch of sick people within a state and never  
20 have federal intervention.

21 MS. DONLEY: Sure.

22 DR. CUTTER: Any other comments before we

1 sit down and try to assimilate our recommendations?

2 MS. DONLEY: Thought that's what we were  
3 doing.

4 DR. CUTTER: Dr. Linville?

5 MR. LINVILLE: Here's just my offer. I  
6 think you've done really good getting through all of  
7 the questions in a really -- --

8 DR. CUTTER: I didn't think we were going  
9 to -- this quickly.

10 DR. HENRY: Slave driver like you.

11 DR. CUTTER: This quickly.

12 MR. LINVILLE: So at this point in time, if  
13 there really are any questions on the presentation  
14 yesterday, if you didn't really understand what the  
15 question was about, I'm more than happy to try to  
16 clarify any of that if you want to go back and  
17 revisit anything so that you really have the best  
18 opportunity.

19 DR. CUTTER: Well, and actually, it's the  
20 question that I asked yesterday about how small  
21 processers -- I mean, we know from some of the  
22 stereotyping and stuff that's being done with

1 *Salmonella*. The burden -- I mean, you get the -- do  
2 the performance testing. The question is, is cost  
3 associated with SPFD in the further testing?

4           Some plants can do it, but when you get  
5 down to the small processers, things like that,  
6 they're just not going to be able to do it. So how  
7 are we going to relieve the burden, if you will,  
8 financially? I mean, these guys are having to deal  
9 with validation issues, they're trying to deal with  
10 so many other issues and to put these additional  
11 costs on them is emphasized. Are there going to be  
12 funds available to do more of this, to answer some  
13 of these questions?

14           MR. LINVILLE: I mean, at this point in  
15 time, I think really, what we would like the  
16 Committee to really focus on is what do we need.  
17 And if we can -- sort of what was said before. If  
18 we can establish that, then we'll work towards  
19 finding the means to get that done.

20           DR. CUTTER: Okay.

21           MR. LINVILLE: But I mean, really, right  
22 now, we need to know, would it be beneficial to even

1 work towards that.

2 DR. CUTTER: That's kind of the question  
3 then I don't think we've answered yet this morning,  
4 so --

5 DR. ENGELJOHN: But -- this is Engeljohn as  
6 well. But just sort of shift that around a little  
7 bit, FSIS is identifying that we're making this  
8 information available because we're collecting it.

9 DR. CUTTER: Right.

10 DR. ENGELJOHN: The question is what best  
11 can we do with that information when we give it back  
12 to the establishment and then they, with their  
13 producers, and how can we find ways to make it  
14 effective.

15 DR. CUTTER: I mean --

16 DR. ENGELJOHN: That's the issue.

17 DR. CUTTER: -- working with processors --  
18 this is Cathy Cutter from Penn State -- they  
19 don't -- they just know *Salmonella*. They don't know  
20 anything else. And to give them information, I'm  
21 sorry, I think it's going to get lost because  
22 they're not micro -- they don't have -- they just

1 know *Listeria monocytogenes*, *Salmonella*. They know  
2 some of the basic stuff, but if you start getting  
3 into serotypes, I have a hard time trying to explain  
4 that when I do workshops with them about O157, what  
5 does O stand for, what does H. They don't have  
6 that, the comprehension. So I think it will be lost  
7 on the small --

8 MR. LINVILLE: Okay, Cathy.

9 DR. CUTTER: -- processers.

10 MR. LINVILLE: And to follow up, I mean, I  
11 thought you were talking about if the establishments  
12 collected the information --

13 DR. CUTTER: Well, but again --

14 MR. LINVILLE: -- we absolutely are going  
15 to be providing that back. That is the question.  
16 However, what Dan was saying and what you're saying,  
17 if we do provide PFG type information back,  
18 especially to the smaller establishments, what is  
19 the best way for us to provide it back so that it is  
20 useful for them. Okay. We can't just give them the  
21 trend line information.

22 DR. CUTTER: Agreed. Agreed.

1           MR. LINVILLE: We're also trying to kind of  
2 set that in context and put a story around it so  
3 they have a better understanding of what that means  
4 in context of their system. So how -- and that's  
5 why you were given that example letter. How could  
6 we make that letter better so that they really can  
7 understand it?

8           DR. CUTTER: Yeah. I did go through that  
9 in some more detail. Let me assimilate that a  
10 little bit more --

11          MR. LINVILLE: Sure.

12          DR. CUTTER: -- and get back to you with  
13 that, but --

14          MR. LINVILLE: Sure.

15          DR. CUTTER: -- point taken.

16          DR. CUTTER: Yes. David -- Dr. Goldman.

17          DR. GOLDMAN: David Goldman with FSIS. I'm  
18 going to provide an example that might help some of  
19 your thinking. We didn't get down to this level of  
20 detail, but one of the MDR *Salmonella* outbreaks that  
21 was referenced was centered in a plant that is a  
22 predominantly culled dairy operation. And when we

1 went to investigate, I can't remember the exact  
2 number, there were 14, 15, 16, perhaps 18 different  
3 purchases from that plant of its producers in the  
4 time period of concern to us.

5           And so what we quickly learned was there  
6 was no possible way for the Agency to know or for  
7 the establishment to know where the offending animal  
8 or animals came from. So that's really -- the  
9 question is, how do we develop a policy that helps  
10 us get that information, helps the establishment  
11 learn that information, if it's possible at all?

12           So this is just, maybe to punctuate the  
13 kind of issue that we are having to deal with in  
14 terms of developing a policy. Yes, HACCP says the  
15 producing establishment should know what animals are  
16 coming, but the reality is, in that situation, they  
17 buy one or two animals from a given sale barn on a  
18 given day --

19           DR. CUTTER: We have --

20           DR. GOLDMAN: So that's -- I just want to  
21 throw out that example to let you know how  
22 significant the issue is and --

1 DR. CUTTER: Well, in Pennsylvania, we're  
2 dealing with that right now.

3 DR. GOLDMAN: Craig will --

4 DR. CUTTER: Craig will --

5 DR. SHULTZ: On the heels of that, back in  
6 2002 and 2004, we had two MDRs, one Newport in 2001  
7 and one DT104 in 2004 from ground beef in the plant  
8 that I was assigned to. And that was a plant,  
9 because of its history with chemical residues and  
10 the way that we worked on chemical residues had an  
11 excellent capability to trace animals compared to  
12 most plants in the country.

13 In the case of this foodborne -- in these  
14 foodborne outbreaks, though, the best that they were  
15 able to do is to trace that to about 300 head, down  
16 to a group of about 300 animals. That was as far as  
17 they could go and they had relatively good  
18 traceability. Although, it was paper traceability,  
19 it was old-fashioned traceability. It was invoice  
20 traceability. It was not RFID. It was not high  
21 tech traceability, but it -- and I think that since  
22 we still have those types of systems in place, I

1 doubt if we've improved much since 2001 or 2003 --  
2 2004.

3 DR. CUTTER: Nancy?

4 MS. DONLEY: Yeah. I do remember that in  
5 one of the presentations yesterday, that cull dairy  
6 cattle were really kind of a primary source of this  
7 problem. I'm going to ask a question, I think, of  
8 FSIS. Are cull dairy cattle allowed in the school  
9 lunch program, ground beef, to be used?

10 UNIDENTIFIED SPEAKER: Yes.

11 MS. DONLEY: They're -- okay. That's not  
12 prohibited. Let -- and to an earlier point that I  
13 made is that, hey, this might be an opportunity of a  
14 place to start is, because they -- we know that they  
15 have a higher incidence of, you know, MDR situations  
16 where they -- we start there and testing those  
17 animals as a start. And if they have these, that  
18 they not be allowed -- have it, not be allowed for  
19 slaughter. That might be a starting point.

20 MR. LINVILLE: Nancy, let me clarify a  
21 couple things there. What I identified yesterday  
22 was that the cull dairy or that dairy cattle have 44

1 percent of all the residue violations. As far as  
2 the antimicrobial resistance is concerned, that was  
3 across all cattle, so that was not specific to cull  
4 dairy cattle.

5 And that also includes ground beef, of  
6 which, cull dairy cattle is a major contributor,  
7 absolutely. But you can't necessarily take that  
8 graph that I had yesterday and say that, for  
9 antibiotic resistance or antimicrobial resistance  
10 and say that applies just to cull dairy cattle. Who  
11 is trying to bring all of that around together to  
12 say these are some things that we need to absolutely  
13 think about which is to your point, absolutely, but  
14 just for clarification purposes.

15 MS. DONLEY: Thank you.

16 DR. HENRY: This is Craig Henry with  
17 Deloitte. I agree with Nancy from this standpoint.  
18 Again, I hate to be a broken record. You know,  
19 let's drill down and go for the low hanging fruit.  
20 Where are the demographics? To David's point, okay,  
21 you know, this is not going to be a surprise to have  
22 a particular supplier of that product popping up

1 more than one is positive and it will tie to certain  
2 geographics no matter how you go. But this does  
3 speak to one of the challenges we have the  
4 traceability issue.

5           You know, we've got Australia and Canada  
6 that blows our doors off right now, along with the  
7 European Union because of BSE with U.S., with the  
8 ability to track animals very, very well. I was  
9 just totally shocked at some of the proposals on  
10 Capitol Hill to eliminate farm gate tracking or  
11 traceability. You know, when you take out the  
12 retail side and you take out the farm side, you just  
13 eliminated 33.7 percent of the total traceability  
14 required for the supply chain. That doesn't make  
15 any sense. I mean, we're no different if we do  
16 that.

17           So relative to this, on pre-harvest, I  
18 think that the Committee should consider  
19 recommendations that a stronger posture be taken.  
20 Dr. Hagen's in office now. Things need to move  
21 forward. This is absolutely absurd that we have  
22 gone nowhere with U.S. animal identification in

1 almost five years, mainly because it hadn't been put  
2 on the table. This is certainly a good reason, one  
3 of the many reasons that that program be brought to  
4 bear however it's done.

5 MS. DONLEY: I totally agree.

6 MS. KLEIN: I agree. I think that should  
7 definitely be one of our recommendations in our  
8 committee report.

9 MR. LINVILLE: Anything else I can try and  
10 clarify?

11 DR. GILSDORF: Yeah. Can I ask a question?

12 DR. CUTTER: Go ahead.

13 DR. GILSDORF: This is Mike Gilsdorf with  
14 NAFV. And this is a question, but is FSIS able to  
15 make a recommendation to the slaughter plants that  
16 they require with the animals being slaughtered be  
17 traceable? I don't know.

18 DR. SHULTZ: 9 C.F.R. Section 310.2.

19 DR. HENRY: It's there.

20 DR. GILSDORF: Well, if it's not --

21 DR. ENGELJOHN: If we have --

22 DR. HENRY: Can't go there --

1 DR. ENGELJOHN: What the requirements  
2 are -- this is Engeljohn -- is that the producer  
3 information is transferred to the slaughter facility  
4 when the animals arrive at slaughter so we have --  
5 we know who the most immediate --

6 DR. HENRY: One step.

7 DR. ENGELJOHN: -- supplier was.

8 UNIDENTIFIED SPEAKER: One step. One --

9 DR. CUTTER: One step. Yeah.

10 DR. GILSDORF: Well, I -- yeah, that's the  
11 one step. I mean, but are -- you're requiring that  
12 they be identified to the producer that -- or the  
13 individual that brought them in; is that right?

14 DR. HENRY: One back.

15 DR. SHULTZ: One back.

16 DR. GILSDORF: One back because -- --

17 DR. HENRY: Yeah. Yeah.

18 DR. GILSDORF: That means they have to have  
19 some identification on them and a lot of them don't.  
20 So --

21 MR. LINVILLE: And, Mike, that is the  
22 reason that that residue supplier list of repeat

1 violator list takes so long to be verified --

2 DR. GILSDORF: Well, exactly.

3 MR. LINVILLE: -- if it comes to an FDA  
4 investigation.

5 DR. GILSDORF: Right. So maybe there is  
6 a --

7 MS. BOODY: One speaker at a time, please.

8 MR. LINVILLE: Sorry.

9 DR. GILSDORF: Okay. Mike Gilsdorf.  
10 That's my point. Maybe there's a mechanism there  
11 that could be utilized to make sure the traceability  
12 at that point is much better than it is now.

13 DR. CUTTER: Go ahead, Pat.

14 DR. BASU: Pat Basu, FSIS. One thing we  
15 haven't talked about the traceability GIPSA. We  
16 have a lot of avenues to -- with their laws, we  
17 should allow them to capture some of the data on  
18 animals pertaining to the stock sales that's not  
19 being captured right now. So that's something I  
20 would recommend you look into, where GIPSA can help  
21 to trace back stock sales.

22 DR. SHULTZ: As a member of the Animal

1 Disease Traceability Working Group, which is the --  
2 which follows the demise of the National Animal  
3 Identification System that USDA is no longer engaged  
4 in, I can say that it's -- you know, we're at a  
5 point in animal traceability and animal  
6 identification where we're moving toward the use of  
7 more conventional forms of identification, more  
8 traditional types of identification and away from  
9 RFID.

10           Because it -- at the public meetings that  
11 were held that resulted in the termination of NAIS,  
12 it was clear that this -- the various stakeholders  
13 that presented at those meetings across the country  
14 were adamantly opposed to high tech animal  
15 traceability. And so now we're moving back to a  
16 very traditional type of approach to animal  
17 traceability. So we're talking about doing the same  
18 thing that I referred to in 2002 and having that  
19 type of capability. And how we get pass that is a  
20 huge challenge. It's a huge challenge for the USDA  
21 in general, all the agencies that are involved in  
22 food safety, public health, and animal health.

1 DR. WILLIAMS: Byron Williams, Mississippi  
2 State. Just to kind of summarize what we hear here  
3 from -- in all the questions, any pre-harvest and  
4 the reiteration, it has to be absolutely able to go  
5 back to the source of generation, so enough said.

6 DR. SHULTZ: Right.

7 DR. HENRY: Yeah. This is Craig Henry with  
8 Deloitte. We're talking about a pedigree type  
9 program and again, I -- we need to look at those who  
10 lead and I feel Craig's pain there, but  
11 unfortunately, there is a requirement where you've  
12 got to step up to the plate. If we had foot and  
13 mouth disease outbreak, if we had some other really  
14 bad boys, I'll tell you, it will be right back on  
15 the front burner in a heartbeat. So the technology  
16 exists. The willingness to apply remains to be  
17 seen.

18 And I would like to amend, at least for our  
19 question number 1 on people who need to be there, we  
20 need to make sure we've got brokers and dealers at  
21 the table when we talk about stakeholder meetings  
22 and we break it out by food group, livestock groups.

1 DR. WILLIAMS: All of those.

2 DR. HENRY: Yeah, because that's part of  
3 the team that loses it. They go from whatever was  
4 electronic all of a sudden becomes paper driven and  
5 we're back to the same problem again.

6 DR. CUTTER: We'll want to wrap this up  
7 soon, but go ahead.

8 DR. SHULTZ: Craig Shultz, Pennsylvania  
9 Department of Agriculture. And I think that is an  
10 important point that has to be made. Will it be a  
11 disastrous animal health or food safety event that  
12 drives animal traceability in this country or can we  
13 be proactive?

14 DR. CUTTER: On that note --

15 DR. HENRY: Lunch?

16 DR. CUTTER: -- should we take -- well, do  
17 we want to take a break and have the Committee look  
18 at what we've got here, and then we'll come back  
19 and -- just give about 15 minutes break and then  
20 we'll come back and see what our transcriber has put  
21 together and start going through that.

22 DR. HENRY: Beautiful.

1 MS. BOODY: Off the record.

2 (Whereupon, at 11:07 a.m., the subcommittee  
3 meeting was concluded.)

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This is to certify that the attached  
proceedings in the matter of:

NATIONAL ADVISORY COMMITTEE ON  
MEAT AND POULTRY INSPECTION  
SUBCOMMITTEE 2  
STRENGTHENING POLICY AND COLLABORATION IN  
PRE-HARVEST FOOD SAFETY

Washington, D.C.

September 30, 2010

were held as herein appears, and that this is the  
original transcription thereof for the files of the  
United States Department of Agriculture, Food Safety  
and Inspection Service.

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DEBORAH COURVILLE, Reporter  
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