

UNITED STATES DEPARTMENT OF AGRICULTURE

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NATIONAL ADVISORY COMMITTEE ON
MEAT AND POULTRY INSPECTION

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VALIDATION
BREAKOUT SESSION

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FRIDAY
SEPTEMBER 23, 2011

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The Advisory Committee met in the Georgetown Room in the Savoy Suites, 2505 Wisconsin Avenue, N.W., Washington, D.C., at 8:30 a.m., Cheryl Jones, Subcommittee Chair, presiding.

PRESENT:

CHERYL JONES, Morehouse School of Medicine
PATRICIA K. BUCK, Center for Foodborne
Illness Research and Prevention
FUR-CHI CHEN, Tennessee State University
CATHERINE N. CUTTER, Pennsylvania State
University
SHELTON E. MURINDA, California State
Polytechnic University
JOHN D. TILDEN, Michigan Department of
Agriculture
STEVEN E. WARSHAWER, Mesa Top Farm
J. BYRON WILLIAMS, Mississippi State
University

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ALSO PRESENT:
DAN ENGELJOHN
KEITH PAYNE
WILLIAM SHAW
JANICE SHECHTER
MERYL SILVERMAN
JAY WENTHER

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1 P-R-O-C-E-E-D-I-N-G-S

2 8:33 a.m.

3 DR. CUTTER: I don't think we're
4 going to be able to do that given the time
5 frame validation is going to be coming out.

6 DR. TILDEN: I think you have to
7 keep it simple so maybe build on --

8 DR. CUTTER: Some of the, you know,
9 the core group that we had and build on that.

10 DR. TILDEN: Exactly. And bring in
11 some of the key national associations so AMI,
12 you know.

13 DR. CUTTER: Right.

14 DR. TILDEN: And then leave it at
15 that and then others can add in as they want
16 to so it should be a process.

17 DR. CUTTER: I think we need to
18 clarify that.

19 DR. TILDEN: Okay.

20 DR. CUTTER: You know, but is it
21 going to be an FSIS-appointed committee or is
22 this going to be something NACMPI Is going to

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1 recommend. I mean, I think if with have
2 ideas, we need to include those now because
3 it's going to hold up. If we waited for FSIS
4 to make a decision, that may slow things
5 down, right? I wonder if maybe we should
6 consider some folks for this.

7 DR. TILDEN: Yes, okay. Things I
8 had is I think Carol mentioned that we should
9 explicitly say that the standards are the
10 same but the flexibility isn't how you
11 achieve the standards. That's the intent for
12 large and small.

13 MS. BUCK: That's a good idea.

14 DR. TILDEN: So that --

15 MS. BUCK: We don't have to get
16 into performance standards then. We can just
17 say --

18 DR. TILDEN: We just say we agree
19 that there should be equal standards for
20 large and small. Like, there should be
21 flexibility provided for how the firms
22 achieve those standards.

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1 MS. BUCK: Yes, so what I had done
2 -- and now you're going to capture that.
3 Well, she's working on it right now. -- I
4 think at some point -- are there validation
5 standards in the food code?

6 DR. TILDEN: No. The performance
7 standards that FSIS has is about the only
8 thing that's like that.

9 DR. CUTTER: What there are --
10 there was a paper that came out from GMA a
11 couple years ago and a PA that talked about
12 validation. It was in either Food Protection
13 Trends or Journal of Food Protection. They
14 outlined things like what -- from a challenge
15 study standpoint, what needs to be
16 incorporated to make a good validation study
17 or challenge study. So there are some things
18 that are out there.

19 I know John Sopor at the
20 validation symposium at IFP gave a talk that
21 I heard him give before and just basically
22 said, you know, you need to think about a

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1 cocktail. You need to think about how your
2 equipment is working. You need to think about
3 all these things in the context of validation
4 in a plant setting.

5 So we have some of that
6 information. Some of the individuals that we
7 would consider for this committee or
8 Consortium would have that information to
9 share. So that's why I think maybe we should
10 consider --

11 MS. BUCK: You mean brainstorm?

12 DR. CUTTER: Yes, some individuals.
13 I don't -- I mean, again, is FRIS going to be
14 the organization that's going to do this or
15 does this need to come from a different
16 entity?

17 DR. TILDEN: Is there some multi-
18 disciplinary group that already exists that
19 would be a logical umbrella for this?

20 MS. BUCK: How about the Conference
21 for Food Protection?

22 DR. CUTTER: No. They're more

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1 retail food service-oriented.

2 MS. BUCK: I don't --

3 DR. CUTTER: I mean, that's my
4 opinion. That's my opinion. I don't know if
5 anybody else has interaction with them.

6 MS. BUCK: I don't know a lot but I
7 just -- that's what I was thinking about.

8 DR. CUTTER: Because they're
9 dealing with food code issues and things like
10 that. They're not going to do validation
11 stuff like this.

12 MR. MURINDA: I thought it would be
13 -- was to have that Consortium that had a
14 diversity of expertise in.

15 DR. CUTTER: Well, we could build -
16 - I mean, you could build on what we
17 presented, I presented with the Consortium,
18 validation Consortium yesterday. But there's
19 obviously some concerns that, you know,
20 there's no industry personnel in here.
21 There's people who work primarily with the
22 large industry so we just sort of need to

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1 provide some balance. That's the sense I got
2 -- in a committee.

3 DR. TILDEN: And maybe what we do
4 rather than try to work all that out today is
5 just -- it goes back to the idea about the
6 scientists work on the science piece and then
7 just say -- and then we want to have it
8 vetted through industry and other groups, you
9 know, NGOs, so that whatever they come up
10 with is a first step and not the final step.

11 DR. CUTTER: Okay. I mean, it may
12 be another meeting they have.

13 DR. TILDEN: Yes.

14 DR. CUTTER: Yes.

15 DR. TILDEN: They can figure out if
16 they're doing it linearly. You know, one goes
17 to the hand-off sequentially or if there's
18 way that you could integrate.

19 MS. BUCK: Well, should we form
20 this -- because if we want to get it enacted,
21 we have to have a mechanism. Is it a working
22 group? Should we call it a working group?

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1 Would that help us to get this -- as opposed
2 to -- I'm just asking. A working group, would
3 that -- as opposed to a consortium? I mean, I
4 like the idea of a consortium. She's right.
5 We're going to have to move this along
6 quickly within FRIS. So what mechanisms does
7 FRIS. have that we can work with? It's not
8 going to be another committee.

9 DR. SHAW: No, it won't be another
10 committee. I mean, we're moving into
11 unchartered territory. We've never really
12 done this before so --

13 MS. BUCK: Do we have any working
14 groups?

15 DR. SHAW: Not that involve
16 outside. Task force? Okay, I've got an idea.

17 DR. TILDEN: So you're charting new
18 territory.

19 DR. SHAW: So let's just blaze the
20 trail.

21 DR. CUTTER: Wait a minute. You're
22 saying we're charting new territory so leave

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1 it at Consortium?

2 DR. SHAW: No. I mean, Meryl and I
3 have -- I mean, we've consistently talked
4 about this sort of extension arm because we
5 believe that the Land Grant University
6 Extension people are -- I believe -- how do I
7 want to say this -- under-utilized by us as -
8 -

9 MS. BUCK: They admit to that.

10 DR. SHAW: As sort of -- in order
11 of like, proselytizers of information in a
12 consistent organized way.

13 MS. SILVERMAN: I was thinking
14 e-extension.org. Something like that.

15 DR. CUTTER: Also, who do not know
16 about the agenda.

17 DR. WILLIAMS: No. Many of them do
18 not even have computers in their facilities.

19 DR. SHAW: Small, very small.

20 DR. WILLIAMS: They don't and those
21 that do say well, I've got it at home. I
22 don't have time to do it.

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1 DR. CUTTER: And they're not going
2 to do, when they get home, they're not going
3 to -- they're going to be focusing on other
4 stuff because they've been focusing on
5 regulatory and processing all day.

6 DR. WILLIAMS: That would be extra
7 time that they don't get paid for.

8 DR. CUTTER: So I'm going to tell
9 you right now very few people know even about
10 e-extension and I'm on Pork Safety and Meat
11 Safety and I get the questions and they
12 happen upon it and they send a question and
13 that's all you're going to get, you know.

14 DR. TILDEN: So maybe what we do is
15 since we know this is in line with what the
16 strategic plan wants to do, we just recommend
17 that a consortium as a starting point be
18 developed with scientists. Then additional
19 framework be setup to obtain the input of
20 industry and consumers and other groups so
21 that we have, you know, a variety of input,
22 of balanced input. Then leave it at that

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1 because I think maybe the strategic planners
2 or whoever within FRIS. will say, okay, let's
3 start building this framework that will
4 actually allow it to happen.

5 MS. BUCK: Yes. I think that was my
6 concern. Us just declaring that we should do
7 this.

8 DR. CUTTER: The other thing I
9 would like to include somewhere maybe in our
10 preamble is Buyer's comment yesterday and my
11 concerns about sort of -- we have to do this
12 in increments. You can't just do it all at
13 once. I don't know how we capture that. Maybe
14 in a statement along the lines that, you
15 know, we appreciate FSIS's efforts but we do
16 not feel that starting this all at once is in
17 the best interest of all parties involved. We
18 need time to work together to come up with a
19 cohesive plan with examples with a priority
20 set and then work from there. Just do like
21 the PHIS, just do some, you know,
22 implementation on a small scale and work your

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1 way up.

2 DR. WILLIAMS: You mentioned, you
3 know, slaughter, which was where you all saw
4 most of the issues. Maybe say okay, we're
5 going to begin with slaughter.

6 MS. BUCK: This is the first --

7 DR. WILLIAMS: Or maybe slaughter
8 in a specie.

9 DR. SHAW: One of the things
10 you've, I guess I would say have to be
11 cognizant of, is that we can't -- a policy
12 has to apply to everyone. So you can do some
13 shorter time intervals of phase-in but we
14 don't have the ability under the statutes to
15 say certain people this applies to and
16 certain other people it doesn't. That's been
17 our challenge is that we can't necessary pick
18 and choose.

19 MS. BUCK: Yes, but you are going
20 to apply it to everyone. It's just you're
21 going to --

22 DR. CUTTER: Do what you did with

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1 the last one. Phase-in, you know -- come in
2 on sort of the slaughter, maybe, in small
3 plants -- just like you guys did with HACCP.

4 DR. SHAW: It will be interesting
5 to -- what your idea of the time-frame is
6 because one of the things that we do -- that
7 will get stuck with -- we'll choose -- we
8 potentially will choose one group to start
9 off with. Three weeks later, we have an
10 outbreak in another group and we get slammed.
11 So we have to -- and then the headline is,
12 you know, FRIS. gave that group a bye and
13 focused on another area.

14 MS. BUCK: That's a risk you took
15 but you did the right thing so, you know. I
16 mean, you're the ones that have to be reading
17 this and so you made the best choice, the
18 best decision.

19 DR. WILLIAMS: Based on the
20 information you had at the time.

21 MS. BUCK: Yes. I mean, so when
22 people slam you, you just have to say that

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1 right back to them. You know, we're not God.

2 DR. TILDEN: How about this? Why
3 don't we as a committee say we commend FRIS.
4 for the steps. That this version is much
5 better and improved so that acknowledges that
6 as part of recommendation and that it should
7 be applied -- this guidance should apply
8 equally to everyone and we can build in the
9 thing that the standards should be the same
10 and, you know, these things that we affirm.
11 Then we recommend that you take a risk-based
12 approach to further implementation efforts,
13 focusing where risks are greatest at first
14 and then incremental as resources allow to
15 move forward.

16 DR. SHAW: That is more sort of
17 implementation that outreach.

18 DR. TILDEN: Right. Outreach and
19 implementation should be based on risk. It
20 should be prioritized based on risk.

21 MR. WARSHAWER: Should be outreach
22 based on risk.

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1 DR. TILDEN: So we're talking about
2 -- the standards have to apply equally across
3 but we can't develop everything at the same
4 time.

5 MS. BUCK: Excuse me. She needs
6 help with the rest of the sentence.

7 DR. CUTTER: Do we want to put it
8 in the preamble -- some of the stuff and then
9 -- why is it that all my committees have
10 preambles? You want to start with -- make
11 some changes.

12 MS. BUCK: To the preamble. So we
13 have to go a little further out in the tabs.

14 MS. SCHECHTER: No. Actually, I
15 separated what we did yesterday as far as
16 what the words were and everything so this is
17 your recommendation. The other is just my
18 note-taking, your thoughts, which will show
19 presumably how you came to these
20 recommendations. Okay, so that's there. We
21 want to go up to preamble? Okay.

22 DR. CUTTER: Okay, that will be our

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1 last sentence, I think, on that.

2 DR. TILDEN: So you're going to
3 want to cut and paste that stuff that you
4 just blasted on at the end and move it up to
5 the preamble.

6 MS. SCHECHTER: Look, we have
7 comments.

8 DR. JONES: That's the preamble to
9 question number one. We're talking about a
10 preamble for all of the questions.

11 DR. TILDEN: Yes, but we can take
12 that -- the preamble from one, we can --

13 DR. JONES: And put it up?

14 DR. TILDEN: That's the preamble
15 for everything. Our preamble for all three
16 questions.

17 MS. SCHECHTER: Okay. This is what
18 we just did.

19 DR. CUTTER: So we want to say
20 something along the lines of the committee
21 appreciates the revisions with regard to the
22 guidance document and -- he had some really

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1 good words.

2 MS. BUCK: Appreciates new version.

3 MR. WARSHAWER: That is a
4 significant improvement to that version.

5 DR. TILDEN: I would be glad to
6 type it in if that would help.

7 MS. SCHECHTER: Okay. Should I --

8 DR. TILDEN: I could just blast it
9 in and then you could clean it up.

10 MS. SCHECHTER: Okay.

11 DR. TILDEN: The committee
12 appreciates the improvements or the revisions
13 made to the second version and it is
14 substantially improved.

15 DR. CUTTER: Second version of the
16 guidance stuff?

17 DR. TILDEN: Of the guidance.

18 DR. CUTTER: Validation guidance
19 stuff. Revision version.

20 DR. TILDEN: Of the guidance
21 document.

22 MS. BUCK: It is significantly

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1 improved. I think that statement is going to
2 come above the in accordance with. That's
3 going to be our first preamble statement. Do
4 we want to make these bullets?

5 DR. TILDEN: Yes, we can just put
6 them as bullets and then we can combine them
7 or however we wanted to get it. We can
8 wordsmith at the end. And then the other one,
9 element we wanted to capture is we think it
10 should be applied to all the establishments.

11 DR. CUTTER: Under that first
12 paragraph, before in accordance, go up.

13 DR. WILLIAMS: After improved, at
14 the very end.

15 MS. BUCK: After improved.

16 MS. SCHECHTER: Okay.

17 DR. CUTTER: Hard return.

18 MS. SCHECHTER: Okay.

19 MS. BUCK: We want to say something
20 about the --

21 DR. CUTTER: The committee
22 recommends the whatever, the -- what did you

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1 say?

2 MS. BUCK: Standards. I don't know
3 what the --

4 DR. TILDEN: Recommends that these
5 should be applied to all establishments of
6 all sizes and that -- is this where we can
7 bring in the whole thing -- performance
8 standards?

9 DR. CUTTER: Yes.

10 DR. TILDEN: There should be equal
11 standards, validation standards for --

12 MS. BUCK: And there should be or
13 there should be. Whatever you want to do.

14 DR. CUTTER: Validation?

15 MS. BUCK: Equal standards.

16 DR. TILDEN: Equal standards.

17 MS. BUCK: Validation standards? Is
18 that what you want to say?

19 DR. CUTTER: We need to clarify
20 what these are.

21 MS. BUCK: Yes.

22 DR. TILDEN: Validation standards?

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1 DR. CUTTER: Be applied to all
2 equally. Validation standards should be
3 applied to all establishments. To
4 establishments of all sizes.

5 MR. WARSHAWER: To all
6 establishments.

7 DR. CUTTER: To all establishments
8 equally?

9 MS. BUCK: Yes.

10 DR. TILDEN: And just leave it at
11 that way.

12 MS. SCHECHTER: Applied equally?

13 DR. TILDEN: Just equally.

14 DR. CUTTER: Should be applied
15 equally to all establishments.

16 MR. WARSHAWER: Why equally? Why to
17 all establishments? Because we have a history
18 of not applying things to all establishments
19 or not applying them equally?

20 DR. CUTTER: Good point.

21 MR. MURINDA: You might want
22 differentiation between things small -- small

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1 things and large things.

2 MR. WARSHAWER: They are standards.
3 They apply to everybody. The speed limit
4 doesn't only apply if you have a big car
5 instead of a little car.

6 DR. TILDEN: I think you can get
7 all sizes out of there and just say all
8 establishments.

9 DR. CUTTER: Well, I mean, Steve
10 has got a point. I mean, are they not doing
11 this?

12 DR. TILDEN: Well, we're just
13 affirming. Can we say the committee
14 recommends that these guidelines -- these
15 guidance and validation standards should be
16 applied equally so it -- that gets to the
17 whole thing about we're not picking and
18 choosing.

19 MR. WARSHAWER: That's where we
20 launch into prioritization.

21 DR. TILDEN: Right, but you could
22 say outreach should be prioritized based on

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1 risk.

2 MR. WARSHAWER: Is it outreach or
3 the application of standards? Outreach is not
4 risk-based. Outreach is universal but the
5 implementation and application of standards
6 has to be prioritized based on risk and
7 resources.

8 DR. TILDEN: I think it's not the
9 standards. It's the materials, the toolbox to
10 help them with implementation.

11 MR. WARSHAWER: Right.

12 DR. TILDEN: It should be
13 prioritized based on risk, development of --

14 MS. BUCK: Do we want to say that?
15 Do we want to say that we should prioritize
16 with priority given, you know, to the high
17 risk establishments? The committee recommends
18 these guidance and validation standards be
19 applied equally to all establishments and do
20 we want to say and FRIS. should --

21 MR. WARSHAWER: I think we're
22 getting tied up in leads on it because I want

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1 to go back to my old theory that the 367
2 largest plants have everything they need and
3 always will and FRIS. can push as hard as
4 they want there and if that's where the
5 greatest risks probably exist in some
6 measure. It's the other 6,000 plants that the
7 toolbox is needed for and the outreach is
8 needed for.

9 What we lack right now is sales
10 data. We don't know what percentage of the
11 stream of commerce passes through the
12 different categories of plants -- something I
13 was talking to Keith about yesterday. So it's
14 hard to argue that 80 percent of the food
15 comes from 367 plants so we're going to put
16 our resources and energy -- and they've got
17 their in-house scientists. They've got their
18 in-house HACCP departments, let alone experts
19 and so on and so forth. We've got nothing to
20 be afraid of. That scale of operation is
21 ready to roll.

22 The challenge is the rest of the

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1 universe. So I think we're getting -- the
2 toolbox isn't for the largest plants
3 primarily. It's all the plants who can't
4 self-administer and self-interpret.

5 DR. SHAW: They will benefit from
6 it though.

7 MR. WARSHAWER: Of course. They
8 always do.

9 DR. CHEN: This toolbox -- target,
10 very small. The guidelines are basically for
11 the small and the very small.

12 MR. WARSHAWER: Right.

13 DR. CHEN: It's not aimed for the
14 large.

15 DR. WILLIAMS: But the
16 prioritization according to the risk here
17 does not apply by size. It is by product --

18 MR. WARSHAWER: Product type and
19 category.

20 DR. WILLIAMS: That's right. That's
21 what we want.

22 DR. TILDEN: That's the bullet that

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1 we need to get -- is how to prioritize based
2 on risk -- development of implementation
3 regardless of size.

4 MR. WARSHAWER: Do we need a
5 statement in there -- I mean, can we safely
6 make the statement that this is based -- that
7 based on the experience of past
8 implementation of HACCP that the greatest
9 need for outreach and the toolbox is in the
10 small and very small plants and that the risk
11 assessment won't be based strictly on scale.
12 It will also be based on product category and
13 type. I mean, otherwise, you'll get the same
14 2,000 comments from the small and very small
15 processors who can't implement it. They'll
16 think that they're being singled out because
17 they make one kind of sausage or whatever,
18 which they are, but they are being given
19 tools to work with.

20 DR. TILDEN: Okay, what if we do
21 something like this? The committee recognizes
22 the small and very small need additional

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1 tools to successfully implement and we
2 recommend that those resources be developed
3 based on risk.

4 MR. WARSHAWER: Right. Tools and
5 time because even in the original HACCP,
6 there was a different time-line for
7 implementation according to size
8 categorization.

9 DR. TILDEN: I don't know if we can
10 get into the time thing because that's -- but
11 if we just say you prioritize based on risk,
12 I think that allows you to factor in time.
13 You do the highest risk first.

14 MS. BUCK: Okay, so the next one we
15 want to start with the committee recognizing?

16 DR. TILDEN: The increased needs of
17 small and very small --

18 MS. BUCK: I don't know about the
19 increase. The unique needs?

20 DR. TILDEN: Okay. Whatever words
21 we want to come up with.

22 MS. BUCK: I mean, I just -- their

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1 unique. Each one of them are unique in their
2 --

3 MR. WARSHAWER: Well, we've got --
4 we've been hearing this. Every plant is
5 unique. Even the large plants.

6 MS. BUCK: So you like increased
7 better?

8 MR. WARSHAWER: I would want to
9 just, as a comment -- anecdotal to let you
10 all know. I know that the largest, the large
11 corporations have all the resources and they
12 do in their corporate offices but you would
13 be surprised at some of -- how some -- the
14 corporate people get once or twice or every
15 so often a year out to these establishments
16 but there are cases where in essence for long
17 periods of time, they operate independent --
18 like the plant management is very
19 independent. In many types of establishments,
20 the plant management can be very independent
21 and they may not have all of that knowledge.
22 So I -- sometimes they operate in essence,

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1 very often, like large small plants because
2 they don't have the constant knowledge. So I
3 mean, it's just something to always -- to
4 keep in mind. So they do benefit from when we
5 put things out.

6 DR. WILLIAMS: Actually, having
7 been there, it's actually -- sometimes it's
8 slower than a small to medium size because it
9 hits directly on-site and it channels down
10 immediately whereas in corporate, it may take
11 a month to get there.

12 MS. BUCK: Yes, because of your
13 approval process.

14 DR. WILLIAMS: The approval process
15 and all the different levels and change and
16 expertise to get there, etcetera, etcetera.
17 Been there, done that.

18 MS. BUCK: They have different
19 problems.

20 MR. WARSHAWER: They have plenty of
21 problems. I'm not denying that. I'm thinking
22 they have the resources is the difference. If

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1 as large businesses, they're choosing not to
2 deploy resources in order to assure the
3 client --

4 MS. BUCK: That's something we've
5 long thought about. One of the things that I
6 feel really has to happen and I don't know if
7 we can put it in our preamble or not but
8 there should be coming out from FRIS. or
9 somebody in the government that one of the
10 goals of any food processing company should
11 be food safety. When you look at their goals
12 and their mission, it's not always included.
13 So I don't know if that's something we want
14 to try and stick in there.

15 DR. JONES: Can we table that one
16 just until we finish this and then come back?

17 DR. TILDEN: We put out some
18 language there. People can look at it. It's
19 the third bullet under preamble. See if that
20 captures what we were talking about. So the
21 committee recognizes the unique needs of
22 small and very small establishments and

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1 recommends that additional resources be
2 developed to assist them in meeting
3 validation requirements. Development of these
4 resources should be prioritized based on
5 public health risk.

6 DR. CUTTER: Yes.

7 MS. BUCK: Good, very good. Thank
8 you.

9 DR. JONES: And just a quick
10 comment. Carol Foreman is not going to be
11 able to make it but she says she's very
12 comfortable with the document. She'll be
13 happy.

14 DR. TILDEN: So we should -- Pat,
15 you're going to make sure we stay true to the
16 intent, right?

17 MS. BUCK: Exactly.

18 MR. MURINDA: If you deviate --

19 MS. BUCK: I will hear from Carol.
20 I've had my lashings. I know what I'm up
21 against.

22 DR. JONES: Okay, so we're good

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1 with that part of the preamble. How do we
2 want to go back -- if we're good with that,
3 how do we want to address -- one of the
4 things we started talking about but I don't
5 remember if we got it in was the actual
6 development of the Consortium.

7 MS. BUCK: No, we didn't put it in
8 yet.

9 DR. JONES: Are those comments in
10 yet and where do we want to --

11 MS. BUCK: Maybe under
12 recommendations where we did the Consortium?

13 DR. CUTTER: Encourage and support
14 the creation but I don't know if we want to -
15 - what kind of specifics?

16 MS. BUCK: You know, I think --

17 DR. CUTTER: What do we want for
18 the responsibilities? Do we want them to be
19 responsible for the fact sheets, the outreach
20 activities, the webinars, what have you? I
21 mean, we're talking about that or is that --
22 you know, provide guidance to FRIS. in the

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1 development of all these things? I mean, I
2 kind of got the sense like Bill said
3 yesterday that it would be nice if there was
4 just a white paper that said these are the
5 things that we're looking for in validation
6 and that it comes from maybe the committee
7 versus FRIS.

8 MR. WARSHAWER: It's an advisory
9 committee kind of function. It's not an
10 action committee. I don't think it can take
11 on the tasks that are statutorily created for
12 FRIS. I think it has us --

13 MS. BUCK: What we are is an
14 advisory.

15 DR. CUTTER: No, but I'm just -- I
16 mean the Consortium.

17 DR. SHAW: No, but I mean,
18 ideally, I would like to be able -- because I
19 don't have the staff myself -- is to have,
20 you know, 20, 25, 30, mixture of people,
21 stick them in rooms, hand them groups like in
22 our top ten things, hand them some couple of

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1 journal articles that are the big ones that
2 we see in that area and say map this out.
3 Amongst you all, come and identify clear
4 operating parameters, map this out, and then
5 report back to us because I don't have those
6 30 people to do that.

7 MS. BUCK: Okay, do you have the
8 money to hire a group Resolve to help you do
9 that?

10 DR. SHAW: No.

11 MS. BUCK: I mean, you need a
12 moderator for what you're talking about,
13 don't they? They need somebody to --

14 DR. CUTTER: That might help
15 facilitate the discussion but if you guys
16 have a general idea of what you are looking
17 for, then I don't see why you couldn't bring
18 30 people together to do that in a day's
19 meeting kind of along those lines. The
20 question is, you know, do you have the
21 resources to pay for everybody -- you know,
22 30 people, \$1,000 a pop to come in and do

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1 this over a day?

2 MS. BUCK: It's a lot of money.

3 DR. CUTTER: It's a lot of money.

4 MR. WARSHAWER: There is a model
5 for this, which is going on now in a produce
6 site with the Produce Safety Alliance where
7 essentially what's needed is a cooperative
8 agreement structure where task by task,
9 there's some venue that FRIS. can launch a
10 really short term cooperative agreement to
11 take on a set of tasks, bring together the
12 right people, get it done, and put it back
13 into FRIS.

14 In a situation like that, there's
15 usually matching money. In other words,
16 there's a lot of in-kind coming from the
17 participants but the hard concepts are coming
18 from FRIS.

19 Because I've been kind of thinking
20 about this paradox between the desire to get
21 rid of advisory committees and the need for
22 cooperative and collaborative process. As a

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1 person who's sat on the outside trying to
2 struggle to get to these kinds of meetings,
3 it's when there is a cooperative agreement in
4 place and there's a convener is when they
5 really work. So FRIS. could take \$50,000 and
6 say okay, this is our problem area. It fits
7 with our strategic plan. We budgeted this
8 kind of money for it. Penn State can convene
9 this or whoever.

10 DR. CUTTER: We can arrange it. You
11 guys have done that in the past on our
12 northeast HACCP thing? They put \$50,000 in to
13 do exactly that.

14 MR. WARSHAWER: Right.

15 DR. CUTTER: To bring everybody
16 together and discuss those issues.

17 MS. BUCK: You've done it with a
18 partnership. Food safety education. Actually,
19 there's been other non-profits that have
20 helped you with this type of work before. So
21 I mean, that might be -- you know,
22 investigate the cooperative agreement

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1 structure to see if there's things that can
2 be ironed out.

3 MR. WARSHAWER: Has FRIS.
4 historically used cooperative agreements to
5 get --

6 MS. BUCK: Yes, they have used a
7 lot of them.

8 MR. WARSHAWER: Okay.

9 MS. BUCK: From what I understand
10 and I mean, I only have a small portion of
11 it, but they have used cooperative
12 agreements. That's what the partnership for
13 food safety education is for. I mean, so you
14 have the model of using the cooperative
15 agreement. That's how we got that data --
16 remember? The CDC, so you know --

17 DR. WILLIAMS: Is it really within
18 the scope of this committee, though, to work
19 out the semantics and the logistics of --

20 MS. BUCK: No, but we have to -- I
21 think what we have to do is give a little bit
22 of guidance about how we want them to go with

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1 this because we don't want them to languish
2 around for two years thinking about it. We
3 want them to have something that they can
4 start talking about to put in place, January
5 2012, that they might financially be able to
6 afford.

7 DR. TILDEN: Is there a way we can
8 -- I think the danger is if we build too
9 grandiose a plan, nothing will happen because
10 there's --it's too complex.

11 DR. CUTTER: Maybe so. Kind of like
12 the pre-harvest group. All the things that
13 Eric presented yesterday -- some of the
14 smaller steps getting to that point.

15 DR. TILDEN: So I think one of the
16 starting points is take what already exists
17 that has proven to be effective.

18 DR. CUTTER: Right.

19 DR. TILDEN: And then see if those
20 can be pulled together as an initial starting
21 point and then build on that.

22 MS. BUCK: Okay, so that's already

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1 existing.

2 DR. TILDEN: Well, like AMP has
3 stuff. AFT. Association for Food and Drug has
4 stuff. The HACCP Alliance. You know, pull
5 those core things that have worked
6 successfully for small and very small and get
7 two or three of those and then see what it
8 would take to update those and make them so
9 they're not just regional or state specific
10 but make them national. You know, you could
11 do that via conference calls and sharing and
12 demonstrate that we have the capacity to
13 develop something useful real time. Then you
14 could say do more of that rather than let's
15 get hundreds of thousands or \$50,000, which
16 may or may never happen.

17 DR. CUTTER: I wonder if maybe you
18 couldn't do this through a W-Connect.
19 Somebody FRIS. has sort of facilitates and we
20 work on a document -- a couple of us work on
21 documents at our sites and we wouldn't have
22 to pay a lot of money to do this. We could

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1 conceivably do it.

2 DR. TILDEN: Because it very well
3 may be that the limiting factor in successful
4 validation is not mapping out scientific
5 articles. It may be that they just need the
6 categorization question too. That's the chief
7 limiting factor to getting most people
8 moving. You know, so that they can take some
9 things off the plate and say that's all good?
10 Okay, now we can focus on
11 the next thing. I mean, once you start
12 talking with folks and saying what's really
13 the limiting factor here for small and very
14 small, it may be that it's different than
15 what folks in Lansing or folks in Washington,
16 DC think is the limiting factor.

17 MR. WARSHAWER: Then on the other
18 hand, the movement towards increasing the
19 alliance on prerequisite programs that don't
20 have to be validated, that's the -- that
21 would be the trend on the other -- on the
22 larger end. That has to be mitigated.

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1 MS. BUCK: I mean, I'm all for
2 using what we have existing right now because
3 when you build off what you already have, you
4 have a stronger capability of convincing
5 people to do it. They don't feel so
6 overwhelmed. So whatever you think would -- I
7 mean and how we capture that, I don't know.
8 But I think that's what we're trying to say
9 is that we recommend to the committee that
10 they use -- that they investigate ways to
11 leverage existing --

12 DR. CUTTER: We should put this
13 underneath the Consortium -- the
14 responsibilities for that Consortium.

15 DR. WILLIAMS: It should come as a
16 sub-bullet under bullet number two under
17 recommendations.

18 MS. BUCK: I mean, we actually have
19 under bullet two, the second part, in
20 collaboration with the -- we should develop
21 the toolkit. That should be a bullet. That
22 big one is encourage and support the creation

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1 of a Consortium of scientists. Under that, we
2 should talk about this and we should talk
3 about building a tool kit. It's sort of like
4 an outline.

5 DR. CUTTER: Yes, I think we need
6 more information in that toolkit.

7 MS. BUCK: Yes, we do. But I'm just
8 saying that, you know, you're trying to keep
9 it broad too, Cathy.

10 DR. CUTTER: Well, let's see.

11 DR. TILDEN: So what's this bullet
12 that we're putting underneath the second
13 bullet?

14 MS. BUCK: I think what you should
15 put under there is just what they said --
16 that the committee strongly recommends that
17 you -- you know, that we leverage existing
18 organizations that are already --

19 DR. CUTTER: No, no, no.

20 DR. TILDEN: How about we utilize
21 or review existing best practices or
22 documents that have been successfully used to

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1 assist small and very small plants. We pick
2 the best of the best, the best practices, and
3 see which ones of those as a starting point.

4 MS. SCHECHTER: Okay, again?

5 DR. TILDEN: Utilize or review
6 existing guidance documents developed by
7 industry and extension, you know, as a
8 starting point for collaborative efforts.
9 Something like that.

10 MS. BUCK: Do you want to, as a
11 starting point, present any of this stuff?

12 DR. TILDEN: By industry,
13 extension, and other entities.

14 MS. BUCK: Other NGOs if you like.

15 DR. TILDEN: Whatever, as a
16 starting point. I think there are a lot of
17 good things out there already.

18 DR. CUTTER: Let FRIS. utilize or
19 review.

20 DR. TILDEN: This where we can say
21 give the consortium one thing to do via
22 webinars or whatever and then have them do

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1 that and see how much time and effort it
2 takes. If you have good success, then you can
3 say and to do more of this, we would need --
4 you know, get started with something.

5 DR. CUTTER: Well, we do ask at the
6 very end to provide funding to support the
7 consortium in its activities.

8 DR. TILDEN: But I think it's
9 always easier to fund something if you see
10 that it's viable and it's active so we almost
11 need to have a demonstration project first to
12 say, hey, look what we did. We can do more of
13 this with something else.

14 MR. WARSHAWER: I am definitely
15 kind of leaning away -- leaning towards going
16 a little further or wanting us to lean into
17 going a little further. I understand why
18 people are saying, you know, if we were too
19 grandiose, we'll get a handful of sand but
20 there is -- there's all kinds of precedent
21 looking back through some of the history for
22 either task forces or advisory committees and

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1 this sort of thing. This structure was
2 understood to be needed.

3 DR. TILDEN: Right.

4 DR. TILDEN: It looks to me like
5 it's really not been relied on at key
6 junctures where there was a chance to make --
7 sort of proactively get some change going. So
8 I think we want to steer -- we want to keep
9 steering FRIS. in that direction and
10 understand that there's limitations on how
11 much of it can be done. It's not our job to
12 say who should be funded and for what but to
13 validate that style of problem-solving and
14 that style of collaboration. Stakeholder
15 involvement, I think, is something we
16 certainly have the right to do.

17 MS. BUCK: I think you're right. I
18 think NACMPI as an advisory council to FRIS.
19 has the opportunity to lay out what -- we're
20 supposed to be the fount they come to. What
21 are your ideas that can help us improve the
22 efficiency and the scope of the agency?

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1 MR. WARSHAWER: Right.

2 MS. BUCK: Isn't that what we're
3 supposed to be doing? So we're telling them.
4 This is one thing you need to do. You need to
5 set up a way to tap the experts and the
6 already compiled research together so that
7 you can usefully use it.

8 MR. WARSHAWER: I wish -- I got my
9 computer coded this out but there is this --
10 I was telling about this 2005, 2006 HACCP
11 International Association consult where they
12 said that they needed a NACMPI style advisory
13 council specifically for small and very small
14 plant-related needs. I don't see anywhere
15 where that went except -- and that's what
16 most of the fight over the guidance document
17 is about is small and very small plants going
18 we can't do this.

19 And the thing is, this is the
20 other piece. I mean, I'm here as a producer
21 representative, right, but you can kind of
22 tell that's not my full-time job, right.

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1 There isn't any producers or processors in
2 the committee and we all work with them. But
3 those folks don't have access to this kind of
4 opportunity. So how do we create mechanisms
5 so that not just the experts and service
6 providers but the actual stakeholders are
7 part of vetting these systems before we begin
8 to rely on them so that we can sure that
9 they're going to have buy-in?

10 DR. SHAW: I will tell you when we
11 go out into the field and we're at an
12 establishment or whatever, most small and
13 very small establishments who are completely
14 independent -- not under the auspices of some
15 corporate -- when they talk to us and they
16 say where they got their various information
17 or science or whatever, it's the local
18 university. It's some professor at a local
19 university.

20 I mean, and so -- I know I keep
21 coming back to this but I do believe there is
22 a role for extensions and land grant

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1 universities to play in a more formalized and
2 sort of grouped way where somehow they can be
3 given the tools where it's a consistent
4 message and so they're all giving consistent
5 messages across the country and not sort of
6 on their own. Like reading our policies and
7 then interpreting it for themselves and then
8 sending it out.

9 DR. CUTTER: And you already have
10 to have the coordinator -- monthly meetings,
11 you've got that group of people. 50-some odd
12 people on that committee and I mean, they're
13 a group that already exists and I'm sure --
14 we're on phone calls. I mean, I don't think
15 it's a stretch to say that we could tap that
16 group as to what they're doing, how they're
17 doing it, and build on that, and bring them
18 on board.

19 DR. SHAW: I will tell you that's
20 where -- I mean, that's what they tell us.
21 When we go out and we chat with them, they're
22 saying, you know, oh, I was, you know,

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1 talking to this professor.

2 DR. CUTTER: It is about ten phone
3 calls a week.

4 DR. SHAW: Yes. I went to some
5 university this or I went that or I called
6 this person up or my friend knew this
7 researcher so I called them up. That's
8 typically where they say they got their
9 information.

10 DR. CHEN: This extension as a
11 stating point -- as a committee, we can make
12 any model. I mean, you know, FRIS. can have
13 some sort of a cooperative agreement with
14 individual regional extensions?

15 DR. CUTTER: They get money from
16 USDA but it's --

17 DR. WILLIAMS: Yes, I understand.
18 Resources is one of our big problems of
19 getting out because I get calls and they say
20 can you come --

21 DR. CUTTER: Yes, and we don't have
22 the financial resources to be able to go out.

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1 Twelve years ago, I had money to go to
2 travel to plants all the time. I do as much
3 as I can from my office, e-mail, and
4 everything else because there just aren't the
5 resources to go and do that anymore.

6 DR. JONES: So if we can look at
7 the --

8 DR. TILDEN: Yes, we just made a
9 change based on that discussion. So the
10 committee strongly recommends that the
11 consortium activities be linked with other
12 initiatives. FRIS. HACCP coordinator monthly
13 calls, for example. And utilize and review
14 existing documents developed by industry
15 extension and other NGOs as a starting point.

16 MR. WARSHAWER: Very good.

17 DR. JONES: One of the other
18 questions I had was, does this -- one of the
19 other things that we talked about earlier was
20 the phased approach. Would this be like the
21 beginning of this phase approach to
22 developing this consortium or working group

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1 or task force or whatever. And if so, I think
2 we should say -- because we never mentioned
3 that fact about the phase-in.

4 DR. WILLIAMS: If it's a massive
5 phase-in, it's going to be challenged.

6 DR. CUTTER: Well, I think, we've
7 mentioned that by risk-based -- you know, the
8 ones that are the riskiest need to be
9 addressed first and then work your way down
10 to the ones that are least risky.

11 DR. TILDEN: Is that too much in
12 code though? I mean, I know we can't blow you
13 up by saying we're picking and choosing but
14 if we don't say phase it in explicitly then
15 people will say, oh yes, that's --

16 DR. CUTTER: Well, I mean, maybe
17 identify the top priority as much as
18 validation problems that result in food
19 safety issues and then maybe we capture that
20 first bullet with some additional verbiage
21 that says and then additional -- I'm trying
22 to think. I'd have to look at it and see.

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1 DR. WILLIAMS: I think we've vetted
2 that point to Dr. Shaw and we can take that
3 the next time we go forward with the phase-
4 in. You know, I think we've hammered that
5 point.

6 DR. CUTTER: Okay.

7 DR. TILDEN: Okay. So we'll just
8 leave it that it should be prioritized based
9 on risk and leave it at that?

10 DR. CUTTER: Well, but under the
11 first bullet, we identify the top priority
12 categories, processing, in which there's
13 validation problems that result in food
14 safety. That's the risk-based approach but
15 then I think we need to -- something, some
16 terminology that says the phasing-in of
17 whatever, phasing-in --

18 DR. WILLIAMS: Utilizing a phase-in
19 approach.

20 DR. CUTTER: Okay. Let's just see
21 how that goes for now.

22 MS. BUCK: So you want to say

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1 utilizing a phased-in approach, FRIS. will
2 identify the top priorities in which there
3 are validation problems that resulted into --

4 DR. TILDEN: We just put it in the
5 end of this third bullet.

6 MS. BUCK: We put it down here?
7 Okay. I was confused. I see.

8 DR. CUTTER: Don't forget. We also
9 have that first bullet down below that also
10 talks about that so we should be covered.

11 MS. BUCK: So this is part of our
12 preamble? I thought it was under the
13 recommendations.

14 DR. CUTTER: I did too, but that's
15 okay.

16 DR. WILLIAMS: Actually, it ought
17 to be under the first bullet. Identify the
18 top priorities with which there are
19 validation problems that resulted in food
20 safety issues utilizing a phased-in approach.

21 MS. BUCK: Yes, that's how it
22 should be.

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1 DR. WILLIAMS: Just cut and paste.
2 Period. Cut that. Go to the first bullet.
3 Hard return.

4 MS. BUCK: Then go down.

5 DR. WILLIAMS: Scroll down. Put an
6 s on the issues.

7 MS. BUCK: Yes. Thank you. S.

8 DR. WILLIAMS: Utilize and then
9 paste in.

10 MS. BUCK: And get rid of the semi-
11 colon.

12 DR. WILLIAMS: You can take the
13 comma out before utilizing too.

14 DR. TILDEN: So I think whatever we
15 do --

16 MS. BUCK: No, you can't. You can
17 keep the comma there.

18 DR. TILDEN: So whoever gives the
19 out-brief to the committee as a whole, that
20 might be something we say is a central part
21 of the recommendation, knowing that it's
22 creating issues.

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1 DR. CUTTER: Okay, let me add
2 semantics here. We're identifying top
3 priorities but isn't it the implementation of
4 the validation regs that we want the phase-in
5 to be done? We don't want the identification
6 in the phase-in so we need to fix that.

7 MS. BUCK: Well, then we need to
8 put a period back after issues and create
9 another sentence.

10 MS. SCHECHTER: New bullet or just
11 a sentence?

12 DR. TILDEN: New bullet.

13 DR. CUTTER: Or a semi-colon, you
14 could probably --

15 MS. BUCK: There's benefit of using
16 a new bullet, Cathy, is that people, you know
17 --

18 DR. CUTTER: It draws their eyes
19 right back to the next point. I know.

20 MS. BUCK: Yes. I mean, you know,
21 so --

22 DR. CUTTER: All right, so utilize

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1 a phased-in approach for implementation of
2 validation --

3 DR. TILDEN: It's actually a
4 phased-in approach for what?

5 DR. CUTTER: Implementation of
6 validation --

7 DR. TILDEN: Assistance activities?

8 DR. CUTTER: No, because they're
9 supposed to be doing this anyway. We're just
10 trying to figure out how to -- I don't know -
11 - how do you want to --

12 MS. BUCK: Bill, help us here. This
13 is the --

14 DR. SHAW: For lack of a better
15 term, I mean, traditionally we call that sort
16 of like development of outreach materials.

17 DR. CUTTER: No, this, I think is
18 getting at is, you guys -- we're recommending
19 that instead of having everybody start this
20 whole validation process on a given day, that
21 we have a phased-in approach after all this
22 other stuff has already sort of been

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1 determined.

2 Correct? I mean, once we've got the outreach
3 materials -- once you guys have reached out
4 and done everything that you can and
5 everybody has a handle on what is expected,
6 then we're asking could we do this in some
7 kind of phase-out either based on risk, based
8 on capabilities of FRIS., capabilities of --

9 DR. SHAW: So I guess what I'm
10 asking is -- because you're giving --

11 DR. CUTTER: It's mandated. We have
12 to do it.

13 DR. SHAW: You're scaring me.
14 You're scaring me because how many years do
15 you think it will take to develop the
16 materials?

17 DR. CUTTER: Years. No, I mean, you
18 guys want this out sooner than later.

19 DR. SHAW: It's been two and a half
20 years, Cathy.

21 DR. CUTTER: Yes. I would agree.

22 DR. SHAW: So I'm already not like,

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1 you know --

2 MS. BUCK: Yes, but you have to
3 have a lot of these materials ready. I mean,
4 you don't?

5 DR. SHAW: We do and we don't. I
6 mean, I think people have an unbelievable
7 idea of how many of us there really are.

8 DR. CUTTER: I have a video and
9 booklet on validation of your chilling
10 procedures in plants. I have been waiting for
11 these guidance documents to come out before I
12 finalize and release it because I don't know
13 what -- if it's going to be different than
14 what they think so we're on this holding
15 pattern waiting for this stuff. There is
16 stuff out there that's ready to go. We're
17 just waiting for FRIS. to put their blessing
18 on the document to be released so we can
19 incorporate it in all of our outreach
20 materials.

21 DR. TILDEN: I think the thing that
22 we can't do is blow up FRIS. by saying

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1 they're picking and choosing so we have to
2 come up with words that allow us to say we're
3 not stopping anything but we're moving
4 forward. So can we make the distinction
5 between new establishments that come in,
6 these apply instantly because you're not
7 putting that on hold. But when you're
8 re-validating firms that have already been
9 under operation for ten plus years, there's
10 nothing that says you have to instantly do it
11 all on the same day, right?

12 DR. CUTTER: No.

13 DR. TILDEN: So then the re-
14 validation of existing plants can be
15 prioritized. If you can't do it all at once,
16 you've got some flexibility --

17 DR. SHAW: For us, we would say the
18 verification.

19 DR. TILDEN: Okay, whatever you --

20 DR. SHAW: Because we're the
21 inspector ourself so we would say
22 verification would be phased-on.

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1 DR. TILDEN: Of existing plants
2 because I think that's where industry has
3 fits -- is that we've done this for ten years
4 and now it's a crisis.

5 DR. SHAW: For many establishments,
6 it's not a crisis for them because they don't
7 --

8 DR. CUTTER: They've been doing it
9 for so long.

10 DR. SHAW: They've got their stuff
11 in order. I mean --

12 DR. TILDEN: So I think it's the re
13 -- whatever you call that process of existing
14 plants that that -- those activities that
15 FRIS. does should be prioritized.

16 DR. WILLIAMS: Is it re-validation
17 or you call it verification?

18 DR. CUTTER: Existing HACCP plants?

19 MS. SILVERMAN: For their own
20 establishments, it would be just collecting
21 the validation data.

22 MS. BUCK: We all have to think, is

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1 Carol Tucker going to have a fit? We changed
2 what we're saying. I don't know what you're
3 talking about. You have me a little confused
4 right now. I don't understand so help me
5 understand.

6 DR. TILDEN: Okay, so here's the
7 issue is FRIS. is saying what has been good
8 for ten years is no longer good for existing
9 plants.

10 DR. SHAW: No, I didn't say that.

11 DR. TILDEN: Well, that's the way
12 it's interpreted.

13 DR. SHAW: Please do not put me on
14 record as saying that.

15 MS. BUCK: Okay, these are not
16 working consistently. These things -- what
17 you have in place is not working consistently
18 with all your plants. That you are saying.

19 DR. TILDEN: Right. So if you're
20 saying everybody across the board has to at
21 once go through this process, that's what I
22 think the committee is saying won't work. You

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1 can't sustain that. You don't have staff to
2 deliver it. We don't have an infrastructure
3 to support it.

4 DR. SHAW: Right.

5 DR. TILDEN: So what we're trying
6 to do is figure out to break that into an
7 incremental process that can work.

8 DR. SHAW: Right.

9 MS. BUCK: And would -- you're
10 suggesting re-certification as a logical time
11 to say well, now you're coming back. Don't
12 you want to be re-certified? Now, we're going
13 to talk to you about your validation
14 practices.

15 DR. CUTTER: Well, I mean, plants
16 should be doing verification re-assessment
17 every year.

18 DR. WILLIAMS: Well, when there's a
19 change.

20 MS. BUCK: Or when there's a
21 recall.

22 DR. CUTTER: No. They should be

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1 doing re-assessments very year. That's part
2 of the verification activities. They should
3 be doing it every year but it just depends on
4 what their year, calendar year, whatever
5 their year is.

6 MR. WARSHAWER: Validation isn't
7 re-assessment.

8 DR. CUTTER: No, validation is
9 supporting -- making sure that everything
10 that you say you're doing is working as
11 intended. Verification requires three things.
12 Re-assessment, record review, direct
13 observation, calibration. Those are kind of
14 the things for verification. Validation is a
15 component of verification. That's the way I
16 teach it.

17 MS. BUCK: Okay, and we've already
18 asked them for verification.

19 DR. CUTTER: Verification,
20 validation.

21 MR. WARSHAWER: What you just, that
22 was good. I mean, technically --

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1 DR. CUTTER: I understand that
2 verification is short-term and long-term.
3 Short-term might be your pre-shipment route
4 or things that are done daily. Long-term
5 might be your weekly, monthly, your yearly
6 third-party audit.

7 MR. WARSHAWER: You're saying the
8 magic word validation is a component of
9 verification.

10 DR. CUTTER: Would you agree?

11 DR. SHAW: Well, I mean, how we
12 teach it is that there is the HACCP principle
13 of verification. Large umbrella. It includes
14 three aspects. Initial validation, on-going
15 verification, and re-assessment. These have a
16 sort of cycle to them. Initial validation,
17 first 90 days. On-going verification, and
18 during those first 90 days, you get your act
19 in order. Then on day 91, you're good to go.

20 And then at some -- and then at
21 least yearly or at a point when significant
22 changes are made, you would do re-assessment.

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1 During that re-assessment, you would decide
2 whether you need to go back to validation or
3 whether you don't because depending on the
4 extent of change. Then you move on.

5 DR. TILDEN: Can we prioritize
6 FSIS's activities related to re-assessment
7 based on risk so that if you are -- FRIS. If
8 everybody is supposed to be re-assessing on
9 an on-going basis, that's fine. We don't
10 change that because that's a requirement in
11 the reg. But FRIS. prioritizes its activities
12 related to re-assessment based on risk.

13 DR. SHAW: What you could say is --
14 because when we release this guidance
15 document finally, we would say in the Federal
16 Register notice that we're announcing this
17 guidance. We would ask establishments to do
18 an -- like, not the annual, an unscheduled,
19 basically unscheduled re-assessment in light
20 of this guidance document. We would give
21 people a certain amount of time to do it.
22 Now, you could say how various entities have

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1 various amounts of time to do it.

2 MR. WARSHAWER: That doesn't really
3 make sense, though. If re-assessment is done
4 annually, then what you want is that the new
5 HACCP guidance applies to the next re-
6 assessment.

7 MS. SILVERMAN: Well, it's done
8 annually or in light of changes.

9 MR. WARSHAWER: Yes, for the next -
10 - whenever the next re-assessment is.

11 MS. SILVERMAN: It could be
12 equipment change or moving facility.

13 MR. WARSHAWER: But this is -- one
14 of the things that I think people are
15 reacting to is the idea that a guidance is
16 going to come out and all of a sudden, an
17 additional response burden is going to be
18 placed on them that's going to -- you
19 described the cyclical nature of it. This is
20 supposed to integrate with that cyclical
21 nature and add higher quality performance to
22 it. It's not supposed to be another cycle.

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1 DR. CUTTER: For the other
2 component of this, is it validation?
3 According to what you guys have written, it
4 must be done on a yearly basis anyway so any
5 -- okay, so if you do --

6 DR. SHAW: Re-assessments.

7 DR. CUTTER: No, but from a
8 validation standpoint, if you collect data
9 for your critical control point -- let's say
10 your cooking temperature and things like that
11 -- do they have to do that? Do they have to
12 re-validate that process every year?

13 DR. SHAW: No, no. DR.

14 CUTTER: 90 days and that's it?

15 DR. SHAW: That is the hugest
16 issue that is really going on that is really
17 hampering us with respect to food safety.
18 There is a term going around that makes me
19 want to scream. It's on-going validation.
20 That term doesn't exist.

21 DR. CUTTER: But you guys aren't
22 going to accept data from something that was

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1 two years ago.

2 DR. SHAW: Yes, we would.

3 DR. CUTTER: You would accept it?

4 DR. SHAW: Yes, because what's
5 still not getting across is this step-wise
6 process of the HACCP principle verification.
7 Like, those first 90 days are very important
8 as benchmarks.

9 DR. CUTTER: Okay.

10 DR. SHAW: Like you're learning
11 your process. You're putting it into action.
12 You're repeatedly testing parts of it to make
13 sure it works. Then you've got this body of
14 information. Then on day 91, you move out to
15 basically -- you're monitoring
16 your on-going verification that you've
17 decided are important. For 91 on. Then at
18 your yearly re-assessment or at other times,
19 there's the review of documents.

20 DR. CUTTER: Right.

21 DR. SHAW: Then you start
22 comparing. Do I have consistent process

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1 control? Am I able to still do what I set
2 myself out to do? So there's a comparison
3 back on various things. Then you're
4 continuing moving on.

5 DR. CUTTER: So as long as there's
6 no equipment changes, you have no changes to
7 formulation or anything that's going to
8 affect thermal stability, everything along
9 those lines, you guys are fine with any --
10 two years and that's good but anything after
11 two years then, they should be re-validating
12 --

13 DR. SHAW: No, never.

14 DR. WILLIAMS: You're saying like
15 appendix A. If you follow Appendix A, it's
16 good --

17 DR. SHAW: You're good.

18 DR. CUTTER: Then that's it? Okay.
19 Because everything else says two years data
20 is all you guys will accept for micro-testing
21 for other things so I just want
22 clarification.

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1 DR. SHAW: No. All -- I mean,
2 really -- which is why I get into people. We
3 always like to use the term initial
4 validation but others don't like it. But I
5 think initial validation gives people an idea
6 of a time-frame because it really is initial.
7 It's the first 90 days and you only do it
8 again if you significantly change your --
9 because you have daily monitoring and on-
10 going verification that's supposed to keep it
11 --

12 DR. CUTTER: So it is an on-going
13 validation when you think about it.

14 DR. SHAW: But that confuses people
15 because you're monitoring -- what you're
16 monitoring every day and your periodic on-
17 going verification is not at the extent of
18 what initial validation would be.

19 DR. CUTTER: Right.

20 DR. SHAW: So that's what getting -
21 - but when people use those terms, it scares
22 people into thinking that I've got to do this

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1 huge -- all the time.

2 MS. BUCK: Do this all over again.

3 DR. SHAW: And it's got to be
4 continuous all the time and that's not what
5 we're asking for.

6 DR. WENTHER: That's perpetuated by
7 inspection personnel though because when you
8 see --

9 DR. WILLIAMS: PIOAs need to be the
10 first ones to understand what you just said.

11 DR. WENTHER: Yes, because you're
12 perpetuating what inspection personnel --
13 because they come through and say, that's
14 fine, but now you have to be monitoring
15 temperature and time temperature
16 relationships. Every load, you need to be
17 monitoring humidity. Every load, you need to
18 be monitoring dwell times because those are
19 the three aspects in Appendix A.

20 Most plants, small plants, only do
21 time temperature or temperature unless
22 they're doing jerky where they -- then they

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1 do what you say they're doing. They monitor
2 on some sort of strategy as to the humidity
3 requirements. That's where the confusion
4 lies. Then when you look at all the records
5 they've got for Appendix A right now, they've
6 got ten years of records that they've used
7 Appendix A and they're monitoring internal
8 temperature. Those records stand for nothing
9 when it comes to initial validation, correct?
10 They got to go back and now they've got to
11 monitor --

12 DR. SHAW: No. They --

13 MS. BUCK: I think what --

14 DR. WENTHER: That's what you said
15 yesterday. They had to go back and they had
16 to monitor, you know, the hot spots and cold
17 spots. Then they got to monitor placement of
18 the probes and all this other stuff for
19 initial validation.

20 MS. BUCK: I think one thing --
21 just so I'm clear. FRIS. says you have to
22 come up with a validation system. You have to

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1 come up with that and you prove to us that
2 your cooking temperature is going to kill
3 this pathogen. We want you -- unless you
4 change your materials or your equipment or
5 something, that stands because you have a
6 method for killing the pathogen at the
7 appropriate temperature. So a year from now,
8 you don't have to go back and re-prove that
9 to us. You just have to keep saying we're
10 continuing to use the process that we
11 initially established. Is that correct?

12 DR. SHAW: To a certain extent,
13 yes. What I'm trying -- what Meryl and I are
14 trying to get across is that not every
15 establishment but there is a percentage of
16 establishments out there that twelve years
17 ago or ten years ago or eight years ago or
18 five years ago or three years ago, whenever
19 they started HACCP, sat down and when they
20 made out their plan, they looked at some
21 scientific information. They made out a plan.
22 They decided what they were going to measure

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1 on an on-going basis and they might not have
2 decided to measure the right thing or at the
3 right place.

4 Either they are at some point
5 playing Russian roulette or we systematically
6 in our various outbreaks or positive samples
7 come across them one by one by one. We would
8 like to be more proactive and get away from
9 the one by one and put out some guidance from
10 people to not necessarily re-do but take
11 another look at what they're doing and decide
12 for themselves is this what I should really
13 be doing or is there something I might have
14 missed that may put me in an uncomfortable
15 position in the future instead of waiting for
16 the positive sample, for the outbreak, for
17 the EIAO to come in and find it or us to
18 somehow stumble upon it. Give them some
19 tools to take a second look for themselves.

20 MS. BUCK: That's a big order.

21 DR. SHAW: Yes.

22 DR. JONES: Unfortunately, we have

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1 about 20 minutes.

2 DR. WILLIAMS: We've basically done
3 that with this, with what we've got with the
4 recommendations here except what we're saying
5 is with the phase-in, rather than have every
6 establishment across the board do it for
7 every process -- slaughter all the way
8 through to fully cooked -- at one time based
9 on the risk and we've identified that here.
10 Do it on the highest risk and phase that
11 process in as it has been done because if it
12 hits all at one time, it's going to be viewed
13 as well, I've got to re-do my HACCP. That's
14 the way it's going to be interpreted.

15 MR. WARSHAWER: I think the
16 messaging is really key and probably has been
17 challenged.

18 MS. BUCK: I like the idea of re-
19 assessing on when they would normally re-
20 assess. They are annually asked to re-assess,
21 right? They're annually asked to re-look at
22 their thing. Do they have to send a report to

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1 you that they've done this?

2 DR. CUTTER: No.

3 DR. SHAW: They may or may not.

4 DR. CUTTER: One page, put it in
5 the front of their house plant. Plant was re-
6 assessed on this day. Changes were made here
7 and there and then they sign it, put it in
8 the plant.

9 DR. SHAW: That is not how --

10 MS. BUCK: Wait a minute. Does that
11 need to go in this document?

12 DR. SHAW: Technically, that's not
13 required at this moment. The requirement is
14 actually just sign and date.

15 DR. CUTTER: If there's no -- they
16 have to identify what those are. That's what
17 the EIAOs tell us is that they need to
18 identify the changes and report it and then -
19 - that's what we were told that they should
20 see it in their re-assessment.

21 DR. SHAW: That makes life easier
22 but technically, they don't have to.

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1 DR. WILLIAMS: Can we say --

2 DR. JONES: This conversation began
3 around this utilization of the phase-in
4 approach. How do we put what we just talked
5 about or do we need to put what we just
6 talked about or some piece of it to complete
7 this thought on the utilizing this phase-in
8 approach because after this particular
9 sentence, I'm going to suggest that we review
10 the whole document to move forward.

11 MS. BUCK: That's right.

12 MR. WARSHAWER: What -- this was --
13 what you just said is the big umbrella,
14 right. We have -- I think, somewhere, we have
15 to say based on FRIS. realization that there
16 may be chronic problems with original
17 validation in a number of plants, etcetera,
18 etcetera.

19 MS. BUCK: That might be an
20 approach but I think that maybe FRIS. should
21 consider -- no, I don't want to say that.

22 DR. WILLIAMS: Why don't we say,

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1 utilize a phased-in approach to application
2 of the new guidelines in normal HACCP re-
3 validation and re-assessment and re-
4 evaluation and your yearly re-assessments.

5 MS. BUCK: Do they have to send
6 something to FRIS.?

7 DR. WILLIAMS: No. It's just
8 required that when they have a review, that
9 it be signed off on each year or when there's
10 a change. That has to be noted.

11 MS. BUCK: I know but should there
12 be --

13 DR. WILLIAMS: No.

14 DR. JONES: Can you repeat that one
15 more time?

16 DR. CUTTER: The regulations don't
17 require that, Pat.

18 DR. WILLIAMS: Utilize a phased-in
19 approach to application of the new validation
20 guidelines.

21 MR. WARSHAWER: These guys are
22 saying that's not enough. I think what we're

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1 hearing quietly is the scope of the problems
2 are such that that's not enough. But then
3 putting the whole thing out there like a big
4 bomb to the whole industry is not the way to
5 get the solution so we're trying to figure
6 out the fine line between just hoping we
7 uncover things.

8 MS. BUCK: How about utilizing a
9 planned phased-in approach?

10 DR. CUTTER: A normal?

11 MS. BUCK: Or using a risk-based
12 phased-in approach?

13 DR. JONES: HACCP re-evaluation? Is
14 that what you said?

15 DR. CUTTER: HACCP re-assessment.

16 DR. WILLIAMS: Re-assessment.

17 MS. BUCK: Utilizing a risk-based
18 phased-in approach? I mean, should we put
19 some qualifier there?

20 DR. WILLIAMS: We've already stated
21 that with some of -- in the preamble.

22 DR. JONES: You're saying utilize

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1 the phased-in approach?

2 DR. CUTTER: Yes, but the Food
3 Safety Modernization Act doesn't address
4 FRIS.

5 MS. BUCK: No, it doesn't.

6 DR. TILDEN: Phased-in risk-based.

7 DR. JONES: So phased-in risk-based
8 approach.

9 MS. BUCK: Phased-in, comma, risk-
10 based approach. Put a comma after phased-in.
11 Risk-based approach. Use that. That's right.
12 That's good. Based approach. To the
13 application or the implementation? I mean, is
14 it at the implementation? Application of the
15 new validation guideline for normal HACCP --
16 okay, application. Yes, application.

17 DR. JONES: Okay, now, we need to
18 quickly review this document one at a time.
19 Is everybody okay with that?

20 MS. BUCK: Do we have opportunities
21 -- I mean, this puzzles me why they do this.
22 They put us in a room together. We pound

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1 these things out. Why do we have to have it
2 presented? I mean, we have a draft to
3 present. Can we fine tune this for a week
4 afterwards? Can we ask for that?

5 MR. MURINDA: We have an
6 opportunity to improve it upstairs.

7 MS. BUCK: We have the opportunity?

8 MR. MURINDA: Yes. We are going go
9 over it with the other committee.

10 MS. BUCK: Yes, that's right.
11 You're right. This is the ugly process.

12 MR. MURINDA: Once we are away from
13 here --

14 DR. JONES: From the beginning?

15 MS. BUCK: Yes, please. I'm just
16 trying to test -- under the recommendations,
17 we have something that says pilot test. The
18 toolkit. By establishment? I would say with
19 establishments.

20 MR. MURINDA: Let's go through them
21 one by one and when we get to that --

22 DR. TILDEN: There was a sidebar

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1 conversation that might be worth throwing in.
2 Do you understand that in the -- there's a
3 focus area in the annual re-assessment?

4 DR. WENTHER: In Iowa where I came
5 from, working with Dr. Cordray -- he was big
6 on extension and big proponent of HACCP. We
7 would focus on an issue every year. That
8 issue was listeria one year. This last --
9 what? 2007, it was E. Coli 0157:H7 we had to
10 deal with. We focused on supporting
11 documentation.

12 To me, re-assessment is sometimes
13 -- and I bet the Agency will agree -- pencil-
14 whipping activity. They'll just sign off on
15 it and it will be done. Jasmine has probably
16 seen it too. They focus their effort -- and
17 if you're saying its simplistic, if all they
18 have to do is find out my critical points,
19 identify them, find my papers, make sure my
20 papers match to my critical point, those
21 parameters that the consortium will identify
22 that we can actually look at and monitor

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1 those for some period, I could sell that.
2 What I couldn't sell was but none by the way,
3 how do you know? And how do you know? And
4 picking it apart, picking it apart. Two years
5 later, an EIAO comes through and picks it
6 apart again. That's what just kills us
7 because it was acceptable two years ago and
8 it's not acceptable now.

9 MR. WARSHAWER: Right. And what I
10 hear is make re-assessment more robust and
11 give some area of focus to re-assessment so
12 that it isn't just a useless exercise and we
13 won't have an accumulation of problems that
14 lead to this kind of major revision.

15 MS. BUCK: In other words, what
16 you're suggesting is that the small
17 processors, they would like to have re-assess
18 this year -- have FRIS. say reassess this
19 year according to your slaughtering
20 processes?

21 MR. WARSHAWER: Could be that.

22 DR. JONES: Excuse me, I'm sorry.

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1 Are we talking about something we're going to
2 change in this document possibly?

3 MS. BUCK: Yes, we are.

4 DR. JONES: Where?

5 MR. WARSHAWER: Well, we're talking
6 about the --

7 DR. JONES: We have ten minutes and
8 we need to figure out whether or not -- what
9 we're going to table and what we can't table.

10 MR. WARSHAWER: Okay. What this is
11 -- this is an offshoot of the implementation
12 and phase-in question and we kind of got
13 side-swiped a bit by realizing why it is that
14 this thing is mushrooming. So it's a whole
15 other little circuit that we've just done to
16 see if the existing --

17 DR. JONES: Right. What I'm saying
18 is, is this something that we need to put on
19 as further discussion needs to be held around
20 this issue? MR. WARSHAWER: I have
21 an idea.

22 DR. JONES: Only because we have

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1 ten minutes.

2 MR. WARSHAWER: I understand.

3 DR. CUTTER: I think we need to let
4 the powers that be know that we're still
5 working on this document. It still -- I mean,
6 last year, we were able to go back and forth
7 after we got home and --

8 MR. WARSHAWER: We don't want to.

9 DR. CUTTER: They don't want that
10 this year?

11 MR. WARSHAWER: It was us. It was
12 too hard on us. It took too long and our
13 chair was --

14 DR. JONES: Yes. It took like three
15 weeks.

16 DR. CUTTER: Yes, it did with us
17 too.

18 MR. MURINDA: Some people were not
19 in favor of those changes.

20 DR. JONES: Right. It just had to
21 be pushed, yes.

22 DR. CUTTER: All right.

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1 DR. WILLIAMS: I think that that
2 would be best left to the powers within FRIS.
3 and the consortium people --

4 DR. CUTTER: To iron out those
5 details.

6 MR. WARSHAWER: I think the
7 Consortium could help determine the annual
8 focus area for re-assessment. Then we could
9 put validation as the top -- assessment.

10 DR. WILLIAMS: That is part of
11 FRIS. and the Consortium responsibility.

12 MR. WARSHAWER: Right. We are
13 trying to create a mechanism for continuous
14 improvement without having things slip and
15 slip and slip and then there's a series of
16 outbreaks and then there's a kaboom.

17 DR. CUTTER: We still need -- I
18 know Pat and I had some issues of what
19 constitutes a toolkit. We need to get some
20 clarification on toolkits. I mean, there's --
21 besides education materials, outreach
22 activities, those kind of things. I think we

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1 want to be all encompassing on that one.

2 MR. WARSHAWER: We will have time
3 also upstairs in the whole group. We can --
4 we'll be word-smithing some more with the
5 larger group so we're okay.

6 MS. BUCK: We have to get unstuck
7 and get done.

8 DR. WILLIAMS: After -- FRIS.
9 should send that recommendation right there.
10 Should it not be FRIS., we need, QC or our
11 administration to clarify what point for
12 these extenuating circumstances. I know we
13 had the intention that that would be a
14 Washington evaluation and I'm just saying
15 that we need to put FRIS. Washington there,
16 our headquarters.

17 DR. CUTTER: Or agency.

18 DR. WILLIAMS: Yes. Agency could
19 include even locals.

20 DR. CUTTER: I mean, we're going to
21 have discussion -- still got two more hours
22 of discussion on this when we go upstairs.

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1 DR. WILLIAMS: That's all I have.

2 MS. BUCK: Under pilot, did we fix
3 that?

4 DR. CUTTER: Let's go to -- we're
5 talking about toolkit. You and I had issues
6 with what constitutes a toolkit, which would
7 be educational information as well as
8 outreach activities.

9 MS. BUCK: That's right.

10 DR. JONES: Is that the toolkit
11 right there?

12 DR. WILLIAMS: Parentheses.

13 DR. JONES: Parentheses. Education
14 training materials.

15 MS. BUCK: And opportunities for
16 food safety.

17 DR. JONES: In collaboration with
18 the Consortium, develop a toolkit? Right
19 behind the toolkit? Parentheses. On the first
20 line.

21 MS. BUCK: Yes.

22 DR. JONES: Okay, parentheses.

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1 DR. CUTTER: The question that I
2 had earlier was who is going to identify the
3 Consortium?

4 DR. TILDEN: We have to get this
5 bullet in.

6 DR. CUTTER: Wait a minute. I know,
7 but I'm still --

8 DR. JONES: With your toolkit --
9 what did you just say about the toolkit?

10 DR. CUTTER: Toolkit and --
11 toolkit.

12 MS. BUCK: Outreach materials.

13 DR. CUTTER: Training materials.
14 Educational training materials and outreach
15 activities.

16 MS. BUCK: Yes. Education and
17 training materials and outreach activities.

18 MS. SCHECHTER: Education and
19 training?

20 DR. CUTTER: Yes, and outreach
21 activities.

22 DR. TILDEN: There you go. So now

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1 we're going to do a read-through?

2 DR. CUTTER: No, wait. I still want
3 to get a question that I had earlier when we
4 came in at 8:30, which is how are we going to
5 identify the Consortium? Who has that
6 responsibility? Who and how is that going to
7 be determined?

8 MS. BUCK: Let's make it simple.
9 We'll have the President do it.

10 DR. TILDEN: How about there be
11 created a standing committee that has
12 extension, FRIS., and industry
13 representatives and they make all those
14 decisions?

15 MS. BUCK: A steering committee?

16 DR. TILDEN: I don't know. What we
17 want is we want to have those three
18 disciplines represented, right?

19 DR. WILLIAMS: Do we not imply that
20 the second bullet -- encourage and support
21 the creation --

22 MS. BUCK: So task force,

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1 cooperative agreement?

2 DR. CUTTER: I mean, Consortium.
3 What's the word that we really need? We're
4 going to recommend that you all bring
5 together people to be able to address these
6 validation concerns, issues. So the question
7 is who is going to be responsible for that
8 identification of those individuals?

9 DR. WILLIAMS: Is it not the
10 underlying thing that we're making these
11 recommendations to the agency?

12 DR. CUTTER: So FRIS. will do it
13 then?

14 MR. MURINDA: It's my understanding
15 that -- recommend.

16 DR. CUTTER: We want you guys to
17 debate -- go ahead and make the steps in that
18 direction so that next time we meet, we have
19 some --

20 DR. ENGELJOHN: So maybe just
21 propose to the agency the set up of mechanism
22 to create or coax -- whatever.

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1 DR. CUTTER: Okay.

2 DR. ENGELJOHN: And then we'll
3 figure out how best to --

4 DR. WILLIAMS: That's what it says.

5 DR. CUTTER: That's what it pretty
6 much says, okay. Just want to clarify.

7 DR. JONES: So we have five minutes
8 and we need to take --

9 DR. CUTTER: Well, the last bullet
10 I need word-smithing on.

11 MS. BUCK: Yes, because the last
12 bullet, you're saying that the committee
13 recommends that FRIS. provide review of
14 Consortium recommendations and funding. We
15 don't want them to review our funding.

16 DR. CUTTER: That should be provide
17 support -- funding to support. Just cut it
18 down to provide funding to support.

19 MS. BUCK: Yes. Support the
20 Consortium with funding for its activities is
21 what I have.

22 DR. CUTTER: I would just say

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1 provide funding to support the Consortium in
2 its activities.

3 MS. SCHECHTER: So forget about the
4 review of Consortium?

5 DR. CUTTER: Yes.

6 MS. BUCK: No. The review --

7 DR. CUTTER: No, we don't want to -
8 - you said you don't want to -- just, I would
9 just cut it down to provide funding to
10 support the Consortium in its activities.

11 MS. BUCK: Yes. No, no, no. We want
12 the review. Don't we want the review up
13 there? The Consortium recommendations and
14 provide funding. Don't you want provide
15 there? I'm asking.

16 DR. CUTTER: Isn't it sort of a
17 given that we're going to review the
18 Consortium recommendations? Do we want FRIS.
19 to come back to us and say this is what the
20 Consortium has determined? Is that what we're
21 asking them to do?

22 DR. WILLIAMS: I think the intent

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1 here was to get FSIS's stamp of approval on
2 the Consortium findings and materials so that
3 there won't be an issue once it gets into the
4 field.

5 DR. CUTTER: Isn't that why we're
6 saying encourage and support the creation and
7 then develop it? Aren't we telling them
8 that's what they need to? You guys were just
9 kind of telling me that about that's a given
10 when it comes to development of the creation
11 of the Consortium.

12 DR. WENTHER: Then I guess what I
13 was actually -- and you want FRIS. to report
14 back to this committee?

15 DR. CUTTER: Yes, on these things.

16 DR. WENTHER: Yes. Write that in
17 like that.

18 DR. WILLIAMS: Just put the word
19 provide.

20 DR. CUTTER: And then provide a
21 review of these activities or something along
22 those lines as a separate bullet.

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1 MS. BUCK: So what are we doing
2 now?

3 DR. CUTTER: We're going to break
4 it down into provide funding to support the
5 Consortium's activities.

6 DR. JONES: That's the second
7 bullet?

8 DR. CUTTER: Yes. And then another
9 one, which is to provide a regular update on
10 progress in these areas. They have to do
11 stuff and then they have to come back and
12 tell us what they've been doing.

13 MR. MURINDA: More like providing
14 feedback, right? For the programs.

15 DR. CUTTER: Well, not provide
16 feedback. We want to make sure that their
17 finding these things as a committee. Provide
18 a regular progress report.

19 DR. TILDEN: Review Consortium
20 recommendations, provide feedback to NACMPI.

21 MS. BUCK: With a regular progress
22 report.

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1 DR. TILDEN: And provide funding.

2 DR. CUTTER: All right, re-
3 wordsmith this a little bit. So take out --

4 MS. SCHECHTER: I'm sorry. Take out
5 what?

6 DR. CUTTER: Take out of.

7 MS. SCHECHTER: What else?

8 MS. BUCK: We don't have a review
9 of. Review Consortium recommendations.

10 DR. CUTTER: And provide feedback
11 to NACMPI with a regular progress report.

12 MS. BUCK: Get rid of the semi-
13 colon.

14 DR. CUTTER: No comma.

15 MS. BUCK: Okay, and I would get
16 rid of the and at the end and just say the
17 committee recommends that FRIS. provide
18 funding to support.

19 DR. CUTTER: Well, no, but we're
20 doing bullet points with verbiage -- verbs on
21 everything. Why don't we take all this out
22 and just say review Consortium

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1 recommendations?

2 MS. BUCK: Yes.

3 DR. WILLIAMS: Yes, FRIS. review --
4 take the committee recommends that --

5 DR. CUTTER: Take all that out.

6 MS. BUCK: Okay. You're getting rid
7 of FRIS. too.

8 DR. WILLIAMS: No. You want that
9 there to indicate you want their stamp of
10 approval.

11 DR. CUTTER: You could say have
12 FRIS. review or something.

13 MS. BUCK: Have. Require FRIS.

14 DR. CUTTER: In which case, we are
15 now back to to review.

16 DR. JONES: Right.

17 DR. CUTTER: We're good.

18 MS. BUCK: Do we need to put a
19 period at the end of report?

20 DR. CUTTER: Actually, we need to
21 put a period --

22 DR. WILLIAMS: You need a semi-

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1 colon because all the rest of them have a
2 semi-colon.

3 MS. BUCK: You don't want the m
4 there.

5 DR. CUTTER: It's a list.

6 DR. WILLIAMS: It's a list.

7 DR. CUTTER: Go back up to the
8 beginning. We still have five minutes.

9 MS. SCHECHTER: The beginning?

10 DR. CUTTER: Yes.

11 DR. JONES: Actually, no. They need
12 the flash drive upstairs. So if you could
13 save it -- they gave me the flash drive
14 upstairs ten minutes ago and told them I was
15 coming in five. So we got to break. We have a
16 break.

17 MS. SCHECHTER: So you want me to
18 save this to the hard drive and they take the
19 --

20 DR. CUTTER: We need to scroll
21 through this real quick before we send it
22 upstairs.

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MS. SCHECHTER: Okay, all right.

DR. WILLIAMS: Go back to the very
top.

(Whereupon, the session ended at
9:56 a.m.)

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