

February 2, 2022

Sandra Eskin  
Deputy Under Secretary for Food Safety  
Food Safety and Inspection Service  
U.S. Department of Agriculture  
Room: 201-W, Jamie Whitten Building  
*Delivered via electronic mail*

Dear Deputy Undersecretary Eskin,

The undersigned members of the Coalition for Poultry Safety Reform, a multistakeholder coalition that includes individuals and organizations representing consumers, victims of foodborne illness, food safety scientists, current and former food safety officials, and members of the poultry industry, write to offer our recommendations for the agency's recently launched effort to reduce *Salmonella* illnesses linked to poultry.

We appreciate the commitment you and Secretary Vilsack have made to modernizing the FSIS regulatory program and agree that reducing *Salmonella* illnesses should be a top priority for the agency. Members of our coalition are likewise committed to do everything we reasonably can to prevent illness from *Salmonella* attributed to poultry.

We urge the agency to focus its regulatory effort on developing new regulatory standards related to *Salmonella* covering both products and supply chains, and that these standards be informed by a risk assessment model based on existing data. We also ask that the agency set a specific timeline for issuing a proposed regulation to put this framework into effect.

**I. FSIS Should Adopt Enforceable Product Standards Aimed at Reducing Risk of Illness, Combined with Standards to Ensure Supply Chain Risks are Appropriately Managed**

The current standards for poultry, which aim to reduce human illnesses by categorizing establishments based on the prevalence of *Salmonella* positives in poultry products over a 12-month period, have not achieved their intended purpose. The standards were set with the objective of meeting the Healthy People 2020 goals established by the U.S. Department of Health and Human Services, which aimed to reduce Salmonellosis cases by 25 percent by 2020.<sup>i,ii</sup>

The *Salmonella* performance standards did not achieve that goal. As the last decade came to a close, the incidence of Salmonellosis was, if anything, higher than it had been at the start, with 17.1 illnesses per 100,000 population, compared to 15 at baseline (2006-8).<sup>iii</sup> Even accounting for improved methods of diagnosis, this result cannot be regarded as anything but a clear failure.

Achieving better outcomes in the next decade will depend on the agency addressing fundamental flaws in its standards. In particular, the standards are not enforceable, fail to identify the products that are highest risk, and fail to ensure food safety from farm to fork.

To address these flaws, we urge FSIS to adopt enforceable, science-based product standards aimed at reducing illness by removing the highest-risk products from commerce, combined with a standard to ensure supply chain risks are appropriately managed.

In developing the product standards, we urge FSIS to explore and, as discussed below, evaluate for their risk reduction potential a range of possible options to reduce risk. The standards should be designed to

be achievable, and should also be designed to be revisited periodically, so that they can be adapted as control measures improve and the scientific understanding of risks evolves. For example, a standard that focuses initially on enumeration (quantification) of *Salmonella spp.*, or focuses on a small number of priority serotypes could be adjusted to include new priority serotypes or to focus on specific virulence traits as new risks emerge. The key is to use the best science available to set standards that are effective in significantly reducing risk and can be updated as new science emerges.

The new product standard should be combined with a requirement that each regulated slaughter establishment, as part of its HACCP plan, develop, validate, and implement a supply chain program, to ensure that suppliers of live birds employ best practices (e.g., vaccination, sanitation practices) to control or mitigate identified hazards. Under this proposal, FSIS would not mandate specific on-farm practices, but would provide guidance on best practices and verify through inspection the implementation of the establishment's supply chain program, similar to the approach it already applies to HACCP within establishments.

## **II. FSIS Should Develop and Apply a Risk Model to Understand the Illness Reduction Benefits of Various Product Standards**

Prior to developing its new product standards, FSIS must consider public health goals for illness reduction, alongside what is achievable with current technology and management practices. As part of this assessment, the agency must develop a robust risk model to understand the illness reduction benefits of various product standards. This will facilitate a thoughtful assessment of the benefits of an array of approaches.

This risk model is an essential step that must be undertaken to assess public health impact before establishing a product standard.

The risk model should be informed by robust data, including:

- Product testing data, including enumeration and serotype data
- Human epidemiological data, including incidence of illness by serotype, dose-response effects, virulence by serotype, and antibiotic resistance by serotype
- Supply chain data, including enumeration and serotype data collected from live poultry, as well as pre- and post-slaughter testing

The signatories to this letter are interested in supporting FSIS in developing this model. In particular, the academic partners in our coalition are prepared to provide assistance in developing the risk model, and the undersigned representatives of industry are interested in exploring means to share the product sampling data they have collected from various stages of production, to inform the agency's risk assessment.

## **III. Publish a Timeline for Issuing Proposed Regulations**

While the agency has declared a new effort to reduce *Salmonella*, it has not set a specific timeline for producing new regulatory standards. The poultry industry will need adequate time to adjust to any new proposed standards prior to their taking effect. Therefore, if FSIS aims to achieve public health improvements over the next decade, it is critical that the agency begin laying the groundwork now by communicating a clear timeline to stakeholders.

We urge the agency to publicly commit to a timeline for issuing proposed regulations, which should be based on the risk assessment described above. This timeline is achievable because much of the data needed to inform such a proposal is already available in the public domain, or can be obtained voluntarily from industry.

FSIS has also expressed an interest in engaging in pilot projects to assess the efficacy of various *Salmonella* control and measurement strategies. While such pilots will undoubtedly provide useful data to the agency, they are not prerequisites to the development of a standard, and can therefore occur alongside the agency's regulatory reform efforts, rather than postponing regulatory action.

We would like to request a meeting to discuss these matters further and, in particular, the specific next steps needed to establish a risk assessment model and to access the necessary data for that model, as well as a timeline for regulatory action.

Sincerely,

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Senior Vice President, Food Safety  
Butterball LLC

Amanda Craten  
Mother of Salmonella Illness Survivor  
Gilbert, Arizona

Angie Siemens  
Vice President, Food Safety, Quality & Regulatory  
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Consumer Federation of America

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<sup>i</sup> Changes to the Salmonella and Campylobacter Verification Testing Program. 80 Fed. Reg. 3940 (January 26, 2015). <https://www.govinfo.gov/content/pkg/FR-2015-01-26/pdf/FR-2015-01-26.pdf>

<sup>ii</sup> Healthy People 2020. Food Safety. Last Updated 10/27/21. <https://www.healthypeople.gov/2020/topics-objectives/topic/food-safety/objectives>

<sup>iii</sup> Tack DM, Ray L, Griffin PM, et al. Preliminary Incidence and Trends of Infections with Pathogens Transmitted Commonly Through Food — Foodborne Diseases Active Surveillance Network, 10 U.S. Sites, 2016–2019. *MMWR Morb Mortal Wkly Rep* 2020; 69: 509–514.