

Texas Environmental Health Keynote Address

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I'm very honored and pleased to be here today as opening speaker for your annual educational conference. I hope that some of my remarks will be remembered and considered during your breakout sessions. I also hope that some of them will be remembered and considered when you return to work in your own cities and towns.

I'd like to begin by telling you a bit about S.T.O.P., or Safe Tables Our Priority. We are a national non-profit foodborne illness victims organization that was founded in the wake of the Jack-In-The-Box E. coli O157:H7 epidemic in 1993. Our founders include parents of children who died or were seriously injured from eating contaminated meat. Since, then, our membership has expanded to include people impacted by many different foodborne pathogens from all food groups. Our mission is to prevent unnecessary illness and death from foodborne pathogens and we use a three-prong approach in efforts to achieve our goal-policy advocacy, public education and victim assistance and support. This is the "official" description of S.T.O.P.

But allow me to tell you just who S.T.O.P. really is. S.T.O.P. is Janis Sowerby from Saranac, MI. Jan's little 3-year-old son, Scott, died from E. coli O157:H7 poisoning in August, 1993. The ground beef used to prepare Scottie's Sloppy Joe was contaminated. Jan rocked little Scottie in her arms as he turned blue and died after being removed from life support.

S.T.O.P. is Robert Metz from California, whose 88-year-old mother, Florence, died after eating contaminated hamburger at home in Ohio. Mrs. Metz had been in excellent health prior to eating that dinner with her daughter.

S.T.O.P. is Laura Day, a beautiful 21-year-old senior at the University of Alabama. Laura nearly died at the age of 18 from Hemolytic Uremic Syndrome, a deadly condition brought on by E. coli O157:H7 poisoning. Many young adults would have just said, "Whew, that was a close one" and then attempt to put the horrendous experience behind them. Laura, however, steps forward to be, as she puts it, "the voice for those forever silenced".

S.T.O.P. is Roni Rudolph from Carlsbad, CA, whose 6-year-old daughter, Lauren Beth, was the first child to die in the Jack-In-The-Box epidemic. Lauren died three days after Christmas. Three more children, that we know about, were to die during that epidemic and another 700 people sickened. This was the catalyst to overhaul the 90-year-old meat and poultry inspection system and the event that catapulted the issue of food safety into the public's eyes.

S.T.O.P. is Holly and Galen Scott, whose only child, their "miracle" child, 3-year-old Kevin, died exactly one year after the Jack-In-The-Box outbreak, when eating a hamburger that was presumed to be "safe" again. Kevin's teeth were chipped from clenching them so tightly during his pain-filled final days. His killer was also O157 in hamburger.

S.T.O.P. is Mary Heersink, whose son Damion nearly died from O157 poisoning when he was 11 years old. Ironically, Damion was on a Boy Scout camping trip and food preparation was one of educational topics. Mary went on to write a book about her family's experience titled *E. coli O157-The True Story of A Mother's Battle With A Killer Microbe*. It has been translated into numerous different languages including Japanese and Dutch and is required reading at Kansas State University for its meat science students.

S.T.O.P. is Laurie Girard whose 3-year-old daughter, Anna, was deathly sick from drinking O157-contaminated apple juice. Laurie, horrified by her daughter's near-death experience, has almost single-handedly moved the FDA to re-examine their labeling requirements for fresh juices. Laurie is also attacking the safety issue of alfalfa sprouts and also working on the need for regulation of manure.

S.T.O.P. is Sue Doneth from Marshall, MI. Sue's family has been struck by lightning twice within two years. Sue's 10-year-old daughter, Lindsay, was hospitalized with a severe case of hepatitis A after eating contaminated strawberries distributed through her school lunch program. For almost two years, Lindsay continued to suffer extreme fatigue and numerous secondary conditions including shingles and asthma.

Disaster struck the Doneths again last summer when 14-year-old Sara, contracted *E. coli O157:H7* that developed into the death spiral of HUS. Sara pulled through. But she faces a future of medical unknowns including the possibility of major organ transplants.

Sue, who in her own words, "worked hard at being actively involved in nothing", was so outraged by her first daughter's experience that she took a work leave to pursue produce food safety issues, particularly imports. Now, after Sara's life-threatening experience with O157, Sue is even more committed to the issue of food safety. She is particularly concerned about the emphasis put on "consumer education" as the best method to prevent foodborne illness. Sue was already all-too-aware of the dangers of foodborne illness, including *E. coli O157*, and still it nearly destroyed her family.

And yes, I too am S.T.O.P. Until several years ago, I was just a real estate agent in Chicago, oblivious to food safety issues. I assumed that there was no particular need for me to be concerned about the details of these issues. I assumed that government and industry scientists with all sorts of designations after their names were doing everything possible to ensure consumer health and safety, particularly where food was concerned. After all, everyone has to eat so it seemed logical to assume that our food was safe.

My only child, my son Alex, was only 6 years old when he died from eating *E. coli O157:H7* contaminated hamburger purchased in our neighborhood grocery store. Alex was a beautiful child in every sense of the word. His hair looked as if it had been kissed by strawberries. His grey eyes could be so lively and sparkly or soften with such kindness and love. His little button nose just couldn't stand up to the task of holding up the eyeglasses he had to wear from about the age of four.

But it was his inner beauty that made Alex so special. At only the age of three, Alex befriended the little Downs syndrome child at his preschool and would patiently teach him to play, all the while peppering the little boy's mother with hundreds of

curious questions. At four, when no one else would play with Henry, Alex would. At five, Alex comforted his grandma's friend with Parkinson's disease. Putting his chubby little hands on her shaking ones, he told her he loved her, bringing tears to her eyes. And at six, when his kindergarten teacher returned to the class, crying after just learning her aunt had died, it was Alex who hugged her and said, "Don't cry Miss Cody. She's in heaven now."

Six short months after Alex's kindergarten graduation, I lived through the most dreaded experience a parent can imagine. I watched my child die a brutal death. The agonizing events, from his first abdominal cramp to his death, occurred over a 4-day period.

In an effort to escape the continuous, racking abdominal cramping, Alex curled up in a fetal position and begged me to hold him. I stroked his face, attempting to calm him, to soothe him. I watched in horror his life hemorrhaging away in the hospital bathroom; bowl after bowl of blood and mucus gushed from his little body. Later, I helped change blood-soaked diapers that he had to wear after he could no longer stand or walk. Alex's screams were followed by silence as the evil toxins attacked his brain causing him to lose neurological control. His eyes crossed and he suffered tremors and delusions. He no longer knew who I was.

I sat with my only child as the monitors registered organ failure after organ failure. His body swelled uncontrollably as his kidneys shut down. I lost count of the units of blood and platelets being intravenously fed to him. His little body had a hole dug into his side where the doctors frantically shoved a hose to re-inflate his collapsed lung. Holes for brain shunts were drilled into his head to relieve the tremendous pressure. I screamed for the nurses as he suffered a massive seizure that left him on a respirator. I watched his brain waves flatten. My vibrant little boy, with his beautiful red hair and heartwarming smile, was reduced to a shell of a corpse as his father, his doctors and I all stood helplessly by.

Alex's last words to me were, "Don't cry Mommy" as I couldn't stop the tears from silently flowing down my cheeks. His last act before slipping into a coma was to mouth a kiss to his father.

From the age of three, Alex wanted to be a paramedic so that he could help people. So when he died, we wanted to donate Alex's organs, to fulfill his wish of helping others. We were told we couldn't. The toxins produced by E. coli O157:H7 had destroyed all his internal organs. They had liquefied entire portions of his brain.

I tell you Alex's story for two reasons. One is to convey the severity and brutality of foodborne illness. The other is to remind you that behind every statistic is a face, a story, a life.

Every year, 9,000 people die excruciatingly painful deaths like Alex's, and another 33 million get sick from eating contaminated food. That's 90,000 people getting sick from food EACH DAY! That's nearly 25 people DEAD each day. These numbers grow exponentially when you consider that victims leave behind grieving and broken families, friends, co-workers and playmates. The suffering, grief and loss affects entire communities forever and is simply not something that can be quantified by economists, statisticians or risk assessors. It never stops hurting. My mother would tell you that she lost not only her grandson; she also lost her daughter. I'm no

longer the same person. You don't bury your child without burying the very essence of yourself as well. Alex's death shattered and devastated many, many people.

Many experts agree that foodborne illness figures reflect only the tip of the iceberg and may only represent as few as 10% of actual cases. The children pictured on this postcard suffered heart attacks and strokes during the course of their illnesses. The elderly die of heart attacks and strokes routinely and the systemic cause of food poisoning could easily be overlooked and therefore go unreported. The United States public health surveillance and reporting system is woefully inadequate and underfunded. We have a serious deficiency of data due to the system's large dependence upon voluntary collaboration between CDC and state and local health departments, which is in turn dependent on physician-initiated reporting.

S.T.O.P. strongly believes that the burden of improving food safety belongs squarely on the shoulders of food producers and government. We encourage the retail food industry and public health departments to take this position as well. Retail stores and food service establishments should not have to be dealing with pathogenic organisms any more than consumers should have to in their own kitchens. It is both maddening and extremely sad that some industry, government and public health representatives continue to deny the fundamental point: Food is arriving in grocery stores, homes, and food service establishments already contaminated by potentially deadly microbes. The problem isn't improperly cooked meat or poultry. The problem isn't insufficiently cleaned fruits and vegetables. The problem isn't an inadequate HACCP plan in the restaurant or grocery store. The problem is that there is animal feces in our food!

We frankly feel that the food service establishments and restaurant associations should be putting more pressure on food producers for safer product rather than putting the emphasis on "quality" or shelf life. In our experience, we have not found retailers or their trade associations advocating stricter safety standards at the producer and processing levels.

As Public Health officials, many of you have a lot of interaction with restaurants and food service establishments on a more local level. Please urge them to build safety levels and performance standards in their supplier contracts. This should be a priority in their HACCP plan. Remind them that pathogens don't spontaneously combust in kitchens; they are shipped into them and only then is there the potential for further growth through temperature abuse or the ability to cross-contaminate other foods or surfaces. Food service establishments, too, have the right to expect that every available prevention strategy to combat contamination and cross-contamination has been utilized in order to deliver the safest food possible to their establishment doors. Empower them to expect nothing less. It's too late and the costs are too high to mop up the damage after a food poisoning outbreak has occurred.

I'd like to take a minute to talk about outbreaks and sporadic cases of foodborne illness and share with you some of the concerns and problems our membership has had in their dealings with their public health departments both during and after their illness. We receive quite a few phone calls from victims who have been very angered, frustrated and/or hurt through their dealings with public health departments during their experience with foodborne illness. One of the most frequent complaints is that the public health officials are insensitive to them and make them feel that it's their own fault for their own illness or even worse, the death

of a loved one. This "blaming the victim" attitude is practiced-sometimes knowingly, sometimes not-by some members of industry, government, the media and yes, public health departments. Sometimes it's more subtle than others but it's always very hurtful. I, myself, have been asked numerous times, including by public health figures, "Didn't you cook it?" Of course I cooked it!

Making a person feel both ignorant and responsible for a tragedy after the fact can cause a terrible backlash. A horrifying example occurred several years ago in Ohio. John Hall, grief-stricken after the death of his 2-year-old daughter Paige, from E. coli O157:H7 poisoning, committed suicide after being made to feel that he was in some way responsible for her death. Paige had died after eating a hot dog that had become cross-contaminated from sitting on the same platter as O157-contaminated burgers. Mr. Hall was made to feel responsible for his own daughter's death after he was questioned about his food handling practices. It wasn't John Hall's fault! It's not any victim's fault! The food was contaminated! Please don't make us feel any worse than we already do.

Foodborne illness victims and their families are desperate for information and get very frustrated trying to maneuver through beaurocratic mazes in their quest. We've received complaints of rudeness, conflicting information, refusal of even basic information, lack of interest in pursuing finding a source, etc. Some of it is probably because of lack of resources within the department. In at least one instance we were told by a public health official that they did not divulge the source of a particular illness because they didn't want to provide any information that might be helpful in a lawsuit; that the victim was only out to make a fast dollar.

A common complaint and very serious problem is when a public health department protects industry or business concerns over that of the public health and safety. Sometimes they'll refuse altogether to identify an establishment for fear of hurting their business or they will delay identification even though there is ample evidence pointing to a source. We saw this last year in the Georgia waterpark E. coli O157:H7 outbreak. S.T.O.P. was told how medical staff were convinced of the source of the infection and were frustrated that the waterpark remained open even as more cases were occurring. They had to threaten to leak information of the pool link to the press in order to put pressure on the public health department to finally close the pools.

The American public expects their public health departments to represent them, not businesses. That's why they're called "public" health departments and not "industry" health departments.

Some states have laws that compromise the state's public health policies. Agriculture disparagement laws have been cited as the deterrent to issuing public notification of recalls or to making foodborne illness investigation results public. Some states continue to allow the sale of dangerous food products such as raw milk.

We at S.T.O.P. are very aware of the sensitivity of the relationship between public health departments and state governments. Frankly, we're uncomfortable with it. There is a conflict of interest inherent in having those responsible in drawing industry and businesses into a state also being responsible for regulating the same entities. No matter how hard a state tries to separate the two, there remains a conflict. We see this problem on the national level as well with USDA having both marketing and regulating responsibilities. Creating the Food Safety and Inspection Service as a

separate agency was a well-meaning attempt to resolve the conflict-of-interest issue, but nonetheless, marketing and trade issues continue to be a factor in food-safety policy.

We believe strongly that timely and truthful information should be communicated to the public during a foodborne illness outbreak or a food product recall. Too often, the messages put out by public health departments are sugar-coated in an effort to prevent panic and protect business concerns. However, its effect is to leave people with a false sense of security and may cause them to tune out any message at all. Why should people feel any need for concern or pay any further attention if they are being told that illness symptoms might be diarrhea or dehydration and that they needn't worry at all if they just cook the product thoroughly? Press releases and statements to media should-

- Identify the pathogen and give medical symptoms to be on the alert for and advice on seeking medical attention;
- Identify at-risk groups;
- Identify the source of the outbreak or the product as completely as possible in the event of a recall;
- Advise destroying or returning recalled product, coupled with a strong warning not to consume it.

Proactive public notification can save lives by giving people information they need to assess symptoms, seek medical attention, and take appropriate precautions. The USDA has made major improvements in their press releases and media statements and make a good model for health departments to follow.

I'd like to make a few comments on HACCP. I've spent a lot of time over the last several years attending policy meetings and sitting on the National Advisory Committee for Meat and Poultry Inspection discussing HACCP. S.T.O.P. was an active participant in the policy process as FSIS developed the Pathogen Reduction/HACCP final rule for meat and poultry plants. We are very supportive of HACCP in concept but not at the expense of government inspection.

HACCP, if properly designed and correctly implemented at slaughter and food processing levels, will be effective in reducing contamination thereby generating safer food. HACCP, again if properly designed and correctly implemented in restaurants and at retail, will be successful in reducing bacterial growth and cross-contamination. However, I cannot emphasize enough how critical it is to recognize that HACCP will only be as effective as the validity of the plan itself. S.T.O.P. has always advocated the need for governmental review of company HACCP plans to ensure that their implementation will achieve what they're designed to do; in other words, to validate the plan. We advocate that government perform this function because it overcomes any conflict-of-interest issues that might arise when a company polices itself.

Unfortunately this crucial component was not part of the final Pathogen Reduction/HACCP rule for meat and poultry plants and the result is that there are facilities operating with ineffective, non-validated HACCP plans that don't address the problem. I received an email recently telling how FSIS had sent out "model" letters to their District Offices to be used to notify plant establishments that their HACCP plans do not address all food safety hazards. This is very serious and very

frightening. As inspection resources shrink, all sectors including consumers are relying, out of necessity, more and more on food producers and food service establishments employing practices and processes that effectively address food safety hazards. We need the assurance that companies are utilizing a HACCP system with proven, validated methods for achieving food safety; a system that has been reviewed by the unbiased eyes of government.

S.T.O.P. supports mandating government-validated HACCP programs for all retail and food service establishments. In the meantime, we hope that you are reviewing the HACCP plans and procedures with those establishments that have them. We're counting on you to spot the errors and omissions and make sure that they are corrected. Our families' health and safety depend on it.

The last topic I want to discuss is consumer education. Consumers can and should accept a responsible role in safe handling and preparation of food for those pathogens that we can reliably diffuse in our homes. Consumers must be able to conduct their own risk assessment and therefore must be clearly informed of the risks-- no sugar-coating the message! They must know that they just don't have a case of diarrhea to face--they might be facing death!

Consumers however will not tolerate the onus of responsibility for contaminants that are so virulent that a single microbe has the capability to infect and kill. E. coli O157:H7 is such a contaminant. You can't educate this pathogen away. We cannot control the cleanliness of our kitchens down to the level of a single microbe. Nobody can.

We will not tolerate our children's safety being dependent on the employees in school cafeterias, fastfood establishments and restaurants, many of whom don't understand the ramifications of their actions or inactions. We will not tolerate our children's lives being at stake if we make even the most minor of mistakes in our kitchens. There are some in industry who have been trying to make consumers the first Critical Control Point in a food safety program and that is unacceptable.

For obvious economic reasons, industry has been loathe to admit a contamination problem and have attempted to make the issue of foodborne illness look like a problem that originates with food handlers. They tout, and so does government, that "America has the safest food supply in the world".

Dr. Morris Potter, formerly of the CDC and now at FDA, stated, "People have been told so often by politicians and industry leaders that the food supply is safe, and so, with no evidence to the contrary, they handle food in a very cavalier manner. You can't in the same breath tell them not to worry about food and ask them to handle it like toxic waste".

What is needed is behavior modification, not just education. I can talk until I'm blue in the face that 160 degrees is the ONLY way to know that a hamburger is safe and the only way to know it's achieved 160 degrees is by using a thermometer. But the message is lost because a person can walk into almost any restaurant anywhere in the United States and order their burger anyway they want it cooked. We are sending mixed messages. Until all levels of municipalities adopt the Food Code in its entirety, we will continue to send out conflicting messages to consumers.

Consumer education is good; it is necessary. But it is not the answer. Remember the Doneth family I spoke about earlier. Lightning struck them twice and Mom's a food safety activist! No one knew better than Sue the seriousness of food safety and the necessity of careful food preparation and handling and still her daughter nearly died from E. coli O157:H7 poisoning. Her best efforts weren't enough to spare her daughter.

Consumer education is only a tiny component of a food safety system. It's the most expensive and least effective method to keep people safe.

Thank you for being pro-active in the field of consumer health and safety. You chose to work as vanguards for the public's health and safety. I'm a "reactive" participant. I was thrown, very unwillingly, into this fight because of circumstances beyond my control. We need to work together, to get the necessary tools and attention that food safety deserves.

In closing, I'd like to read from a statement given before the United Cerebral Palsy Association by Bill Dauster, the father of an autistic child:

Naked and screaming, each of us is pulled into this world, utterly dependent, yet completely ignorant of our dependence.

We must grow and learn so very much simply to survive. If we are wise, we learn that we have been, and ever remain, interdependent with our fellow humans. We owe so much to our mothers, our families, our communities. There is no such thing as a self-made man.

Wise is the person who repays that love to others, even strangers. Our interdependence continues, even when we feel perfectly self-sufficient.

We rely on roads and bridges to get to work. We rely on the schools that educated us and those who work with us. We rely on the police to keep order while we sleep. And we rely on our brothers and sisters to help us up should we fall.

And if, before each of us is pulled, raging, out of this world, we have minutes, hours, even days, to reflect on the quality of our lives, when we strip our lives to their bare essentials, when we stand naked before God, clothed only with our deed, then our greatest possession, our greatest satisfaction, will be that we helped, indeed that we fought for, God's dependent children, even when many of our brothers and sisters never realized how very dependent we all are.

To Mr. Dauster's list I add you; that we the public rely on you, our public health officials.

Please take the stories of Alex, Scottie, Kevin, Lauren and Mrs. Metz with you and use them in your decision-making process. Would the decision you are about to make have made a different ending for them? It's too late for them but it's not too late for someone else.

Again, thank you for inviting me today and thank you for your kind attention.