

UNITED STATES DEPARTMENT OF AGRICULTURE

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FOOD SAFETY AND INSPECTION SERVICE

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ANIMAL AND PLANT HEALTH INSPECTION SERVICE
AGRICULTURAL RESEARCH SERVICE

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PRE-HARVEST FOR CATTLE PUBLIC MEETING

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WEDNESDAY
NOVEMBER 9, 2011

+ + + + +

The Meeting was held in the Oklahoma City Memorial Conference Room, 4700 River Road, Riverdale, Maryland, at 8:30 a.m, Dr. David Goldman, Moderator, presiding.

PRESENT

DAVID GOLDMAN, Moderator, Assistant Administrator, Office of Public Health Science, FSIS

ELISABETH HAGEN, Under Secretary for Food Safety, USDA

TRACY BRUNNER, President, Cow Camp Feedyard, Inc.

JOHN BUTLER, CEO, Beef Marketing Group
DEAN DANILSON, Vice President, Food Safety and Quality Assurance, Tyson Fresh Meats, Inc.

GUY LONERAGAN, Professor of Food Safety and Public Health, Texas Tech University

GREGORY PARHAM, Administrator, APHIS
ADELA RAMOS, Chief of Staff, Office of Food Safety, USDA

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BILL RISHEL, Owner, Rishel Angus
ROBERT TAUXE, Deputy Director, Division of
Foodborne, Waterborne, and
Environmental Diseases, CDC
MARY TORRENCE, National Program Leader, Food
Safety Agricultural Research Service

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

2 8:43 a.m.

3 DR. GOLDMAN: Good morning. I'd
4 like to ask everybody to find a seat and ask
5 for those who are on the outer ring, if you'd
6 like to join a table, please do so.

7 Looks like most people are settled.

8 Well, good morning. My name is David
9 Goldman. I'm with the Food Safety and
10 Inspection Service, one of the assistant
11 administrators for the Office of Public Health
12 Science. Our office does all of the
13 regulatory lab testing of meat, poultry and
14 processed egg products. We do the risk
15 assessments and outbreak investigations, and I
16 will be your moderator for this morning
17 session.

18 And, first, I want to welcome all
19 of you who come from near and far to join us
20 today for a joint presentation of a pre-
21 harvest issue that I think obviously has a lot
22 of interest for those of you who have come in.

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1 I also want to mention that we do
2 have some foreign government officials here.
3 We also want to welcome them to this meeting.
4 We're glad to have you here, as well.

5 The first thing I'd like to do is
6 to have you - make sure everyone has a packet,
7 first of all. And I want to orient you to the
8 packet just briefly to start out.

9 So, on the right side you should
10 have an agenda. And I'll go through that in
11 just a minute briefly.

12 On the left side, I want to call
13 your attention to - actually, first on the
14 right side behind the agenda is a list of the
15 bios for the speakers.

16 On the left side, there are several
17 papers there. The first is a paper that talks
18 about pre-harvest food safety activities and
19 initiatives at the Department of Agriculture.

20 These are jointly-sponsored initiatives and
21 activities between three mission areas
22 represented by three agencies, the

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1 Agricultural Research Service, the Animal and
2 Plant Health Inspection Service, and the Food
3 Safety and Inspection Service. So, you can
4 look at that while you're here.

5 And in addition, there are some
6 information papers from APHIS Center for
7 Veterinary Biologics, and the FDA Center for
8 Veterinary Medicine, which discussed in brief
9 the regulatory process for approval of pre-
10 harvest intervention. So, this is there for
11 your reference.

12 I will say that we will have
13 representatives from both of those
14 organizations here during the day to answer
15 any questions that might arise about approval
16 of vaccines or biologics.

17 If you just look at the agenda
18 briefly, in just a minute we will have the
19 official welcome and opening remarks from our
20 Under Secretary for Food Safety.

21 Our keynote speaker will be by Dr.
22 Guy Loneragan, and he will set the stage for

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1 the rest of the meeting.

2 Then, there will be a panel
3 discussion from several industry
4 representatives who have been, I'm going to
5 say, pioneers in terms of implementing some
6 innovative pre-harvest strategies. So, you'll
7 hear from them.

8 And then the bulk of the meeting
9 will be discussion in your table. So, if
10 you'd like to move to a different table, why
11 don't you do that now or at the break. And we
12 may move you depending on the mix of people we
13 have at the tables.

14 But the tables will be your small
15 group settings for discussing three discussion
16 questions that you'll see, and I won't go
17 through those right now. We'll introduce them
18 fully when we get to that part of the agenda.

19 And then we'll close up the meeting
20 with Dr. Parham, who is the administrator of
21 APHIS, and hope to get you out of here by 5:00
22 or so this afternoon.

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1 So, let me start by saying that I
2 want to go over the goals of this meeting.
3 I've actually already had some people ask what
4 the agencies expect from this meeting. So, I
5 want to go over that with you.

6 We are looking for discussion about
7 food safety improvement through identification
8 and development of effective pre-harvest
9 practices.

10 We are looking for creation of an
11 increased focus on pre-harvest food safety,
12 and the identification and development of
13 incentives for producers and processors to
14 adopt effective pre-harvest practices.

15 We are looking to increase producer
16 engagement to emphasize their importance in
17 the overall food safety system.

18 We're also interested in finding
19 effective solutions through discrete projects,
20 including demonstration products of new
21 technologies and implementation of best
22 practices.

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1 So, those are the overall goals.
2 We'll talk throughout the day about the
3 outcomes of this meeting, but I'll just
4 mention a couple here.

5 We expect to hear both in the panel
6 discussions, as well as the report-outs from
7 the discussion groups, many ideas about things
8 that have worked or appear to work in a
9 limited sense, in a research environment, or
10 in a pilot sort of environment.

11 So, we may end up with a list of
12 best practices, those things that really have
13 been or promise to be effective in controlling
14 pathogens at the pre-harvest level or stage.

15 The other thing is as with any
16 meeting that's focused on things that are
17 largely scientific, we may well and expect to
18 identify some research gaps. And we hope to
19 incorporate those into future research
20 opportunities.

21 You'll notice that this meeting is
22 co-sponsored by the Agricultural Research

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1 Service and the Research, Education and
2 Economics Mission Area. So, we will have
3 interested representatives from both ARS and I
4 think maybe NIFA as well, who will be here to
5 listen to any research opportunities that may
6 arise from our discussions.

7 So, again, thank you all for your
8 interest in being here. We're pleased to see
9 a full room.

10 Before I introduce Dr. Hagen, I
11 just want to thank our pre-harvest folks from
12 the agencies who have helped to arrange this.

13 In particular, Drs. Joe Anelli and Pat Basu,
14 who are the leaders from APHIS and FSIS
15 respectively. And Dr. Mary Torrence is here
16 from ARS representing that agency here.

17 And finally, I want to thank APHIS
18 for hosting the meeting in their nice facility
19 here, and Jerry Coursey and his staff for all
20 the logistics. And you'll hear from Jerry in
21 just a minute. He'll cover some of the ground
22 rules and logistical issues.

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1 Okay. Let me introduce Dr. Hagen.

2 I'm very pleased and honored to introduce our
3 Under Secretary for Food Safety who was sworn
4 in August 20th, 2010.

5 It's sort of hard to imagine she's
6 only been on duty for less than 18 months.
7 Because I think in FSIS, we feel like we've
8 done a lot under her leadership. So, we all
9 appreciate that.

10 As the Under Secretary, she
11 oversees the policies and programs of the Food
12 Safety and Inspection Service, which is the
13 Public Health Agency within USDA that ensures
14 the meats - the nation's commercial meat,
15 poultry and egg products are safe, wholesome
16 and correctly labeled and packaged.

17 She joined the federal government
18 in 2006. And in those years, has served in a
19 number of leadership roles and advanced a
20 science-based public health agenda at USDA.

21 Prior to her appointment as Under
22 Secretary, she served as USDA's chief medical

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1 officer advising FSIS and other mission areas
2 within the Department on a range of human
3 health issues such as food safety, nutrition
4 and zoonotic diseases.

5 Before joining public service, Dr.
6 Hagen taught and practiced medicine in both
7 the private and academic sectors.

8 In addition to several hospital and
9 university appointments, her experience
10 includes research and publications in
11 infectious diseases and providing medical care
12 to under-served populations. Dr. Hagen holds
13 an M.D. from Harvard Medical School and is
14 board certified in infectious diseases.

15 Please join me in welcoming Dr.
16 Hagen.

17 (Applause.)

18 UNDER SECRETARY HAGEN: Thank you
19 all. I guess this is the part of the program
20 where the soft lighting comes in for me.

21 (Laughter.)

22 UNDER SECRETARY HAGEN: I'm sorry,

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1 I've got you all started late already. So,
2 apologies. I've been on the road forever this
3 morning, it seems like, but I am so happy to
4 see everybody here this morning. This is a
5 wonderful turnout and it exceeds our
6 expectations.

7 Is this okay, or does it sound -
8 so, thank you. Some of you come from a great
9 distance. Some of you have come out of
10 retirement. Bill James, recent retirement -

11 (Laughter.)

12 UNDER SECRETARY HAGEN: -- just to
13 attend this morning's workshop with us. I
14 really appreciate that.

15 So, I think many of you in the room
16 have heard me talk over and over again about a
17 true farm-to-table/farm-to-fork effort.

18 Anybody who works in food safety,
19 anybody who works in food production is fond
20 of those phrases, but they need to mean
21 something.

22 And I think if we are going to have

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1 an honest conversation, a real dialog about
2 how we make food safer in this country, how we
3 keep people safer from foodborne illness in
4 this country, we have to talk about how
5 foodborne illness occurs and where the risks
6 really enter the system.

7 We are certainly not looking to go
8 on the farm or to regulate on the farm at
9 FSIS. I'll just say that again for the
10 benefit of everybody here. We are not looking
11 to go on the farm here at FSIS.

12 We just feel like we are the food
13 safety agency within USDA. We are a major
14 leader in the world of food safety regulation.

15 And, again, if we're really trying
16 to tackle these big questions about how do we
17 make food safer, we have an obligation to be
18 looking everywhere along that continuum.

19 And we have, we think, an
20 obligation and a role here to start sponsoring
21 these very important conversations that you
22 all are going to have and to pair up the right

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1 people to get everybody talking about this and
2 figuring out together where we're going to go.

3 So, on that farm-to-table
4 continuum, we've done a lot of work on the
5 table part in the last, whatever it is, 15 to
6 18 months.

7 I think we've placed a greater
8 emphasis on consumer safety education than in
9 most other previous administrations. I won't
10 say any other, but I'll say most other
11 previous administrations.

12 We're doing all the right things in
13 terms of getting our messages out. We
14 certainly started thinking about how do we
15 push things out instead of requiring people to
16 come in.

17 We're Tweeting a lot. Who's here?
18 Bill, are you here? Someone is Tweeting
19 right now, I'm sure. Bill Bagley or someone.

20 I don't know how to Tweet, but
21 everybody is out there Tweeting for us. We
22 have 270,000 followers, I think, on Twitter,

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1 which is really amazing that that many people
2 follow food safety information.

3 Obviously, we're on Facebook.
4 We've come into the 21st century in terms of a
5 lot of what we're doing in communications.

6 We, this year, announced a mobile
7 app for Ask Karen. We've had this terrific
8 service available on our website for a number
9 of years, and now people can take Karen with
10 them on their smartphones to ask food safety
11 questions. And we've seen a tremendous amount
12 of increased traffic to Ask Karen in the last
13 couple of months.

14 And one of the most important
15 things we've done is to partner with FDA and
16 CDC on an Ad Council campaign called Food Safe
17 Families, to really raise awareness at a
18 national level about how serious foodborne
19 illness is and to get people to really tune
20 into the fact that one in six Americans get
21 sick from food every year.

22 This is a real risk for people and

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1 their families, but to also give them some
2 concrete, actionable behaviors that they can
3 move forward with.

4 So, hopefully some of you have seen
5 our ads. We're on TV and we're starting to be
6 on a regular print. So, we're doing a lot of
7 the consumer, the table end of the farm-to-
8 table continuum.

9 Obviously, we're always focused on
10 production, the slaughter and processing part
11 of the continuum. That's where our resources
12 are. That's where our appropriation is.
13 That's where we spend most of our time. But
14 now we're starting to talk about what happens
15 on the other end.

16 Again, we're not looking to do this
17 through regulation. We're not looking to
18 establish new jurisdiction. We just want to
19 acknowledge the fact that everything that
20 happens on the farm to animals that come in
21 slaughterhouses, impacts -- directly impacts
22 the amount of risk that has to be handled

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1 throughout the rest of the system by packing
2 houses, by processing operations, certainly by
3 consumers.

4 So, that's what this is about.
5 We've been talking about this at FSIS for a
6 very long time. Certainly the folks at the
7 Agricultural Research Service and in NIFA have
8 been talking about this for a long time.

9 We actually have quite a
10 significant research portfolio at USDA on pre-
11 harvest food safety approaches. And the team
12 at APHIS has been interested in this for
13 decades.

14 So, this is really just about USDA
15 sponsoring this conversation, having people
16 get together and, as I said, figure out where
17 we go in the future.

18 David already thanked some of the
19 people that I wanted to thank. So, I
20 appreciate that.

21 In addition, I really have to thank
22 Adela Ramos in my office who has been leading

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1 this effort from the very beginning. I
2 managed to eke this out of her before she goes
3 on maternity leave in a couple of weeks.

4 So, thank you for putting this
5 together, and I'm really looking forward to
6 what comes out of today. So, I'm going to
7 just leave it at that. Thank you.

8 (Applause.)

9 DR. GOLDMAN: Thank you, Dr. Hagen.

10 And at this point, what I'd like to
11 do is to ask Jerry Coursey to come up. Jerry,
12 as I mentioned, has been instrumental in
13 organizing and arranging everything in the
14 room here. And he is going to cover the
15 facility and ground rules for the meeting
16 itself.

17 So, Jerry, thank you.

18 DR. COURSEY: Good morning, folks.
19 Glad to have you all here. Again, my name is
20 Jerry Coursey, and I'm with APHIS. And I want
21 to also recognize two of my colleagues, Conrad
22 Salinas and Anne Dunigan, who have been a big

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1 help in working on this.

2 And we appreciate the hard work of
3 the FSIS staff and ARS who have been working
4 with both of you.

5 Okay. We've got a couple ground
6 rules, suggested ground rules for the work at
7 the table. Now, you've got a few copies on
8 the table itself. I don't think they were in
9 the packets. So, I'm going to walk through
10 these pretty quickly and you can ask some
11 questions.

12 But, basically, share your
13 thoughts, ideas and suggestions throughout the
14 day. That's a given.

15 Please respect each other's
16 perspectives even if they're different. And,
17 again, that's a given.

18 At the table groups, and most of
19 your work is going to be done at the table
20 groups, try to speak one at a time and give
21 everyone a chance to speak, to weigh in.

22 Also, express your interests around

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1 these key issues. Why are you so passionate
2 or concerned about a particular issue? Make
3 sure everybody understands that at the table
4 group.

5 Members at the table group do not
6 need to reach consensus. This isn't a
7 consensus exercise. I think it's great and
8 FSIS and ARS also agree to have robust
9 discussion at the table groups.

10 What you'll also be doing at the
11 end of a question, is writing up on the flip
12 chart some of the key concepts, concerns,
13 suggestions, recommendations that came out of
14 the table group. Again, this is not a
15 consensus base.

16 We need one member at each of the
17 tables to act as a scribe and write up these
18 key things. Also, we need one member to
19 report out, and we'll go into that more when
20 we get closer to that piece.

21 There are actually no formal breaks
22 today, but we encourage you to take a break

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1 when you need to. We are having a lunch
2 period of about 45 minutes. You know where
3 the cafeteria is nearby for water, juice, et
4 cetera.

5 You'll also notice at the table,
6 and I'll ask you to raise your hands, we have
7 USDA staff at each of the ten tables right
8 now. And could you raise your hands, staff
9 people, both from FSIS and APHIS?

10 Okay. The purpose of the staff
11 sitting at the tables is to kind of track the
12 conversation for the agencies. Your
13 conversations won't be on the record. They're
14 not taking names of who said what, but we're
15 trying to understand the concerns,
16 recommendations, the importance of the issues
17 that we'll be discussing. So, they will be
18 tracking that information.

19 What will be on the record, and we
20 have a court transcriber here, is the report-
21 outs from the group and any large group
22 discussion that we have, either questions for

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1 the panelists and the speakers, or more
2 discussion on a particular issue. So, the
3 transcriber will record that, and that will be
4 on the record.

5 Also, at your table you'll see in
6 the middle a salmon-colored sheet of paper.
7 There are probably seven or eight. Those are
8 for comments.

9 At this meeting, you can certainly
10 write down a comment you have and this will be
11 handed over to the three agencies. And at the
12 end of the meeting, we'll talk about other
13 options for comment after this meeting.

14 So, I've laid out a lot of things
15 here. Any quick questions that folks have?

16 (No response.)

17 DR. COURSEY: All right. I'll make
18 one last announcement for lunches. Again, if
19 you'd like to order a box lunch, it will save
20 you time. They're pretty good. We have to
21 get our orders in at 9:30. So, the folks at
22 the registration table are taking those.

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1 Okay. Any other questions?

2 (No response.)

3 DR. COURSEY: All right. Thanks
4 very much.

5 DR. GOLDMAN: Thank you, Jerry.

6 I also echo one point that Jerry
7 made. There is a transcriber here and we
8 intend to post the transcript. So, obviously
9 we can't capture the table discussions and
10 that's why you have note takers there, but
11 certainly all the plenary session will be
12 transcribed and we'll be able to post that for
13 you.

14 Okay. Any questions for now? If
15 not, then we will move to the presentation by
16 Dr. Loneragan.

17 And as I mentioned at the outset,
18 he will provide the keynote, sort of set the
19 stage for the rest of today's discussions.

20 Dr. Guy Loneragan is a veterinary
21 epidemiologist and Professor of Food Safety
22 and Public Health at Texas Tech University.

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1 He received his veterinary degree
2 from the University of Sydney in Australia.
3 He then pursued graduate training in
4 population medicine and epidemiology at
5 Colorado State University.

6 Dr. Loneragan is research focused
7 and strives to fill data gaps to inform
8 solutions for important societal needs.

9 His research activities include
10 exploration of various opportunities to effect
11 meaningful and impactful control of food
12 safety pathogens in complex agri-food systems
13 such as shiga toxin-producing E. coli,
14 Salmonella and antimicrobial drug resistance
15 in livestock production.

16 Dr. Loneragan also contributes to
17 the epidemiological understanding of animal
18 health and well-being in modern agricultural
19 production systems.

20 In addition to his appointment at
21 Texas Tech, he also serves as an Adjunct
22 Professor at a number of universities,

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1 including West Texas A&M, Kansas State
2 University and Texas A&M University.

3 He's a member of the International
4 Symposium of Veterinary Epidemiology and
5 Economics, the Conference of Research Workers
6 in Animal Diseases, the Association of
7 Veterinary Epidemiology and Preventive
8 Medicine, on the Executive Board there, the
9 International Association of Food Protection,
10 National Cattlemen's Beef Association,
11 American Association of Bovine Practitioners
12 and American Academy of Veterinary
13 Consultants.

14 Please join me in welcoming Dr.
15 Loneragan.

16 (Applause.)

17 DR. LONERAGAN: Thank you, Dr.
18 Goldman, Dr. Hagen.

19 I appreciate this privilege and
20 honor to come and share some information about
21 pre-harvest intervention. It truly is an
22 honor for me to be able to do this. I

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1 appreciate the invitation from FSIS, APHIS, as
2 well as ARS.

3 And before I begin, I'd like to
4 preface my discussion with two points. And
5 the first one is that most of the data that I
6 will share with you is on E. coli 0157, and
7 that's for a very good reason, because we've
8 been focused on it for quite a period of time.

9 There is some information on
10 Salmonella, certainly, as well as an eye on
11 0157 STEC. And I'll try and share that with
12 you when I can.

13 And the second one is that my focus
14 of the presentation is going to be on the beef
15 supply chain. And what we're interested in
16 this discussion is the relationship between
17 pre-harvest, post-harvest and consumer
18 exposure.

19 And so in that respect, it is the
20 beef supply chain, but I think we need to be
21 cognizant that one-third to a half of cases
22 are attributable to exposure to beef. And so,

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1 there's one-half to two-thirds of cases that
2 are attributable to non-beef sources.

3 And so, as we think about these
4 questions, we should keep that in mind that
5 there are non-beef sources as well.

6 So, I would like to begin with what
7 I think has been some tremendous progress.
8 And so, if we look at where we were to where
9 we are at the moment, I think we can safely
10 conclude that there's been an incredible
11 amount of progress, an incredible amount of
12 good news in that if you look at an informed
13 regulatory oversight, as well as industry
14 adoption or development, really an adoption of
15 HACCP plans, we now have improved even
16 tremendous microbial process control within
17 plants.

18 And as evidence for this, I think
19 we can see a tremendous impact in a variety of
20 metrics depending on which - where we want to
21 look.

22 So, I've graphically tried to

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1 present some of these improvements on the y
2 axis of this graph of the human incidents.
3 So, zero, one, two, three cases per hundred
4 thousand in population.

5 Years on the x axis. This black
6 line represents the Healthy People 2010
7 target. This is the 2020 target, and here is
8 the incidents over time. And it's
9 unmistakable that there has been downward
10 trend.

11 Some of this downward trend is
12 because of the way that FoodNet has collected
13 and then expanded some of the population, but
14 the CDC does estimate that the incidents of E.
15 coli 0157 has decreased approximately 50
16 percent since the baseline year. So,
17 tremendous improvement.

18 If we look at other metrics of
19 success, the FSIS testing of raw ground beef
20 samples in 2010 calendar year, approximately
21 two-and-a-half positives per thousand tests
22 and the year-to-date at least as of ten days

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1 ago, it was less than one positive tests, 0.7
2 positive tests per thousand sampled. So, I
3 think there is evidence of tremendous success.

4 A consequence of this is that I get
5 to interact quite a lot with industry. I'm
6 very privileged to be able to do that. And in
7 my interaction, I see that there are many
8 plants that are now excelling at microbial
9 process control. So, this is a good thing.

10 The consequence of which, though,
11 efforts now to improve, further improve, that
12 microbial process control, will have smaller
13 and smaller impacts in the plant. It's the
14 law of diminishing returns.

15 And so, the question and why we're
16 here at the moment, is to ask is can we do
17 something pre-harvest that contributes to
18 microbial process control within the plant?
19 And I'll certainly try and provide you some
20 data to help answer that.

21 But before I begin, I'm going to
22 discuss a basic premise. I'm going to come

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1 back to this premise several times throughout
2 this presentation this morning.

3 And the premise is that impact,
4 however we define it, is a function of both
5 efficacy of what we do and the extent of
6 adoption.

7 And by impact, we can define it at
8 the population level, at the plant level. So,
9 we can look at it at various levels.

10 Efficacy of an intervention - and
11 here I'm using "intervention" very broadly.
12 It can refer to a practice or a technology
13 that we choose to adopt.

14 And then the extent of adoption is
15 really the industry reach or the reach that we
16 try and get industry to adopt it. So, keep
17 this in mind.

18 I'm going to begin by talking about
19 efficacy. And, again, most of the data that I
20 will share with you is going to be related to
21 E. coli 0157.

22 And as I go through here, I'm going

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1 to present to you estimates of efficacy and
2 oftentimes these will be reported as a percent
3 reduction or so forth.

4 So, keep those in mind, because
5 they become important later in the
6 presentation.

7 And the third thing about
8 discussing efficacy is there is a tremendous
9 body of literature out there that describes
10 this. And I can't go into the details of all
11 of the literature. So, I'm going to skim it
12 quite extensively. But if you have questions
13 about the specifics of various studies, we can
14 talk about that.

15 And so, intervention, loosely,
16 could be practice, could be a technology.
17 And, clearly, there's a natural desire to ask
18 the question, and this has been asked quite a
19 few times is, is there a management practice
20 that we can either adopt or stop on the other
21 hand, and that will change the incidence of
22 0157?

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1 This is the way we originally began
2 by evaluating this organism. And I must admit
3 that to date, evaluation of management
4 practice has largely, with a few minor
5 exceptions, has largely been quite
6 unsatisfactory.

7 I think if we now look at the
8 accumulated knowledge of the ecology of E.
9 coli 0157, I think we begin to - excuse me -
10 begin to understand why in that it appears
11 that the E. coli 0157 is co-evolved for life
12 or to live within the ruminant gut,
13 particularly with the bovine. And so, it's
14 really a commensal organism.

15 And we see that a lot of Salmonella
16 are behaving in a similar manner. And so, if
17 it's a commensal organism, it becomes harder
18 to control through management.

19 And if we look worldwide, we see a
20 worldwide distribution of E. coli 0157. And
21 so, this map on the right-hand side of the
22 presentation is a map of Argentina with the

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1 provinces.

2 Those numbers that may be hard to
3 see from the back of the room, represent the
4 incidents of hemolytic-uremic syndrome in
5 children under five years old.

6 To put that in context, the
7 incidence in the U.S. is somewhere between one
8 and one-and-a-half cases per hundred thousand
9 children under five. For the country it's
10 about fifteen-fold higher than that in
11 Argentina.

12 You look at some of these
13 provinces, say La Pampa here, has an incidence
14 almost 60 cases in children under five in that
15 population. And this is a largely expensive
16 grass-based production system. So, very
17 different than the U.S. system.

18 And if you look elsewhere in the
19 world, the UK and Scotland, you look at
20 Ireland, Denmark, Sweden, they have very
21 different production systems. They have a
22 higher incidence than the U.S., and other

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1 countries have a lower incidence.

2 So, it does appear to be a
3 worldwide distribution of this organism across
4 many production systems. So, that probably
5 explains some of the futility that we've had
6 looking at simple management factors.

7 I don't mean to imply that best
8 practices based on management don't have their
9 place. They do.

10 The Beef Industry Food Safety
11 Council held an E. coli summit in 2003, and
12 have held a Beef Safety Summit ever since,
13 annually. And they as part of that, put
14 together a best practice document for each of
15 the sectors.

16 And the document that came out in
17 2003 or soon after is this one, and it was
18 based on the premise that the four best
19 practices they could recommend at that time
20 were clean feed, clean water, appropriately
21 drained and maintained environment, as well as
22 relative freedom from pests such as biting

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1 insects.

2 And these make good sense. And
3 most of these are indoctrinated in state and
4 national beef quality assurance programs and
5 broadly adopted, but it was also acknowledged
6 in this document that none of these by
7 themselves would likely reduce the prevalence
8 greatly, but they were viewed as
9 prerequisites.

10 So, if we want to apply an
11 intervention on an operation, we need to set
12 the stage for that intervention to work. And
13 so, that was why these were viewed as
14 prerequisites for an intervention to work.

15 And certainly there are other
16 examples, and you'll hear more about this in a
17 moment. But in the Progressive Beef Program
18 as part of the Beef Marketing Group, they have
19 developed a - basically a pre-harvest
20 operation manual that's based on SOPs and
21 third-party evaluation, third-party audits, to
22 evaluate and develop best practices for the

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1 production of beef or raising cattle.

2 So, if we can set the stage then,
3 the question becomes, well, what technological
4 advances or innovations can we use that may
5 impact efficacy? And here's where the
6 industry is at the moment: Most, or has been
7 for a long period of time, all of the
8 interventions that are largely implemented
9 have been in the slaughter/fab facilities.
10 There are others though.

11 And what we're talking about now is
12 this pre-harvest sector. And I'm going to
13 talk about four particular technological
14 platforms; vaccines, direct-fed microbials
15 sometimes called probiotics, a product at
16 terminal application, and the poster child for
17 that one is sodium chlorate, and then talk
18 about bacteriophage. And I'll do that in that
19 order and talk about the efficacy.

20 So, there are multiple vaccine
21 technologies that have been proposed. I'll
22 talk about two of them, because they are

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1 farthest along in the translation process, but
2 there are others. There are others that have
3 been proposed and there are news releases
4 every once in a while about new vaccines. But
5 the two - there's one produced by
6 Epitopix/Pfizer Animal Health, and then the
7 other one is produced by Bioniche Food Safety.

8 And I'll talk to the efficacy
9 related to these two products as I can see
10 them. And, again, I'm going to scan and
11 provide you the highlights of multiple years
12 of data of different study designs, different
13 examples, different regimens, so we can talk
14 about these in more detail as we go. But,
15 really, the first one is based on a
16 publication written by Dan Thompson. It was
17 published a couple years ago. The study was
18 actually done in 2007.

19 And this was a three-dose study
20 where they - here is the timeline on the y
21 axis. On the x axis I have E. coli 0157
22 prevalence. So, vaccinated on Day Zero, Day

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1 21, and then again on Day 42. And then when
2 we get to within a week of harvest, the
3 researchers saw an 85 percent reduction in
4 prevalence. But in that study, they also
5 tried to quantify how much E. coli was in the
6 fecal samples, and there was a 98 percent
7 reduction in concentration.

8 So, in this study, which set the
9 stage for it to get a conditional license,
10 there was both a reduction in the number of
11 animals that were positive, and in those that
12 remained positive, there was a reduction in
13 the concentration of bacteria in their shed.

14 So, this led to a variety of other
15 commercially-initiated studies. And in 2010,
16 there were two very large, very complex
17 commercial studies. And the first one was a
18 two-dose study. And they saw a 40 percent
19 reduction in feces. In that study, there was
20 no association on hide. But if you looked at
21 the total number of beef trimming combos
22 associated with a positive test, that was

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1 significantly reduced.

2 And there was a second study in
3 2010, again a large commercial study involving
4 vaccination of over 200,000 animals. And
5 there was approximately a 65 percent reduction
6 of prevalence of E. coli 0157 on the hides of
7 animals as they entered the packing plant.

8 There were two studies in 2011.
9 One is ongoing. But the completed study that
10 was led by David Renter, who is here today,
11 saw a 50 to 60 percent vaccine efficacy in the
12 feces, as well as they looked at a measure of
13 high-level shedders. And they saw that that
14 high-level shedders was reduced approximately
15 75 percent.

16 So, again, an instance where the
17 number of positive animals was reduced, as
18 well as the concentration that was shed in
19 those positive animals.

20 In terms of the non-0157 STEC, I
21 think it's fair enough to say that the
22 research is very nascent. We're just

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1 beginning to understand this, but I think
2 there's opportunities for hope.

3 So, to give you an example of that,
4 this would be the fingerprint of the antigens
5 in the Epitopix/Pfizer vaccine. This line
6 represents the antigens here. One set of
7 antigens called the siderophore receptor
8 proteins, and here are the porin proteins, and
9 here are six of the non-0157 STECs and you can
10 see that there's a lot of similarity in the
11 antigen.

12 So, this certainly doesn't result
13 or doesn't indicate that there is field
14 efficacy, but we certainly do see similarity
15 in the antigens. We see cross-reactivity in
16 vitro to antibodies to 0157. So, I think
17 there is some hope or at least opportunity to
18 look at this, and there is an ongoing study
19 this year to do that.

20 There is similar technology, or the
21 same technology, but antigens now from
22 salmonella, that's actually fairly broadly

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1 used in the dairy industry. And so, I'm
2 sharing with you some information on
3 salmonella. This is relatively few and far
4 between, but there are some data that look
5 encouraging.

6 This was a study that was done
7 looking at cull dairy cows from nine different
8 dairies, and we saw a tremendous variation in
9 salmonella prevalence here on the y axis from
10 dairy to dairy. And when we asked the
11 question why, we were told to look at whether
12 they use this vaccine or not.

13 And so, we broke the dairies out
14 into those that used the vaccine and those
15 that didn't, and there was approximately an 80
16 percent reduction in prevalence among the
17 dairies that did use it relative to the
18 dairies that did not. And certainly this
19 study design is interesting, but it wasn't
20 designed to look at this question.

21 So, we were encouraged. So, we
22 went further and prospectively designed a

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1 cohort study where we have 11 dairies that use
2 the vaccine in a whole-herd approach, and 11
3 dairies that had never used the vaccine. And
4 we look now at healthy dairy cows, because
5 they become the source of the culled market
6 dairy cows. And we saw a 40 percent reduction
7 in salmonella prevalence among those herds
8 that use this vaccine. So, certainly this
9 technology appears to have promise beyond E.
10 coli in looking at salmonella as well.

11 There is another vaccine. This one
12 is produced by Bioniche Food Safety. This
13 vaccine is sold and marketed in Canada as
14 Econiche. It is fully licensed and available
15 off the shelf in Canada. And Canada has label
16 indication for vaccination of healthy cattle
17 as an aid in the reduction of shedding for
18 Escherichia coli 0157.

19 This is not yet conditionally or
20 fully licensed in the U.S. yet. We hope that
21 it will be soon. But this has been fairly
22 thoroughly evaluated and there's a lot of peer

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1 review literature that support it.

2 I realize this table is complex and
3 I thank Dave Smith from the University of
4 Nebraska for sharing it with me, but all the
5 data are not that important in here, except
6 each one of these rows represents a different
7 peer reviewed publication.

8 So, the study was done a couple
9 years typically before it was published, and
10 you'll notice there are multiple publications
11 represented here. And they looked at multiple
12 different outcomes from feces, to terminal
13 rectal mucosa, to environmental sampling, to
14 hides and so forth. And the outcome measure
15 that they reported here is odds ratio.

16 And what we do is we look for an
17 odds ratio of less than one to show that the
18 vaccine would have a protective affect. If
19 it's greater than one, it would indicate that
20 the vaccine actually did not do what it was
21 hoping to do and actually made the situation
22 worse. And the odds ratio is presented here

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1 in this blue column. And if you look at
2 these, every instance that they looked at, any
3 sample type across all of the studies, every
4 single odds ratio is less than one.

5 Sometimes these are not
6 significant, but in many instances they are.
7 And so, if you want to talk efficacy, the
8 first odds ratio is 0.35. That would
9 represent roughly a 65 percent reduction, or
10 approximately a 65 percent vaccine efficacy in
11 these cases. So, I think the data are quite
12 compelling for the Bioniche vaccine as well.

13 So, there's a growing and
14 compelling body of evidence, I believe, that
15 these vaccines work as they claim, that is, as
16 an aid in the control of E. coli 0157.
17 There's some evidence of efficacy against
18 salmonella in dairy operations. And there's
19 ongoing effort to try and evaluate this with
20 non-0157 STEC, but it's just too soon to
21 understand whether that is working.

22 But I think one thing to take out

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1 of this, and we'll go through some of the
2 other products as we move forward, but time
3 and time and time again every time we evaluate
4 it, the gradient is usually in the right
5 direction. Sometimes it's significant,
6 sometimes it is not statistically significant,
7 but there is a consistent gradient time and
8 time again.

9 But we have to accept that that
10 gradient is not perfect. It's not a complete
11 reduction, but there is a consistent gradient
12 from study to study. And in the evaluation
13 through a recently published systematic review
14 and meta-analysis, and this approach is
15 perceived as providing the most compelling
16 evidence of a cause and effect relationship,
17 the authors concluded from their systematic
18 review, that indeed vaccines do significantly
19 reduce E. coli 0157.

20 So, to move down there and now look
21 at another intervention technology, direct-fed
22 microbials, probiotics they're commonly

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1 referred to, one of them has been evaluated
2 most thoroughly. And so, I'll talk to that
3 one.

4 It has GRAS statues, so generally
5 regarded as safe, for approval for use in
6 cattle -- the bacteria do. As such, there is
7 no label claim. So, the marketing of this is
8 based on scientific evaluation. And what
9 we've seen in this one, it's very strain
10 specific. So, some of the probiotics work,
11 and some of the probiotics don't work, so
12 that's important. And the other one is
13 there's a dose response.

14 We do see in effective strains, a
15 dose response or an effect at lower doses, but
16 we see a greater response at higher doses.
17 And there's one product, as I said, Bovamine,
18 that's produced by Nutrition Physiology.

19 And so, this is just a graphical
20 way to represent the data that I showed you in
21 the table beforehand. Where we look for odds
22 ratio as less than one, we look for boxes to

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1 the left of this red line. This red line
2 represents no effect. Over here would be
3 increased shedding. Over here would be
4 decreased shedding.

5 So, this was a meta-analysis that
6 was done several years ago. And if you look
7 at this, you'll see all but one of these boxes
8 lay to the left of it. And where these lines
9 cross this red bar, it means in their
10 individual study it may not have been
11 statistically significant.

12 But if you look at them, it's hard
13 to deny that all of these lay to the left.
14 And if you produce an average across these
15 studies, we find that the efficacy of this in
16 feces is around 50 percent. And on hides,
17 it's close to 40 percent.

18 So, again, another technology that
19 I think there's a compelling body of evidence
20 to say that this is relatively consistent. It
21 works time and time again in the evaluations
22 from different researchers, different research

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1 groups and certainly over many years. But,
2 again, it is imperfect.

3 And on the probiotic, there is some
4 evidence for efficacy against salmonella and
5 there's an ongoing study looking at 0157.

6 Now, if we keep moving down the
7 supply chain, the terminal application would
8 be sodium chlorate as a poster child product.

9 We've talked about sodium chlorate for a long
10 time. In the 2003 best practice document, we
11 talked about sodium chlorate. This would have
12 to be approved through FDA as a new animal
13 drug.

14 And the reason this works is that
15 all enterobacteriaceae, so E. coli, salmonella
16 and others, are nitrate reductase positive.
17 So, in an anaerobic environment, the nitrate
18 reductase can reduce nitrate down to nitrite
19 to produce energy for the bacteria to survive
20 in an anaerobic environment where there is no
21 oxygen.

22 The challenge for the bacteria is

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1 that this enzyme will also reduce chlorate
2 down to a toxic metabolite called chlorite.
3 And they do that in the bacterial cell, and
4 then it ultimately kills the cell. So,
5 there's tremendous application for this.

6 The challenge is we're lacking
7 field efficacy. Because this has to go
8 through the FDA route, we don't have an
9 authorization to use this in animals intended
10 for human consumption. We haven't had this
11 authorization. So, it becomes prohibitively
12 expensive to try and do a field study. So, we
13 have small-scale studies, but certainly
14 everything appears to be encouraging to date.

15 So, this was a study that was
16 published by Todd Callaway almost ten years
17 ago now, in which animals who were challenged
18 with E. coli 057. So, ten cells, a hundred
19 cells - excuse me - a thousand, 10,000 up to a
20 million.

21 And you can see the black bars
22 represent those that will get sodium chlorate,

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1 and they're all bouncing around similarly to
2 the open symbols that are those of the
3 controls.

4 On this vertical dashed line is
5 when the animals were dosed with sodium
6 chlorate. And you can see those that were
7 treated dropped tremendously. This represents
8 about a 99.9 percent reduction.

9 So, again, I think the opportunity
10 is here. It requires FDA approval, and
11 hopefully we can evaluate this in the field
12 before too long.

13 Now, the last technology I want to
14 talk about before we go into the next part of
15 the segment is bacteriophage. And this is
16 another form of biological control. There is
17 a product available that is produced by Elanco
18 Food Solutions and the field data are quite
19 encouraging.

20 There's one study that was
21 performed, a week-on/week-off study, where the
22 bacteriophage were applied for a week, and

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1 then water was applied for the following week,
2 and so forth. And it did appear, in the data
3 that Elanco provided, to reduce the amount of
4 trim positive tests by about 55 to 60 percent.

5 So, again, there's some encouraging
6 data to say that the bacteriophage can have an
7 effect, albeit imperfect again.

8 And so, when we ask the question
9 about non-0157 STEC, well, the existing
10 cocktail they use has efficacy against some of
11 them and they are actively expanding this
12 platform to cover all of those non-0157 STEC.

13 So, I think it's only a matter of
14 time before this technology is available to do
15 0157 and 69 0157 STEC.

16 And the other thing about this,
17 this would be applied at the packing plant.
18 So, as the animals are unloaded, they either
19 run in single file or in groups through this
20 misting that applies the bacteriophage to the
21 animal. And there has been significant
22 adoption of this technology, but it certainly

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1 is limited to warmer month adoption.

2 So, if I can sum up the efficacy
3 then of these interventions, I think there are
4 a variety of different technological platforms
5 that are available. That is good, because we
6 have no two production systems that are
7 absolutely identical. So, some technologies
8 may be more adept to some production systems,
9 whereas others might suit others much better.

10 The efficacy is consistent in that
11 there is a gradient with these platforms to
12 lower prevalence of E. coli 0157, some
13 evidence against salmonella, but,
14 nevertheless, that efficacy is imperfect.
15 It's not complete removal. It's not a silver
16 bullet. So, the question is, can these
17 interventions have an impact?

18 And so, if I go back to the basic
19 premise, then I want to talk about impact,
20 because that leads into the third leg of the
21 stool, of adoption.

22 And impact is a little bit harder

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1 to evaluate, because where we stand in the
2 system now, perspective of the system of the
3 big supply chain, the impact that we want may
4 vary. So, it may be a public health response,
5 it may be a plant response or so forth.

6 And for a long time we've been
7 living on a simple, yet logical and
8 qualitative relationship, that groups of
9 cattle carry some line of E. coli 0157 or
10 other foodborne pathogens to the plant. The
11 plant has a series of hurdles that for most of
12 the time, most of the groups of cattle, most
13 of the year effectively mitigates that load
14 that comes to it.

15 And so, the working hypothesis, the
16 qualitative hypothesis, is that at certain
17 times, that pathogen load on those animals is
18 greater, whether this is through the warmer
19 months of the year or a particular group of
20 animals, is greater. So, it comes into the
21 plant and it overwhelms the series of
22 interventions. And although it decreases it

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1 quite dramatically, it may overflow and lead
2 to contaminated beef product.

3 I certainly don't want this to
4 happen. This is my family and the cattle that
5 we raised at home. So, the question then
6 becomes what is the purpose of these
7 interventions? We know that they're
8 imperfect. And so, the purpose would be that
9 something happens pre-harvest to decrease this
10 excessive load. And this could be a natural
11 intervention moving from warmer months to
12 cooler months of the year, or something that
13 we purposely apply so that we can decrease
14 this load sufficiently so that what enters
15 that plant can be effectively mitigated by
16 these interventions, these hurdles that the
17 plant have designed and strategically
18 implemented.

19 So, this relationship is, I said
20 logical, it's qualitative, and it is supported
21 by some empiric evidence. And one of those is
22 from a study that I'll talk about.

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1 On the x axis here, I've got month
2 of the year. So, January through December.
3 This horizontal, black line represents the
4 average across the whole year.

5 So, if something is above the line,
6 it represents an increase above the average.
7 If something is below the line, it represents
8 a decrease below the average.

9 I've added some color to it to help
10 out a little bit, but this red line here
11 represents the prevalence of E. coli 0157 in
12 cattle.

13 And based on the available data, it
14 looks like during the warmer months of the
15 year the prevalence is almost double the
16 yearly average. And during the cooler months,
17 it's much less than the yearly average.

18 And then if we follow ground beef,
19 which is -- excuse me -- the green line which
20 is ground beef prevalence, we see that that
21 following FSIS data, increases with the
22 lairage phase behind cattle during the same

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1 period of time. And then if we look at
2 FoodNet human incidents, we see that that
3 increases in relationship to each other.

4 So, this doesn't establish cause
5 and effect, but it's a very temporal
6 relationship and it's a very qualitative
7 relationship, but it is empiric evidence that
8 supports this relationship of prevalence in
9 cattle, load in cattle, contamination of beef,
10 and then exposure of the human population.

11 The challenge with this qualitative
12 relationship is that we can't necessarily
13 quantify an impact. We would like to know if
14 we do something, does it change something
15 meaningful? And if it does, to what extent is
16 that impact expected?

17 And so, that is a limitation of the
18 qualitative data, but more and more we're
19 starting to see some quantitative
20 relationships. So, there was a paper
21 published by Jim Withee a couple of years ago,
22 and Eric Ebel who is here who can talk about

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1 it if you have questions on it, a paper out of
2 Kansas State looking at pre-harvest to carcass
3 contamination that found that pre-harvest was
4 associated with carcass contamination and
5 certainly talked of intervention efficacy.

6 And there was also an FSIS document
7 that was released and published in 2004, which
8 was a first attempt to look at this farm-to-
9 fork relationship. But I want to talk more to
10 a new, relatively recently developed that's
11 yet to be published, quantitative model that
12 is truly a farm-to-fork model.

13 And Dr. Scott Hurd and his group
14 developed it. Dr. Hurd is here. So, he can
15 answer some of the more specific questions
16 related to it. But it looks at production,
17 slaughter/fabrication and then consumption.
18 And it evaluates the impact at various levels.
19 So, it evaluates the expected impact on public
20 health, the expected impact at the plant
21 level. And Dr. Hurd evaluated or modeled
22 three different scenarios.

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1 We looked at imperfect, or he
2 looked at -- excuse me -- at imperfect
3 efficacy from 40 percent reduction, to 60
4 percent reduction, to 80 percent reduction.
5 So, in the ballpark of those efficacy numbers
6 that I presented from the interventions.

7 And then also a concentration
8 reduction. So, 0.3 logs all the way up to one
9 log reduction. Which is if we look at some of
10 the efficacy data, may be somewhat
11 conservative, but certainly appears to support
12 or is supported by the data from evaluation of
13 efficacy.

14 And to show the relationship of
15 prevalence in concentration, the first slide
16 is the number of human cases attributable to
17 beef. So, these are straight from the CDC.

18 Here is the log reduction from zero
19 log to almost one log. And then the
20 proportional reduction. And you can see that
21 with decreasing concentration, the number of
22 human cases decreases. With decreasing

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1 proportion of animals that are positive, the
2 number of human cases also decrease.

3 But what I'd like to do is talk to
4 a couple of these levels of impact that I
5 borrowed, and I thank Dr. Hurd for these
6 slides.

7 So, again, number of human
8 illnesses attributed to beef from the CDC.
9 This model includes imported beef that is
10 assumed to be unvaccinated. So, the impact is
11 somewhat diluted by the imported beef that's
12 assumed to be unvaccinated.

13 The red line represents 40 percent
14 efficacy. The black line 60 percent. And the
15 green line 40 percent. And here is varying
16 levels of adoption.

17 And so, if we go to a hundred
18 percent adoption, there is somewhere in the
19 neighborhood of 30 to 60 percent reduction in
20 human illnesses attributed to beef expected
21 based on this model.

22 But there's something, I think,

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1 more important in this model, or at least just
2 as important in this model.

3 If we focus at 40 percent adoption,
4 and we move from 40 percent efficacy to 80
5 percent efficacy, that represents a nine
6 percent reduction in human cases. So, again,
7 just looking at 40 percent adoption going from
8 low-level efficacy to high-level, nine percent
9 reduction.

10 But if we move from 40 to 80
11 percent adoption in a poorly efficacious
12 product, so 40 percent efficacy, 40 to 80
13 percent adoption, that represents almost a 20
14 percent reduction.

15 So, I think the take-home message
16 from that discussion is that adoption is just
17 as important, or maybe even more important,
18 than focusing on efficacy alone.

19 So, there are other levels of
20 impact. So, this might be a plant level
21 impact. This is the probability of regulatory
22 detection of E. coli 0157 in ground beef or

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1 trim. Again, vaccine adoption on the x axis.

2 The probability of detection with a
3 regulatory test. And then the three levels of
4 efficacy, 40, 60, 80. And, again, you'll see
5 a stair step.

6 So, as the efficacy improves, we
7 get greater response. But, again, as adoption
8 increases, there is a greater response still.

9 So, again, that similar message of adoption
10 is just as or more important than efficacy, at
11 least in this model.

12 And then the last one is the number
13 of illnesses -- or the number of 10,000-pound
14 lots of beef that result in illnesses per
15 plant. So, for a typical plant, they might
16 produce 16,000 or 10,000-pound lots. And
17 based on the model, the number of lots that
18 produce two illnesses with nothing is on the y
19 axis here. And if we have a hundred percent
20 adoption of 40 percent efficacy, 60 percent,
21 80 percent efficacy, basically you can see
22 that the 80 percent or the hundred percent

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1 level reduces that down or eliminates the
2 number of times a lot results in two
3 illnesses.

4 And this is described as an
5 outbreak. Most of these outbreaks, two
6 illnesses, will never be detected. So, this
7 is background illnesses that are never
8 detected as part of an outbreak.

9 But you can go along the x axis to
10 number of lots, which is very rare, that will
11 produced ten illnesses, is eventually
12 eliminated in this model by any level of
13 efficacy at a hundred percent adoption.

14 So, if we then ask the question now
15 on opportunity to impact, this farm-to-fork
16 model does allow us to quantify the expected
17 impact of the intervention.

18 And so, all models contain some
19 degree of uncertainty. As Scott Hurd will
20 describe it, all models are wrong to some
21 extent, but some models are useful. And so,
22 this model that Dr. Hurd has put together is

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1 built on the best available data. So, it is
2 limited by the data that we have available,
3 but certainly is useful and allows us to
4 estimate the impact at various levels of
5 efficacy and extent of adoption.

6 And so, if I can summarize this,
7 then, because it leads into my final section
8 of the presentation this morning, that a
9 poorly efficacious intervention can still have
10 an impact if broadly adopted. Whereas
11 something that's perfect, a hundred percent
12 efficacy, has no impact if it's left on the
13 shelf.

14 So, that leads us into a discussion
15 of adoption now. And so, I think leading into
16 this discussion is an important question. And
17 I think it's a question we need to ask
18 ourselves based on the data that we're
19 starting to share and discuss and think about.
20 Should we collectively and individually,
21 should we implement pre-harvest interventions?

22 And for some in the group, this may

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1 be a rhetorical question, but I don't think it
2 is a rhetorical question. I think it's
3 something we need to collectively come
4 together. Because at the bottom line, any
5 systemic intervention that we design and
6 implement is going to require a behavior
7 change across a variety of sectors within the
8 industry.

9 And it's not just a random behavior
10 change. It's going to require a coordinated,
11 purposeful and informed series of behavior
12 changes. For example, we talk about
13 incentivizing an adoption, an intervention.
14 That would require a behavior change on the
15 people who are going to adopt it, but also a
16 behavior change on those who are
17 incentivizing. They have to develop a program
18 of incentivization.

19 So, it's a complex question. It's
20 more than simply one sector driving it. One
21 sector can't drive it. It has to be a
22 collaborative approach across many sectors

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1 that require behavior changes.

2 So, this question of should we
3 implement it, is a question I don't know the
4 answer to, but I think it's certainly
5 something that we need to address and discuss.

6 And so, we talk about economic
7 incentives and disincentives to adopt. I
8 think it is important to focus on what are the
9 economic drivers, but it has to be more than
10 just the economics. And I want to give you
11 two examples very briefly.

12 The first one talks about
13 administering anti-microbials to chronically
14 ill animals. And the authors, one of them
15 who's here today, looked at what and why and
16 how decisions are made to administer that
17 anti-microbial to an animal that has been
18 treated multiple times given that they know
19 there are huge economic penalties from
20 continually treating them.

21 And it basically came down that a
22 series of social norms and perceived moral

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1 obligations to others in the system, as well
2 as the moral obligation to the animal in their
3 care, was more important than the simple
4 economic driver. So, that contributed to that
5 behavior. So, their behavior or decisions to
6 treat were based on more than simple economic
7 drivers.

8 And another example I'd like to
9 share is that - this was done in the UK. So,
10 a very different system. A very different
11 challenge. But I asked the question, two
12 questions, how effective is an intervention,
13 and how practical is it? And I found that one
14 intervention was perceived to be the most
15 effective, but it was one of the least
16 practical for their system.

17 And so, I think that's an important
18 consideration. And so, if we get down to
19 behaviors, then, behaviors result from a
20 complex suite of very personal, but also
21 interpersonal values such as social norms,
22 moral obligations and economics. And we need

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1 to consider those if we want to do this.

2 And so, if we move forward, some
3 suggestions then. I think we need to identify
4 and test various scenarios in which producers
5 -- if we answer that we want to proceed, in
6 which producers perceive these interventions
7 as effective, practical and implementable.

8 Ultimately, those who implement
9 this, so behavior change at multiple levels,
10 so it has to be collective, those who
11 implement this has to perceive that it is
12 implementable and practical.

13 And then the other one is they have
14 to perceive that adoption of this behavior is
15 advantageous at some level. So, that's going
16 to require a tremendous stakeholder agreement.

17 And I think it's going to be stakeholder
18 agreement or engagement across the supply
19 chain.

20 And I think the other thing we're
21 going to have to do is provide and facilitate
22 constructive and collaborate and positive

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1 partnerships along the supply chain, because
2 it's clear that one sector is going to have to
3 bear the cost of it. And if there's value to
4 be gained, then there has to be a partnership
5 to do that.

6 And if I just quickly mention this
7 paper by Jim Withee, he found that -- he
8 looked at public healthcare settings as a
9 benefit versus cost of the vaccine. And those
10 are two tremendously separated variables. So,
11 it's going to require some complex
12 partnership.

13 And then the other one is we must
14 remove barriers to adoption, or identify
15 modifiable barriers to adoption. Certainly
16 cost is a barrier to adoption, and it's not
17 very modifiable. But we have to evaluate it,
18 ask how we can get around it.

19 The practicality of various
20 interventions is a barrier to adoption. But
21 how someone frames the system or the situation
22 that they're in may change the practicality.

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1 And then there's an unintended
2 consequence of the conditional license that
3 one of the vaccines has, is that, while it's
4 an important step in the approval process, has
5 become a barrier to adoption in itself in that
6 the default on a conditional license is a 60-
7 day withdrawal, which is very problematic in
8 production. Access is difficult in that it
9 requires veterinary involvement. And the
10 veterinarian has to be aware of it. So, it's
11 a bit more challenging.

12 And the conditional license raises
13 the question for the long-term access. Will
14 this be available in two years, three years,
15 four years, given that it's only conditionally
16 licensed? And the questions that I get asked
17 is, why is it conditionally licensed? There
18 must be questions about the efficacy of this
19 product.

20 So, I agree that conditional
21 licenses are valuable in moving forward in the
22 approval process, but they do create

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1 significant, but modifiable, barriers to
2 adoption.

3 And so, to evaluate that in another
4 way, I think we need a clear, consistent and
5 achievable process to approval.

6 So, if we look at the innovation
7 pipeline to a translation to industry,
8 certainly if there's a way to consistent,
9 achievable process to get through the approval
10 process to industry, the approval process
11 itself can give some positive influence.

12 So, if it's been evaluated,
13 regulated, approved, it gives some positive
14 influence on adoption. Also gives positive
15 feedback that, hey, we can develop the
16 generation twos or to other innovators to
17 produce a better product. And even partial
18 adoption by the industry gives a positive
19 feedback for further innovation.

20 My concern is that if we can't get
21 into the approval process, or we can go
22 through it partial way, but we can't get to

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1 fully licensed or approved product, then this
2 generates a tremendous negative feedback to
3 the innovators, a negative influence as it
4 currently is doing to industry in adoption,
5 which again results in a negative feedback.

6 So, we get in a vicious cycle of
7 negative feedback. And my real concern is
8 that if we can't move through the approval
9 process, we're basically going to empty the
10 innovation partner because we're going to send
11 the message to innovators that we can't get
12 full approval. And I think that is
13 problematic and it certainly is modifiable as
14 we move forward.

15 And I'll start wrapping up. I
16 think there are some challenges that we need
17 to consider. And I realize that this is a
18 political, hot title, politically very
19 sensitive to some. But as I said, this
20 approach, if we choose that we want to do
21 this, is going to require very close, very
22 tight business partnerships along the supply

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1 chain. That's the only way I can see it
2 happening.

3 So, if we make or if restrictions
4 are placed on alternative marketing agreements
5 in the beef supply chain, I say that is going
6 to severely limit our ability to develop
7 business partnerships to implement these food
8 safety interventions.

9 So, we can have the best intention.

10 But if we have developed those business
11 relationships because alternative marketing
12 regimens have been prohibited or restricted, I
13 think that's going to be challenging.

14 Other challenges will be that if
15 the U.S. decides to implement this, it
16 certainly adds to the cost of production, and
17 we're in a globally competitive environment.
18 So, what do we do to the international
19 markets? Do we require it of product coming
20 in so they're not at a competitive advantage
21 cost-wise and so forth? And I'm sure we can
22 think of other unintended consequences as we

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1 move forward.

2 So, the other one that we need to
3 consider is the experience of Willmar Poultry.

4 They're the group that developed the SRP
5 salmonella vaccine and the SRP E. coli
6 vaccine. And I heard some very impressive
7 internal data based on the official Minnesota
8 salmonella test.

9 On the y axis here, I have the
10 percent of positive flocks. On the x axis, I
11 have year eggs in 2001. The current data for
12 the last couple of years is somewhere around
13 two to five percent positive flocks. And this
14 is in laying hen, turkey laying hens.

15 They developed this vaccine,
16 implemented it over a two-year period across
17 all of their flocks. And if you look at this,
18 it's a stair step reduction. So, if they go
19 up to here and said this reduction from 94
20 percent to 50 percent does not justify
21 implementing this, the challenges of
22 implementation, they could have done away with

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1 this and the prevalence could have stayed at
2 50 percent, could have increased. Who knows
3 really what happened.

4 But they stuck with this, and what
5 you'll notice is every year it continued to
6 decline. So, there was a cumulative effect
7 observed in this poultry production system.
8 Again, very different than cattle production,
9 but a cumulative effect from 94 percent
10 positive flocks now down to two to five
11 percent positive flocks.

12 So, if I can sum up, I guess I'm
13 going to leave this with a little bit of deja
14 vu and also an opportunity to talk about
15 progress.

16 This was an article, a news release
17 that says APHIS to spearhead pre-harvest food
18 safety. And so, this should sound very
19 familiar. Approximately, 150 people
20 representing food industries gathered at
21 College Park, Maryland to talk about pre-
22 harvest in a public meeting as such.

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1 And if we think back to '94 and the
2 response to the West Coast outbreak, there's
3 been tremendous improvement. I shared with
4 you some of the progress, the success from
5 regulatory oversight, the implementation of
6 HACCP plans, the development of in-plant
7 interventions, now the innovation and
8 development of pre-harvest interventions, but
9 certainly we still have some similar needs
10 that have transcended that time. And so, we
11 still need productive collaborations that this
12 called for.

13 And so, inside this it says the
14 FSIS Pathogen Reduction Task Force has
15 recommended a systems approach that we fully
16 agree with, but they also recommend addressing
17 consumer needs such as safe handling, greater
18 interest in pre-harvest food safety, which is
19 one of the goals of the meeting again this
20 time, and integrated farm-to-table strategy
21 for food safety.

22 So, some of the needs from 17 years

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1 ago, are still the same. So, I think that is
2 something to consider.

3 So, my last slide is that I'm very
4 optimistic that we are in an era where we have
5 effective interventions that are available or
6 soon to be available. And while they are
7 effective, they're consistently effective,
8 they're imperfectly effective.

9 And I think we need to move away
10 from this hope and this desire that we're
11 going to find a silver bullet, because what we
12 have is what we have. But they are
13 consistent, and they appear to work.

14 The other thing I would ask is that
15 we move away from focusing solely on efficacy.

16 Because based on the best model that we have
17 available to date, it appears that adoption is
18 at least or sometimes even more important than
19 efficacy in that we can adopt, broadly adopt,
20 a fully efficacious product and it appears to
21 have actually a quite substantial impact.

22 So, we get back to this question of

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1 should we attempt to adopt interventions?
2 And, again, I don't know the answer to that,
3 but certainly it is complex and we need to
4 discuss it. And if we do, it's going to need
5 a very inclusive stakeholder-driven process to
6 do that.

7 So, with that, again, many thanks
8 to the agencies that invited me. It really is
9 a tremendous privilege. And all of the people
10 who provided data slides that I work with on a
11 day-in/day-out basis, because they helped
12 inform what I had to say today. Thank you
13 very much.

14 (Applause.)

15 DR. GOLDMAN: Thank you very much,
16 Dr. Loneragan. As usual, he's done his
17 stellar job of both bringing us up to date on
18 the science, as well as leaving us with many
19 provocative questions. And you'll notice in
20 your packet, where he ended up was really
21 reflected in Question 3. So, we hope to
22 encourage a lot of robust discussion about

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1 Question 3 having to do with adoption.

2 So, we have a few minutes for some
3 questions for Guy if you'd like. Please, just
4 raise your hand. And I think we have
5 microphones - yes, we do have microphones.
6 So, if you raise your hands, we'll get a
7 microphone to you and you can ask your
8 question.

9 DR. COURSEY: When you ask a
10 question, if you could stand and please state
11 your name? Thanks.

12 MR. CUSTER: Hi. My name is Carl
13 Custer, I am representing myself. Two key
14 issues.

15 One was we've been focusing on the
16 category of the slaughterhouses. One that I
17 think that has been missed out, is that the
18 pathogens coming from beef lots, dairies and
19 other places, these pathogens can also be
20 spread to the environment, to crops, to
21 waterways, just out into the environment. So,
22 there is variable interventions for people

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1 there in the environment.

2 The second part about adoption, and
3 this is something I wrote to Secretary Vilsack
4 last August, and that it is my hope that one
5 day we'll be able to paraphrase Section 602 in
6 the Meat Inspection Act.

7 I hope that one day USDA would echo
8 that and state food animals raised without
9 pre-harvest interventions and bearing human
10 pathogens can be sold at lower prices and
11 compete unfairly with producers that implement
12 pre-harvest interventions and whose animals do
13 not bear human pathogens to the detriment to
14 consumers and the public generally. That's
15 it.

16 DR. RUZANTE: My name is Juliana
17 Ruzante. I'm with the Pew Charitable Trusts.

18 Guy, I thank you for your presentation. You
19 mentioned some of the best practices and also
20 some of the interventions. And I'd like to
21 know if you think we right now have a good
22 understanding of the risk factors at the farm

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1 level, and also if you could comment on the
2 availability and quality of prevalence data of
3 not only 0157, but other pathogens at the farm
4 level.

5 DR. LONERAGAN: I guess the question
6 on the risk factors at farm level, there have
7 been probably the most comprehensive -- there
8 are some case study work, as well as USDA
9 National Animal Health Monitoring System that
10 evaluated a series of risk factors. And in
11 the 2005 study, they found a series of risk
12 factors, the 2009 study - or, excuse me. '95
13 and '99, they didn't find those same risk
14 factors lined up. And I think what we're
15 finding oftentimes is some of the risk factors
16 we find in one study, just happen to be in
17 that study. They are not true risk factors.

18 So, that gets at some of the
19 management factors. And, again, I think
20 that's been probably the most unrewarding part
21 of this. We go to meetings and these never
22 get published in peer reviewed meetings, but

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1 they get presented in proceedings in abstract.

2 They talk about they put the
3 animals on a concrete floor and wash the
4 floors daily and wash the water trucks daily,
5 and they don't seem - because what we're
6 dealing with is a commensal of these cattle,
7 they're evolved for life in the cattle, it
8 seems to be regardless of the environment,
9 usually regardless of the management factors.
10 So, I think the risk factors are very limited
11 at the moment.

12 DR. BLAIR: I'm Joe Blair with the
13 HACCP Consulting Group.

14 The concern I have or the question
15 I have relates to the food safety impacts of
16 the compounds like probiotics and so forth.
17 What does that have to do in terms of residue
18 or how does that impact food safety just the
19 fact that you are adding the material to the
20 animal's diet?

21 DR. LONERAGAN: That's a very good
22 question. If we go back to the probiotic,

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1 that's basically a lactobacillus product that
2 is in the environment everywhere. We consume
3 it in yogurt everyday. The FDA has looked at
4 these bacteria and said that they're generally
5 regarded as safe. So, in that regard, I don't
6 see a concern associated with that.

7 So, when FDA would look at a
8 chemical, they would look at a withdrawal
9 period based on human safety in the target
10 animal. And then when CVB looks at - Center
11 for Veterinary Biologics looks at vaccines,
12 they establish a withdrawal period based on,
13 again, human safety in the target animal. So,
14 I think in terms of the technologies that we
15 talked about today, the human safety component
16 of that technology, per se, has largely been
17 addressed.

18 I agree with you that we're adding
19 things to the system, but I think the human
20 side has been addressed or is being addressed.

21 DR. COURSEY: We have a question
22 over here.

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1 MR. VAQUER: Arnaldo Vaquer, Vaquer,
2 Inc. You mentioned two interventions: the
3 vaccines and the probiotics. Have you tried
4 them both together and have you had a better
5 result?

6 DR. LONERAGAN: So, the question was
7 using more than one intervention at once, and
8 our answer is we personally know that the
9 person sitting at your table has evaluated two
10 of them together. Certainly, it was at a
11 lower dose probiotic. And I'll let him speak
12 more to that in a moment. But if we look at
13 the high dose, the very inhibitory product,
14 and the vaccine, we haven't looked at those
15 together.

16 DR. GOLDMAN: We'll take one more
17 question and then we'll move to the panel.

18 MR. ROACH: Yes, I'm Steve Roach
19 with Food Animal Concerns Trust. And my first
20 statement is a comment. I agree that there
21 doesn't seem to be farm management practices
22 that have affected 0157, but I think you will

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1 see that cattle from feedlots have much lower
2 levels of salmonella and decreases over the
3 production period. And I think there is also
4 evidence that campylobacter is highly
5 inconsistent. So, it's not specifically that
6 all pathogens go against farm management
7 practices. Clearly, there are some
8 differences there.

9 But another comment I'd like to
10 make, I really appreciate -- coming as an
11 anthropologist who's married to an agriculture
12 economist. I really appreciate your
13 statements that your real barriers are not the
14 technological ones but it's how we get, that
15 is the systems, to actually adopt these
16 practices. So, I greatly appreciate that, but
17 I would like to hear your thoughts on what I
18 said about salmonella in particular.

19 DR. LONERAGAN: Very sorry, I used
20 up a lot more time in my presentation than I
21 thought.

22 So, salmonella is an interesting

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1 organism because it spans the spectrum of
2 pathogenicity. So, some like salmonella
3 Newport, salmonella typhimurium are very
4 pathogenic. So, if animals are negative to
5 salmonella typhimurium and they go into an
6 environment whether that be a pasture setting
7 or a feedlot or dairy setting and salmonella
8 Newport is there, they are going to get
9 infected with it. So, in that sense, I agree.

10 But at the other end of the
11 spectrum, salmonella - there are many types or
12 serotypes that behave like commensals. And
13 so, when we looked at -- in a limited sense, I
14 agree with you. But in a limited sense of
15 cattle as they come off extensive pasture
16 settings entering a feedlot. On entering,
17 they're commonly populated with these
18 commensal salmonellas.

19 So, in that sense, the management
20 would depend on whether we're looking at the
21 pathogenic strains, which, again, I agree with
22 you, we have very good management strategies

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1 to look at pathogenic salmonella and they
2 should be implemented, but in terms of the
3 commensal strains, they appear to behave like
4 0157 in that they're robust to a lot of these
5 management -- but that's a very good point.
6 Thank you.

7 DR. COURSEY: Dr. Goldman, just a
8 quick question.

9 DR. GOLDMAN: Yes.

10 DR. COURSEY: Will Dr. Loneragan's
11 presentation be posted on the FSIS website?

12 DR. LONERAGAN: It is available
13 already.

14 DR. COURSEY: Okay. Thank you.

15 DR. GOLDMAN: Thanks again to Dr.
16 Loneragan.

17 (Applause.)

18 DR. GOLDMAN: And as was mentioned
19 at the beginning, there are no breaks
20 scheduled. So, please avail yourself when
21 necessary.

22 We're going to move to the industry

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1 panel, and I want to introduce Dr. Mary
2 Torrence who will lead the introduction and
3 the panel discussion as well.

4 Dr. Torrence is one of the two
5 National Program Leaders for Food Safety at
6 the USDA's Agricultural Research Service, in
7 the Office of National Programs. ARS is the
8 intramural research arm of USDA. And she
9 provides leadership and strategic direction
10 for the research conducted in the food safety
11 program. Currently, the program includes over
12 ten research centers and 190 scientists. This
13 research supports the mission of USDA, as well
14 as other federal and industry stakeholders.

15 Previously, she was at USDA's
16 Cooperative State Research Education and
17 Extension Service now known as NIFA, for ten
18 years where she was the National Program
19 Leader for Food Safety and Epidemiology there.

20 While at CSREES, she initiated and
21 ran the Epidemiologic Approaches for Food
22 Safety granting program, which provided some

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1 of the first large grants in pre-harvest food
2 safety, anti-microbial resistance and other
3 epidemiologic studies. She provided
4 leadership on food safety and epidemiologic
5 issues to universities and on national
6 committees.

7 Dr. Torrence has her Doctor of
8 Veterinary Medicine from the Ohio State
9 University, and a Ph.D. in public health and
10 epidemiology from Virginia Tech. She is board
11 certified by the American College of
12 Veterinary Preventive Medicine and a member of
13 the American College of Epidemiology. And in
14 2010, she received the Distinguished Alumnus
15 Award from the College of Veterinary Medicine
16 at Ohio State University. She is an author
17 and co-editor of two books. And is Editor in
18 Chief for Zoonoses and Public Health.

19 And we welcome Dr. Torrence to lead
20 the industry discussion in which we hope we'll
21 hear some more of the best practices that are
22 used in the food-producing industry.

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1 So, Dr. Torrence, thank you.

2 DR. TORRENCE: Thank you. I think
3 really the only reason I was asked to moderate
4 this is I'm well-known for cutting people off
5 if they go past their time.

6 (Laughter.)

7 DR. TORRENCE: I think if I'm
8 understanding right, we're going to bring the
9 panelists up to the table with the mics. And
10 some of our industry panelists also have
11 presentations. And I do have a pretty good
12 watch.

13 I'm really excited about the
14 representatives we have here for industry.
15 They represent a wide range of producers and
16 some real insight, I think, into the potential
17 for pre-harvest food safety.

18 (Off-record comments.)

19 DR. TORRENCE: Okay. As the
20 panelists are assembling here in the front of
21 the room, I'll read their bios.

22 Bill Rishel owns Rishel Angus,

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1 which is ten miles south of North Platte,
2 Nebraska, with his wife Barbara. He received
3 his B.S. and Masters in animal science from
4 Penn State University. Bill is the 2011
5 President of Nebraska Cattlemen and has served
6 on the Cattlemen's Beef Board from 2000 to
7 2006. He has received numerous awards from
8 the cattle industry, including the 2007 Record
9 Stockman U.S. Livestock Industry Leader of the
10 Year, the 2006 Nebraska Angus Association
11 Producer of the Year, and 2005 Beef
12 Improvement Federation Seedstock Producer of
13 the Year.

14 Rishel Angus has been an ongoing
15 purebred Angus operation since the purchase of
16 its first registered Angus female in 1966, and
17 has kept performance records on its herd since
18 then. Rishel was one of the first breeders to
19 make a commitment to identify the carcass
20 merit of its cattle because of the belief that
21 its program's real focus should be acceptance
22 of the product by the consumer. Because of

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1 this effort, many of the leading individuals
2 for carcass merit in the Angus breed carry the
3 Rishel Angus prefix.

4 Tracy Brunner is president of Cow
5 Camp, Incorporated, a family-owned
6 agribusiness enterprise at Ramona, Kansas.
7 Beef Cattle are the focus of the fourth-
8 generation family-owned farming and beef
9 production business.

10 Cow Camp Beef is an umbrella
11 organization of several related entities, all
12 aligned with the goal to produce higher-value
13 beef. Cow Camp Ranch is a producer of beef
14 cattle genetics and seedstock, supplying
15 ranchers and cattlemen throughout the nation
16 with premier replacement bulls and females.

17 Cow Camp Feedyard markets roughly
18 15,000 head per year. Cow Camp is also
19 integrated into the processing of their
20 product, owning most of their own cattle
21 production through beef processing via value-
22 based marketing. They are also involved in

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1 beef processing via U.S. Premium Beef stock
2 ownership. At Cow Camp Beef, the focus is on
3 quality with a mission to supply other
4 producers with tools needed for an improved
5 beef business.

6 Tracy is active in the national
7 Beef Industry representation and governance,
8 in 2009 serving as the Chairman of the Policy
9 Division of the National Cattlemen's Beef
10 Association. Past service includes many years
11 on the NCBA Board of Directors, as well on the
12 Executive Committee. He is past Chairman of
13 the New Product and Culinary Initiatives
14 Committee of the NCBA, and currently a member
15 of the Beef Quality Enhancement committee.
16 Tracy is a graduate of Kansas State University
17 with both a Bachelors' and Masters. A
18 Bachelor's in animal science and a Masters in
19 agribusiness.

20 His wife and daughter are also
21 graduates of Kansas State University, and his
22 son is now a student there. Tracy sees the

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1 key to any successful business as customer
2 satisfaction. Their everyday work is helping
3 other producers make the move from cattle
4 producer to beef producer.

5 John Butler is the Chief Executive
6 Officer of the Beef Marketing Group, a
7 producer cooperative consisting of 15 cattle
8 feeding and growing operations located in the
9 states of Kansas and Nebraska.

10 The cooperative formed in 1987,
11 harvests 500,000 cattle annually and has been
12 focusing on consistently producing value-added
13 beef and beef products that meet customer
14 demands.

15 The group has developed a number of
16 initiatives that have provided end-users
17 differentiated value-added products. These
18 include securing a USDA Quality Systems
19 Assessment certification for source and age
20 verification, a verified Food Safety, Animal
21 Care and Sustainability program. And under
22 the guidance of the BMG, each of these

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1 programs uniquely aligns the entire beef
2 supply chain.

3 John has worked with value-added
4 programs for the last 15 years. And prior to
5 this, served as President and CEO of Ranchers
6 Renaissance, a beef marketing alliance that
7 was instrumental in the development of branded
8 beef programs for the second and third largest
9 retail markets in the United States: Kroger
10 and Safeway.

11 And finally, Dr. Dean Danilson is
12 the Vice President of Food Safety and Quality
13 Assurance at Tyson Foods. His current
14 responsibilities include developing,
15 implementing and sustaining quality assurance
16 and quality control, HACCP and GMP programs
17 that involve food safety, product quality and
18 product specifications.

19 He is responsible for Food Safety
20 and Quality Assurance programs for Beef, Pork,
21 Case Ready, Custom Manufacture and
22 Distribution and Warehouse business units.

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1 He's a liaison with USDA and FDA on regulatory
2 issues. And a liaison with industry, trade
3 groups, universities, suppliers and customers
4 on technical issues. And so, what we will do
5 is have each industry panelist provide their
6 five to eight-minute presentation. Hold
7 questions until the very end. Okay.

8 MR. RISHEL: Thank you very much.
9 My name is Bill Rishel, and my wife and I have
10 an Angus cattle operation in North Platte,
11 Nebraska.

12 (Off-record comment.)

13 MR. RISHEL: We raised three
14 daughters, and of course they're all married
15 now. I'm getting up there in years to where
16 maybe you're supposed to be a little wiser,
17 and a little smarter. But we learn as we go
18 along that learning is a continuum process,
19 and particularly true in our industry.

20 We had a challenge getting in here
21 late yesterday. Spent all day at the
22 University of Nebraska with the Beef Industry

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1 Scholar Program and the seniors in that class.
2 I wish all of you would have had the
3 opportunity to see those kids and the program
4 they put together about the industry and the
5 challenges and how they're going to face the
6 future. Our industry is in great hands.

7 One of the things that I'm
8 concerned about here today is making it all
9 the way through the afternoon. The challenge
10 of getting in late and then almost missing a
11 flight due to weather and getting in and
12 having not too many hours of sleep -- I'm very
13 proud of the fact that we produce a great
14 product in our industry that's high in heme
15 iron and zinc and essential B vitamins and the
16 power of protein.

17 And I looked at the menu when I got
18 here, and there wasn't any beef on the menu.
19 And I'm just afraid I might not be able to
20 make it through the afternoon.

21 (Laughter.)

22 MR. RISHEL: At any rate, I'm

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1 charged with the fact of explaining the
2 production system in our operation. And I
3 have to share with you that it would be a huge
4 mistake for me to talk about just my
5 operation. Because at the cow-calf level, it
6 is a tremendously variable business.

7 It varies for many great reasons.
8 There's the great variation across the country
9 in the types of operations, and that's due to
10 several things. Most importantly,
11 environmental differences due to weather.
12 Certainly, seasons of the year.

13 We also deal with geographical
14 differences. We go from sea level, to high
15 mountain country, to the great plains, to high
16 desert, just to name a few.

17 Some of the things that are more
18 consistent in what we have in the cow-calf
19 segment of this industry, is that our main
20 business is taking a bovine individual and
21 managing that -- that individual, managing
22 that bovine, that cow, by utilizing grass

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1 that's available to us and trying to turn all
2 of that into a profit.

3 In most cases, that grass is razed
4 and these cows are run in locations where that
5 land is of little or no value for any other
6 purpose.

7 The slides that are going to be up
8 here today are few. I won't even be talking
9 about them. I would appreciate it if you just
10 read those as they're up there, but I wanted
11 you to see some of the things that we deal
12 with. We talk about variation. That's
13 variation.

14 The other thing is that I need to
15 mention the consistency of the cow-calf
16 industry is that we're primarily family-owned
17 operations. They may have a corporate name or
18 a corporate structure, but they are family
19 owned and they've been that way for
20 generations.

21 Yes, the operations are getting
22 larger for the most part over time, and that's

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1 simply due to economic efficiencies of scale.

2 The national average for cow herds
3 in this country, and this may be a shocker to
4 some of you in this room, perhaps not, is
5 right around 40 cows.

6 You hear about the larger cow
7 operations in the country and, yes, they're
8 out there, but the national average is about
9 40 cows.

10 That's important to understand to
11 get your arms around this huge variation when
12 you're talking about programs like you're
13 discussing here today.

14 The other thing that's very, very
15 consistent in the cow-calf industry is the
16 fact that all of these operations, or nearly
17 all of them, are backed by years of experience
18 with basic animal husbandry practices. And I
19 think that's important to understand.

20 Today, there's more sound science
21 than any time in the prior history of this
22 industry. And I've been around it for a long

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1 time, and these gentlemen up here have as
2 well, and we just continue to see more and
3 more improvements at a faster and faster pace.

4 In that respect, we're not much
5 different than anyone else in any other
6 industry.

7 This leads to far greater
8 performance and production in what we do.
9 That's very, very important because it is
10 about profitability. And it's about
11 profitability in an industry at the cow-calf
12 segment where we're utilizing grass to raise
13 that calf that goes into that system that
14 we're talking about.

15 And we're doing that in what has
16 been historically a very low-income margin
17 business. You need to understand that.

18 How in the world do these people
19 sustain these low-margin businesses? Lots of
20 family labor. Experience in how they utilize
21 and preserve the natural resources that we
22 have and care for.

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1 We use the resources, but we also
2 have to make sure they're sustainable for
3 future generations.

4 We understand the particular
5 environment. And, again, it comes back to
6 good animal husbandry practices that all of us
7 either learned at the farmer ranch level, or
8 we got it at some higher lever of education.

9 It is a foregone conclusion that if
10 we're going to keep healthy cattle, it's clean
11 water, it's great nutrition. Those vary a
12 little bit from environment and weather, we
13 talked about. We try to reduce stress.

14 We think we are the original animal
15 welfarists. And that just goes without saying
16 that if we don't do that properly, we're not
17 going to be very successful.

18 Good health protocol, obviously
19 vaccination programs are part of everything we
20 do.

21 So, those animal husbandry
22 practices are important and I'm going to close

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1 with a couple of comments I'd like to make.

2 I think it's very, very important
3 for me to state that the vast majority of the
4 producers in the cow-calf segment of this
5 business are or do have some form of higher
6 level of education.

7 I think you would be amazed and
8 surprised that even in my generation, the
9 number of individuals who have at least an
10 undergraduate degree or more based on animal
11 science and animal husbandry practices.

12 And certainly I can attest to the
13 fact that the young folks coming back into
14 these operations, are brighter and way beyond
15 anything we could have ever hoped to have
16 accomplished.

17 The other thing is that the folks
18 in the cow-calf sector in this business are
19 very proficient at what they do in applying
20 management practices, and especially those
21 practices that improve our business and
22 improve our ability to deliver a healthy, safe

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1 product to the public.

2 There are two things that have to
3 happen. I think Guy touched on these. Those
4 management practices have to be cost
5 effective. And they have to be management
6 friendly. Thank you very much.

7 (Applause.)

8 DR. TORRENCE: Thank you very much.

9 Our next speaker is Mr. Tracy Brunner,
10 President of Cow Camp.

11 MR. BRUNNER: Well, good morning.
12 I've known Bill quite a while and I like
13 everything about him, except following him on
14 a program. Bill, that was very good.

15 MR. RISHEL: Thank you.

16 MR. BRUNNER: My name is Tracy
17 Brunner. I'm from Ramona, Kansas. Along with
18 my family, we operate a diversified ranching
19 and beef production and marketing business.

20 Our headquarters are in central
21 Kansas, but we have producer partners that
22 extend throughout the United States.

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1 We are somewhat typical of the
2 majority of cattlemen in that our livelihood
3 is not only our heritage, but also our future.

4 I'm honored to be asked to take
5 part in this panel discussion as a producer
6 representative. As a baseline for my
7 thoughts, please note nothing is more
8 important to family farm and ranch
9 sustainability and success than the safety of
10 the food we produce.

11 We constantly evaluate and work to
12 improve the way we raise, finish and deliver
13 our live beef to our processing partners.

14 I will openly admit I'm lacking
15 some of the technical education that's
16 represented here, and especially out there in
17 the audience today.

18 I can tell you that in addition to
19 a large career in ranching and feeding cattle,
20 I have had extensive opportunity to be
21 involved with producer organizations in
22 sponsoring and evaluating research

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1 interventions for foodborne pathogens such as
2 0157 and others.

3 Personally, our most extensive
4 ranch and feeding experience has been with
5 feed and water and facility sanitation,
6 direct-fed microbials, and some experience
7 with direct-fed seaweed derivative products.

8 Additionally, through participation
9 with other producers and managing Beef Check-
10 Off investments, we've been close up in the
11 discovery and have even seen firsthand the
12 widespread adaptation of processor applied
13 interventions such as pre-harvest hide sprays,
14 whole animal hide wash, carcass steam cabinets
15 and hand-held steam vacuums.

16 I can vividly recall a revelation
17 that crowded hotbox coolers where touching
18 carcasses, were found to promote pathogen
19 growth and negate even the best harvest line
20 intervention success.

21 Beef is increasingly safer. I will
22 not quote the statistics, most of you are

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1 familiar with them, but I will loudly and
2 vigorously applaud the entire beef processing
3 sector for rising to the occasion and
4 providing consumers with an ever increasing
5 safer beef product.

6 I will summarize what I believe
7 effective pre-harvest constraints that we face
8 are this: First of all, pathogens live in
9 organic matter of soil, water, on fruits and
10 vegetables, and even within the body of
11 healthy animals.

12 Furthermore, most are transmitted
13 by things like casual contact, wind, dust,
14 birds and other wild animals.

15 The economics of statistically
16 lowering the incidents in naturally-occurring
17 pathogens in the outdoor production system
18 that we have today is, at best, limiting, and
19 at worst, impossible.

20 Secondly, the efficacy of known
21 current interventions falls in the range of 50
22 percent. From the limited independent

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1 research that does exist, and even using
2 technology owner's data, there is medium to
3 low correlation between use of interventions
4 before transport to packing, and significantly
5 lower pathogen counts after the processor's
6 first line of interventions.

7 Third, shedding of pathogens by
8 unidentifiable animals during moving to
9 weighing and shipment areas, during transport
10 and after delivery to processing plants,
11 causes cross-contamination on hides and is the
12 primary source of pathogen loads at harvest.

13 What we do know is that shedding
14 seems to be the highest in hot weather, and is
15 possibly aggravated by some popular
16 combinations of feedstuffs.

17 But we also know that it can be
18 lowered by some management practices, but they
19 are commercially impractical. And for the
20 most part, shedding is still a mysterious
21 phenomena to the modern North American beef
22 production system.

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1 In the play-to-win game against
2 naturally-occurring pathogens such as 0157,
3 eliminate the shedder-spreader, control
4 pathogen and win the game. I believe if we
5 can identify the shedder, we can get to first
6 base.

7 No one wants our beef a hundred
8 percent safe more than the producer. No one's
9 heart and conscience cries louder when either
10 foodborne illness or worse is reported.

11 And research shows that even a
12 recall alone costs producers money through a
13 lowering of the demand occurring for our beef.

14 For further progress in dealing
15 with an elimination of foodborne pathogen
16 danger in our beef, I would offer the
17 following suggestions:

18 First, allow even only partially
19 effective interventions to be marketed,
20 thereby encouraging further investment in the
21 next generation of technology that will be
22 even more effective.

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1 But we must avoid fostering some
2 false security through strong regulation that
3 demands accuracy in label and marketing
4 claims.

5 Second, USDA must maintain its
6 primary responsibility of food safety by
7 focusing on production outcomes, consumer food
8 products.

9 And third, our industry, ourselves
10 must continue to refrain from technology
11 marketings or food brand promotion of foods by
12 disparagement that says my food is safer than
13 your food.

14 No one wins in a game of
15 competition that suggests distrust. All foods
16 in our category will find lower confidence and
17 demand.

18 Finally, we need further investment
19 in pre-harvest interventions with these
20 criteria:

21 First, genetic research for
22 identification of animals possessing and

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1 perpetuating the shedding phenomenon.

2 Second, research that can identify
3 better management practices, or, if you will,
4 critical control points for the voluntary
5 application of pre-harvest interventions that
6 really do lower the pathogen load on animals
7 at harvest.

8 And third, adaptation techniques
9 that use the above-gained knowledge and others
10 still yet to be discovered understanding for
11 the development of more widely adapted beef
12 safety interventions. Given viable
13 interventions, the industry will sort and
14 select the most effective.

15 And in closing, I'd like to leave
16 you with one final thought. Given what we
17 know today, the processing plant is by far the
18 most effective place in the value chain for
19 major pathogen interventions.

20 Make no mistake the cost of those
21 interventions is always eventually passed back
22 to producers in the form of lower prices. So,

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1 it's not a question of who pays, but the
2 larger question of where and how can we best
3 meet our food safety goals. Thank you very
4 much.

5 (Applause.)

6 DR. TORRENCE: Thank you so much.
7 Our next speaker is Dr. Dean Danilson.

8 DR. DANILSON: Thank you and I'm
9 going to try to get in under that eight minute
10 window. Guy, very nice opening talk and left
11 a lot of things for us to talk about. I think
12 if you were an insurance salesman, I couldn't
13 resist it buying from you.

14 (Laughter.)

15 DR. DANILSON: Okay. Who's got the
16 clicker? You're going to click, all right.
17 Go ahead.

18 So, I'm going to try to rattle
19 through some information here perhaps to give
20 some of my perspective on per-harvest as it
21 sits in my eyes and being with it over the
22 many years of the evolvement of the issue and

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1 where we sit today, but it is an hourglass.
2 It is a funnel.

3 Fresh farm and the feedlot, there's
4 a big, wide world out there. It funnels down
5 through transport and into the packing house
6 where we have the opportunity to do several
7 things to those carcasses of the meats that I
8 think that we have demonstrated some
9 effectiveness over the years and then it goes
10 back out into the big, broad world where
11 there's billions and billions served. And
12 that there were cooking methods or lack
13 thereof or different people perspectives,
14 different health conditions that we have to be
15 aware of.

16 So, in slaughter plant, my
17 perspective to you all is from a pre-harvest
18 standpoint. I basically see four areas of
19 focus. And, actually, the first one would be
20 more of a best practice.

21 Lairage sanitation. In our
22 operations you're out there washing up every

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1 group of cattle. It means very clean system.
2 It's not piled up in little piles. It's not
3 pest-ridden areas. So, lairage sanitation is
4 a best practice not only for the eyes, not to
5 become an eyesore, but offers control with
6 sanitation. Hopefully, it has some
7 implication or benefit in the prevention or
8 spreading, allowing the pathogens to spread
9 and dwell.

10 Cattle washing, we've all practiced
11 cattle washing over the years in various
12 stages. Out in the yards, maybe even some of
13 them coming off the trucks to knock off some
14 of the heavier load of debris that's on those
15 cattle.

16 And then a couple of newer ones in
17 the last few years would be the bacteriophage-
18 hide application and the hide-wash post-stun,
19 which I'm going to give you a little detail
20 on.

21 Go ahead. We use the bacteriophage
22 at the slaughter plant at the points close to

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1 immediately before slaughter.

2 Just a little bit through how we
3 apply this. We initiated this in 2010 in all
4 of our beef plants that have supplies of
5 covering spray under the live cattle as they
6 arrive in the plant.

7 We apply it during the warm months
8 only, April to September. We have two
9 different application systems depending upon
10 the plant.

11 One is a single shower you see at
12 the bottom where the cattle walk through.
13 Took a lot of design and function development,
14 engineering development to set these systems
15 up so the cattle pass through it, move through
16 it. And they do nice things. Do that nicely.

17 Then we have the shower system, a
18 larger pen where we have showerheads over the
19 top and the cattle mingle and rub get wetted
20 down.

21 We try to get a two-hour minimum
22 dwell time before actual slaughter to give

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1 that bacteriophage, that E. coli 0157-specific
2 bacteriophage time to do as much as it
3 possibly can do.

4 We also try to keep the cattle
5 hides wet as long as possible after phage
6 treatment. So, they go back into a pen. We
7 turn those sprinklers on in the pen to keep
8 them wet.

9 It's a contact sport. These little
10 rascals can swim. We want to keep them wet.
11 They don't jump. They swim. And so, we try
12 to keep them wet.

13 Other STECs, the company I think as
14 was said earlier, that has the only hide
15 application out there working on enhancements
16 to phage product containing the additional
17 facets to try to target several of the other
18 non-0157s. We anticipate some of that coming
19 available in 2012.

20 A point on the phage and I'll show
21 you some information and data here. Okay.
22 The packing plant, slaughter plant is the only

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1 place the hide application can be used because
2 of its current approval.

3 I believe it has greater
4 application in other areas in the pipeline,
5 the movement of cattle, the management of
6 cattle out in the systems particularly as we -
7 - they do have the additional pathogen areas.

8 It took us about ten years to get
9 this application approved. I hope the next
10 approval doesn't take another ten years. And
11 the way it's going, it might.

12 Next. Hide wash post-stun, very
13 quickly, is before the hide is removed. These
14 systems are in many plants. Not all, but many
15 as they're needed. Particularly in the
16 northern sector we see most of them. High-
17 volume caustic water. Oftentimes recirculate
18 water, very high pH on those hides to wash off
19 dirt, debris, loose hair, light mud, tags.

20 Our elevation has shown a 25 to 30
21 percent reduction potential in 0157:H7 as we
22 measured on the pre-evisceration carcass.

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1 Next slide, please. This is some
2 information that we collected for ourselves as
3 we look at the application of bacteriophage
4 and whether it provided benefit or not to us.

5 These data lines would be variety
6 meats positive, presumptive positive data that
7 we collect in all of our facilities on head
8 meat, cheek meat, weasands and hearts.

9 And as we looked in 2010, the black
10 line, would be the implementation data with
11 phage in that summer period between two gray
12 lines. The blue line would be the 2009, the
13 year before implementation. Red lines are
14 2007 and the `08 and `09 lines.

15 So, as we look on the left of the
16 green verticals, we see basically no
17 difference between a potential presumptive
18 positive activity in those cooler months.

19 We get into the warmer months,
20 however, we saw a substantial shift in this
21 variety meat presumptive positive activity.
22 In this time period for this particular

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1 pattern across the plants, basically nothing
2 else changed. No significance in the process.

3 And so, it's very difficult to
4 prove these things whether they really, really
5 work or not. And this is essentially how we
6 demonstrated to ourselves that we think we're
7 getting value from it.

8 So, we believe that -- oh, back
9 one. Back one. We believe that in 2010, we
10 saw about 30 percent reduction in presumptive
11 positive activity versus 2009.

12 Next slide, please. In 2010, now
13 the red line, or 2011, we continued use of the
14 phage through this year. We continue with the
15 lower, reduced levels that we saw in 2009,
16 2008 for these variety meat offal products.

17 And so, again, we have some hide
18 washes that come into play in that time
19 period, but the phage also, we believe, is
20 contributing to this.

21 Next slide, please. Continuing on
22 through now, that's kind of the slide, the one

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1 I want to go back and talk about pre-harvest
2 as we look at it and think about it or as I
3 look at it and think about it.

4 Next slide, please. Going back to
5 the ranch, pre-harvest and best practices and
6 interventions must be found in reducing
7 incoming pathogen loads to levels that the
8 plant interventions can effectively deal with
9 it primarily in the warm weather season.

10 Next slide, please. This is actual
11 fecal tests. Rectal swabs from the rectums of
12 cattle that were slaughtered. This is from
13 one plant over the past 12 months where we
14 have been measuring many different feedlots.
15 Over 20 different feedlots on an ongoing,
16 continuous basis each month as they're
17 presented in for slaughter, we have a sampling
18 program.

19 Here's what we're dealing -- click
20 one more time, please. Go back. Clearly as
21 we talk about cool season effect and warm
22 season effect, October through March, this

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1 would be October of last year through March of
2 this year. And then April of this year
3 through September of this year.

4 The numbers that you see, that's
5 the days -- the blue line is the percent of
6 days that had positive E. coli, presumptive E.
7 coli. That's the eae genetic material that's
8 in what we measure.

9 The number of days of the positive
10 for this material -- actually, this is stx and
11 eae from the feces of the cattle presented
12 into the slaughter plant.

13 The red line would be the percent
14 positive test across the different feedlots
15 that were tested.

16 So, clearly this April through
17 September season we're seeing levels coming at
18 us into our plant. And 60, 70, 80, 90 percent
19 of the time we know it's coming at us.

20 Next slide, please. Interesting to
21 note now, this will be the same data from the
22 last slide. This interlaid is the variety

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1 meats data that I showed you from the
2 presumptive positives from the previous slide
3 with bacteriophage with the 2010-2011 average.

4 Very interesting how they track
5 with each other. They fit with each other.
6 And as it deals with our perception of what we
7 -- or our practices of what we have to --
8 interventions, what works, what doesn't work
9 and when the game is on.

10 Next slide, please. Here comes the
11 trims data interlaid. This is actually the
12 trimming state of presumptive positives
13 interlaid upon variety meats, interlaid upon
14 what's presenting into this packing plant
15 during this exact same time frame.

16 Very similar pattern, but you can
17 see the reductions that are occurring at each
18 step of the process.

19 And then of course this tested
20 material, unlike Guy, your slide where you
21 showed that going directly to the consumer,
22 well, there's a whole lot of meat taken out of

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1 the system before that arrow ever gets to the
2 consumer. And that meat is taken out of the
3 system. And that leads us to a lot of the
4 things that we've seen over the years.

5 Next slide, please. So, looking at
6 the levels of incoming pathogen levels coming
7 in to me at my packing plants, I'm dealing
8 with these two levels.

9 Next slide, please. The warm
10 season I've got pathogens, E. coli 0157,
11 coming to me probably a hundred percent of the
12 time. This says on the average, 60 percent of
13 the time. Cool season, less than 30 percent
14 of the time on the right-hand axis.

15 Next slide, please. If we're going
16 to -- are to perform pre-harvest perspective,
17 the mission to look at is that at least 50
18 percent reduction is needed to reduce 0157,
19 incoming 0157:H7 loads to bring that load down
20 to that wintertime level of incidents
21 occurring.

22 If we can do that, we will continue

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1 to drive illnesses lower associated with the
2 pathogens, associated with beef.

3 Next slide please. So, if you're a
4 beef slaughterer, pathogens are coming into
5 the plant every day on and in the cattle
6 between April and October.

7 Next. Current slaughter plant
8 interventions and systems are capable and
9 effective of control of pathogens when not
10 overwhelmed by incoming loads.

11 Current incoming summer pathogen
12 load must be reduced 50 percent or more in
13 order for slaughter plant systems to be most
14 effective.

15 Pre-harvest strategies on the front
16 side as we look at what we can do if we have a
17 plant or an area or a region or a bunch of
18 feedlots that are -- or in the summertime
19 management areas, what's out there?

20 Guy talked about most of them.
21 Feed, the biologicals, water management,
22 manure waste management, transport stress,

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1 super shedders.

2 Next slide, please. We have the
3 USDA pre-harvest guideline and management
4 intervention options in 2010.

5 Next slide, please. But I would
6 submit that there, to my knowledge, there is
7 nothing that I'm aware of either in best
8 practices or interventions that are affective
9 and available to the farmer-feeder industry
10 today for reducing 0157 or pathogen load of
11 live cattle.

12 It's very disappointing that almost
13 the exact same dialogue or words of verbiage
14 in 1994, has been said in this meeting and we
15 really aren't any farther than we were in
16 1994. That's disappointing and that's
17 frustration.

18 Next slide, please. I'm about
19 done. Like we heard, some products are
20 hindered. Where are we? Why have we not
21 progressed? What can we do?

22 Some products are hindered by

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1 delayed or reluctance FDA/FSIS approvals.
2 Chlorate, vaccines, phage, feedlot, bromine-
3 water systems, it takes way too long to get
4 them approved, to get them in place.

5 Some products are in very
6 preliminary research in development phases.
7 Many are impractical. Even if they're in
8 guidelines or in best practices, they just
9 don't flat -- they flat don't work as
10 professed in those research publications, best
11 practices and guidance.

12 The new P-STECs will confuse and
13 complicate pre-harvest efforts of the past ten
14 years. We now have a bigger envelope to deal
15 with.

16 Salmonella initiatives will further
17 complicate the situation on the pre-harvest
18 area that will make things more difficult to
19 get to an end result.

20 Cost benefit will be the principle
21 driving factor for adoption of live animal
22 pre-harvest interventions if or when they

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1 become available.

2 I say \$15 a head. It may be 25 to
3 \$30 a head of cost in that farm-to-fork
4 continuum on that live side. If we had a \$25
5 per head cost, that's with vaccines, that's
6 with chlorate, that's with bacteriophages,
7 that's with probiotics, you're probably close
8 to 20, 25 bucks a head.

9 Multiply that out times 60 million
10 cattle out there. We're going to get pretty
11 close to a billion dollars of cost to the
12 industry. What is the cost benefit?

13 Next slide, please. Live pre-
14 harvest, the only effective and consistent
15 pre-harvest intervention today is mother
16 nature.

17 Next slide, please. The last ten
18 years have been a great success story for
19 improved safety. And I ask will pre-harvest
20 strategies take us to the next level? It's
21 not going to be tomorrow. Thank you.

22 (Applause.)

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1 DR. TORRENCE: Thank you. And our
2 last panelist is Mr. John Butler.

3 MR. BUTLER: I'm going to go ahead
4 and take the liberty of coming up here because
5 I'm so short that if I don't stand up here,
6 you all won't even see me.

7 So, I appreciate the opportunity to
8 come here today. I want to thank Dr. Hagen
9 and Adela for inviting us to be a part of the
10 panel. I'm humbled to be on a panel with such
11 esteemed colleagues as has already presented.

12 So, according to my watch, I'm
13 already in negative territory. So, I'll try
14 to move this right along.

15 I want to talk just a little bit
16 about our company, the Beef Marketing Group,
17 we've already been introduced and what it
18 represents.

19 We can use the next slide, please.
20 Just briefly, we are a cattle feeding
21 cooperative located in Kansas and Nebraska
22 primarily.

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1 We have been involved in
2 interventions, pre-harvest interventions in
3 the arenas of food safety, animal care and
4 handling and sustainability for a number of
5 years.

6 And I just want to - I'll share
7 with you in just a minute a program that we've
8 got in place as an example in our company, and
9 in another major feeding company in the
10 northwest, that has implemented these standard
11 operating procedures to address these very
12 important issues.

13 We, like these gentlemen up here,
14 are very committed to producing a safe and
15 wholesome supply of beef for our consumer.
16 Maybe unique about our company is that we tend
17 to be very focused on the consumer.

18 We've been involved in a number of
19 end-user meetings and dialogs with processors,
20 as well as us representing the live side as
21 many of the things that we can do on the live
22 side can affect brands and branded beef

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1 programs. And certainly in the area of food
2 safety, we think there's opportunity. And
3 certainly Dr. Loneragan did a really good job
4 talking about some of those opportunities that
5 are there.

6 We have operations in Kansas and
7 Nebraska which makes it sort of interesting
8 for us, because we have different geography
9 challenges and environmental challenges.

10 Certainly as it relates to food
11 safety and certainly the pathogens that we're
12 talking about here this morning. Where in
13 Nebraska you've got humid conditions, in
14 Kansas we've got maybe a little drier
15 condition. It has an impact on that pathogen.

16 We can go to the next slide.
17 Enough about my company. What I want to talk
18 a little bit about is a program that we have
19 initiated, we've had in place since 1987. We
20 call it Progressive Beef.

21 And basically, its vision is to
22 implement best management practices, verified

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1 best management practices supported by
2 standard operating procedures in all of our
3 operations that drive these rigorous criteria
4 to ensure consumers a safe, wholesome beef
5 product.

6 I mean, that's a big vision, that's
7 a big statement, but that's what this
8 initiative is about.

9 The next slide, please. So, what
10 is it? It basically sits on three pillars.
11 I've talked about the three pillars of food
12 safety. I'll explain what we do in that
13 arena, animal care and sustainability.

14 And I brought with me -- this is a
15 handbook that is in all of our operations.
16 And there's 26 standard operating procedures
17 here. We put these together with the advice
18 and counsel of an advisory committee, which we
19 believe are perhaps representative of the
20 leading meat scientists, the leading animal
21 care individuals, and certainly individuals
22 that can provide us guidance in the area of

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1 food safety.

2 Again, we're cattle producers, but
3 we're trying to be very innovative and we're
4 trying to be on the cutting edge in each of
5 these areas to provide a verified system. And
6 that may be something that is scary to some,
7 but we're very committed to it and have some
8 experience with some programs dealing with age
9 and source verification, we've been involved
10 in cattle that go to Europe, we've been
11 involved in cattle that go to Asia.

12 All of these have got to have
13 verified documentation and supporting
14 materials behind them. And this program,
15 Progressive Beef, is no exception to that.

16 So, what it adds, we believe it
17 adds confidence to the supply chain that we're
18 involved in, because we are very involved from
19 the cow-calf level through the feeding and
20 growing phase and finishing phase and all the
21 way up to the harvesting of the animal.

22 So, we feel like we have a very

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1 important responsibility, but we also feel
2 there's a very important opportunity there,
3 too, to help our colleagues, like Dean, in
4 major packing processing operations, do a
5 better job addressing these very critical
6 issues.

7 Let's go to the next slide. I will
8 mention that this program, one of the
9 questions was, what are the most important
10 issues in the program relative to food safety?

11 And in our feed mills, for example,
12 we've got acid-based system in each one of our
13 feed mills that goes through the feedstuff as
14 they arrive, the management of those
15 feedstuffs, how they're actually delivered to
16 the cow.

17 So, it's a very thorough process
18 based on standard operating -- or supported by
19 standard operating procedures, but it's a
20 HACCP-based concept.

21 We put a lot of emphasis on
22 education and training. That hasn't really

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1 been mentioned here this morning. And I think
2 as we look at these interventions, all of us,
3 myself included, we cannot -- we cannot
4 underestimate the need for education as we
5 look for individuals, our employees, for
6 example, here on the left-hand slide here,
7 that are involved in day-to-day operations and
8 interactions with the animals, because they're
9 very key and they can be very helpful in
10 mitigating issues like food safety.

11 But this program, I mentioned the
12 food safety -- excuse me, the HACCP-based
13 system in the feed mill. And as has been
14 mentioned here today, we are also working with
15 this E. coli vaccine and seeing very positive
16 results and are excited about it.

17 As we look at this HACCP-based
18 program, we've always been challenged by how
19 do we move the needle?

20 Dean brought it up here, and so did
21 Dr. Loneragan, about benchmarking performance
22 from where we were to where we want to be, and

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1 can we move the needle? Can we show an
2 efficacious difference?

3 And we believe these interventions
4 like this vaccine is going to give us the
5 chance to really do that so that this system,
6 this program, is not based on warm and fuzzy
7 just because it's the right thing to do, but,
8 in fact, we've got data that shows that we're
9 able to, as I say, move the needle.

10 Last slide, please. We were asked
11 to sort of make some comments on what we think
12 are challenges. I kind of turned -- or,
13 excuse me, the wording was what do you think
14 are the strengths and weaknesses?

15 And with my marketing hat on, I
16 sort of changed those words around and I used
17 the words opportunities and challenges.

18 So, I think as a strength of where
19 we need to be, we really have to maintain that
20 consumer confidence. And we, as an industry,
21 we, as a value chain, as a supply chain from
22 beginning to end, have a responsibility there

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1 and I think that's an opportunity.

2 I look at this, our commitment to
3 this program that I shared with you, it's
4 really going to hopefully ensure the
5 opportunity for us to stay in business.

6 We've got to be sustainable. And
7 with these types of challenges coming out as
8 we believe that this is one token of assurance
9 that we can do that we will be here tomorrow,
10 we will be here five years from now, and we
11 can continue to be a valued supplier to an
12 organization like Tyson.

13 There is the element of doing my
14 part. And I know cattlemen are sort of known
15 for this. Sort of like motherhood and apple
16 pie, right? We want to do the right thing,
17 and certainly we do. But at the end of the
18 day, it's got to be economical, as Tracy said.

19 It has to be something that we can
20 do and it doesn't drive us out of business
21 from an economic standpoint.

22 Perhaps some of the challenges, who

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1 pays for it? And I think one of my colleagues
2 mentioned that everything is sort of filtered
3 downhill to the producer, right?

4 I don't necessarily absolutely
5 accept that philosophy. I think if we work
6 together as a value chain from the cow-calf
7 all the way to the meat case, there's an
8 opportunity for shared responsibility and
9 shared cost savings, and opportunity to
10 maintain our place in the protein marketplace
11 and perhaps even grow.

12 Compliance and verification, I
13 think that maybe is a little bit of a
14 challenge we need to consider. These
15 technologies if we're going to use them, then
16 we've got to be able to validate, in fact, we
17 are using them, that they are in place.

18 And I think some of them, for
19 example, are very easy to validate. Some are
20 not so easy. I think that's a challenge.

21 And then implementation, I think
22 Dr. Loneragan did a really good job about

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1 explaining the rule of adaptation. That's
2 key.

3 We can stand here and think about
4 it. And unless somebody gets out there and
5 starts using these technologies and figures
6 out a way that we can see the importance of it
7 from beginning to end, it's going to be an
8 ongoing challenge. It's almost like a
9 chicken-or-the-egg scenario.

10 So, those are my comments. Again,
11 thank you, Dr. Hagen, for letting me be here
12 today. Appreciate it.

13 (Applause.)

14 DR. TORRENCE: Thank you. Those
15 were incredibly insightful perspectives from
16 our industry panelists.

17 We'll take some questions.

18 DR. BRASHEARS: Hi. I'm Mindy
19 Brashears from Texas Tech University, and I
20 just want to make, really, a point of
21 clarification, I guess, to Dean's comments
22 about the efficacy of interventions.

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1 And when we publish the reduction
2 of pathogens in our using of pre-harvest or
3 any intervention, we obviously publish the
4 confirmed positives. And I just want to
5 clarify in your presentation, you were looking
6 at reductions of presumptive positives.

7 And so, if, as a scientist, maybe
8 it would be --

9 DR. DANILSON: I think those were --
10 they were eae/stx-positive on the --

11 DR. BRASHEARS: Right, right, but
12 were they confirmed to be 0157 --

13 DR. DANILSON: They were - well, eae
14 and stx. And we get a 90 percent confirmation
15 rate on those.

16 DR. BRASHEARS: Right. So, when we
17 publish these data, we have to confirm that
18 there are 0157 both genotypically and through
19 our serological testing and those things.

20 So, anyway, if we look only at
21 presumptives in the eae/stx, we would have a
22 much greater than 50 percent reduction. So,

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1 we don't publish that, because in a peer
2 review journal they're not going to allow us
3 to do that.

4 So, I just want to make that
5 clarification that if we went back and
6 published the efficacy of the interventions,
7 it would be closer to probably 70 to 80
8 percent of a reduction based on the
9 presumptives.

10 So, I just wanted to make that
11 point. Thank you.

12 DR. DANILSON: Okay. Thank you.

13 DR. COURSEY: Other questions?

14 DR. TORRENCE: We've heard a lot of
15 discussion and we've heard mention of the last
16 ten years in pre-harvest interventions and
17 what people are doing. So, where do we go
18 from here?

19 Do we review the last ten years, or
20 do we take -- make strategic decisions on
21 research or measuring outcomes or looking at
22 specific barriers?

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1 Or do we write up the transcript of
2 this meeting and then have another piece in
3 the literature 11 years from now?

4 Any thoughts?

5 MR. McCULLOUGH: Brenden McCullough,
6 National Beef.

7 One of the things that was said by
8 Guy and, Dean, you touched on it, was the
9 approvals to use some of the technology that
10 might be beneficial to us.

11 Does anybody on the panel have any
12 following comments about what the Agency can
13 do to help promote and move forward on some of
14 these technologies?

15 UNDER SECRETARY HAGEN: I think in
16 one of your slides you mentioned FSIS/FDA
17 pending approval, and I'm not aware that FSIS
18 holds approval authority for any of the
19 technologies that we're talking about.

20 And, in fact, one of the --
21 something that we hope will be the focus of
22 our meeting today is the discussion around

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1 vaccine approvals, because it's tricky.

2 We've got FDA's Center for
3 Veterinary Medicine that handles most of what
4 goes into and allowed to go into live animals.

5 And then we have the Center for Veterinary
6 Biologics at APHIS that actually has vaccine
7 approval, but APHIS is inherently an animal
8 health-oriented entity and not food safety.

9 So, for a long time there's been
10 this issue about when you're looking at
11 vaccine efficacy, we're not looking at a
12 vaccine that makes animals more healthy, we're
13 looking at a vaccine that's supposed to
14 prevent human illness. And so, there has been
15 some debate about what an appropriate efficacy
16 rate is.

17 I just -- I wanted to point out
18 that I don't believe there's anything awaiting
19 FSIS approval at this point.

20 DR. DANILSON: Thank you, Dr. Hagen.

21 You're probably right. Nothing is
22 waiting immediately on the table. That was a

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1 broader reference to past history and other
2 issues, and not just the vaccines. Like, you
3 know, there was labeling issues. Carcass
4 irradiation is an intervention that we haven't
5 been able to get to the point of becoming an
6 application.

7 The bacteriophage that we use, that
8 was a joint effort of FDA-FSIS back in that
9 era many years ago where we got the 7120 --
10 first, it was GRAS. Then you had to go 7120,
11 applied usages. And then you get what ties
12 into the labeling.

13 But the company now has if we ask
14 to go back further into the feedlot area, into
15 the transport area or spraying those cattle
16 and working on an environmental system, they
17 can't do that because they don't have the
18 label.

19 It was more of a general comment
20 dealing with, I mean, we work through these
21 things and these guys work through them, you
22 deal with the EPA, you deal with the FDA. We

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1 bring them in and we have the FSIS issues and
2 it's very difficult at times, and frustrating
3 at times.

4 DR. TORRENCE: We have a question in
5 the back.

6 MALE PARTICIPANT: Yes, thank you.

7 Boy, you just struck, really, a
8 chord of fear that just rippled through my
9 entire body when you said are we going to be
10 no further along in ten years than we are now,
11 than we were ten years ago?

12 And I think it's become very, very
13 apparent that over the past ten years, I
14 really have to applaud the processing industry
15 for a lot of terrific innovation.

16 And that was really put on them
17 because it was something that suddenly we --
18 that was being more, I guess, transparency,
19 for lack of a better term, of just being able
20 to identify. And we were looking for, testing
21 for, and identifying pathogens to the food
22 supply and had practices in place where if the

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1 product had been diverted.

2 So, there was an incentive to do
3 that, to do those things, to put in place
4 interventions that require -- affect the
5 safety of the processed product. And I
6 encourage us to keep moving forward with
7 additional technologies.

8 That said, however, you heard it
9 loudly and clearly, and have been hearing it
10 loudly and clearly, that something has to be
11 done to manage the incoming microbial loads on
12 the live animals.

13 And one of the things that we have
14 seen is that there has to be some sort of a
15 reason for animal producers to decrease those
16 microbial loads.

17 And what we've got here is a
18 vicious circle that we heard in the first
19 presentation that you will not have technology
20 innovations, unless there's a reason for them.

21 We've seen that in testing
22 methodologies for 0157. We're going to see

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1 tremendous growth in innovation technologies
2 for non-0157 STECs now that they've been
3 declared adulterant.

4 So, we really need to have some
5 sort of -- and this is maybe where FSIS can
6 help move this process along, and that is to
7 do some microbial testing on incoming animals,
8 that animals found positive have to be
9 diverted.

10 So, there are some creative ways
11 here that we can start challenging the
12 producers to come up with these better
13 technologies and better ways of getting the
14 animals cleaner for slaughter.

15 But I sure as heck hope we're not
16 here ten years down the line and say we're no
17 further along in these technologies than we
18 were, just because we haven't done anything to
19 incentivize -- I didn't say that correctly --
20 the industry to producers to move forward.

21 DR. TORRENCE: Thank you. Any
22 comments on that? Go ahead, Guy.

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1 DR. LONERAGAN: Thanks.

2 Do you mind if we just go back for
3 a brief moment to answer the question that you
4 raised and if I can expand on that discussion?

5 I did want to talk about the
6 licensing of these vaccines. It's an
7 important question and I don't know if the
8 efficacy is enough.

9 It's a very, very hard question.
10 But I think there's an opportunity, because I
11 don't necessarily believe that that should be
12 a holdup.

13 I think the agency or the
14 regulatory body could actually let the others
15 envision. So that we can agree with the
16 regulatory agency on study design and show
17 significant efficacy. Now, let's not worry
18 about how much efficacy we need for approval.

19 Let's put it out there and let the industry
20 worry about that.

21 DR. TORRENCE: I think I'm going to
22 have to move us along. Any other final

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1 comments?

2 MR. BUTLER: I have one.

3 DR. TORRENCE: Sure.

4 MR. BUTLER: As a producer, I would
5 use caution in commenting about segregating
6 cattle. I can't manage something I can't
7 measure. So, don't expect me to.

8 This pathogen is a wiggly worm, you
9 know. And I think as producers, we will do
10 everything we can with the technologies and
11 the interventions that are available.

12 I promise you that's what we're
13 here to do is to produce a safe and wholesome
14 food supply for our consumer.

15 But if you start thinking that we
16 can - when cattle arrive at our packing plant
17 and you're going to segregate them and maybe
18 penalize me on something I can't measure, I
19 think we need to really think about that long
20 and hard and really look harder at these
21 interventions that are available and what are
22 the best management practices, if they are,

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1 that we can put in place and the standards
2 that we can put in place to do the very best
3 job that we can, right?

4 And allow Dean and his crew to if
5 we reduce that - he said if we reduce it by 50
6 percent, which I think is in the realm of
7 possibility, right? I'm not a scientist. I'm
8 a cattleman, but I think that's in the realm
9 of possibility. Then, his interventions will
10 work a hundred percent of the time.

11 And our objective is zero
12 tolerance, right? It is. Believe me, it is.

13 So, I just wanted to make a statement there,
14 because I'm a little concerned about the
15 innuendo there.

16 DR. TORRENCE: Great. And I think
17 we'll have a lot more discussion after that.

18 Thank you again to the panel and,
19 please, let's thank everyone for their
20 presentations.

21 (Applause.)

22 DR. GOLDMAN: Great. Again, thank

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1 you to the panel.

2 We're going to move now to the
3 table discussions. And before we start, I'd
4 like to invite anyone who is registered for a
5 meeting, non-USDA staff, to come to the table
6 where you can participate in these
7 discussions.

8 I see several meeting registrants
9 who are sitting on the outside. So, you're
10 welcome to come to the tables where there's an
11 empty seat.

12 So, right now we're going to focus
13 on the first question. And I'm not going to
14 read all this. I'll just read the first
15 question, and then we'll tell you a bit about
16 the guidance questions. Let me give you a
17 minute to find your seat.

18 Okay. If I could have your
19 attention while you're finding your seat, what
20 we'd like each table to do over the next 35 to
21 40 minutes or so is to take the first
22 question, which is what factors influence the

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1 shedding of salmonella and E. coli 0157 and
2 other Shiga toxin-producing E. coli?

3 For each of the questions, and for
4 this one as well, you will see six additional
5 questions which should serve to guide the
6 discussion.

7 We're not asking each table to
8 actually answer these questions, but rather
9 use these questions to guide the discussion
10 maybe to help you focus on one aspect or the
11 other in the questions themselves.

12 And then at the end, we will have
13 several of the tables report out. We're not
14 going to invite every table to report out,
15 because there are too many tables and it would
16 take too long.

17 We're going to invite several of
18 the tables to report out on their key findings
19 so that your note taker or your scribe and
20 your reporter should highlight two or three of
21 the key findings on your discussion for the
22 report which will occur in about 40 minutes.

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1 So, any questions about the
2 process? Jerry?

3 DR. COURSEY: Folks, could I have
4 your attention, please? Real quickly, let me
5 suggest if you have conversations you want to
6 take out of the room, you can go in the back
7 of the room and they are right next door.

8 We want to get the table groups
9 going. So, you're going to be working for
10 about 40 minutes right now on Question Number
11 1. And we're going to have a report-out in
12 about 20 minutes from the first three tables.

13 We will get to all the tables
14 eventually. It's important in your table
15 group, to have your recommendations,
16 questions, concerns on the flip chart, because
17 that's for the record. So, for all ten
18 tables, please do that.

19 All right. If you have questions
20 for us, please raise your hand and we'll get
21 to you and try to answer your questions.

22 I also suggest if you haven't done

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1 this already, that you introduce yourselves to
2 each other at the table. We have some new
3 members. You might not know everybody.

4 So, take about five minutes just to
5 go around and introduce yourselves, where
6 you're from, et cetera, who you are.

7 We'll give you a five-minute
8 warning before we're going to do report-outs,
9 and you can get your material. Okay. Please
10 let us know if you have any questions.
11 Thanks.

12 (Whereupon, the proceedings went
13 off the record at 11:11 a.m. for a table
14 discussion, and went back on the record at
15 11:49 a.m.)

16 DR. COURSEY: All right. Thank you.

17 Okay. The process here, let me just go
18 through the process again, folks. We've got
19 ten table groups here, and we can't do ten
20 report-outs on each issue.

21 I do want you to mark on your flip
22 charts, I see you already have, what table you

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1 are and what question it is. So, that's for
2 the record.

3 So, for this first issue we're
4 going to go with Tables 1, 2 and 3, all right?
5 We'll have the records, have the flip charts
6 with the other seven tables.

7 So, let's go with Table 1.

8 MS. GREEN: Hi. My name is Teresa
9 Green. I'm from the National Consumers
10 League.

11 And we actually ended up with a
12 table of - without any industry or science
13 experts on it. So, we kind of had a
14 discussion about these questions and realized
15 that we were here to kind of learn the answers
16 from the rest of you all, but let me share
17 with you kind of what we talked about.

18 We were really curious as to what
19 studies had been done to identify shedders,
20 what are the methods of identifying what
21 qualifies as a high shedder.

22 We talked about the idea that risk

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1 assessment models could really help define
2 impact of high shedders and also how you can
3 define them.

4 We talked about some potential
5 barriers for managing high shedders in
6 turnaround time. So, the diagnostic test can
7 actually be a barrier as far as adoption goes.

8 And then as far as the level of
9 shedding, again we thought that quantitative
10 modeling assuming current processing and
11 interventions could be helpful.

12 So, that's sort of what we talked
13 about.

14 DR. COURSEY: Okay. Thank you.

15 Any quick questions for Table 1
16 here for clarification?

17 (No response.)

18 DR. COURSEY: All right. Table 2.

19 DR. SCOTT: Okay. Thank you. I am
20 Morgan Scott, Kansas State University. I
21 guess everybody is -

22 DR. COURSEY: Yes, why don't you

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1 move down a little. And thank you.

2 DR. SCOTT: Okay. So, we had a few
3 scientists that work heavily in this area.
4 And so, we relied heavily on particularly
5 Mindy Brashears to help us identify gaps and
6 barriers.

7 And because the discussion is on
8 both salmonella and E. coli 0157:H7, it
9 actually provided for some mini contrasts.
10 And we know that there are some variations
11 based on geography, climate, seasonality,
12 studies on diet and other factors both with
13 the regular diets and things that might be
14 added to diets.

15 One of the contrasts that we noted
16 early on was that there are distinct within
17 North America geographical differences
18 particularly for salmonella prevalence, but
19 that we don't necessarily see it for E. coli
20 0157:H7. And those contrasts actually may
21 provide some interesting opportunities for
22 uncovering some of the differences that we

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1 might see.

2 Certainly, we identified that
3 seasonality appeared to be important, but
4 maybe we haven't quite figured out what is it
5 that seasonality has to do with levels of E.
6 coli or salmonella.

7 One might think that temperature,
8 humidity, moisture would be an obvious answer,
9 but there has been some work, also, concerning
10 vectors such as flies, or also birds,
11 starlings and so on. And those seasonalities
12 may vary as well as those pathogens.

13 So, the second area that we are
14 interested in was the super or high shedder
15 phenomenon. And there was some discussion
16 amongst the group as to what is this?

17 One side believes that maybe it's a
18 phenomenon by which some animals will never
19 become high shedders. Most people in our
20 group agreed that high shedders wasn't a
21 lifelong phenomenon. That some animals shed
22 at a high level for a certain period of time,

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1 and then they might return to normal.

2 But if we look at a cross-section,
3 maybe five percent of animals might be
4 considered high shedders. Maybe in excess of
5 10 to the 4 bacteria per gram. And we're
6 talking mostly E. coli 0157:H7 here. We
7 didn't consider salmonella much.

8 Some others said that while some
9 animals will never become shedders, maybe
10 we'll have to look for the factors that make
11 them so.

12 The more skeptical amongst us said,
13 well, it's probably more of a probabilistic
14 population factor and this may just be the
15 tail of the distribution.

16 So, there was some controversy
17 about the whole concept, but most agreed that
18 if you could identify high shedders at the
19 point that it mattered such as when they were
20 going to go to slaughter, if you could have a
21 rapid diagnostic test, you could apply it to
22 all the animals, you could identify those high

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1 levels that work from the group. And key
2 statements suggested that the presence of a
3 high shedder on a truck going to slaughter or
4 in lairage actually influences the probability
5 of higher carcass contamination. So, that
6 would be a good thing to actually be able to
7 utilize that information.

8 And as to the level of shedding
9 that could overwhelm an establishment's
10 intervention measures, we didn't have a
11 number. But as was pointed out by one of the
12 individuals at the table, some combination of
13 reduction of load with reduction of prevalence
14 on the farm totally does represent a tipping
15 point in which the processing plants can
16 actually deal with that level of shedding.

17 No clear answer on confinement
18 versus free-range rearing. As Guy Loneragan
19 pointed out, obviously the density of animals
20 does impact the dynamics of the spread of the
21 organism within that pen and within that
22 environment. We don't deny that.

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1 But as to whether at any point in
2 time such as going to slaughter that
3 influences the level of E. coli 0157, we
4 weren't clear on that.

5 And the same thing applied to the
6 class of cattle. Whether the cattle were cull
7 dairy cattle or from pet beef or veal, we
8 weren't convinced that that alone would tell
9 you anything about the level of risk.

10 But certainly the site of the
11 operation could affect it in the way that a
12 single super shedder could affect the risk of
13 slaughter from transportation going from farm,
14 to farm, to farm to assemble a whole truckload
15 in a small-farm dairy shed versus a single
16 truck being filled by cull dairy cattle at a
17 single dairy farm. A large operation could
18 affect this whole dynamic.

19 Did I miss anything? So, that's
20 what we got.

21 DR. COURSEY: Okay. Thanks very
22 much. Again, any questions for Table 2 on

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1 clarifications? Any questions?

2 (No response.)

3 DR. COURSEY: Okay. I turn to Table
4 3. We disbanded and got together with other
5 groups, which is fine. So, let's go to Table
6 4.

7 DR. MOREIRA: Thank you. So, my
8 name is Fred Moreira. And we have already
9 been mentioned especially by that table over
10 there.

11 I think that there's two points
12 that we talked about especially when it
13 relates to the super shedder or high shedders.

14 The folks here on this table are
15 somewhat unconvinced that super shedders or
16 identification of super shedders should be one
17 of the aims of research.

18 We've got two reasons. First, that
19 it is non-infection problem. It is a
20 colonization problem. So, it's more whether
21 it was in a spread or also due to the fact
22 that again those super shedders, they can be

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1 super shedders today, normal shedders the
2 other day.

3 And there was concern as well if we
4 can identify those few animals in a large
5 group, what so we do with them? So, that was
6 one of the concerns.

7 And, more or less, we agree on
8 everything else that you said in terms of
9 vectors, seasonality, geography, probably
10 playing a role. You talk about change, but
11 there is no interest at this point. So, it
12 seems that there are plenty of gaps that have
13 been - that have yet to be defined in terms of
14 those factors that include shedding of E.
15 coli.

16 MR. BUTLER: Okay. So, the only
17 other thing that I would add is that we felt
18 like perhaps a logical approach would be to
19 look at this from a system versus sort of
20 identifying a silver bullet. So, the live
21 side all the way through the entire food
22 chain, value chain, has got a responsibility.

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1 DR. COURSEY: Okay. Anything else?
2 Again, let's check and see. Any questions
3 for Table 4?

4 (No response.)

5 DR. COURSEY: All right. Okay.
6 Thanks for the first round of report-outs.
7 We're going to take a lunch break now. Let me
8 give you the time frame here.

9 Lunch is from 12:00 to 12:45. The
10 box lunches are in the back room. And our
11 staff back there will help you get your lunch.

12 If you didn't buy a lunch back there, you can
13 use the cafeteria, which is down this hall to
14 the left.

15 We're going to get back together
16 for a presentation at 12:45. So, please be
17 back in your table seats at 12:45. Thank you.

18 (Whereupon, the proceedings went
19 off the record at 11:58 a.m. for a lunch
20 recess, and resumed at 12:47 p.m.)

21
22

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15 A-F-T-E-R-N-O-O-N S-E-S-S-I-O-N

16 12:47 p.m.

17 DR. GOLDMAN: I'd ask everybody to
18 begin taking your seats. We're going to start
19 in a couple of minutes.

20 All right. Good afternoon. We're
21 going to start our afternoon session. I'd ask
22 everyone to please take your seats.

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1 I'm going to introduce Adela Ramos
2 who will take over as the moderator for the
3 afternoon and take us through the next two
4 table discussions, as well as to introduce our
5 next speaker from the CDC.

6 Dr. Adela Ramos is the Chief of
7 Staff to the Under Secretary for Food Safety
8 at the U.S. Department of Agriculture. And
9 prior to coming to USDA in 2009, she worked
10 for Senator Tom Harkin on the Senate Committee
11 on Agriculture, Nutrition and Forestry where
12 she covered food safety, agricultural
13 research, animal and plant health, and
14 biotechnology issues.

15 From 2004 to 2005, Dr. Ramos served
16 on the Senate Ag Committee as a congressional
17 science fellow sponsored by the American
18 Society for Microbiology and the American
19 Association for the Advancement of Science, or
20 AAAS.

21 She has a Ph.D. in Microbiology
22 from Cornell University, and a Bachelor of

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1 Science in Biology from Duke University.

2 Adela.

3 DR. RAMOS: Thank you for the
4 introduction. Welcome to the afternoon
5 portion of our public meeting.

6 It sounds like the table
7 discussions have been productive, and
8 interesting as well.

9 Just a reminder if you have
10 conversations, take them out to the back room
11 over there. And then after Dr. Tauxe's talk,
12 we're going to have two more questions. So,
13 we'll break up into small groups.

14 And then I just wanted to point out
15 that at 3:15, we have about an hour scheduled
16 to discuss any remaining topics.

17 So, if you can think of things that
18 come up in your table, discussions that you
19 want to cover more extensively during that
20 hour, please let me know and we'll share that
21 with the larger group.

22 So, with that I'll introduce Dr.

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1 Robert Tauxe.

2 Dr. Tauxe is the Deputy Director of
3 the Division of Foodborne, Waterborne and
4 Environmental Diseases at the CDC. The
5 division monitors these infections in the
6 United States, investigates outbreaks and
7 develops strategies to reduce their burden.

8 Dr. Tauxe received his medical
9 degree from Vanderbilt in 1980, and a Masters
10 in Public Health from Yale. He is board
11 certified in internal medicine, trained at CDC
12 in the Epidemic Intelligence Service, and
13 joined the CDC as a staff epidemiologist in
14 1985.

15 Dr. Tauxe's research includes
16 epidemiology of bacterial enteric diseases,
17 bacterial genetic exchange, resistance to
18 anti-microbial agents and new applications of
19 epidemiologic methods.

20 Dr. Tauxe.

21 (Applause.)

22 DR. TAUXE: Well, thank you very

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1 much. It's a pleasure and an honor to be here
2 today. Thank you, Dr. Ramos, and FSIS for the
3 invitation to come here and join you.

4 I am an interloper. I'll be very
5 clear. I have no agricultural expertise
6 whatsoever. Training has been in human
7 medicine, but I've been fascinated by this
8 arena for many years and have learned some
9 things from many of the assembled people in
10 this room and others. And I have a great deal
11 of respect for what we can do together.

12 I'm going to talk about some of
13 these general issues from the perspective of
14 public health. Foodborne disease continues to
15 be an important problem - let's see. Will
16 this set?

17 Okay. Foodborne disease is an
18 important problem. The infections that come
19 from contaminated foods cause a lot of
20 illness.

21 We estimated very recently,
22 published at the beginning of this year, that

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1 one out of six Americans, that's 48 million
2 people, get sick every year. 3,000 of them
3 die from infections from food.

4 There are about a thousand
5 outbreaks that are investigated every year and
6 reported. Most of them by local and state
7 health departments.

8 Salmonella alone has been estimated
9 to cause \$2.8 billion in healthcare-related
10 costs. And preventing a single fatal case of
11 E. coli 0157 infection, considering in
12 addition to not dying of E. coli 0157, which
13 is a substantial benefit in itself, would save
14 an estimated \$7 million.

15 CDC works with our state and local
16 health partners to provide a vital link.
17 Foodborne disease is a complicated arena with
18 many, many issues and players. And we link
19 the illness and people back to the foods that
20 they eat and the food safety systems of the
21 government regulatory agencies, and the food
22 producers together.

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1 The next slide, please. We do that
2 providing this vital linking through a number
3 of activities. And some of which we interact
4 directly with the food industry, and others of
5 which we're sort of operating in the
6 background as far as you're considered.

7 We're monitoring human illness,
8 tracing the occurrence of foodborne diseases,
9 detecting and investigating outbreaks, but
10 also defining what is the public health
11 burden, how many cases, how many
12 hospitalizations, how many deaths.

13 Attributing illness to specific
14 foods or specific settings, empowering us are
15 partners in state and local health department
16 who do their job better at targeting
17 prevention measures to meet food safety goals,
18 and informing food safety action and policy
19 with our information.

20 Just to take a look at that burden
21 question, how much illness do we think is out
22 there, in the estimates that we just published

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1 earlier this year, here I've pulled out, say,
2 for salmonella, what we think the actual
3 burden of illness related to the foods that
4 are eaten in the United States, is just over a
5 million illnesses and 380 deaths estimated.

6 And that is our estimate now, and
7 we have set a national goal after much
8 discussion amongst the different agencies
9 involved, of reducing that by another 25
10 percent by 2020.

11 For Shiga toxin-producing E. coli
12 0157 or STEC, as we call it for short, 0157,
13 63,000 illnesses and 26 deaths estimated per
14 year. Many more cases of kidney failure than
15 that. Most of whom do well now and survive,
16 and a prevention goal by 2020 of reducing that
17 by a further 50 percent.

18 The non-0157 STEC, our estimate is
19 they are more numerous at causing infections
20 in humans than the 0157. But not all of them
21 cause HUS with the same frequency, and there
22 is not a national prevention goal that's been

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1 set for that. But I wanted to put that one on
2 the table.

3 There are, of course, other
4 pathogens that are an issue for us. For
5 example, there's the parasite cryptosporidium
6 which is common in young calves. And
7 veterinary students encounter it when they're
8 learning how to deliver a pregnant cow and may
9 get the infection themselves. And
10 occasionally that cryptosporidium leaks into
11 the food supply or the water supply.

12 Next slide, please. If we look at
13 where outbreaks come from and the foods that
14 cause outbreaks, there's one general way of
15 judging which foods are particularly
16 important. And here are just some data from
17 2008, for example.

18 And as we look through this, I have
19 to keep reminding myself that many outbreaks
20 go undetected, uninvestigated, unreported. So
21 in some sense, this is sort of the tip of the
22 iceberg, but this is what was reported to us

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1 by state health departments for that year of
2 '08.

3 There were 481 outbreaks where a
4 specific food vehicle was determined. That
5 food vehicle might be fruit salad, it might be
6 a very complex food with many different foods
7 in it.

8 218 of them could be assigned to a
9 single food commodity group like leafy greens
10 or beef. And out of that 218, there were 31
11 outbreaks with 952 cases attributed directly
12 to beef food. An additional 17 to dairy food.

13 And the beef alone is about 14 percent of the
14 outbreaks for which we had a single commodity
15 name.

16 We put beef and dairy together, and
17 it was 22 percent of the outbreaks and 17
18 percent of the associated illnesses.

19 And just to see, well, all right,
20 what were those 31 outbreaks that were
21 attributed to a beef source? What pathogens
22 caused them? 12 of them were shiga toxin-

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1 producing E. coli. I believe all of those
2 were 0157 in that year. Six were clostridium
3 perfringens. Three were salmonella of several
4 different types. Two norovirus. Eight
5 multiple or unknown etiology.

6 And out of those 31 outbreaks,
7 there were 101 hospitalizations reported to
8 us. And all of those were outbreaks of either
9 STEC or salmonella.

10 So, looking at this range of
11 causes, the two that are the most concern to
12 us that caused the most severe illness were
13 the STEC and the salmonella.

14 Now, when we talk about prevention
15 from farm-to-table, that brings us a host of
16 partners. There are many points for
17 contamination, of course. There are many
18 different foods. It's got to be the most
19 complicated part of our culture.

20 I think this has - makes Silicon
21 Valley and infrastructure of technology look
22 very simple in comparison. This is

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1 complicated. How we get our food and how we
2 put it together and how we consume it is
3 pretty complicated stuff. And there are many
4 points for contamination and control and
5 prevention.

6 And at each step we have a partner.

7 And I see a roomful of partners here in one
8 particular phase. And out of the collective
9 dialog come, of course, the industry efforts,
10 the regulation, inspection and enforcement
11 that we hope collectively make the system
12 safe.

13 Next, please. Here I've just
14 broken this out of that previous diagram into
15 something a little more schematic, production
16 processing, final preparation and cooking.
17 And at each point whether, obviously, a whole
18 industry or whole set of partners who have a
19 number of aspects of the prevention under
20 their control.

21 And I think for reasons that have
22 been outlined and discussed very thoroughly

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1 already, a great deal of emphasis has gone
2 into the middle, the processing phase for meat
3 and poultry now with a lot of progress in that
4 and a lot of effort that has really improved
5 the situation from where it was 20 years ago.

6 And some effort has gone into the
7 retail, restaurant and home food preparation
8 area with education, how to prevent cross-
9 contamination, worker education, hand washing
10 and so forth.

11 And as we've heard before, there
12 have been some efforts at the production
13 level. Although relative to the others, I
14 think less systematic and less broadly
15 applied.

16 Next. Those efforts have had very
17 important results. And we've seen various
18 versions of this curve already today. And
19 this to me, is one of the great public health
20 triumphs. And I want to salute the work of
21 the beef industry particularly in getting us
22 this far and with the regulatory agencies that

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1 work with them.

2 As we track infections in people in
3 a series of sites around the country that have
4 been funded since 1996 through a collaborative
5 effort of FSIS, FDA and CDC to track these
6 infections, and as we model out even when we
7 add and expand the system, we are able to
8 consistently track this, that was the point of
9 the system, a 44 percent decline in E. coli
10 0157 infections that actually does come down
11 and meet and then drop below the target for
12 2010.

13 At the same time, I got to point
14 out that that salmonella line does not look so
15 good. And if we combine all the salmonella
16 that humans are getting, we've had precisely
17 no change since 1996. And maybe we should be
18 glad it didn't go up. What is the counter-
19 affect? What would have happened if all these
20 things hadn't happened? It's a little hard to
21 know, but clearly there's a lot more that we
22 need to think about for salmonella.

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1 And for 0157, it came down, it went
2 back up again, and it sort of hit a minor peak
3 there in 2006, which was the year of the
4 spinach outbreak, and then it's come back down
5 again.

6 It's clearly not a stable fix, boy,
7 we'll-call-it-a-big-success-and-go-home
8 situation. It's something that can still
9 fluctuate and where we still have to be
10 worried and where we'd like to make more
11 progress.

12 The focused control efforts before
13 slaughter, which are what we're talking about
14 today, I think can prevent foodborne illness
15 in sort of three general ways. And that sort
16 of three arenas for it at least in the way I
17 think about it, would be helpful.

18 The first, obviously, reducing the
19 contamination of animals on the farm means
20 they are less contaminated at slaughter. And
21 I want to walk through a few examples that
22 I've been following with great interest of

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1 where this has actually been where that
2 equation of application and of efficacy has
3 been solved.

4 In the 1990s, Denmark greatly
5 reduced salmonella in chicken flocks, in pig
6 herds, egg and broiler. And did that with a
7 combined program of very rigorous on-farm
8 sanitation efforts and a program of testing
9 and slaughter that was done in collaboration
10 with the industry and with full remuneration
11 of the producers who had to replace their
12 flocks or herds.

13 And this meant on-farm testing or
14 sampling of animals or eggs or whatever from
15 most of the farms in a routine way, and this
16 continues. It is an expensive and a rigorous
17 program, and everyone participates.

18 The Dutch have something that I
19 don't have as much data about, but they did a
20 lot of work on how salmonella in pigs was
21 spread and acquired and could be prevented,
22 and came up with a diet of fermented foods.

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1 The Dutch are very big on fermented
2 foods like cheese and beer. And I don't think
3 this was cheese or beer, but it was a
4 fermented liquid mash that a number of Dutch
5 pigs enjoy. And it's basically a probiotic
6 mixture, I think, that is important in their
7 salmonella program.

8 In the late 1990s, the United
9 Kingdom had a terrific problem with salmonella
10 enteritidis in their broiler flocks and in
11 their egg-laying flocks. And they introduced
12 a voluntary program that was strictly pre-
13 harvest, of course, for eggs.

14 Egg layers and broiler breeder
15 flocks had a focused effort on sanitation, of
16 hygiene and vaccination.

17 This was an interesting program
18 because it was entirely voluntary, and it was
19 done - essentially led and driven by the
20 industry itself who were very concerned about
21 the fact that with the European union eggs
22 cross borders very freely. And there were a

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1 lot of Spanish eggs that were being exported
2 from Spain coming into England, and they were
3 - it was an open market.

4 And they happened to have a real
5 problem with salmonella in those eggs and a
6 number of outbreaks happened.

7 And the British poultry and egg
8 industries came up with a concept of - a
9 marketing concept called the British Lion.
10 And each of the eggs that was produced under
11 this program, was stamped with a little red
12 lion.

13 And the marketing concept was the
14 consumer could look for the British Lion as a
15 symbol of safety, not to mention it was a
16 local product.

17 And so without interfering with
18 international trade law or anything, they had
19 a very successful program. And even though
20 the British Lion cost a little bit more than
21 the Spanish - I don't know what the animal
22 would be. The Spanish egg. It appeared very

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1 popular.

2 Next. And here's a graph of
3 salmonella in the United Kingdom starting back
4 in 1988. That bottom deeply-colored black is
5 the salmonella enteritidis. And I put an arrow
6 there where the intensive control program
7 began, and included vaccination against both
8 enteritidis and typhimurium strains.

9 And you can just see a really
10 dramatic, and over the years, progressively
11 more and more successful, I think, as it took
12 more and more of the market. And salmonella
13 as a human public health problem is just a
14 ghost of its former self in the United
15 Kingdom.

16 They are very worried about
17 Campylobacter and other issues and E. coli
18 0157, but salmonella has had a very dramatic
19 success in the UK.

20 All right. Here's a really odd
21 one. You're going to say, Iceland? Well,
22 what's with Iceland?

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1 Iceland where raising chickens is
2 an indoor sport -

3 (Laughter.)

4 DR. TAUXE: They all used to be
5 frozen chicken and they began marketing fresh,
6 that has never been frozen, poultry only in
7 the late 1990s. At which point, campylobacter
8 shot through the roof because freezing
9 actually is somewhat lethal to Campylobacter.

10 If you freeze the chicken, you knock it down
11 by several logs, usually.

12 And so, suddenly fresh poultry on
13 the market, a very popular premium product as
14 far as the Icelanders were concerned, but
15 Campylobacter suddenly was a huge problem.

16 And they had to do something about
17 it. And they launched a really innovative
18 intervention. There aren't that many chicken
19 flocks in Iceland, but they tested every one
20 about two weeks before slaughter.

21 And the program was they test all
22 the flocks before slaughter. And if there's

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1 no Campylobacter, that's great. You can sell
2 the market fresh chicken from your farm, which
3 is at a premium. You get a -- there's a price
4 difference.

5 But if it's Campylobacter positive,
6 then, sorry, it's got to go out, it's frozen
7 and you don't make quite as much money. The
8 producer doesn't make quite as much money.

9 Well, the incentive was all on the
10 farmers, the producers, to figure out who was
11 positive, who was negative. It was very clear
12 whose chickens were Campy free, and they
13 besieged each other asking, well, what are you
14 doing? What are you doing?

15 And collectively they began to
16 figure out there really were some things that
17 could be done.

18 Consumer education also was part of
19 the package to be sure to tell people to cook
20 their chicken thoroughly and wash their hands,
21 et cetera.

22 Well, there was a 70 percent drop

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1 in the first year after this, and it's
2 continued to drop since then. The program has
3 been more and more refined.

4 It's been quite popular. They
5 haven't quite been able to keep up with the
6 demand for fresh chicken. Fresh chicken is
7 still available and very popular, but they're
8 down from where they were. 116 per hundred
9 thousand down to 32 of which only a very small
10 amount is domestically acquired.

11 So, they view this as an enormously
12 effective thing. And, actually, Denmark is
13 now bringing in this as a control strategy.

14 So, this is an example of where the
15 economic incentives got all lined up and
16 actually they've got the consumer paying for
17 something that's a premium product in their
18 eye that also happens to not have
19 Campylobacter.

20 A little closer to home, just a
21 little data out of - this is vaccination of
22 broilers in commercial production in the

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1 United States. A very interesting paper that
2 was published last year by a group at
3 University of Georgia, which is actually
4 trying out observing, watching, two companies
5 that have breeding and vaccinating the
6 breeders against three different types of
7 salmonella and comparing that with a really
8 very comparable company that just wasn't doing
9 vaccination and looking at what happened.

10 And this is interesting to me,
11 because this is the breeder flocks. And what
12 they're doing is following them all the way
13 through the next generation of chickens. And
14 then following them all the way through to the
15 slaughter line and getting a dramatic
16 difference in the positives for salmonella
17 between the vaccination and the no-vaccination
18 group. Breeder and ovaries 14 percent versus
19 53 percent. The chicks, 18 percent, 35
20 percent. The environments on the broiler
21 farms, 14 percent versus 30 percent positive
22 for salmonella. And the broiler carcasses,

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1 that's sort of the end of the line now with
2 the consumer will be exposed to 23 percent
3 versus 33 percent.

4 Which is showing me that at least
5 some of these strategies that have been very
6 promising, that have been very effective in
7 Europe, might be equally promising in the
8 United States at least for chickens.

9 I'm not trying to say, well, if it
10 works with chickens, then obviously it will
11 work with cattle.

12 I am interested in that the model
13 is working and that here are companies in the
14 United States that are doing it now routinely.

15 Next, please. So, a second arena,
16 I think, is reducing contamination of animals
17 during transport or lairage also means less
18 contamination at slaughtering.

19 There's been a good deal of
20 discussion about this already and I don't
21 think I'm bringing any new information to the
22 table. But I'd like to mention at least a

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1 couple of studies that are interesting and
2 that suggest to me that we don't want to see
3 progress at the farm undone by cross-
4 contamination of animals before slaughter, but
5 after they leave the farm.

6 Next. This is a study from some
7 time ago in 2002. The United Kingdom. Avery
8 published a paper where he looked at dairy
9 animals coming into an abattoir, a slaughter
10 place. And he swabbed 73 animals that came
11 from 73 different consignments, 73 different
12 farms, 73 different trucks.

13 I mean, that's their hides. He you
14 looked at a lot of different animals from a
15 lot of different sources. And 24 were
16 positive for 0157. There was 33 percent of
17 the cattle had 0157 on their hides. That's no
18 surprise.

19 What was interesting to him was
20 that most of the 0157 was exactly the same
21 type. And even though these animals had come
22 from all these different places, what they had

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1 on their hide was something that they all
2 shared. And the only thing that they shared,
3 he concluded, was the one place they had in
4 common, the abattoir lairage pen itself, where
5 he could easily find that same strain.

6 So, he was concluding that 75
7 percent of the contamination on the backs of
8 the cows had arrived there after they reached
9 the lairage point.

10 Next. And Scott Hurd is in the
11 room. And I'm delighted to quote his work
12 which I found very interesting. Similar sets
13 of observations in pigs in the United States
14 some time ago. 600 pigs that came from herds
15 that were sent for sanitary slaughter.

16 Take half the pigs and slaughter
17 them on the farm and sample them, necropsy
18 them. The five percent were positive for
19 salmonella. It was just one type on that
20 farm.

21 The other half were sent to the
22 abattoir and then necropsy - well, slaughtered

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1 and sampled in a parallel way and 40 percent
2 of them were positive for salmonella with 17
3 different serotypes.

4 It's sort of the opposite - this is
5 the opposite of the Avery thing. It wasn't
6 that they all picked up one thing at the
7 abattoir. It was that after they left the
8 farm where they had only one thing, they
9 picked up a whole zoo of salmonella by the
10 time they were slaughtered.

11 And the conclusion was it was
12 happening in the abattoir. And further
13 studies of the pigs coming in to the abattoir,
14 lairage pen showed that two hours exposure in
15 the lairage pen was sufficient for the
16 salmonella not just to enter the pig, but to
17 reach the other end of the pig and even to get
18 into the ileocecal nodes.

19 So, they're very fast-moving
20 salmonella there. And it almost didn't matter
21 what state the pig was in when it left the
22 farm, how clean it was, if this is what their

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1 fate is going to be of things.

2 The last point, and I want just to
3 mention this because I think it's part of the
4 story, although it's not the primary part from
5 you all's point of view, is we can reduce the
6 risk of spread of other food production areas
7 that are in the neighborhood if we can reduce
8 the load of E. coli 0157 at the production
9 site.

10 Here are a couple of examples.
11 Let's see. This one is a bit animated. 2006
12 outbreak of E. coli 0157, 36 cases in a couple
13 of states traced to Taco Chain Y.

14 Not the usual Taco Chain A or Z,
15 but Taco Chain Y. And they were getting their
16 shredded lettuce, which was the source of the
17 problem, from a California farm.

18 So, the farm was visited. Here's
19 an aerial shot of the field where the shredded
20 lettuce came from. And it happens to be right
21 next to a couple of dairy operations which
22 were linked and, in fact, linked to the

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1 lettuce farm. They were all part of the same
2 field.

3 And just at the intersection where
4 the dairy and the lettuce fields were, was a
5 really complicated set of piping.

6 You can click it one more time.
7 Sampling in the fields found that there were
8 ten samples with the outbreak strain of 0157
9 from both of the dairies and from the three
10 fields, lettuce fields, that were nearby,
11 including the one that was the source for the
12 outbreak.

13 And this complicated set of piping
14 - I think we got to click it one more time -
15 was sort of at the hub between them all. And
16 there were an awful lot of things you could
17 turn there, and no one really had a clear
18 description, SOP.

19 But if you turned the right one the
20 wrong way and left it there, you could easily
21 connect the manure lagoons and the irrigation
22 system. Although, that was not the intent of

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1 the piping. And it's apparent something like
2 that may easily have happened.

3 Now, it would be great if the 1057
4 wasn't in the manure lagoon or if that piping
5 wasn't there. And cross-connecting like that
6 is obviously a problem as well. But it's an
7 example of sort of a spread to adjacent areas,
8 environments.

9 One more example of that. Also a
10 produce problem, if you could advance. Baby
11 spinach in 2006. This was big. Baby spinach,
12 they came from farms, different farms, in
13 California. Traced back to four farms. One
14 of which had clearly an environment with the
15 operating strain on it.

16 Near that farm a stream ran down.
17 The stream sediments were positive. There was
18 on the other side of the farm was a grape
19 arbor. There was a vineyard. And there were
20 wild pigs that traversed the spinach field
21 having no interest in spinach, but being very
22 interested in grapes. And then going back for

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1 a drink of water at the stream, and going back
2 and forth shortcutting through there leaving
3 manure.

4 Several weeks after the outbreak,
5 the manure was positive, the stream was
6 positive, and the pig feces in the lettuce
7 field were positive. And going upstream a
8 half mile to the beef cattle, the beef farm
9 where the beef had access to the stream, the
10 beef had it as well.

11 And if you could click it again,
12 one scenario is that somehow cattle to stream,
13 downstream to pigs, to field, now that's a lot
14 of jumps. And it just shows how 0157 can
15 spread through the environment once it starts
16 to.

17 Next, please. So, from my rather
18 simple-minded point of view of what I've
19 learned over a number of years, is that the
20 contamination often starts on the farm even if
21 the animals are healthy.

22 That I think looking at what

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1 happens in Europe, what happens with other
2 species, on-farm interventions can work and be
3 highly successful and means less contamination
4 as the animal leaves the farm, but the
5 contamination can be introduced obviously from
6 other animals between farm and slaughter.

7 Lowering contamination, I think, is
8 the goal that we all have to keep Americans
9 healthy and should reduce recalls, as well as
10 disease and death.

11 And so, I look forward to the
12 continued discussion. Foodborne diseases will
13 continue to be a major public health policy in
14 this country.

15 We expect new pathogens, new foods
16 and new combinations, but the constants are
17 going to be animal reservoirs, contamination
18 of fresh produce and processed foods with
19 multiple prevention strategies critically
20 needed for farm-to-table.

21 And that reducing contamination is
22 going to start at the farm, and can start at

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1 the farm. And that farm-level strategy should
2 add value to the final product. Thank you
3 very much.

4 (Applause.)

5 DR. RAMOS: We have time for a few
6 questions.

7 DR. HURD: Scott Hurd, Iowa State
8 University. Thanks for the commercial.

9 We all have a model in our mind
10 about connection between on-farm E. coli,
11 carcass E. coli and human illness. And this
12 is the attribution question. So, that's a
13 very pointed question.

14 You showed a slide that said there
15 was about 63,000 human cases of 0157. If we
16 could eradicate 0157 on the farm tomorrow on
17 the cattle farm, what would that number turn
18 to? From 63,000 to what?

19 DR. TAUXE: It's a good question.
20 And I'm going to waffle because I haven't got
21 a final answer for that.

22 My back-of-the-envelope would be

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1 between a third and a half. And I think that
2 the on-farm reservoir is the single most
3 important source in the country, but we don't
4 have the final number we're ready to go out
5 with on the whole attribution question for a
6 variety of pathogens and foods.

7 We're working on that. We hope to
8 have it submitted for publication very
9 shortly.

10 DR. HURD: Thank you.

11 DR. COURSEY: Other questions?

12 DR. TAUXE: My goodness. Everybody
13 must have had a really delicious lunch. Very
14 satisfied. Well, thank you for your time.

15 (Applause.)

16 DR. RAMOS: Okay. So, with that, we
17 will move to the second table discussion. And
18 that will focus on effective and practical
19 mitigations available to reduce the pathogen
20 load in general, obviously with the specific
21 focus on salmonella and STECs in cattle prior
22 to slaughter.

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1 I'd like to remind people that the
2 subquestions below are suggested guidance.
3 You can talk about any other aspect that you
4 can think of, of this particular question.

5 And, again, if there's anything
6 that comes up in your discussion that's not
7 reflected in these subquestions or questions,
8 please let me know and we can address those
9 later on in the day.

10 So, you have 40 minutes for
11 discussion, and then we will take 20 minutes
12 to report out. So, we can go ahead and start.

13 Thank you.

14 (Whereupon, the proceedings went
15 off the record at 1:20 p.m. for table
16 discussion, and went back on the record at
17 1:58 p.m.)

18 DR. COURSEY: Okay. Thank you. Go
19 to Table 6, all right.

20 MR. ATKIN: All right. Richard
21 Atkin, Whole Foods. I drew the short straw
22 for Table 6.

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1 In talking around the ideas of
2 where we could measure for the effectiveness
3 and how they decide if the intervention has
4 been effective or not, we had a lot of
5 conversation.

6 We tried to decide if it was better
7 to try to have linkage between measuring
8 effectiveness of the intervention at the trim
9 results, or trying to strictly handle it from
10 the standpoint of effectiveness.

11 So, where we ended up at was that
12 we felt like it would be best to measure
13 pathogens at the point closest to slaughter.
14 But that, you know, we needed to make sure
15 that we were using the common protocol,
16 because there's so many different tests and
17 sampling methodologies people are using
18 whether it's fecal samples or hides or
19 whatever.

20 So, all of those things need to be
21 in agreement so that we're all looking at it
22 the same way.

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1 We also talked in terms of what we
2 did possibly sequentially so that we could see
3 where in the interventions that we're finding
4 effectiveness by looking further back into the
5 supply chain.

6 So, that's something that we
7 considered that if we were to do any type of
8 sequential testing, it would be very important
9 for us to have the ability to direct any
10 interventions with the live animal.

11 So, for instance, if we needed the
12 ability to segregate animals and treat those
13 animals, we would need to be able to have
14 control over that, and a lot of the current
15 marketing schemes that are out there don't
16 allow for that.

17 On testing, what we talked in terms
18 of was that E. coli is really important to
19 look at it from a positive or negative
20 standpoint and design all the other subsequent
21 interventions into it based upon the
22 assumption that you're going to have the

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1 highest level all the time and just operating
2 from that standpoint.

3 But with salmonella because it's
4 just a different animal, you need to look at
5 it both qualitatively, as well as
6 quantitatively, because both of those numbers
7 come into play with your intervention
8 strategies.

9 DR. COURSEY: Okay. Thank you. Any
10 questions for Table 6?

11 MALE PARTICIPANT: I guess I just
12 wanted to challenge that in that half of the
13 human illness isn't related directly to beef
14 consumption. Testing there doesn't do
15 anything to prevent all of the environmental
16 contamination that goes on in the groundwater,
17 the lettuce fields, so I am just challenging
18 that.

19 DR. COURSEY: Okay. Thanks. Other
20 questions, comments for Table 6?

21 (No response.)

22 DR. COURSEY: Okay. Thank you.

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1 Table 3.

2 MR. McCULLOUGH: When Pat Mies comes
3 in I want everybody to glare at him, he's
4 supposed to talk?

5 (Laughter.)

6 MR. McCULLOUGH: All right. We
7 started out on track pretty good. We got the
8 first question asked, and then we went way
9 off.

10 (Laughter.)

11 MR. McCULLOUGH: When should
12 effectiveness be measured? We started out
13 saying that it should be immediately prior to
14 slaughter. And then very quickly came to the
15 conclusion you can't do that.

16 There has to be time to do the
17 test. There has to be time to do the
18 assessment. There has to be time to block the
19 cattle if you wanted to do something with
20 them. So, we came to seven to 14 days before
21 slaughter.

22 Then we really went off track and

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1 started discussing whether you really pictured
2 to do this or not. If this was an academic
3 type of question or a real-life type of
4 question, could it be done?

5 Jumped right back into the academic
6 side of it. So, we decided if there's a law
7 of the land that really did test, what would
8 the issues be? And went through a number of
9 them, right off the bat. You know, how do you
10 track, how do you lock, what do you do with
11 the test results once you get them? You can't
12 separate out animals very well.

13 Some of the stuff we didn't write
14 down because it wasn't very proactive. So, we
15 left that out.

16 But it came down to the basic
17 question that if you did test, if you were
18 able to test, if the science was there, what
19 would you do with the cattle when it was done?

20 How would you treat them? How would you
21 reduce the load incoming to you through the
22 system? Could you use a probiotic to feed

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1 them? Would you take them out longer on a
2 feed? Would you spray them with a phage and
3 be able to retest them?

4 What would that retesting be so you
5 can be confident that you've got that
6 reduction to the point you can bring them back
7 in your system?

8 Once you show that they may be
9 higher than others, what would be acceptable?

10 What risk would you be willing to take as a
11 company to bring those in? And how would USDA
12 view that, if you did bring them in and there
13 was a positive, how would you be held - what
14 light would you be held at with USDA or down
15 to legal issues if there's illness they go and
16 back that.

17 So, lots and lots of questions
18 about what do you do if you do tests. And
19 also lots of questions about how you would
20 actually do that testing.

21 If it came down to currently right
22 now that list of three questions were we able

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1 to do this stuff? The answer is no. But then
2 the real case is what do you do with cattle
3 once you test them? How do you manage that
4 whole part of the process, and what's good and
5 what's bad?

6 Is a log 5 on a 36 square
7 centimeter sample and whether -- that's a log
8 5 where all of a sudden we're saying is that
9 bad or is that good? Does a certain time of
10 the year make a difference? So, there's lots
11 and lots of questions.

12 The final question was is
13 qualitative sufficient or should we consider
14 semi-qualitative?

15 We came to agreement pretty quickly
16 that we didn't know what semi-qualitative was.

17 So, we just crossed that out. Don't know how
18 to deal with it, don't know how to explain it.

19 But we do need we need reactive, solid data.
20 Both quantitative and qualitative and what
21 you're looking at, how you're going to measure
22 it and how you're going to react when you do

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1 equal sets of data.

2 The quantitative by itself, we know
3 based on these presentations, we're going to
4 see a hundred percent positive rates out there
5 and having to deal with that.

6 And then cost, there's a whole list
7 of costs. We really can't even answer that
8 question about how we're going to test, what
9 system are we going to use, how we're going to
10 sample, what the repercussions are, how that's
11 going to be addressed through legal and
12 regulatory and individual company risk
13 assessments. And that's about it.

14 DR. COURSEY: All right. Thank you.

15 Okay. Questions, comments for
16 Table 3? Any follow-ups?

17 (No response.)

18 DR. COURSEY: Okay. Let's go to
19 Table Number 5.

20 DR. RENTER: I don't want it. I got
21 the short straw. That's what happens when you
22 leave the room.

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1 So, on the first question, the main
2 question in bold, we were pretty focused on
3 that one, and then we sort of got off track,
4 too.

5 We looked at that as - it says
6 effective and practical mitigations that are
7 available. We came back to what Dr. Loneragan
8 spoke about this morning. He listed those
9 fairly well. There's vaccines. There's
10 phage. There's direct-fed microbials.
11 Potential effectiveness on all of those
12 interventions and available depending on where
13 you're talking about in the production system.

14 When we got to some of the others
15 in terms of good management practices like Guy
16 talked about, things like feed, water
17 management, pest management, those are, we
18 felt, good management practices, good
19 husbandry practices. But as was suggested
20 earlier to show that those have mitigation,
21 intervention opportunities hadn't really
22 panned out, again, much as Guy suggested

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1 earlier.

2 When it came to the effectiveness
3 question, how should that be defined and
4 measured prior to slaughter, we looked at that
5 or discussed that in several ways. But
6 relative to a pre-harvest intervention if I
7 could summarize it simply that we thought if
8 we want to see if the product or process works
9 on the farm, then we should first measure it
10 on a farm.

11 And then if we show that it works
12 at the farm level, then begin to look
13 downstream to say does that also translate
14 post-lairage in the plant, those kind of
15 things. But the first focus is at the farm
16 level. Then we really got off track, but we
17 did have a pretty good discussion of the
18 quantitative and qualitative issues. We felt
19 from a practical monitoring standpoint if an
20 intervention is in place, you may be able to
21 use qualitative that you may be able to use
22 qualitative measures to sort of monitor the

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1 system.

2 But ultimately we want to see if
3 intervention is effective that we're talking
4 about total pathogen load reduction. And so,
5 both the qualitative and quantitative may come
6 into play. We discussed the semi-quantitative
7 issue and we didn't know what that was. Guy
8 mentioned this morning one of our studies that
9 we did this last summer. We used a semi-
10 quantitative test for the high shedders. So,
11 at the end of the day, that test tells us are
12 they positive or negative. It doesn't tell us
13 exactly how much they're shedding. But in
14 order to be positive on that test, they have
15 to be shedding at a fairly high level. And if
16 we combine that with the prevalence data, it
17 gives us a pretty good indication of what the
18 pathogen load is. Again, that works well in a
19 large-scale study. Quantitative would be best
20 if it's practical, but sometimes we felt that
21 it might not be very practical.

22 On cost effectiveness, last

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1 question, we didn't get very far. We had more
2 questions and answers. I think there's a lot
3 of things that are yet to be determined there.

4 Any questions?

5 DR. COURSEY: There's a question
6 here.

7 DR. VAQUER: Cost effectiveness,
8 would be the first question of the day.

9 DR. RENTER: Oh, right. Right.
10 Some of the cost effectiveness issues from a
11 systems standpoint deals with lots of other
12 issues that went outside this pre-harvest
13 efficacy issue.

14 DR. KOOHMARAIE: What assay did you
15 use in the semi-quantitative?

16 DR. RENTER: We just use a direct
17 plating method in triplicate. And we've done
18 a couple studies to show that when we get
19 positive on that set of tests, that they're
20 most likely shedding above ten to the four.
21 And then we've done some other studies to show
22 that that is associated with carcass

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1 contamination pre-evisceration.

2 It's not a perfect test, but it's,
3 I think, a pretty good indicator of sort of
4 high shedders within a pen or a truckload.

5 DR. COURSEY: Okay. When asking
6 questions, please wait for the microphone
7 because it helps the transcriber hear the
8 question and response.

9 So, anybody else? Yes, back there.

10 FEMALE PARTICIPANT: Did you talk at
11 all about who should determine the cost
12 effectiveness? Did you have any conversation
13 about that? Because we did at our table, and
14 we thought that that was more of an industry
15 issue to define cost effectiveness. I was
16 just wondering if you guys thought that.

17 DR. RENTER: Yes, I think we had a
18 similar conversation. Who determines that?
19 At first, we thought the question was focused
20 on the practical implementation on farms. And
21 so, cost effectiveness at the farm level.

22 But as you said, it translates to

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1 throughout the industry, who bears the cost,
2 who bears the benefit, lots of other issues
3 that we're not sure how to address especially
4 when we've got four minutes to -

5 (Laughter.)

6 DR. COURSEY: Okay. Any other
7 questions?

8 DR. SCOTT: Morgan Scott at Kansas
9 State. I think I'd just like to add our
10 group's agreement on the devalue of the
11 quantitative measures.

12 I think that if you look at the
13 history of the diagnostic assays for 0157, you
14 see a big shift a decade ago when they went
15 from direct plating to the intermagnetic
16 separation, which enhanced the detection.
17 Well, that's a singular focus on finding the
18 organism when it's present, which is when you
19 classify Shiga toxin E. coli as an adulterant,
20 that obviously is a compelling argument for
21 that test.

22 But what it does is it moves you

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1 away from understanding the pathogen load,
2 which is really in terms of quantitative risk
3 assessment or even understanding food safety
4 risk from pre-harvest into the plant was
5 actually the biggest issue. It's a pathogen
6 load, which we're not covering very well by
7 using these highly-sensitive assays.

8 And so, we argue for certainly for
9 at least a semi-quantitative approach, because
10 otherwise understanding logs, the mathematic
11 of logs, log tens, we really need the
12 reduction of those that are positive in a big
13 way as opposed to just getting rid of those
14 and have a faint number of bacteria. That's
15 not going to have a big affect on the food
16 safety aspect. So, we have to consider not
17 just the regulatory component of
18 adulterant/non-adulterant, but how many of
19 these bacteria find their way into the food
20 supply.

21 DR. COURSEY: Okay. Thank you. Any
22 other comments? One more back here.

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1 MALE PARTICIPANT: All right. Table
2 7 discovered that the FDA does have a teat dip
3 model of approval of disinfectants. And in
4 that teat dip model, all you have to do is
5 show safety, not efficacy now. For the people
6 who are using these disinfectants in the pre-
7 harvest, they do it before the animals go into
8 the slaughterhouse. Maybe it will approach the
9 FDA or the teat dip industry and put that
10 label claim on a teat dip or have your own
11 label and prove safety and you have board
12 approval.

13 People are complaining about how
14 long it takes when you get things done. This
15 is a quick one. So, I challenge everybody to
16 think about that.

17 DR. COURSEY: All right. Thank you.
18 Yes, another comment here.

19 DR. MOREIRA: Our group was very
20 much in agreement with yours.

21 It seems that our group's
22 understanding right now is that the regulatory

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1 hurdle that you have to overcome in order to
2 get some of those products approved is almost
3 impossible to meet.

4 Essentially unless you have proven
5 that you have a silver bullet, the product
6 will not be approved.

7 So without that, that would be
8 something that will help, and then leave the
9 market to decide whether this is something
10 that we want to use it or not based on
11 economics and of course the aspect of human
12 health.

13 DR. COURSEY: Thanks. Okay. I
14 think we're going to wrap this one up, this
15 report-out. Let me remind you, please, the
16 scribes, if you could write on your flip
17 charts your table number and this is Question
18 Number 2 that we just finished with.

19 All right. Dr. Ramos, I think
20 we're going to go off and do Question Number
21 3.

22 DR. RAMOS: Thank you, Jerry. So,

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1 for Question 3, it focuses on how can we all
2 work together to promote adoption of pre-
3 harvest food safety mitigations.

4 Can you hear me?

5 (Off-record comments.)

6 DR. RAMOS: But I wanted to point
7 out two people who are here who might be able
8 to answer some questions you have about the
9 approval process. We have Steve Vaughn from
10 FDA who heads their Office of New Animal Drug
11 Approval. He's right here up in the front.
12 And we also have Byron Rippke from CVB. He is
13 all the way in the back. So, for this
14 question we asked what are the barriers to
15 developing these mitigations. So, I think
16 these are two very useful resources that we
17 have here for you to ask questions, et cetera.

18 And the other thing about this
19 particular question that no one's really
20 addressed yet is the interaction between
21 producers and the processors and what are
22 processors, packers, requiring now of the

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1 producers. Who's bearing that cost right now
2 for the current intervention in place? Is
3 this a sustainable model for the future where
4 you have essentially the buyers of the product
5 really enforcing what's going on, on the farm.

6 So, I just wanted to throw that out
7 there for you to consider, but you obviously
8 can talk about other questions as well. So,
9 we have 40 minutes again to discuss at the
10 groups. And then 20 minutes for report out.
11 Thanks.

12 (Whereupon, the proceedings went
13 off the record at 2:18 p.m. and resumed at
14 3:00 p.m.)

15 DR. COURSEY: All right. Okay.
16 Group 7. Table 7.

17 DR. KRIEGER: So, with respect to
18 the role of government involvement in these
19 pre-harvest issues, we thought that research
20 was really the most important and did find
21 these types of mitigations and options in
22 maintaining the transparency of how

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1 efficacious they are. However, the end result
2 of whether or not that efficacy is worth it
3 should be up to the packers.

4 Additionally, we thought that
5 streamlining a regulatory approval process and
6 encouraging larger studies especially on
7 pharmaceuticals where there's no conditional
8 licensure for these types of products would
9 help simulate innovation, as well as reducing
10 the government focused on efficacy and
11 focusing more on safety of these products
12 because, like I said, the efficacy can be
13 determined by the industry as a whole. And I
14 think it was very important, regulatory
15 inefficiencies impact innovation.

16 This morning we were talking about
17 barriers. We thought that some of the
18 government folks were confusing consumers,
19 especially the USDA's promotion of organic,
20 national and global products, while at the
21 same time trying to encourage the increased
22 use of pharmaceuticals and vaccines, et

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1 cetera. So, I don't think that was a table
2 consensus.

3 And then there was also the
4 proposal that because of the reduced funding
5 of government research in the budget, that
6 instead we should take the money away from the
7 organic promotions and instead direct those to
8 producer awareness education of these types of
9 mitigations.

10 DR. COURSEY: Okay. Thank you.
11 Comments, questions from Group 7? Any
12 clarifications?

13 (No response.)

14 DR. COURSEY: Okay. Thank you. How
15 about Table 8?

16 MS. MASTERS: We tried to look
17 through the barriers to adoption. And as we
18 talk through the barriers, tried to look at
19 how we might get past some of the barriers.

20 And we spoke about development and
21 application in two separate ways. We first
22 focused on the application and then went to

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1 development. So in the application, we talked
2 about at the producer level, what were some of
3 the barriers to find some of the pre-harvest
4 interventions. And talked about - we focused
5 on vaccines initially and some of the
6 concerns. And interventions that might have
7 to be applied to individual animals.

8 Handling the animals, there
9 certainly is stress when you have to handle
10 these individual animals from an animal safety
11 perspective, a human safety perspective. So,
12 certainly focusing on those that could be
13 applied to the feed and water would be better.

14 Cost, certainly, that could be done
15 through incentives. The incentives could come
16 either through promoting safer, paying more to
17 the producer, that would come to the packer,
18 government either through tax incentives or
19 others.

20 Mandate, we talked about that as a
21 mandate pulling through the system. That
22 could be from other producers depending on how

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1 the animals go through the process. It could
2 come from the packer, it could come from the
3 government, it could come from retail. And we
4 also talked about producers seeing the benefit
5 of the pre-harvest adding it to the existing
6 EQA programs.

7 Then we talked about barriers and
8 developments. We also talked about the
9 approval process and streamlining the approval
10 process. We talked about at least a
11 perception on these conditional approvals that
12 a lot of times it at least appears that once
13 the conditional approval is given, that
14 vaccine is available for free market, and
15 that's certainly not the case.

16 We talked about the process that
17 the drug companies are going through and field
18 trials versus the challenge models and
19 difficulty that is with one versus the other.
20 We talked about - and that's collecting data
21 in the process.

22 We talked about the need for more

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1 tools in the toolbox. Particularly for
2 different size producers. And that similar to
3 the other group that once there's -- some of
4 these tools being approved, we see that as
5 likely more tools will follow. That perhaps
6 others are sitting back waiting for some of
7 these to be approved.

8 We talked about phage, for example,
9 as approved at the slaughterhouse, but not at
10 the feedyard. We talked about the research
11 versus the application, that it might work in
12 the research setting, but will it or won't it
13 work in the commercial setting?

14 And all of our discussions, we come
15 back to how we measure effectiveness. Would
16 you measure it at the feedyard with pre-
17 harvest setting? Or is it really the ultimate
18 goal of measuring the reduction in human
19 illness?

20 Questions?

21 (No response.)

22 MS. MASTERS: Thank you.

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1 DR. COURSEY: Okay. No questions,
2 clarifications? Yes, over here. All right.
3 Thanks.

4 DR. RIPPKE: Hi. Byron Rippke with
5 CVB. You talk about conditional licenses not
6 being widely available when they're marketed.
7 Can you explain that a little bit?

8 MS. MASTERS: Sorry, Byron. I think
9 what we were trying to say is there's a
10 perception, at least, that once a vaccine has
11 gotten conditional approval, there's a
12 perception that the vaccine is available for
13 free marketing. And at least a perception by
14 the individuals trying to use the vaccine,
15 that it's not available to the free market.
16 That there is a lot of barriers they still
17 have to go through to use that vaccine.
18 Conditional approval does not mean a free
19 market access. And so, there is at least the
20 perception that conditional approval equals
21 approval, and that's just not the case to
22 those having to use it.

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1 Does that help? I mean, Brandt, do
2 you want to talk a little bit?

3 DR. COURSEY: Let me remind you to
4 please state your name for the transcriber.

5 MR. GIFFIN: Brandt Giffin, Pfizer
6 Animal Health. Sorry, I just walked in. So,
7 I may have missed some of the comment.

8 MS. MASTERS: It's a question on the
9 conditional approval.

10 MR. GIFFIN: Yes. So, I mean, one
11 of the things when we're talking to the
12 customers that we work with, the question we
13 get invariably, the conditional license must
14 not work, we'll wait until it gets full
15 licensing. We'll talk to you then.

16 So, there's a built-in stigma.

17 MS. MASTERS: Okay.

18 MR. GIFFIN: And it also goes with
19 the additional confusion, I guess, and so
20 forth in terms of all the, I guess, the
21 paperwork that goes with it in terms of state
22 vets, in terms of they're allowed to get in

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1 and the different rules are then put on top of
2 it and confusion they have with the
3 distributors that are sending the product out.

4 And we've had some folks that try
5 to buy it. And even there's confusion between
6 the state vets and the people trying to get
7 the product out. So, this has a lot of
8 bureaucracy in the licensing.

9 DR. COURSEY: Other questions,
10 comments?

11 MS. BOOREN: Okay. I'm Betsy Booren
12 from American Meat Institute Foundation. I'm
13 representing our group.

14 We agree with much of what's
15 already been said. So, I think what I'm going
16 to do is highlight some of the things that are
17 a little bit different.

18 One of the things purely by
19 accident, I swear, is that we have three
20 individuals that actually fund safety
21 research. And so, if you could keep that in
22 some of the context.

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1 Timely approvals are important.
2 Again, as three agencies, we funded direct-fed
3 microbials for ten years and not a lot has
4 gotten approved. We need a faster, better,
5 more streamlined approval process for those
6 type of technologies, all technologies.

7 Coordination among agencies to
8 streamline that aspect would be greatly
9 beneficial and move the ball forward on
10 research. Because I would say as a funding
11 group, we funded money until we get a sense
12 that they'll get approved. It's really hard
13 when you have a small pot of money, to justify
14 -- keep funding the same research when it's
15 not going to get approved.

16 Again, we need to get a better
17 understanding of consistency of efficiency
18 across all production areas. In some of these
19 food pre-harvest areas, how do those different
20 production classes differ?

21 Again, increase funding for
22 research dollars. Our table in the last three

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1 sessions spent a lot of time of what don't we
2 know? We don't know a lot. And how do we get
3 those answers better? Unfortunately, it's
4 going to require a lot of research, which
5 requires a lot of money.

6 And those are not going to come
7 from the standard ways that agriculture
8 research has been funded for the last 30
9 years. We have to figure out a way of getting
10 research funded.

11 There was a discussion about
12 getting a lot of these pre-harvest
13 technologies, giving it to animals right now,
14 see how effective they are in creating some
15 sort of pre-harvest baseline in animals so we
16 have a measure to measure against to see if
17 they're effective further down the process.
18 Not sure how that would work.

19 We also had a huge discussion on
20 data management. Sharing of data, protection
21 of data. We have technologies right now that
22 can put DNA fingerprints, essentially, on

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1 microorganisms and we can track them.

2 There are legitimate concerns about
3 who's liable if you cause illnesses that we
4 should be afraid to do research and find
5 positives.

6 That's one of those perceptions.
7 Having to move this forward we shouldn't be
8 afraid to find positive samples, but we also
9 have to protect our data. And we have to
10 share that data whether it's isolates or all
11 sorts.

12 So, maybe there is a way of
13 creating a data depository of some sort where
14 we can share data without the threat of any
15 other penalties, but just to move the research
16 forward. So, that's a quick summary.

17 DR. COURSEY: Okay. Thank you. Any
18 questions for Table 9? Any follow-up?

19 Yes, over here. The mic is coming.

20 MR. McCULLOUGH: Brenden McCullough,
21 National Beef. I'm not going to ask you a
22 question, but there's a topic on the data.

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1 Over the years, I guess I can't say
2 that the research that the packer side does is
3 less than it used to be, but it sure hasn't
4 grown over the years. And there's a real good
5 reason for it, that is the fear of regulatory
6 repercussions for having data.

7 USDA strongly believes that they
8 shared their pleas with us numerous times that
9 any data inside the plant that you generate is
10 available to them for review. That's not a
11 problem.

12 The problem is how that data is
13 reviewed and how it could be used when you
14 have an issue outside of an investigation or
15 an FSA or an illness.

16 With that type of regulatory arm
17 sitting there next to you, it's very hard to
18 go out and do the research, the real
19 investigative work, do the DNA fingerprint, do
20 the tracking of plants.

21 Because once that data is available
22 and USDA comes and asks do you have it, you

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1 don't like lie to the USDA. You tell them you
2 have it. And then they say, can I see it?
3 And you go, do I have to show it to you? Yes,
4 you do.

5 And there's a real tough position
6 to be in wanting to be progressive and active
7 and going after trying to find these niches
8 and interventions, technology to try to
9 improve the process with. But on the other
10 hand, you still have the regulatory side that
11 you have to deal with.

12 And when the question was what can
13 USDA do to help promote, I got to tell you if
14 that doesn't change, if the USDA doesn't come
15 to an agreement that not all data is used to
16 punish -- I don't know if punish is the right
17 word, but used to enforce -- that might be a
18 better word -- then there can be a good
19 portion of industry not interested in putting
20 data on paper.

21 And you talk about cost benefit.
22 You all look at the risk and decide if it's

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1 going to cause you a lot of pain and disaster
2 down the road and financial implications that
3 are tied to that.

4 So, I don't have an answer, but I
5 do have a major concern. That's held us up in
6 a lot of areas.

7 DR. COURSEY: Okay. Any questions
8 here?

9 MS. BUCK: I'm Patricia Buck. I'm
10 with the Center for Foodborne Illness Research
11 and Prevention and I do agree with you. But
12 on the other hand, I think we need to be
13 moving forward with better data management.

14 And I have the National Academies
15 of Science Report they did for FDA on the role
16 it plays in enhancing food safety. There's a
17 whole Chapter 11 devoted towards the idea of
18 putting together a central data management
19 center.

20 And if we do something like that,
21 that might be one avenue where industry and
22 government and even consumer groups can come

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1 together and work on putting something that
2 would help us better manage and utilize the
3 data that we have. Thank you.

4 DR. COURSEY: All right. Thanks.
5 Other responses? Yes.

6 DR. SIEMENS: I just want to put one
7 thing that hasn't been talked about. Our
8 group talked about the --

9 DR. COURSEY: Please state your
10 name.

11 DR. SIEMENS: I'm sorry.

12 DR. COURSEY: Thanks.

13 DR. SIEMENS: Angie Siemens with
14 Cargill.

15 We talked a little bit about the
16 GIPSA rule and it's trying to make its way
17 through Congress right now. And if it passes
18 in its current form, forget adoption pre-
19 harvest because we will not be able to pay for
20 people who adopt have to pay the same for a
21 cow and have good food safety practices versus
22 those that don't.

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1 So, if it goes through in the
2 original format. So, I have a real concern as
3 there's a difference of opinion as to whether
4 it's going to get through the system or not.

5 And if you're not familiar with
6 that legislation, they're trying to separate
7 calves from the agro community. It does not
8 work towards a cooperative effort towards food
9 safety in the way it's put together.

10 So, if you have a chance to talk to
11 your congressman or committees to take a look
12 into it and see if they encounter everything
13 we're trying to do here.

14 DR. COURSEY: All right. Thank you.

15 Anyone else? Comments, questions?

16 (No response.)

17 DR. COURSEY: Okay. Let's go to
18 Number 10, Table 10. Thanks.

19 DR. HAYES: Hi there. I'm Josh
20 Hayes, FDA Center for Veterinary Medicine.
21 And the following does not represent the
22 opinion of the agency.

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1 (Laughter.)

2 DR. HAYES: So, we're talking about
3 producer promoted adoption. And one of the
4 issues that came up again free market-wise
5 that it seems that there is an undue barrier
6 for food safety and preventions from USDA CVB
7 just because it seems that a food safety
8 vaccine seems to be subject to more scrutiny
9 than a normal vaccine that treats animal
10 disease.

11 And then another adoption issue for
12 the industry foods approval of any
13 intervention that is approved, is that it's a
14 nonintegrated type of industry. And unlike
15 poultry and swine production, that it would be
16 probably fairly difficult to get compliance
17 easily.

18 Some of the things that could be
19 done for producers and processors having
20 sale/supply agreements.

21 Also, get an influential buyer onto
22 the program. Somebody like Wal-Mart,

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1 McDonald's or so involved in the system. And
2 probably the others then will carry on.

3 And also try to find somebody who's
4 closer to the buyer. The idea being that you
5 can somehow have the value of -- for the
6 consumer shared by the producer or farmer.
7 Because there are so many steps in the chain
8 that it seems to be, really, the worst from
9 the person who's actually using the product.

10 And, also, we were talking about
11 how to balance value to the consumer while not
12 competing with regard to food safety directly
13 in saying my product is safer than your
14 product. That would probably be an
15 advertising no-no. So, but it could be done
16 perhaps in a way of adding attributes to the
17 brand.

18 We also talked about possible
19 problems with a government mandated program
20 versus a direct customer practice.

21 Also, something that could help
22 adoption is by seeking approval to see that --

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1 to see that when products that have a known
2 safety record, that perhaps the efficacy
3 requirements could be relaxed where it can get
4 conditional approval.

5 However, conditional approval as
6 mentioned by other people, can be viewed
7 negatively by other people because it offers
8 the question why is it conditionally approved
9 and why isn't it fully approved.

10 And another comment. Just
11 increasing the government alignment of
12 different regulatory agencies a more
13 consistent approach.

14 Any questions?

15 DR. COURSEY: Any questions,
16 comments?

17 MR. CRAIN: Scott Crain, VeriPrime.

18 You had mentioned a supply chain
19 agreement, and I believe you were saying
20 between the producer and the packer.

21 And just for consideration, two
22 things. I'm cattlemen. So, I'm feedyard

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1 level. Every dime that comes through this
2 system that pays for everything, comes from
3 this.

4 And so, all I would suggest is that
5 we would consider an agreement that goes from
6 retailer, packer, to producer so we have
7 widespread adoption. Thank you.

8 DR. COURSEY: Thank you. Anybody
9 else?

10 MR. ROACH: Yes, I'm Steve Roach
11 with Food Animal Concerns Trust.

12 I think one of your comments was
13 that you shouldn't -- a producer or a marketer
14 shouldn't say my product is better than yours,
15 but that's -- the only way that you'll
16 actually have the market work is if people are
17 able to describe those profits being different
18 and differentiating with the food safety
19 thing.

20 So, we either need a market
21 approach which requires people to be able to
22 say my product is better than yours, or we

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1 have to have the government mandate in some
2 way. There has to be some way to incentivate
3 a change in the system. And I think there
4 also has to be a way of capturing costs of the
5 changes.

6 So, if somebody is spending the
7 money on farms to actually make the changes to
8 protect the consumer, to say that they
9 shouldn't go around and tell people that
10 they're doing that, it makes it really hard
11 for them to cover the costs.

12 So, I think that there either needs
13 to be -- there has to be some mechanism
14 incentivating change and I think the market is
15 one tool. I think there's some externalities
16 related to the problem you're talking about
17 that aren't going to be captured by the market
18 in any way, which requires, appropriately,
19 probably some intervention.

20 But the other thing is if the
21 market is to work, it has to be able to --
22 there has to be ways for producers to use

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1 signals that say my steak is better than your
2 steak because we use less faulty data.

3 DR. HAYES: And I think the comments
4 came from a situation of like being the direct
5 advertisement on the product itself.

6 It may be a brand issue with a
7 particular product or a -- McDonald's will
8 only buy chicken that does not -- is not
9 produced with antibiotics, for example.

10 That's a different situation than
11 saying no product with antibiotics on the
12 product itself.

13 So, it could be kind of baked into
14 the image or brand rather than getting a
15 direct compositional marketing of saying we're
16 better than one versus the other.

17 MR. ROACH: It would be easier to
18 say our meat has no E. coli.

19 MR. HAYES: Good point.

20 DR. COURSEY: All right. Other
21 comments? Yes, right here.

22 DR. HURD: I just have to say this -

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DR. COURSEY: Will you introduce yourself?

DR. HURD: Scott Hurd.

DR. COURSEY: Thank you.

DR. HURD: Iowa State University.
And so, I don't work for the government anymore. So, I can say what I want.

(Laughter.)

DR. HURD: And so, I have to state what I think is a clear message. I came here thinking about incentives and do the analysis and do the data. What I heard Dean Danilson say and I heard Dan Schaeffer say is that if we have an intervention that works, we will use it.

What I heard is at least five examples of government getting in the way of those interventions. GIPSA, which will not allow the incentives to work. Chlorate has been hanging around for ten years waiting for FDA approval. Conditional license for the

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1 vaccines that are currently available, the
2 phage is being used under very restricted
3 circumstances.

4 I think I heard Dan and Dean say if
5 we didn't have such a strict label, they'd use
6 it more.

7 So, there was one other example. A
8 very important one, the use of data in the
9 packing plants. They have a tremendous amount
10 of research data. They use those data to make
11 changes.

12 But if they're afraid to collect
13 those data because there's going to be an
14 unhappy visit from FSIS, that's a tremendous
15 disincentive.

16 So, I vote that no one goes away in
17 your thinking that it's the industry to take
18 the next step. To me, the message is pretty
19 clear that every government agency can go home
20 and then take some steps.

21 We can say the ruling process is
22 long and so forth and so on. But when I was

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1 in D.C., we got the Downer Cow rule approved
2 in three weeks, was it? When there's
3 incentive, okay.

4 To me, there's been incentive here.

5 We have things that work, there are people
6 who want to use them, let's get them out
7 there.

8 DR. COURSEY: Okay. Thank you.

9 Other comments?

10 MR. CORBO: Tony Corbo, Food and
11 Water Watch.

12 You're not going to have to worry
13 about GIPSA after what USDA did to the rule.

14 FEMALE PARTICIPANT: Have you seen
15 it? Because we haven't.

16 (Laughter.)

17 (Off-record comments.)

18 DR. COURSEY: Okay. Anyone else
19 want to comment?

20 DR. McCLURE: Kent McClure with the
21 Animal Health Institute.

22 I think one thing we forget about

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1 all of these different interventions with
2 different agencies involved in their
3 evaluation.

4 Most of these agencies outside of
5 FSIS aren't accustomed to looking at a product
6 as one of several hurdles that are all leading
7 to an end result.

8 They're accustomed to looking at
9 them as standalone interventions. And not to
10 fault them, because that's a lot of times the
11 regulatory environment, but I think there's
12 great merit in setting down with the folks
13 that are in this room providing input to those
14 regulators about what's good enough to have a
15 meaningful impact before the product comes out
16 to the grocery and to the marketplace.

17 And whatever level that is, I think
18 having that consensus from a group like this
19 that, yes, that's what we think would be
20 meaningful, would be powerful information for
21 them to have.

22 Because I think it's very hard for

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1 them to decide where to set that target when
2 they're not accustomed to looking at it as
3 anything other than a single standalone
4 intervention.

5 DR. SHULTZ: Craig Shultz,
6 Pennsylvania Department of Agriculture.

7 Along those same lines, I think
8 it's important to appreciate some of the
9 examples we saw today, for example, the UK
10 system with egg safety.

11 We have a similar system in
12 Pennsylvania that has used the marketing
13 carrot rather than then the enforcement stick.

14 And the enforcement stick had a tendency to
15 cause regulated entities to recoil, to
16 withhold information, to not be forthcoming.

17 We've had a long term, 20 year
18 success story with egg safety in Pennsylvania
19 with our intake program. Now that we're going
20 to a federal program, we've got some
21 challenges. And we're having some issues
22 because it's an important debate and having

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1 issues with our producers being as forthcoming
2 and wanting to participate and wanting to
3 provide that information that we were able to
4 get using the former system. I think that's
5 worth consideration.

6 DR. COURSEY: Okay. Thank you.
7 Anybody else? Comments?

8 Let me just check in with groups
9 one through six quickly. If you have anything
10 on your charts that no one else has brought up
11 and could add it to the group? Look over your
12 charts again and see if there are any key
13 points that haven't been raised yet.

14 DR. SCOTT: Morgan Scott, Kansas
15 State University.

16 What I wanted to say is not the
17 opinion of everyone at this table, for obvious
18 reasons.

19 One thing some of us feel is if you
20 want to understand something, you don't turn
21 it into a pariah.

22 So, the idea of classifying

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1 pathogens, bacterial pathogens as adulterants,
2 while probably well-intentioned in certain
3 regards, creates problems in some ways that
4 have been discussed already, but we're
5 particularly thinking about on-farm and pre-
6 harvest settings.

7 The danger is, if you really want
8 to understand what's going on with these
9 pathogens on the farm and you need to do
10 things like quantify their loads and other
11 things, is that you start to think things are
12 either black and white or present or not,
13 whether they should be there or shouldn't be
14 there, you may stifle the knowledge required
15 to actually, to really get at the end of the
16 line problem.

17 So, for some of us, I guess, we're
18 questioning such approaches and would like
19 that to be considered.

20 DR. COURSEY: Okay. Thank you.
21 Further comments, questions on that?

22 (No response.)

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1 DR. COURSEY: Other tables? One
2 through six? Other issues you want to raise?
3 Yes.

4 MS. BUCK: This is Pat Buck from the
5 Center for Foodborne Illness again.

6 I don't know if it's a comment more
7 than anything else, and I think it's probably
8 directed to FSIS.

9 I don't know all the regulations.
10 FSIS historically has not been able to go up
11 to the farm.

12 But I think they are allowed to
13 look at the farm in the sense of what's coming
14 to the plant and make some decisions about the
15 pathogens that are coming in.

16 And I would challenge FSIS to
17 become a little more creative in seeing how
18 they can help us work on the on-farm pre-
19 harvest intervention. Thank you.

20 DR. COURSEY: Okay. Any follow-up
21 comments?

22 (No response.)

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1 DR. COURSEY: All right. Anyone
2 else in groups one through six? Other issues?

3 MR. ROACH: Actually, this is in
4 response to Morgan Scott's comment. This is
5 Steve Roach, Food Animal Concerns Trust.

6 There may be - there is probably a
7 risk of making a pathogen virile, but I also
8 think considering that making E. coli 0157 an
9 adulterant in the meat is part of the reason
10 that - that line going down means people that
11 aren't sick or people who don't die.

12 So, I think there may be some
13 challenges to the research. But I think - I
14 really think maybe I'm wrong. Maybe that line
15 would have gone down without 0157 being
16 considered an adulterant, but I don't believe
17 that is the case, that it would have gone
18 down.

19 DR. COURSEY: Okay. Comments?
20 Anything additional?

21 (No response.)

22 DR. COURSEY: All right. Dr. Ramos,

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1 do you want to move on to the next session?

2 DR. RAMOS: Yes.

3 DR. COURSEY: Thank you.

4 DR. RAMOS: Okay. So, we have about
5 45 minutes or so to talk about anything that
6 we haven't talked about. I think this last
7 portion covered some of that.

8 But if there's something someone
9 wants to bring up now, I can open up the floor
10 or I can go into asking you what the next
11 steps - we have a vision for what the next
12 steps should be. But I think it would be very
13 helpful and very beneficial to us at FSIS, as
14 well as to you, to have a little bit more
15 discussion of how we can not be here 17 years
16 later having a pre-harvest meeting.

17 So, I guess the question is: what
18 are the outcomes that would be most helpful to
19 you, especially producers, for adoption? Is
20 it more research? Is it demonstration
21 projects? Is it a best practices guide, which
22 is what we were thinking along the lines of in

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1 our Federal Register notice? But I'll open
2 the floor to you and see what you think.

3 MS. PARKER: So I'll open. Hi.
4 Thanks for the question, Adela. Elizabeth
5 Parker, National Cattlemen's Beef Association.

6 I think it's pretty simple.
7 Listening to all the different conversations
8 from all the questions today, what the
9 government can do is we need some products
10 approved. Especially the ones that we have
11 efficacy, all the eggheads in here have done
12 all the work.

13 It is hard work. These pathogens
14 are not easy to understand. And we have data
15 for efficacy, we need them improved and let
16 the industry figure out how it works. And we
17 will do that.

18 The other thing is the pathogens
19 and the universe we live in isn't easy and we
20 do need more research, and probably need to
21 have more conversations on focused research.

22 I think you brought up funding

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1 sources and all of that. And that's a
2 conversation for another day. Probably
3 varying sources. We need to communicate and
4 collaborate so everybody knows the research is
5 out there. We need to better identify the
6 data gaps. And then each of us individually
7 and collectively can focus our efforts to get
8 further answers. And then, therefore, have
9 better tools and more information.

10 That's easy. See? I'm done.

11 DR. RAMOS: You have all the
12 answers. Great.

13 Anyone else have comments or
14 questions?

15 DR. McCLURE: Kent McClure.

16 Adela, the paper that was in our
17 packet, the U.S. Department of Agriculture
18 Pre-Harvest Safety Act initiatives, does not
19 have the attachment that appeared on the
20 website that had 12 and a half pages of
21 research projects, both competitive grants and
22 formula grants to projects that were being

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1 funded.

2 Who was assimilating that
3 information? Is going to be FSIS? Who's
4 going to channel this, because this seems to
5 be lots of little pieces that could fit into a
6 big, big puzzle.

7 DR. RAMOS: You mean all of the
8 research projects and such? That came from
9 the mission area REE, Research Extension
10 Economics.

11 We've been, throughout this
12 process, working with ARS and NIFA to get a
13 better grasp of what work they're doing so
14 that we can at least provide at some point
15 input as to what's most useful or not.

16 I don't know if anyone brought - I
17 don't know if Dr. Torrence is still here. I
18 don't think she is.

19 But, yes, that's all being tracked
20 by the research mission area.

21 DR. COURSEY: Other comments to Dr.
22 Ramos' question?

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1 MR. ROACH: Steve Roach, Food Animal
2 Concerns Trust.

3 One of the questions I actually
4 have is what criteria did the FSIS use in
5 defining which pathogen or what pre-harvest
6 areas are of concern? Because there's two
7 other areas - or at least two other areas that
8 I see that could have been addressed by this
9 meeting.

10 But I actually feel like there was
11 enough to talk about today and it seems to me
12 that actually salmonella got a rather short
13 shrift in the discussion as well.

14 But I think there are two, at least
15 - I would think three other areas where we
16 really need to think about in terms of pre-
17 harvest controls which relate to cattle
18 production.

19 The first one is campylobacter.
20 Normally, we don't find a lot of campylobacter
21 on meat, but there's pretty good evidence that
22 at least it's an environment contaminant.

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1 People do get sick rather frequently from
2 exposure to campylobacter that comes from a
3 cattle reservoir. So, I think that is
4 something that at least going on in the
5 future.

6 Another issue that wasn't really
7 discussed, but has come up in a couple points
8 in this, is antimicrobial resistance related
9 to particularly salmonella, but also
10 antimicrobial resistance.

11 And there are specific pre-harvest
12 controls in terms of reduction in anti-
13 microbial use that are probably more clear in
14 their efficacy than some of the things we
15 looked at for E. coli 0157 and just point out
16 the importance of this of the 2008 outbreaks
17 that were of a multi-drug-resistant salmonella
18 Newport. They were actually resistant to
19 cephalosporin, the treatment of choice for
20 salmonella infections.

21 And the third area which I think we
22 really need to start thinking about is, what

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1 is the role of food in cattle, in particular
2 in this case, in the spread of extraintestinal
3 E. coli infections.

4 In the United States, there's
5 40,000 deaths a year, extraintestinal E. coli
6 infection.

7 So, if just one percent of those is
8 related to food, that means they eclipse,
9 they're higher than all the other causes of
10 food-borne illness deaths in the United
11 States.

12 And there's growing evidence from
13 numerous studies looking at mainly in Europe,
14 but there's also U.S. studies, they're finding
15 very good evidence, and as we get better tools
16 in genotyping and being able to trace things,
17 that at least a portion of the human E. coli
18 infections are coming from food and food
19 animals. I think that's something we really
20 need to think about.

21 And, you know, we're looking at a
22 piece of a problem. But I think the general

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1 problem with E. coli is much broader.

2 In Europe, it seems that there's a
3 certain type of resistance in E. coli extended
4 spectrum beta-lactamases that seem to be
5 associated with poultry.

6 But in the U.S., we're actually
7 finding it more in cattle. So, CTX-M genes
8 have been found in cattle in Washington state.

9 So, what I'm saying is when we talk
10 about pre-harvest intervention, I really think
11 there is a broader framework. And I realize
12 that one day, and there's really not enough to
13 address all of this, but I don't think these
14 should fall off in ongoing and future
15 discussions. We should look at antimicrobial
16 resistance, extraintestinal E. coli infection
17 and also campylobacters.

18 DR. RAMOS: Thanks. I think we can
19 partially address that. We do want this to be
20 a sustained conversation. And we are planning
21 future meetings - well, we're not planning
22 them right now. But after this discussion and

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1 the next steps that we'll take, which is
2 publishing the transcript of this meeting, any
3 public comments we receive from you at this
4 meeting and afterwards.

5 I should note that we, FSIS, is
6 accepting public comment on this meeting until
7 January 3rd of 2012, but we do plan on having
8 a larger conversation or, I guess, longer
9 conversation on pre-harvest food safety. But
10 thank you for bringing up those points.

11 MS. DONLEY: Thank you. I'm Nancy
12 Donley from STOP Foodborne Illness. Some of
13 you may know us as Safe Tables Our Priority.

14 First of all, I want to thank FSIS
15 for holding this meeting today and the
16 representatives from FDA and CDC as well.

17 I think it's really, really good to
18 have the producers engaged in conversation. I
19 really look forward to the impact that the
20 producer community can have on public health
21 in the future not just before the animals are
22 presented for harvest, but also we heard today

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1 of just how the pathogens that are in the
2 natural reservoirs on these animals may get
3 into other food products via water routes and
4 other contamination routes.

5 And I just want to say I think we
6 have such a tremendous opportunity here to,
7 like I said, to really impact public health.
8 And I want to thank all of you in the producer
9 community for really wanting to wrap your arms
10 around the issue, to take ownership of the
11 issue and continue the dialog and to really
12 make progress forward.

13 And I look forward to folks coming
14 forward in the future with new statistics
15 saying that, listen, hey, we've now got the
16 numbers down to this level, and this level,
17 and this level.

18 DR. COURSEY: Quick comments? Yes.

19 MR. CUSTER: Carl Custer again.

20 I'd like just to emphasize again
21 that we've been talking about connection
22 between growers and packers, but growers also

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1 have an impact upon the environment. We get
2 the bugs out into the waterways to crops.

3 There's a recent paper here. Mindy
4 and Guy were co-authors. And it says this is,
5 potential for microbial contamination spans to
6 the feedyard air and dust blowing in close
7 proximity to cattle in feedyard operations.

8 There's got to be a typo in this,
9 but it says after 24 -- 50 urine samples
10 containing 12.96 logs less salmonella than
11 zero a yard. It's got to be a typo.

12 Anyway, it spread. Generic E.
13 coli, salmonella, 0157, were spread through
14 air and dust.

15 They're also spread through flies,
16 through rodents, birds. So, let's not forget
17 the environmental contamination that pre-
18 harvest or lack of pre-harvest controls across
19 this.

20 DR. COURSEY: All right. Thank you.

21 Other comments?

22 (No response.)

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1 DR. COURSEY: Dr. Ramos, do you want
2 to restate your question once more?

3 DR. RAMOS: Next steps. What should
4 they be? We have an idea, but we want to hear
5 from you.

6 What would encourage adoption?
7 What would move us forward in this area?

8 DR. COURSEY: Anyone else?

9 DR. RAMOS: There's someone over
10 here.

11 MR. McCULLOUGH: Brenden McCullough,
12 National Beef.

13 I'm not sure I have an answer of
14 what the next step should be, but I think I
15 want to caution that based on what was shared
16 today, we've known for some time now that
17 there really is no good answer at this moment
18 of what the intervention or process steps or
19 best practice should be on the live side that
20 gives a solid measurable impact.

21 We should not, USDA and the rest,
22 have the mandates and the regs ask FSIS

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1 whatever the most information is or have the
2 requirement in the system at the packer
3 require an intervention or processes on cows
4 coming to us at this time.

5 When the data, when there is a
6 system out there that does show there is a
7 measurable impact, I guess that you're not
8 going to have a mandate where everyone will
9 jump on board anyway.

10 There are many, many parties that
11 all believe they have -- that they are the
12 ones that really feel the most pain. When
13 there are issues, we're right there with them.

14 None of us want to see 0157 in our
15 trim, we don't want to see it on the customer,
16 we sure don't want to see anyone getting sick.

17 We have a moral and economic
18 obligation to ensure that that doesn't happen.

19 The reason that we don't have
20 requirements in place right now for the most
21 part is we don't know what to do. And there
22 was a USDA best practice out and I applaud

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1 USDA's effort to try and release something out
2 there.

3 It wasn't very helpful, but at
4 least it was a step in the right direction.
5 But we can't make HACCP rules, HACCP
6 decisions, HACCP pricing based on something
7 that is not solid.

8 MS. BUCK: Patricia Buck from the
9 Center for Foodborne Illness. And in answer
10 to your question as to what the next steps
11 need to be, I think it's pretty clear that
12 everybody needs some direction from the
13 agencies, NIH, CDC and all the rest of them
14 combined with you.

15 And I think some of those
16 directions should lead us to greater research,
17 but also targeted research on risk
18 communication, as well as on the various
19 environmental factors or the various
20 pathogens.

21 And however you are going to put
22 those efforts together, I think as you do

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1 that, you will bring more and more of the
2 right people together in the room so that they
3 can discuss our best options.

4 Because we have a significant
5 problem with foodborne illness not only in
6 this country, but in the world. And it's time
7 that we recognize that we have a limited
8 amount of time to resolve some of these until
9 they could eventually overpower us. And none
10 of us want that to happen.

11 DR. COURSEY: Thank you. Let me
12 check real quick before we go on. Anybody
13 else who hasn't had a chance to make a
14 statement or talk about next steps yet.

15 MR. CUSTER: Very quick. Just a
16 retort about mandates. I'd like to paraphrase
17 from James Madison, the Federalist Paper,
18 Number 51. If all men were angels, there
19 would be no government.

20 DR. COURSEY: Okay. Other comments,
21 responses to Dr. Ramos' question?

22 MS. PARKER: Actually, I'm a little

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1 shocked the government folks have this morass
2 on a daily basis. Elizabeth Parker, NCBA.

3 Earlier I think it was after Guy's
4 talk to us and questions and comments, there
5 seemed to be a lot of folks that were not any
6 farther ahead than ten years ago.

7 And I think that the presentations
8 and the discussions today, that that's not the
9 case at all.

10 So, for once I'm going to say
11 something positive on a regulatory issue and
12 on a difficult topic. We're a lot farther
13 ahead than we were ten years ago.

14 Just the data that Guy presented
15 and all the efforts that have gone on, the
16 industry efforts and, Adela, as you know, we
17 struggled with the concept of this public
18 meeting.

19 But I kind of want to say, while
20 the industry has done a lot of work, one thing
21 we haven't done well is articulate all the
22 successes and the information we do have and

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1 what we've been doing the last 30 years.

2 And so, in the mid-90s APHIS had a
3 meeting, I will say I was happily not
4 cognizant of what went on in D.C. at that
5 time. So, missed it. So, the industry needs
6 to get more of our information out and
7 articulate it to our government partners and
8 our view on this is one of teamwork. We're
9 all members of the team in food safety and we
10 all have a role to play.

11 So, there is a positive here,
12 Adela. So, we probably need to learn from
13 those things and what's already out there
14 before we start going too far down the path of
15 what we need to do next.

16 DR. COURSEY: Okay. Thank you.

17 DR. RAMOS: I will wrap up very
18 quickly, and then I will introduce Dr. Parham.

19 As I already mentioned before,
20 public comments will be taken until January
21 3rd, 2012. We do plan on publishing the
22 transcript, as well as the flip charts are

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1 going to be on the record and we will assemble
2 those.

3 The comments will be posted on our
4 website. We hope to have a very transparent
5 process moving forward. And we hope to have
6 future meetings like these on pre-harvest food
7 safety not necessarily just on cattle, but -

8 MR. McCULLOUGH: As you go forward
9 next time you have a meeting, could you have
10 it in a place a little easier to get to?

11 DR. RAMOS: Well, to address that
12 comment, we don't have a lot of spaces like
13 this in Washington. And in these times of
14 budgetary constraints, we wanted to keep it
15 in-house and APHIS offered this facility.

16 I know it's a little out of the
17 way, but sometimes it's nice to get outside of
18 the Beltway. But of course I'm inside the
19 Beltway, so, but thank you for that comment.

20 (Laughter.)

21 DR. RAMOS: I'll just go ahead and
22 introduce Dr. Parham.

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1 Dr. Gregory Parham is the
2 Administrator of USDA's Animal and Plant
3 Health Inspection Service, APHIS, as you know.

4 Dr. Parham became the APHIS administrator in
5 April 2012, and the agency carries out the
6 broad mission of protecting and promoting
7 American agriculture, regulating genetically
8 engineered organism, administering the Animal
9 Welfare Act and carrying out wildlife damage
10 management activity. So, they have a lot on
11 their plate.

12 Previously, Dr. Parham served as
13 APHIS' associate administrator until his
14 appointment as administrator. In this role,
15 he worked closely with program heads to
16 provide leadership and direction in science
17 while focusing special attention on
18 international and trade activities.

19 Prior to his role as associate
20 administrator, Dr. Parham spent two years as
21 the Deputy Administrator for Marketing and
22 Regulatory Programs Business Services. In

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1 this capacity, he was responsible for
2 providing resource management and
3 administrative services to support the
4 objectives of APHIS, AMS and GIPSA.

5 Dr. Parham joined APHIS in March
6 2006 as the Agency Chief Information Officer
7 and provided leadership related to the
8 Agency's Information Technology Initiatives.

9 Dr. Parham began his federal career
10 in 1980 as an Epidemic Intelligence Service
11 Officer with the Public Health Service at the
12 CDC. He joined USDA in 1982 and has worked
13 for several USDA agencies during his career,
14 FSIS, the Extension Service, CSREES now known
15 as NIFA, and the Office of the Chief
16 Information Officer.

17 Dr. Parham holds a Master's degree
18 from Johns Hopkins in administrative science,
19 and a doctorate and Bachelor degrees from the
20 Ohio State University in veterinary medicine
21 and microbiology.

22 Dr. Parham is a University of

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1 Maryland adjunct graduate faculty member and
2 is a diplomate with the American College of
3 Veterinary Preventive Medicine.

4 He is a native Ohioan, and he
5 resides with his family in Mitchellville,
6 Maryland. So, with that, please welcome Dr.
7 Parham.

8 (Applause.)

9 DR. PARHAM: Wow. Thanks for that
10 introduction.

11 I am so pleased that you have all
12 come together here today and had such
13 productive discussions.

14 Growing up in Ohio, my family had a
15 small herd of registered Polled Herefords.
16 And earlier in my career, I was also the
17 national program leader for veterinary
18 medicine and livestock production with CSREES.

19 So, I'm intimately familiar with
20 the entire farm-to-table continuum. And
21 speaking of table, my lunch today was a roast
22 beef sandwich.

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1 (Laughter.)

2 DR. PARHAM: I want to thank Under
3 Secretary Hagen for her remarks this morning.

4 And Drs. Goldman, Torrence and Ramos for
5 moderating today's sessions. Thank you.

6 The pre-harvest food safety issue
7 has challenged us all to work collectively and
8 collaborative to address the issues raised and
9 the concerns expressed.

10 And I would also like to thank all
11 of you who are here today representing
12 consumers, industry and academia, as well as
13 my government colleagues who worked with us on
14 this important meeting.

15 I know the perspectives and ideas
16 gleaned from your discussions will prove
17 invaluable as we take the next steps.

18 This meeting marks a major advance
19 in our efforts to collaborate on issues
20 involving pre-harvest food safety. Of course
21 bringing people from all the agencies and
22 interest groups together in one room and

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1 listening to concerns and discussing potential
2 solutions together face to face represents
3 another crucial step forward.

4 Dr. Loneragan spoke about a meeting
5 17 years ago, a meeting that examined some of
6 the same questions that we were asked today.

7 And at that time, the world
8 population had not yet reached six billion.
9 It reached seven billion last week, and will
10 reach eight billion before another 17 years
11 have passed.

12 So, just imagine the world's
13 interlaced web of agricultural, medical and
14 public health systems must now try to keep
15 seven billion people fed and healthy, with
16 more on the way.

17 Thank you. We're done.

18 (Laughter.)

19 DR. PARHAM: It is critically
20 important that people not only have sufficient
21 and economical food, food security, but that
22 they also can trust that the food produced

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1 from agricultural production practices is safe
2 to eat. Food safety.

3 I am encouraged, however, that so
4 many producers recognize the benefits of
5 working with veterinary and medical experts to
6 try to resolve pre-harvest pathogen issues.

7 The concept that links these
8 together, the human, the animal, the
9 environmental health, is often referred to as
10 one health, and USDA certainly embraces the
11 concept.

12 We strongly support the idea that
13 finding solutions to complex health problems
14 involving humans and animals requires an
15 interdisciplinary approach. One Health
16 planning plays a very vital role in the future
17 vision for our veterinary services program
18 activities.

19 I want to be clear, however, that
20 APHIS does not seek to enact any new
21 regulations pertaining to on-farm pre-harvest
22 practices. Let me repeat. APHIS does not

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1 seek to enact any new regulations pertaining
2 to on-farm pre-harvest practices.

3 Instead, we are offering our
4 extensive veterinary, technical and scientific
5 resources within, of course, current financial
6 restraints, to serve the industry and the
7 public in helping to find simple, practical,
8 and, I believe, implementable solutions as we
9 heard this morning and best practices to
10 reduce pre-harvest pathogen loads in cattle.

11 Veterinary Services has a long and
12 successful history of working with industry to
13 carry out our animal disease and animal health
14 programs. Ever since the agency's inception
15 in the early '70s, our veterinarians,
16 scientists and technicians have been working
17 to prevent the spread of zoonotic disease.
18 And ones historically were tuberculosis and
19 brucellosis.

20 We began collecting data in the
21 1990s to determine the prevalence of pathogens
22 such as campylobacter, salmonella and E. coli

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1 species. We are also working to determine the
2 prevalence and antimicrobial resistance of
3 emerging pathogens.

4 VS has the services, they have the
5 tools, they have the laboratory networks, and
6 they also have the interdisciplinary knowledge
7 needed to effectively partner as a team with
8 industry and academia and other government
9 entities to develop strategies that
10 effectively address pre-harvest pathogen
11 issues.

12 Our Center for Veterinary Biologics
13 is working as quickly as possible to evaluate
14 pre-harvest pathogen vaccine technologies
15 presented to them for review.

16 As with all vaccines, CVB must be
17 able to determine that a product has a
18 reasonable expectation of efficacy.

19 The challenge is determining how
20 much of a reduction in pathogens actually
21 demonstrates acceptable efficacy, and we heard
22 some of that today. So, that is why I am

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1 confident.

2 Our agency's scientists and
3 veterinarians have an important role to play
4 as we balance the impact equals efficacy times
5 adoption equation both as part of the
6 efficacy, and as part of the adoption
7 variable.

8 For example, third party audits of
9 compliance with voluntary standards for pre-
10 harvest practices. Voluntary standards for
11 pre-harvest practices based upon the Beef
12 Quality Assurance Program are already becoming
13 accepted and commonplace in industry.

14 With our VS field force, our
15 offices nationwide and our network of
16 accredited veterinarians, this is just one
17 potential role for the lead that we can take
18 to assist the industry and to assure
19 consumers.

20 Finally, let the legacy of this day
21 be that we lived up to the challenges before
22 us so that 17 years hence when we or our sons

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1 and daughters meet again in Riverdale,
2 Maryland, and hopefully the access will be a
3 little better then -

4 (Laughter.)

5 DR. PARHAM: -- to discuss the pre-
6 harvest food safety, the sense of deja vu will
7 have dissipated and will be supplanted by a
8 spirit of cooperative and collaborative
9 progress as exemplified here today.

10 Thank you again for your
11 participation, and are we closing out now?
12 Okay. Jerry, are there any other comments or
13 questions we need to address?

14 DR. COURSEY: Just real quick. On
15 the tables, again, the salmon-colored paper is
16 for comments.

17 We also have evaluations that you
18 can fill out. They're very quick to do. And
19 that is all. You can drop the evaluations
20 outside the door in the box there.

21 DR. PARHAM: And, again, thank you
22 for your participation.

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1
2
3

(Applause.)

(Whereupon, the above-entitled
matter went off the record at 4:02 p.m.)

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