

Testimony of The American Council on Science and Health

By ACSH Staff — September 25, 1998

Background

While food safety in the United States has been and continues to be very good, outbreaks of foodborne illness and deaths attributable to such illnesses have caught the attention of the public, the media,^{1,2} and governmental agencies. The perception that such outbreaks are increasingly frequent and serious are prompting queries into the best means of reducing their frequency and extent.

The Centers for Disease Control and Prevention³ estimated the direct and indirect costs of foodborne illness due to six bacterial pathogens as between \$2.9 and \$6.7 billion during the period 1991-1993. This estimate does not include illnesses due to other food and water borne pathogens such as protozoan parasites (e.g., giardia, cyclospora, cryptosporidia) or viruses (e.g., hepatitis A, rotavirus). The total economic burden of foodborne illness is thus substantial, and, because foodborne illnesses are usually seen as underreported, likely to be greater than the estimate above would suggest.

Besides these large current economic costs, there are reasons to believe that the burden of foodborne illness will increase in the United States in the future. Even if the level of food safety were not to change appreciably, anticipated demographic changes suggest that there will be an increased proportion of the population that is more vulnerable to foodborne illness. Such changes include an increased proportion of elderly people, and more individuals with compromised immune systems due to disease and/or treatment.

The true extent of morbidity and mortality due to foodborne illness is not known with precision. It is generally recognized that foodborne illness is an underreported category of illness. Although statistical estimates of these parameters which try to account for underreporting have been published recently,⁴ their accuracy is unknown.

Imported Food Safety

Between 1983 and 1997 there were at least 17 outbreaks of foodborne illness in which imported foods were suspected if not proven sources of pathogens.

One question that arises is the comparative safety of domestic and imported foods: do imported foods and food products represent more of a risk of foodborne illness than do their domestic counterparts do we need special measures to deal with imported foods? The information from the CDC cited above does not distinguish between outbreaks of foodborne illness due to domestic versus imported food and food products.

Foodborne illness outbreaks traceable to imported foods have received widespread media coverage,¹ and have left the impression with some consumers that imported foods are less safe than those produced domestically. A recent report by the USDA, however, indicates that there are not sufficient data to determine if this is really true.⁶ Indeed, of thirteen outbreaks traced to fresh produce between 1990-96, only four (31%) were thought attributable to imported foods.⁶

The importation of foods and food products has increased substantially (in 1996 imported foods accounted for approximately 21 percent of domestic fresh fruit and vegetable consumption)⁶ ; since 31% of traceable outbreaks from such foods were due to imports, it might appear that they account for a slightly greater proportion of illness. Because the number of traceable outbreaks was small, it is difficult to judge whether this is really the case. However, since the volume of imports is likely to increase, it is important to examine the procedures upon which we rely to maintain imported food safety.

ACSH Position

- Data on the true extent of foodborne illness traceable to imported foods seems fragmentary. We recommend that estimates of such occurrences be improved via increased surveillance, improved technical monitoring and testing.
- The GAO report indicates that there are major discrepancies between the responsibilities of the FDA with respect to maintaining imported food safety, and the resources which that agency is given in order to perform that function. FDA faces an increasing volume of imports but has a static number of inspectors, insufficient financial resources, and a lack of legal authority compared with that granted to the USDA. We therefore recommend that these discrepancies be eliminated, and that Congress take steps to enable FDA to perform its regulatory functions efficiently.
For example, it seems reasonable to shift some of the burden of ensuring the safety of food imports to countries wishing to export food to the U.S. by establishing mandatory equivalence requirements for imported foods (like those of USDA). FDA responses to the GAO report reflect some agency concern that such requirements will impair relationships with trading partners. It would seem reasonable to provide a sufficient period of time before requirements are made mandatory so that other countries can comply without undue hardship. Further, in designing an equivalence program, attention should be given to the possibility that FDA, other agencies alone or in combination with the private sector, could provide training and support for those partners who request it.
- Some groups have recommended that all federal food safety functions be combined under the control of a single, new agency, perhaps to be called the Food Safety Administration. It is not clear how such a reshuffling of responsibilities and agencies will quickly improve the safety of imported foods. Indeed, since such a reorganization could take a substantial

amount of time to initiate and organize, it might well be the case that food safety oversight would be impaired.

It would thus be more efficient to improve the resources of current agencies and eliminate any intra or inter agency redundancies or other factors that detract from the appropriate oversight of food safety functions.

- Efforts to improve the safety of imported foods should focus on proven health risks the microbiological pathogens in particular, and also naturally occurring toxins. There is concern in the public sector about the safety of various pesticide residues, but there is no credible scientific evidence that such substances, when used in legal amounts, have caused any illness in the U.S. population. Indeed, some scientists note that when compared to the background of naturally occurring chemicals that can cause cancer in lab animals, residues of synthetic pesticides do not rank high in possible carcinogenic hazard.⁷
- Allocation of resources should be based on up to date scientific information. Development of state of the art detection and testing procedures are therefore of primary importance.
- Under utilized but proven methods for improving food safety, especially food irradiation, should be vigorously promoted. Their approval and official guidelines for their uses should be expedited.
- Some significant educational initiative must be a part of any efforts to improve the safety of foods imported or otherwise. New campaigns to educate consumers about the proper handling of foods have been started (e.g., the Fight Bac program), but additional programs should also target other aspects of the food safety issue for example, the fact that it is impossible to ensure zero risk with respect to food safety. Better understanding of risk assessment would help the public discern the difference between real and hypothetical food safety issues.

American Council on Science and Health

¹Sick of mean cuisine. U.S. News and World Report, September. 14, 1998; p28 30.

²Tainted food still manages to be imported into U.S. The Providence Journal. September 11, 1998, p.A8.

³Centers for Disease Control and Prevention. Preventing emerging infectious diseases: a strategy for the 21st century. MMWR 1998; 47 (RR 15):2.

⁴Council for Agricultural Science and Technology. Foodborne pathogens: risks and consequences. 1994.

⁵FOOD SAFETY: federal efforts to ensure the safety of imported foods are inconsistent and unreliable. GAO/RCED 98 103.

⁶Zepp G, Kuchler F, and Lucier G. Food safety and fresh fruits and vegetables: is there a difference between imported and domestically produced products? Vegetables and Specialties/VGS 274; April, 1998; 23 28.

⁷Gold, LG, Slone, TH, Stern, BR, Manley, NB and Ames, BN. Possible carcinogenic hazards from natural and synthetic chemicals: setting priorities. IN: CR Cothorn (ed) Comparative Environmental Risk Assessment.

Source URL: <https://www.acsh.org/news/1998/09/25/testimony-the-american-council-science-health>