



## How to use the Food Safety Campaign Tool Kit

We all need good food everyday in order to survive and thrive. Food is the foundation for good health and provides the fuel on which our bodies run. Nutritious foods help us build healthy cells and fight off infection. But, our bodies need clean fuel.

Foodborne Illness is *preventable*. With food-safety reforms, we can reduce deaths and life-threatening illness. That's the main message in our food safety campaign. To help you get the message out to your community in a strong, compelling way, we've created this kit that has everything you need to run a successful campaign. Inside, you'll find message points, background materials, and advice on how to conduct a successful meeting with your lawmaker[s]. Use these materials to create awareness and support for events, rallies and other ideas you may have.

### Contents:

Advocacy By the Numbers  
American Public Health Association Food Safety Fact Sheet  
Children and Foodborne Illness Factsheet  
Food Safety Talking Points  
Legislative Visit Rules  
Food Safety FAQs  
[Click here for the Legislative Visit Report Form \(externally linked PDF\)](#)

## Make Our Food Safe. Spread the word.

Help us find support for food-safety regulatory reform that protects all of us, including children, the sick and the elderly -- our most vulnerable citizens. To learn more about how to spread the message, get involved and use this kit, contact the Food Safety Campaign staff at:

[www.makeourfoodsafety.org](http://www.makeourfoodsafety.org)



## ADVOCACY BY THE NUMBERS

*Building Your Message Step-by-Step*

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**FIRST -- INTRODUCE YOURSELF.** Tell the elected official:

1. WHO you are,
2. WHERE you live *and* vote in his/her district and
3. WHAT you want (Schedule S.510 – The FDA Food Safety Modernization Act for a floor vote as soon as possible)

**SECOND -- LEARN TO TELL YOUR STORY EFFECTIVELY.**

Take a minute to write down your story of how foodborne illness has impacted your life. Start from the beginning and include important details. They reveal areas that need to be addressed. (For example: a woman who lost her sister to a stroke reported long waits and lack of specialized nurses on call. Policy impact: establishment of stroke and heart attack protocols and special rapid response team available on all shifts)

### Build Your Arguments

**Arm yourself with information...**about your local community like poll numbers, recently published articles and editorials and your state's cost of foodborne illness.

### Don't be a Know-it-all

You may not know the answer to every question. That is "okay." Your MOFS Sherpa is your resource for follow-up information. Warning: A legislator may try to get you "off message" by talking about friends and family you may know in common, or other issues – don't fall for it. Your story is unimpeachable – stick to it and weave elements of it into your answers.

**THIRD -- Make the ASK and CLOSE.**

**Will you urge leadership to move S.510 to a vote as soon as possible?**

**Will you oppose any amendment that could threaten passage of this important bill?**

### **SPECIAL NOTES:**

**Closing -- Say thank you.** Always thank the legislator for her/his time. If s/he has been supportive of food safety in the past, thank her/him. Let her/him know that the Make Our Food Safe Coalition can be a resource for them, their staff and constituents. Collect business cards and follow up with a thank you note when you get home.

Get The Facts

# Food Safety

## Protecting Our Nation's Food Supply

**The need to improve oversight of our nation's food supply has never been greater.** Every year, food-borne illnesses in the United States cause **5,000 deaths, 325,000 hospitalizations and 76 million illnesses**, at a cost of billions of dollars.

Outbreaks of food-borne illness from contaminated food products, produce and infant formula regularly make the headlines. This year, the Food and Drug Administration (FDA) initiated the largest food product recall in U.S. history, affecting over 4,000 peanut products. And in 2008, the U.S. Department of Agriculture (USDA) announced a massive recall of nearly 150 million pounds of beef.

Food safety is critical to maintaining the health of the American public. In many cases—such as those cited above—food-borne illnesses are easily prevented through proper handling and preparation. The American Public Health Association (APHA) fully supports measures to strengthen our food safety system and reduce these preventable illnesses.

## Get the Facts on Food Safety

### Americans Bear the Cost of Food-Borne Diseases

- The five most common food-borne pathogens are responsible for an estimated \$44 billion dollars a year in medical costs and losses in productivity.
- Food-borne illnesses can lead to secondary, long-term illnesses, including kidney failure from E. coli, and Guillain-Barré syndrome from campylobacter infections.
- Infants and young children, pregnant women, older adults and individuals with weakened immune systems—including people living with chronic diseases like HIV/AIDS, diabetes and cancer—are at greatest risk for food-borne illness.
- The Centers for Disease Control and Prevention (CDC) estimates that unknown microbes cause nearly 80% of all food-borne illnesses.



American  
Public Health  
Association

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# Get the Facts on Food Safety

## The Current Food Safety System is Inadequate

- More than a dozen U.S. federal agencies have jurisdiction to regulate food safety in some capacity, creating a fragmented system of oversight that lacks adequate coordination.
- FDA regulates two-thirds of the food products associated with outbreaks of food-borne illnesses, yet the agency receives only 38% of the total federal budget for food safety.
- On average, FDA has only enough resources to inspect produce, seafood or processed foods plants just once every five to 10 years.
- Additionally, states conduct over 80% of all food facility inspections, and local agencies inspect most retail and food service establishments. Many states rely on federal funding and technical support to continue these activities.
- Right now, FDA lacks authority to require food safety tests or issue recalls. Both are done strictly on a voluntary basis.
- Data-sharing limitations, incompatible data systems and inadequate coordination hinder CDC, state and local food-borne illness surveillance efforts.

Sources: FDA, USDA, Congressional Research Service, Government Accountability Office, Center for Science in the Public Interest, Food Safety Research Consortium

## APHA Supports Comprehensive Food Safety Legislation

*APHA is pleased that Congress is addressing food safety and supports comprehensive food safety legislation that includes these key priorities:*

- **Providing grants and training to build state and local capacity for food-borne illness detection, surveillance, laboratories and response.** In addition, APHA supports increased funding for CDC to expand its food surveillance, investigation and laboratory capacity
- **Improving coordination across the federal, state and local governments and private institutions** for food system investigations, surveillance and response.
- **Expanding inspection capacity by fully funding FDA and providing grants to support adequate state and local capacity and training.** APHA also supports increasing FDA risk-based inspection frequencies to at least once per year for any food establishment.
- **Implementing food safety plans within food establishments**—requiring the regular testing of food and premises, records maintenance, and reporting of positive contaminant results.
- **Authorizing FDA to access records to trace the source and path of contaminated food,** and to order mandatory recalls of food when required.
- **Providing public education on food safety, proper food handling and contamination risks,** and furnishing technical assistance to small food establishments.
- **Imposing mandatory penalties for noncompliance** with food safety laws.



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## Children and Foodborne Illness

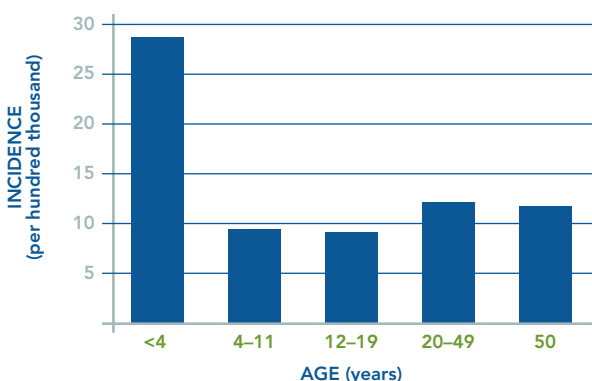
Children are disproportionately affected by foodborne illness, a serious public health problem. Approximately half of the reported foodborne illnesses\* occur in children, with the majority of these cases occurring in children under 15 years of age.<sup>1</sup> These diseases can lead to short- and long-term health consequences and, sometimes, can result in death. Every year, the Centers for Disease Control and Prevention (CDC) estimates that tens of millions of Americans fall ill, hundreds of thousands are hospitalized, and thousands die from foodborne illnesses.<sup>2</sup>

### Children are at high risk for foodborne illness for many reasons:<sup>3</sup>

- Still-developing immune systems, impeding their ability to fight infection;
- Lower body weight, reducing the dose of a pathogen needed to sicken them;
- Limited control over their diet and related food safety risks; and
- Reduced stomach acid production, decreasing their capacity to kill harmful bacteria.<sup>4</sup>

Recent CDC data reveals that the incidence of many foodborne infections has not changed significantly in recent years.<sup>5</sup> The pathogens listed below are those that disproportionately affect children and can be largely attributed to foodborne sources.

Incidence of *Campylobacter* Infections by Age, 2008



Source: CDC. Preliminary FoodNet Data, 2008. See also Roberts et al. *The Long-Term Health Outcomes of Selected Foodborne Pathogens*, 2009.\*\*\*\*

### *Campylobacter*<sup>6</sup>

- Children\*\* are disproportionately affected. The incidence of *Campylobacter* infection is 28.54 per 100,000 persons under four years of age, more than twice the Healthy People 2010 objective\*\*\* (12.30 per 100,000 persons).<sup>7,8</sup>
- Possible foodborne sources: raw or undercooked poultry; other foods cross-contaminated by these items; unpasteurized milk; contaminated water.
- Possible short-term effects: diarrhea (sometimes bloody); cramping; abdominal pain; urinary tract infections; fever; meningitis; infection in bloodstream; death.
- Possible long-term effects: Guillain-Barré syndrome; reactive arthritis (ReA); chronic arthritis.

\* CDC's 2008 Preliminary FoodNet data serves as the basis for incidence rates included throughout this document. CDC's FoodNet surveillance population was approximately 45.9 million persons in 2008 [15% of the U.S. population]. It was generally racially and ethnically representative of the entire U.S. population, with only a slight under-representation of Hispanics. Ten states, including Connecticut, Georgia, Maryland, Minnesota, New Mexico, Oregon, Tennessee, and selected counties in California, Colorado, and New York participate in FoodNet. (<http://www.cdc.gov/foodnet/news/2009/Summer2009FoodNetNews.pdf>) Although the FoodNet population is similar demographically to the U.S. population, the findings might not be generalizable. (<http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5813a2.htm>)

\*\* Children comprise infants and toddlers (ages 0–3), children (ages 4–11), and adolescents (ages 12–19). ([www.cdc.gov/osi/goals/people/index.html](http://www.cdc.gov/osi/goals/people/index.html))

\*\*\* Healthy People 2010 provides a framework for disease prevention for the Nation. It is a statement of national health objectives designed to identify the most significant preventable threats to health and to establish national goals to reduce these threats. ([www.healthypeople.gov](http://www.healthypeople.gov)) Although Healthy People 2010 foodborne illness objectives are not specifically targeted to children, they are the generally accepted national targets for reducing foodborne illness.

\*\*\*\* Roberts, T., B. Kowalczyk, P. Buck, M. Blaser, J. Frenkel, B. Lorber, J. Smith, P. Tarr. *The Long-Term Health Outcomes of Selected Foodborne Pathogens*. Center for Foodborne Illness Research & Prevention. November 12, 2009.

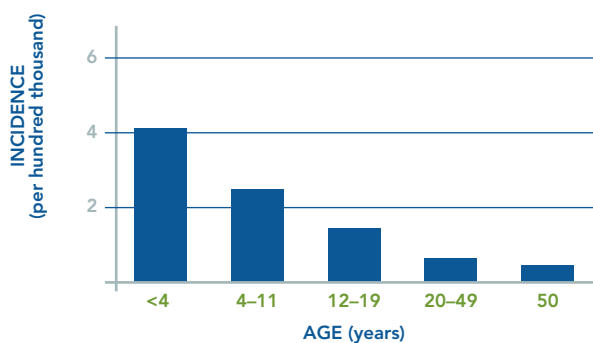
### *E. coli* O157:H7<sup>9</sup>

- Children are disproportionately affected.
  - The incidence of *E. coli* O157:H7 infection is 4.24 per 100,000 persons under four years of age, more than four times the Healthy People 2010 objective (1.00 per 100,000 persons).
  - The incidence of *E. coli* O157:H7 infection is 2.57 per 100,000 persons between four and eleven years of age, more than two and a half times the Healthy People 2010 objective (1.00 per 100,000 persons).<sup>10,11</sup>
- Possible foodborne sources: food items contaminated with animal feces, or other foods cross-contaminated by these items; contaminated water. Common foods associated with *E. coli*

O157:H7 infection include ground beef and other meats; green leafy vegetables; unpasteurized juices; unpasteurized (raw) milk and soft cheeses made from raw milk.

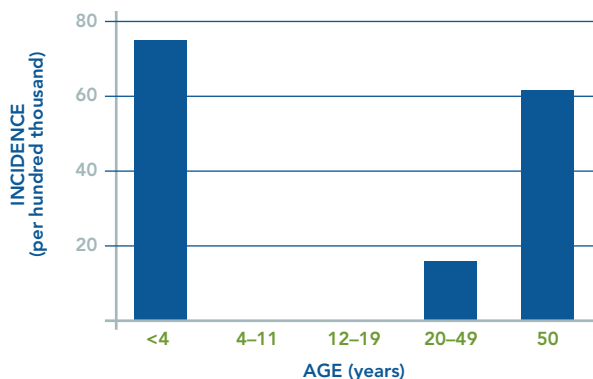
- Possible short-term effects: severe stomach cramps; diarrhea (often bloody); vomiting; hospitalization; hemolytic uremic syndrome (HUS); death.
  - While HUS is rare in adults, it occurs in about 15% of children with positive *E. coli* O157:H7 test results.<sup>12</sup>
- Possible long-term effects: kidney failure; chronic kidney problems; diabetes; hypertension; gallstones; irritable bowel syndrome; strictures; neurological disorders.<sup>13</sup>

Incidence of *E. coli* O157:H7 Infections by Age, 2008



Source: CDC. Preliminary FoodNet Data, 2008. See also Roberts et al. *The Long-Term Health Outcomes of Selected Foodborne Pathogens*, 2009.\*\*\*\*

Incidence of *Listeria monocytogenes* Infections by Age, 2008



Source: CDC. Preliminary FoodNet Data, 2008. See also Roberts et al. *The Long-Term Health Outcomes of Selected Foodborne Pathogens*, 2009.\*\*\*\*

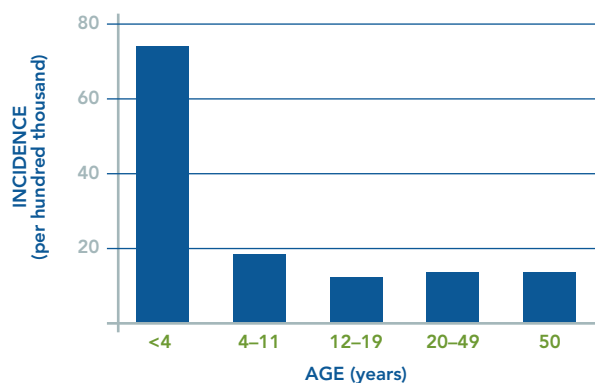
### *Listeria monocytogenes* (*Lm*)<sup>14</sup>

- Children under four years of age are disproportionately affected. The incidence of *Lm* infections is 0.76 per 100,000 persons under four years of age, more than three times the Healthy People 2010 objective (0.24 per 100,000 persons).<sup>15,16</sup>
- About one third of all cases of *Lm* infections involve pregnant women.<sup>17</sup>
- Possible foodborne sources: vegetables grown in contaminated soil or fertilizer; contaminated meat or poultry products. Common foods associated with *Lm* infection include uncooked meats and vegetables; cold cuts; hot dogs; smoked seafood; raw milk; soft cheeses made from raw milk.<sup>18</sup>
- Possible short-term effects: fever; muscle aches; nausea; diarrhea. If infection spreads to the nervous system, headaches; stiff neck; confusion; loss of balance; convulsions/seizures; death.
- Infections during pregnancy can lead to miscarriage or stillbirth, premature delivery, or infection/death of the newborn.
- Possible long-term effects: neurological dysfunctions or an impaired ability to see, hear, swallow or speak.

### Salmonella<sup>19</sup>

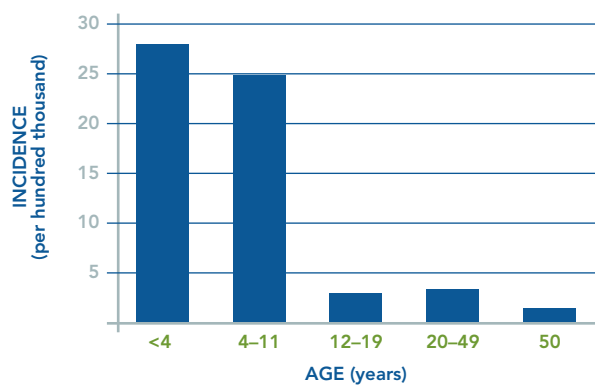
- Children are disproportionately affected. The incidence of *Salmonella* infections is 74.65 per 100,000 persons under four years of age, more than eleven times the Healthy People 2010 objective (6.8 per 100,000 persons).<sup>20</sup>
- Possible foodborne sources: meat and plant-based foods contaminated with animal feces. Common foods associated with *Salmonella* infection include those of animal origin, such as beef, poultry, milk, and eggs; or from cross-contamination of other foods by these items.
- Possible short-term effects: diarrhea; fever; abdominal cramps; colitis; meningitis; blood infections; heart infections; death.

Incidence of *Salmonella* Infections by Age, 2008



Source: CDC. Preliminary FoodNet Data, 2008. See also Roberts et al. *The Long-Term Health Outcomes of Selected Foodborne Pathogens*, 2009.\*\*\*\*

Incidence of *Shigella* Infections by Age, 2008



Source: CDC. Preliminary FoodNet Data, 2008. See also Roberts et al. *The Long-Term Health Outcomes of Selected Foodborne Pathogens*, 2009.\*\*\*\*

- Possible long-term effects: reactive arthritis (ReA); chronic arthritis; eye irritation; painful urination.

### Shigella

- Children are disproportionately affected.<sup>21</sup>
  - The incidence of *Shigella* infections is 27.86 per 100,000 persons under four years of age.
  - The incidence of *Shigella* infections is 25.67 per 100,000 persons between four and eleven years of age.<sup>22</sup>
  - There are no national health objectives regarding *Shigella* infections.
- Possible foodborne sources: vegetables harvested in a field with sewage that contains *Shigella*; flies that breed in infected feces and contaminate food; drinking, swimming in, or playing with contaminated water.
- Possible short-term effects: diarrhea (often bloody); fever; stomach cramps; seizures in children less than 2 years old.
- Possible long-term effects: reactive arthritis (ReA); chronic arthritis; post-infectious arthritis; eye irritation; painful urination.

### *Toxoplasma gondii* (*T. gondii*)<sup>23</sup>

- The third leading cause of deaths from foodborne illness in the United States.<sup>24</sup>
- Approximately 50% of all reported cases are of foodborne origin.<sup>25</sup>
- Possible foodborne sources: undercooked, contaminated meat, especially pork, lamb, and venison; contaminated water.
- Possible short-term effects: flu-like symptoms; swollen lymph glands; muscle aches and pains; reduced vision; blurred vision; eye pain; redness of the eye; tearing. Possible miscarriage or stillbirth of fetus.
- Possible long-term effects: severe mental retardation; damage to the brain, eyes, or other organs.<sup>26</sup>

- Estimates for the number of newborns infected with *T. gondii* annually in the United States range between 400 to 4,000 cases, with the following consequences:<sup>27, 28, 29</sup>
  - Fetuses infected during the first trimester usually die and miscarriage results;
  - Fetuses infected during the second trimester may develop lesions in the eye or brain, and/or central nervous system disorders;
  - Fetuses infected in the third trimester usually survive, but may suffer residual infection in the brain and eyes.
- Pregnant women may have mild symptoms but once the acute infection begins, the *T. gondii* parasite may cross through the placenta and infect the fetus.
- FoodNet, the CDC's foodborne illness surveillance system, does not track this parasite, increasing the likelihood that it is grossly under-reported.

*This document was prepared by  
The Pew Health Group in collaboration  
with the Center for Foodborne Illness  
Research & Prevention.*

**Consumers can take steps to protect themselves from foodborne illness by cooking meat thoroughly, preventing cross-contamination, washing produce, purchasing pasteurized high-risk products and reporting any suspected foodborne illness to a local health department. However, national safeguards need to be modernized and strengthened to adequately prevent foodborne illness.**

<sup>1</sup> Centers for Disease Control and Prevention (CDC). Summary of notifiable diseases—United States, 2007. *MMWR*, July 9, 2009; 56(No. 53): 1-94. Accessed at <<http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5813a2.htm>> on November 2, 2009.

<sup>2</sup> Mead, P., L. Slutsker, V. Dietz et al. Food-related illness and death in the United States. *Emerg Infect Dis*, Sept-Oct 1999; 5(5):607-625. Accessed at <<http://www.cdc.gov/ncidod/eid/vol5no5/mead.htm>> on November 2, 2009.

<sup>3</sup> Buzby, J. C. Children and microbial foodborne illness. *Food Review*, 2001; 24(2):32-7.

<sup>4</sup> Haffee I. E. The epidemiology of rotavirus infections: a global perspective. *J Pediatr Gastroenterol Nutr*, 1995; 20:275-286.

<sup>5</sup> Centers for Disease Control and Prevention (CDC). Preliminary FoodNet data on the incidence of infection with pathogens transmitted commonly through food—10 States, 2008. *MMWR*, 2009; 58 (13):333-7. Accessed at <<http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5813a2.htm>> on November 2, 2009.

<sup>6</sup> Centers for Disease Control and Prevention (CDC). *Campylobacter*. 2008. Accessed at <[http://www.cdc.gov/nczved/dfbmd/disease\\_listing/campylobacter\\_gi.html](http://www.cdc.gov/nczved/dfbmd/disease_listing/campylobacter_gi.html)> on November 2, 2009.

<sup>7</sup> CDC. Preliminary FoodNet Data, 2008.

<sup>8</sup> U.S. Department of Health and Human Services. Healthy People 2010, Volume 1 (second edition), Part A: Focus Areas 1-14, "Food Safety." 2000. Accessed at <<http://healthypeople.gov/Publications/>> on November 2, 2009.

<sup>9</sup> Centers for Disease Control and Prevention (CDC). Questions & Answers: Sickness caused by *E. coli*. 2006. Accessed at <[http://www.cdc.gov/ecoli/qa\\_ecoli\\_sickness.htm](http://www.cdc.gov/ecoli/qa_ecoli_sickness.htm)> on November 2, 2009.

<sup>10</sup> CDC. Preliminary FoodNet Data, 2008.

<sup>11</sup> Healthy People 2010, 2000.

<sup>12</sup> Council for Agricultural Science and Technology (CAST). Foodborne pathogens: risks and consequences. CAST: Ames, IA, 1994.

<sup>13</sup> Chandler, W., S. Jelacic, D. Boster, et al. Prothrombotic coagulation abnormalities preceding the hemolytic-uremic syndrome. *N Engl J Med*. 346 (2002): 23-32.

<sup>14</sup> Centers for Disease Control and Prevention (CDC). *Listeriosis*. 2008. Accessed at <[http://www.cdc.gov/nczved/dfbmd/disease\\_listing/listeriosis\\_gi.html](http://www.cdc.gov/nczved/dfbmd/disease_listing/listeriosis_gi.html)> on November 2, 2009.

<sup>15</sup> CDC. Preliminary FoodNet Data, 2008.

<sup>16</sup> Healthy People 2010, 2000.

<sup>17</sup> CDC. *Listeriosis*, 2008.

<sup>18</sup> Department of Health and Human Services (DHHS), National Toxicology Program. *Listeria* and Food Poisoning. 2008. Accessed at <<http://cerhr.niehs.nih.gov/common/listeria.htm#Sources>> on November 2, 2009.

<sup>19</sup> Centers for Disease Control and Prevention (CDC). *Salmonellosis*. 2009. Accessed at <<http://www.cdc.gov/salmonella/>> on November 2, 2009.

<sup>20</sup> CDC. Preliminary FoodNet Data, 2008.

<sup>21</sup> CDC. Preliminary FoodNet Data, 2008.

<sup>22</sup> Centers for Disease Control and Prevention

(CDC). *Shigella*. 2008. Accessed at <[http://www.cdc.gov/nczved/dfbmd/disease\\_listing/shigellosis\\_gi.html](http://www.cdc.gov/nczved/dfbmd/disease_listing/shigellosis_gi.html)> on November 2, 2009.

<sup>23</sup> Centers for Disease Control and Prevention (CDC). *Toxoplasmosis*. 2008. Accessed at <<http://www.cdc.gov/toxoplasmosis/>> on November 2, 2009.

<sup>24</sup> Lopez, A., V.J. Dietz, M. Wilson et al. Preventing congenital toxoplasmosis. *MMWR Recomm Rep*, Mar 31, 2000; 49(RR-2):59-68. Review.

<sup>25</sup> Mead et al., 1999.

<sup>26</sup> Roberts, T., J.K. Frenkel. Estimating income losses and other preventable costs caused by congenital toxoplasmosis in people in the United States. *J Am Vet Med Assoc*, Jan 15 1990; 196(2):249-56.

<sup>27</sup> Jones, J.L., D. Kruszon-Moran, K. Sanders-Lewis and M. Wilson. *Toxoplasma gondii* infection in the United States, 1999-2004, decline from the prior decade. *Am J Trop Med Hyg*, Sep, 2007; 77(3):405-10.

<sup>28</sup> Commodaro, A.G., R.N. Belfort, L.V. Rizzo et al. Ocular toxoplasmosis: an update and review of the literature. *Mem Inst Oswaldo Cru*, Mar 2009; 104(2):345-50.

<sup>29</sup> Frenkel, J.K. and L. Jacobs. Ocular toxoplasmosis; pathogenesis, diagnosis and treatment. *AMA Arch Ophthalmol*, Feb 1958; 59(2):260-79.



## Talking Points for Congressional Office Visits

### OPEN *STRONG*:

**Good Morning/Afternoon. My name is \_\_\_\_\_ and I live and vote in \_\_\_\_\_.**  
Thank you for taking the time to meet with me/us today to discuss the **need to schedule S. 510 for a floor vote as soon as possible.**

Food Safety reform is important to me and my family because : [TELL YOUR STORY]

### Key Food Safety Message Points:

- Now is the time to revise the law governing FDA's food-safety operations:  
There is strong support for food-safety reform. According to a poll commissioned by The Pew Charitable Trusts, nine out of 10 Americans favor legislation along the lines of S. 510 to strengthen FDA's authority to ensure the safety of the food supply.
- *For Senate Meetings –*
  - S. 510 is a good, bipartisan bill that includes many key components necessary for comprehensive reform of the way FDA regulates food safety.
  - While would like to see some strengthening amendments to the bill related to inspection frequency, testing and reporting, and import safety, the most important thing is to get the bill to the floor for a vote. We hope our additional concerns will be addressed in conference.
- **We oppose any amendment that would threaten passage of this important piece of legislation.**
- *For House Meetings—*
  - We strongly support H.R. 2749 and urge House conferees to push for including in the Conference report the House provisions relating to inspection frequency and testing and reporting of contamination, as well as additional FDA funding through a registration fee on food-processing companies.

### CLOSE *STRONG*:

**Make the "Ask": Senator, will you urge leadership to put S.510 to a vote on the floor during this work period and oppose any amendments that could threaten passage of the bill?**

**And no matter *how uncomfortable* it may be, WAIT for the answer...**

Thank you again for meeting with me and we look forward to working with you to improve the safety of the food supply so that no more American families need to suffer the pain and anguish of foodborne illness.



## LEGISLATIVE VISIT RULES OF ENGAGEMENT

*Building Your Message Step-by-Step*

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### BASIC

1. Be on time or a *little* early (some offices are not spacious and you may crowd the waiting area with groups scheduled before you).
2. Turn off your cell phone's ringer.
3. **Don't argue. Period.**
  - a. Stay calm – losing your cool will not win over the legislator.
  - b. Don't stretch the truth to make a point. Your integrity and authenticity as an advocate are your strongest assets. A discovery that you have been untruthful damages you and the entire advocacy effort.
4. Show respect. Yes, the legislator is a public servant – just don't treat him like one. Many have made great personal sacrifices in order to serve. No matter how well you know the issue or how passionate you are, **DO NOT** lecture legislators of "take a tone" in a meeting. Make your points forcefully, passionately, knowledgeably *and* respectfully.

### ADVANCED

(Adapted from *News for a Change: An Advocate's Guide to Working With the Media*, Lawrence Wallack, et al, Sage Publications, Inc., 1999)

Learn to think on your feet by practicing "pivot phrases" to use when it seems that your meeting is getting off track from your message points.

**When you hear:** Personal Responsibility Argument

*Respond:* Sure, parents are responsible. But, parents need help to [insert policy solution]

**When you hear:** Joe did it without government intervention argument

*Respond:* His story is very tragic/compelling, etc. but, it's just not typical. Let me share a more typical story [end with policy solution]

**When you hear:** A no-win scenario or false choices Argument

*Respond:* Actually, neither option is workable. Let me tell you what is [policy solution]

**When you hear:** How do you feel about your personal tragedy?

*Respond:* I feel angry that Congress still hasn't taken the steps needed to prevent this kind of tragedy happening to others.

### EXPERT

"Should you accept this mission..." Legislative visits are serious business within an advocacy campaign. Expert advocates know that a visit is not a conversation – **not really**. Visits should be planned, strategic opportunities to deliver specific message points to advance the issue. Re-frame, Rephrase, and Repeat but don't Relax!



## **Food Safety FAQ**

### **1. Isn't our food supply adequately regulated already? Why do we need new laws?**

The laws that govern our food safety system are outdated; it has been decades since the last major change to the food safety law enforced by the U.S. Food and Drug Administration (FDA) was amended. In the intervening years, the way we produce, process, and prepare food has changed drastically.

### **2. Everyone gets sick from food poisoning once in awhile. Is this really a serious issue?**

Foodborne illness is not just a tummy ache. Each year, 76 million Americans – one in every four – are sickened by contaminated food. Though, fortunately, many recover within a few days, 325,000 people are hospitalized and 5,000 people die every year. Young children and the elderly – as well as people with weakened immune systems – are especially vulnerable to serious complications and even death. The proposed legislation would direct food producers and processors to develop safety plans that would help minimize the possibility of contamination and hopefully prevent many illnesses and deaths.

#### **Can we ever totally ensure the safety of our food supply?**

While we may not be able to totally eliminate all risks in the food supply, there is more that can be done to minimize many of the risks, particularly the risk of bacterial contamination. Measures such as express authority for the FDA to set safety standards, requirements that food producers establish safety plans, and enforcement tools that allow the FDA to hold companies that violate the law accountable for their actions will all go a long way towards enhancing food safety.

### **3. Isn't preventing foodborne illness the responsibility of consumers and how they prepare/store their food?**

Consumers have an important role to play in food safety, and need to follow safe-handling practices in order not to exacerbate existing contamination or cross-contaminate other foods. The proposed legislation, however, is aimed at preventing contamination from ever reaching kitchens and restaurants, to focus efforts at the source and at earlier points in the food supply chain. Prevention of foodborne contamination should be the responsibility of food producers and processors, with the federal government providing the proper oversight to assure that companies are meeting government safety standards. New legislation is needed to allow the FDA to follow a prevention-based approach.

**4. Isn't there some level of personal responsibility we must acknowledge (e.g., people need to wash their fruits and vegetables, store food in proper conditions, etc...)?**

Focusing on produce, even if consumers thoroughly wash their fruits and vegetables, won't necessarily eliminate bacterial contamination because the bacterial contamination may have penetrated through the rind or surface of the commodity. Since these food items are often eaten raw, there is no subsequent "kill step," like cooking, to destroy the bacteria. For this reason, steps should be taken to minimize the risk that produce is contaminated before it reaches your kitchen – during the growing, harvesting, packing, or distribution of these food items.

**5. How can we be sure that food is to blame when people get sick?**

The only way to be absolutely sure that a person has a foodborne illness is if his/her stool or blood sample is sent to a laboratory and it then tests positive for *Salmonella*, *E. coli O157:H7*, *Shigella* or other foodborne pathogens. Those results would then be compared to pathogens found in samples of contaminated food products, providing clear evidence that the contaminated food made the person sick. Because of the time, effort, and expense of making a confirmed diagnosis it is not surprising that the vast number of foodborne illnesses are not laboratory confirmed and therefore not included in official foodborne-illness data.

**6. What are the steps that need to be taken to ensure that our food is safe?**

There are many steps that can be taken to improve our food safety system. Legislation should:

- Require food processors to proactively identify where contamination can occur and take steps to prevent that contamination;
- Increase inspection of food-processing plants, with frequency of inspections tied to the risk of the product in question;
- Better ensure that imported food meets the same safety standards as food produced domestically;
- Direct that the FDA set science-based standards for pathogen reduction for foods, including fresh produce;
- Require food companies to test and sample food products for pathogens and report to the government test results showing harmful contamination;
- Provide the FDA with authority to require recall of contaminated products – something it cannot do under existing law. The government must also be given the authority to impose civil penalties or fines on manufacturers who do not follow food safety regulations; and
- Fund research on foodborne- illness surveillance.

**7. If a government inspector finds contaminated food, isn't it removed immediately from store shelves?**

Not necessarily. The FDA does not have the authority to force manufacturers and distributors to recall unsafe foods from our nation's grocery stores and shelves. Currently, it is up to manufacturers themselves to issue a recall, and while the vast majority of manufacturers are committed to food safety, recent outbreaks have highlighted the delays that can occur.

**8. The Peanut Corporation of America (PCA) was just one bad actor, and not representative of most food processors, right?**

While PCA (apparently) knowingly shipped tainted products, and we hope that this type of behavior is rare, we do believe that the holes in the existing food-safety net exposed by this case means that food companies may *unknowingly* be producing contaminating food items. To close up these holes, a new law should require food companies to develop prevention-based, food safety plans and to test their products for pathogens and report to the FDA results showing harmful contamination.