

Evaluation of Public Health Hazards from Microbiological Contamination of Foods" which comes from the National Academy of Sciences.

Mr. ROSENTHAL. Thank you very much. Why not tell us in layman-like language what you think of what happened this morning?

Dr. LEWIS. I have with me Dr. Decker, director of research and development for the Bureau of Disease Prevention and Environmental Control.

Mr. ROSENTHAL. Have you seen the report on the bacterial count of the precooked frozen dinners?

Dr. DECKER. Yes.

Mr. ROSENTHAL. Are you in a position to comment on them?

Dr. DECKER. Yes.

Mr. WYDLER. Would you want to eat one? Put it that way.

Dr. LEWIS. The first part of the statement that I mentioned deals with the development of sanitation programs which I think may account for some of the difficulties we are hearing now, because in the initial stages of development of sanitary concepts, most food was prepared locally, eaten locally, raised locally, and the local inspector could examine this product from farm to dinner table with relative ease.

We have converted over the years from that kind of agricultural country to a highly industrialized food supply in which the Federal Government now must have a great deal more to do with interstate shipment, but still, fundamentally, food protection is a function of local and State governments, and this relationship is the one that the Public Health Service has dealt with most.

I can see that it may leave some gaps where quality control, among these agencies, may not be easy. The occurrence of food-borne diseases in this country has been reduced, unquestionably, by the sanitation programs that have been applied, by industry and by government together.

Most consumers take it for granted that any food offered for sale is above reproach healthwise. They have been educated to do this by news media, by official publications, and other means such as, advertising, and I believe their confidence is largely borne out by experience.

When we go to the market to buy food to eat at home, it usually is good. When we eat in a restaurant, there is seldom any problem about it. Nevertheless, the national health surveys have shown that somewhere on the order of 5 to 10 million cases of acute digestive diseases do occur in this country annually. I am not saying that these are all food-borne, but some of them no doubt are.

The majority of the individuals so affected recover in a few days and very frequently they don't even see a physician, so there is no official record about the occurrence of these outbreaks for this reason. Perhaps, one may turn to the records of the National Communicable Disease Center as they are published in the weekly morbidity and mortality reports. I found for 1965, in the items we had available only 17 outbreaks and 20,080 cases that were milk-, food-, or water-borne, and in 1966 something like 176 outbreaks with 8,220 cases. There is a consensus among food scientists and public health workers that the local detection and investigation of food-borne disease is so poor that we can't make an accurate estimate at the State or national level of the contribution of food to the dissemination of disease.