

## Integrating Milk and Food Inspection Work

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THE integration and correlation of all phases of public health activity is a subject which has been given a great deal of attention and study by specialists in administrative practice over a considerable period of years. Consequently, it is highly appropriate on the part of those engaged in the promotion of environmental sanitation to be actively concerned with the integration of two closely related phases of sanitation, namely milk and food control. Consideration of the word "integration" itself defines our objective quite fittingly since its synonymous meaning is, "to make up or complete as a whole." Sometimes we are prone to think of milk sanitation as one specialized branch of public health and food control another, while as a matter of actual fact the specific knowledge and information possessed by the milk sanitarian readily lends itself to translation and application to the area of food control.

### GENERALIZATION FROM SPECIALIZATION

When the content of any one phase of environmental sanitation is closely analyzed, it is generally apparent that some degree of specialization is necessary, while on the other hand one is also struck with the fact that the broad aims and general principles are practically identical. One pertinent corollary to illustrate this point may be found in another important branch of public health, public health nursing. At one period in its development, the nurse's duties were both circumscribed

and specialized. She was either a school nurse, did communicable disease nursing, gave all of her attention to tuberculosis, or devoted the majority of her time to bedside care of the sick. Over the years, a change in policy has taken place. The trained public health nurse of today renders a generalized service and possesses an appreciation and understanding of what were at one time considered distinct specialties. Sanitation, it would appear, has been and is now going through a somewhat similar evolution. The former policy of branding a man a food or a milk inspector or a sanitary officer is giving way to a much broader interpretation, one that considers him trained in sanitary science, a public health engineer, or a sanitarian, with all that those terms imply.

If such then is the case, it is entirely fitting that those especially delegated to handle milk sanitation begin to enlarge their sphere of activity to include the supervision of food and food handling. When one examines reports of food-borne illness reported annually by state and territorial health officers to the U. S. Public Health Service, one must certainly be impressed with their implications. These figures are probably well known to most of you, but they bear repetition. In 1942 there were 245 food-borne outbreaks involving over 11,000 cases and 101 deaths. Outbreaks due to infected food overshadowed those due to milk and milk products by over five to one. In addition to the evidence presented by these figures, it is common knowledge that patronage of public eating and drinking places is at an all time high. Eating and drinking is done in all sorts of

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places from the corner hamburger stand to the banquet tables and cocktail lounges of our largest hotels. The problem is there, it is important and challenging, and we cannot afford to ignore it.

#### WHERE TO START

At this point, I believe I know what many of you are thinking and I have thought the same thing myself. You are saying that that is all very fine, but we have a full time job now just looking after the milk supply. How can we take on added responsibility? That is a valid question in most instances and I have not a ready answer in all cases. I can say that the job of supervising a milk supply does not stop at the dairyman's door. Practically every eating place today uses milk in one form or another. When it leaves the pasteurizing plant, it is good milk, but when it gets to its final point of destination in some restaurants its identity as good milk begins to fade. I propose then that a good starting point in food sanitation is in the investigation of methods and means for handling and dispensing milk and cream in public eating places. I do not mean to insinuate that this is the only starting point, but it is a good one and fits in appropriately with your duties in milk control. I can say this because I have done it. I recall checking milk storage and handling in eating establishments some years ago when my responsibility was primarily milk sanitation. What I found was a revelation and these few examples illustrate how milk is sometimes abused. Cases of milk were found stacked for an undetermined period of time on the floor in a back room without benefit of refrigeration, half pints found stored in the pop cooler with water of questionable quality covering them, uncovered cans of milk in walk-in coolers, milk being poured out of larger containers into glasses for table service with never a thought for individual service, and in one case half pints being filled from

quart bottles with used caps being put on by rule of thumb. This same survey led to other findings which not only revealed inadequate storage temperatures and dirty refrigerators, but equally unsatisfactory conditions violating other precepts of good sanitation. From that point on, restaurant supervision became an increasingly important part of that local sanitation program.

While I appreciate that many of you here are already doing both milk and food work, it seems timely in this discussion to show how these two programs may be integrated on the basis of sanitary requirements. If you will take, for example, the recommended "U. S. Public Health Service Milk Ordinance," place it beside the Service's recommended "Ordinance Regulating Eating and Drinking Establishments" and compare them on the basis of applicable items, a marked similarity will be noted, both in specifications and in interpretative meaning. To cite a few examples, consider these:

1. Doors and windows, mainly involving fly control, are treated similarly in both ordinances.
2. Ventilation, the same general requirement of adequacy in both ordinances.
3. Toilet facilities — provisions are almost identical.
4. Lavatory facilities and the necessity for personal cleanliness on the part of all employees are emphasized in both ordinances.
5. Cleaning and bactericidal treatment of containers, utensils and equipment. The same basic principles apply, whether the product handled be food or milk. Obviously, with food the type of soil to be removed is of different character, but the sanitarian who gives advice on this point to the milk plant operator is equally well equipped to do so to the restaurateur.
6. And finally, pasteurization of a specialized type enters the food picture with the advocacy of heat treatment for custard pastry fillings.

As can be seen from this enumeration of only six selected items—and others could be given—the principles that apply to milk sanitation have equal merit and importance in the food handling establishment. This fact alone should serve to give confidence when a food program is inaugurated.

#### LEADERSHIP NOW NECESSARY

Thus far an attempt has been made to show some of the technical implications involved in the two activities, but there are others which deserve consideration. One of them is the opportunity health departments have for leadership in the food field. Up until the last few years (and I say guardedly, the past ten or fifteen years, because I know of many fine food programs that have been operating for a longer time) much of the food sanitation work was and still is carried out by bureaus and agencies outside of public health who have to consider the economic and marketing phases of food handling. Such responsibility leaves much to be desired from the strictly public health viewpoint. Much stress has been placed upon the esthetics of food plant physical maintenance and appointments while real sanitary values have sometimes been relegated to the background. Staphylococci food-borne outbreaks are a case in point. Enough has not yet been done to stamp them out, but relatively little was done until trained sanitarians tackled the problem. Private water supplies, sewage and waste disposal, and plumbing hazards to food have been seriously overlooked by inspectors whose training and aptitudes were not calculated to consider inherent dangers of this type. Milk sanitarians, on the other hand, have been dealing with these factors for years. A transition from milk to food is not difficult. It would appear that food sanitation is almost in the position milk control was twenty-five or thirty years ago. The standard of milk safety now employed by many communities did not happen

overnight but took place because of intelligent guidance and leadership on the part of public health workers. It is fair to assume that similar safeguards can be created to protect food.

I have mentioned the opportunity for leadership in the food field but this need not be confined strictly to the industry itself. The manufacturers of food processing apparatus and equipment can be influenced. This has been demonstrated among the manufacturers of milk plant equipment. Standardization among most major suppliers is an outstanding example of how public health demands can be met and equipment designed to give maximum protection to a product. When a milk company in your area buys a new pasteurizing vat, for example, you know that it will come equipped with a proper type outlet valve. As much cannot be said for the suppliers of food processing and handling equipment. If, therefore, sanitarians insist that restaurants purchase only approved equipment and point out what safeguards must be provided, it will not be long before manufacturers will note the trend and incorporate changes to meet demands. Sanitarians know, for example, that many types of dish-washing machines do not meet specifications for proper sanitization of dishes, but unless those of us who recognize these defects can stimulate the desire on the part of the restaurant proprietor to get a machine that will do an effective job, we shall still have inadequate dishwashers.

#### FIELDS FOR LEADERSHIP

This is one type of leadership: for improved and more efficiently designed food equipment. This influence can be exerted by the sanitarian yet there are other opportunities for leadership and guidance. Another activity in this category is the opportunity for adult education among both food proprietors and their employees. Particular reference in this connection is made to the organization and operation of classes of

instruction for food personnel. Again the experience of the milk sanitarian can be utilized. At frequent intervals those so engaged are invited to speak before milk producer groups, granges, luncheon clubs, and civic organizations where facts are given, not only about the mechanics of milk inspection but equally important the public health necessity for it. A number of outstanding examples could be cited to show that milk sanitarians have been directly instrumental in organizing courses for the instruction of milk producers and pasteurization plant workers. It follows, therefore, that the milk sanitarian has the training and technical information needed for organizing group instruction among those engaged in the food industry, and the opportunity to apply this knowledge must not be overlooked. Facilities are available today for the instruction of food handlers which were almost wholly lacking five or six years ago. Several good films on food sanitation are obtainable, outlines for courses have been worked out, and methods for organizing classes have been developed. When one realizes that relatively little had been done in this field of endeavor prior to 1937 and that now classes are going on in nearly all parts of the country, the value of this activity seems to have been widely accepted and to give promise as a real aid to food control work. It is certainly a valid premise to assert that progress in food sanitation will be in direct proportion to the rapidity with which persons engaged in it can be taught and enlightened.

#### PUBLIC SUPPORT

While education within the industry is necessary and highly desirable, food control offers an excellent opportunity to sell public health. People generally are interested in the cleanliness of eating and drinking places, perhaps even more so than they are in the conditions surrounding milk production. One reason for this is that their contacts with food establishments are firsthand because they are in and out of them frequently. Most anyone will glibly recite some unpleasant experience about something he found in food or the cloudily lipstick-stained glass he was served at a bar and then end his story by vociferously stating, "Why doesn't somebody get in there and make these places clean up?" I believe it is evident that when interest can be properly stimulated on the part of the public, the sanitarian will find a real ally to champion his cause. Public backing for reforms in milk quality and safety have materially helped to put good programs across. The same enlightened and guided public opinion can do likewise for food.

Finally, it should be emphasized that the milk sanitarian has a real opportunity to make his influence felt in food control. He has the training and technical information at hand, and it is simply a matter of slight adjustment plus a patient approach and a study of problems to begin to accomplish with food what has so ably been done to make milk a safe product. There is a job to be done and ours is the responsibility to do it.