Mary Selecky and Washington State’s Salmonella Outbreak of June 1999

When Mary Selecky became secretary of health for Washington State (see Exhibit 1) in March 1999, Governor Gary Locke made clear to her that she should make the state’s Department of Health more relevant and visible to Washingtonians than in the past.¹ The secretary of health position had been vacant for almost a year following the previous health secretary’s resignation.²

Three months into the job, Selecky read in the newspaper that Public Health Seattle King County, the state’s largest and most influential health jurisdiction, reported three unconnected people in the county had been infected with salmonella, a common foodborne bacteria that makes people sick and can lead to severe illness and even death in some instances if untreated.³ State Department of Health epidemiologists had already serotyped the bacteria as salmonella muenchen in all three cases, which they traced to different types of blended fruit drinks, known as smoothies, from a Seattle chain.⁴ Other suspicious cases had been identified. This was the first time that Selecky had heard anything about the outbreak. Clearly, she mused, no one in the state working on the matter thought the state secretary of health needed to know about it.

Selecky, who had previously run a poorly resourced, rural county health district in Washington State, did not yet understand how state-level public health laboratories and other resources interacted with Public Health Seattle King County, health labs in other states, or federal agencies and resources. She was not even sure of her role vis à vis the State Department of Health’s own epidemiology team when it came to routine foodborne outbreaks. “It was all brand new: a blank sheet of paper,” said Selecky, adding that the National Association of State and Territorial Health Officials (ASTHO) was not yet a robust resource for new health officers. However, Selecky did know that foodborne pathogens could sicken and kill, and had no respect for man-made borders.

What if anything should Selecky do? What does she need to know? What is her role in what staff consider routine communicable disease investigations. How should she go about discovering it? How does one decide what is and what is not routine?

What Else Selecky Knew at the Time

- Selecky for almost 20 years had run Washington State’s rural Northeast Tri County Health District, a low income, low population jurisdiction. (See Exhibit 2.) The job was hands-on, owing to the paucity of resources at the local level, and required Selecky’s involvement in
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many issues. She, for instance, had dealt with multiple Hepatitis A outbreaks involving local restaurants. As the district did not have epidemiology or lab resources of its own, it relied on state resources during outbreaks. Selecky had therefore interacted with State Epidemiologist John Kobayashi and his epidemiology team from time to time. She also occasionally interacted with local counterparts in neighboring Idaho and British Columbia, Canada over issues such as chicken pox and other outbreaks simultaneously affecting their areas.

- Selecky hesitatingly agreed to fill in as acting secretary of health for Washington State starting in October 1998—a post that had been vacant since the previous June. She hesitated because she enjoyed the work at the local level and was very connected in rural and eastern Washington. Moreover, the approach in Olympia, the state capital, was less hands-on, more bureaucratic, and more political. In the acting health secretary role, Selecky made sure the State Department of Health answered the legislature’s and governor’s questions. She kept the agency running, but was not authorized to make changes and did not consider herself “the boss.”

- Appointed by the governor, the secretary of health officially oversaw the Department of Health’s myriad activities and enforced the state’s public health-related laws and regulations. The secretary could also declare emergencies or epidemics. He or she was not required to be a licensed medical doctor (MD) or doctor of osteopathic medicine (DO). Reporting to the secretary of health were the assistant to the secretary, the deputy secretary, and the state health officer, who had to be a licensed MD/DO. (See Exhibit 2.) The latter played a primarily advisory role at the time, although he or she had responsibility for the agency’s Parent and Child Health Division. In June 1999, an acting state health officer had filled that position for a year. More or less leaderless at the executive level since June 1998, the agency’s five divisions and two offices were used to running themselves, advancing programs and addressing issues as they arose.

- The Washington State Department of Health, with roughly 1,200 employees in the late 1990s, performed tasks similar to other state health departments. It worked to resolve environmental health challenges involving exposure to hazardous food, drinking water, air quality, and pesticides, investigated disease outbreaks, and prepared for public health emergencies. The agency licensed all health professionals, health facilities, and EMS and trauma services. It also oversaw the state public health laboratory.

- The State Department of Health’s epidemiology team was well regarded for its foodborne investigations. It had developed advanced techniques to rapidly identify causative organisms in foodborne disease outbreaks. The state’s epidemiologists notably worked on an outbreak of E. coli O157:H7 in 1986 involving a fast food taco restaurant and a major outbreak in 1993 involving Jack in the Box hamburgers. Some 150 people were hospitalized and three children died during the latter. In an example of good field epidemiology, staff succeeded in pinpointing the outbreak’s source and causative agent in five days. During another E. coli O157:H7 outbreak three years later, state epidemiologists were able to identify the source, Odwalla apple juice produced in California and distributed in various locations along the West Coast and Canada, and initiate a recall the day before Halloween. State epidemiologist Kobayashi, who held the position since 1982 and oversaw these investigations, was an experienced and trusted voice in the state. The state’s epidemiologists tended to share
information at the executive level more routinely with the state health officer than with the secretary of health.

- Co-located in Seattle, Kobayashi’s epidemiology team and the state public health laboratory enjoyed a close working relationship. The Department of Health’s administrative offices were in Olympia, 70 miles to the south. Both epidemiology and the public health laboratory were part of the Division of Epidemiology, Health Statistics, and Public Health Laboratories, under the direction of an assistant secretary who reported to Selecky. (See Exhibit 2.) In June of 1999, that position was also transitioning, with the incumbent leaving at the end of June and an interim assistant secretary starting at the beginning of July.

- Washington State’s 35 local health departments and districts, known as jurisdictions, were not satellite offices of the State Department of Health, but rather local government agencies in their own right with authority for public health in their jurisdiction. (See Exhibit 3.) Each had its own board of health. They conducted health promotion, disease prevention, and health community-building programs. From her time at the local level, Selecky knew that jurisdictions did not hold some parts of the State Department of Health in very high regard.

- Public Health Seattle King County had its own labs, skilled epidemiologist, and other resources. It often spoke for the state on public health-related matters.

- Upon making Selecky full secretary in March 1999, Governor Locke, who came to office in 1997 after five years as King County executive, stressed the need to make the State Department of Health more relevant to the public, particularly given King County’s tendency to dominate. She recalled him telling her: “I want the state to understand what the Department of Health does, because when I used to be King County executive, we didn’t have any use for you.” The State Department of Health did not have a robust communications operation.

- Public Health Seattle King County reported the first three known cases of illness in June 1999. They involved two children and an adult in the Seattle area. One of the children lived locally, but the other was visiting from Alaska for a few days for follow-up cancer treatment. The latter child ate in a few places around Seattle and only came down with symptoms upon returning home. The adult, who lived north of the city, suffered from congenital agammaglobulinemia.

- Symptoms of salmonella infection include bloody and non-bloody diarrhea, fever, and abdominal cramps. Most people are ill for four days to a week and recover on their own. However, the infection sometimes spreads beyond the intestines to the bloodstream and other parts of the body, in which case antibiotics are required.

- Foodborne outbreaks are fairly commonplace, happening more regularly than other public health incidents. They are not normally the type of concern high on the governor’s priority list.

You are Washington State Secretary of Health Selecky in June 1999. What would you do?
Exhibit 1: Map of the United States

Note: Washington State is located in the uppermost northwestern corner of the continental United States. It borders the states of Idaho to the east and Oregon to the south and the Canadian province of British Columbia to the north.

Exhibit 2: Washington State Department of Health Organization Chart, Circa 1999

Note: Reporting to the secretary of health were the assistant to the secretary, the deputy secretary, and the state health officer. The state health officer had to be a licensed medical doctor (MD) or doctor of osteopathic medicine (DO), whereas the secretary of health did not. The state health officer’s role was primarily advisory in 1999.

Source: Mary Selecky
Exhibit 3: Washington State Local Health Department and Districts

Note: The Northeast Tri-County Health District, which Selecky ran for nearly 20 years, comprised Ferry, Pend Oreille, and Stevens Counties. The district is located in the uppermost northeastern corner of Washington State.

References

1 Information and quotations are from author interviews of former Washington State Secretary of Health Mary Selecky in June 2018 unless otherwise noted.
6 “Foodborne Illness, E. Coli, and Food Processing Issues,” op. cit.
7 “About Us,” op. cit.
8 “Foodborne Illness, E. Coli, and Food Processing Issues,” op. cit.