



GREEN  
VALLEY  
VETERINARY  
SERVICES, LLC

February 7, 2009

Dear Environmental Co-Chairs Meyer and Roy:

The following is to be presented as testimony for Bills 6312 and 6313, acts which concern raw milk and the sale of adulterated milk and milk products.

I am a large animal veterinarian and have 15 years experience serving dairy clients in Michigan, Vermont, Rhode Island and Connecticut. The purpose of my letter is not to convince you to drink raw milk, but rather to help you understand the history of raw milk, my insight into dairy management practices, and my concerns about the current proposed legislation. I will also offer my suggestions for alternative legislative changes.

For thousands of years humans have consumed raw milk. In the industrial age, dairies became more crowded and their conditions suffered as a result. Disease was rampant and in the late 1800s pasteurization was applied to milk as a temporary solution until the urban dairies could find a way to produce cleaner milk. Pasteurization set out to accomplish two things: destruction of certain disease-carrying germs and the prevention of souring milk. These results were and are obtained by keeping the milk at a temperature of 145 degrees to 150 degrees Fahrenheit for at least half an hour. It is undoubtedly beneficial to destroy dangerous germs, but many scientists would argue that pasteurization also kills off useful bacteria and destroys nutritious fats and enzymes. Today, there exists a better understanding of food-borne illnesses and the sanitary practices of dairies and processing facilities have improved immensely. Modern equipment, such as milking machines, stainless steel tanks and refrigerated trucks, make it entirely possible to bring clean, raw milk safely to the market anywhere in the US. Thus, improved safety has allowed consumers the choice of raw versus pasteurized milk. It is routine practice on most dairies for the farm family to drink the milk before it is pasteurized and I have yet to encounter one family that has had a related illness from this practice.

Safety is the heart of the current debate and Bills 6312 and 6313 were proposed in response to an outbreak of food-borne illness at Town Farm Dairy in Simsbury, CT. Prior to that outbreak in July of 2008, there had been no confirmed direct links of illness associated with the consumption of raw milk in Connecticut. Until last July, the safety regulations currently in place did what they are supposed to do—protect the public's safety. I have no association with Town Farm Dairy, but information that has been published suggests that at the time of the outbreak the farm had no permanent manager in place and that deficits in their labor force were sometimes filled by volunteers. A break in management protocol, at any farm or dairy processing plant, can be a set up for a whole host of issues, including the health of the

animals and the safety of the product. In this case, lack of proper testing was not to blame, but rather the breakdown in the management of the farm lead to inconsistent and seemingly poor safety practices. It is important to note that Town Farm Dairy is the only raw milk dairy in the state that is not privately owned and operated. This is a noteworthy point as it has been my experience that the vast majority of family-owned farms, be they conventional or raw milk, and under ever increasing regulatory and financial pressures, are conscientious and produce a good quality product. I have seen a number of commercial farms that ship milk for pasteurization from which I would not drink their milk if it were pasteurized twice. There are limits to the process.

My concern with the current proposed legislation is that it does not adequately address the issues at hand. As stated above, the breakdown at the Town Farm Dairy was in the management practices, not in the testing of the milk. In order to protect the public, it would seem to me that increased testing is not a good solution for this problem. In fact, the proposed fecal testing has not been established to be either reliable or a good indicator of milk quality. Shedding of bacteria into the manure or the milk is often intermittent. Manure should not be present in the milk. If there are high numbers of bacteria in the milk the animal will likely show signs of clinical illness, at which time the farmer will intervene and not distribute this milk for consumption. I do acknowledge that milk culture is currently the best way we have to monitor for the zoonotic pathogens. Testing is currently done quarterly to monitor for these. Farms are also visited monthly when samples are collected by an agent of the Department of Agriculture for basic milk quality parameters. During these visits the agent can/should be making sure that the highest standards of hygiene are being practiced.

Legislation needs to be thoughtful and protect the public from actual problems. Review of the case numbers provided by the Centers for Disease Control indicate 19,970 cases of food-born illness traceable to pasteurized milk products from 1973-2005, whereas there were a total of 1,821 cases traceable to unpasteurized milk products over the same time period. One outbreak of illness associated with a dairy known to have a break in management practices should not result in the banning of commercial sales of raw milk or instill regulations so costly and strict that they drive the small dairy farmer out of business. If legislation were enacted for every outbreak of food-born illness, we would all be hungry or importing our food from China. There are inherent risks to eating any food and no amount of legislation can change that fact. The recent illnesses attributed to peanut butter are a good illustration of this. I would hope that no legislation will be proposed to restrict the sale of peanut butter, and as more details are coming to light it appears that this was not a problem with rules but with people who chose not to follow the rules.

A better solution to the current proposals would be to have oversights in place to address changes in management or management practices. Banning the commercial sale of raw milk, other than on the farm, does not address the core issue—safety. If the milk is deemed safe to sell to the public, why limit the venue? These restrictions seem punitive and punish the small dairy farmer. The cost of the additional testing to the farmer will, in some cases, cause the business to close. Lessons are to be learned from Town Farm Dairy and the safety of the public must be the first priority. I agree with the recommendation outlined in Section 1(f) of Bill 6313, which provides for a consumer advisory to be placed on each container of raw milk. These labels will help to educate the consumer and will come at a minimal cost to the producer. However, in lieu of Section 2(a) of Bill 6313, the following is instead proposed:

- Require immediate notification, within 3 business days, of a change in ownership or management for all raw milk dairies. Following notification, two on-site safety inspections shall occur, one

within 7 days of notice and the second 30 days later. The producer shall also test and have analyzed a comingled sample of retail raw milk, representing all the retail raw milk produced by such producer, monthly for a period no less than three months. The milk sample should be tested for the presence of *Listeria monocytogenes*, *Salmonella* spp., enterohemorrhagic *Escherichia coli*, *Yersinia enterocolita*, *Campylobacter jejuni*, fecal coliform and *Staphylococcus aureus* bacteria.

As a veterinarian, a supporter of raw milk dairies and as a taxpayer I urge you to vote down Bills 6312 and 6313. If new regulations are to be put in place, then I strongly recommend that you consider making a provision for increased inspections and testing for only those dairies that undergo a change in ownership or management. Thank you in advance for your consideration.

Sincerely,

Dennis J. Thibeault, DVM  
Owner, Green Valley Veterinary Services, LLC