



STATE OF CONNECTICUT
DEPARTMENT OF AGRICULTURE



Testimony Regarding, House Bill No. 6313, *An Act Concerning Raw Milk*, Before the Environment Committee, February 9th, 2009

Senator Meyer, Representative Roy, members of the Environment Committee, my name is F. Philip Prelli. Thank you for the opportunity to be before you today to testify. This bill is an initiative of the Department and we strongly urge your support.

The Department recognizes that retail raw milk is an issue that raises the passions of consumers of retail raw milk and producers of retail raw milk. The Department has been asked to regulate a product that public health agencies universally agree presents an inherent risk for causing serious food borne illness when consumed as intended. This bill is a prudent measure that will help reduce the risk associated with the consumption of retail raw milk but still allow those who feel strongly to continue to purchase retail raw milk. The legislature and consumers need to understand that no amount of testing, inspection and the best sanitation practices will not ensure retail raw milk is free of risk. Testing is but a snapshot of conditions at the time the samples were taken.

In July of 2002 the Department proposed legislation that would have banned the sale of retail raw milk because we and many recognized health agencies believe the risks of disease from consuming uncooked animal food such as raw milk far outweigh any possible benefit. The legislature concluded that consumers should have the choice to purchase retail raw milk. Subsequently we promulgated regulations that included a general consumer advisory about the risk of consuming retail raw milk.

In July of 2008 in Connecticut the Department was notified by the Department of Public Health (DPH) that epidemiological evidence existed that linked retail raw milk produced by a licensed retail raw milk producer with several human cases of Hemolytic Uremic Syndrome (HUS) and Thrombotic Thrombocytopenic Purpura (TTP). HUS and TTP are very serious medical conditions. The Department, DPH and local public health began their respective investigations. The Department focused on the implicated farm and our investigation ultimately linked by genetic testing *E. coli* O157:NW isolated from 6 patients and *E. coli* O157:NW isolated from the feces of 1 cow. Based on the random nature of the cases we determined the most likely cause of the outbreak was the milk being contaminated by fecal matter on different days. In the end 14 individuals became ill, the median age of the sick individuals was 5 years old. 5 of the 14 sick individuals were hospitalized, the median hospital stay was 16 days. 4 of those hospitalized required dialysis or plasmapheresis which is a blood purification process. This investigation cost the Department 136 man-hours. Costs for testing were approximately \$3600 and for labor we estimate costs at over \$10,000. This does not include DPH or local Public Health expenses.

A recent meeting of the Milk Regulation Board was attended by approximately 40 supporters of retail raw milk. Based on the comments at this meeting the Department will asking the submitted language be amended. We will provide the committee with our suggested changes when we have them ready.

Briefly stated the Department along with public health authorities such as the FDA, CDC, American Academy of Pediatrics, the National Association of Public Health Veterinarians, Connecticut Department of Public Health, National Conference of Interstate Milk Shippers, International Association of Milk

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Control Agencies, the National Association of Departments of Agriculture to name a not believe consuming unpasteurized milk provides any health benefit that outweighs the consequences from the myriad of pathogens that can be present in raw milk. Simply stated, given the nature of milk producing

animals and nature of the farm environment it is not possible to produce milk that is always free of pathogens. All the public health authorities I listed above recognize that the process invented by Louis Pasteur, pasteurization, is the only known way to ensure milk is free of pathogens.

Our proposal dealing with raw milk has 3 key changes.:

1. We propose to put into statute a consumer warning similar to that used in Washington State.
2. We propose to limit sale of retail raw milk to on farm sales only. And
3. We propose to implement a standard for E. coli bacteria currently used in California and a standard NY uses for the bacteria responsible for food poisoning staphylococcus aureus.

These changes will in some cases make some of our current retail raw milk regulations obsolete. We are currently working on technical changes to our regulations and these changes will be included when we have that ready for submission.

As we heard from the attendees at the January 09 Milk Regulation Board meeting the most controversial changes are limiting the sale of retail raw milk to on farms sales and testing requirements for milk and milk producing animals. We have considered these comments and as previously stated we are going to propose language to address some of these concerns.

Addressing the reasons we believe limiting sales of retail raw milk to on farm sales is prudent are twofold:

Some producers of retail raw milk in this state and organizations such as the Weston A. Price Foundation make claims on their websites and through other informational outlets of health benefits from the consumption of raw milk and some even suggest that raw milk is an acceptable replacement for baby formula. Our greatest fear is that an uninformed consumer or consumer with a casual knowledge of the risks of retail raw milk will think that raw milk is safe or even more beneficial than pasteurized milk for their children when the overwhelming evidence suggests raw milk it is not safe to consume. Consumers who make the effort to go to the farm will have made a conscious decision to purchase this product.

We found during the 08 outbreak that it was difficult to identify potential consumers and impossible to identify those who purchased the tainted milk from Whole Foods Markets in the Hartford area, having the producer keep a customer list would ease the process of identifying potential consumers when the next food borne illness outbreak from retail raw milk occurs and lastly, consumers will see and know where their milk is produced. The majority of retail raw milk consumers are quite devoted to this product, we recognize that it may be an inconvenience to limit sales to on farm purchase but we believe the increased security and follow-up availability outweigh the inconvenience.

Our proposal strengthens the standards and testing requirements for retail raw milk and the milk producing animals. While the retail raw milk producers did not seem to be against the additional testing or

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standards, they were opposed to bearing the costs. Currently the Department samples retail raw milk monthly for some routine quality indicators. These quality tests are not sufficient to identify potentially tainted retail raw milk. They are not the right tools. Almost always the presence of pathogens in retail raw milk is due to fecal contamination. We propose an E. coli standard that will identify milk that has been

contaminated by feces as E. coli is only found the gut of warm blooded animals and not excreted or shed in milk. Just to be clear testing can only identify a problem after the fact and no amount of testing can ensure milk or any food for that matter tests are only a snapshot. It is important to remember the ease with which retail raw milk can be contaminated and the fact that it does not undergo a process (pasteurization) that makes it safe and that retail raw milk is intended to be consumed without cooking. We believe that this standard can more readily identify sanitation problems which may indicate that a problem could exist.

As to the costs of testing, currently testing retail raw milk alone exceeds \$1450 a year per retail raw milk producer, if you include man-hours the cost exceeds \$2300 per year per retail raw milk producer. Producers objected to bearing the cost of testing, we are proposing to remove that language from this bill. Instead we are propose that when pathogens are found in retail raw milk that the producer be responsible for the costs of testing to determine the cause and testing needed to be done to ensure the problem is corrected. This will be done at a private laboratory at the producers expense. The cost will vary depending on the pathogen, number of animals involved and laboratory used. We are not proposing the producer bear the costs for our time and staff to investigate simply the cost of testing. Producers of milk for pasteurization bear the costs of testing their milk through their cooperative or milk handler. The handlers of milk for pasteurization are required to forward their test results to us and we only test milk for pasteurization when we contemplate regulatory action and this is infrequent.

Supporters of retail raw milk make many claims. Let me put the Connecticut retail raw milk industry into perspective. We have over 150 licensed dairy farms in this state. 14 of them are licensed to produce retail raw milk some of the 14 also produce milk for pasteurization. The producers of milk for pasteurization produce over 41 million gallons of milk a year (average 290,000 gal./yr per farm), we consume 70 million gallons of milk a year in this state. The 14 retail raw milk producers produce approximately 170,000 gallons of milk annually or about .25% of all the milk consumed in this state.

Supporters of retail raw milk will contend that raw milk has health benefits and cite J. R. Crewe, MD of the Mayo Foundation the forerunners of the Mayo Clinic and a 1929 paper he wrote, Pottenger's 1942 Cat Study or a 1938 article describing treating Tuberculosis with raw milk. Proponents of retail raw milk say that it is beneficial in treating diabetes, heart disease and high blood pressure. If raw milk really is the cure it's proponents believe, then why does the American Academy of Pediatrics and American Medical Association both have positions that the consumption of raw milk is risky and should be avoided?

Supporters of retail raw milk claim nutrition benefits such as vitamin C, milk is a poor source of vitamin C to begin with and less then 10% of the vitamin C present is lost to pasteurization.

Supporters of retail raw milk claim that pasteurization makes the calcium insoluble and therefore unavailable to the body. We have not found any credible study that supports this position. In fact what we find are studies that debunk this assertion.

Supporters of retail raw milk will point to incidents involving pasteurized milk, ground beef, spinach and now peanut butter paste. Clearly our food manufacturers and producers have a responsibility to produce

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safe wholesome foods. Unfortunately when things go wrong at a large manufacturer very wrong. It is a mistake to say that because it does happen with other foods that we shouldn't do what can to protect public health here and with this product. Cooking ground beef is the kill step in the process that makes this food safe. The sheer amount of pasteurized milk consumed, 7,225,000,000 gallons nationwide in 2006 and the very small numbers of incidents involving pasteurized milk attests to the safety record of the

processors of pasteurized milk. Some foods such as lettuce and other produce would be altered by a process that kills pathogens. In this case we must rely on good processing and growing practices. Milk has a process that can be used to make it safe. This process does not significantly alter the nutrients, flavor or consistency of the product. This process is pasteurization. Most milk products are pasteurized by heating milk to a temperature greater then 161 degrees for more then 15 seconds and then cooling it immediately. Pasteurization is designed to heat milk to the minimum temperature and time required to destroy pathogens, it is not a sterile product, it is perishable and requires refrigeration to prevent spoilage from bacteria that survive pasteurization.

The details of the July 2008 incident can be found at http://www.ct.gov/dph/lib/dph/Vol29No2_FNL.pdf.

A nationwide summary of recent incidents due to the consumption of raw milk can be found at http://www.foodsafety.ksu.edu/articles/1138/Raw_Milk_Outbreak_Table.pdf.

A summary of how retail raw milk is regulated by the states can be found at the National Association of Departments of Agriculture website <http://www.nasda.org/File.aspx?id=11160>.

In closing the FDA has a presentation that takes on the raw milk proponents health and nutrition assertions and details the risks of consuming raw unpasteurized milk. I would encourage the committee to read <http://www.cfsan.fda.gov/~acrobat/milksafe.pdf> and consider our proposal as a prudent, reasonable measure to limit sales of retail raw milk to those highly informed and consenting consumers.