Testimony presented to the Vermont House Committee on Agriculture and Forest Products
April 2015

Chair Partridge,

I appreciate the Committee's willingness to hear testimony by telephone, and from another State. I am Dr. Ted Beals, a physician with specialty certification in Pathology. I am retired from years as a medical researcher and member of the faculty at the University of Michigan Medical School. I also served for eight years as a Federal Senior Executive with oversight of the professional, administrative, and quality control of the Diagnostic Services across the country's VA Medical Centers. In recent years I have focused on dairy safety. A brief CV has been made available to the Committee.

A substantial amount of testimony presented to the Committee concerning H. 426 has been focused on the position that access to raw milk should be severely restricted if not banned. I will be glad to answer questions on that topic. However, I understand that the purpose of the amendments before you emerge out of the years of experience that Vermont has had since this product has been legally available to your citizens.

You heard testimony that; during 2010 your Department of Health investigated 3 outbreaks of illness attributed to "raw milk". In each of those three cases the milk that was implicated was NOT the product that is under control of the provisions in your law under discussion before the committee in H 426. In each case the product was bulk tank milk from dairies that are shipping their milk for pasteurization and was not authorized for consumption by the public. The fourth case was an illness attributed to consumption of milk while in another state (a dairy that would not be under your jurisdiction).

It is important to understand that the product that you are addressing, using the term "unpasteurized milk" (generally described as "raw milk") is a separate dairy product. I usually refer to this dairy product as fresh milk intended for human consumption in the unprocessed form. I was part of a workgroup in Michigan that was charged with advising our Department of Agriculture and Rural Development on the way to enable people who want this product to be able to obtain it from those who wish to specifically produce it. It was necessary for us to avoid using the term raw milk for our discussions over the 6 years we worked together, because in Michigan "raw milk" is legally defined as milk intended for pasteurization. And I have appreciated the confusion of the term ever since.

As a distinct dairy product your legislation addresses the specific standards that will be applied. There are standards for the herds and for periodic testing of the milk.

Testing for bovine tuberculosis and brucellosis in Vermont should be guided by the fact that your state has been designated as **Accredited-Free** for both animal diseases

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for more than twenty years. Therefore, testing of the full herd for both diseases is not required but could be considered prudent and practical. Testing for all animals introduced into a herd that has already tested free of these diseases could also be considered prudent and practical. However, once the herd has been proven disease free, additional testing for brucellosis and bovine tuberculosis of the animals in that herd serves no scientific purpose, is a financial burden and is of no practical value.

The common dairy milk testing included in your bill are: 1) a general bacterial count 2) coliform count, and 3) somatic cell count are valuable tools that enable the dairy farmer to monitor their operations. These tests, however, do not serve as a monitor of the milk's safety. Contrary to prior testimony even if there is a high count for either of the bacterial tests, milk with such high counts would NOT cause people to become sick! And the scientific community is agreed that these bacterial tests are not related to either the occurrence of milkborne illnesses, nor even the presence of specific "pathogens" in the milk. Therefore, the agency's interest in requiring these tests is NOT to protect the public health and welfare.

The test for somatic cells in the milk, is a critical test that should be used by all dairies to monitor for unrecognized mastitis. It is a useful test for the herd and cow's health, but there is no public health value to this test.

Recognition of the values of performing these three tests leads to a better understanding of the provisions in H. 426. Dairy farmers should perform and carefully monitor these (or equivalent) tests to alert them to possible adverse changes in their dairy operations. The government does not have a public health interest in these tests. They could be used by the agency to verify that the dairy operator is performing the tests. Recurrences could also serve to flag failure of good dairy management. They could suggest operational problems, or potential mastitis in the dairy's herd. Within the administrative oversight of the agency, the proposed amendments in H. 426 do make good sense. And the appropriate actions are written into the proposed amendments by notifying the operator that they do not appear to be taking advantage of the testing and might need outside help. And would enable action if there are additional recurrences. It is important to understand the appropriate role of the agency regarding these tests. It is NOT that the tests document a threat to the public but that recurrences indicate a possible failure of the dairy operator to respond to the flag raised by the test results and take corrective action on their dairy.

I hope that these clarifications will assist you in consideration of the proposed amendments in H.426. If you have any questions I would be happy to respond!

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