

## Cheesemaking Practice

## Lessons Learned On The Safety Of Raw Milk Products



Dr. Paul Kindstedt

I was recently invited to speak on the topic of what on-farm dairy processors should be doing to assure the safety of their products. As I pondered the assignment, I was struck by the fact that the answer is both very straightforward and very murky.

With respect to on-farm pasteurized dairy products, the roadmap is clearly laid out in the Pasteurized Milk Ordinance (PMO). The PMO is the legal standard, and its track record for assuring safety has made it the gold standard against which other approaches are compared. That's pretty straightforward.

In contrast, the roadmap for on-farm producers of raw milk cheese is not so clear. Current federal regulations embodied within the cheese standards of identity will almost certainly be changed in the near future; what they will be replaced by is yet to be determined.

And what about those states like Vermont that permit the sale of raw milk for beverage consumption? What advice do I give to on-farm processors of raw fluid milk?

The FDA prohibits interstate sale of raw milk. The National Academy of Sciences has urged individual states to ban in-state sales of raw milk. Even among the states that allow raw milk sales, there seems to be no consensus as to how to assure safety.

Indeed, the safety of raw milk products has become a battleground, with the latest skirmish occurring this spring in Wisconsin when the state legislature passed a bill that would allow raw milk sales directly to consumers. Governor Jim Doyle ultimately vetoed the bill, but the issue is far from resolved.

In a remarkably bold move the Wisconsin Department of Agriculture, Trade and Consumer Protec-

tion appointed a Raw Milk Policy Working Group to consider what conditions would be required to assure the safety of raw milk for fluid consumption.

As I consider the weighty task that the Wisconsin Working Group has been asked to tackle, I can't help but wonder whether the experience accrued over the past 25 years in grappling with the safety of raw milk cheese might offer some useful lessons for raw fluid milk. Indeed, I propose that there are at least four lessons that are worth thinking about.

The first lesson is that the raw fluid milk movement, like the raw milk cheese movement, is here to stay. Both are symptoms of a much larger cultural shift that has taken place in America since the second half of the 20th century.

This shift is now deeply embedded within a growing segment of the American public, and it is not going to disappear any time soon. Nor will the demand for raw milk cheese, or raw fluid milk, or for that matter organic foods, locally grown food, minimally processed and other raw foods, and various other categories that we loosely refer to as alternative agriculture.

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Therefore, unless a better solution to the current hodge-podge of state regulations can be found, it seems likely that vitriolic divisiveness and attempts to circumvent state restrictions through cow-share programs, limited liability corporations, unofficial movement of raw milk across

state lines and other troubling arrangements will continue and may intensify.

Lesson number 2 is that raw fluid milk, like raw milk cheese, is arguably worth saving, provided the appropriate level of public health protection can be assured. Why?

Because raw fluid milk is value added, and there is a growing segment of the American public, voters and taxpayers, who really care about raw milk and who will pay handsomely for it. Thus raw milk has the potential to contribute significantly to local rural economies, like ours in Vermont, that need all the help that they can get.

Furthermore, layered on top of this is the potential for raw milk's popularity and value in the marketplace to skyrocket if any of the alleged but presently unsubstantiated health claims are shown to have scientific merit.

Granted, there is much misinformation out there about alleged health benefits of raw milk, but at least one claim deserves to be on our radar screen: the claim that raw milk reduces the incidence of childhood asthma and allergy development.

A literature search on this topic clearly documents a growing body of peer-reviewed research that points to the possibility that raw milk may protect against childhood allergies and asthma. The research is by no means conclusive, but it has progressed far beyond wild anecdotal speculation.

We need to watch this very closely, because the potential is enormous and could translate into a sizeable value-added opportunity for our dairy industry.

A third lesson is that whenever possible, the goal for raw milk product safety should be to achieve an appropriate level of public health protection that obviates the need for warning labels.

Warning labels send the message, rightly or wrongly, that these products provide a substandard level of public health protection relative to all other food products that don't require warning labels (nevertheless, we are still willing to sell them to you). It's not the best advertising theme for the dairy industry.

The Europeans, in partnership with Australia, have taken a different approach with respect to raw milk cheese safety. Their approach has been to apply the Principle of Equivalence, which begins with a clear definition of the appropriate level of public health protection but then affords great flexibility in how that level is accomplished.

Based on the Principle of Equivalence, several European raw milk cheeses have already been deemed to satisfy the Australian safety standards, which are more strict than current US standards. The Australians are now seeking to develop a more general "Category Framework" approach that will enable the Principle of Equivalence to be applied to

other raw milk cheeses and other raw milk products. This approach obviates the need for warning labels on raw milk products that are deemed equivalent.

The Principle of Equivalence begs the question: what is appropriate level of public health protection, how can it be measured, and how can that level be consistently assured? Those are essentially the same questions that the Wisconsin Raw Milk Policy Working Group has been charged to consider.

Thus, the situation in Wisconsin may present an opportunity to move in the direction of the Principle of Equivalence. If a state like Wisconsin can find a way to make it work, other states that allow raw milk sales will likely follow suit, and perhaps even the FDA will take another look at the issue.

On the other hand, if it proves impossible to achieve the appropriate level of public health protection in raw milk for beverage consumption, then warning labels will probably become indispensable, ethically and legally, for states that continue to permit raw milk sales. Let's hope it doesn't come to that.

A final lesson from the raw milk cheese experience is that the Principle of Equivalence is expensive, requiring strict HACCP risk reduction programs complete with rigorous testing and labor-intensive regulatory oversight. Public investment in regulatory infrastructure will be needed.

Equally important, producers of raw milk will need to be trained in HACCP and make the necessary financial investment. They will also need to make the emotional investment to work constructively with the system instead of endlessly fighting it.

Not so long ago, raw milk cheese makers fiercely resisted HACCP as an unnecessary intrusion of their rights; now they increasingly embrace HACCP as a means to preserve raw milk cheesemaking in the face of inevitable changes to the current FDA regulations.

The formation of national cheese maker organizations that promote the application of HACCP and other best practices, such as American Raw Milk Cheese Presidium of Slow Foods USA and the Raw Milk Cheesemakers Association, bode well for the future of raw milk cheesemaking in America.

Producers of raw fluid milk, and especially the leadership of the movement, should sit up and take notice. The best future lies in constructive engagement to find a win-win solution that allows the sale of raw milk while assuring the appropriate level of public health protection. ▮

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