

## "Hormone-Free" Milk: A Marketing Myth

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"Got milk? Got Hormones?" Since hormones are present in all milk and tests for synthetic hormones do not exist, advertising promotions such as this one are an exploitation of people's concerns for safe food sources. Furthermore, the Food and Drug Administration (FDA) has performed exhaustive research and found, unequivocally, that the synthetic hormone rbST poses no health threat whatsoever to the American people and is a completely safe production tool for American dairy farmers to use in the management of their herds. American consumers are being deceived by marketers who are using ad campaigns such as this and are labeling milk and other dairy products as "hormone free" or "bST free" ("Monsanto").

In order to truly understand the debate over the use of rbST in the dairy industry, the consumer needs to be armed with the facts. Bst, or bovine Somatotropin, sometimes called BGH or bovine growth hormone, is something that is found naturally in all dairy cattle. It is one of several different hormones that causes cows to produce milk. These hormones do this by helping a cow convert the nutrient-rich feed she ingests into milk. RbST, which stands for recombinant bovine Somatotropin, is a synthetic version of this natural hormone and has been produced as an aid to dairy farmers to increase their herds' milk production (Scott).

Keep in mind that hormones come in two types. It is important to make the distinction between them and to understand which type bst is. Hormones are either steroids or proteins. Bst is a protein hormone and as such has no effect when taken orally as steroids do. To illustrate, another example of a protein hormone would be insulin. If a diabetic takes his insulin by mouth, rather than by injection, it will not help him to manage his disease and will, in fact, have no effect at all. In order for insulin to be effective it must be taken in the form of an injection. Steroid hormones, such as birth control pills, do work when taken orally and do not need to be injected. It is vital to understand that, as a protein hormone, bst has no effect when taken by mouth, such as when drinking a glass of milk produced by an rbST treated cow (Scott).

Nevertheless, the FDA does not put its stamp of approval on a product if there is any question as to its safety. A company who wishes for its product to be approved needs to provide the FDA with irrefutable proof that their product will do what they say it will do and that it is safe. The safety of a food product is determined in three different areas: safety of the product to humans, safety to the animal, in this case cows, and safety to the environment ("Questions"). In the case of rbST, the FDA found no evidence that there is any health risk of any kind related to the consumption of either milk or meat from rbST treated cows. However, the FDA is not the only entity that has reached this conclusion. A separate review of the facts has been conducted by the National Institute of Health, the World Health Organization, and the office of the Inspector General of the Department of

Health and Human Services, and reviews by the Journal of the American Medical Association, Pediatrics and the Journal of the American Dietetics Association. They all agreed with the FDA's findings that meat and milk from rbST treated cows is perfectly safe for human consumption (Scott).

Also worthy of note is the fact that there is no test in existence to detect the presence of rbST in milk. Dairy processors who claim to be "hormone free" use only a written agreement between producers and themselves as verification. It states that the farmers *promise* not to use the synthetic hormone in their herds. The ambiguity of this arrangement is not only unheard of in a food industry, but plays the American public for a fool. Promising that their products are free of an un-detectable substance is like promising that one product tastes better than another; it can't be scientifically proven.

However, despite all the research proclaiming rbST safe, marketers are still using misleading labels that exploit food fear in the American consumer. Labeling some milk as “hormone free” erroneously leads the public to believe that milk not labeled as such is of a lesser quality or purity.

Furthermore, mislabeling milk as “hormone free” hurts both farmers and consumers. Farmers have to take the financial hit when the processing plants demand their compliance in the marketing scheme and give no financial incentive to do so. Consumers are duped into paying more money for milk that is identical to that which is not labeled as “hormone free” (Malveaux).

In addition, the National Organization for African Americans in Housing (NOAAH) has asked the FDA to put a stop to the confusing marketing claims of “hormone free” milk. NOAAH Board Secretary, Kevin Marchman, writes in a letter to the FDA that low-income consumers are being influenced by these deceptive marketing ploys and feel they must choose between spending their limited food budget on higher-priced “hormone free” milk or feed what they are led to believe are lower quality or unsafe products to their families. Marchman says, “We worry that low-income consumers—fearing ‘hormones in milk’ but unable to afford the more expensive ‘rbST-free’ products—will stop drinking milk altogether and opt for less-healthy alternatives” (Marchman).

What’s more, according to Dr. Terry Etherton, department head and distinguished professor of animal nutrition at Penn State University’s Department of Dairy and Animal Sciences, “We can scare the American public in a 30-second sound-bite, but we can’t educate them in 30 seconds. Processors and cooperatives need to stand in the light of public understanding with some accountability. The rbST-free labeling (and the push to get producers to sign papers) is nothing but smoke and mirrors” (Bunting).

Some opponents of rbST claim that the use of the synthetic hormone will cause an increase in mastitis in cows due to the increased production, and will in turn increase the risk of antibiotic contamination of the milk supply. This question has been studied by an FDA expert advisory panel. Their research showed that no increase above the normally expected number of mastitis flare-ups could be attributed to the use of rbST and was more likely due to other influences such as extreme weather conditions. In fact, the study showed that incidences of mastitis due to environmental factors occurred nine times more often than flare-ups due to rbST use. Moreover, the milk supply remains safe and wholesome due to the stringent safety regulations and protocols that are enforced and followed at every level of the industry. Samples and tests that are run on every milk tank on the farm and on every truckload of milk taken to the milk plant hold producers accountable for the purity of their milk. The policies and regulations already in place ensure the safety of the milk supply, and whether or not a farmer uses rbST does not change that fact (Scott).

In an interview, veterinarian Michael Houston attests to the fact that he can find no evidence to support the argument that farmers who use rbST in the management of their herds have a higher incidence of cow health problems resulting in antibiotic use. According to Houston, in a lot of cases the opposite may well be true due to the fact that conscientious farmers who use rbST spend a lot of time and energy in the management and observation of their herds in order to use the costly drug to its highest potential.

Houston believes that this higher level of scrutiny causes farmers who use rbST to be more involved and informed as to the health and welfare of their animals. Therefore, they will see less herd health issues, not more (Houston).

West Salem dairy farmer and rbST user, Tom Jandt, says that he spends a lot of time studying which cows will receive the injections every time he administers rbST. When interviewed, he said, “The cows have to be healthy and they have to be at the peak of their lactation. I don’t give the shot to every cow just to pump as much milk as possible out of them. That would be bad for them and it wouldn’t work. Besides, Posilac [Monsanto’s brand name for rbST] is expensive stuff. I don’t want to waste it on a cow that won’t be able to pay me back for it in production.” Jandt says that he administers rbST to about one third of his herd, and he can usually expect each cow treated with the synthetic hormone to give at least

ten more pounds per milking. The profit outweighs the cost of the Posilac, and Jandt says farmers need the volume production to make ends meet (Jandt).

Opponents of rbST use have also cited a negative environmental impact in their list of reasons to object to its use. In reality, the impact could very well be a positive one. Consider that if a farmer needs fewer cows to produce more milk, subsequently there will be fewer cows on the farms producing manure and methane gas, and less crops will have to be produced to sustain the dairy herd. Less crops means less tractors to produce those crops, etc. Indeed, this domino-like effect on the environment is more likely to be helpful than destructive.

In brief, the truth is - none of the objections put forth by the opponents of rbST can stand up to the burden of the facts. RbST has been proven to be safe for humans, and the cows it is administered to. This fact is supported by exhaustive research and analysis by a multitude of reliable sources including the FDA and the Journal of the American Medical Association, among others. No negative environmental impact can be demonstrated and the facts point to the contrary. Yet in spite of all this evidence the advertising industry is still preying on the fears of the consumer by using deceptive marketing campaigns such as "hormone free". These dubious practices could have an extremely negative impact on the dairy industry as well as the health of the American public. Indeed, consumers may deny themselves access to an affordable, vital, and nutrient-rich food in an effort to shield themselves and their families from "less-safe" or "lower-quality" milk which is not labeled as "free" of hormones. It is up to agencies like the Food and Drug Administration and the World Health Organization to put a stop to these dishonest ploys in order to bring truth in advertising back to the American grocery store and put America's food fears to rest once and for all.

### Works Cited

Bunting, Sherry, "Frustrations Vented Over Questionable Milk Marketing Practices." 10 October 2006. Farmshine. 5 February 2007  
<http://www.rbstfacts.org/news/display/article/frustrations-vented-over-questionable-milk-marketing-practices.html>

Houston, Michael. Personal Interview with West Salem Veterinarian. 12 February 2007

Jandt, Thomas. Personal Interview with West Salem Dairy Farmer. 10 February 2007

Malveaux, Dr. Julianne. "Got Milk? Got Hormones? –Exploiting Food Fear." 1 February 2007. RbSTfacts.org. 5 February 2007  
<http://www.rbstfacts.org/news/display/article/got-milk-got-hormones-exploiting-food-fear.html>

Marchman, Kevin. "African American Organization Urges FDA to Stop Deceptive Marketing of "No rBST Milk." 15 December 2005, African American Times.net. 5 February 2007  
 <<http://www.rbstfacts.org/news/display/article/african-american-organization-urges-fda-to-stop-deceptive-marketing-of-no-rbst-milk.html>>

"Monsanto: New Data show Milk Marketing Claims Are Misleading." 3 January 2007, PRNewswire-FirstCall." 5 February 2007  
<http://rbstfacts.org/news/display/article/monsanto-new-data-show-milk-marketing-claims-are-misleading.html>

"Questions And Answers About bST From the United States Food And Drug Administration." Monsanto Imagine. 1 February 2007. <[http://www.monsantodairy.com/faqs/print/pfda\\_safety.html](http://www.monsantodairy.com/faqs/print/pfda_safety.html)>

Scott, Donna L. "Cornel University-bst Fact Sheet." U.S Food and Drug Administration Center for Food Safety and Applied Nutrition FDA prime Connection. February 2007.  
<<http://www.cfsan.fda.gov/~ear/CORBST.html>

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