

August 17, 2021

Please join us in supporting truth, health and freedom in our effort to end the federal prohibition of Whole Milk in schools and daycares for children over age 2. (Supporting details follow action items)

TAKE ACTION: 2 Ways to help by 1) contacting Congress, 2) getting School Boards involved:

1. **Write or Call your Representative in Congress** Find your members of Congress and their contact information by entering your address here <https://www.govtrack.us/congress/members> Then copy and/or customize this MESSAGE to them.

Dear Honorable Member of Congress

I am writing to ask that you help end the federal prohibition of Whole Milk in schools by cosponsoring the bipartisan House Bill 1861 Whole Milk for Healthy Kids Act <https://www.congress.gov/bill/117th-congress/house-bill/1861>

The federal government continues to push low-fat and fat-free milk on children even though they do not drink it and therefore do not get the nutritional benefits. Nutrition and medical experts have challenged the USDA, HHS and Dietary Guidelines Committee in 2015 and 2020 for failing to address the flaws in the guidelines process that were recommended by the Academy of Sciences, Engineering and Medicine. In December 2020, the DGA Committee once again ignored the scientific evidence about the positive role of the healthy combination of fats in Whole Milk, which is only 3.25% fat.

A 2019-20 Pennsylvania school trial showed 52% more students chose milk instead of sweetened, non-nutritious beverages when Whole Milk was offered, and 95% less milk was discarded. Since the federal prohibition began in 2010, the rate of childhood type II diabetes, overweight and obesity have increased and important fat-soluble vitamins and nutrients are now a deficiency concern. Studies show children consuming Whole Milk vs. low-fat absorb three times the Vit. D, and have a 40% reduced risk of becoming overweight. Over 30,000 Americans signed and commented in a petition found here: <https://www.dropbox.com/sh/qvha9521mjv6996/AADOnzRVtkfEvHp5WBGDV4Da?dl=0>

Thank you for considering my request. _____

2. **Contact your Local School Boards and other elected bodies** (even state legislatures, civic, community, health, education, parent-teacher and farm organizations) to support childhood health, well-being and learning readiness by passing resolutions and notifying Congressional delegations of these Resolutions. **SAMPLE RESOLUTION FOR SCHOOL BOARDS BELOW (followed by background information and links).**

Resolution supporting Whole Milk choice in schools



WHEREAS our nation's future well-being relies on well-nourished children ready to learn at school;

WHEREAS our nation's schools have been required by USDA Food Nutrition Service regulations to offer only fat-free and low-fat milk;

WHEREAS Whole Milk is standardized to 3.25% fat, and vitamins like D and A are fat-soluble;

WHEREAS students prefer Whole Milk, and having a choice means more students drink milk instead of discarding it;

WHEREAS offering milk choice to students reduces waste and reduces shifts to sugary or artificially-sweetened high fructose corn syrup 'à la carte' beverages;

WHEREAS Whole Milk contains more than 9 essential nutrients, including nutrients of concern: Calcium, Iodine, Vitamins A, D, B12, B5, B6, Riboflavin, Phosphorus, Potassium, Niacin, Thiamin, Zinc, Magnesium, as well as 8 grams of complete protein containing all 9 amino acid building blocks for health.

WHEREAS numerous studies point to the beneficial effects of milkfat on key health indicators;

WHEREAS studies showed children drinking Whole Milk vs. low-fat absorbed three times the Vit. D;

WHEREAS studies show this small amount of milkfat naturally slows the rate of carbohydrate (lactose) absorption to reduce hunger cravings and reduce digestive sensitivity;

WHEREAS studies show children drinking Whole Milk had 40% less risk of being overweight;

WHEREAS moderate consumption of milkfat has been associated with improved mood and cognition;

WHEREAS Whole Milk is now the largest retail category, indicating more families choose it at home;

WHEREAS many of our students rely on school lunch and breakfast for nutrition at the peak of their day;

THEREFORE, now be it resolved that, _____ School District supports efforts to end the federal prohibition of Whole Milk in schools.

THEREFORE, be it further resolved that, _____ School District would appreciate the opportunity to offer the choice of Whole Milk to students at school to support nutrition, health, and learning-readiness, while also reducing waste.

It is the intent of this Board by affirmative vote to simply support Whole Milk as a choice in schools.

Board President

Date

BACKGROUND information with supportive links

A Pennsylvania State Senate Policy hearing covered this information well. View the hearing and submitted testimony at this link: <https://policy.pasenategop.com/mp-061621/>

School children would benefit if the prohibition of whole milk in schools is ended. After 40 years of increasingly fat-restrictive Dietary Guidelines, over half of America is overweight or obese, according to the CDC, especially our poorest communities where rates of obesity and diabetes are even greater on a percentage basis and as they are most reliant on government feeding programs that have over the last 40 years restricted consumption of healthy, satiating, insulin-moderating fats through institutional foodservice.

As childhood obesity rates have tripled over the past 40 years since the Dietary Guidelines were begun, the 2015 and 2020 DGA cycles failed to consider scientific reviews and other evidence both prior to and after 2010, due to USDA's "unique" research screening criteria of "relevant to current federal policy" and due to what the Academy of Sciences, Engineering and Medicine found in their review as the need for more transparency about the possible commercial or agenda bias among the Dietary Guidelines Advisory (DGA) Committee.

The 2020 Dietary Guidelines Advisory Committee, along with federal employees, spent 18 months drafting the most recent 2020-25 Guidelines – again using a flawed research screening process.

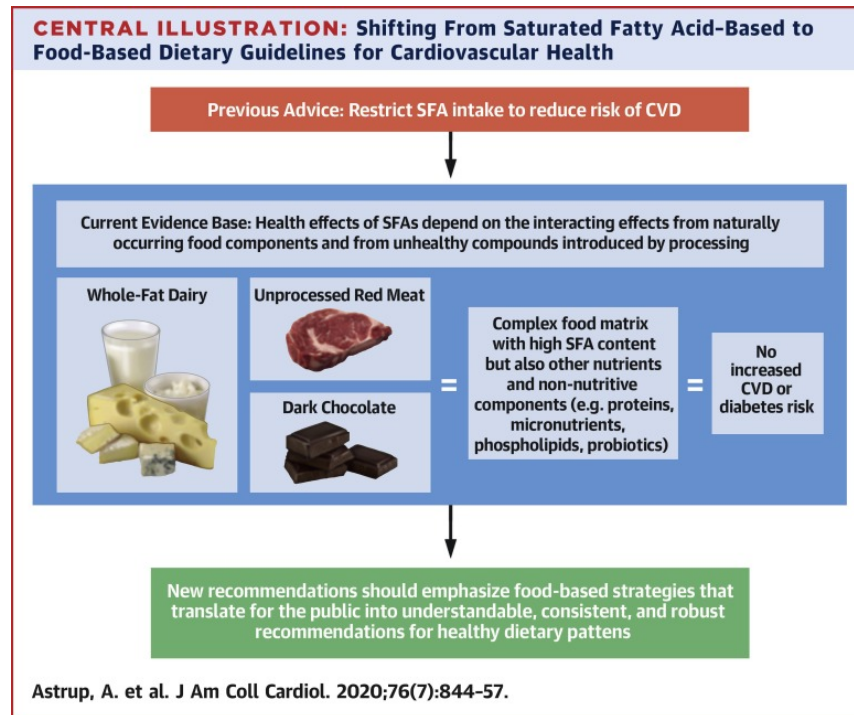
After the 2015 DGA process concerns, Congress paid in 2016 for the National Academies of Sciences, Engineering, and Medicine to evaluate the way these Guidelines are set, and here is their report that called for a comprehensive redesign of the Dietary Guidelines process: <https://www.nationalacademies.org/news/2017/09/new-report-calls-for-comprehensive-redesign-of-process-for-updating-dietary-guidelines-for-americans>

This 2020 "Guidelines" process excluded many of the Academy's recommendations and excluded whole bodies of relevant scientific research about the role of saturated fats, especially milkfat, in healthy diets. Attempts to remedy this unscientific basis for deliberation were repeatedly ignored by USDA Food Nutrition Service staff that supported the DGA Committee.

In fact, this review by scientists, including former DGA Committee members, was published in the June 2020 Journal of American College of Cardiology, showing the anti-saturated-fat edicts of the federal "Guidelines" are unnecessary, even harmful. <https://www.nutritioncoalition.us/news/saturated-fats-limit-unnecessary-journal-of-american-college-of-cardiology>

Here's what the state-of-the-art scientific review concluded, at this link:

<https://www.sciencedirect.com/science/article/pii/S0735109720356874?via%3Dihub>



■ The U.S. Dietary Guidelines recommend the restriction of SFA intake to <10% of calories to reduce CVD.

■ Different SFAs have different biologic effects, which are further modified by the food matrix and the carbohydrate content of the diet.

■ Several foods relatively rich in SFAs, such as whole-fat dairy, dark chocolate, and unprocessed meat, are not associated with increased CVD or diabetes risk.

■ There is no robust

evidence that current population-wide arbitrary upper limits on saturated fat consumption in the United States will prevent CVD or reduce mortality.

Also, one or more 2020 DGA Committee members have come forward as “whistleblowers”, according to letters from:

Over 300 doctors and healthcare practitioners available here

<https://static1.squarespace.com/static/5a4d5666bff20053c65b7ff2/t/5ee960a81f51e32053eeef43/1592352936854/PhD+Doctors+and+Healthcare+Practitioner+Open+Letter+to+USDA-HHS+updated.pdf>

A letter from members of the U.S. Congress and government oversight professionals' here:

<https://static1.squarespace.com/static/5a4d5666bff20053c65b7ff2/t/5ed91ec39d412854399c3991/1591287491759/Final+Letter+to+the+Secretaries.pdf>

The Academy of Nutrition and Dietetics wrote about concerns here:

<https://www.eatrightpro.org/news-center/on-the-pulse-of-public-policy/regulatory-comments/academy-requests-more-time-for-2020-dietary-guideline-advisory-committee-report>

Recent 2020 DGA ‘whistleblower(s)’ revealed the flawed process, citing lack of transparency, exclusion of evidence, inconsistencies, even intimidation. Read more here

<https://www.nutritioncoalition.us/news/usda-members-blow-whistle-flaws-in-process>

The 2020-25 Dietary Guidelines approved by USDA and HHS in December 2020 will worsen the decades of ill advice that make it even more impossible for schools and daycares to offer choices like whole milk, whole dairy, beef and other whole foods that provide satiety and essential nutrients for strong bodies and minds.

These flawed federal guidelines also pave the way for multinational companies to use the low-fat and fat-free ‘government compliance’ system to gain even more control of childhood nutrition by promising ‘government-compliant’ meals and beverages devoid of nutrition and satiety but processed with artificial sweeteners and high fructose corn syrup.

In 2010, through the Healthy Hunger Free Kids Act, Congress linked the DGAs more strictly to rules about what schools and daycares can offer to children over 2 years of age in terms of milk and other animal protein.

To meet the “on paper” outcomes, in 2012, USDA decided to prohibit even the paid a la carte choice of whole milk in schools, allowing only non-fat and 1% low-fat to be offered, but also allowing plenty of other beverage options that lack nutrition and contain combinations of high fructose corn syrup and artificial sweeteners that, while low in calories with zero fat, provide zero satiety, zero nutrition and further condition the palate to crave more sweetness.

The DGA Committee on June 17, 2020 when its final report was drafted for USDA admitted that under their meal pattern “Guidelines”, Americans, especially children, will continue to fall short on important nutrients of concern, but they failed to address it.

Read more at these links:

- 1) <https://agmoos.com/2020/06/18/one-sided-bias-evident-as-dgac-edges-fat-caps-lower-even-our-toddlers-arent-safe/>
- 2) <https://www.nutritioncoalition.us/news/draft-report-of-the-2020-dietary-guidelines-advisory-committee-ignores-concerns-continues-nutritionally-inadequate-advice-based-on-weak-evidence>
- 3) <https://agmoos.com/2020/06/29/dietary-guidelines-catastrophe-not-understood-by-most/>
- 4) <https://www.nutritioncoalition.us/2020-dietary-guidelines/>

Here are links to just a fraction of what the DGA Committee left out of their deliberation.

1) Whole Milk consumption by children reduced risk of overweight and obesity by 40%:
<https://www.sciencedaily.com/releases/2019/12/191230104810.htm>

2) Whole Milk consumption by children improved Vitamin D status, found even more important today in terms of what we are learning during the Coronavirus pandemic and its effect on economically-disadvantaged communities
<https://www.acsh.org/news/2016/11/29/whole-milk-better-low-fat-kids-vitamin-d-status-10498>

and https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4234713/?fbclid=IwAR0GH1LLniGguDlGT_C3BzdAaKt-UDyQBzDIwi4kJBADMfXHJ8fhfP2pPKwE

3) Whole Milk and full-fat dairy foods are linked to reduced diabetes risk:
<https://www.npr.org/sections/thesalt/2016/04/18/474403311/the-full-fat-paradox-dairy-fat-linked-to-lower-diabetes-risk?>

4) Leading Scientists, including former members of USDA Dietary Guidelines Advisory Committees, published a State-of-the-Art Review finding current government caps on saturated fats are no longer justified by the evidence in terms of weight, nutrition, cardiovascular health and all cause mortality. Many of the studies in their review were ignored by the 2020 DGA Committee: <https://www.onlinejacc.org/content/early/2020/06/16/j.jacc.2020.05.077>

5) Several meta-analyses point to the resounding conclusion that, *“although dairy products contain saturated fat, their consumption induces a positive or neutral effect on human cardiovascular health. In addition, consumption of full-fat dairy products contributes to higher intakes of significant nutrients, in particular vitamin D and vitamin K. Considering current scientific evidence, after years of controversy, the negative image of milk fat is weakening. Therefore, consumers can continue to moderately consume full-fat dairy products as part of a healthy and balanced lifestyle. Authors suggest less emphasis on the impact of milk and dairy product consumption on serum cholesterol levels but more emphasis should be placed on inflammatory biomarkers to elucidate the cardioprotective mechanisms of dairy products.”* Here is the link to the report at NIH: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5867544/>

6) In another report, a number of meta-analyses of prospective cohort studies have concluded that higher milk product consumption is associated with a reduced risk of type 2 diabetes. **The evidence also suggests that higher fat dairy foods may decrease the risk of developing type 2 diabetes. Calcium, vitamin D, DAIRY-DERIVED FATTY ACIDS and amino acids are specifically mentioned as components of the finding. Here is the link to the report:** <https://www.dairynutrition.ca/scientific-evidence/roles-on-certain-health-conditions/milk-products-and-type-2-diabetes>

7) At this link, nutritionists asked that the Dietary Guidelines committee lift the saturated fat restrictions. In another report, writing a letter to the U.S. Congress in 2020, these researchers and former DGA committee members urged USDA and HHS to “give serious and immediate consideration” to lifting the cap placed on saturated fat intake, stating “*there is no strong scientific evidence that the current population-wide upper limits on commonly consumed saturated fats in the U.S. will prevent cardiovascular disease or reduce mortality. A continued limit on these fats is not justified.*” <https://www.bmj.com/content/371/bmj.m4226>

Interestingly, most parents, teachers and school board members do not realize whole milk and fuller fat dairy products are banned from schools and daycares. Some are now realizing that the prohibition of whole milk choice in schools affects learning readiness and excludes a satisfying option for those who are most economically and nutritionally at-risk.

Case in point are the names and comments of the 30,000-strong petition to bring the CHOICE of whole milk back to schools, with almost 25,000 of the signatures online at <https://www.change.org/p/bring-whole-milk-back-to-schools>

A copy of the petition as of the summer of 2020, can be downloaded at this link: <https://www.dropbox.com/sh/qvha9521mjv6996/AADOnzRVtkfEvHp5WBGDV4Da?dl=0> --

In addition to nearly 25,000, nationwide, signing electronically, hundreds provided comments representing school leadership, health and nutrition professionals as well as dairy producers, parents, teachers, coaches, students, researchers, elected officials, and concerned citizens in general. An additional 6,000-plus signatures by mail are also included. Combined, the petition represents every state in the U.S.

Also, in Pennsylvania, a whole milk trial at Union City Area School District middle and high school 2019-20 showed teenagers made healthier choices. They increased milk consumption vs. other ala-carte beverages by 52% when whole milk and 2% milk were simply offered as choices alongside the mandated fat-free and low-fat milk (1%) milks. At the same time, this PA trial showed a 95% reduction in discarded milk because students had the freedom to choose milk they will actually drink.

FURTHER SUPPORTING INFORMATION from experts (with citations) for whole milk in schools

Whole Milk and Vitamin D Status

Althea Zanecosky, MS, RD/LDN -- a registered dietician and nutrition professor at Montgomery County Community College -- testified at a June 18, 2019 hearing before the Pennsylvania State House Agriculture Committee. She cited a 2016 study out of Canada, published in the *American Journal of Clinical Nutrition* (1) looked at over 2700 healthy children aged 1 to 6 and evaluated the fat content of their milk and its influence on weight and vitamin D status.

Consumption of whole milk (3.25% fat) showed significantly higher blood levels of vitamin D in children compared with consumption of low-fat (1% fat) milk. This is significant because a recent study in *Pediatrics* found that “50.8 million U.S. children and adolescents, representing 61% of the pediatric population, suffer from vitamin D deficiency.”

Vitamin D is a fat-soluble vitamin and is found naturally in milkfat. When this fat is removed to make fat-free or low-fat milk, vitamin D is added back in, but these results indicate this is not as bioavailable to the children consuming milk without the milkfat. The same can be said for alternative beverages that state on labels ‘fortified with vitamin D.’

Simply put, children who consumed whole milk had higher vitamin D levels than children who consumed low-fat 1% milk. In fact, it took 3 cups of 1% low-fat milk with the same vitamin D content “on paper” to reach the blood vitamin D levels of children who drank just 1 cup of whole milk (3.25% fat), showing that the nutrient dense profile of whole milk delivers more nutrition per calorie invested.

Whole milk and body fatness / obesity

Professor Zanecosky also testified (PA House Ag Committee June 2019) that the average child who drank whole milk had lower body fat as measured by BMI z-score than the average child who consumed 1% low-fat milk. Furthermore, those who consumed whole fat milk had lower odds of severe obesity.

Studies supporting this conclusion are growing in number and include a 2017 Report in the *Journal of Preventive Medicine* (2) as well as a 2013 report in the *Archives of Disease in Childhood*.

Studies out of Harvard and Tufts Universities are also contradicting the low-fat/ fat-free milk regulations based on findings that regular consumption of whole milk and full-fat dairy products are associated with a lower risk of both obesity and diabetes. (3)

Additionally, Dr. Richard C. Theuer, adjunct professor in the Department of Food, Bioprocessing and Nutrition Sciences at North Carolina State University, in his official comment to USDA Food and Nutrition Services regarding the 2020 Dietary Guidelines, makes this point:

“The reason given in support of feeding fat-free and low-fat milk to children is to promote health and to reduce the risk of major chronic diseases, including obesity. Indeed, reduced fat milk does play a role in overweight and obesity among children . . . by making it more likely!” he writes.

“Recent research documents that children consuming reduced fat milks are MORE likely to be overweight or obese. Fortunately, despite the ‘Dietary Guidelines for Americans,’ most parents do not feed their young children low-fat or no-fat milk,” writes Dr. Theuer.

Dr. Theuer cites further references the issue of milk choices in school and has written a book: "The Childhood Obesity Epidemic, how the Federal guidelines to improve our diets made our children fat."

In a public comment to USDA, Dr. Theuer writes: *"Scharf et al (Scharf, Demmer, & DeBoer, 2013) found that the majority of young children drank whole or 2% milk (87% at 2 years, 79.3% at 4 years). O'Connor et al. (O'Connor, Yang, & Nicklas, 2006) studied preschool children and found that 83% of children drank milk, with whole milk being consumed by 46.5% of the children, and only 3.1% and 5.5% of the children consuming skim milk and 1% milk, respectively. Preschool children consumed a mean total beverage volume of 26.93 oz. per day, which included 12.32 oz. of milk."*

"Unfortunately, once children go to school or to a daycare setting that must comply with Federal rules, parents lose control over the beverage consumed by their children. The USDA Child Care Meal Pattern requires that 'Milk served must be low-fat (1%) or non-fat (skim) for children ages 2 years and older and adults.' Only low-fat milk and no-fat milk (and recently sugar-sweetened chocolate-flavored skim milk) are permitted in the School Lunch Program," Dr. Theuer explains. ***"Sugar-sweetened beverages subsequently displace whole milk in the diets of children, and these are known to encourage obesity (Harrington, 2008; Malik, Schulze, & Hu, 2006)."***

Whole milk and Type II Diabetes

Dr. Theuer reports the science behind whole milk's benefits in preventing and managing diabetes, which is on the rise among children and teens, along with obesity.

One reason was identified by New York City registered dietitian, certified diabetes educator and author Laura Cipullo, who writes: *"When someone eats full-fat dairy versus low-fat dairy, the fat will actually delay the absorption of the milk's sugar. As a result, blood sugar rises more slowly over a longer period of time. Consequently, insulin follows this same pattern. Less circulating insulin means less risk for the development of insulin resistance and diabetes."*

Dr. Theuer adds this point: *"The study suggests that specific fatty acids contained in dairy, such as pentadecanoic acid and heptadecanoic acid (two odd-carbon fatty acids) may play special roles in risk reduction."*

Whole milk and learning-readiness

Professor Zaneosky noted in her June 18, 2019 testimony before the Pennsylvania House Ag Committee that *"Whole milk provides proper nutrition and has a benefit called 'satiety.'"*

The satiety of fats and proteins in whole milk help curb cravings and consumption of sugary beverages or snacks that do not provide milk's nutrient-dense impressive nutrition profile. Proper nutrition and satiety can reduce distractions from hunger and carbohydrate craving.

This can result in improved learning readiness via the satiety of whole milk offered during the school lunch or breakfast helping children feel fuller, longer.

Whole milk and long-term cardiovascular disease risk

A growing body of research is also weakening the theorized link between the consumption of saturated fat found in animal foods like whole milk and one's long-term risk of cardiovascular disease. A recent crossover study published in the *European Journal of Clinical Nutrition* looked at whole milk, specifically, showing consumption led to **improved cholesterol levels** compared with drinking fat-free or low-fat (1%) milk. Specifically, HDL levels were significantly raised but with zero effect on LDL when whole milk and full-fat dairy foods were regularly consumed – reflecting a healthier net effect on cholesterol levels. (4)

Whole milk and digestive sensitivity

Digestive issues are also calmed with whole milk vs. low-fat or fat-free. The Grassroots PA Dairy Advisory Committee and the 97Milk.com social media interface hear from consumers with digestive sensitivities who are able to tolerate whole milk, but not the fat-free and 1% low-fat milk served in schools.

A more balanced and natural matrix of fat, protein and carbohydrate is present naturally in whole milk. This is very important as a growing number of children and teens are said to be lactose intolerant. Their parents choose whole milk at home, and yet they must drink low-fat and fat-free milk at school, experiencing digestive upset that leads to drinking no milk at all, or to being distracted during class by belly pain.

New York City registered dietitian, certified diabetes educator and author Laura Cipullo explains: *“Full-fat dairy is lower in lactose, making it easier for individuals with lactose intolerance to digest compared to low-fat or no-fat dairy. Meanwhile one specific fatty acid contained in dairy is known to aid in gastrointestinal health, and according to a 2013 review from Polish researchers, may actually hold promise in the treatment of IBS and promoting healthy gut bacteria.”*

Whole milk and nutrient density

Whole milk contains 8 grams of complex fat, both saturated and unsaturated and with important functional fatty acids, including omega 3's. This total combination of fats comprises just 3.25% of whole milk's volume (12% of daily recommended value). For the small amount of added fat and the additional 50 to 60 calories in a cup of whole milk vs. low-fat milk, there are many benefits – especially for children ages 2 through 19 – who are governed against consuming whole milk while spending many of their waking hours in daycare and attending school.

Whole milk contains 8 grams of high quality complete protein containing all 9 essential amino acid building blocks. Whole milk contains over a dozen other important and essential nutrients that are not found in replacement beverages, keeping children fueled and full for learning.

Research References by footnote, (others directly cited in letter)

- 1) The American Journal of Clinical Nutrition, Vol. 104, Issue 6, December 2016, Pages 1657-1664, <https://academic-oup-com.eres.qnl.qa/ajcn/article/104/6/1657/4668588>
- 2) Prev Med Rep. (U.S. Nat'l Library of Medicine, National Institutes of Health) 2017 Dec 8: 1-5 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5552381/>
- 3) Full-fat dairy consumption could reduce risk of type 2 diabetes, Diabetes.co.uk, the global diabetes community, April 8, 2016 <https://www.diabetes.co.uk/news/2016/apr/full-fat-dairy-consumption-could-reduce-risk-of-type-2-diabetes-95576109.html>
- 4) Effect of whole milk consumption compared with skimmed milk (fat-free/low-fat) on fasting blood lipids in healthy adults..., December 11, 2017, European Journal of Clinical Nutrition 72, 249-254 (2018) <https://www.nature.com/articles/s41430-017-0042-5>
Further explanations: <https://www.diabetes.co.uk/news/2018/jan/full-fat-milk-improves-cholesterol-levels-90626725.html?fbclid=IwAR1ko6NAoB6rZWE6OP-1e4IMaLITJdT9pwEtTnOteKVMb7YYIv5qVRnPaGo>

WHOLE MILK, Nature's Nutrition Powerhouse
8 ounces, 150 calories, delivers: **Virtually 97% Fat-Free!**



Essential Nutrients by
% of Recommended
Daily Value (DV)

Iodine	35%
Calcium	30%
Vitamin D	25%
Riboflavin	25%
Phosphorus	20%
**Protein	16%
B12	13%
Potassium	11%
Vitamin A	10%
Niacin	10%
Vitamin B5	9%
Thiamin(B1)	7%
Zinc	7%
Magnesium	6%
Vitamin B6	4%
Folate	3%
Vitamins E & K	1%

SOURCE: USDA National
Nutrient Database for
Standard Reference (4/18)

97Milk.com

*The 3.25% (8 g) fat content of Whole Milk represents 12% recommended DV, including saturated, monounsaturated, polyunsaturated and omegas. ***The 5% carb content (12 g) represents 4% DV

An 8-ounce serving of milk, flavored or not, gives you the same....

Riboflavin as 1/3 cup of whole almonds	Vitamin D as 3/4 ounce of cooked salmon	Vitamin B-12 as 3 ounces of turkey
Phosphorus as 1 cup of canned kidney beans	Protein as 1 1/2 medium eggs	Potassium as one small banana
Niacin as 10 cherry tomatoes	Calcium as 10 cups of medium spinach	Vitamin A as 3/4 cup of broccoli

WHOLE MILK- 8 ounces, 150 calories, delivers:
Protein 3.5% (16% DV), Fat 3.25% (12% DV),
carbohydrates 5% (4% DV), water 88%
(Standardized by weight)
(Calories by % recommended DV- daily value)

More on milk health go to:
97MILK.com

