Regulatory Session

Dr. Glen Hoffsis, *presiding*

Maintaining the Integrity of the Accredited Veterinarian System

Bert W. Hawkins, *Administrator of the Animal and Plant Health Inspection Service*
U.S. Department of Agriculture

It is certainly a pleasure to be with you today to share my thoughts on a subject of vital importance: maintaining the integrity of the accredited veterinarian system. I am talking here about a system that is directly connected to international confidence in our cattle and other livestock exports, as well as confidence among states.

This is a particularly appropriate forum for this discussion because the 30,000 accredited veterinarians, nationwide, are private practitioners like yourselves. As a rancher in Oregon, I depended heavily on people such as you. Little did I realize when I came to Washington as APHIS Administrator that I would come to depend on some of you--you who are accredited veterinarians--even more than I did on the ranch.

State and federal officials rely heavily on accredited veterinarians to perform work for the animal health and human protection programs they administer. Accredited veterinarians play a central role in examining, testing and certifying animals that are shipped across state lines or are exported to foreign countries. They are central to our national animal health system. When they do their job well, the system works well...and conversely, when they don't, the entire system is put in jeopardy.

When accredited veterinarians adhere to the high standards they are trained to uphold, they can rightly feel responsible in part for the worldwide reputation of U.S. livestock and animal products for health and quality.

But again, when accredited veterinarians perform improperly, the consequences can also have worldwide impact. While improprieties have been relatively few--involving only one-half of one percent of all accredited veterinarians--these few have received publicity out of all proportion to their number. And even one can seriously damage the health reputation of U.S. livestock. You, too, are familiar with the incidents in Missouri, New York, and other states, where the system broke down in one way or another. You are as aware as I am of the recent, improper export of cattle to Korea. And you must know, too, that even a few of these incidents can damage the credibility of all of us connected with animal health and welfare.

Some of the veterinarians were slipshod in their recordkeeping or in their methods of operation. They may have taken a dealer's word and failed to verify that a shipment of calves actually was vaccinated. Some lost sight of the real-world effect of official documents. Some signed blank health certificates, leaving their completion to persons without the training and expertise to distinguish signs of illness. In fiscal year 1984, we suspended the accreditation of 41 veterinarians and revoked the accreditation of four others. Letters of warning were sent out to 46 others.

As practitioners vitally interested in bovine health, you

have an equal stake with state and federal veterinarians in maintaining the integrity of the entire accredited veterinarian system. And so I want to bring you up to date on some thoughts we have had, from which we will be drafting proposals, on how to assure its continued integrity.

I firmly believe that the vast majority of cases where accredited veterinarians act improperly are due to carelessness--specifically, lack of updating--rather than deliberate malfeasance. After accreditation, a veterinarian must keep up to date on changing health requirements of the United States, individual states and foreign countries. He or she also must stay in touch with officials administering Federal and State programs, and must adhere to strict standards of performance. This is a tall order, and it is not surprising that confusion may occasionally be the result.

In a way, this is good news, because we can do something about it. In our desire to assist you--

First, I am aware of your frustrations in attempting to keep abreast with the rapid and everchanging import health requirements of the States. As the disease incidence of Brucellosis, Tuberculosis, and scabies, etc., change within a particular state, that state changes its import requirements to protect against the reintroduction of the diseases by necessity. Because of this, it is extremely difficult, if not impossible, for the accredited veterinarian to know every state's current entry requirements.

In the past, APHIS published the "State-Federal Health Requirements and Regulations" to be used when issuing health certificates. The book was updated every 4-5 years to reflect the changes and furnished to you. Each edition grew in size and was outdated the minute it was printed. The last edition in 1982 contains over 1,000 pages of regulations.

Recently, I directed Veterinary Services to develop a program to enter the State and Federal interstate health requirements on a computer. The current regulations have been entered on the computer at the Brucellosis Information Center at Ft. Collins. This program allows State Veterinarians to enter changes into the data bank which will be available immediately to other State Veterinarians to disseminate to the practitioner. We are also developing a plan to make this information available to anyone who has a micro- or mini-computer. We should have the details completed in the upcoming months.

I believe that this is a big step in the right direction for us to supply you with up-to-date information. Availability and use of this program by practitioners should reduce the number of violations of Federal and State regulations.

Second, I share your concerns and frustrations about implied warranty implications with the interstate health certificates and it has become a national problem. Courts maintain that when a practitioner signs a health certificate for cattle or other food animals to move across State lines, that the veterinarian attests that the cattle have been treated properly and are disease free. This, of course, is more than what the veterinarian means when he signs a certificate. The recent court decision in Florida has brought the issue into national prominence.

Last month, the United States Animal Health Association recommended that the States amend their certificates to reflect the following: (1) Change the name from health certificate to "Certificate of Veterinary Inspection;" (2) Change the wording of veterinary certification to "I certify, as an accredited veterinarian, that the above described animals have been inspected by me and that they are not showing signs of infectious, contagious, and/or communicable disease, (except where noted). The vaccinations and results of tests are as indicated on the certificate. To the best of my knowledge, the animals listed on this certificate meet the State of destination and Federal interstate requirements. No warranty is made or implied."

/S/ _____
Accredited Veterinarian

and (3) add on Owner/Agent Statement to the certificate to read "The animals in this shipment are those certified to and listed on this certificate."

/S/ _____
Owner/Agent

As Administrator and a former rancher, I support these changes. I have assured the States that APHIS will modify its regulations if necessary to support the States in this effort.

However, I want to make three points: (1) The suggested changes are the responsibility of the individual states; (2) The responsibility for compliance with Federal regulations, which require that animals moved interstate be accompanied by a certificate, presently is borne by the person or persons moving or causing the interstate movement of animals. Responsibility or liability for violations of APHIS' interstate regulations is not based upon the identity of the individual but upon relationship of the individual to the interstate movement. Therefore, I believe that it is in your best interest for you to solicit the owner or agent to sign the owner's statement; and, (3) None of the USAHA changes would change the responsibility or liability of accredited veterinarians with respect to the standards which must be followed to retain such accreditation.

We have been working to develop a proposal that will address the problem of updating knowledge and skills and demonstrating competency, and at the same time deal incisively with the few cases of purposeful wrongdoing, as we have been doing. If we can develop a system whereby we are assured of effective communication--one way, for example, might be periodic meetings with all accredited veterinarians --we should be able to anticipate problems, recognize and deal with them while small and before they reach the state where drastic action is needed.

Our thinking is along the lines of renewing accreditation

as one possible approach to assess continued competence. Whether this will take the form of a formal examination or some less formal route has not yet been determined. There are many options, and we will explore them all. But we do want to be able to take a close look, in one way or another, at an accredited veterinarian's knowledge and competence--at specified intervals.

We are not going to approach this unilaterally, of course. We will be talking with your organization, with the American Veterinary Medical Association, and with other affected groups. We will want your input even before we reach the formal proposal stage, as well as afterward. And once a proposal is adopted--and we want to move as quickly as we can on this--we will continue to need your support and suggestions. We want to assure you, also, that we are equally concerned about measuring competence in Federal and State veterinarians and are exploring means to do this. Above all, we need to stay in touch, to communicate regularly.

Since 1921, we have recognized that our programs couldn't function without accredited veterinarians. At present, 26 States have been freed from tuberculosis, and 19 have been freed from brucellosis, and many others are close behind--accomplishments which would have been impossible without the dedication of knowledgeable and competent accredited veterinarians. We owe it to the vast majority of these individuals who have the highest standards to do everything we can to maintain the integrity of this entire system. Thank you.

Abstracts

Therapeutic strategies involving antimicrobial treatment of disseminated infections in food animals

Glen F. Hoffsis, DVM, MS, and Frank H. Welker, DVM
JAVMA, Vol 185, No. 10, November 15, 1984

A disseminated infection can be defined as one that gains access to the circulation from a localized area of infection, such as the umbilicus, or from an external portal of entry, such as the intestine. The infection can be considered disseminated when septicemia occurs or when at least 1 peripheral tissue is invaded. The most common prototype disseminated infection in large animals is omphalophlebitis, associated with polyarthritis, and sometimes meningitis, ophthalmitis, and hepatitis. For success of therapy, large animals must be treated early when organisms are disseminating (septicemia). In disseminated infections, abscessation is common and a wide range of tissues may be invaded. After abscesses are well established in deep peripheral tissues at multiple sites, successful drug therapy with any type of product is virtually impossible.

Cephalosporin group of antimicrobial drugs

T. D. Thomson, PhD, VMD; J. F. Quay, PhD; J. A. Webber, PhD
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The cephalosporin era began in 1945 when Giuseppi Brotzu, a professor of hygiene, isolated the fungus, *Cephalosporium acremonium,* from a seawater sample obtained near a sewage outlet in Sardinia. He observed antimicrobial activity against gram-positive and gram-negative bacteria in a crude filtrate derived from a fermentation of this fungal organism. Brotzu bypassed animal experimentation, injecting these filtrates directly into human patients infected with a variety of diseases, apparently with some degree of clinical success. Later work at Oxford University indicated that this fungus produced at least 3 antibiotics; cephalosporin N, cephalosporin P, and cephalosporin C. The developmental research that produced the current cephalosporin compounds was done with cephalosporin C.

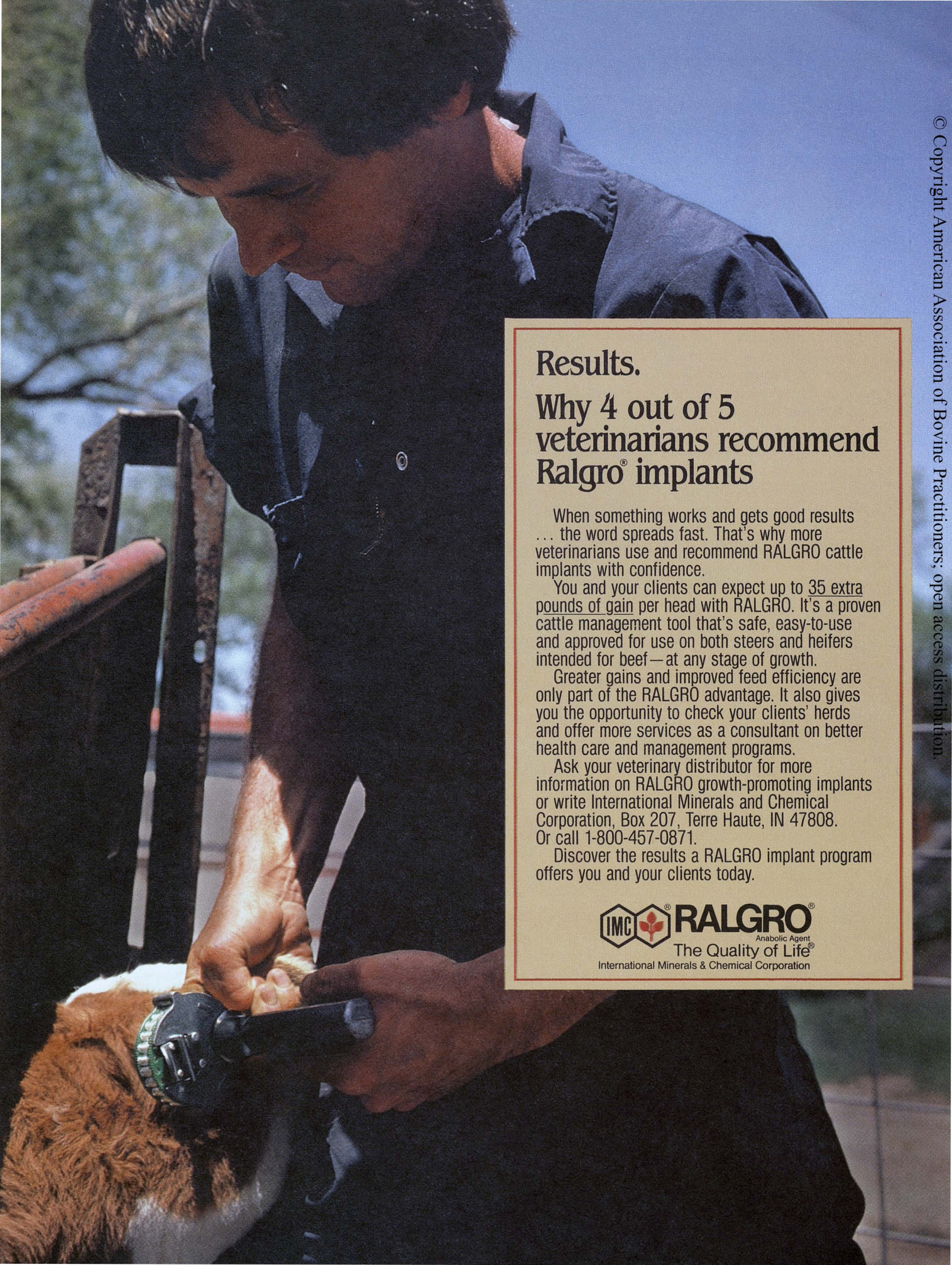
Methods of selenium supplementation of ruminants

A. MacPherson, J. S. Chalmers
Veterinary Record (1984) 115, 544-546

Three methods of selenium supplementation, by subcutaneous injection, intraruminal pellet and addition to water, were tested in experiments with cattle and a fourth method, oral supplementation of a sodium selenite solution, was evaluated with lambs. All four methods worked effectively for periods ranging from four months to one year after treatment. It is suggested that choice of treatment will depend on the circumstances of each case, including cost, husbandry system and ease of administration.

Large numbers of ruminant livestock in the United Kingdom have been shown to have marginal or low blood selenium levels and according to Anderson and others (1979) there has been an increased prevalence of nutritional myopathy in young cattle and also of other selenium-responsive conditions. Arthur and others (1979), in a survey of beef suckler herds in the Grampian region of Scotland, found that 80 per cent of the herds sampled were of deficient selenium status but that in only 5 per cent of these was this associated with clinical disease. Blaxter (1963) obtained a small but significant growth response to selenium treatment in sheep and Gleed and others (1983) have shown the benefits of a combined selenium and copper treatment of calves in terms of liveweight gain over either given alone. A combined selenium and vitamin E treatment of ewes before tupping has also improved lambing percentages (Mudd and Mackie 1973).

Several different methods of selenium supplementation have been developed recently in response to the increased interest in and the need to meet ruminant requirements for this element. This paper describes experiments carried out to evaluate some of these with particular reference to two long acting preparations. These are injectable barium selenate (Deposel; Rycovet) and the intraruminal heavy selenium pellet (Permasel: Tasman Vaccine) developed in Australia by Kuchel and Buckley (1969). Oral dosing with sodium selenite and the addition of selenium to the water supply in the form of slow release pellets (Aquatrace; Comac Agrochemicals) were also examined.



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