

Kim Wenger

From: "Kelly Shea"
To: <hr@barcelohotelsusa.com>
Sent: Saturday, October 19, 2002 3:48 PM
Subject: Hue's public comment 10/19

----- Original Message -----

From: H & B Karreman
To: NOSB.Materials@usda.gov;NOSB.Livestock@usda.gov
Sent: 9/24/02 11:36:28 PM
Subject: deferred veterinary materials

Hello NOSB Livestock and Materials Committees,

I thank you for allowing me have submitted the various veterinary medicines to be petitioned. I don't think that I am the official petitioner, however. Therefore, I would like to ask you all how best I can help to clarify unresolved issues that you may have. Please do not hesitate to ask, as I feel as I perhaps best can be an 'expert witness'.

I apologize for not having been present on the second day of the last meeting in Washington, but I'm a solo practitioner and cannot be away from the local area for long stretches as I need to have 'coverage' for emergencies. I will make plans with a colleague to cover for me on Saturday Oct19 and Sunday Oct.20, as the weekends are lighter in general. Also, Becky my wife will have delivered by then (due Oct.1st).

Let me reiterate that I am not a manufacturer of any of these veterinary products. I personally do not stand to monetarily gain or lose by them being allowed or prohibited. Hopefully I was clear in my 5 minute public comment that licensed, professional veterinarians are in dire need of these handful of medicines in order to relieve pain and suffering in certified organic livestock. I chose these particular group of medicines having been in practice now for 8 years, previously in a large group practice and now as a solo practitioner, knowing what kind of emergencies occur and how veterinarians typically respond to such situations.

I truly enjoyed Rosalie Koenig's question posed to me regarding how I philosophically view the idea that farmers are required to give appropriate medication even though doing so may well render the animal useless for further organic production. I really could have gone on for hours regarding that question, as I have wrestled with that exact question for about 5 years now while out in the barns, face to face with farmers when their animals are down and out. I guess my basic conclusion is this: the organic community cannot say that animals are treated humanely unless some prescription medicines are allowed. You cannot have it both ways - saying that they are treated humanely, yet require removal of an animal that is given something to effectively relieve pain and suffering. That is like handmilking cows by candlelight - it is just not reality, even though it sounds wonderful. Also, how many mothers who are organic consumers would deny their own children medications that an emergency room doctor prescribes to relieve pain and suffering? Why should the animals which produce the organic milk they buy be denied a prescriptive item in an emergency basis? Aren't certified organic livestock allowed to be sick? Or if they do become sick, are they just supposed to be jettisoned from the herd? As it stands now, none of my organic farms would pass for the Humane Society's "Free Farmed" program because of these kinds of issues. Kind of odd that certified organic livestock would not pass as treated humanely by the nation's leading watch group of livestock welfare issues, no?

In making up that handful of specific medications, I purposely did not bring up any antibiotics, which of course I should have if we want to really ensure humane treatment. However, I did not because they have already been considered and effectively banned due to the NOP wording. However, am I mistaken in thinking that the original OFPA only disqualifies subtherapeutic use of antibiotics and hormones? (Therefore is rare therapeutic use of an antibiotic actually allowed??) Which wields more authority - the original Act or the wording of the NOP? I brought up these other "gray area" medications because no one else had even considered them (definitely NOT the Rule writers) and yet they are integral in veterinary livestock practice. Whether or not farmers actually know them is somewhat irrelevant, simply because they are used so rarely that farmers would not think of them in general. But then they look to their vet for help when in a pinch and items such as flunixin, xylazine, butorphanol are brought up. I would like to take to task whoever wrote the part of the preamble that requires removal of an animal given appropriate treatment, because those two sentences (referring to giving appropriate treatment but then requiring removal for doing so) simply must be removed if these medications are prohibited.

I would like to remind the Committees that aspirin has never been approved by FDA for use in livestock. Sounds

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crazy, but it is absolutely true. The only NSAID approved for livestock (bovine) is flunixin. Phenylbutazone has never been approved for bovines. Dipyron was discontinued. Tylenol, Advil, Motrin are also not approved. Nor is Caprofen and Ketoprofen. I would like to say that Flunixin is to medically managed pain relief as butorphanol and xylazine are to surgical pain relief. Veterinarians do not do surgeries with flunixin, just as they do not relieve fever and inflammation with butorphanol and xylazine. I take issue with Reviewer #3 of the flunixin TAP review in the last paragraph of page 21 when s/he says "...The idea implied in the application that organically-raised livestock might be made to suffer unnecessarily so that owners might market them under a particular label is sinister and coercive." Sinister and coercive??? This is not jargon of a scientist. The reviewer goes on to say that by reducing omega-6 fatty acids will help limit susceptibility of their herds to inflammation. We are talking about an individual animal that is experiencing inflammatory pain due to an unforeseen problem. The reviewer says that aspirin and hydroxyphenol compounds are effective and naturally occurring and can be given to livestock as willow bark or water extracts. Let cows go chew on some willow bark when they have a serious bout of coliform mastitis?? To imply that in an official TAP review is just not in the realm of believable. And, once again, aspirin is NOT approved for livestock. So all the comparisons between aspirin and flunixin are moot.

Even IF aspirin was technically legal to give (as flunixin already is by FDA), why must there be only *one* synthetic way to treat an animal on rare occasions? This also concerns heparin versus sodium citrate. Why must there be a competition between the two? I know as many veterinarians that use heparin to give a blood transfusion as veterinarians that use sodium citrate. In any of these treatments, we are talking about rare useage. There simply are no 'natural' anticoagulants. I can think of other materials in organic farming that would be considered dangerous and they are used routinely - such as diesel fuel. How utterly polluting, the exhaust makes me sick to my stomach. All my farmers use horses for their field work. I know horses are a viable option. But I do not suggest that only one or the other are OK for organics. (But perhaps diesel fuel should be TAP reviewed.) I guess I simply do not understand why a rare use of a medicinal to relieve pain and suffering is under such scrutiny. The 81 veterinarians who signed on to support these medicines find it hard to believe the medications are being questioned in the first place. I understand that there is an official process and I hope that I can help you understand these materials as a practitioner who is "out in the trenches".

I know that I have philosophized here, but I wanted to fully answer Ms. Koenig's question to me.

Thank you,
Hubert J. Karreman, VMD

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