

PUBLIC  
COMMENT  
Sept. 17, 2002

Hubert J. Karreman, VMD.  
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I am a dairy practitioner from Lancaster County, Pennsylvania. I work with 41 certified organic dairy farmers on a daily basis. This translates to working with about 3200 certified head of cattle anywhere from their day of birth up through being productive milking cows. I use botanical medicines, homeopathy and acupuncture for routine problems of fertility, digestion and lameness. But by being on the front lines, in the trenches so to speak, I also know that my natural treatment therapies are not effective in various emergency situations that can occur at any moment.

There are roughly a dozen veterinary medicines that are critically needed to relieve pain and suffering. They are: butorphanol, flunixin, xylazine, epinephrine, heparin, furosemide, atropine, activated charcoal, mineral oil, kaolin pectin, bismuth, and magnesium hydroxide. Because of my direct involvement with livestock health matters, and also knowing that the vast majority of my veterinary colleagues scattered across the U.S. have no idea how to use natural medicines, I submitted the 12 medicines to be TAP reviewed. I have with me a list of 81 veterinarians who support the use of these emergency medicines. They are alarmed that these medicines may be banned in organic livestock—especially when they are essential to relieving pain and suffering with no clinically equivalent alternatives. I will submit their names and some of their comments to you at the end. To the NOP and NOSB for TAP reviewing these medications, I say thank you on behalf of veterinarians as well as on behalf of the farmers and their animals.

Folks, we are in the 11<sup>th</sup> hour before final implementation of the NOP Rule. There are precious few animal health care items available to a professionally trained veterinarian when called in to an organic farm. I hope that when the whole Board votes tomorrow on whether to prohibit or allow a medication to be used to relieve pain and suffering in certified organic livestock, please keep in mind the following:

- 1) Organic consumers expect humane treatment of organically raised livestock.
- 2) But by prohibiting proven, effective medicines, farmers will be punished for relieving pain and suffering—due to the requirement of removing an animal given a prohibited substance.
- 3) And therefore—where is there actually an incentive to treat an animal with effective medicines?

Perhaps someone can someday explain to me exactly why an animal needs to be thrown away simply because they were given something which effectively relieves pain and suffering. We're not talking plants and soil here—they can be plowed down on a whim. We are talking about furry, living and breathing animals here that can experience real.

pain. Creatures under our care deserve compassionate treatment without punishing the person who cares for them.

Fortunately, Bessie the cow is usually quite happily chewing her cud out on the pasture, under the sun, enjoying a nice breeze on organic farms. It is this picture that organic consumers have of a happy cow. But—accidents can happen, even on the most perfectly managed organic farm. This is simply a fact of life. What if Bessie gets into the grain bin and gets grain overload? Aspirin will not make her feel any better (and it is not approved by FDA for livestock use). However, by doing a rumenotomy surgery and emptying her rumen, she can recover. But that would take butorphanol, flunixin, xylazine, mineral oil and magnesium hydroxide for humane surgical technique and post-operative follow-up. Should Bessie then be culled (basically thrown away) after the surgery? I don't think so nor would a typical organic consumer in my opinion. After all, Bessie, just being curious, happened to sneak under the fence and found her way to the grain. By banning the 12 proposed medications, the veterinarian, the farmer and the cow are punished. What kind of sense does that make? The consumer of organic products perceives organic livestock production as a kinder and gentler method of farming. They have no real clue as to the realities of tending livestock. We need to keep Bessie truly happy, for her sake and the consumers' sake.

I want to assure you that veterinarians are required by law to follow FDA rules pertaining to any licensed compound. Veterinary medicine covers many species and the FDA has mechanisms in place that speak to regulatory issues regarding the labeling of licensed products. I cannot explain those details in my allotted 5 minutes. How I wish that veterinary practitioners were involved earlier on in the Rule-making process—but here we are in the 11<sup>th</sup> hour—which is actually when most vets get called in for a problem anyhow.

In summary, banning medications that relieve pain and suffering will, I believe, potentially give a big black eye to organic livestock production. By allowing certain medicines for specific times of crisis in an animal's life, the NOSB will send a positive signal to society that organic livestock are definitely treated humanely.

**We support the use of the following medications to relieve pain and suffering in certified organic livestock: butorphanol, flunixin, xylazine, epinephrine, heparin, furosemide, atropine, activated charcoal, mineral oil, kaolin pectin, bismuth; and magnesium hydroxide.**

Helen W. Aceto, VMD.  
Field Investigator, University of Pennsylvania, School of Veterinary Medicine.

Darlene L. Aldridge, DVM.  
Cypress, TX.

Patricia A. Baley, DVM, PhD.  
Hockley, TX.

John W. Barlow, DVM.  
University of Vermont, Dept. of Animal Sciences.

R. Tom Bass II, DVM, PhD.  
Imler, PA.

Jill Beech, VMD.  
Professor of Medicine. Chief, Section of Medicine.  
University of Pennsylvania, School of Veterinary Medicine.

Paul R. Biagiotti, DVM.  
Jerome, ID.

Jane R. Bicks, DVM.  
Palm Beach Gardens, FL.

Patricia E. Blakeslee, VMD.  
Kirkwood, PA.

Mary F. Brune, DVM.  
Berryville, VA.

Carol A. Bryda, DVM.  
Granville, NY.

Robert J. Callan, DVM, MS, PhD, DACVIM.  
Colorado State University, Dept. of Clinical Sciences, Food Animal Medicine & Surgery.

Christine T. Camann, DVM.  
Unadilla, NY.

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Vincent W. Carroll, VMD.  
Penn Yan, NY.

Elaine Cebuliak, BVSc, MACVSc, Dipl. Ed.  
Brisbane, Australia.

Paul H. Coe, DVM, MPVM.  
Dept. of Large Animal Clinical Sciences, Michigan State University.

Michael Cohen, VMD.  
Ridley Park, PA.

Robert B. Corbett, DVM.  
Spring City, UT.

Judy H. Cox, DVM, MS, DACVIM.  
Associate Professor, Equine Medicine. Dept. of Clinical Sciences,  
Kansas State University.

Constance A. DiNatale, DVM.  
Winter Park, FL.

Richard H. Dumm, DVM.  
Windsor, CO.

William A. Dunn, DVM.  
Plainview, MN.

Marta W. Engel, DVM.  
Soldiers Grove, WI.

Bruce Ferguson, DVM.  
Reddick, FL.

Malcolm L. Finney, DVM.  
Marshallville, OH.

Delores E. Gockowski, DVM.  
Sturgeon Lake, MN.

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Walter M. Guterbock, DVM.  
Scotts, MI.

Perry L. Habecker, VMD.  
Professor of Pathology, University of Pennsylvania, School of Veterinary Medicine.

Joyce C. Harman, DVM, MRCVS.  
Washington, VA.

Richard J. Holliday, DVM.  
Waukon, IA.

David D. Horn, DVM.  
Greenwich, NY.

Dr. Susan Hughson  
Vancouver, BC.

Lawrence J. Hutchinson, DVM.  
Extension Veterinarian, Pennsylvania State University.

Walter E. Hylton, VMD.  
Staunton, VA.

James A. Jarrett, DVM.  
Executive Vice President, American Association of Bovine Practitioners. Rome, GA.

Brett J. Jones, DVM.  
Liberal, KS.

Robert G. Kadlec, DVM.  
Cascade, IA.

Grace A. Karreman, VMD.  
Nanaimo, BC.

Hubert J. Karreman, VMD.  
Quarryville, PA.

Susan M. Kelly, DVM.  
West Halifax, VT.

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Julie A. Koster, DVM.  
Sioux Center, IA.

Deborah L. Kropp, DVM.  
Toledo, OH.

Michael W. Lemmon, DVM.  
Renton, WA.

Howard D. Levine, DVM, Dipl. American College of Theriogenology.  
Section Head, Tufts Ambulatory Service. South Woodstock, CT.

Marjorie M. Lewter, DVM.  
New Castle, VA.

Rhodnick B. Lowe, DVM.  
Salisbury, NC.

Cynthia L. Marshall, DVM, PhD, DACVIM (Large Animal Specialty).  
Bozeman, MT.

Joseph A. S. McCahon, VMD.  
Exton, PA.

E. Wayne Miller, DVM.  
Pigeon, MI.

Arlen G. Mills, DVM, Dipl. ABVP Food Animal.  
Dairy Herd Health Veterinarian, Pennsylvania State University Cooperative Extension,  
Lebanon, PA.

Margie Minch, DVM.  
Grantsville, MD.

Robert J. Munson, VMD.  
Field Investigator, University of Pennsylvania, School of Veterinary Medicine.

M. Spencer Newman, DVM, MS.  
Marietta, GA.

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Margaret B. Ohlinger, DVM.  
Trumansburg, NY.

Ronald C. Olsen, DVM.  
Moses Lake, WA.

Lisa M. Olver, VMD.  
Lebanon, PA.

Elena Petrali, PhD, DVM.  
Dewdney, BC.

Douglas L. Reece, DVM.  
High Point, NC.

M. Gatz Riddell, Jr., DVM.  
Auburn University, AL.

Brad W. Roach, DVM.  
Shawnee, OK.

James Q. Robinson, DVM.  
Mendon, MI.

Laura J. Roe, DVM.  
Bozeman, MT.

Elizabeth Santini, DVM.  
Lewistown, PA.

Thomas P. Schaer, VMD.  
Orthopaedic Surgeon, University of Pennsylvania, School of Veterinary Medicine.

Patricia B. Scharko, DVM, MPH, Dipl. ACVPM.  
Extension Ruminant Veterinarian, Livestock Disease Diagnostic Center,  
University of Kentucky.

Allen M. Schoen, DVM.  
Sherman, CT.

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Lynae E. Schott, DVM.  
Prairie du Sac, WI.

James R. Schwisow, DVM.  
Milton, WI.

C. Edgar Sheaffer, VMD.  
Palmyra, PA.

Julie Smith, DVM, PhD.  
University of Vermont Extension Dairy Specialist.  
Assistant Professor, Dept. of Animal Science.

Joseph H. Snyder, DVM.  
Myrtle Point, OR.

Cynthia E. Stansberry, DVM.  
Goochland, VA.

Willard L. Stoltzfus, VMD.  
Gap, PA.

Christine J. Susumi, DVM.  
Renton, WA.

Michael D. Todd, DVM.  
Columbus Junction, IA.

Stephen T. Wadsworth, DVM.  
St. Albans, VT.

Ann Wells, DVM.  
Prairie Grove, AR.

Thomas F. Wilson, VMD.  
Strasburg, PA.

Richard K. Winning, VMD.  
Strasburg, PA.

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Jeanne F. Wordley, VMD.  
Media, PA.

Susan G. Wynn, DVM.  
Marietta, GA.

## VETERINARY COMMENTS ON EMERGENCY MEDICINES

I support Dr Karreman's efforts to get veterinary input into these standards and regret that we were not at the table in the first place. ... There is a real issue of animal welfare here because of the reluctance of an organic producer to lose his/her animal and tendency to delay using effective treatments to avoid that loss. Occasional use of life-saving, supportive or palliative non-antibiotic medications should not violate the main rationale for organic standards, which is the indiscriminate use of antibiotics and hormones in livestock. In the case of a dairy animal, her milk could still be used after an appropriate withdrawal time but maybe when it comes time for slaughter, her carcass should go into non-organic channels.

\*Walter M. Guterbock, DVM.

Organic should not mean that the animals suffer.

\*Patricia A. Baley, DVM, PhD.

I started working with organic producers back in 1985. ... Even then, the misinformation regarding medications like the ones listed in your email was rampant. Organic growers of vegetables, but with no livestock background, could not understand that there are times that conventional medications are critical. It took a lot of talking on my part to get them to understand even a little. ... My husband and I sold "natural" lamb because we couldn't get 100% organic feed. My animals were very healthy, but I certainly used medications when necessary.

What I'm concerned about now is that there are veterinarians now being called upon by organic producers who have no knowledge of any other treatment modality and are really at a loss on how to help these producers.

\*Ann Wells, DVM.

I agree there are necessary drugs to provide emergency and basic care to any cow and organic cows should not be denied these. It is astonishing to me that activated charcoal would be considered non-organic. The implications will be that organic cows can be considered "happier" cows, only of they never get sick or injured. If they do, they are kicked out of the herd or killed? Nice. I'd stick to traditional milkers, I know how they are cared for and they are happy cows that get medical care when they need it.

\*Cynthia L. Marshall, DVM, PhD, DACVIM.

I am in favor of the drugs that you are proposing to be a part of the organic rule on a very restricted or limited basis. Some of them I may never use, but they may be of use at some time for some practitioners.

\*Marta W. Engel, DVM.

I have a completely holistic practice, but I do not do any emergency medicine. If I did, I would need to occasionally use allopathic medicines in order to relieve pain and suffering. ... I am interested in keeping modern allopathic products out of the food supply as best we can, but sometimes we need them.

\*Bruce Ferguson, DVM.

It seems absurd that this is even controversial. I try to consume only organic products, but would never want an animal to be denied necessary treatment nor would I feel it necessary to cull that animal from the herd for life.

\*Deborah L. Kropp, DVM.

A quick look at the list of drugs endangered for use in organic livestock indicates several antidotes for poisonings and other drugs useful in the relief of pain and to increase safety when performing procedures on large animals. I, for one, would not be interested in returning to the days of "bruticaine" or "rope-and-choke". Loss of the use of these products would severely handicap the practitioner trying to treat or save the lives of animals and undoubtedly increase the death loss and therefore the cost of producing organic animal products.

\*Paul H. Coe, DVM, MPVM.

To my way of thinking, a good share of those organic folks are doing it because they hope the animals are treated more humanely. These drugs are definitely necessary for humane treatment.

\*Michael Cohen, VMD.

Producers and consumers of organic foods do so at least in part because of a heightened sensitivity to the care and handling of animals. Limited (once in a lifetime, if necessary) use of these products are essential to minimize pain and suffering. Extended withdrawal/withholding times would be acceptable to assure consumers that they are not consuming residues.

\*Lawrence J. Hutchinson, DVM.

It is ironic that people who want absolutes in "wholesomeness" are unyielding in regards to animal health and animal longevity.

\*Perry L. Habecker, VMD.

I respect the rights of people to use "organic" products but we obviously need to have our hands free to help animals in distress.

\*Richard K. Winning, VMD.

I deal with very very few organic farmers, but I would hate to see any of these items removed from use. If I had to treat an animal on an organic farm and could not use these items, what could I use?

\*Robert G. Kadlec, DVM.

I have an organic beef herd in my practice and am frustrated when animals have to leave the herd.

\*Michael D. Todd, DVM.

As a large animal practitioner ... I saw many incidents of animals not receiving sufficient medical care because of exaggerated concerns over "certified organic" status. I can accept the choice to not use antibiotics in some instances, but too often I saw that unprofitable marginal producers with poor work ethic, poor priorities and poor husbandry skills/ commitment were often drawn into "certified organic" production in order to increase income. I have not yet seen any of these producers truly reformed. In my experience, there was way too much incidence of pain and suffering, negligent and inhumane treatment of animals on these farms in proportion to similar abuses on conventional farms. Too often it was the expense of proper treatment and not the nature of treatment that caused these producers to delay treatment of sick animals. A conscientious producer of any type of production system should be concerned with the welfare of his animals.

\*James Q. Robinson, DVM.

I agree that there is a place for conventional medicine when it comes to organic farming.

\*Jane R. Bicks, DVM.

As responsible providers of veterinary medicine we must strike a balance between the need for certain medications to be given in emergency and life-threatening situations for the good of the animal and our overall intent to safeguard our organic food sources thereby ensuring a safe, nutritious product for consumers.

\*Laura J. Roe, DVM.

To my knowledge, none of the medications has a prolonged deposition in the animals (a withdrawal period or a "no milk" period suitable for each drug could be established if necessary).

Epinephrine is a natural substance and has a half-life of minutes!

\*Judy H. Cox, DVM, MS, DACVIM.

I didn't realize that they were trying to restrict use of even those types of medications.

\*Christine J. Susumi, DVM.

I do not think that these medications will have much if any effect on the overall supply of product from these animals.

\*Brad W. Roach, DVM.

I would have had a terrible time when I did cattle work if I did not have some of those tools.

\*Constance A. DiNatale, DVM.

Cows don't take it well when you try to sew them up without a little help.

\*Mary F. Brune, DVM.

I am an ex-large animal veterinarian that treated large numbers of dairy, beef and caprine patients. ... From a pharmacological and humane standpoint it would be ludicrous to prohibit the use of the products mentioned in your email. Animals are not plants. To force an animal to suffer needlessly or to force the economic loss of this animal (decertified) on a small farm due to inappropriate rules defies common sense. ... I would have absolutely no hesitation with using the meat or milk from an animal that has been exposed to the products in your email (with pharmacologically appropriate withholding times), but would fear and discourage the use of any animal product from an all-natural, organic, drug-naïve animals that happened to ingest loads of deadly, all-natural, organic, mycotoxin/endotoxins (toxins which I have had many battles with to save whole herds from decimation).

\*Douglas L. Reece, DVM.

I do not believe that a single lifetime dose of any of those drugs would have any significant impact on the quality or safety of organic products.

\*Robert J. Callan, DVM, MS, PhD, DACVIM.

It is very distressing as a veterinarian to be limited in one's ability to treat and prevent diseases, especially those that impact milk quality, ... so it is important to have the leeway to use as many necessary drugs as possible for the welfare of the animals in our care without risking the organic future of the producer.

\*Julie Smith, DVM, PhD.

I'm naïve as to all the "approved" drugs and therapeutics (home remedies) available to organic farmers. However I question what sets those agents apart from many on your list. Does arnica or echinacea have any better wholesome attributes than bismuth subsalicylate, calcium propionate, mag ox/hydroxide, or propylene glycol? I would really be at a loss without xylazine and butorphanol and lidocaine for abdominal surgeries as well as epinephrine and activated charcoal in emergency cases where needed.

\*Thomas F. Wilson, VMD.

I still believe in terms of animal health and well-being our national standards are overly restrictive. I think prudent... therapy should be allowed without diversion of the treated individual animals. ... It is crazy to me that plant-based medicines can be allowed. What are the withdrawal times on those products? Take Black Cohosh root for example. What do we know about the pharmacokinetics of these products fed to cows orally? Crazy to me that these products can be fed with no regard for potential transfer to milk. Where is the science on this? ... If there is no science how do practitioners make decisions that are "judicious in the use of products or devises for treatment of food-producing animals" (AVMA Complementary and Alternative Veterinary Medicine statement). Seems a bit of a double standard and I don't buy the argument that because it is natural it is safe. They are pharmacologically active substances but given at poorly described dosage regimens.

\*John W. Barlow, DVM.