

Letters to the Editor

Public policies, one health, and veterinary medicine

In a recent letter to the editor,¹ Dr. N. Ole Nielsen suggests that the veterinary profession should put a greater emphasis on developing skills in the public policy domain. He encourages the profession to move in this direction, stating, “The success of the one health concept depends on impacting public policies.”

Although one health, the integrative effort of multiple disciplines working locally, nationally, and globally to attain optimal health for people, animals, and the environment,² has the potential to expand the horizons of veterinary medicine, embracing one health will ipso facto propel the profession into confrontations on complex social issues and policy debates that will require accommodating the opinions and perspectives of diverse groups with whom the profession may have had little or no previous contact.

Because of this, one health leaders in the veterinary profession will need to be skilled at team building and possess the ability to sway people and forge networks of stakeholders with a shared commitment. Further, the scope of one health will need to expand beyond zoonotic disease control to include fundamental issues of food security, production systems, international trade, environmental health, climate change, and food safety. These aspects are especially relevant to the livestock sector, wherein controversies over ethical, health, and ecological issues can affect political and financial support and progress.

To tackle these formidable challenges, the veterinary profession must strengthen its influence on how one health policies and procedures are developed and implemented both nationally and internationally. This will only happen if our veterinary schools and colleges join with other relevant schools and disciplines (eg, environmental sci-

ences, political sciences, business, agriculture, and anthropology) to offer a comprehensive portfolio of undergraduate and graduate courses that foster constructive interdisciplinary understanding and political debate focused on global food production and health.

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Issues in veterinary practice a question of values

The two letters in the May 1 issue of *JAVMA* requesting a more comprehensive look at issues surrounding pregnancy in practice¹ and the upselling of veterinary services² hit home for me, as I believe these two issues are related.

I graduated in 1980 and, by 1987, knew that I needed to be a practice owner and that the practice would have to be located in the basement of my house. I had 2 children under 5 years of age, Lyme disease–related arthritis and severe bouts of chronic fatigue, and a husband whose entire income was devoted to the purchase of his family dairy farm. In addition, I had serious disagreements with employers focusing on average transaction fees rather than net profit.

I hired a lawyer to get the necessary zoning, and my husband and I converted half of our basement into a veterinary hospital. Twin Oaks Animal Hospital opened in September 1987 and is still in operation.

We did much of the labor ourselves, with the help of family, and I worked with a distributor who allowed me to buy single bottles of product rather than entire cases. Initially I referred animals needing radiography to another practice, but 6 months later, I bought a portable equine unit, which we still use.

In 1987, our initial cost to convert, equip, and stock this 500-square foot veterinary hospital was \$22,000. Family members loaned us cash and were repaid within 3 years.

My business philosophy has been to rely heavily on history taking and physical examination. I only order tests that I believe are vital, and I am honest when I believe that additional testing will not

Instructions for Writing a Letter to the Editor

Readers are invited to submit letters to the editor. Letters may not exceed 500 words and 6 references. Letters to the Editor must be original and cannot have been published or submitted for publication elsewhere. Not all letters are published; all letters accepted for publication are subject to editing. Those pertaining to anything published in the *JAVMA* should be received within one month of the date of publication. Submission via email (JournalLetters@avma.org) or fax (847-925-9329) is encouraged; authors should give their full contact information, including address, daytime telephone number, fax number, and email address.

Letters containing defamatory, libelous, or malicious statements will not be published, nor will letters representing attacks on or attempts to demean veterinary societies or their committees or agencies. Viewpoints expressed in published letters are those of the letter writers and do not necessarily represent the opinions or policies of the AVMA.

alter an animal's outcome. My goal is to relieve suffering by providing basic care and to care for the entire patient and its owners.

I would encourage the veterinary profession to take a hard look at home-based practices and to think small and dedicated. I would love to have a dozen such practices within 5 miles of me right now, as I am cutting back my hours to save my back and also to pursue a second career in the ministry.

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2. Kelcourse MW. Upselling veterinary services (lett). *J Am Vet Med Assoc* 2015;950-951.

Farm animal welfare

In a recent letter to the editor,¹ Dr. Tom Burkgren states that "the removal of individual stalls does not improve sow welfare and, in fact, ignores the science behind our current understanding of sow welfare." In contrast, following a review of more than 1,500 pages of peer-reviewed research, an AVMA task force concluded in 2005 that "[g]estation stalls, particularly when used in conjunction with feed restriction, may adversely affect welfare by restricting behavior, including foraging, movement, and postural changes."² The task force² went on to say that there is an immediate need "to advance housing and management practices in ways that will improve the welfare of sows." Studies indicate that sows kept in gestation stalls show more stereotypical behaviors than those not similarly confined³ and that nest building, which is not possible in conventional gestation stall systems, is an important behavioral need, as determined by means of preference testing.⁴

Dr. Burkgren rightly points out that alternatives to gestation stalls may themselves have undesirable consequences that jeopardize sow welfare. It is my contention, however, that because only some sows manifest intermittent aggressive behaviors in group housing but all

sows experience behavioral restrictions in gestation crates, use of group housing would, on balance, be a better alternative to gestation crates, especially given that there are methods available to minimize aggressive behaviors in sows.²

In my view, the veterinary profession has often minimized the importance of pain associated with routine husbandry procedures, such as castration, debeaking, dehorning, and tail docking, for farm animals and not given enough consideration to affective states such as frustration and happiness. A recent study⁵ of Australian veterinary students found that 85% felt they had a good understanding of animal physical characteristics, but only 59% felt the same regarding emotional traits. A study⁶ of US veterinary students found that > 90% felt that dogs and cats were capable of emotion, but the percentage fell to approximately 80% for cattle and pigs, and only 40% of respondents felt that poultry had cognitive capabilities. In the same study,⁶ veterinary students considered routine castration without use of an anesthetic more humane for farm animals than for dogs and cats.

It seems clear that there are inconsistencies in how the veterinary profession views farm animal welfare relative to that of companion animals. It is my hope that as the profession begins to incorporate societal concerns regarding animal welfare, veterinarians will recognize that behavioral needs are as important a component of animal welfare as are the physical parameters we can more readily measure.

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3. Vieuille-Thomas C, Le Pape G, Signoret JP. Stereotypes in pregnant sows: indications of influence of the housing system on the patterns expressed by the animals. *Appl Anim Behav Sci* 1995;44:19-27.
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5. Verrinder JM, Phillips, CJ. Identifying veterinary students' capacity for moral behavior concerning animal

ethics issues. *J Vet Med Educ* 2014; 41:358-370.

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Common ground for feral cats

In the past 6 months, at least 6 letters published in *JAVMA* have dealt with one or more aspects of feral cats and their management. Several have urged seeking common ground. This seems logical and reasonable but requires agreement on the ultimate goals of feral cat policies and on the relative value of the various tradeoffs that must be made to achieve them.

For our part, we believe that local animal control agencies should be allowed to use whatever means they believe most appropriate to control feral cat populations, taking into consideration local laws and policies, cat numbers, geography, land ownership, resources, and politics. We further contend that feral cat policies should optimize public health and wildlife health while protecting private and public property.

Traditionally, animal control agencies have attempted to return stray cats to their owners and adopt out feral or stray cats, once they have been neutered, to new owners. When these options are not feasible, housing of unowned cats in large, caged outdoor areas or transporting cats to areas of the country where there are not enough cats to meet adoption demand may be alternatives to returning them to the environment. Thus, trap-neuter-vaccinate-release or death may not be the only options for feral cats.^{1,2}

Return-to-field programs³ do not represent a new concept. For nearly a decade, feral cats and kittens captured in San Francisco have been neutered and then returned to the streets, vacant lots, and parks where they were picked up. And although some cats may do reasonably well in some protected outdoor situations, it is our experience that feral cats suffer more and die sooner than owned and protected cats.

Cats evolved as small predators whose attacking and killing behav-

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iors are not linked to the satiety centers of their brain.⁴ They injure and kill small animals because it is instinctive. Hundreds of millions, possibly more than a billion, birds, amphibians, reptiles, and small mammals are killed by free-ranging cats in the United States each year,⁵ and most major wildlife rehabilitation centers recognize cat attack as the first or second most common cause of patient admission.⁶ In developing feral cat policies, we should recognize these ecological impacts as well as the adverse public health consequences of rabies, toxoplasmosis, cat scratch fever, hookworm, and typhus, which can be spread by feral cats.⁷

To date, trap-neuter-vaccinate-release programs have not succeeded in controlling feral cat numbers on a meaningfully large scale⁸ or in reducing public health risks or environmental damage associated with feral cats. Nor do they necessarily respect private or public property rights.

Finding common ground will be hard if we can't agree on which considerations are most important. Hopefully, everyone can agree that stemming the flow of kittens into free-ranging populations through mandatory, enforced spaying and neutering of pet cats and stronger messaging about responsible pet ownership is a good goal. We believe reducing feral cat numbers should be the primary goal of feral cat policies, that these policies should incorporate a one health perspective, and that local animal

control organizations should be able to use the most efficient tools available to them, so long as they are humane. We hope that these principles might be the basis of the common ground that has been mentioned with regard to feral cat policies.

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