

Letters to the Editor

Diversity starts with us

How did the 2013 article¹ from *The Atlantic* naming veterinary medicine the whitest profession in America (with whites making up 96.3% of the veterinary workforce, according to figures from the Bureau of Labor Statistics) impact practicing veterinarians? Was anyone surprised? Did the article or moniker challenge the profession to become more inclusive? Did it raise greater concerns about the fact that the veterinary profession is so far afield from current US demographics?

Recent data indicate that > 90% of US veterinary students are Caucasian.² This is a stark reminder that our profession continues down a path of exclusion, with no relevant changes expected in the foreseeable future. Perhaps the die was cast in 1945, when the Tuskegee University College of Veterinary Medicine was founded to train and educate African-Americans within 15 miles of the Auburn University College of Veterinary Medicine at a time when other opportunities to study veterinary medicine were limited because of segregation and other racial impediments.³ Consider the redundancy of resources—2 veterinary schools with their associated faculty, staff, and students only 15 miles apart. Will this really be our profession's legacy?

As an African-American woman working as a laboratory animal veterinarian, my pledge is to encourage young people—especially members of under-represented groups—to pursue careers in science but to especially consider veterinary medicine. I am delighted and honored to be working in one of the more diverse specialties in the veterinary profession: laboratory animal medicine. In October 2016, at the National Meeting of the American Association for Laboratory Animal Science (AALAS), my colleagues organized a panel discussion entitled “Acknowledging the

Impact of Privilege and Intersectionality in Laboratory Animal Science.” Participants were able to share and discuss their various dimensions of diversity and the challenges posed by their identities in the research environment. Ironically, this workshop was the brainchild of my colleagues at the University of Missouri. Drs. Craig Franklin and Mike Fink, both Caucasian males, wanted our organization to have a conversation about inclusion, diversity, and acknowledging privilege. The hope was that this panel discussion would stimulate all of us to understand, respect, and value the experiences of people from different cultural backgrounds. Fortunately, AALAS valued this workshop and has approved holding an extension of it during the October 2017 National Meeting in Austin, Texas.

This was a small, yet important step taken by our national association. This step, along with many others, must be taken if the veterinary profession wants to dispel its image as one of the whitest professions. The national data speak loudly and, frankly, are a bit overwhelming. However, real change can always be started on a personal level. Will you commit to mentoring a young person who does not look like you? Will you speak at a career day for a school that is not in your neighborhood? Will you embrace a colleague from a different ethnic background or from a nontraditional gender

category at the next professional meeting?

We are the best ambassadors for veterinary medicine. It is encouraging to read that as an outcome of the work of the AVMA Council on Education, stemming from discussions at the North American Veterinary Medical Educational Consortium, diversity and multicultural awareness have been designated as a future core competency for graduating veterinarians.⁴ This indicates professional movement in a positive direction. However, our personal commitments, or lack thereof, will determine the legacy of this profession.

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1. Thompson D. The 33 Whitest jobs in America. *The Atlantic* 2013;Nov 6. Available at: www.theatlantic.com/business/archive/2013/11/the-33-whitest-jobs-in-america/281180/. Accessed Aug 22, 2017.
2. Kansas State University College of Veterinary Medicine. Demographics. Available at: www.vet.k-state.edu/about/diversity/demographics.html. Accessed Aug 22, 2017.
3. Tuskegee University College of Veterinary Medicine. The historical legacy. Available at: www.onemedicine.tuskegee.edu/Historical_Legacy.htm. Accessed Aug 22, 2017.
4. Larkin M. Diversity, inclusion added to accreditation standards. *J Am Vet Med Assoc* 2017;251:252–253.

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.

Opposing veterinary botanical medicine specialty

Writing on behalf of the Board of Regents and membership of the American College of Veterinary Internal Medicine (ACVIM), we wish to respond to the letter by Dr. Fougere¹ supporting the proposed recognition of the American College of Veterinary Botanical Medicine (ACVBM) as a new veterinary specialty organization. The ACVIM opposes recognition of a veterinary botanical medicine specialty.

First, public interest does not justify creation of a new specialty. A specialty must be based on evidence of efficacy. Although historical and traditional descriptions exist regarding the use of herbal products, validation of these applications through an evidence-based body of scientific literature, as is the standard for drugs approved by the US Food and Drug Administration, is largely lacking. The > 3,000 publications on herbal medicine cited by Dr. Fougere, although impressive, do not speak to their quality or applicability. For example, a recent PubMed search on the keywords "herbal medicine AND horses" yielded 40 citations, with only 18 of these being relevant to the topic. Nine of the citations were review articles, 6 reported in vitro studies, 2 were surveys or retrospective case series, and 1 was an experimental clinical trial involving mice. None reported clinical trials in horses.

Second, safety concerns exist with the use of herbal prepara-

tions. The strength and purity of these preparations are not rigorously certified, raising the potential for dosing errors, contamination with deleterious substances, and errors in formulation.

Third, future members of the proposed veterinary botanical medicine specialty already have the opportunity to become board-certified through an existing pathway, in that the field of pharmacognosy exists as a component of the American College of Veterinary Clinical Pharmacology (ACVCP). Particularly worrisome to us is the statement in the ACVBM petition that subjecting potential diplomates in veterinary botanical medicine to the rigors of the ACVCP credentialing process is unnecessary. Becoming a board-certified specialist must entail a rigorous process that teaches and then documents mastery of the evidence-based and scientifically sound body of knowledge that is the basis of the specialty. Board-certified veterinary specialists in all existing colleges have become specialists through a precise, well-defined path of clinical training, didactic courses, mentored research, and rigorous examination. The proposed track to certification by the ACVBM does not require acquisition of such a body of knowledge, requiring only the keeping of a case log for 3 years while working under the supervision of an individual similarly trained through an experiential, rather than didactic, pathway.

Certain herbal preparations may have efficacy, but as

pointed out by Dr. Fougere,¹ potential adverse effects need to be determined before they can be used clinically, and given the current lack of quality empirical research and clinical trials to prove the applicability of herbal preparations in companion animal species, recognition of a veterinary botanical medicine specialty is premature. Contrary to helping veterinary species, recognition of the ACVBM as a new specialty organization could potentially be harmful, in that such recognition, by encouraging the anecdotal use of herbal preparations, could delay the development of the scientifically sound evidence needed to care for our patients.

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1. Fougere B. On establishing a specialty of veterinary botanical medicine (lett). *J Am Vet Med Assoc* 2017;251:388.