
PROPOSED TUBERCULOSIS AND BRUCELLOSIS

REGULATORY FRAMEWORK

PUBLIC MEETING

PUBLIC MEETING, held on May 24, 2011, at the Renaissance Concourse Atlanta Airport Hotel, One Hartsfield Center Parkway, Atlanta, Georgia, commencing at 8:30 a.m., before Natalie Gail Sheckton, Court Reporter and Notary Public in and for the State of Georgia.

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APPEARANCES :

DR. BILLY HARTMAN

DR. SCOTT MARSHALL

DR. LEANN THOMAS

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MAY 24, 2011

ANNOUNCER: Good morning. Since we are such a small group, we thought we would be a little more informal than our past meetings. We thought we would have more of a public conversation-style meeting today since we have so little today.

So, if you will, move forward. Well, thanks again for coming. I'm sorry we're such a small crowd, but that is all right. We'll get into a more fruitful discussion today.

My name is Lynn, and I work in the policy division for the USDA. I'm just here to moderate the meeting. We're going to take a little more of an informal structure today.

We do have two presentations we still want to go through because everybody came here to hear what our new proposed tuberculosis and brucellosis regulatory framework will be.

We have two presentations. The

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2 first one will be from our working group
3 members, and the second will be from Dr.
4 Leann Thomas.

5 Just logistics very quickly. You
6 have a packet that is a packet of all the
7 presentations. If you would like to make a
8 formal statement for the record, that is also
9 contained inside the packet. Name tags are
10 inside your packet.

11 Restrooms are just outside across the
12 hall. We won't rotate today for breakout
13 stations, which you will see in the agenda;
14 we will stay here.

15 I'm trying to think if there is
16 anything else we need to cover. I think
17 that is it.

18 Our first presentation will be from
19 the working group perspective. Dr. Bill
20 Hartman and Dr. Scott Marshall will provide
21 that followed by Dr. Leann Thomas.

22 Let me go ahead and ask Dr. Hartman
23 and Dr. Marshall to come forward.

24 DR. HARTMAN: Well, good morning,
25 everybody. Good morning to a group we have

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2 today here to talk about this. We're here
3 as a public meeting to locate the regulatory
4 framework for brucellosis and tuberculosis.

5 The first thing I want to start out
6 by saying is I really support this framework.
7 We have had TB -- and I have talked to a
8 couple of you already -- in Minnesota now
9 after being free of it for 30 years. We
10 have had a five-year effort toward it, and
11 one of things that I recognize in the midst
12 of this is the framework or the regulations
13 we had prior to this were worse than the
14 disease.

15 It impacted our cattle industry in
16 Minnesota more so than the disease itself.
17 I recognized pretty quickly we had to do
18 something to change that. We're not here to
19 get in the way of the cattle industry, but
20 we're in the business of helping the cattle
21 industry, and we want to get rid of these
22 diseases too while we're doing it.

23 I want to give you some background
24 in a minute on these diseases and why we
25 think these changes are necessary, and then

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2 Dr. Marshall is going to provide you with
3 some information on the working group, how it
4 functioned, and how it was put together.

5 So the purpose of this new framework
6 is to have an adaptable program so that the
7 USDA can work with tribes and eliminate these
8 diseases. The key word there is
9 adaptability. We need to be able to change
10 on the fly to adapt to some of the
11 challenges that I'm going to talk to you
12 about in a minute that we have had with the
13 disease, and those challenges are changing.

14 I'm going to talk a little bit about
15 the background of these diseases. I think
16 most of you are pretty familiar with TB and
17 brucellosis and the eradication programs, but
18 it is just to give you a little bit of
19 background.

20 And you're going to change slides
21 for me.

22 ANNOUNCER: Yes.

23 DR. HARTMAN: Thank you.

24 So these are diseases that we have
25 been trying to eliminate from cattle herd in

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2 the United States from the early 1900s,
3 especially with TB. Brucellosis started a
4 little bit later. These are diseases we're
5 trying to eliminate not only because they
6 affect cattle and economics, but also they're
7 both diseases that can affect people, and I
8 know that was a lot more important in the
9 past, prior to antibiotics and some of the
10 challenges that we have with people but are
11 still significant issues. We don't want
12 diseases in our livestock that can affect
13 people.

14 So we made tremendous progress over
15 that period of time. We have gone from a
16 pretty high prevalence of brucellosis and
17 about a five percent prevalence of TB in
18 cattle to where the prevalence is
19 unmeasurable, but we're having some challenges
20 in getting that final step where we totally
21 eliminate these diseases. It is a bigger
22 challenge than maybe we thought it would be.

23 And I think the significant thing
24 with that is states like Minnesota, Indiana,
25 South Dakota, California, Texas, and I think

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2 there is some infection in Kentucky with TB
3 that have been free of this disease for 20
4 to 30 years, and Minnesota it was 30 years
5 we were free. We're suddenly finding
6 individual cases of the disease. We're
7 having that challenge of getting those last
8 few infected herds taken care of.

9 And similar with brucellosis in the
10 greater Yellowstone area, there is infection
11 in the elk and venison, and infection keeps
12 going back in the cattle herds there. So,
13 we have that challenge, and it is a big
14 challenge. It's a political battle as well
15 as a disease battle, and we want to try and
16 make the final steps with that as well.

17 Next slide.

18 So what are those challenges that
19 are new to these programs? The first one is
20 the one I just mentioned, the disease in
21 wildlife. In Minnesota we found an infected
22 cattle herd, and then we found three more
23 rapid fire, and they were all beef cattle
24 herds and then DNR, because of the situation
25 in Minnesota, said we better look at the

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2 deer as well.

3 We located the deer. The first year
4 they found one positive animal, and then a
5 land owner got a permit and shot a deer, and
6 that one was positive as well.

7 That creates some really interesting
8 dynamics because not only are you dealing
9 with the Board of Animal Health and the
10 Board of Agriculture, but now you're dealing
11 with DNR, and you're also dealing with a
12 disease you can't contain.

13 When you have got -- I always told
14 the people from DNR that when you are
15 dealing with cattle, my job is a lot easier
16 because cattle can be rounded up and tested.
17 Deer can't be rounded up and tested. They
18 have to be dealt with in a completely
19 different manner.

20 It also creates some dynamics where
21 you have to have an area that is quarantined
22 off from the rest of the area so to speak,
23 and it becomes a bigger challenge to do
24 that. How do you monitor the movement of
25 animals?

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2 You really need the support of the
3 entire state, and in Minnesota that is when
4 it started being effective is when the
5 governor flew up there. He provided the
6 resources and the authorities to the Board of
7 Animal Health and to the other agencies to
8 be able to deal with the disease.

9 And he also appointed a TB
10 coordinator who then oversaw all the
11 activities of all the agencies within the
12 state.

13 So if I needed the highway patrol to
14 stop cars up there and check them to make
15 sure they had the right paperwork, I had the
16 support to do that. So this is a very
17 necessary thing.

18 So we're dealing with wildlife for
19 TB, but also brucellosis as I mentioned in
20 the elk and deer in the greater Yellowstone
21 area, and that is going to be a tremendous
22 challenge, but we need to not punish those
23 states surrounding the greater Yellowstone
24 area involved while we're trying to get rid
25 of the disease.

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2 The other challenge we're having is
3 livestock don't stay on little farms anymore
4 their entire lives and never go anywhere.
5 Livestock in the United States move on a
6 regular basis.

7 I was at a meeting with the National
8 Pork Board, and we were talking about
9 planning for foot and mouth disease and how
10 we would do that, and we started talking
11 about the swine production systems that are
12 in place now, and they no longer respect
13 state borders. So pigs are moving from
14 North Carolina to Iowa to Minnesota on a
15 regular basis and back and forth.

16 They're also -- they can't be
17 stopped. In other words, if you have got
18 some baby pigs that are ready to move, they
19 have to move within three days because there
20 is nowhere for them to be. There are pigs
21 coming behind them.

22 So the way we raise cattle and hogs
23 is different than we did before. In any one
24 of our sale barns in Minnesota, we have or
25 the larger ones all have cattle from 20

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2 different states on any one day that go
3 through that, so animals move a lot more
4 than they did in the past, and our
5 operations are bigger.

6 In Minnesota when I started, the
7 average dairy herd was about 30 head, and
8 now the average dairy group is over 100
9 animals, and we have bigger herds, and I
10 realize Minnesota doesn't have some of the
11 bigger herds in the country, but it is
12 moving in that direction for sure.

13 The other thing is, the challenge
14 has been incomplete traceability. So when we
15 found this infected herd in Minnesota, we
16 went to the owner. It so happened he had a
17 very good identification system on his
18 cattle, and he had excellent records so we
19 were able to do good tracing in and out of
20 his herd, and some of the other records we
21 found were not so good. They were on the
22 back of a shopping bag and that sort of
23 thing, so we were not as able to trace, so
24 we need to improve that system, and we're
25 working on doing that.

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2 The diagnostics for these two
3 diseases are not perfect. When you do TB
4 testing in cattle, it's your -- an example
5 that we had is we had one herd in Minnesota
6 that we tested three times before we finally
7 found the infection.

8 So we had two whole negative tests
9 on that herd, and on the third test it
10 tested positive. It is the same with
11 brucellosis, they're not perfect, and that is
12 a limitation we have to work within.

13 The other challenge that we have
14 with TB at least in Mexico is at a different
15 level of TB eradication than in the United
16 States.

17 I'm on a binational committee that
18 deals with Mexico in the United States and
19 tries to harmonize what we're doing, and they
20 are making a lot of progress I will tell you
21 that, but they have a lot more infection in
22 Mexico than they do in the United States
23 where we're routinely importing cattle from
24 Mexico, and so we have to figure out a way
25 to manage that, too, so we're not bringing

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2 the disease in and allowing it to spread
3 once it gets in Minnesota or in the United
4 States.

5 I'm from Minnesota, so I often refer
6 back to that, but next slide, please.

7 So why these changes? And I will
8 tell you that not only are these rule
9 changes necessary at a federal level, but
10 they're also necessary at the state level,
11 and we are making changes in Minnesota as we
12 speak to try and adapt our program, too, and
13 it is very similar to what the USDA is
14 doing.

15 So one of the things that I found
16 in the 20 years that I have been doing this
17 kind of work is that our regulations are
18 difficult to change, and that is both from
19 the state side and the federal side.

20 For us in Minnesota to get a rule
21 change through takes two years on the
22 average. Two years. So if you were in a
23 business and it took you two years to adapt
24 to changes surrounding you, you would be out
25 of business pretty quickly. We have to

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2 change that so that we're more adaptable both
3 from the federal and the state side.

4 So what we're proposing to do in
5 Minnesota and federally is to put some of
6 the key things in regulation, but then the
7 things that we need to be able to adapt more
8 quickly put into policies or memos so they
9 can be changed quickly. Now, they have to
10 be changed with public input of course, but
11 they can change more quickly and we can
12 adapt.

13 The other thing that I think is a
14 challenge now is money. The funding for
15 these programs has not increased. It has
16 decreased over time, and there are limits,
17 and the way that we have been trying to deal
18 with depopulating big herds is using
19 emergency funding provided by the federal
20 government. That funding is no longer
21 available, and there is a limit on these
22 budgets, and the budgets may actually become
23 less. So we're going to have to find unique
24 ways of dealing with these diseases that are
25 not where the funding is limited.

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Next slide, please.

So veterinary services started off this process by listening to state coroners, and that is an important thing. By the way, I'm glad you all could make it this morning because it is so important that we get your feedback on "are we headed in the right direction or not," and we think we are, but we need to know that the cattle industry all over the United States is behind them and is supportive.

One of the things in the feedback that the USDA got on this was from an organization called the United States Animal Health Association and that group --

I'm member of that group, and Carter is a member of that group, and the livestock industry is part of that group, and they have the TB and Brucellosis Committee, and they passed resolutions urging the USDA to make these changes. I think there is a lot of input from all over the United States for that.

The other thing is this working

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2 group has tried to align with international
3 standards, so how do we deal with these
4 diseases not only in the United States but
5 how do other countries deal with it? So
6 we're on a par with them so that when we're
7 training with other countries they understand
8 what we're doing, and we understand what
9 they're doing, and we trust each other.

10 There have been several public forums
11 to talk about this. The first one was --
12 the series was in December of 2008 that the
13 USDA put on. After that, the USDA did
14 some internal listening sessions talking to
15 their employees about what they thought would
16 work best, and then one that I was part of
17 putting together was the future of the
18 National Tuberculosis Program, and that was
19 in July of 2009 in Denver, and it brought in
20 about 150 people and really a lot of input
21 from the cattle industry on how we should
22 move ahead.

23 And there was very much in line with
24 the results of that, and very much in line
25 with what the USDA is proposing here.

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The other one was for brucellosis. Veterinary services met with representatives from Idaho, Montana, Wyoming and the National Park Service in June of 2009, and that was about the endemic brucellosis in the elk and venison in the greater Yellowstone area and how to manage that.

That meeting resulted in a development of four core principals which include prevention and surveillance, disease response, and disease management, and the roles of state and federal agencies.

Slide six, please.

So from that input of VS produced two concept papers, and those concept papers for each disease were the basis for what this working group started with, and the objectives of both programs were the same, and I will just list those for you.

To mitigate the introduction of these diseases, to enhance surveillance, to increase options for managing infected herds, modernize the regulatory framework and transition both programs from a state classification system

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2 to a risk-basis only approach.

3 So that last one is really
4 important. We have been dealing with these
5 diseases by classifying states free, modified,
6 accredited, having a five-tier system for
7 states, and when Minnesota found TB we
8 dropped two levels in that status. Well, I
9 tell you what, you don't want to drop. That
10 is not a good place to be. We got out of
11 there as soon as we could. We have a long
12 state, and in some states like California it
13 is even worse because they're even longer.
14 Up where we had TB in Minnesota was a
15 seven-hour drive from St. Paul, and it was
16 300 miles away from where other cattle herds
17 were, and there was really no reason for
18 those people to be punished, but there were
19 herds in North Dakota and Canada that were
20 way closer than the herds in Minnesota. So
21 this is a better way to do it. It makes
22 more sense to me.

23 With that, I would like to introduce
24 Dr. Marshall from Rhode Island, and he is
25 going to finish this up.

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2 DR. MARSHALL. Thank you, Dr.
3 Hartman.

4 Once this group was formed, I was
5 asked to be on it, and I was kind of took
6 back a little bit, why would I have been
7 there from Rhode Island, he asked me, and
8 I'm a working group dealing with tuberculosis
9 and brucellosis.

10 A couple of reasons, TB is not the
11 diagnosis. We have been a free state since
12 1972 with TB and brucellosis since 1982. My
13 counterpart in the state of Connecticut pokes
14 a little fun at me saying that he thinks
15 that dairy cattle ought to be listed as an
16 endangered species in Rhode Island.

17 I think the only reason I was asked,
18 I'm hoping -- well, it makes sense -- that I
19 could bring the perspective of a small
20 win/win state where a zoning could have
21 impacts and bring the perspective of the
22 state that has not had to deal with these
23 problems in a while.

24 I will say that in my background, TB
25 probably has had an impact on me. My

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2 grandfather was a dairyman, and I still
3 live on the same farm that he had, and he
4 lost his herd in 1958 because it was
5 condemned with TB. On that horse then, he
6 decided to get out of the dairy business and
7 take up his hobby and passion, which is race
8 horses, which is what I grew up with, and if
9 he had not lost his herd to TB.

10 So anyway, the perspective that I
11 will bring and Dr. Hartman can bring a lot
12 of experience dealing with these things, I'm
13 going to bring the perspective of what it
14 was like working with the working group
15 formation of it and the challenges we had
16 going forward.

17 The purpose of the working group was
18 that both concept papers state that APHIS
19 will work closely with stakeholders to obtain
20 input on the proposed strategy, program
21 standards, surveillance plans, and other
22 policy concepts before publishing any proposed
23 regulation and throughout the regulatory
24 process.

25 Given this commitment in similarities

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2 in the proposed directions for both TB and
3 brucellosis programs, VS decided to convene a
4 single working group to discuss the
5 regulatory concepts of both programs.

6 One of the first things that was
7 introduced to us in the room is the concept
8 of one proposed rule that would cover both
9 TB and brucellosis. Immediate knee jerk
10 reaction, I think, to most members of the
11 group is these are two very different
12 diseases, why would we want to go down that
13 road, but I think it became clear that we
14 could basically come up with one overarching
15 rule. If we had left the rule kind of
16 generic, understanding there are going to be
17 different program standards for both diseases,
18 and it took a little bit of time to get our
19 head around that, but we finally did, and I
20 think that group eventually reached
21 reconsensus probably within three or four
22 weeks into the process before we decided that
23 this is the way we wanted to go, but that
24 we could write very generic rules that would
25 not have to be changed everytime that

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2 something changed in a program, put all the
3 details in program standards, which were much
4 more changes in the program standards.

5 Next slide please.

6 So the Charge and Deliverables, the
7 charge of this working group was to develop
8 a comprehensive regulatory framework for both
9 TB and brucellosis program.

10 We're now holding serious bold
11 meetings to request your input and comment on
12 proposed regulatory framework. I think it is
13 something we're also very uneasy with the way
14 the group was composed, and we'll have to
15 get into the conversation a little bit later,
16 is that it was basically imposed VS
17 personnel, state, tribal leaders. We didn't
18 have any industry input.

19 We were very much concerned that we
20 didn't have industry input at that point, and
21 we were reassured there would be a time and
22 a place for that, and this is the time and
23 place, so we really encourage you to speak
24 up and say what you like and what you don't
25 like about it.

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2 Based on the products of the working
3 group comments VS receives during the public
4 meetings about this framework, APHIS will
5 develop regulatory text to be published as a
6 proposed rule in 2011.

7 After a public comment period and
8 necessary revisions, APHIS's goal is to
9 publish a final rule by 2012. Okay. So it
10 has been a pretty ambitious schedule. We
11 started this in September of last year.

12 Next slide please.

13 The working group membership was not
14 charged a Federal advisory committee. Its
15 membership was limited to federal employees,
16 representatives of state, tribal, or local
17 governments. And again, conspicuously asking
18 from that was there any kind of industry
19 through -- we're approximately 20 members.
20 And we had state and animal health Officials;
21 six of us, and there were five of us.
22 Originally -- I actually ended up with seven.

23 It was myself from Rhode Island, and
24 we had Dr. Hallstead from Michigan, Dr. Susan
25 Keller from North Dakota, and Dr. Bill Brydon

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2 from Idaho and Dr. Dee Ellis from Texas as
3 the state veterinarians. Dr. Hartman came in
4 a little bit later in the process and
5 referred. He showed up after all the hard
6 work was done. I'm just kidding. I truly
7 appreciate his perspective.

8 Dr. Ellis, because of some issues
9 they were having in Texas -- I swear Texas
10 must have, it is so ambitious. The Texas
11 State Vet Office has probably got a huge
12 wall with every animal disease imaginable on
13 it. One side of the wall are diseases Texas
14 doesn't have today and the other side is
15 diseases Texas does out there today and is
16 constantly shifting the diseases over. It
17 can't be an easy job.

18 We had two state wildlife officials,
19 one from Minnesota and we had another one
20 from Montana, so these people are very in
21 tune with the challenges that wildlife
22 infection brings to these disease programs,
23 four tribal representatives, seven VS regional
24 or area offices, two legislative and Public
25 Affairs and one regulatory analysis and

1
2 development.

3 Next slide, please.

4 So Principles of the New Framework
5 Change, through the new framework, APHIS will
6 implement a flexible yet coordinated approach
7 to TB and brucellosis disease control and
8 management that embraces the strengths and
9 expertise of states, tribes, and producers.

10 The overarching objectives of the TB
11 and brucellosis programs is to detect the
12 disease rapidly. That is not going to
13 change. That has been the goal since that
14 action. Again, these are all concepts,
15 objectives that have been since the inception
16 of TB and brucellosis programs, eradicate the
17 disease when possible and document disease
18 for domestic and international trading
19 partners.

20 Next slide.

21 So here is where my naivety comes
22 in, when we saw these program elements, I'm
23 looking at going down the list, and while
24 this one is easy, this one difficult, this
25 one is easy, this one is difficult, and I

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think I have got them all about wrong.

Programs state requirements, you know, I thought that that may be difficult for some states because we need resources to deal with, Rhode Island needed one of them, and that actually turned up that we're all pulling in the same direction on this, and that is not a big deal.

Zoning in a state where every other state is right on top of one another, and at least conceptually see that TB detected could be spilling into Massachusetts or Connecticut. I thought there would be some issues with that. Again, it didn't seem like that was a program.

Indemnity, now again, my being naive about it that we protect the herd with the TB, and the federal government is just going to come in and buy it and depopulate and it kind of opens my eyes quite a bit when I hear that the federal government has about a million dollars to deal with infected herds and \$500,000 to deal with brucellosis infected herds. So the reality of it is,

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2 that ain't the way it is going to happen.

3 Indemnity, it happened to be the
4 most contentious issue. It was one that we
5 could not reach a consensus agreement on with
6 the members.

7 Interstate movement controls and
8 importation requirements, those are things we
9 have to take a long hard look at. Right
10 now I live in a very restrictive state. We
11 have a total staff of myself and a
12 technician. So we have always had the idea
13 that we're going to build up this gigantic
14 wall and moat our areas and keep TB out of
15 our state, and if that is the most effective
16 resource, I think that is debatable on that,
17 and approval of procedures related to
18 official tests and laboratories.

19 With that, I would turn it over to
20 Dr. Leann Thomas.

21 ANNOUNCER: Just very quickly from a
22 process standpoint, originally we had
23 anticipated going through Dr. Thomas's
24 presentation and then have a series of break
25 out sessions, but since we're such a small

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2 group, we thought what we would do because
3 there are eight elements, as Dr. Marshall
4 just indicated, as Dr. Thomas finishes one,
5 we thought we would open it up to question
6 and discussion.

7 If you will, I will allow her to
8 get through the first element, and we will
9 proceed on to the second elements, and so
10 forth.

11 I will go ahead and leave the
12 microphone at the table. If you would like
13 to identify yourself feel free. Again, the
14 meeting is being transcribed, so your name
15 would be identified, so feel free not to
16 identify yourself if you prefer not to as
17 well.

18 Dr. Thomas.

19 DR. THOMAS: While Lynn is pulling
20 up my presentation, I just wanted to express
21 my thanks to those of you who are here today
22 as well as to the working group members and
23 the technical reps who came to assist with
24 the suggestions we're going to be having.

25 And you will hear this said several

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2 times, is that we want public input. We
3 need your input, and while we will be
4 recording your comments here today, I would
5 also encourage those of you to submit written
6 comments as well as we move forward with
7 this process.

8 Next slide.

9 So as Scott mentioned, the vision
10 for this new regulation and this process is
11 that we have developed draft regulatory
12 framework. This is not the regulatory text.
13 What you're going to see in the slides is
14 first to the framework. The regulatory,
15 the text, is still to be developed and
16 actually we will rely on individuals and that
17 is their job; they write regulations. But we
18 wanted to make sure the framework captured
19 the framework here so it is the concepts
20 we're requesting your feedback.

21 We are looking to develop a single
22 rule but as Scott indicated, we don't mean
23 to imply or suggest that the two diseases
24 are the same. Actually, they're very
25 different. But if you will, look at the

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2 framework that has been generated. If you're
3 trying to eradicate a new disease, you would
4 still be looking at what would likely be
5 those same eight elements. If you want to do
6 surveillance you want to be able to manage
7 effective herds.

8 You want to be able to manage
9 effective herds at the investigations. You
10 want to have importation requirements in
11 place for that disease. So again, we looked
12 at the background or the elements that would
13 be needed for any disease to help provide
14 the framework for these two diseases, and
15 ultimately what that will give us is if we
16 develop and put these regs into place, it
17 will provide us greater flexibility in the
18 long run if we do have to incorporate
19 additional diseases into the regulation so
20 single rule ensures consistency, improves our
21 flexibility and also provides a great relief
22 to administrative burden. Bill mentioned the
23 problems, but the challenges in Minnesota
24 with changing their regulations and I would
25 ask Bill a question. I suspect that if you

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2 can do one rule change as opposed to two
3 rules, there is significant decrease in that
4 administrative burden at the state side, and
5 certainly that is how we feel on the federal
6 side as well.

7 DR. HARTMAN: (Nods head.)

8 DR. THOMAS: It was also mentioned
9 that the regulations will only include those
10 comments that are absolutely necessary but
11 otherwise, we will be placing guidelines,
12 policies into programs standards.

13 Next slide.

14 The working group had several
15 discussions on, well, what are the scope of
16 these regulations, and are you going to
17 include *Brucella melitenis* or *Brucella suis*.

18 And based on funding issues, we're
19 going to maintain the current agents that we
20 currently regulate, that being *Mycobacterium*
21 *bovis* and *Brucella abortus*.

22 That doesn't mean that we're going
23 to know our situations, for instance, where
24 we might have *Brucella suis* in a dairy in
25 Florida. We want to ensure that our

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2 regulations as we currently do have the
3 flexibility that in the event of an epi
4 investigation on that situation, that we
5 would be able to indemnify and move that
6 animal and do further diagnostics and
7 actually document that it wasn't the abortus,
8 it was suis. So I don't want to suggest
9 that the flexibility that we currently have
10 with such agents as Brucella suis, we will
11 maintain that in the new program.

12 Likewise, there was discussion about
13 extending the Brucella program and as I
14 recall, TB into sheep and goats, and again
15 because of funding issues, we don't have
16 surveillance streams set up in sheep and
17 goats, so based on those factors we
18 determined that new regulations would include,
19 as they include now, cattle and bison,
20 captive cervids. We currently don't have a
21 captive cervid regulation for Brucella, but
22 with these new regulations we do plan on
23 including captive cervids to both TB and
24 Brucella suis.

25 The program or state requirements,

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2 and early on we had a lot of discussion, and
3 I think I should point out at this point
4 that the intent here is not to back away
5 from state, federal and tribal programs.
6 That is not the intent here. We will work
7 cooperatively in those states that have TB or
8 brucellosis to help eradicate. So we're not
9 backing away from that.

10 We are, however, as was mentioned,
11 proposing that we move from a current
12 five-tier system for both diseases to a
13 three-tier system, with the critical component
14 being the state's comprehensive health plan,
15 and what that animal health plan does is it
16 defines the activities that the State would
17 put into action if the disease, these
18 diseases were to be found in our state, and
19 I have another slide that provides more
20 details.

21 Under program requirements, we have
22 such general categories as must have the
23 rules, regulations, or infrastructure in place
24 to implement a Brucella or TB program.

25 One of the questions that came up

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2 was -- I will pick on Scott being from a
3 small state, and Rhode Island is not the
4 only state that this situation applies -- is
5 that he mentioned that I think he has two or
6 three personnel in the whole state, and that
7 could be problematic if you had a number of
8 herds that were affected with TB or
9 brucellosis.

10 And the essence or what I think is
11 really the beauty of what we're talking about
12 are there are ways in addition to federal
13 assistance, federal personnel that might be
14 available is that there are neighboring
15 states that he could have an arrangement, MOU
16 if you will, so that in the situation where
17 they might need his assistance that he can
18 provide assistance and vice versa.

19 So we're not saying that the states
20 have to take on these whole programs, but
21 we're looking at ways, which there is more
22 than one way to skin this cat.

23 And I think appropriately is that in
24 this day and time with the prevalence is so
25 low that it would make sense for Rhode

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2 Island to have six or seven people chasing
3 down diseases that for the last 40, almost
4 40-something years they have not seen within
5 Rhode Island.

6 A critical component is reporting
7 requirements, and then finally compliance and
8 accountability. And I think I see this
9 particular element as being the legal
10 linchpin for these new regulations because
11 while we recognize that our current status
12 system is punitive as well alluded to, we
13 also have to ensure that we don't make it so
14 flexible that it doesn't have any backbone.
15 So I think ensuring that the regulations
16 require compliance and accountability for this
17 tier system is really important.

18 And one of the areas that we really
19 need your feedback on is are there certain
20 things that require draconian action. We
21 certainly want to move away from what Bill
22 mentioned, the two status level decrease,
23 which you can comment with that decrease in
24 status level, there was a significant
25 increase in testing requirements, and we're

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2 trying to get way from that, but are there
3 certain circumstance where that needs to be
4 written into the regulations or should it be
5 in the program standards?

6 More about the state plan, and this
7 is a written health plan, one for TB, one
8 for brucellosis, and again, some of the
9 activities would be that you want to make
10 sure the State educates their legal authority
11 on resources, surveillence, how they would
12 handle an affected herd. Do they have a
13 high risk subpopulation? I think the folks
14 in Michigan recognize they have probably one
15 of the highest high risk of population in
16 its wildlife, but also is this a state that
17 receives a large number of imported cattle,
18 be it from Mexico, be it from Canada, be it
19 from Australia, are there a high number of
20 animals being feed-lotted in their state?
21 What mitigation activities are going on in
22 this state?

23 Again, is this a "One Size Fits All"
24 for animal health plan? No, it would be
25 different. I suspect the animal health plan

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2 for Rhode Island would be different from
3 Minnesota if they were to write those
4 documents today. Does that mean that -- so
5 the animal health plans are not a "One Size
6 Fits All" but there probably will be
7 components that the State must include in
8 their plan.

9 So how does the state plan tie into
10 this concept of a status system, and the
11 status as we were currently defining it, the
12 statuses are, it's a consistent state, or
13 provisionally consistent or it is
14 inconsistent.

15 With an inconsistent state, what we
16 want to do is define what the consequences
17 are if a state is deemed to be inconsistent.

18 Next slide.

19 So I have spoken a little bit about
20 the general program requirements. A state
21 must develop infrastructure laws and
22 regulations to implement and enforce these
23 programs. It must implement a reportable
24 disease process for both TB and brucellosis,
25 and as I just mentioned, must develop and

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2 implement a comprehensive animal health plan.

3 I didn't mention it on the previous
4 slide, but because this will be a new
5 activity, although most states can't have
6 components of an animal health plan, and one
7 of our commitments is we will provide some
8 script in play for states to complete their
9 animal health plan.

10 The other thing that is under
11 discussion is that what we would love to
12 develop is an IT system mechanism where this
13 could all be done electronically as opposed
14 to hard copy, and so that is in our future
15 vision for these programs.

16 But as much as possible, we want to
17 be able to automate this, this aspect of the
18 program, and make it easier for, number one,
19 everybody to submit the information, as well
20 as for everyone to have access to it.

21 A component very critical to the
22 program is we want these animal health plans
23 to be transparent. So the reporting
24 requirements, again, to highlight the need
25 for transparency in the success of this

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2 program, and as a sidebar, the reporting
3 aspect, I can't stress how critical it is
4 because states -- at least it is my hope
5 that if we develop the appropriate reporting
6 systems on affected herds on epi
7 investigations that the inclination or the
8 perceived need to implement interstate movement
9 restrictions at the state level will be less,
10 but it is a definitely a challenge that we
11 face.

12 Lastly, the animal health plan should
13 include a description of how the states and
14 tribes will coordinate their reporting. When
15 the working group was meeting, we had
16 numerous discussions about whether or not a
17 tribe would be required to have its own
18 animal health plan, and actually that will be
19 something that the regulations would allow
20 some degree of flexibility, and some areas
21 with some tribes it was discussed that it
22 might be a state or tribal animal health
23 plan, whereas in other situations it may be
24 the tribes that actually have their own plan,
25 and it would be entirely dependent on the,

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2 as I see it, somewhat the antonymy or the
3 infrastructure that the tribe has established
4 and is used to working with them.

5 So, lastly, as I mentioned, that
6 compliance and accountability is going to be
7 built into the system, and a compliant state
8 would not be subject to federal interstate
9 moving restrictions or testing requirements.

10 How would we handle noncompliant
11 states? Well, I think our current approach
12 is that when their disease prevalence reaches
13 a certain point, we increase testing
14 requirements, while we recognize that there
15 are other mechanisms and those include
16 reduction to inconsistent status, or
17 imposition of other consequences such as
18 increased testing requirements, loss of
19 funding, or increased surveillance
20 requirements, and there may be other
21 noncompliant actions or consequences that we
22 develop based on your input, so certainly
23 that is not an inconclusive list there.

24 So with that and actually this being
25 a small group is we have some questions or

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2 perhaps before we go to the questions, based
3 on the presentation that you have heard, do
4 you have any questions about how the state
5 status would work or do you have concerns
6 because we're going away from a system that
7 has been in place?

8 The TB program is roughly coming
9 pretty close to a 100 years. It is quite a
10 pick-on-the-female gender because it is quite
11 an old lady and brucellosis is not far
12 behind. So do you have any concerns about
13 this approach?

14 MR. WHITE: Johnny White with
15 Georgia Cattlemen's Association. Dr. Hartman
16 brought up the penalty currently imposed on
17 the state, for one corner of the state
18 having issue, and I guess my concern would
19 be that a state could be penalized for not
20 having a state vet or Animal Health Board
21 that is appropriately functioning to the
22 program requirements that you're establishing
23 and not having a TB or brucellosis program,
24 so I'm flipping the whole scenario on its
25 head. I guess that would be from a producer

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2 perspective. I would not want my producers
3 being "penalized" in their ability to market
4 their animals or move them freely when there
5 is, in fact, no real animal health problem
6 in the state.

7 Did that make sense?

8 DR. THOMAS: Uh-huh.

9 Since we're having somewhat of an
10 informal discussion -- and maybe, Bill and
11 Scott, you can help me out. I think every
12 state has a state vet?

13 DR. HARTMAN: Either an animal
14 health official or a state veterinarian, and
15 I think right now they're all veterinarians,
16 but there was a time when one was not a
17 veterinarian.

18 And I think the infrastructures in
19 all states and obviously the states with
20 livestock have more infrastructure. I
21 thought that was an excellent idea you had,
22 Lynn, that if it was a small state with
23 limited resources that they would have a
24 memoranda of understanding with another state
25 to be able to utilize those resources.

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2 We have learned a tremendous amount
3 about TB, and we have some very talented
4 people working with TB, and we'd be happy to
5 share those with other states. We would
6 probably charge them for that, though.

7 DR. THOMAS: One of the things that
8 I didn't mention in my presentation and I am
9 amiss in doing so, is we have talked about
10 an advisory board as a concept we want to
11 use for these regulations, and an advisory
12 board is a group of individuals that provide
13 recommendations, evaluations. For instance,
14 it could be a state animal health plan. It
15 could be compliance with reporting
16 requirements, analysis of surveillance plans,
17 and we would like, as I said, we would like
18 the regulations to include and incorporate
19 this concept.

20 One of the difficulties that we have
21 is probably from the aspect of our Federal
22 Advisory Committee Act, which is our FACA
23 Regulations as Scott alluded to in his
24 presentation. FACA Regulations were the
25 reasons we didn't include industry in this

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2 group because the federal government has --
3 I'm using the term flexibility in getting
4 input, recommendations, feedback from other
5 federal and/or state and/or tribal
6 representatives.

7 We have -- it is the reason we were
8 actually able to put the working group
9 together, but it was, and I recognize, that
10 some consider it to be a clear end flaw with
11 the working group that industry group was not
12 represented at the table. That is because
13 of FACA.

14 FACA issues -- we have to make sure
15 we comply with FACA when we stand up an
16 advisory board, so we're still in the process
17 of getting legal feedback from our office of
18 general counsel regarding how we could set up
19 an advisory board and who might be able to
20 participate in a board.

21 But are there, is there any type of
22 similar structure that exists within Georgia
23 or is anybody aware of other states that
24 have groups of individuals that are to
25 provide input, analysis and recommendations

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2 into their animal health programs?

3 UNIDENTIFIED SPEAKER (1): We have
4 had some advisory boards over the years on
5 various things and y'all need some diseases
6 like that we have had working groups or
7 advisory committees on.

8 Of course, we have a new
9 commissioner in Georgia, and he divided up to
10 what the department does about 21 or 22
11 disciplines and has from three to seven
12 people serving as a working group for those
13 disciplines, and they will come up and make
14 a report in June to a steering committee
15 made up of about 40 or so people that will
16 kind of get put in place. It is a
17 strategic plan for the Department of
18 Agriculture. So I think we have got some
19 things in place that we could put together
20 an advisory board together for brucellosis
21 and TB and, of course, we have had a pretty
22 strong program over the years to deal with
23 any infection and deal with it, you know,
24 years ago. The USDA published their White
25 Paper on brucellosis, that being the final

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2 brucellosis meeting, and of course that was
3 the final brucellosis meeting I have been to.

4 But Dr. Dees punched me and he said
5 that they even asked before they stole your
6 program because we had been doing a lot of
7 the things, and we had been aware over the
8 years that we was the state that started 365
9 day tests, four negative tests over a year,
10 restricting all the infected cattle within a
11 mile and a half, vaccination mandatory in a
12 herd specific and depopulate in 30 days, so
13 all of those kinds of things.

14 And I think our industry -- you
15 know, I said one time that I was the one
16 that was somewhat dumb enough to try to get
17 things approved through the system, but our
18 industry in Georgia has supported the
19 Department of Agriculture and our rules, and
20 we have a good -- we never had anybody buck
21 us real hard about testing or doing what we
22 needed to do.

23 I think we could establish an
24 advisory committee for us if we needed to.

25 MR. COLLINS: I'm Jim Collins and I

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2 work with the Southeastern Livestock Network,
3 and I would like to comply with what Dr.
4 Black and Josh said. Like I said, I work
5 with cattle organizations from West Virginia
6 to Louisiana, and depending on the state they
7 vary in terms of how far this process is
8 fleshed out. We try to serve as a clearing
9 house when necessary to work with the
10 industry, to work with our state vets across
11 this region, and having just come back from
12 Southern Animal Health, Dr. Black, Dr. Cobb
13 and several others, are on the forefront of
14 industry's concerns, and, I guess, I'll
15 commit from organization in that region
16 wherever, however we can work an advisory
17 role or facilitate more of what is going on.
18 We want to do that because we want to
19 recognize how critical this is.

20 DR. THOMAS: A question back.

21 Based, Carter, based on what you indicated
22 about Georgia is if we were to stand up an
23 advisory board, I think probably the way the
24 working group was thinking about it is that
25 it would be national in scope, but perhaps

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2 that is just my own interpretation of the
3 discussions is that do you think that having,
4 if you will, 50 -- or how would the advisory
5 board, such an advisory board at the state
6 level, how would we ensure that it covered
7 national situations and that it reflected a
8 national viewpoint of perspective as opposed
9 to a situation where it might be somewhat
10 local?

11 UNIDENTIFIED SPEAKER 1: You know, I
12 think that, you know, I was speaking from an
13 advisory board just for the state to get
14 that done. You know, we've had a situation
15 in this country where a disease program was
16 somewhat controlled by an advisory board, so
17 it is not an undoable-type thing. I think
18 that it worked very well in that.

19 That control board met twice a year,
20 once at NIAA and the other time at USAHA,
21 and we kind of were divided up, and we had
22 a fall reporting time or a spring reporting
23 time, but I think that worked very well, and
24 I can vision the same type thing would work
25 well with brucellosis and TB.

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2 DR. HARTMAN: We would be very
3 supportive of the idea in Minnesota, and with
4 all due respect, when we were dealing with
5 TB in Minnesota, I had the -- the first herd
6 owner that we dealt with had a purebred,
7 current case, black Angus herd, and had been
8 developing that herd for 30 years and a lot
9 invested in it and not only financially but
10 emotionally. The day we depopulated his
11 herd, he rode out on his horse and cried.
12 It was a very emotional experience.

13 But the reason I bring all that up
14 is he started referring to decisions that
15 were made by the USDA in our program as the
16 people in Washington, D.C. as the TB gods.
17 He didn't feel like there was any state or
18 industry input into these decisions that were
19 made, and that is what an advisory committee
20 can do. It allows for the producers to have
21 some input on how their program is managed.

22 It is not a decision from up high.
23 It's a decision made by all. So I think it
24 is an excellent concept, and I think it
25 could work both at state and federal levels.

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2 In every program we have had in
3 Minnesota, we have had an advisory board
4 because we need that input from the people
5 that were affected.

6 As a matter of fact, Minnesota, we
7 are run by a board, so I answer to a
8 five-member citizen board whom are
9 veterinarians and three livestock persons, and
10 it works incredibly well. So I think the
11 concepts are very good.

12 UNIDENTIFIED SPEAKER 2: I think the
13 one question to answer is the rule. Where
14 does the rule fit in the decision-making
15 process? Is there somebody that the board
16 advises or is the decision of the board
17 final? So I think that is something we need
18 to sort out. Also, it inspires the
19 competition of the board, obviously industry
20 representatives, federal, state regulators, I
21 would argue that these are floating members
22 of the board for particular states, so there
23 would be natural concrete membership that is
24 therefore virtually everything, and the state
25 is affected, so Minnesota and Rhode Island

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2 state veterinarians are part of that board
3 for those decisions. That is just a
4 thought.

5 DR. THOMAS: With this discussion,
6 we're all saying the concept with an advisory
7 board be one of the elements or one of the
8 components for animal health documented in
9 your health plan, so I don't think we
10 captured that during the working group.

11 Should there be a different advisory
12 board for brucellosis and one for TB? We
13 talked about one specific pursuit of rabies,
14 and could you have the same group of
15 individuals at the state and/or national
16 level that would serve that rule or would
17 you have two?

18 DR. HARTMAN: My opinion would be in
19 the direction we're moving in Minnesota --
20 and I think you are federally, too, instead
21 of programs by disease, have them by species.

22 So I think you could have a cattle
23 health advisory group that could function for
24 either disease.

25 UNIDENTIFIED SPEAKER 1: I think

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2 probably that is right that we would be
3 better off if we had it by the species
4 rather than disease because, you know, you
5 don't have, most folks that raise hogs don't
6 have a lot of cattle industry on their
7 place, but I think that would be a wise way
8 to do it would be if you go by species
9 groups.

10 UNIDENTIFIED SPEAKER: I would just
11 say based on you see how many producers want
12 to be at meetings all the time, so if you
13 could knock it out with one board to be a
14 whole lot further down the road.

15 DR. THOMAS: It may be that this
16 question is more for after we presented the
17 rest of the elements, but I will go ahead
18 and ask it, and you can be thinking about
19 it.

20 We have talked about the role of the
21 advisory board as wanting to provide
22 recommendations and veterinary services
23 regarding certain actions, whether they should
24 or should not be taken, but are there areas
25 of noncompliance with the framework or the

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2 concepts that we're presenting that there
3 should be a defined consequence?

4 And maybe we'll go ahead and move on
5 to the next element.

6 DR. HARTMAN: Well, if you don't get
7 tired of hearing me, I will give you my
8 opinion when I want.

9 I think the whole purpose of the
10 program from the federal side is to monitor
11 what the states are doing, and I think there
12 are two things that are important.

13 One is in that monitoring there
14 should be other people monitoring as well as
15 the federal government. I think that was
16 important in Minnesota. We need these
17 advisory groups to be monitoring what is
18 going on, but clearly, if we're not doing
19 enough in Minnesota to contain this disease,
20 we're creating risks for other states. There
21 has got to be consequences.

22 So should they be strictly defined?
23 Probably, so that it is clear when you don't
24 do what you need to do to contain the
25 disease, there is going to be some pretty

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2 serious consequences because you're putting
3 other states' cattle industry at risk.

4 DR. THOMAS: Any other comments
5 about state or program requirements? And
6 there will actually be time at the end if
7 any questions come to mind that we will
8 address before we wrap up.

9 Next element is zoning. We brought
10 zoning up into two components, that being
11 short-term containment and long-term
12 containment.

13 And as was referenced earlier, we're
14 not talking about draconian changes. We're
15 still going to go after TB or
16 brucellosis-affected herd, and in really the
17 same manner and fashion that we are today,
18 but under short-term containment those are
19 actions that are necessary when you find an
20 affected herd or you find that you have got
21 the presence of disease in wildlife without
22 livestock involvement.

23 Bill described a scenario of finding
24 TB in deer in Minnesota; likewise, what do
25 you do when you find TB or brucellosis in a

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2 wildlife population in your state?

3 And the last or the other aspect to
4 zoning is a long-term containment plan, and
5 we, the working group, talked about
6 generically greater than one year. Is there
7 anything magical about greater than one year?
8 No. We pulled it out of the air.

9 And one of the questions that has
10 already come up regarding the one year was,
11 well, does that mean that if you have a TB
12 affected herd that is under a test and a
13 remove, do you have to move into a long-term
14 containment plan? No, not necessarily.

15 We looked at long-term containment in
16 a the situation that if over a year's time
17 frame you were seeing increases in the
18 number, your number of affected herds were
19 increasing, that would be the time that you
20 would need to kick in a long-term
21 containment.

22 So next slide.

23 As you indicated, short-term
24 containment is what we're doing now. Herds
25 are quarantined. There is a standard

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2 investigation according to the protocols that
3 have been described.

4 The plan is outlined in the state or
5 tribes animal health plan. The goal of the
6 containment is eradication, and it would end
7 with a release of a quarantine.

8 Now, I think that it is important to
9 stress at this point in time when we call
10 this "short-term containment" under the
11 category of zoning is are we going -- we the
12 federal government -- are we going to go in
13 and specifically designate an area that is
14 under a quarantine? No.

15 What we're talking about doing is,
16 in this situation is, relying on the states
17 to implement quarantines on affected herds to
18 implement movement restrictions from those
19 herds so that we can assure the other states
20 that surrounded or the rest of the U.S., as
21 the case may be, is that that disease is
22 contained within that zone.

23 So it is not a formal zone as we
24 currently have in place for the split state
25 status that Minnesota or Michigan or New

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2 Mexico is currently under, so it won't be a
3 defined zone that you would see in the
4 regulations.

5 Next slide.

6 So I mentioned that long-term
7 containment is if eradication of the disease
8 cannot be achieved within a year, then a
9 long-term containment plan would be developed
10 by the state or tribe.

11 Here is a reference to the advisory
12 board where this would be an area where we
13 would want the advisory board, either state,
14 local and/or both to look at the
15 containment plan and to see if it should be
16 approved or if there were areas of concerns,
17 how should the plan be modified so that it
18 meets the federal government and the advisory
19 board's approval?

20 We also recognize that in some
21 situations there needs to be a risk
22 assessment conducted. What is the actual
23 level of risks associated with finding both
24 wildlife and domestic livestock affected with
25 TB or brucellosis? There may be situations

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2 that we do have to do a risk assessment.

3 Ultimately, VS would approve or
4 disapprove of the containment plan, and then
5 lastly, it would end with the eradication of
6 the disease.

7 In some situations, we recognize, for
8 instance, in the GYA, long-term containment
9 plan may go on for a long time, and it is
10 a very difficult thorny issue, and certainly
11 questions have been raised regarding the
12 wildlife component to disease control.

13 And Bill, I think you described it
14 eloquently when you said that you can't round
15 up a herd of deer or your deer to test them
16 to find out what their TB status is.

17 So it is a different -- totally
18 different, and I'm not sure it is appropriate
19 to say that you can manage TB or brucellosis
20 in venison. It is a very difficult concept.

21 I will say, although we don't have
22 any wildlife representatives in the audience,
23 that we do not have the authority to manage
24 wildlife, which makes this situation very
25 difficult.

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The veterinary service have been thinking about the need to have less punitive regulations as well as those that are risk-based, and we actually have already implemented a couple.

The first one being the TB Federal Order, and what the TB Federal Order does is that there is no automatic downgrade for an entire state. If a state was to have two or more herds for TB within a specified time frame under the current regulations, that would be an automated downbreak; however, the TB Federal Order supercedes that, and as long as the herd is under a quarantine, there is an epi investigation, if there is any additional surveillance, we're not downgrading those states, and we have employed this, and it has been successful to date.

The brucellosis interim rule that was published this past December 27 recognized that we needed to have a regulation in place that addressed the situation where we had nine brucellosis-affected wildlife.

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2 And so in the interim rule, similar
3 to what we're talking about, moving to
4 generically for the U.S. is in the
5 brucellosis interim rule, a state that is
6 considered to be high risk, and currently we
7 have four states that are considered to be
8 high risk. The three GYA states and Texas.

9 And if you're wondering why Texas
10 has been class free for less than five
11 years. So due to concerns regarding the
12 fact that it's a fairly new class free
13 state, it is still under, has that high risk
14 monitor for brucellosis. So the management
15 plan of the GYA, the focus there is how
16 those GYA states, number one, will set up
17 their zone, and this is a situation where
18 the federal government is not determining
19 what the zone should be, is the GYA states
20 are putting forth a zone, and they have to
21 justify that zone size based on surveillance
22 and other criteria, but we're not going to
23 dictate to them that this is the area that
24 we want to see where you have mitigation
25 activities in place. We do have the option

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2 of reviewing that zone and making comment and
3 feedback.

4 But I think getting to the comment
5 you, Bill, made about there may be situations
6 that really the states know their own
7 infrastructure and the risks, and this is
8 more of it is more appropriate for the
9 states to be defining their zones in the
10 mitigation.

11 And certainly this is not having a
12 state define their zone, but under the
13 existing split state status where you have
14 several tiers, for instance, for TB, it is
15 the states who provide the zone to veterinary
16 services, and so we would continue to do
17 that under this element.

18 Next slide.

19 So any questions or any comments
20 about zoning?

21 UNIDENTIFIED SPEAKER: Thank you, Dr.
22 Thomas. One of the interesting concepts that
23 came up in the zoning discussion, which I
24 think is new to at least most of us in here
25 is considering different compartments of an

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1 industry as such being a zone.

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3 Think about tuberculosis, and is
4 tuberculosis eradication the same in the
5 dairy industry and the beef industry or are
6 there a certain sets of risks in one
7 industry that are not present in the other?
8 And I don't think we have covered that in
9 the discussion, but there is particular
10 mitigations that would be more effective
11 possibly in tackling our national TB program
12 if the dairy was considered as a zoning.

13 DR. THOMAS: Thanks, Dave, for
14 mentioning that because the concept of a high
15 risk population and another question that
16 comes up is that, for instance, dairy
17 heifers, should all dairy heifers be subject
18 to interstate movement requirements?

19 DR. HARTMAN: I just have a comment
20 about how it is functioning now with these
21 zones that are being created around the
22 greater Yellowstone area. What our state has
23 done is develop each of those zones in each
24 of those states and how they're doing it,
25 and we have based our import requirements on

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that.

I would rather see this advisory board evaluate it so that all 50 states don't have to do the same thing over and over again, so if we had an advisory board that we trusted that could evaluate what these states were doing, then we could all act in harmony, and we would not have to repeat the work, so I think that is another thing that an advisory board could do.

DR. THOMAS: We also have the advantage, if you will, of Katie Pertache with us here today, and so I should have said this early on, for those of you who are in the working group or technical reps, feel free such as they just did, if there are questions or comments that you want to add to the discussion, please feel free to do so.

So Katie, I don't know if you have any questions or clarifications that you would like to provide to the folks here, but please feel free or anybody feel free who was involved in discussions.

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MS. PERTACHE: We do have the question to pose to everyone along the lines with what Dr. Hartman was talking about. Every state has the option to add additional restrictions, animals coming into their state, and so is the advisory board concept going to be enough to provide satisfaction of other states that these animals are free to be put into place or are there additional things we should be doing? Should the risk assessment, for example, done in Minnesota, was it adequate to help provide security to other states that animals outside the zone are, in fact, free? Is there something we could be doing to help states along with that process?

DR. MARSHALL: I think risk assessment -- as you said, timely reporting is probably the most important thing we as state veterinarians have a real-time feel about what is going on with other states in the country, and that is the most important as far as I'm concerned.

DR. HARTMAN: My comment would be that it was a real learning process for us

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2 to get a disease that nobody else wanted.
3 We have had some real challenges with
4 surrounding states in how they treat us, and
5 it also speaks to the ability to change on
6 the fly.

7 So, for instance, Minnesota has not
8 found an affected TB herd in over two and a
9 half years. Last year when we tested and we
10 did the surveillance on our deer in that
11 area, none were positive.

12 And I'll give you a story. The
13 president of the Minnesota State Cattlemen's
14 Association had a wholesale, and he sold a
15 bull to somebody in Illinois, and when they
16 called to find out what they had to do to
17 get that bull to Illinois, they found out
18 they had to have a test -- and by the way
19 he lives about 200 miles away from where we
20 did have TB -- and he had to test his
21 entire herd within the last year.

22 Well, he is an accredited herd, and
23 in a free zone when you're accredited you
24 have to test every two years, and it had
25 been about a year and a half since he did a

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2 herd test, so they were going to make him
3 repeat the herd tests. Well, he has got 900
4 cows. So it is not a small matter you can
5 test.

6 Then in addition to that, they
7 wanted him to test that bull within 90 days
8 of going to their state and, then within 30
9 days of going to their state. It simply
10 could not be done and does that make sense?

11 Should states have that ability to
12 create unusual regulations that really are
13 not based on risks but are just, it's the
14 law?

15 And when I talked to the state
16 veterinarian in Illinois, he acknowledged
17 that, "No, it doesn't make sense, but it's
18 the law."

19 So we need to have things that are
20 more adaptable as time changes. We can't
21 have these strict laws that don't allow us
22 to do commerce between states for no reason.

23 UNIDENTIFIED SPEAKER: I just had a
24 question as we're moving to this zone
25 consent, and you mentioned earlier also about

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2 the fact that you were a lot closer to some
3 other states being affected than the southern
4 part of your own state, and I guess just for
5 somebody that is not a state vet, how is
6 that going to work? Is there a potential,
7 in other words, if we had a case in
8 northwest Georgia, it could be northeast
9 Alabama, southern southeast Tennessee, you
10 know, that could be your zone, and how is
11 that going to work with three state vets
12 potentially trying to figure this out?

13 DR. THOMAS: I think how we would
14 deal with it now is that -- Bill, I'll pick
15 on Minnesota because you're here -- in a
16 situation where there was an affected herd,
17 and let's just use a scenario that is close
18 to it. What does Minnesota border or what
19 is a good state?

20 DR. HARTMAN: Up there, there is
21 Canada and North Dakota.

22 DR. THOMAS: Thank you. My
23 geography is not so good.

24 So if it is close to the North
25 Dakota border, is that certainly the North

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2 Dakota state that would be advised, but
3 specifically, if there are any traceouts or
4 any sort of epidemiological association with
5 herds in that state, there would be -- that
6 herd put under quarantine and tested. So we
7 would use the existing framework, and when
8 that, so that herd would be quarantined, so
9 it would be part of the existing process
10 that we currently use.

11 We have talked about the scenario
12 when you go into a long-term containment
13 plan, and that would be a scenario we would
14 expect that state to have a long-term
15 containment plan. Again, but it would be
16 based on risks just because it is a GOP
17 political border in itself is not reason for
18 or against that animal health plan. You
19 have to look at what the risks are and
20 certainly any of the other states.

21 Does anyone want to comment?

22 DR. HARTMAN: How it actually worked
23 in Minnesota was since it was about 20 miles
24 from the most northern infected cattle herd
25 to Canada -- it was only 20 miles.

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2 Actually, no, it was less than that, so when
3 we drew a ten-mile circle around the affected
4 herds to test all the herds in that area,
5 the circle went into Canada.

6 Now, we don't have any authority to
7 make Canada testing there, probably nor does
8 the USDA, but they did, and they tested all
9 the herds that were in their part of that
10 ten-mile circle.

11 North Dakota is about 60 miles away,
12 and so they were never really impacted by
13 it, but they had a great concern about deer.
14 They were nervous about the deer early on,
15 especially that we happened to find where
16 infected deer were, and so they did
17 surveillance on the eastern part of North
18 Dakota, too.

19 So I think it is already working.
20 We're already cooperatively working together,
21 and I don't think there is any state that
22 wants to let the disease sit and not do
23 anything about it. So I don't think that is
24 going to be a huge issue, and I think people
25 are going to cooperate regionally and all the

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others.

UNIDENTIFIED SPEAKER: I know in my other life I was in private practice and I happened to live in northwest Georgia and crossed the line nearly every day, and we did have brucellosis in that area over there at one time, and I had one herd of cows, and I had one herd of cows, a farm, that depended on which catch pen they penned them in, they were Alabama cows, and the other pen was Georgia cows, but we dealt with that, and I would call the federal office over there in Alabama and the state vet's office and let them know that we had problems there, and it was very close to the line and, of course, most of the time -- and we did the same thing with them -- if they notified they had one, a lot of times we would tell them to test the Georgia herds, and let one person be responsible for all testing.

But it worked out well for us. We never had that kind of problem, but it does exist.

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2 MS. PERTACHE: I guess I will ask
3 another question. With all these potential
4 for diseases, there is a potential for
5 wildlife reservoir, so when you find a case,
6 and infected herd, should it be a requirement
7 that wildlife are tested, and should it also
8 be a requirement in an adjacent state when
9 there is close proximity?

10 UNIDENTIFIED SPEAKER: I think it
11 probably should if you have susceptible
12 wildlife in the area. Now, we have never in
13 Georgia proven that white tail deer get
14 Brucella.

15 And I did a good bit of work
16 because one time when I was in practice and
17 I had some herds that were bordering the
18 wildlife management area, and everybody was
19 blaming the deer on that, and I even got the
20 DNR to collect some samples for me, and
21 submitted them to the brucellosis lab, and we
22 never found any problems with that, but white
23 tail deer will get TB, and I think it would
24 be a very good idea that we require
25 surveillance in those areas, especially if

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you have TB.

And if you're in the western part, the northern part where you have got elk load, you're going to have to do that, too, for brucellosis, but we have never found white tailed deer to have brucellosis.

DR. THOMAS: Did you have a comment, Bill?

DR. HARTMAN: I hate to dominate, but we have been through all these issues, so I think it is important. I think absolutely. We have shown that particularly with TB, it is not unusual for it to be sitting in an area for a while with high deer density but there is a strong chance that it is not going to spread into the deer, so not to do that surveillance would be irresponsible, not only to the rest of the country but to your own state because you need to know where the disease is and if it is in the deer, and if you don't deal with it, then instead of having Minnesota's situation you have Michigan's, and it is not -- I don't envy them, the challenge they

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2 have, because the disease was so prevalent
3 and so widespread by the time they found it.
4 It's a huge job to manage.

5 So I think there needs to be a
6 requirement for wildlife surveillance and in
7 certain circumstances where there is a risk
8 that it is spreading to wildlife, and I
9 think that would be part of the advisory
10 board's decision is, do they need to do it
11 or not and the consequences for not doing
12 it would be similar to not dealing with it
13 in the cattle herd. You lose your
14 consistent status or whatever that status may
15 be.

16 UNIDENTIFIED SPEAKER: I just want
17 to ask a question, and I know this is not
18 the wildlife management crew, but anecdotally,
19 what kind of testing goes on in wildlife? I
20 mean, is there any program out there now to
21 test?

22 DR. THOMAS: The way we work is we
23 work with our wildlife agencies as well as
24 through the states. Typically, what we have
25 done is provide funding for those

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2 surveillance activities to some degree.

3 Bill, you may want to elaborate on
4 how the wildlife has been surveyed in
5 Minnesota, but in the GYA states we have
6 provided funding that supports the
7 surveillance.

8 We also have through, if you will,
9 initiatives or programs that have been put in
10 place for the GYA. Those animals, they're
11 coming outside of the GYA during the winter
12 months. Those animals are captured and
13 subject to surveillance testing, so we may
14 have somewhat of a better idea of the
15 instance of brucellosis at least with the
16 advice from the GYA from an ongoing program
17 that is associated with activities when those
18 animals move of to greater Yellowstone Park.

19 DR. HARTMAN: In Minnesota, our
20 experience was DNR is just as concerned about
21 these diseases in their herd and the deer as
22 they are in the cattle herd, so we had no
23 problem with them doing a surveillance.

24 And on a larger scale, they will do
25 surveillance statewide if necessary to

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2 determine if there is any prevalence in this
3 disease.

4 We require early on to prove that
5 there was no TB here or anywhere else in the
6 state. I don't think that is widespread in
7 the country, that there is a lot of
8 statewide testing going on, but if there is
9 no reason to believe it is there, I don't
10 think we need to be doing that routine
11 surveillance.

12 As far as dealing with the disease
13 and wildlife, our DNR, their plan was to
14 reduce the densities of the deer in the
15 area, stop and baiting and feeding.
16 Actually, we don't allow baiting in the
17 state. They banned feeding in that area,
18 and there was a lot of feeding going on
19 probably not only by recreational uses but by
20 the cattlemen that liked seeing deer around,
21 so they were feeding them, and lastly to do
22 surveillance.

23 Our way of reducing deer density
24 when we're lucky enough to get together and
25 push back with this is we had helicopters in

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2 the area shooting deer. We had sharp
3 shooters shooting deer. We had liberalized
4 hunting regulations so that if you were a
5 land owner you could shoot deer whenever you
6 saw them.

7 You could get permits to hunt as
8 many as five deer in a season, and so we
9 did a lot of work to try and reduce the
10 density of the deer and then stop the
11 aggravation of the deer in the area.

12 And finally for those cattle herds
13 we did a cattle herd buyout, so in that
14 area when we were finding infected deer, we
15 brought out 46 of the 68 producers that were
16 raising cattle in the area, and we continued
17 to make payments to them until we cleaned it
18 up, and then for the 22 herds that were left
19 in that area, they had to have wildlife risk
20 assessment every year, and they had to
21 develop ten-foot deer-proof fences around the
22 winter feeding areas when they started
23 feeding, and we're hoping that those really
24 strong regulations have helped us eliminate
25 disease.

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UNIDENTIFIED SPEAKER: One of the reasons I ask is because we have some deer feeding and overbaiting and feral hogs, so there is a lot of that here in south Georgia.

UNIDENTIFIED SPEAKER: I think in Georgia, DNR would be jumping on it if we find TB, and they would really do the surveillance for us there.

DR. THOMAS: I think we'll take a ten-minute break before we start the next element.

(Whereupon, there was a Break taken.)

DR. THOMAS: I will go ahead and get started with the third element. The first component of surveillance is national surveillance. So for both TB and brucellosis we will continue to have national surveillance. As it currently exists, that is now slaughter surveillance via blood samples that are collected at slaughter or TB or suspicious granulomas that are collected for TB at slaughter. Any other surveillance that would be appropriate to include in the

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1 national surveillance, we will do so.

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3 And one of the questions that came
4 up in the earlier session was that, well,
5 what happens -- you know, does this say is
6 this a state or federal requirement, and this
7 is when we talk about national surveillance,
8 we're talking about the federal role in
9 ensuring we're able to collect samples that
10 are federally approved slaughter house
11 facilities.

12 Targeted surveillance would be one
13 of our components, and that is where you
14 have a situation you're monitoring an atlas
15 called the population and as described in
16 your animal health plan.

17 And then the third component is any
18 other surveillance that is being used to
19 support state or tribes of zoning efforts,
20 and this would include testing associated
21 with movement controls, testing for other, if
22 you will, zoning activities that go on, and
23 any other methods of disease detection that
24 you're using for that area zone.

25 This next one, the last element in

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2 regards to animal ID is we will maintain
3 consistency with the traceability proposed
4 regulations. We're not going to be proposing
5 anything new and above anything new or
6 different than the proposed traceability rule
7 when it is published; however, we will be
8 indicating for certain program activities such
9 as vaccination testing that is conducted as a
10 result of an epi investigation, that those
11 animals must be officially ID'd.

12 And although I suspect this group,
13 given location may feel a bit differently, I
14 want to stress this is not a forum for the
15 discussion of the traceability of proposed
16 regs, but we do recognize to have effective
17 surveillance you have to have your animals
18 ID'd, and I will just leave it at that.

19 And rather than stop here and have
20 questions, I'm actually going to go to the
21 next element. Effective herd management and
22 epidemiological investigation. The regulations
23 will provide a definition of terms, how do
24 you fine an affected herd? Are there other
25 groups of animals whereby we should provide a

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2 list or a definition, such as an affected
3 feedlot, et cetera? We will provide for the
4 process and identification of the people
5 involved in decision making. Who makes the
6 call for an affected herd? How is that call
7 made? Who is involved? And it also
8 similarly provides a process and
9 identification of the individuals that are
10 involved with the herd plan. Who makes
11 those? Who implements them? Who oversees
12 them, et cetera?

13 Next slide.

14 The regulations will provide for the
15 development of investigation reporting
16 requirements and time frames for those epi
17 investigations. It will allow consequences
18 that if epi investigations are not properly
19 conducted or within specified time frames,
20 again, the thing Bill alluded to it earlier
21 is what are the consequences if a state is
22 not conducting the epi investigation to time
23 frames maybe or conducting an epi
24 investigation at all.

25 Having said that we want to have

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2 consequences, we also recognize that there
3 may be valid circumstances that require
4 forbearances and time frames, so as our
5 existing regulations do.

6 And then recognizing that under
7 affected herd management, we will continue to
8 evaluate a policy of the testing or removal
9 procedures for both TB and brucellosis, and
10 in doing so we recognize that there may be
11 some need at the state level for facilities
12 to receive high risk or restricted movement
13 animals.

14 So, again, I think this goes back to
15 the concept for quarantine feed lots.
16 Definitely we want these to be terminal feed
17 lots, but what mitigations can be put in
18 place to move affected animals -- not
19 affected animals, excuse me -- exposed
20 animals, not an infected herd, so that they
21 provide, or I should say, that they lessen
22 the penalty for the producer?

23 That is it. So a very brief
24 overview of surveillance and affected herd
25 management and epi investigations. The

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2 latter element is many of the concepts we
3 have in place now we will continue to have
4 in place. Where we can, we will put as
5 much as of the guidance as we can into
6 program standards as opposed to the
7 regulation.

8 And as Bill alluded to in his
9 presentation, the advantage of that is we can
10 change them more quickly. It will be
11 through a public notification and comment
12 period, but that procedure takes much less
13 time than doing a proposed and then a final
14 regulation, which is ultimately if you do it
15 in two years on the federal side, you're
16 doing good.

17 So any comments or questions about
18 those two elements?

19 UNIDENTIFIED SPEAKER: Well, thinking
20 along the lines of epi investigations and
21 timeliness, how long do you think an
22 investigation should take?

23 UNIDENTIFIED SPEAKER: Well, I always
24 felt like if when I had an infected,
25 brucellosis infected herd, I wanted an epi

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2 document in my office within 15 days of the
3 time that that BMO was notified. That does
4 not mean that this epi investigation is over
5 with because an epi investigation is an
6 ongoing process that oftentimes you find
7 additional herds as you begin to work through
8 an area that may or may not and, of course
9 with the TB epi I'm sure which I have not
10 been involved. Well, I was involved in one
11 when I was in practice, but that was the
12 last break of TB that we had in Georgia in
13 1975. So I'm sure that that those epis are
14 going to take a great deal longer because
15 you have got to go back further and do all
16 the traces and traceouts in which brucellosis
17 is somewhat a shorter-term situation in most
18 cases, but I have got no answer, but Bill,
19 you may have a better idea.

20 DR. HARTMAN: I think this is an
21 area where flexibility is important because
22 in Minnesota with our TB investigation, we
23 eventually found all infected herds, and they
24 were all beef cattle herds, but they led to
25 over 1,200 traces in and out of those herds

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2 into nine different states, and if you have
3 got that situation, you have got -- the time
4 frames have to be based on, again, I think
5 an evaluation of this advisory board and
6 brucellosis epidemiologists. Are they moving
7 quickly enough on it? But I don't think you
8 could say it has got to be done the next
9 number of days. I just don't think it fits
10 all of the situations that you would find.

11 UNIDENTIFIED SPEAKER: Would it fit
12 better to have the time frame associated with
13 the stages of the investigation as in so
14 many days to an initial report and then
15 every 30 days or every 60 days pick a number
16 that status updates are flowing appropriately
17 as monitored more than a cutoff point, and
18 it is also supposed to be finished?

19 DR. HARTMAN: Yeah, I would agree
20 with that. That makes sense.

21 UNIDENTIFIED SPEAKER: I realize this
22 is for industry input, but certainly from a
23 market figure standpoint, that is preferable,
24 where if there is going to be any fallout on
25 a market standpoint from the unknown, and if

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2 you have it in certain stages and time
3 frames within those stages, that is
4 reassuring to most of the domestic market as
5 well as outside of that.

6 MS. PERTACHE: I have a question
7 from the State's perspective. What about
8 transparency? What level of reporting would
9 you suggest at each of these stages, and to
10 whom will that reporting be transparent to?

11 DR. MARSHALL: Well, just covering
12 with the eased yield frame, I think that,
13 you know, that whole transparency seems to
14 work fine. You know, we're getting timely
15 reports, and we're getting what appears to be
16 very transparent reports, and I think we feel
17 very comfortable in the state level knowing
18 what is going on, so that could serve as a
19 good model.

20 DR. THOMAS: And Scott, I have been
21 out of the office a lot, but it looks like
22 the mechanism of reporting, of EHD reporting
23 are the state vets are submitting a report
24 to VS and then they're disseminating it after
25 the state vet has cleared the info as

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2 opposed to VS documenting or providing the
3 reporting.

4 DR. HARTMAN: I would have to agree
5 that we should be doing for brucellosis and
6 TB what we're doing for these equine
7 diseases.

8 Right now, we have no mechanism for
9 North Dakota to find out what is going on in
10 Minnesota, other than Minnesota having to
11 report to them and to every other state in
12 the country.

13 And if we had a national report that
14 was provided every month on progress within
15 states handling these diseases, I think that
16 everybody would be comfortable with getting
17 that report, and it would be up to the
18 states that are having issues with the
19 disease to provide the information to
20 veterinary services.

21 But we don't have that right now,
22 and part of the response to not having that
23 right now is uncertainty, and uncertainty
24 leads to higher important requirements
25 frequently when it is not necessary.

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2 DR. THOMAS: How do you feel about
3 the movement of animals off of a TB and
4 brucellosis affected herd after they test
5 negative, and let's say, for instance,
6 they're still undergoing a test and remove?

7 UNIDENTIFIED SPEAKER: The question
8 is --

9 DR. THOMAS: The question is if you
10 have a herd that is under a test and remove
11 procedure as opposed to being depopulated and
12 it is not a dairy herd which we frequently
13 hear, particularly with TB, that a dairy
14 producer can survive under a test and remove
15 but a beef producer cannot.

16 So if he has animals that test
17 negative that need to be moved, for instance,
18 into a feed lot, do you agree there should
19 be mitigations put into place to recognize
20 the need to, I will say, send those animals
21 to slaughter -- well, we currently have the
22 mechanism to send them to slaughter -- but
23 to feed those animals out?

24 UNIDENTIFIED SPEAKER: I think if
25 they were going to do that they would have

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2 to go to a quarantine feed lot if it still
3 exists.

4 DR. THOMAS: Is that something we
5 should put into our regulations that it is
6 up to the State to determine whether or not
7 they want to have quarantine feed lots?

8 UNIDENTIFIED SPEAKER: I think it
9 has always been the State's privilege to do
10 that. We did have one at one time in
11 Georgia, but I said what happened there we
12 would never have another one if I had
13 anything to do with it.

14 UNIDENTIFIED SPEAKER: Well, from
15 industry perspective, obviously, our producers
16 want as much flexibility to survive the
17 situation, but at the same time, you have to
18 deal with the health issues, and we don't
19 want to affect the rest. That is the only
20 thing that makes any sense.

21 UNIDENTIFIED SPEAKER: Just to follow
22 up on that, also. I sure appreciate Dr.
23 Black's comment. As I look at what he
24 mentioned earlier, the funding for
25 depopulation, and I see indemnity as "X", and

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2 I think in my mind that is the only guide
3 in which discussing going to the quarantine
4 lot comes in play. Is that a fair statement
5 that if you know funding is going to be
6 decreased then that puts it in more
7 perspective?

8 DR. HARTMAN: And I think a couple
9 of the issues with that when we found in
10 Minnesota even when we depopulated herds, and
11 we frequently find a plant that would be
12 willing to slaughter these animals but they
13 would pay a dime on a dollar for them, so
14 they were heavily discounted.

15 So if you were going to do that,
16 you would have to have the mechanism to
17 compensate the owner for that loss in value,
18 and my guess is when you have had quarantine
19 feed lots, they didn't pay as much as the
20 nonquarantine feed lots, so again, the
21 quarantine feed lot you would have to have a
22 mechanism whatever they were discounted for
23 their cattle because they were going to a
24 quarantine feed lot; otherwise, it wouldn't
25 work.

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2 DR. THOMAS: So perhaps that is a
3 good way to talk about indemnity. And
4 Scott, I will repeat something that you
5 indicated in your presentation that this was
6 the most contentious element that we
7 discussed, and I think it is certainly when
8 you talk about the removal of animals from a
9 producer's farm where it's their lives, and
10 for some of them it is not just their life
11 but it is the family, what the family has
12 been doing for generations.

13 So we talked about indemnity in
14 great detail, and what I'm going to present
15 after this slide is the VS on position and
16 certainly does not represent a consensus by
17 the working group.

18 Before I go into that, I want to
19 provide you some background, and actually
20 it's a couple of things that have already
21 been mentioned today is that we do have flat
22 and actually for this fiscal year it is a
23 declined federal budget for both of these
24 diseases.

25 TB decreased by \$800,000, and

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2 brucellosis decreased by a half million, and
3 it is correct that we have -- well, I wish
4 we had \$100 million for TB indemnity -- \$1
5 million in TB indemnity and \$500,000 in
6 brucellosis.

7 The budgets are put for TB. The
8 way that we have paid indemnity in the past
9 was that we have gone for emergency funding
10 or we have gone through, specifically CCC,
11 which is the Commodity Credit Corporation,
12 which is federal funding, that we apply for,
13 but that request has to be approved through
14 the department and because of fiscal deficits
15 as well as we have used the argument that
16 with TB is that those are the last herds.
17 If we can take these we'll eradicate these
18 diseases, and you can only use that argument
19 so many times before people will become
20 skeptical about your argument.

21 And so the reliance on CCC funding
22 is we're not going to be able to rely on
23 that in the future. If you look at the
24 average funding from 2007 to 2010, we have
25 spent roughly \$5 million in TB indemnity

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2 annually. So roughly four million dollars
3 and again, this is average for the purposes
4 of discussion. We have spent \$4 million in
5 indemnity. So you can see as we move past
6 our reliance on indemnity funds, it is going
7 to be harder and harder to indemnify herds
8 for TB.

9 Particularly, and it does appear that
10 in the near future we will be seeing
11 increases in our line item. For those of
12 you who are familiar with our proposal for
13 funding for 21012, which is as opposed to
14 going for specific funding for TB and
15 brucellosis, we're looking a line item
16 entitled "Cattle Health."

17 And whether it is cattle health or
18 TB or brucellosis in 2012, we don't know
19 what the funding is going to be called, but
20 the funding will remain the same. It is not
21 going to change. So in 2012 we are looking
22 for a decrease.

23 The final bit of background that I
24 would like to provide is that it roughly
25 takes 60 days after an appraisal is done for

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2 a herd to be depopulated. I'm not referring
3 necessarily to what you may know as
4 diagnostic purchases. I don't know the
5 average time frame, but roughly when a herd
6 is depopulated, it takes about 60 days to
7 get that herd off of the ground, and that is
8 primarily I'm referring to TB information,
9 but I suspect it is similar for a
10 brucellosis affected herd.

11 Next slide.

12 So the regulatory components for
13 indemnity we will provide definitions for
14 those terms that are specific to indemnity,
15 and we will indicate that our indemnity
16 payments are subject to the availability of
17 federal funds, and that is not new. Our
18 existing regulations indicate that.

19 And then we'll describe the approach
20 to indemnify because what we want to do is
21 -- what we want to do with other components
22 of this framework is we want to keep only
23 what is necessary from the regulations and
24 have program standards that will provide the
25 details to the indemnity process.

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2 So what we're proposing in this
3 framework is that we will provide value for
4 the individual animals using a calculator,
5 and a calculator would be based on such
6 criteria as the age, the weight. For dairy
7 animals, milk production, and it would
8 reflect regional values.

9 There would be a defining process
10 for updating the calculator. The calculator
11 would be developed with input from others,
12 and the indemnity paid would be 100 percent
13 of the fair market value minus the salvaged
14 value when the animal was slaughtered. There
15 is no appeal process.

16 One of the factors around an appeal
17 process is we would not be able to remove
18 those animals quickly, and then you might
19 have a 60-day time frame where you have got
20 affected animals on the farm.

21 The veterinary services have
22 contracted without side of the government to
23 develop a calculator, and the beef calculator
24 was developed by Dr. Peel, P-E-E-L, and it
25 did have outside review, and it covers bred

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2 cows, heifers and calf pairs and herds, and
3 the base price is based on the cow's value
4 with consideration given for the cow's age,
5 the cow's weight, the calf, age, quality and
6 considering the pricing in five different
7 regions.

8 But the purpose of this is just to
9 provide you an example of what has been
10 developed. There is also been a dairy
11 calculator developed, but for the purposes of
12 this example it is much more complicated, and
13 I do want to go into it and certainly I'm
14 not a calculator development specialist, so
15 this was just an example to give you an idea
16 of how we might develop a calculator. So I
17 think at the last meeting, we had quite a
18 bit of discussion about indemnity, and we
19 will go ahead and open it up for comments,
20 and we also have some questions. Any
21 comments?

22 I apologize for that. I was anxious
23 to get to the comments or the questions.
24 Then the last thing we'll do is the
25 regulations will describe those eligible

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2 indemnity payments, other than the actual
3 payments for the animals, which includes
4 transportation and disposal. We do not plan
5 on paying for any cleaning and disinfection
6 that might be required, although we would
7 consider under certain circumstances to fight
8 for the disinfectant.

9 So the questions that we had for
10 indemnity, what criteria should be considered
11 to develop a calculator? I will ask another
12 question and maybe it will stimulate some
13 conversation. Several groups in Michigan
14 indicated that they saw a difference in the
15 circumstances wherein a calculator might
16 appropriately be used, and they saw a
17 distinction between an animal that you were
18 wanting to purchase as to what we would
19 refer to as a diagnostic purchase versus a
20 depopulation of a herd, and there was some
21 discussion around if you have reactors or
22 suspects that you're wanting to purchase for
23 diagnostic purposes, they indicated that if
24 you could rapidly remove that animal, i.e.,
25 use the calculator, get the animal off of

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2 the farm, get the producer paid based on
3 that, there was value in the use of the
4 calculator.

5 Having said that, there was
6 significant discussion about high value stock,
7 registered animals, genetic material, MMD,
8 regardless of whether it was for a diagnostic
9 purchase or whether it was for an
10 indemnification of a depopulated herd that
11 such factors needed to be considered.

12 But going back to my real deal, do
13 you see any value in the use of a calculator
14 for diagnostic purposes?

15 UNIDENTIFIED SPEAKER: I guess there
16 is, you know, multiple ways to look at that
17 as a starting point, and I have a lot of
18 respect for Dr. Peel and his work throughout
19 his career, but it maybe gives you a
20 starting point, and again just in this room
21 and in the meetings last week, just across
22 the southeast, the varying degrees, if you
23 will, of staffing or appointed careers of
24 different members within those states so that
25 representation in terms of negotiating with

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2 producers are trying to quickly get to that
3 value, and I guess in my mind is that the
4 calculator may be a good starting point.

5 I would ask back to the point in
6 terms of flexibility. I don't know if it is
7 the single answer. I guess I would also say
8 in today's environment where threat is a
9 bigger issue, too, and I have not looked at
10 his breakout for what the regions are, there
11 would be a lot of difference in terms of
12 value, if you will, a better grade feeder
13 calf that is in southeast Georgia versus one
14 that may be in western Mississippi, and it
15 is not taken into account here, and we could
16 figure the rest of the day discussing genetic
17 material, high value animals, and I'm going
18 to tell you there are some of us from the
19 producer side of it looking at where there
20 is opportunity for a public private
21 partnership to come up with solutions to
22 that, and that is a whole other day's
23 discussion to your original point as you look
24 at the feeder calf end of it, that needs to,
25 particularly in today's environment, be looked

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2 at as closely as the bulls and cows, and
3 also keep in mind the transportation
4 variation as well.

5 DR. THOMAS: You said there has been
6 discussion around a public/private and do you
7 care to elaborate any on that because we had
8 similar discussions in Michigan?

9 UNIDENTIFIED SPEAKER: I guess at
10 this point there are some sessions going on,
11 again, at the federal level looking at where
12 there is a fit, and I stress "a fit" because
13 there is nothing that takes the place of the
14 role that I listened to, but where there is
15 the opportunity for, you know, if Josh has
16 cows worth \$4,000 to him, and I'm seeing Dr.
17 Blackshoes, and it's worth real market value,
18 how is there a means to somehow allow Josh,
19 if you will, to buy up seven if he does
20 have to be depopulated through a
21 public/private partnership, he can get the
22 real value of that animal, him, but for the
23 rest of us that are out here, Dr. Blackshoes
24 and his neighbors, that animal is depopulated
25 quickly.

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2 And it would be all of the
3 warranty-type scenario is what it would be,
4 again, for back to work there has got to be,
5 and I use the term a public/private
6 partnership. Before we get there all these
7 questions you're asking from industry needs
8 to have some feedback to look realistically.

9 And again, I operate within the
10 political environment, too, and we all know
11 over the years there are certain producers
12 and certain districts that may have had one
13 value and may not be the same in the other.
14 I don't think anyone argues that nor wants
15 to discuss that, but we're about getting to
16 the right answers, and that is where a
17 calculator, as I said, is a baseline.

18 One doctor used the example the
19 other day where he had gotten three animals
20 in North Carolina that had been delivered,
21 and his local guy put a value within a
22 matter of hours, and I'm not sure how many
23 days it was until he officially got a value
24 and got a nice report of \$100 for each
25 animal.

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2 And, again, I'll give him credit,
3 there is nobody as good as Bruce in a lot
4 of states, but that is some of the
5 variations we have in states, but from an
6 industry perspective, we want to work with
7 you to get the answers.

8 UNIDENTIFIED SPEAKER: Well, you
9 already brought up the feed stock registered
10 business, and I guess one of the concerns
11 with the, you know, null of bill process and
12 a formula is, you know, your leaving those
13 guys very vulnerable in that process.

14 And the other point in that is the
15 discussion we had earlier where "Bull," which
16 is a huge feedstock producer in Minnesota, is
17 sending bulls from Florida to Washington
18 state every year, and that is over a million
19 doctors out of their production sale ever
20 year.

21 Those feedstock guys -- and there is
22 a good chance, and I understand there is a
23 lot of females, too -- those are getting
24 disbursed as breeding animals a long way
25 away, so the scenario is right for that to

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2 be a problem potentially in the breeding
3 herd. So there needs to be a realistic
4 scenario, I guess, developed for that
5 eventuality.

6 I've seen the same thing in dairy
7 over there, and you said your formula was a
8 little more complex, and maybe that is good
9 I'm hoping for the dairy folks but, I mean,
10 on any given week in Georgia there is an
11 animal sold from, you know, a seven-month old
12 heifer sold for \$400 at a sale barn and
13 \$10,000 at a purebred sale, and that is the
14 same color, same weight, so I don't know
15 with your shrinking budget has to do with
16 that.

17 DR. THOMAS: And another question
18 with the shrinking budget and the limited
19 indemnity funds is -- just a couple of
20 comments -- our current Authority Animal
21 Protection Act does not cover replacement
22 value. It's full market value. So I think
23 it is important that I state that just
24 because of what we have the ability to do.

25 But, secondarily, given the limited

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2 funding we have for indemnity, if we're
3 talking about full market value minus salvage
4 value, if we have a situation where we even
5 get into a couple of large herds or where we
6 have many smaller herds but on a higher end
7 is that our current regulations have a cap
8 of \$3,000, and so is it -- what is our
9 responsibility overall toward indemnity? Do
10 we try and spread it out as much as possible
11 or do we allow the payment of full market
12 value minus salvage to the first producer who
13 happens to have the lucky, so to speak, or
14 the luck to have the first TB affected herd
15 at the first of the year?

16 UNIDENTIFIED SPEAKER: First of the
17 fiscal year.

18 DR. THOMAS: Thank you, yes.

19 UNIDENTIFIED SPEAKER: If you have
20 it in the fall you get funded or in the
21 spring I guess you don't or whatever.

22 I guess from -- as we're moving
23 forward with the reduced budget, and you
24 know, Jim brought up the public/private
25 partnership, and it will take a lot of heavy

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2 lifting to get it done, but in time -- and
3 Jim has already been working on it and it's
4 a big educational component -- but the
5 market, you know, where there's a market for
6 a gap or warranty insurance or, whatever you
7 want to call it, I don't know, but maybe
8 that is something we need to discuss with
9 RMA like Jim is already doing, but maybe --

10 DR. THOMAS: What is RMA? I'm
11 sorry.

12 UNIDENTIFIED SPEAKER: Risk
13 management.

14 UNIDENTIFIED SPEAKER: Just for a
15 point for the record, what I'm discussing
16 will not be under RMA, and that is the
17 reason I carefully used the term "warranty,"
18 but I guess for a moment I would like to
19 pass to Dr. Hartman in the scenario used
20 right now. Is that lucky herd -- should all
21 those dollars, you know, be paid out? Can
22 you shed any light? And I have got a
23 comment after that.

24 DR. HARTMAN: I probably could go on
25 for an hour, but we depopulated 12 herds,

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2 and the biggest herd took that entire million
3 dollars, so in that one herd, the first herd
4 we found would have been done.

5 So is it realistic to have an
6 eradication program if you don't have money
7 for indemnity? I don't know a single one of
8 those producers under our current system if
9 there had not been emergency funding
10 identified that we would have had a solution
11 for it. We had nowhere -- if we couldn't
12 have depopulated them, we then couldn't have
13 done test and remove because they're all beef
14 cattle producers, and they all produce
15 calves, and every year those calves have to
16 go somewhere, and if they have to go
17 somewhere where they're to get half the value
18 they normally get, they're out of business.

19 So we have got to, as we're
20 discussing this, be realistic about what we
21 can accomplish with a million dollars in
22 indemnity, and I sat across the kitchen table
23 from these people, and they would have not
24 liked a calculator -- I'll tell you that
25 right now -- because they knew how much

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2 their cattle were worth. There are
3 appraisers in that area that knew what their
4 cattle were worth, and they could have told
5 us what they were worth in one day.

6 Instead we had the system that was
7 in effect when we depopulated these herds.
8 The USDA had to contract with somebody to do
9 the indemnity, and the person who won the
10 contract frequently was not from Minnesota.
11 In fact, they were never from Minnesota, they
12 were from California and Michigan, and the
13 one person who came didn't understand the --
14 well, he understood the dairy industry but
15 did not understand the beef category industry
16 and did not understand in that part of
17 Minnesota.

18 So after a very long complicated
19 process of him developing a process of him
20 developing what he thought it was appraised
21 for, the owner said, "That is not going to
22 work."

23 So there was the appeal process.
24 You said, "60 days for removing the animals."
25 We only wish. It was three to six months

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2 before those animals left the farm in the
3 northwestern part of Minnesota.

4 So I'm not defending the old way.
5 It is not working very well or it was not
6 working at the time we depopulated, but if
7 there was a mechanism to offer the owner
8 what the calculator says, if that is right
9 on target, they'll accept, and if not, there
10 should be some local appraisal that is
11 allowed and can be done quickly, and the
12 owner is offered what that appraisal is.

13 If they're still are not satisfied
14 with that, there should be an appeal process.
15 Anything else less, I just can't see it
16 working unless there is some sort of
17 insurance or private or public partnership.

18 UNIDENTIFIED SPEAKER: Now, you see
19 why I passed to him first. I thought back
20 to my comments earlier on the calculator that
21 it may be a good starting point, but as to
22 your point, and I guess I can't imagine. I
23 guess that is what happens in the bidding
24 process is why you would have someone removed
25 from that local environment.

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2 And back to Dr. Marshall's point he
3 made last week about this local guy putting
4 a value on it in a matter of hours. So I
5 guess my question would be or point would be
6 as we look there and move down the road is
7 I think all of us realize, if you will, the
8 dollars are not likely to increase
9 dramatically.

10 As we think about solutions, you
11 know, I wonder how any of these systems have
12 got to be built to where we certify the
13 producers to do all things in terms of
14 protection, and all things they can do in
15 terms of working with their -- whether local
16 vets or state vets or industry, and as you
17 said, those guys may not have had an
18 alternative. Likewise, every one of them
19 wanted the disease to go away.

20 And so I think that is -- part of
21 this indemnity discussion is how you tie
22 these objectives together. I don't have the
23 answer for you today. I will say there has
24 been an awful lot of work done and thought
25 done in trying to recognize these things and

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2 come to an answer, and I guess the high
3 valued animals at some point in terms of
4 getting to -- and my family is in the
5 commercial cattle business -- and we would be
6 one of those if something like this hit and
7 if we had a disease, and in a very, very
8 small community you could hit \$30,000 cows
9 that fast, just because of the way cattle
10 moves, and we all have lots of 60 herds next
11 to each other, and we all cross over each
12 other.

13 In that case, any one of the three
14 of us right there in our immediate area
15 would max out your dollars probably, and that
16 is disturbing as we're in the commercial
17 state selling business, and also we're one of
18 the hundreds across the country.

19 So, again, there is not an easy
20 answer to this. I think there has to be
21 some combination to that is where we go
22 today.

23 UNIDENTIFIED SPEAKER: I guess my
24 concern is the appeal process. Why are you
25 putting that in there?

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2 DR. THOMAS: Part of it is it's a
3 legal issue associated with the transparent
4 -- going forward with the transparent process
5 that everybody agrees on the calculator.

6 The second is to the issue of the
7 appeal process that Bill alluded to. The
8 appeal process, as it currently exists is
9 extremely onerous, and it is time consuming,
10 so if you have that appeal process, you're
11 not going to be able to get the animals
12 quickly off that farm. And maybe that is an
13 inherent problem with the appeal process and
14 the length of time.

15 UNIDENTIFIED SPEAKER: Like Jim said,
16 some combination with the calculator with an
17 appeal. You pay on the calculator, and you
18 can get an appraisal done in a week from a
19 local person. You can move, and you can
20 establish an initial value and have the
21 appeal process behind.

22 DR. HARTMAN: And our experience was
23 the delays were not necessarily the appeal's
24 process, it was the initial appraisal
25 process, and in my opinion it was not

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2 necessary, but it was federal regulations on
3 how it had to be done and how it was
4 implemented in our state that led to that,
5 so I think the appeal process could be done
6 very quickly if it was managed quickly.

7 UNIDENTIFIED SPEAKER: One last
8 comment. In every one of these cases we
9 have discussed -- and I'm going to reflect
10 back to something Dr. Black told me early on
11 in my career, and in every one of these
12 cases they can move very quickly, depending
13 upon the relationship and the partnership
14 between industry and animal health officials,
15 and he could keep us here the rest of the
16 day with telling us stories for having a
17 relationship and knowing how to address those
18 producers is the answer, I guess.

19 And I will wrap up all my other
20 comments by saying that from an industry
21 perspective, you are absolutely committed to
22 continue to move aggressively down that road
23 because frankly there is fewer dollars, and
24 you have got to be able to tie that into
25 the total equation as we move forward.

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DR. THOMAS: There was one suggestion that was discussed in the first meeting, and that was to look at a situation -- and I think that this is where you're going -- to bring industry into the process. The folks in Michigan felt it was critical to have industry as part of the advisory board.

As well, there's a suggestion that industry would help with funding, and I mentioned the checkoff fund, and I recognize there are issues associated with that fund, and it is very closely regulated as to what it can be used for, but I think the folks in Michigan are echoing what you are saying or what you said here. If you want industry, you can't expect industry to help with this issue if you're not going to have them at the table officially, so I just want to recognize that we have to figure out how we're going to work around that, and I think there may be options that we can, but just to recognize it is going to be a work around for us.

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UNIDENTIFIED SPEAKER: Well, I know that -- I don't think there is any way the federal government can pick up the tab on all of this, and the producers are going to lose some, a great deal in some instances whenever they get a disease but, you know, you have got to look at the situation. The government didn't give them the disease and, you know, some of these producers have done some very risky things over the years.

But, two, you have got to -- that producer needs to realize if he is a feedstock producer that stock is not worth nothing once you get TB.

And regardless if you clear it up, if you test and remove, who is going to touch those cows? A lot of people won't never come back and buy again.

So you have got to look at it basically that all of a sudden those cattle become whatever they're worth at slaughter. So that is something.

And I know the producers don't want to look at it that way, but in reality that

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2 is what it is. I don't think the USDA has
3 got enough money to buy all these cattle and
4 pay producers, what they're worth on the fair
5 market value.

6 DR. HARTMAN: And we had those
7 discussions too early on, "Your herd is not
8 worth anything." After going through 12
9 herds, what I figured out is none of these
10 people did anything wrong, and none of them
11 deserved to have this disease or a herd
12 worth nothing.

13 If we're going to have an
14 eradication program, you can't allow
15 individuals to be damaged like that. So
16 even though they all got fair market value,
17 they were all damaged. They were set back
18 in years in developing their herds, and
19 during these periods of time that indemnity
20 process was going on, they were feeding
21 cattle with no benefit for them feeding the
22 cattle.

23 And I got some pretty high numbers
24 on what it cost them for the two months or
25 three months to feed their cattle while we

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2 are doing that and all, and it is a very
3 complicated issue.

4 And an example of what we did in
5 Minnesota that may be helpful is we used
6 federal dollars, but we used a lot of state
7 dollars as well, and for the year 2009 there
8 was an assessment on the sale of cattle in
9 Minnesota of \$1 over the checkoff dollar, and
10 that money was used -- well, it was a
11 million dollars riding on it, and it was not
12 used necessarily for indemnity, but it was
13 used for cattle herd buyout, so in that
14 buyout the producers recognized the impact
15 this disease was having on the state, and
16 they were willing to contribute. They did
17 that long-term.

18 UNIDENTIFIED SPEAKER: Emergency
19 checkoff.

20 DR. HARTMAN: He said that it was
21 an emergency checkoff. It was developed in
22 response to the TB issue.

23 DR. THOMAS: Do you still have the
24 capability to collect or are you still
25 collecting those checkoff funds?

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2 DR. HARTMAN: No, that was a
3 one-time assessment in 2009, and that is the
4 only time it was authorized. It would have
5 to be authorized again as far as that.

6 DR. THOMAS: Any other comments or
7 questions about indemnity?

8 Okay. I think we'll move on. And
9 the next element is "interstate movement
10 controls."

11 So with these regulations, we want
12 to be sure that we have the ability for
13 movement controls in our state or tribal area
14 and movement control for animals in which a
15 disease risk -- there is risk of disease
16 transmission.

17 We want to have the authority to
18 define the types and classifications of the
19 animals and herds that might be subject to
20 movement control, for instance, breeder
21 animals out of a high risk area. The
22 consequences may be applied for the lack of
23 implementation, maintenance, or compliance with
24 risk mitigation measures or noncompliance for
25 other restrictions, and we recognize that in

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2 certain situations that the mitigation that a
3 state puts in place may diminish or even
4 preclude a need for controls.

5 A couple of examples for that would
6 be feed lots, quarantine feed lots as another
7 example. In addition, the use of approved
8 disease management plans, and that latter one
9 is a fairly specific reference to what is
10 ongoing in GYA in their high risk zones.

11 In fact, they have a number of
12 mitigation activities that include herd risk
13 assessment, vaccination plan, movement
14 requirements when animals are moving out of
15 the zone, so it was just a recognition that
16 depending on the strength of the animals, if
17 you will, animal health plan, their disease
18 management plan, that there is a recognition
19 that we being the federal government may not
20 need to institute specific movement
21 requirements but we want to be able to have
22 the ability to do so in the event we need
23 to.

24 And then lastly, we like the
25 administrator clause in our regulation, and

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2 this is actually a good thing. The
3 administrator clause allows us to make a
4 variance from the regulation as long as it
5 doesn't put other animals at risk or increase
6 the risk of disease transmission.

7 So we want to have the administrator
8 clause and, again, this is another area where
9 we feel the advisory board could play a role
10 in providing recommendations, if you will, to
11 veterinary services on whether or not they
12 felt a certain state or stage should have a
13 variance from any sort of movement controls.

14 So I think with that I will go
15 ahead and open it up for questions or
16 comments.

17 We want these movement controls based
18 on the risks, and it is not necessarily
19 associated, per se, with a certain status
20 level although if we get comments back, but
21 it is going to be -- we can't be flexible.
22 We're going to have to make a stand on some
23 of these issues.

24 Again, as I indicated earlier,
25 recognizing that this is a lot of information

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2 to provide to you and for you to digest just
3 within really what is a couple of hours, I
4 encourage everybody to please provide those
5 written comments.

6 DR. HARTMAN: I think this interstate
7 movement is a big deal, and there is a thing
8 called "federal preemption." And what that
9 means and they're going to use it, they're
10 proposing to use it in the animal disease
11 traceability program, and I won't describe
12 that to you, but there may be a purpose for
13 it because one of the things I hear
14 frequently from veterinarians and producers is
15 why are the regulations different from every
16 single state in the United States? Can't we
17 come to some agreement on what regulations
18 should be in place for the movement of these
19 animals to be consistent in all given states?
20 We have an opportunity here for all states
21 to participate developing these regulations.
22 Can't we come to some consensus of how we
23 manage it so we're managing it the same, and
24 you can't build a barrier beyond that state?
25 It is not reasonable. We all agreed to

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2 this, and we're all open to this. I can
3 sense that there are states that are going
4 to say, "Wait a minute, we will decide how
5 we're going to protect our own cattle," but
6 if we do that, the harm that happens is what
7 happened in Minnesota and has happened to
8 other states is their regulations that they
9 put in place are not reasonable. They're
10 not based on risks, but they have the
11 authority to do that, so I think it's a real
12 question, "Can't we come to a consensus?"
13 As scientists, should we not be able to say
14 these are what the risks are, and these are
15 the interstate movement requirements we will
16 all agree on, and we will stick with that?
17 And that would be my opinion.

18 UNIDENTIFIED SPEAKER: Are there
19 risks of groups that should be subject to
20 interstate moment controls with regard to the
21 status, and if so which one would you think?

22 DR. THOMAS: Can you repeat that?

23 UNIDENTIFIED SPEAKER: Are there
24 obvious groups of cattle, production-type or
25 some other unified thing which should be

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2 subject to movement controls, testing
3 requirements in that regard to the state
4 status, and if so, what type are you
5 thinking for one example go to the owner
6 event stock?

7 UNIDENTIFIED SPEAKER: I guess I
8 would say from some of the regional
9 discussions have come about in that class
10 specifically, if you will, animals that are
11 for exhibition or whatever it may be, and I
12 know particularly related to TB, there has
13 been some issues there with that, you know,
14 and that is when we have got to have
15 discussion, regardless of the state status,
16 of how we look at how we handle that and
17 then break them down by classic category.

18 UNIDENTIFIED: Well, I think your
19 rodeo stock is one thing. Another issue
20 that I feel very strongly about is the dairy
21 replacement heifers with TB, and thank God
22 I'm one that was bull-headed not to drop my
23 regulations whenever one went free.

24 A lot of folks are scrambling trying
25 to get the regulations back in place, but

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2 the problem is so many of these dairy
3 heifers, you look at the ear tags and you
4 say, well, they come from Indiana, Illinois,
5 that end of the country, but in reality they
6 could have come from anywhere, and they get
7 to those grow out facilities out there, and
8 that is where they get to them vaccinated or
9 get a better ear tag stuck in.

10 So I think dairy heifers, regardless
11 of where they come from, I want them tested
12 coming to Georgia if they're six months age
13 or older.

14 DR. MARSHALL: I think that idea
15 makes a lot more sense than just to say
16 we're going to have restrictions from all
17 animals coming from Minnesota. We can look
18 at high-risk populations and target them. I
19 think that is spending resources a lot more
20 responsibly than just by the GOP political
21 zone versus industry risk.

22 DR. HARTMAN: I would argue that I
23 don't think with limited resources and who
24 pays for that testing for TB when it goes
25 for interstate movement, the producer. So

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2 instead of spending the money testing cattle
3 that are moving in your state, dairy heifers
4 or whatever, we invest in the program and
5 the parts that are likely to find the
6 disease, and there are probably other experts
7 that could tell you more about how many
8 times that has paid off.

9 So right now I think there is some
10 20-year or so states that require all dairy
11 cattle from states to be tested that come
12 into their state.

13 I would ask the questions, "Can we
14 evaluate overtime? Can we say start at such
15 and such date? How much did that cost the
16 cattle industry, and how much infection did
17 they find?" And if that is not a good way
18 of finding infection should we do that and
19 invest money to things in finding the
20 disease? I don't know the answer to it, but
21 I'm nervous that that isn't a very effective
22 way of detecting the disease.

23 In Minnesota, we detected it by
24 slaughter surveillance. In Michigan, they
25 protected it because somebody shot a deer and

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2 found infection in it. Now they're finding
3 it by doing herd testing, but I think it is
4 rare we found the disease by testing animals
5 for interstate movement.

6 I'm not sure what the answer is, but
7 I think it needs to be evaluated, and we
8 need to do what is cost effective.

9 DR. THOMAS: Bill mentioned the
10 preemption issue, and I don't want to belabor
11 that point, but it is something as we go
12 through the development is what we want to
13 accomplish by the claiming of preemption is
14 that we create a level playing field for all
15 states.

16 That's the intent so we just want to
17 go on the record that we recognize that it
18 is an issue. We don't want to have 50
19 states with 50 different requirements in
20 place for the interstate movement of animals.

21 So the next element --

22 DR. HARTMAN: Before we leave that,
23 could I ask the people that are here from
24 Georgia what they think about that, the
25 preemption. Is that a bad thing, a good

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2 thing? And I'm not sure I know the answer,
3 but I would be interested in your
4 perspective. Do you think that is something
5 we should be shooting for or should we leave
6 it alone?

7 DR. THOMAS: If I could just
8 clarify, we currently in our regulations do
9 not outright say that claim preemption, i.e.,
10 when we claim preemption is that the federal
11 government in essence is saying you cannot
12 put more stringent requirements in place
13 above what the federal standard is.

14 As a result of the executive order
15 by this current administration, we actually
16 have been directed that we have come -- we
17 have to indicate what our position is. Are
18 we going to claim preemption or are we not
19 going to claim preemption? If we provide,
20 we have to have regulatory tests as well as
21 an explanation within what we refer to as
22 the preamble of the regulation.

23 So it is not something. It's easy
24 to stay silent on the issue, but we are
25 being -- our current directions from this

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2 current administration are that we have to
3 develop a position and state that position.

4 UNIDENTIFIED SPEAKER: Well, you know
5 I look back at the days whenever we had
6 brucellosis, and Georgia was one of the dirty
7 dozen. It was one of the last 12 states
8 that still had brucellosis.

9 If you look, if the states that
10 wound up being the last, they're states that
11 did just exactly the minimum that the UMR
12 requires, and I feel like that, you know,
13 had I been told that I shouldn't have done
14 no more than what the UMR requires, I would
15 not have been free in 1999. It would have
16 been 2003, '04, '05 because we did some
17 things that was, you know, unheard of in
18 those days, and for many years I never
19 admitted where a lot of it came from, but
20 there was four of us sitting in a motel room
21 with a fifth of Jack Daniels one night.

22 UNIDENTIFIED SPEAKER: This is being
23 recorded.

24 UNIDENTIFIED SPEAKER: It made good
25 sense to do some things that we had to do,

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2 and we had regs in sale barns that nobody --
3 everybody said that they don't happen in our
4 states, but 22 known reactors through the
5 market one day and five months later I was
6 tracing infected herds, and one thing was
7 common, at least one of the reactors in
8 every herd was in that market that day.

9 Our commissioners, our state
10 veterinarian at the time said that it was
11 time we done something and that we stopped
12 known reactors going through the sale barn,
13 and we never had another wreck, but those
14 are the kind of things that if I had had
15 preemption, I would have still been here
16 sitting here worrying about brucellosis for a
17 lot of years back.

18 UNIDENTIFIED SPEAKER: I would just
19 say that from an industry perspective, Dr.
20 Hartman's idea of having a sit-down and
21 working through it from the state vet's
22 perspective would seem to be a better
23 solution in my mind that from a top down,
24 this is it, and getting consensus ability,
25 but from our perspective I don't have

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2 heartburn. We want the markets to work, and
3 we want the cattle to be able to move, and
4 we want them to be healthy, you know, and
5 that is whatever it takes.

6 DR. HARTMAN: I think what would be
7 important and you brought it up -- if there
8 was a federal preemption, the federal
9 government would have to be amenable to
10 making changes in their program like you did
11 quickly so that if there was, if there were
12 things going on that it could be adjusted,
13 but if there was availability it could
14 address some of those issues, and I think
15 that is also where an advisory board would
16 come in and they would be able to look at
17 those situations and say, "Yes, we need to
18 make some changes to this quickly because
19 this is not working."

20 UNIDENTIFIED SPEAKER: Well, even
21 whenever the USDA developed their White Paper
22 on brucellosis and made the recommendations
23 that basically was Georgia's program, it was
24 still a recommendation, and nobody had -- it
25 was recommended that everybody follow that,

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2 but it was not mandatory that everybody would
3 follow that.

4 So, you know, if they're going to
5 make changes and it is going to have
6 preemption, then they have to be amenable to
7 making those changes in a timely fashion
8 because, like I say, I went over a period of
9 five or six years, and I went to three
10 meetings, one in Memphis, Tennessee, one up
11 here in north Georgia, Unicoi State Park, and
12 then the final meeting, the third meeting was
13 down at Southern Animal Health in Pointe
14 Clear, Alabama, and they have all billed as
15 the "Big Brucellosisment."

16 DR. THOMAS: Oh, I can't resist, but
17 actually at USAHA we had had discussion, and
18 we had a -- we were claiming the farewell to
19 bovine brucellosis, and then we had a heart,
20 so we're delaying that because luckily our
21 last herds have been what I have referred to
22 as the high risk areas, but you do go out
23 on a limb when you say "this is it," and
24 you find a herd the next day.

25 So with that, I would like to move

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2 on to importational requirements. We have
3 broken these up really based on the
4 activities and where those activities occur
5 into three different areas, pre-import,
6 import, and post-import.

7 Under pre-import, we will review a
8 country or zone based on the 11 factors and
9 CFR, part 92.

10 And those regionalization regs that
11 exist today. We're not proposing any changes
12 there. We want to use that existing
13 framework that allows us based on a country's
14 request to evaluate their ability to import
15 animals and products in some situations into
16 the U.S., and based on that evaluation we
17 would determine what import requirements would
18 be required to safely import animals into the
19 U.S.

20 We would monitor the country's zone
21 and changes for changes that would trigger
22 potentially increase and import requirements.
23 This is a rough high level description of
24 how we're handling Mexico now. So there are
25 a lot of similarities for what we're

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2 proposing to the new regulations that exists;
3 however, we're not proposing that we would
4 use the existing status system.

5 What we're looking at is when we go
6 in and we evaluate, we want to see what the
7 risks are from a state or zone and then have
8 based on those risks, if you will, have some
9 standard requirements in place for import.

10 If you'll notice -- and this is by
11 intent -- we're talking about Mexican import
12 requirement. We want to look at our regs
13 specifically for the import of all animals.

14 For those countries or zones that
15 have not been evaluated, we want to determine
16 if there are mitigations that could be put
17 in place, that is, it allow some level of
18 imports. We currently have that in place
19 for our TB regs, our importation related,
20 requirements related to TB. If a state in
21 the situation has not been evaluated, those
22 animals can come in, but it is only for
23 immediate slaughter only, and in that
24 specific incident related to what we had in
25 place for Mexico.

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2 So moving from pre-import, we have
3 importation, and we want to ensure that the
4 first point of concentration or mingling
5 after entry is identified on that import
6 paperwork, and that records are maintained to
7 facilitate the tracing of animals.

8 And then further if those animals
9 are moved in interstate, after that first
10 point of concentration, then the state or
11 destination must be notified.

12 Next slide.

13 For post-import, the general work
14 requirements include the continuity of
15 official indication, be that with ear tag
16 and/or the paperwork that is following the
17 animal.

18 We would hope that official ID that
19 comes in with the animals is not removed;
20 although, we have some concerns that actually
21 ID is being removed.

22 For those animals that move in
23 interstate commerce, after that first point
24 of concentration, we want an interstate
25 certificate or brand inspection for that

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2 movement, and for post-entry restrictions and
3 long-term testing requirements, we want to
4 ensure that imported steers and spayed
5 heifers that enter the U.S. as part of the
6 food production chain, that they're maintained
7 separately from domestic breeding cattle
8 during pasturing. We are considering some
9 component of pasturing in this new regulatory
10 framework based on the feedback we're getting
11 back. That was somewhat redundant, sorry
12 about that.

13 Then here is the concept about the
14 periodic testing of event and rodeo cattle.
15 It would be helpful to get your comments
16 about the testing of this particular
17 commodity group.

18 It was actually a difference of
19 opinion on dairy heifers for interstate
20 movement, but what about periodic testing of
21 event rodeo cattle? The majority of these
22 animals are imported from Mexico. We do
23 occasionally find disease in these animals.
24 Is this a group that some sort of periodic
25 testing or interstate movement requirements

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should be imposed?

UNIDENTIFIED SPEAKER: I don't know how we're going to accomplish it but we get -- I'm sure, Ken, y'all do, too -- we get steers that are Mexican steers, and they come in from, to a point when they cross the border, and then they may get moved somewhere else in Texas, Louisiana or wherever, and they're broken up from that, and we don't even get a health certificate coming in, so it is a nightmare.

DR. THOMAS: Do you want that health certificate? Or would you like it?

UNIDENTIFIED SPEAKER: I would like it. I know we had a trace back on a steer that turned up positive, and they traced the cattle from Georgia, and I don't know where else, but they went through a dealer in Kentucky, and we had to go look, and they did finally tell us that it looked like it was Mexican origin TB on that steer, and we went and looked and found two places that there had been Mexican steers, and one of them by the time we got trace back was not

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2 the same set of steers that was there at the
3 time that this animal would have been
4 exposed, and those animals had gone on and
5 probably been slaughtered by then, but that
6 is the kind of thing that happens, but we've
7 no way of knowing when or where those
8 animals were tested or what was tested after
9 they crossed the border.

10 DR. HARTMAN: I think this may be
11 one of the most important questions we ask.
12 The bacteria we found in Minnesota was most
13 similar to what is found in the southwestern
14 United States and Mexico, and Minnesota might
15 have been TB free and not had this episode
16 if we had better controls on what happens
17 with cattle coming in for Mexico.

18 And, again, I acknowledge everything
19 that Mexico is doing, and they're doing a
20 lot to try and eradicate the disease, but it
21 is more advanced in certain parts of Mexico
22 than it is in others.

23 I think you have hit a lot of the
24 key points on here what to do. I mean, we
25 do allow TB in from Mexico every single

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2 year. The number of cases has gone down
3 dramatically, but in my mind it is not where
4 it should be until it is zero. We need to
5 make sure that we're not importing this
6 disease from another country. We have got
7 enough to deal with already in the United
8 States with developing penicillin, and a very
9 important question, and I think we really
10 need to examine all new, regulating animals
11 that come in that could be potentially
12 dangerous to others.

13 DR. THOMAS: Any comments about the
14 concept of having imported cattle, the
15 concept of pasturing? Do you feel you can
16 safely pasture our domestic breeding stock,
17 not pulsing volt, but fence line or ten-feet
18 separation?

19 UNIDENTIFIED SPEAKER: Well, I think
20 we all know that the majority of the Mexican
21 stock that comes in is not ready to go to
22 the feed lot, and they're grazed for a
23 period of time.

24 And I don't know what the distance
25 should be, but they have got to be kept away

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2 from the domestic stock and variably if
3 somebody has got 30 herd of cow out there
4 and then they get a bunch of Mexican steer
5 and they're going to graze them for a period
6 of time while they're held up in the same
7 pasture, and that is where we're getting
8 exposure, but I don't know what the distance
9 should be, but there is going to have to be
10 some separation in there to keep them away
11 from breeding herds.

12 DR. HARTMAN: I forgot one thing.
13 When Minnesota dropped its status from
14 accredited free and modified to accredited,
15 and we had a lower status in some states and
16 in Mexico, and our restrictions to sell
17 cattle in the state were higher than they
18 were from Mexico.

19 So we have to level the playing
20 field, and I don't know how it can be done
21 or if it can be done, but I think it is an
22 important issue.

23 DR. THOMAS: Any other comments or
24 questions about import? If not, we'll move
25 on to the last element.

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2 I think there is -- I wouldn't say
3 "a lack of interest," but I think there is
4 one area that because of the diagnosis,
5 particularly of TB, is for the most part
6 coming from our National Veterinary Service's
7 Lab, so we tend to feel that it is of
8 critical importance really for any disease
9 program to define what is the official test,
10 what are the official tests, and where does
11 the testing take place and under what
12 circumstances?

13 So for the last element, we will
14 provide definitions for appropriate terms or
15 pertinent terms, and we will include them.
16 We're trying to be forward thinking in those
17 definitions.

18 There are diagnostic tests that are
19 purported to be of use, of possible use as a
20 Penside test, and so we want to ensure we're
21 forward thinking in our definitions to
22 include terms, such terms, for instance, as a
23 "Penside test." They will provide for a
24 process of initial approval and
25 recertification of continued approval, official

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2 diagnostic tests, official laboratories, and
3 when appropriate, official testers, and that
4 official tester signs back to inside
5 technology as well as the current use of a
6 test for brucellosis, so we're recognizing
7 what we're currently doing under certain
8 circumstances what we may be doing in the
9 future for improvements on diagnostic tests.

10 And the changes to the process for
11 approval for laboratory or diagnostic tests,
12 we would propose to indicate the regs, how
13 that change would take place, but we don't
14 want to necessarily include that specific
15 change in the regulations. This is an area
16 where we use our program standards, and we'll
17 notify the public of a change and allow them
18 the opportunity to provide comment, but using
19 such short -- that notification and comment
20 is much quicker than a rule change, a
21 proposed rule change with a final rule.

22 One of the differences that I can
23 almost guarantee you you will see is
24 currently under the brucellosis regs, and we
25 have a significant amount of information

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2 about the diagnostic tests, how the tests are
3 run, what are the cutoffs, and all that type
4 of information would be included in the
5 program standards as opposed to the regs
6 again for the flexibility that it offers us,
7 and the regs will only contain those terms
8 they have to.

9 So any questions or comments?

10 Actually, I have another slide.

11 There will be a mechanism to withdraw
12 laboratory or suspend its approval, and the
13 regs will reference the need for quality
14 assurance and quality control for testing
15 laboratories as well as proficiency testing
16 of authorized personnel to conduct the tests.

17 So any questions about laboratory
18 approval or official tests? Did any
19 questions come up during the break regarding
20 the elements that we discussed during the
21 break? So any general thoughts about this
22 framework?

23 Well, recognizing it is a lot of
24 information to digest, and in the information
25 packet that you received, you received the

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2 public notice and it has the sites and the
3 mechanisms by which you can submit your
4 comments.

5 So I would just encourage everybody
6 to submit your written comments and read the
7 framework that was provided actually in your
8 packet as well as it is available online,
9 and just provide us your feedback.

10 The timeline for this process is
11 that we plan on getting a proposed rule out
12 in the fiscal year -- not fiscal year, but
13 the timeline is to get a proposed rule out
14 in 2011 and a final rule out in the calendar
15 year of 2012, so it is a very ambitious
16 timeline, and that is why your written
17 comments are so important because we don't
18 want to put a rule out there that you can't
19 live with or you send us comments that
20 suggest what are you doing. So we don't
21 want any surprises.

22 Another question that came up that I
23 have mentioned is the program standards and
24 how would you know what those program
25 standards are? The program standards will be

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2 published along with the actual proposal, so
3 you will have the opportunity to see the
4 program standards.

5 And in case you're wondering what
6 I'm referring to, the program standards,
7 those program standards are what we commonly
8 refer to now as the uniform method and
9 rules, the UMRs, and there are other policy
10 documents, VS notices. We're looking at
11 incorporating and providing general directions
12 that support the implementation of this
13 program in the form of those program
14 standards, so they will be available for your
15 comments as well when the rule comes out,
16 and many of them will be similar to those
17 that exist today, particularly in the areas
18 of infected herd management, epi
19 investigation, interstate movement, the
20 diagnostic tests, official tests, and so we
21 want to make sure that we keep those items
22 that are working for the program and improve
23 those that need improving.

24 So with that, if there are not any
25 additional comments or questions I just want

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to thank everybody for their participation
today. I really appreciate it.

(Whereupon, this Public Meeting was
concluded at 12:30 p.m.)

CERTIFICATE

STATE OF GEORGIA:

COUNTY OF FULTON:

I hereby certify that the foregoing transcript was reported, as stated in the caption, and the questions and answers thereto were reduced to typewriting under my direction; that the foregoing pages represent a true, complete and correct transcript of the evidence given upon said hearing, and I further certify that I am not of kin or counsel to the parties in the case; am not in the employ of counsel for any of said parties; nor am I in any way interested in the result of said case.



NATALIE GAIL SHECKTON

DATED: JUNE 4, 2011

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