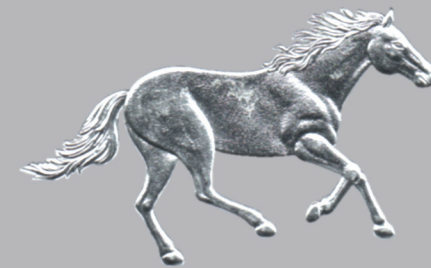


**THE HISTORY
of the
AMERICAN ASSOCIATION
of
EQUINE PRACTITIONERS**

**THE FIRST 25 YEARS
1954-1979**



Printed in U.S.A.

American Association of Equine Practitioners

THE HISTORY
of the
AMERICAN ASSOCIATION
of
EQUINE PRACTITIONERS
1954-1979

by

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INTRODUCTION

Chapter I covers the years 1954-1965. It is republished here as written and published in the Proceedings of the Tenth Annual Convention of the American Association of Equine Practitioners, December, 1964. In it, history is recorded year by year.

Chapter II covers the years 1965-1979. In this chapter history is recorded by subject rather than by year. Section I deals with Association organization and administration. Section II covers organizations and activities in the equine industry related to AAEP. Section III deals with equine diseases of national significance which AAEP played a role in controlling during the period. Section IV contains the Constitution and By-Laws and Association Statement of Ethics as of 1979. Section V is the history of the development of equine veterinary medicine in the United States and is published here because of the very significant role the American Association of Equine Practitioners played in that development.

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Chapter I

THE FIRST TEN YEARS (1954-1965)

Introduction

This is a history, unique in that it is being written while the history itself is still in the making. In fact, this first ten-year life-span report is the first in a series of chapters in a long history of the American Association of Equine Practitioners.

It dates from the first preliminary meeting in 1954 through the tenth regular annual meeting in 1964. We have attempted to report all deeds done and accomplishments achieved as well as those unfinished at this writing.

We have named people and attempted to give due credit to those men who served as officers of the organization while in the making. In truth, all credit must go to the total membership because the officers were only the symbol and reflected the thinking and determination of that group.

This history is based on facts recorded in official publications of AAEP, in the Official Minutes of all meetings and in a volume of official correspondence. Fortunately, all secretaries and presidents maintained good official records and passed them on to their successors so it has not been necessary to substitute fading memories for recorded fact in compiling this history.

WHY AN AMERICAN ASSOCIATION OF EQUINE PRACTITIONERS?

Why was the American Association of Equine Practitioners born? This is a good question and one that should not be forgotten. Equine medicine was beset with many problems in 1955. The plight of veterinary practice at race tracks was only one of them. However, it was the major problem not only for equine medicine but for the entire veterinary profession in the United States and Canada because it was adversely affecting the public relations and public image of all veterinarians in both countries.

A few veterinarians practicing at race tracks were making front page headlines—none of them good. In fact, shortly before the first regular meeting of the American Association of Equine Practitioners in 1955, a Los Angeles daily newspaper carried the rather startling headline “Cops Ride With Vets”—startling at least to veterinarians and certainly a blow to veterinary prestige.

Two parties appear to be to blame for this sorry situation—the veterinary profession and the State Racing Commissioners—the former because of neglect and the latter perhaps basically because of the system through which they were selected.

The heart of this portion of the problem could not have been more clearly stated than it was by Editor Alex Bower in the February 20, 1965 issue of THE BLOOD-HORSE in commenting on the responsibilities and conduct of a racing commissioner.

“We are ruefully aware that racing commission appointments usually are based on politics instead of merit, and that many commissioners know little about racing. So we knock on wood and hope that even though many commissioners do not help racing they will not do anything to harm it.”

Nevertheless, it has been obvious over the years that most commissioners have tried hard to well serve the best interests of the public in racing. However, many of them at the time they took office knew little of the problems especially those problems pertaining to veterinary practice and the regulatory aspects of medication. Consequently, their capability in this area was of necessity limited.

This should be construed as a statement of fact and not as criticism of individual commissioners. On the contrary they should be commended for being sufficiently public spirited to accept appointed office and give of their time and energies in the interest of regulating and safeguarding the interest of the public in the great American sport of horse racing.

Commissioners were not alone in not understanding the problems involved in medication. The same could be said of many racing officials, including the Official Racing Chemists and it was particularly true of the veterinary profession which as a group had essentially ignored the problem and its professional responsibilities in the world of horse racing.

This lack of interest in race track problems on the part of organized veterinary medicine (until 1955) created a vacuum in professional knowledge for the commissioners—a vacuum that had to be filled because the commissioners themselves were not so trained and of necessity had to seek professional advice for guidance. Some turned to local veterinarians but there were very few veterinarians interested or oriented in the problem and none of them organized or situated to productively study it.

Into this vacuum as advisors moved the Association of Official Racing Chemists, in fact they were thrust into this position by the National Association of State Racing Commissioners in their quest for professional guidance. This was a natural move because the chemists had long been closely associated with commissions. They were also associated with medication problems because of their work and role in developing and implementing a program of laboratory testing of saliva and urine samples to detect narcotics, stimulants and depressants—a program that has been amazingly effective in regulating this aspect of racing. AORC is to be commended not only for this program but also for its attempts and assistance in filling the vacuum in professional knowledge mentioned above.

Unfortunately, out of this foggy atmosphere evolved a philosophy on medication which seemed to say that if a horse requires medication he should not be racing. Some States attempted to write and implement rules in line with this philosophy—one that was both impractical and impossible, not only in horse racing but also in football, baseball and in fact all sports.

Perhaps the source of the real problem was the fact that no one (other than a few veterinarians) understood the difference or differentiated between honest, ethical, conscientious medication and treatment of a lame or ailing horse and the deliberate, dishonest use of narcotics, stimulants or depressants to “dope” a horse in a race. In fact, all medication, even vitamins, were commonly referred to as “dope” for many years.

Consequently, one of the first tasks confronting AAEP was that of

educating all those in the regulatory end of horse racing, many members of the Press and the racing public in general, that there was such a thing as honest, ethical medication and that it had a place in racing—further, that it was totally unrelated to “doping,” “race fixing” or dishonest racing which all agreed could not be tolerated.

Through all this, one disconcerting factor had been the frequent changes in State Racing Commissioners—through no fault of their own, but rather because of an inherent weakness in the great American political system through which they were selected and appointed. The fact is that very few Commissioners, active in 1955 when AAEP first appeared in the racing community, were still active on its 10th anniversary. Most are gone—many of them conscientious men who studied hard and worked hard to understand the problems and perhaps would have eventually solved many of them had they been allowed to remain longer in office. This is in striking contrast to what happened in AAEP. The same men who recognized the problem in 1954 are still involved and still working on it. All of them now serve on AAEP’s Executive Board or its Equine Practice Committee. This continuity of attention and constant study has been telling as the following chapters will unfold.

Into this vacuum and turmoil, the American Association of Equine Practitioners was born of necessity to place equine medicine in proper perspective and to keep veterinary medicine in its rightful place in the sun.

There was a sound and logical reason for the existence of this vacuum in equine medicine. The explanation lies in the manner in which veterinary medicine was developed in America and the effect of horse economy on that development.

It is a historical fact that veterinary medicine in America was originally based primarily on equine medicine, in fact, was essentially equine medicine until World War I. This was not true of the European countries where food animals had long been important and had economic value as such. Veterinary medicine in Europe was based on all species of animals including pets.

In contrast, America was built on horse power. The horse was all important and its health and maintenance required medical attention for which owners were willing to pay. On the other hand, food animals in this country—long a land of plenty—were of little individual economic importance and received comparatively less medical attention until the era of World War I.

At that time there were approximately 26½ million horses and mules in the United States and 20,000 veterinarians. The horse population declined to an estimated 3,300,000 in 1959, according to the United States Census Bureau. However, this figure included farm horses only, and omitted many pleasure horses in the companion animal class, so may not have been a realistic count.

With this drastic slump in the horse industry there was little demand for, or interest in, equine practice. Many veterinary schools closed. Shortly after World War I, there were as few as ten in the country and there were fewer new graduates in a ten-year-span then, than in one year now.

Seemingly everyone, including the veterinary profession, believed the horse to be headed for extinction and many felt that veterinary medicine

was a dying profession. Young veterinarians did not enter equine practice and as the old-timers disappeared a vacuum in professional services was created in the horse industry. This vacuum, particularly at the race tracks, was a fertile spawning ground for quacks, drug-peddlers, owner-trainer treatment of their horses and a world of misinformation and misconceptions.

World War II changed, in fact started, an exact reversal of the old trend. The era of prosperity that followed, resulted in the development of many so-called pleasure industries, including the pet or companion animal industry. This included the equine industry because the horse was rapidly emerging in the role of a companion and pleasure animal.

The equine sports field was drawing bigger attendance than any other single sport. It was estimated that equine sports drew more spectators during a year than did baseball and football combined. There was an almost explosive expansion in 4-H Club Horse Projects and in other youth activities and organizations as the nation's young folks began to take over the horse as a companion animal.

However, during the long years of inattention and neglect of the horse on the part of the public, veterinary colleges and veterinarians had directed their energies towards the support of food-producing animals, public health, pet animals, research and other areas demanded by the public. The veterinary profession, like other professions, fitted itself to do what the public demanded and was willing to pay for. This had not included equine practice for nearly forty years.

So, if the veterinary profession had neglected the horse, so had the public. That the profession was not ready to cope with this amazing expansion in the horse industry is understandable because it had long been busily engaged in other areas of endeavor which public demand had established as of far greater importance.

So existed the vacuum and the unfortunate circumstances under which AAEP was born. Who was to blame? In reality, no one. This was normal, unavoidable evolution. This was progress and it is difficult to blame progress.

1954—FIRST MEETING

Historic record of an historic meeting—such are the Minutes of an informal gathering of eleven men held 4-5 December, 1954 in the Brown Hotel, Louisville, Kentucky.

Unquestionably, it was the most historically significant meeting of the century insofar as the welfare of the horse and the future of the equine industry were concerned. The record shows:

“The first meeting of an association to be henceforth known as ‘The American Veterinary Association of Equine Practitioners’ was held this date (December 4-5, 1954) at the Brown Hotel, Louisville, Kentucky.

“Dr. M. L. Scott of Akron, Ohio presided as temporary chairman. A total of 11 veterinarians were in attendance (list appended).

“It was decided that until such a time as a Constitution is adopted, pro-tem officers should be elected. Dr. M. L. Scott was then elected President pro-tem, and Dr. Joseph A. Solomon, Cleveland, Ohio was elected Secretary pro-tem.

A proposed Constitution and By-Laws was submitted to the membership for consideration. Following discussion, the document was approved prospectively, as follows:

“It was further voted that the proposed Constitution and By-Laws be submitted to the legal staff of the American Veterinary Medical Association for its advice, with a view towards eventual incorporation within that greater body. It was then voted that a prospective membership list be assembled, and a copy of the proposed Constitution, together with the Minutes of the first meeting be sent to each veterinarian named hereon.

“Dates for the next meeting were discussed, and tentatively set for either the second or third Sunday in March 1955, in Louisville.

“A resolution was passed unanimously, citing Dr. Scott for his selfless, untiring efforts in forming this Association.

“The meeting was then adjourned.

“A short, informal session was held December 5, at which time expenses involved in these initial, formative stages were discussed. It was decided that the membership present at the meetings of Dec. 4-5 would pay pro-rated shares in the costs. It was further decided that the annual dues fee be considered at a later date.

“Dr. Joseph A. Solomon
(signed)
Secretary pro-tem.

Approved:

Dr. M. L. Scott, President pro-tem (signed).

“In attendance, meeting December 4-5, Brown Hotel, Louisville, Ky.:

Dr. George N. Bennett Royal Oak, Mich.
Dr. Robert W. Copelan New Orleans, La.
Dr. Frank J. Douglas, Jr. New Orleans, La.
Dr. Thomas E. Dunkin..... Chicago, Ill.
Dr. Willard F. Guard..... Columbus, Ohio
Dr. Alex Harthill Louisville, Ky.
Dr. H. P. James Eldorado, Mich.
Dr. M. L. Scott Akron, Ohio
Dr. Jos. A. Solomon Cleveland, Ohio
Dr. E. E. Watson..... Louisville, Ky.
Dr. Jordan Woodcock..... Port Chester, N.Y.”

Of the eleven men present at the meeting, six—Copelan, Dunkin, Guard, Scott, Solomon and Woodcock—continued on to become regular members.

SECOND MEETING

The second meeting of the group was on 19-20 March 1955, also at the Brown Hotel in Louisville, Kentucky. The first order of business was the adoption of the Constitution and By-Laws which had been drafted at the first meeting and subsequently reviewed and revised by a special committee and Dr. John Hardenbergh, then Executive Secretary of the American Veterinary Medical Association.

Dr. M. L. Scott was formally elected President and Dr. Joseph A.

Solomon, Secretary-Treasurer to serve out the year 1955. Dr. Willard F. Guard was named President-elect and Dr. Thomas E. Dunkin, Secretary-Treasurer-elect.

A roster of veterinarians interested in becoming Charter Members of the Association was considered but final approval was held in abeyance pending a report by the Ethics (membership screening) Committee to be made at the next business meeting.

Dr. Scott as President, appointed the following committees during the meeting:

Executive Committee: E. L. Cole, Jordan Woodcock, N. E. Southard, A. H. Davidson, P. J. Meginnis, John T. Morris and J. B. Chassels.

Committee on Ethics: William O. Reed, L. J. Cook and P. J. Meginnis.

Audit Committee: R. W. Copelan and L. A. Brengle.

Public Relations Committee: Frank H. George, J. B. Chassels and Lyle A. Hartrick.

Committee on Fees: F. W. Thomas, W. E. Lickfeldt and Frank Butzow.

Committee on Incorporation: Thomas E. Dunkin.

Committee on Regulatory Procedures and Research: Willard F. Guard, Edwin A. Churchill, William H. Wright and H. K. Bailey.

Not all of the appointees were at the meeting and not all became active in the Association, however most of them did and were among the builders of the organization.

Attendance at the meeting, March 19-20, 1955:

Dr. H. K. Bailey	Wilmington, Ohio
Dr. L. A. Brengle	South Lyon, Mich.
Dr. R. F. Butzow	Urbana, Ill.
Dr. Edwin A. Churchill	Centreville, Md.
Dr. Thomas E. Dunkin	Chicago, Ill.
Dr. Frank H. George	Plain City, Ohio
Dr. Willard F. Guard	Columbus, Ohio
Dr. Alex Harthill	Louisville, Ky.
Dr. L. A. Hartrick	Royal Oak, Mich.
Dr. Edward Kennedy	Miamiville, Ohio
Dr. Edward Lang	Louisville, Ky.
Dr. W. E. Lickfeldt	Plymouth, Mich.
Dr. P. J. Meginnis	Roselle, Ill.
Dr. William O. Reed	Elmont, Long Island, N.Y.
Dr. M. L. Scott	Akron, Ohio
Dr. Joseph A. Solomon	Cleveland, Ohio
Dr. E. W. Thomas	Lexington, Ky.
Dr. E. E. Watson	Louisville, Ky.

Of the 18 men attending this historic meeting, 14 were still active members ten years later: Bailey, Butzow, Churchill, Dunkin, Guard, Hartrick, Kennedy, Lang, Lickfeldt, Meginnis, Reed, Scott, Solomon and Thomas.



1955 President—Dr. Marion L. Scott (Ohio 1919). Founder and Charter Member, Distinguished Life Member, First President and five times Executive Secretary. A career equine practitioner, both racetrack and breeding farm in the Ohio area. A man who early recognized the problems besetting equine practice and who visualized and dedicated his full energy to AAEP as the answer. One of the few oldtimers who never lost faith in the future of equine practice.

1955—FIRST YEAR

The third business meeting and first professional meeting of the Association was held on December 16-17, 1955 at the LaSalle Hotel and Rolling Acres Equine Hospital, Chicago, Illinois.

The entire first morning and a portion of the closing afternoon was devoted primarily to analyzing the many problems confronting the practice of veterinary medicine in the racing industry and laying plans to cope with some of them. This too was a historic meeting because it set the pattern and put machinery in motion whereby the Association received national recognition and promptly moved into its rightful position among the group of organizations that constitute and support the horse racing and equine industry in the United States and Canada.

It is significant to note that the then President of the American Veterinary Medical Association, Dr. Floyd Cross, addressed the meeting, recognized the problems confronting the profession in equine practice and commended the new Association for its initiative in rising to meet the challenge.

Other key AVMA officers attending the meeting and entering into the discussions were AVMA President-elect, Brigadier General Wayne O. Kester; AVMA Executive Secretary, Dr. John G. Hardenbergh; Chairman of the Executive Board, Dr. Joe M. Arburua; AVMA Board Members, Dr. W. G. Brock and Dr. Frank B. Young and AVMA Journal Editor, Dr. W. A. Aitken. Thus a complete understanding and close liaison was permanently established between the two organizations.

It was at this meeting that the true plight of equine medicine in general and the critical problem of relationship between the veterinary profession and the racing industry was first recognized by more than the handful of Doctors of Veterinary Medicine who were attempting to honorably fulfill the obligation of the profession at the tracks.

Obviously, the adverse publicity on the profession being generated from race tracks was a severe blow to the AVMA's expanding public relations program. It was obvious also to those present that this was a problem that really confronted the entire profession and one that the entire profession should join in solving. However, to expect the profession as a whole to understand the situation and react was totally unrealistic. It remained for AAEP alone to shoulder the total responsibility and burden.

The newly adopted Constitution and By-Laws was re-examined by all present with particular attention to the objectives which were published then and still remain as follows:

“The objectives of this Association shall be to elevate the standards of practice in this branch of the veterinary profession; to further research and knowledge of equine diseases with the purpose of improving the quality of practice; to enlighten various agencies on the need for better methods in horse racing and to assist in formulating them, especially as they pertain to the profession; to improve the relationships of the veterinary profession with racing commissions, racing associations, and horsemen; to promote good fellowship among members of the Association.”

The following excerpt from the Minutes of the meeting further indicates how the Association intended that these objects be implemented:

“At the closing business session, Dr. Thomas E. Dunkin presented the Association’s five point program, prepared and edited by General Wayne O. Kester, Dr. W. F. Guard, Dr. M. L. Scott, Dr. J. A. Solomon and Dr. T. E. Dunkin. The program was as follows:

‘1. We reaffirm the objectives of the American Association of Equine Practitioners as set forth in the Constitution and By-Laws.

‘2. We authorize the officers to proceed with the compilation of proposed so-called model regulations governing the relationship between veterinarians and racing commissions with respect to the practice of veterinary medicine.

‘3. We approve a continuing educational program for practitioners of equine medicine and surgery. Said program to be in the nature of planned short courses, professional meetings, the circulation of technical and scientific literature, journals, and the use of other training aids and methods approved by the American Veterinary Medical Association.

‘4. We approve the development of a program designed for the training of young graduates entering the field of equine practice. This program to include provisions for internship, residencies and graduate school training toward an advanced degree with some phase of the specialized field of equine veterinary medicine and surgery as a major.

‘5. We approve the development of a program for the sponsorship of additional research on problems pertaining to equine medicine and surgery.

‘This five point program was accepted and approved by a unanimous vote.’”

The foregoing was published in many equine and veterinary magazines. Consequently there was no doubt in the mind of anyone as to the purpose of the organization and the direction it was taking.

As a first step, President Guard appointed a committee headed by Dr. Jack K. Robbins along with Dr. L. J. Cook and Dr. N. C. Roberts to study the rules of racing in various states, particularly in California and New York, and to report findings and recommendations at the next annual meeting. Thus began a long study which culminated five years later in AAEP unanimously approving and publishing recommended rules of racing with respect to medication.

These recommended rules were again unanimously reaffirmed three years later and a standing committee, “The Equine Practice Committee,” under the chairmanship of Dr. Jack Robbins was established to push adoption of these rules and to serve as a coordinating arm within AAEP.

Dr. M. L. Scott, as president, chaired the meeting and reported many findings and impressions gained through extensive travel and many conferences with other equine practitioners during the preceding months and years, all of which pointed up the great need for organized veterinary medicine to recognize its problems and prepare to deal with the racing industry. That the situation was critical and the need for action urgent, was unquestioned.

Dr. Willard F. Guard was elected President and Dr. Thomas E. Dunkin,

Secretary-Treasurer for 1956. Dr. Horace N. Davis was named President-elect and Dr. Joseph A. Solomon, Secretary-Treasurer-elect.

Dr. Tom Dunkin reported that incorporation papers had been finalized and that the AMERICAN ASSOCIATION OF EQUINE PRACTITIONERS WAS now duly chartered as a not-for-profit corporation in the State of Illinois. Listed as incorporating members were Drs. Dunkin, Scott and Solomon with Dr. Dunkin as resident representative, an office he has continued and still holds.

Dr. Willard Guard, as incoming president, reported on his attendance at the annual meeting of the National Association of State Racing Commissioners recently held in Baltimore. His attendance at that meeting representing the AMERICAN ASSOCIATION OF EQUINE PRACTITIONERS was in itself an historic event because it was the first time anyone representing organized veterinary medicine had ever met with this all-powerful racing regulatory body.

His presence at the Baltimore meeting established a precedent and from that time on, AAEP presidents have been invited and have attended all NASRC annual meetings thus establishing and maintaining firm liaison between the two organizations.

Another constructive step discussed at this First Annual Meeting of AAEP was a survey of racing commissions made by Dr. Guard. The survey was in the form of a questionnaire mailed to each racing commission in an effort to learn how well State Racing Commissions understood and used the veterinary profession in carrying out their racing regulatory responsibilities.

The survey promptly accomplished two things. First, it made each Racing Commission in the United States and Canada aware of the fact that AAEP had been born, did represent organized veterinary medicine and was seriously concerned with veterinary affairs and veterinarians involved in the racing industry.

Second, although only 18 Commissions responded, considerable enlightening information was gained, some of which was a bit surprising. The 18 reporting Commissions employed a total of 72 veterinarians. Surprisingly, three commissions reported that they employed none. All reported using at least one veterinarian at each operating track. Only the Canadian, Maryland, New York, New Jersey and Puerto Rico Commissions were using two veterinarians at any one track.

Two States allowed Commission Veterinarians to also practice at the tracks where they served in a regulatory capacity thus placing the veterinarian in a direct conflict of interest and compromising position (a situation which AAEP opposed and which was subsequently corrected). All but two Commissions indicated that they also had jurisdiction over veterinarians employed as official track veterinarians by track owners and operators. In addition, all had the power to license and determine who would or would not practice veterinary medicine on horses in the race track area.

Surprisingly, only six Commissions believed there was a shortage of properly trained veterinarians to fill the three required categories—(1) equine practitioners taking care of race horses at tracks, (2) official track veterinarian employed by the track operators and (3) State or Commission Veterinarians employed by State Racing Commissions for regulatory work.

This observation or estimate is all the more amazing in view of the fact that the number of veterinarians engaged in these areas quadrupled within ten years.

One enlightening fact was the salary scale for Commission Veterinarians. Only one was receiving \$100.00 per day, two received \$75.00 per day while the remaining 23 reported on, were being paid from \$20.00 to \$50.00 per day with an average of \$38.00. Little wonder that qualified equine practitioners were little interested in engaging in Commission regulatory work.

The survey and other information available at the time seemed to rather clearly indicate that (1) State Racing Commissions as regulatory bodies had the authority to completely control and regulate veterinary medicine as practiced at race tracks. (2) Racing Commissioners in general had little concept of the capability, value and role of veterinary medicine in racing. (3) Funds available for compensation were not adequate to attract competent and dedicated men to serve as Commission Veterinarians and professional advisors to the Commissioners. (4) A vast educational job lay ahead for AAEP not only in the racing community but within the veterinary profession itself.

This first AAEP Annual professional program organized by Dr. Guard proved to be a pace-setter also. The scientific program was as follows:

“Radiation Therapy Facts and Fantasy” by Colonel John R. Rust, University of Chicago; “Uses, Limitations and Dangers of Ultrasonic Therapy” by Dr. J. F. Herrick, Ph.D., Mayo Clinic, Rochester, Minnesota; “Removal of Fractured Fragments of Proximal Sesamoid Bones” by Dr. Edwin A. Churchill (for which Dr. Churchill was later to receive the AVMA Practitioner Research Award); “Common Diseases of Newborn Foals” by Dr. Horace N. Davis; “Treatment of Equine Digestive Disturbances” by Dr. Neal D. Lusk; “Equine Respiratory Diseases” by Dr. Thomas E. Dunkin; “Equine Regional Anatomy, Local Anesthesia and Nerve Blocks” by Dr. Robert Getty, Iowa State University; “Nasal Irrigation and the Treatment of Sinusitis in the Equine” by Dr. P. J. Meginnis. In addition there were several round table discussions on equine medicine and surgery.

A total of 74 veterinarians attended this first annual meeting—47 of whom had paid the then annual dues of \$15.00 for the year 1955. Eight more joined during the meeting, making a total paid-up active membership of 55 at the end of the first year for AAEP.

1956—SECOND ANNUAL CONVENTION

The Second Annual Meeting was held at the LaSalle Hotel in Chicago, December 17-18, 1956 with 78 members and 20 guests in attendance. Dr. Horace Davis was named President, Dr. Edward Churchill, President-elect, Dr. Joe Solomon, Secretary-Treasurer, Dr. Tom Dunkin, Secretary-Treasurer-elect and Dr. M. L. Scott volunteered and was employed as Executive Secretary at an unspecified salary since the treasury coffers were empty.

The entire cash reserve of the Association had been expended on producing a top-notch professional program for the membership meeting. Presentation of a top quality educational program was in line with the organization's objective of improving professional proficiency. It promptly



1956 President—Dr. Willard F. Guard (Ohio 1912). Founder and Charter Member and second President. Career teacher and professor of veterinary medicine and specialist in equine surgery and medicine at The Ohio State University. In its formative years, often referred to as “the conscience of AAEP.” A tireless worker for the organization and another oldtimer who never lost faith in the future of equine practice.

became the trademark of the Association and was a prime reason for its rapid growth.

Several other patterns evolved at this meeting, not specifically as policies but later became such and characterized the Association as being somewhat unusual in its approach and actions.

One departure from custom—there were no commercial exhibits or exhibitors present. Veterinarians with pharmaceutical supply houses and other areas of industry who had any interest in equine medicine or supporting it were welcome and did participate as active members of the Association but never as exhibitors or salesmen.

There were no hospitality rooms or entertainment other than the opening-night banquet. There was no program planned for the ladies and there has been no interest in an auxiliary. In fact, few ladies except lady practitioners had ever attended meetings because there was not time for recreation or entertainment. All programs were entirely professional, long, full and taxing. Everyone attended all sessions. Private conferences and loafing in the hallways were never seen. Even the evening banquet took on an educational aspect with the President of the American Veterinary Medical Association becoming the traditional banquet speaker with the mission of discussing current problems confronting veterinary medicine.

In meeting management, the President handled all business and administrative meetings and the President-elect as Program Chairman was solely responsible for organizing and presenting the professional program. Interestingly, all but one of the first ten Program Chairmen were active clinical practitioners—that they found the time and resources to put on such high level educational programs is quite amazing.

It was decided at the 1956 meeting that an annual Proceedings Book would be published. This responsibility was also assigned to the president-elect as part of the Program Chairman's job. Papers presented at the 1955 meeting had been published in the June 15, 1956, Journal of the American Veterinary Medical Association.

Proceedings Books were to be distributed free to all AAEP members and all veterinary college libraries. These books promptly became in great demand. Unbelievable as it may seem, essentially nothing dealing with equine practice had been published in more than thirty years.

Another far-reaching action taken at this meeting had to do with what was then called "Equine Encephalomyelitis." The public in general, including most Public Health officials, had long assumed that this was a disease of horses transmissible to man. AAEP was aware that this erroneous incrimination of the horse could be very costly to horsemen and to equine sport. In an effort to set the record straight and do a service to the horse industry, two efforts were set in motion.

One was an educational program to inform the public of the true nature of the disease and to remove the horse from suspicion in the public eye. Many short articles and releases on the problem were written and widely published in newspapers, horse, veterinary and other journals. The first such article written is reproduced below:

"HORSE'S ROLE IN HUMAN ENCEPHALITIDES MINIMIZED

"The finger of suspicion so often pointed at the horse in connec-

tion with sleeping sickness in man is no longer justifiable. In fact, investigators now seriously doubt that the horse can be a source of equine encephalomyelitis infection (sleeping sickness) in man.

“Data obtained in recent years strongly supports this view. Horses sick with the disease carry the virus for only a short while and then in very low titers. In other words, it appears that the virus is so dilute or weak in the horse’s blood that mosquitoes cannot transmit a sufficient amount from one horse to another or from horse to man to be dangerous or infectious under clinical field conditions.

“The real source of infective virus are birds and fowl, principally wild birds. Although these infected birds show no clinical symptoms of the disease, they carry the virus in a very high titer or concentration in their blood. This makes it easy for the mosquito to transmit the infection from bird to bird, bird to horse, or bird to man.

“Studies show that the presence of susceptible horses in a community is much less important than the presence of a susceptible bird population as a factor in forecasting or regulating epidemics. In other words, the disease perpetuates and spreads through susceptible wild birds. It is, in fact, an inapparent disease of birds. Horses and man seem to be innocent bystanders that become involved only when the infection reaches epizootic form in adjacent bird populations.

“Many horse owners in areas where the disease is prevalent make a practice of having their horses vaccinated annually for equine encephalomyelitis. This affords excellent protection for the horse. However, it does not seem to be necessary in the interest of protecting human health since the horse is not believed to be a source of infection for man.

“Although absent from the North American continent, the type known as Venezuelan equine encephalomyelitis merits special attention by health officials. Studies indicate that this virus has the ability to spread among horses by simple contact. This is a departure from the generally accepted mode of spread of the Eastern and Western type virus known in the United States. In addition, infected horses carry a higher blood virus level which permits mosquito infection—a very good reason for striving to keep this particular disease away from our country.”

The other move was an attempt to have the word “equine” officially removed from the name. The name “viral encephalitis” was suggested as the official name because it more clearly describes the disease. This effort, through the assistance of the American Veterinary Medical Association eventually met with considerable success and the old misleading terminology has been dropped in most professional circles.

The wisdom of these actions was borne out within two years when a major outbreak of the disease in pheasants and other birds splashed over into the horse and human populations creating much confusion and hysteria. Twenty-one human and fifty-two equine deaths were reported in New Jersey alone. Tourist trade was greatly curtailed and many resorts along the Eastern seaboard where horses were stabled practically shut down because prospective guests were afraid of contracting the disease from

horses. People by the thousands stayed away from racetracks for the same reason. New Jersey's Garden State track in the center of the outbreak area was hardest hit, so hard in fact that financial losses were of considerable magnitude.

The significance of the disease was finally driven home to horsemen—or at least to New Jersey racetrack operators who joined forces with AAEP in an educational program. This resulted in a special symposium being called at the University of Pennsylvania Veterinary College on January 9, 1960. The symposium was attended by some 350 distinguished persons, many of them prominent doctors of medicine, Public Health officials, research scientists as well as people prominent in the racing world.

The world's top scientific authorities on this and related diseases were quoted in national magazines and numerous newspapers as declaring that both horse and man were accidental dead-end hosts for the virus and that neither could serve as a source for contracting the disease. They also urged that the word "equine" be dropped from the name.

The long-standing myth of the horse being a threat to the public health was finally, publically and officially shot down.

Another milestone at this 2nd Annual Meeting was the decision to issue a formal invitation to the president or other appropriate officer representing each of the several national organizations involved in the racing and horse industry, to attend the next (1957) annual meeting of AAEP as honored guests.

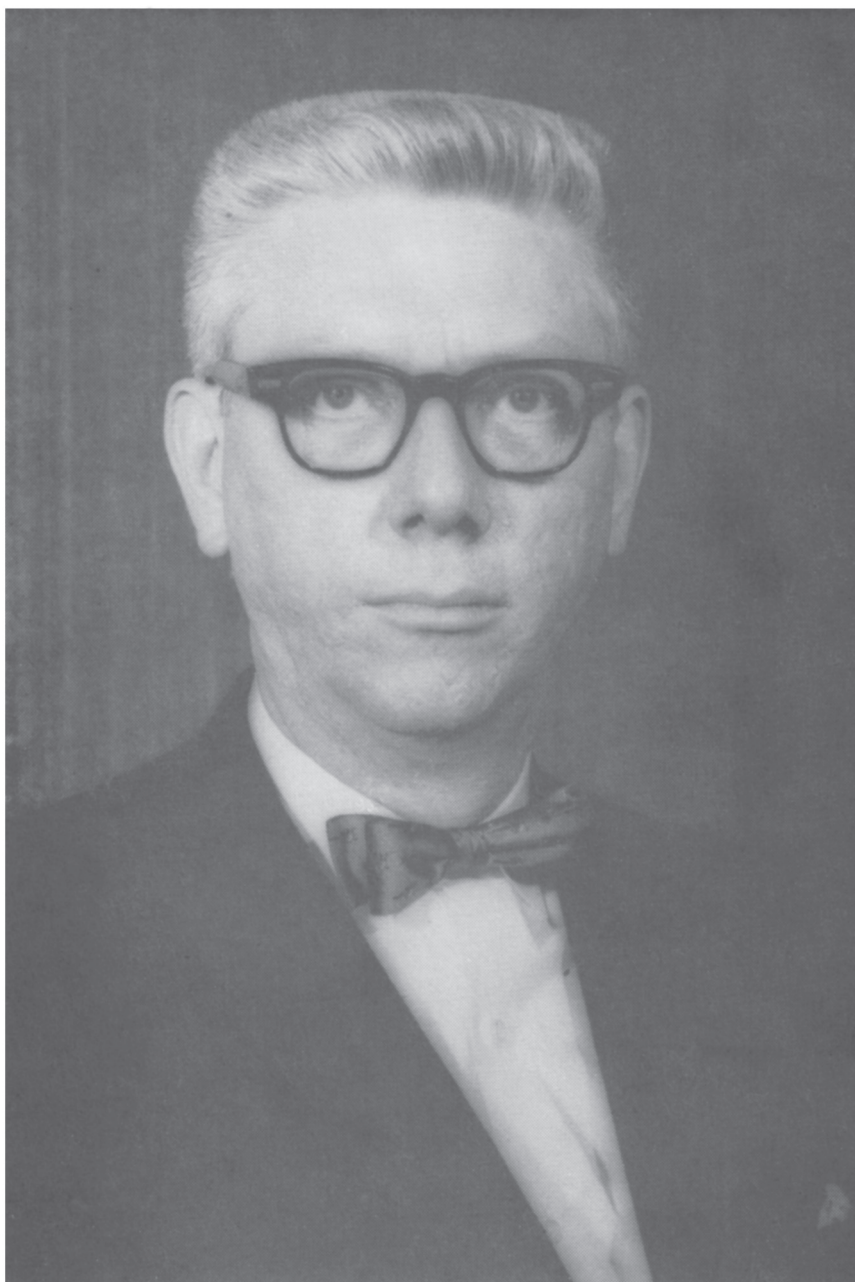
Another significant move was the forwarding of the AAEP membership roster to the National Association of State Racing Commissioners along with a request for a report on any veterinarian who might not be in good standing with NASRC.

The following speakers and subjects appeared on the professional program: "Fracture of the Fibulae" by Dr. R. L. Lundvall of Iowa State University; "Calcium Metabolism in Equidae" by Colonel B. F. Trum, United States Army Veterinary Corps; "Principles of Parasite Control" by Dr. A. C. Todd, University of Wisconsin; "Preventive Veterinary Medicine and Practical Application of Alpha Tocopherol in Horses" by Dr. J. B. Chassels; "Alpha Tocopherol in the General Field of Fertility and Reproduction" by Dr. Evan Shute; "Viral Rhinopneumonitis and Viral Arteritis of Horses" by Dr. E. R. Doll, University of Kentucky; "The Application and Use of Radium in Lameness of the Horse" by Dr. Leroy E. Johnson, Ohio State University; "Rectovaginal Fistula and other Equine Surgery" by Dr. John D. Gadd. Also included were open discussion forums.

The banquet speaker was Brigadier General Wayne O. Kester, Chief of the U.S. Air Force Veterinary Services and President of the American Veterinary Medical Association, who re-emphasized the mission and need for AAEP within the overall framework of organized veterinary medicine and the necessity for close work and coordination with the American Veterinary Medical Association.

1957—THIRD YEAR

The Third Annual Meeting was held in Chicago at the LaSalle Hotel, 16-17 December, 1957. On that program was Mr. Marshall Cassidy, the first of



1957 President—Dr. Horace N. Davis (Ohio 1948). Third President and First Proceedings Book Editor. Career equine practitioner, mostly Thoroughbred breeding farms in the Kentucky area, also a Thoroughbred breeding farm manager. He held many significant posts in the industry including that of President of the Kentucky Thoroughbred Breeders and President of the Thoroughbred Breeders Association.

a long list of distinguished men from the racing industry who were to meet and join in discussions with AAEP at annual meetings. Mr. Cassidy at that time was Vice-President and Director of Racing for the Greater New York Association, also Executive Secretary of THE JOCKEY CLUB, posts he held for many years. His presentation and the discussions which followed, centered around the correlation of interests and problems common to racetrack management, horsemen, official racing chemists and veterinary practitioners.

The value of this exchange of views and ideas was immediately obvious. Obvious also was the need for a forum or central ground where representatives of all facets of racing could meet and discuss mutual problems pertaining to medication rules and veterinary practice—a need which AAEP promptly sought to fulfill by scheduling a lengthy panel on the next annual meeting program for this specific purpose.

The following August (1958), a group of four members was invited to represent the veterinary profession at THE JOCKEY CLUB Round Table meeting in Saratoga, New York—a conference in which spokesmen for every facet and interest of the Thoroughbred racing industry took part. The group was composed of AAEP President Ed Churchill, Past-president Horace Davis and Executive Board Members Jordan Woodcock and William O. Reed—both of whom were to later serve as AAEP presidents. This veterinary representation at the Round Table proved to be productive and AAEP presidents and officers have traditionally been invited and have attended since that time.

Another departure from custom made at the Third Annual Meeting was the move to open all business and professional meetings to the Press. Editors of all interested horse and veterinarian magazines were invited to attend and report meetings as they saw fit. As a precaution, selected AAEP members were appointed to assist and advise reporters as to the scientific correctness of their reporting, also propriety with respect to veterinary ethics—a precaution which was never needed.

To facilitate the exchange of information, a Monday Press Luncheon for key AAEP personnel and all members of the Press was planned and has become a traditional entity in all annual meetings.

This open-door policy proved to be a wise one. Editors and writers quickly came to understand AAEP, its problems and position. Some of these writers were old hands in the racing industry and began to see and publicly promote solutions to some veterinary practice problems long before AAEP could crystallize them. The adage that an informed press is a good press was never better illustrated. The massive public education load confronting AAEP was vastly reduced and carried out by the many informed reporters and writers who traditionally attend annual meetings.

Another constructive step under way at the time of the 1957 meeting was the operation of a placement bureau. This was intended as a service for undergraduate students desirous of “riding” with equine practitioners as well as for graduates looking for locations, or practitioners seeking an assistant. Coordination was handled largely by the Executive Secretary’s office and at annual meetings. It was a service sorely needed and one that attracted the attention of many young men to equine practice.

The highlight of the meeting was distribution of the first (1956) AAEP

Proceedings Book. It had been personally edited by President Horace Davis and published by The Thoroughbred Press of Lexington, Kentucky. Three hundred copies were printed for a net cost of \$445.00. It was the first in a series that was to become internationally popular. Long since out of print, it is now a collector's item.

During the year (1957), Dr. Dan Anderson, an AAEP member and also an AVMA Executive Board member, was appointed by AVMA President Wayne O. Kester as Chairman of a special committee of the Board to study and report on mutual problems of the American Veterinary Medical Association and AAEP, related to the horse racing industry.

In his report to the AVMA Executive Board the following Spring, Dr. Anderson indicated that professional relationships at the tracks were improving markedly, chiefly due to greater individual attention and better organized efforts among veterinarians connected with track work. His report regarding AAEP efforts in this respect was most complimentary and he voiced the opinion that AAEP could and would fully develop and handle proper relationships with the racing industry for the entire veterinary profession.

The AVMA Executive Board carefully considered Dr. Anderson's report and gave it a most favorable reception. Continued interest and appropriate AVMA support was assured. Dr. Kester was added to the AVMA special committee which was to be continued indefinitely. In the following years, Dr. Anderson served terms as Executive Board Chairman, President-Elect and President of the American Veterinary Medical Association. At the same time he was appointed Delegate-at-Large serving on the AAEP Executive Board thus assuring continued close liaison and a complete understanding between the two organizations.

The third professional program, in addition to the two featured speakers, AVMA President Dr. W. W. Armistead and Mr. Marshall Cassidy of the Jockey Club, had an array of talent speaking on clinical problems typical of the times.

Dr. David K. Detweiler gave a presentation on examination of the equine heart that created a new wave of interest among clinicians in recognizing and evaluating abnormalities of the heart. Equine cardiology has subsequently become a special study in itself.

Another presentation was to have far-reaching effects. This one by Dr. M. B. Teigland dealt with studies on equine infectious anemia as observed in Florida. It was the first public report made on this disease in many years. Most horsemen and veterinarians, including many at the meeting, assumed that this troublesome equine malady of the past had disappeared. Such was not the case. Just four years later (1961), 66 AAEP members representing 24 States, reported having seen what they believed to be cases of equine infectious anemia during the previous twelve-month period.

In the meantime, Dr. V. Saurino at the University of Miami, working with Dr. Teigland, had been perfecting a laboratory test that for the first time appeared to offer a practical means of diagnosis. With no supporting funds, his work was soon discontinued but not until the test had come to the attention of others. At Texas A&M College, under grants received from the American Quarter Horse Association and the Morris Animal Foundation, this test was further perfected and put into use as a diagnostic tool in the management of infectious anemia outbreaks.

Other presentations on the 1957 program dealt directly with more immediate clinical problems. Dr. D. L. Proctor spoke on surgical treatment of tendinitis; Dr. William O. Reed on ether anesthesia; Dr. Arthur Davidson on local anesthesia; Dr. Nolan D. Connors on the use of piperazine and carbon-disulfide complex in foals and broodmares; Drs. J. H. Drudge, D. L. Proctor and Thomas E. Dunkin on the use of the new drug "Parvex" as an anthelmintic on Thoroughbred farms and at Standardbred racetracks. The closing presentation was an Open Forum on practice tips—a very practical and popular type of presentation that has been featured on all subsequent programs.

This Third Annual Meeting was attended by 140 members and 10 guests. President Horace Davis chaired the business meetings. Dr. Ed Churchill organized and presented the 1½ day professional program. Dr. Wayne O. Kester was named President-elect and Dr. Jordan Woodcock, Program Chairman for the coming year, Dr. Tom Dunkin, Secretary-Treasurer and Dr. M. L. Scott was continued as Executive Secretary.

1958—THE FOURTH YEAR

The 1958 Annual Meeting on December 15-16 in Chicago, marked the close of a successful year for AAEP and the beginning of another. President Ed Churchill reported his attendance to be productive at the annual meetings of the National Association of State Racing Commissioners, The Jockey Club Roundtable and the Thoroughbred Racing Association. All three Associations were now fully aware of AAEP, its position and objectives.

New to most of them and their members was the idea of the industry supporting equine research. Dr. Churchill emphasized and pushed this objective throughout the year. There was no immediate reaction or response. However, an awareness of the need for research and the willingness and ability of AAEP to assist in programs was created.

A more direct approach was made through the Grayson Foundation of Lexington, Kentucky. A committee, Drs. Horace Davis, Ed Churchill, Wayne Kester, M. B. Teigland, William O. Reed and Jordan Woodcock met with Grayson Foundation President Clarkson Beard to determine how AAEP might assist with and further promote equine research through the Foundation.

AAEP joined Grayson with financial support as an Association member at that time and has continued the relationship. AAEP members were urged to join also and many did. In addition, many privately promoted research by explaining the necessity and advantages to their clients and urging them to support the Grayson Foundation.

Needed was factual information as to what the real problems were, and their importance, so that appropriate priorities could be established for research projects. To get the answer, Grayson Foundation President Clarkson Beard with AAEP committee assistance, circulated all AAEP members with a well-designed questionnaire.

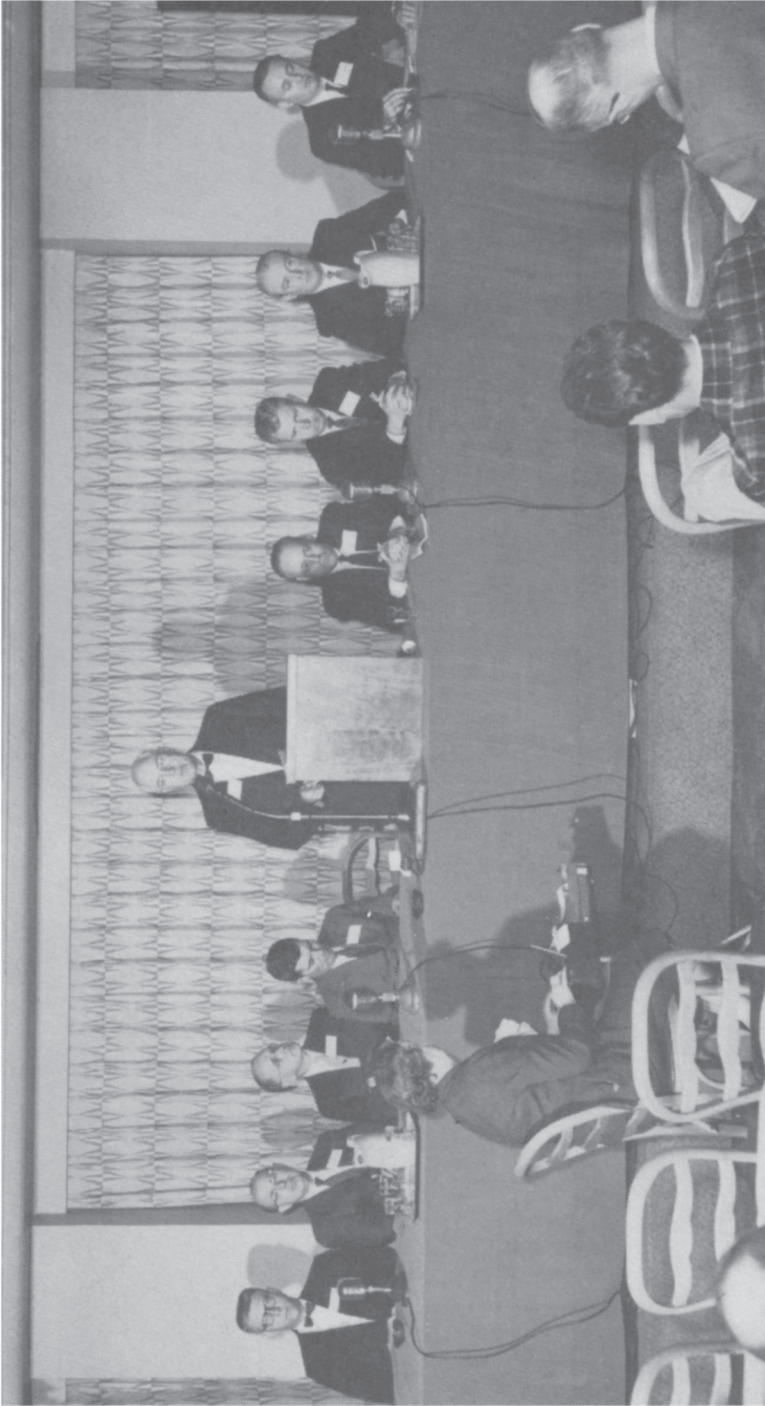
From this questionnaire, Grayson concluded that there were four major problem areas for research: unsoundness, nutrition, disease and breeding problems. It should be noted that of the 89 practitioners responding to the questionnaire, more than 50% were engaged in racetrack practice.



1958 President—Dr. Edwin A. Churchill (U.P. 1941). Charter Member, fourth President and Editor of the Second Proceedings Book. Former professor of veterinary medicine, University of Pennsylvania, a career equine practitioner, mostly with Standardbred, both race track and breeding farms on the East Coast and a breeding farm owner in Maryland. He was winner of the 1959 AVMA Practitioner Research Award.



Executive Board 1958—Seated, left to right: Jordan Woodcock, M. B. Teigland, Edwin A. Churchhill, William O. Reed, Marion L. Scott and W. O. Kester. Standing: Paul J. Meginnis, Jack K. Robbins, Floyd F. Mendenhall, James T. O'Connor, Jr., Thomas E. Dunkin, A. E. Raimonde, Joe E. Burch, Frank J. Milne, Neal D. Lusk, Horace N. Davis, J. D. Chassels and W. Bruce Farquharson.



Panel discussion at the AAEP Meeting includes many organizations interested in the advancement of the horse and horse racing. Left to right: Dr. Horace Davis, TBA; John Manfuso, HPBA; Dr. Y. T. Oester, AORC; Clarkson Beard, Grayson Foundation; General Wayne Kester, President AAEP; James H. Inglis, NARC; Dr. Joseph O'Dea, USET; John F. Kennedy, Racing Stewards; and Robert Frink, TRPB. Meeting was held in Chicago, December 15-16, 1958.

Consequently, that unsoundness ranked as the most important area is not surprising. However, it was interesting to note that nutrition was ranked as the second most important problem by this group at this time—interesting because nutrition as a factor in equine disease had previously received little consideration.

Mr. Beard at the following annual meeting reported in detail on his analysis of the survey and outlined Grayson's plans for research. However, it was to be some years before any significant new interest or support in equine research on the part of the horse industry was apparent.

The real milestone of the 1958 meeting was a blue ribbon panel of representatives of major organizations in the equine industry. Each panelist first presented how he believed AAEP and veterinary medicine could best serve his particular entity of the industry. This was followed by a round table discussion that laid the foundation for guidance in many areas.

Participating panelists were Mr. John Manfuso, Chairman of the Board of the Horseman's Benevolent and Protective Association, Dr. Horace Davis, President of the Thoroughbred Club of America; Dr. Y. T. Oester, President of the Association of Official Racing Chemists; Mr. James H. Inglis, President of the National Association of State Racing Commissioners, Mr. John S. Kennedy of the Racing Stewards, Mr. Robert Frink of the Thoroughbred Racing Protective Bureau, Dr. Joseph O'Dea of the U.S. Equestrian Team and Mr. Clarkson Beard, President of Grayson Foundation.

Another feature of the program was a panel discussion on equine tracheobronchitis which brought forth new techniques and new instruments for handling this condition. Another panel dealt with orthopedic surgery and still another with the surgical treatment of tendinitis. Dr. James T. O'Connor discussed Standardbred lameness; Dr. David Crisman discussed laboratory tests and their interpretations; Dr. Fred Kingma, Food and Drug Administration activities; Dr. J. D. Wheat, abdominal surgery; U.S. Air Force Colonel Charles H. Snider, equine diseases in public health; Dr. William McGee, management of problem mares and Dr. R. E. Rebrassier, as AVMA president, discussed current problems and plans for the profession.

A professional specialist in convention reporting, Mrs. Sadie V. Thomas, was employed to record the proceedings of the meeting—a service she continued for some time. Thus the publishing of the Proceedings Book was greatly simplified. Previous meetings had been tape-recorded.

Plans were made to extend next year's professional program to two and one-half days and to shorten the business meeting, if possible.

A committee of Drs. Joe O'Dea, Wayne Kester and John Rosborough as Chairman, was appointed to plan and mobilize AAEP resources in support of the International 1959 Pan-American Games scheduled for August in Chicago.

At the Closing Session, Dr. Jordan Woodcock was continued as Program Chairman and named President-elect. Brigadier General Wayne O. Kester was named President, Dr. M. B. Teigland, Secretary-Treasurer and Dr. M. L. Scott continued as Executive Secretary.

One hundred and forty-seven members and thirteen guests had attended the meeting.



1959 President—Brigadier General Wayne O. Kester (KSU 1931). Fifth President, three years Chairman of the Executive Board, Executive Director and Editor of the Newsletter 1962 to date (1980). Career military veterinary officer, Chief Veterinarian U.S. Forces Pacific Theater World War II, Director D.O.D. Meat Inspection Service 1945-49, first Chief of the United States Air Force Veterinary Services 1949-57, President of the American Veterinary Medical Association 1956-57, American Horse Council Executive Committee 1969 to date, and winner of the 1980 AVMA Award for contributions to organized veterinary medicine.

1959—FIFTH YEAR

The year 1959 was one of well-planned expansion in public and professional relations for AAEP. When a Brigadier General, former Chief of U.S. Air Force Veterinary Services and past-president of the American Veterinary Medical Association was chosen to represent the Association before the public, even the skeptics were convinced that AAEP and equine medicine had matured on the national scene and was here to stay.

The Executive Board was aware of this unusual situation and planned to make the most of it. By year's end, Dr. Kester as AAEP President had addressed 24 horse and veterinary organizations including the American Quarter Horse Association, Arabian Associations, NASRC, The Jockey Club Round Table, Thoroughbred Racing Association and HBPA as well as several other breed and regional Associations and State Racing Commissions. He also visited seven veterinary colleges.

Many factual articles on AAEP, its problems, objectives and accomplishments were written for publication in all horse and veterinary magazines—a practice that has been continued. At that time there were fewer than twenty horse magazines being published in the United States and Canada.

The specific target for the year in addition to promoting and improving equine medicine in general was a concerted attempt to arouse public interest in equine research. Each organization in the equine industry was urged to appoint a standing committee to evaluate problems that might be solved by research and to plan or join in a research program.

The establishment of a National Institute for Equine Research was also urged and attempts were made to arouse the interest of veterinary pharmaceutical and biological producers in researching and producing instruments and items for use in equine practice. Reaction was somewhat apathetic. Individuals were curious about research but neither they nor their organizations were interested in supporting it.

The only exception was the American Quarter Horse Association which did promptly establish a Research Committee, did formulate and then adequately fund and direct a progressive research program. Five years later, through the Equine Division of the Morris Animal Foundation, AQHA was budgeting approximately \$100,000 a year in support of equine research at various veterinary colleges and institutions, the major area of interest being nutrition although research on electrolyte balance, equine infectious anemia and parasites has also been supported.

In the area of professional relations, a mid-year AAEP meeting was held during the annual AVMA Convention in Kansas City. (A similar meeting had been held on a trial basis the previous year.) It was an evening session open to all veterinarians. Featured was a short AAEP status and progress report by the president, followed by a professional program chaired by Dr. O. R. Adams. More than 130 veterinarians attended. This mid-year annual evening meeting procedure was continued until 1965 at which time the AVMA set aside a full afternoon for an AAEP program open to all AVMA members, Dr. Adams again being Program Chairman.

Another accomplishment of considerable import was AAEP participation in the International Pan-American Games held at Oak Brook Polo Grounds and Soldiers Field in Chicago, September 2-3-4. Adequate

veterinary support for Pan-American as well as Olympic Games equestrian events had always been a critical problem. Most international teams did not carry a veterinarian with them and veterinary services and facilities are seldom if ever conveniently available in the area or country where such Games are held. In addition, this type of equine competition requires special understanding, also treatment and management different from other types met in practice.

With the United States as host country, AAEP volunteered to provide service for all foreign teams and laid out a program that was to serve as a target and pattern for all future Games.

Dr. John Rosborough of Chicago as Chairman, called for a volunteer committee and then organized and mobilized adequate resources to support all events and aspects of the Games. Dr. Joe O'Dea, then U.S. Equestrian Team Official Veterinarian, served as advisor and Dr. Wayne Kester as Coordinator of Veterinary Activities for the Games.

On September 1st, fifteen additional veterinarians reported in and served the following three days. These volunteers were Drs. Neal Lusk, M. A. Sowa, R. C. Huff, C. E. Cornelius, R. A. Burnham, William Santoro, Howard Cleveland, D. M. Davis, W. G. Bauman, E. M. Umans, E. J. Kennedy, Fred Schell, J. B. Chassels, Billy Linfoot and Buddy Combs.

The only compensation for this all-out and successful effort was the appreciation and good will for veterinary medicine generated among international horsemen and especially among officers of the American Horse Shows Association, many of whom were actively involved in the Games.

The most significant milestone in veterinary medicine and American horse racing was passed at the Fifth Annual Meeting (1959). This was a half-day, in fact, a long afternoon panel discussion of Racing's so-called "48-Hour Stimulation Rule." An historic event, because it was the first time in history that regulatory officials responsible for writing and enforcing rules governing racing had ever sat down, listened and entered into searching discussions with those who must comply with the rules.

It was quickly apparent that all were opposed to the use of narcotics or other drugs that might unfairly affect a horse's performance in a race. Further, all were in accord with NASRC rules pertaining thereto as well as their procedure for enforcement.

However, on the matter of professional ethical medication there were two entirely different concepts. Those in regulation, *i.e.* the racing commissioners and chemists believed in the philosophy that any horse that required or received medication of any kind should not be allowed to race. Further, they advocated a rule (which most States had on the book in some form at that time) that no medication of any kind (with minor exceptions) would be allowed within the 48 hours prior to racing. This they believed was necessary in the interest of protection of the betting public.

In theory, both the philosophy and rule appeared to be sound and reasonable. However, information presented by those representing track management, horse owners and trainers and practicing veterinarians made it quite evident that the philosophy was totally unrealistic and impossible to live with in horse racing as well as all athletic sports and that the "48-hour rule" was extremely unfair to owners and trainers and that it prohibited the full employment of sound veterinary medical practices in the best interests

of the horse. Further, it was impossible to enforce such a rule. In fact, it was the opinion of many of those present that little if any attempt was being made in several States to enforce the so-called "48-hour rule."

Participating in this historic discussion representing regulatory views was National Association of State Racing Commissioners President James H. Inglis; Chairman of NASRC's Illegal Practices Committee, Mr. Thaddeus Bruno and Official Racing Chemists' Past-President Dr. Y. T. Oester. Representing Management was Marshall Cassidy of the New York Racing Association and Jockey Club and representing owners and trainers was HBPA Chairman of the Board, John Manfuso, Drs. W. O. Reed and M. B. Teigland represented veterinary practitioners and Dr. Jordan Woodcock moderated the Panel. During the session, several practitioners representing all parts of the country expressed opinions and gave factual enlightening dissertations from the floor.

It was obvious to panelists, journalists and all others present that here was an audience—a group of veterinarians that had a thorough understanding of the entire question and probably had some sound answers. The details of this memorable afternoon's work are recorded in the 1959 AAEP Proceedings Book and need not be restated here.

At the conclusion of the session, a suggested model rule dealing with medication was presented by Dr. Woodcock for consideration. The rule had been drafted by the AAEP Executive Board and one year later, with only minor changes, was unanimously adopted by the AAEP membership as its position on the medication issue.

This position and statement was largely ignored except for a few members of the Press. Mr. Joe Estes of The "BLOOD-HORSE" and Editor Tom Shehan of "Horseman's Journal" in particular continued to hammer away, pointing out inequities of existing rules and the advantage of those suggested by AAEP.

Four years later (1963) at the request of the NASRC president, AAEP again restated and republicitized its recommended rule. This time it carried not only the unanimous support of AAEP members but also the support of AVMA president, Dr. Jack Knowles, who in addressing the AAEP membership meeting commended it for its actions and goals and assured the complete understanding and full support of the AVMA in AAEP efforts to resolve the medication question.

AAEP had spent five years of careful study before arriving at a unified position and publicly stating a recommended policy on medication practices. It was another three years before NASRC officials began to acknowledge that there was merit in the policy which was worthy of consideration.

The policy and rules recommended by AAEP have withstood the test of time. There have been no revisions except in wording to broaden the scope and made it applicable to horse show and other equestrian sports, in addition to racing. Policy and position has not changed since it was first stated.

While NASRC has not yet altered its position on the 48-hour rule or sanctioned the AAEP-recommended rule on medication, several individual States have. Colorado was the lead-off State with State Racing Commission Official Veterinarian Dr. Gene Bierhaus exploring and explaining the way. His brilliant demonstration of the policy in action convinced even the die-

hards that it offered a solution to their problems and that changes accordingly were eventually inevitable.

The following extract from the March, 1964, AAEP Newsletter restates the policy:

RECOMMENDED RULES GOVERNING MEDICATION

The following statement of policy with respect to recommended rules for governing medication and professional treatment of horses in connection with racing and other equestrian sports was unanimously adopted and published by AAEP in its Ninth Annual Meeting business session. Recommended rules:

(1) Prohibition of the use of a stimulant, depressant, or local anesthetic in a manner that might affect the racing performance of a horse. (Stimulants and depressants are defined as medication which stimulate or depress the circulatory, respiratory or central nervous systems.) Prohibition of the use of **any** drug, regardless of how harmless or innocuous it might be, which by its very nature might “mask” or “screen” the presence of the aforementioned prohibited drugs.

(2) Full use of modern therapeutic measures for the improvement and protection of the health of a horse, with the understanding that no such medication will be used on the day of the race except by express permission of proper officials. (The day of the race to be determined by proper authorities on a local option basis.)

(3) Maintenance of personal veterinary records which accurately record all medications—such records to be made available to proper racing officials on request in case of questions regarding an entry.

(4) Reporting to proper officials the administration of controversial medications in accordance with local option for the purpose of evolving and evaluating definitive information.”

In other action during the 1959 meeting, the first of several specialized standing committees was appointed—the Orthopedic Committee consisting of Drs. John Wheat, Jordan Woodcock, William O. Reed, Joe O’Dea and Jacques Jenny, Chairman. This committee met with track officials and insurance company representatives with the hope that plans could be worked out whereby horses with leg fractures at racetracks could be transferred to an orthopedic research center rather than being promptly destroyed as was the custom.

Such a plan would have provided the necessary material and opportunity for the veterinary profession to readily develop and employ modern techniques and thus become highly proficient in equine orthopedics—an opportunity which was and still is somewhat lacking. It would also have saved the lives of many horses although probably very few would have returned to racing form.

Logical and desirable as the plan appeared to be, it sparked no interest among insurance companies or owners. If a horse was so unfortunate as to break a leg, its owner usually wanted it “destroyed for humane reasons” so that he could collect his insurance money. Insurance interests appeared to be quite content with this business arrangement—unless an exceptionally valuable animal was involved in which case it was regarded entirely humane

to treat and save the animal.

In spite of the committee's best efforts, the veterinarian is still confronted with the dilemma of being pressured to destroy a fracture case for humane reasons under one set of circumstances and to do everything possible to save a similar case under another set of circumstances. This dilemma will persist as long as insurance policies continue to be written under present terms whereby indemnity is paid only on death of the horse.

On the positive side, this committee did chalk up several successes. Orthopedic techniques have been studied and greatly improved. Facilities and methods for handling fracture cases at many racetracks have been vastly improved so that casualties do receive more humane and prompt professional treatment.

One important accomplishment is that the public in general and the horse-owning public in particular, now appear to understand that the dollar value generally determines whether a horse will or will not be destroyed. It has been amply demonstrated by many veterinarians including members of this committee, that leg fractures generally may be managed as successfully in the horse as in other animals. It is now generally realized that professional incompetence does not exist and cannot be used as a legitimate excuse for destroying animals without benefit of an attempt at professional treatment.

A panel discussion on the problem by two insurance companies' representatives and members of the Orthopedic Committee appears in the 1959 AAEP Proceedings Book. The plan advanced by the Committee is stated and discussed in detail.

Several other brewing problems were brought into focus and put under surveillance. It was noted that procedures for the collection of urine and saliva samples varied widely from State to State. Standardization was needed and urged.

It was noted also that some States did not require pre-race examinations. AAEP took the stand that pre-race examination should be required and that requirements should be standardized.

It was noted that some States did not allow horses with digital neurectomies to race, while others did. It was generally agreed that this was a justifiable and safe practice. It was also agreed that there probably would never be agreement on the rule among the States and that horsemen must continue to live with this paradox.

The professional portion of the meeting occupied a full two and one-half days as planned, featuring several panel sessions. Thirty-five scheduled speakers took part in the program including AVMA president, Dr. S. F. Scheidy, who among other pertinent facts, pointed out that AAEP was but one of thirty-nine specialty organizations affiliated with the AVMA but with its present membership of 229 at the end of its fifth year it probably would be the fastest growing. A membership of 902 just five years later proved his prophesy to be correct.

It was in 1959 also that the "AAEP Newsletter" was born. Until 1962 it was periodically issued in the form of mimeographed sheets to all members. Its sole function was to disseminate organizational news and administrative information.



1960 President—Dr. Jordan Woodcock (U.P. 1939). Founder and Charter Member, twice Program Chairman and sixth President of AAEP. Career equine practitioner. State Veterinarian New York State Racing Commission seventeen years, race track and farm practitioner, organizer and first administrator of the American Horse Shows Medication Control program.

In 1962 it first appeared in magazine form published three times annually by the Executive Secretary. It has continued as the administrative information organ of the Association. Appropriate professional papers, editorials and abstracts were included. The Newsletter has been and is mailed free, three times annually to all AAEP members and other interested parties requesting its receipt. Advertising has never been incorporated in the magazine.

At the closing session of the 1959 meeting, Drs. John G. Hardenburgh, Willard Guard and Marion Scott were voted to honorary life membership in AAEP, in honor and recognition of their efforts on behalf of the organization.

Dr. Jordan Woodcock was named President; Dr. M. B. Teigland, President-elect and Dr. Frank Milne as Secretary-Treasurer. Dr. M. L. Scott was continued as Executive Secretary and retiring President Wayne O. Kester was elected Chairman of the Executive Board. Two hundred and two members and 25 guests had attended this, the Fifth Annual Meeting.

1960—PHOENIX CONVENTION

1960 was not one of the easier years for AAEP. Many things were happening that only further emphasized the magnitude of the vacuum long allowed to exist between the veterinary profession and the entire equine industry. All in the Association realized that they were not simply representing their own limited interests. Whether they liked it or not, AAEP was representing the entire veterinary profession before a major segment of the American public. Horse racing and equestrian sports outdrew all other sports by far. Millions took part or attended and most of them visualized veterinarians and veterinary medicine in the image created for them at the racetracks or in other equestrian sports.

AAEP was saddled with a public relations and education problem entirely out of proportion with its size, responsibilities and objectives. No other specialty group was ever confronted with a comparable situation. Actually the problem and responsibility was that of the entire profession—but AAEP had the bull by the tail without realizing it and managed to hang on. What had started out to be a minor organization for the improvement of professional proficiency was ending up on the national and international scene as a major force in shaping the image and guidelines for veterinary practice in the future.

All of which took time, talent and money. So, with the treasury well-drained, officers and committee members overworked and problems and questions piling up from all quarters, the 1960 meeting scheduled for Phoenix, Arizona, December 12-14, gave promise of being an interesting one.

It was obvious that the organization was rapidly growing beyond its budget and that additional funds must be obtained through a raise in dues or by other means. It was obvious to the Executive Board that a bigger, better and more costly Proceedings Book should be published and that an editor should be employed and compensated for producing the book. To continue to improve the quality and scope of the professional program, more money would be required to obtain speakers.

In another area, AAEP officers obviously would have to regularly

attend various national meetings in order to maintain the newly acquired position of stature in the community of organizations which make up the racing industry. Some of their travel would extend into Mexico, Canada and England.

In addition, it was amply apparent that a well-equipped and properly financed headquarters office for AAEP must soon be established. Dr. Scott, a busy practitioner, had been holding the administrative office together at great cost to him in time and effort, with only a token payment from AAEP for his services. After careful deliberation the Executive Board recommended that dues be raised from \$15.00 to \$20.00 per year.

President Woodcock presented the situation and recommendations to the membership meeting the following morning. The reaction was prompt and positive. Members conveyed a let's-pay-our-own-way-and-get-the-show-on-the-road attitude. The vote was unanimous to raise dues to \$25.00 rather than the suggested \$20.00.

Provision for another Constitutional change was made at this meeting whereby distinguished veterinarians from foreign countries might become regular AAEP members. Dr. Max Cosgrove, a program participant from Ireland, was the first man to join followed by Dr. Edouard Poret of France, both of whom subsequently attended many meetings. Five years later there were 24 foreign (Associate) members representing England, Ireland, France, Mexico, Australia, New Zealand, Thailand, The British West Indies, Venezuela, Colombia, Sweden, Denmark and Lebanon.

It was at this meeting also that AAEP unanimously adopted and first publicly announced its policy and recommended rule on medication—a position and recommendation not popular with some racing commissions, especially the Chairman of the New York State Commission who happened to be Dr. Woodcock's boss at that time. Dr. Woodcock had for seventeen years served as Official Veterinarian for the New York State Racing Commission. Known as competent, efficient and effective in his official capacity, he was undoubtedly the most highly respected and best known veterinarian in the country, among members of the National Association of State Racing Commissioners, including his own Commission.

As AAEP president, it fell to Jordan Woodcock's lot to explain and defend this new statement of policy and position which he did masterfully at the next NASRC meeting in Mexico City and at other meetings. Obviously, AAEP position and opinion as stated by Dr. Woodcock was not in agreement with the practice of the New York State Racing Commission, thus the possibility of an embarrassing situation.

A lesser man might have held his tongue. However, Dr. Woodcock chose to stick with his convictions and stand to be counted with AAEP—an action for which he was to promptly lose his job with the New York Commission in spite of the fact that he had seventeen years Civil Service tenure in the position—such were the stakes and chances in the game that AAEP officers were playing.

Quite obviously the Commissions, at least the New York Commission, were not yet ready to consider AAEP's offer of assistance in the medication problem. However, as previously indicated, the AAEP-recommended rule was to receive popular support in the near future and although Dr. Woodcock may have lost a personal battle, he was a major factor in the successful progressive action of AAEP.

Dr. Woodcock had met several times during his year as president with the newly formed "National Thoroughbred Research Committee" headed by Mr. Neil Curry of the California Commission. His presentations had been telling because his committee, composed of key men from various areas of racing interest, eventually voted 10 to 2 for abolishing the "48-hour rule" and further to support the AAEP recommendations pertaining to a rule on medication. However, the thinking and recommendations of this "blue-ribbon" committee which had been appointed by NASRC president, Commissioner Poxon of Colorado, was largely ignored until later when Mr. Curry himself was selected to become president.

During the year, President Woodcock appointed a "Horse Shows Committee" consisting of himself, Dr. Joe O'Dea, Dr. Dick Gilyard and Dr. Bob Cornell to work with American Horse Shows Association officials in an effort to clarify the position of official horse show veterinarians and improve veterinary service at horse shows—a long-standing thorny problem for veterinarians and show management as well.

AHSA officers were fully aware of the problem and were seeking an answer. Consequently, action was prompt, effective and continuing over the years. The AHSA Rule Book was changed to spell out specifically the duties and status of a horse show official veterinarian. He was moved from his previous classification as a show employee (usually uncompensated) to that of a professional consultant to the judge, along with responsibility for other well defined duties. A remuneration of \$100.00 a day was suggested.

In addition, AHSA recommended to its Member Shows that only AAEP members be employed as official veterinarians. Simultaneously, AAEP disseminated literature and information in an attempt to better orient its members on the duties and functions of official veterinarians. AHSA subsequently assisted in this effort by making additional literature and Official Rule Books available free or at reduced cost to AAEP members.

To ensure continuity and continued liaison, AHSA appointed a Veterinary Service Committee to provide continued guidance for that Association on veterinary affairs. Named to that committee were the same men who were members of the AAEP Horse Shows Committee. This practice of both organizations appointing the same men to their committees has continued.

This committee was subsequently enlarged to ten members so that all parts of the country might be better represented. Dr. Woodcock continued as Chairman and the work and scope increased. One added duty was the supervision and management of saliva and urine samples taken at various shows designated by AHSA.

In racing, yet another problem was developing. Due to the fact that some "over age" horses were appearing at a few tracks, a committee of Drs. Joe Miller as Chairman, E. R. Walker, Bruce Farquharson, Harry Johnson and Dan Anderson was appointed to study a standard formula for determining age. The practical problem confronting the State Racing Commission veterinarians was that of being able to determine whether a horse was a two-year-old, three-year-old or four-year-old. It was suspected that a few horses were fraudulently registered as to age and were being entered in races for two-year-olds when they were actually more than two years old.

Suspecting was one thing but proving was another. The official veterinarian on the spot needed an approved tooth chart as a standard for



1961 President—Dr. Melbourne B. Teigland (ISU 1945). Seventh President and one time Secretary-Treasurer, a career equine practitioner, both race track and breeding farms in Florida. An articulate spokesman he ably represented AAEP before NASRC and other industry interests on many occasions.

determining age—a simple-sounding task but difficult to accomplish. Although a long-established and acceptable chart was finally provided as a model, no racing association would place its official stamp of approval on it. Finally, five years later, AAEP published the chart as its own official recommended guide.

Although the official chart was slow in coming, the very act of appointing a committee to study the problem seemed to have solved it. At least, reports of suspected “over age” horses promptly ceased.

Many other new problems were presented for study and many of the old ones were re-evaluated. One major decision was that the Executive Board should thresh out and handle all administrative and business matters possible and report its action to the membership at large rather than asking the membership to enter into the business transactions as had been the custom. This placed an added burden on the Board, requiring a full day Board meeting prior to the three day membership meeting which was followed by a closing Board meeting. This allowed the membership business meeting to be shortened and the professional program to be still further extended.

It also allowed special and standing committee members to report and make presentations to the Board. This resulted in all matters receiving longer and more thorough consideration by a smaller but much better informed group of individuals.

For the ensuing year, Dr. M. B. Teigland was named President and Dr. William O. Reed, President-elect. Dr. Frank Milne was reappointed Editor for the Proceedings Book. Dr. Marion Scott was continued as Executive Secretary and Dr. Wayne O. Kester as Chairman of the Executive Board. Two hundred and fifty-six members and 30 guests had attended this, the Sixth Annual Meeting, exceeding by more than fifty the number attending the previous meeting in Chicago where all other members had been held.

Obviously, AAEP meetings drew national attention and members would attend whether or not a centrally located city was chosen. Consequently, Fort Worth was selected as the next convention city where an even larger attendance was to be experienced.

1961—FORT WORTH CONVENTION

The year 1961 was no better for AAEP officers than the previous one. If anything, it was worse. By year's end, President Teigland had been away from his busy practice a total of 34 days, attending ten different meetings in the interest of AAEP. Other officers had attended three more.

While the stature and prestige of the veterinarian had zoomed skyward among horsemen and in the horse world, his right to practice sound ethical veterinary medicine at the tracks was being even further curtailed by action of racing commissioners—largely due to what became known as the “Butazolidin war.”

This relatively new medication had been used as an analgesic on thousands of horses during the past five or six years. By 1959, a test had been developed by which it could be detected in the urine. Whereupon a few States promptly banned its use, other ignored it. Fortunately one, Colorado, allowed its Commission Veterinarian (Dr. Gene Bierhaus) to develop and implement a very carefully planned program for using the



Executive Board 1961—Seated, W. O. Kester, Frank J. Milne, M. B. Teigland and William O. Reed. Standing: Thomas E. Dunkin, W. Bruce Farquharson, Joe M. Miller, Marion L. Scott, Menendez Guillot, A. Martin Simensen, James L. Temple, A. E. Raimonde, Joe E. Burch, Dan Anderson, William R. McGee, Jordan Woodcock, Harry W. Johnson, Joseph C. O’Dea, Neal D. Lusk, R. W. Ford.

medication under controlled research conditions. Fortunately, because his practical approach came up with irrefutable facts and figures that shot down much of the myth, foggy thinking and hysteria that had been generated by the introducing of this drug and then the banning of its use.

Horsemen in States where the medication was barred were incensed and in one, Florida, threatened to withhold all horses from racing unless the ban on Butazolidin was lifted.

AAEP's problem was that it was being drawn into the controversy between horsemen and racing commissions. While most veterinarians believed the horsemen were the losers and sympathized with them, the fact remained that AAEP as a whole served in a professional capacity to three separate factions involved in the controversy—the commissioners, track management and the horsemen. Consequently it would be entirely out of order for AAEP to take sides or become involved in someone else's quarrel.

That AAEP did not become adversely involved in this year of heated controversy is a credit to Dr. Teigland's statesmanship. He quietly but firmly put across the fact that AAEP was an ethical, honorable professional organization interested in practicing medicine in the manner that was in the best interests of the horse.

Dr. Teigland believed the full truth as to the value, use and effects of any medication must be understood by all concerned before a fair appraisal as to its use could be made and he very adroitly laid the facts before meeting after meeting—many times at personal discomfort because the full truth cast doubt as to whether or not the existing rules on medication were realistic.

Most important, he hammered home the idea that AAEP was interested in and ready to pass judgment on what was best for the health of the horse. Further, that AAEP was not in a position and would not attempt to determine or state what was best for the racing industry. This was a determination someone else must make and whatever the decision, AAEP members would abide by it.

It had long been evident and was becoming more so, that probably the best way to bring about modernization of the rules of racing, with respect to medication, was at the local level within the individual states.

The commissioners of each State were responsible for formulation and enforcement of rules within their State. Sometimes they followed the lead and recommendations of their national association, NASRC, sometimes they did not. But the fact was that all were political appointees made by their State Governors and thus subject to the whim of State politics.

Knowing these facts, AAEP attempted to stir a movement through the AVMA that would cause State Veterinary Medical Associations to recognize the significance of racing in its State and its implications on the welfare and future of the veterinary profession. It was hoped that State Associations, if sufficiently informed, would be aroused to action.

The New York State Association did appoint an "Equine Practice Committee" headed by Drs. Jordan Woodcock and John R. Steele who did meet with the Governor's staff and other officials in New York. Their plan and procedure was reported at the 1961 meeting and recommended as a pattern and guide for other State Veterinary Associations to follow.

It was at this annual meeting in Fort Worth that the AVMA Board of Governors, Drs. Mark Morris, Dan Anderson and Jack Knowles met with AAEP officers in an attempt to formulate a plan for educating both the public and the remainder of the veterinary profession on the fact that veterinary medicine as practiced by equine practitioners especially at the tracks had advanced and that standards for practice and levels of proficiency were on a par with the best in the veterinary profession.

After hours of conferring with AAEP officers, horsemen, members of the equine Press and their own public relations counselor, the AVMA Board formulated plans for an educational program aimed particularly at the veterinary profession itself.

The following report on this joint conference was subsequently made to the AVMA Executive Board and other AVMA officials.

“It is a well known fact that the level of practice in equine medicine and the stature of veterinary medicine in the racing industry has risen markedly in recent years, especially with the advent and growth of the AAEP. Even so, the stature and image of the veterinary profession within the racing world is not what it should be and as a result serves as a handicap for the entire profession.

An adverse image of veterinarians connected with racing and adverse publicity of veterinary practice at racetracks is a serious matter to the AVMA for several reasons.

(1) The image of veterinarians at the track is reflected back to a large segment of the population as the true image of veterinarians in general.

(2) Many of the top-level business men with whom AVMA officials and individual veterinarians must deal gain their first impression and image of veterinarians and the veterinary profession at race tracks and immediately equate all veterinarians to the same level. A classic example is a former Secretary of Defense who believed veterinary medicine to be of no consequence in modern society and attempted to eliminate it from the Armed Services.

(3) A poor image developed in the racing world due to a vacuum created by the veterinary profession itself. For many years there had been a shortage in number of equine practitioners available, a lack of organized effort and the resulting lowered level of proficiency in practice—a situation that pertained incidentally in other facets of the profession as well.

(4) A poor image is erroneous and no longer justifiable. It is believed that the level of practice of veterinary medicine in the racing industry is in general on a par with any other segment of practice. The large influx of recent graduates, keen competition, new equipment and techniques and the fact that the race track veterinarian must practice in a gold fish bowl, so to speak, has made a high level of proficiency inevitable.

(5) Of the 20,000 veterinarians in North America, perhaps fewer than 500 are directly connected with racing. The remaining 19,500 have little, if any, knowledge of the problem and may, in fact, contribute to the problem by inadvertently and unknowingly reflecting erroneous beliefs and opinions of equine practice before the public.

(6) During the past five years, officers of all organizations that make up the racing industry have been invited to attend and have participated in AAEP programs. In return, AAEP presidents and other officers have devoted many days and many hundreds of dollars annually in attending meetings of these organizations and conferring with them on their veterinary problems—a major public relations and educational effort carried on by AAEP which has greatly benefited the entire veterinary profession.

It was agreed that more effort was needed, especially in areas where the AAEP could not reach.

(1) One area of concern is within the profession. It was believed that an internal educational program to better acquaint the entire profession with its status, stake, and modern proficiency in equine practice would be worthwhile. This alone might eventually correct public thinking and opinion. Only the AVMA could conduct such a program.

(2) Another area of concern is the State Racing Commissions. Veterinary practice at race tracks is now governed and policies dictated by State Racing Commissioners, all of whom are political appointees, and many have little if any knowledge or background for this veterinary responsibility. Generally, the Commissioners as well as the State Governors, operate in a vacuum insofar as veterinary guidance on racing matters is concerned.

The only solution to the problem is for the State Veterinary Medical Association as a political entity of the State to take steps to insure proper veterinary representation and guidance for the Governor and the State Racing Commission.

To this end, the New York State Veterinary Medical Association has established an "Equine Practice Committee" to confer with the Governor with a view of his appointing a "Veterinary Commission" to function on the same level as the State Racing Commission. Its function would be to study and advise on all veterinary problems affecting either Thoroughbred or Harness Racing Commissions. It is hoped that other State Veterinary Medical Associations will follow suit.

It was believed that the AVMA should in no way become involved in State or other regulatory problems. However, it is possible that the AVMA could develop a suggested guide for the establishment and operation of "Veterinary Commissions" which State Veterinary Medical Associations could adopt.

(3) A third area where action might be helpful was with the many organizations and interests which make up the racing industry. It was thought that officers of the AVMA meeting with officers of these many organizations might help pinpoint problems and their solutions and lead to a better overall understanding and appreciation."

At the conclusion of the Fort Worth meeting, the AVMA Board of Governors in attendance agreed to present the entire problem as outlined above to the AVMA Executive Board for consideration during their next meeting in April.

Unfortunately, most veterinarians, unless they were directly involved, assumed that equine medicine was still in the dark ages, that no serious minded professional man could possibly be interested in "horse medicine" and only ne'er-do-wells could be found at race tracks.

Few realized that the equine practitioner, especially at race tracks, worked essentially in a gold fish bowl where all could see his techniques and his results. Competition was keen and pressures great for achieving high professional competence because patients were valued not only in sentiment but each in thousands of dollars. A man not only had to be good, he had to be tops to long remain in this professional arena which spawned some of the all time greats among veterinary practitioners.

While the plan formulated at the joint AVMA-AAEP Board Meeting in Fort Worth failed in its target of informing the rank and file in the veterinary profession, it did have some far reaching and significant results. All top AVMA officials were now thoroughly aware of the problem AAEP had been fighting and understood its implications and effects on the profession as a whole. Two years later, Dr. Jack Knowles as AVMA President was to publicly pledge AVMA support squarely behind the AAEP effort to establish equitable rules for equine practice.

AVMA public relations personnel and other staff members were brought in to assist. One of them, Dr. L. Meyer Jones, perhaps the country's best authority on veterinary pharmacology, proved to be invaluable as an advisor to both parties in subsequent meetings between the Racing Chemists and AAEP.

Another was AVMA Journal Editor, Dr. Don Price. He had long been a member and supporter of AAEP, understood it and did his best to give it fair reporting and representation in the Journal—sometimes with little encouragement and perhaps apprehension. However, this meeting removed all doubt, if there had been any, that he was on the right track and that he should continue with full journalistic support of AAEP.

The Fort Worth meeting broke still another record with 290 members and 34 guests attending the three day program in which 32 outstanding authorities including one from Ireland and one from Canada participated.

At the conclusion of the meeting, Dr. William O. Reed was named President for 1962, Dr. Jack Robbins, President-elect, Dr. Frank Milne continued as Proceedings Book Editor and Dr. Wayne O. Kester, Executive Secretary and Chairman of the Board. After five years of hard work, Dr. Marion L. Scott gave up the portfolio of Executive Secretary in order that he might give full time to a demanding equine practice and the AAEP headquarters office was moved from Akron, Ohio to Golden, Colorado in the custody of Dr. Kester.

1962—CHICAGO CONVENTION

At the 1962 mid-year meeting in conjunction with the AVMA Annual Convention, two significant actions were taken. One was the appointment of an "Equine Practice Committee." The other was AAEP's stand and action on the newly discovered outbreak of equine piroplasmiasis in Florida.

One case of equine piroplasmiasis was discovered and diagnosed by Drs. M. B. Teigland and J. E. Mouw early in 1961. The original diagnosis was questioned because no additional cases were discovered for many months.



1962 President—Dr. William O. Reed (OSU 1944). Charter Member, eighth President, career equine practitioner, mostly Thoroughbreds, both race track and breeding farms in the New York and Florida areas. Thoroughbred farm owner and breeder.

By early summer of 1962 it was obvious that equine prioplasmosis did have a good foothold on the North American Continent (in Florida) for the first time in history. Experience with the disease in other countries indicated that it could be devastating to the horse industry in America.

By August 1962, at the time of the Miami AVMA meeting, the Florida State Veterinarian with limited support in funds, facilities and authority but maximum persuasion and cooperation had managed to bring all suspected cases under quarantine and start an eradication program on the tick vector. Obviously, some drastic action was needed because the problem was generally regarded as a local one for Florida to cope with.

AAEP leaders spearheaded an *ad hoc* committee of volunteers made up of all research workers interested in the disease and State and Federal Regulatory officials. This group of some 25 men continued to meet two or three times a year, to exchange ideas and carry out coordinated research and control programs. The first meeting was held in the USDA office in Washington. Others were held in connection with annual meetings of the AVMA, the United States Livestock Sanitary Association and AAEP.

Within two years, Federal and State researchers in Washington, D.C. and Florida had developed diagnostic tests and therapeutic drugs which appeared to be the first effective tools ever developed for use against the disease. In the meantime, the tick vector eradication program had been very effectively carried out and the disease brought under control—a shining example of fast and complete coordination and cooperation between research and regulation including both State and Federal personnel, practitioners and horsemen.

The other action of import during the year was the establishment of an AAEP “Equine Practice Committee” whose mission it was to study and give continuing attention to the total problem of equine practice within the racing industry. This included all aspects of what was generally referred to as the “medication problem.”

Closer liaison and more frequent meetings with racing officials were now necessary in what was finally becoming an earnest cooperative effort to improve the situation. The responsibility for providing this liaison and professional consultation to the racing industry had always fallen on the AAEP president and president-elect. A superior job had been done but the task was becoming too big and continuity impossible. A well-oriented and well-informed standing committee that could represent and speak for AAEP in maintaining continuity of relationship with other organizations and continued surveillance within the profession was obviously what was needed. Finding men who could and would man such a committee was another problem.

Selected to head the committee was President-elect Dr. Jack K. Robbins, a man with years of experience as a race track practitioner, a farm resident veterinarian and now a breeder-owner and farm manager. He was equally well known and had equal stature among both horsemen and veterinarians and was a fortunate choice for a liaison officer between the two. In addition, he had chaired the first AAEP committee appointed to study the problem in 1956 and was thoroughly conversant with the situation. Named to the committee with Dr. Robbins were Drs. William O. Reed, John Rosborough, Joe Burch, Jordan Woodcock, M. B. Teigland and Wayne Kester. This committee was subsequently enlarged to include

Drs. Gene Bierhaus, Ed Churchill, Harry Johnson, Neal Lusk, Joe Miller, James O'Connor, O. R. Adams and William R. McGee. Thus a member familiar with the racing situation in each part of the country was included.

This committee continued over the years to maintain close liaison with NASRC committees, Official Racing Chemists and others with interests related to veterinary medicine in the racing industry.

Administrative machinery was also set up whereby a prompt investigation could be made by this committee in any instance where an AAEP member was under disciplinary action of a Racing Commission. The committee reported its findings and recommendations to the AAEP Executive Board which might take any action ranging from expulsion of the member to coming to his defense—depending upon the facts in the case.

One other bright spot during the year, Dr. Jack Knowles, former Chairman of the Board and now President-elect of the AVMA, along with AAEP officers, met with the Horsemen's Benevolent and Protective Association at their annual convention. This was the first time in history an AVMA official had met with any of the major organizations which constitute the racing industry and it contributed materially to better understanding and relations.

Also during the year, President William O. Reed appeared on the program of the British Equine Veterinary Association in England. He reported their recently formed organization to be rapidly growing (240 members) and very much interested in AAEP activities. Thus began a long relationship of exchange of information and visits between members of the British and American organizations.

It was during this year also that the AAEP Newsletter was first published in magazine form and an AAEP Membership Directory was also published. Both the 1960 and 1961 Proceedings Books were distributed during the year due to the fact that the time lag on publication had been reduced from twelve months to six months.

The annual meeting was again a record-breaker. Forty-two speakers and appeared on the three day professional program. Two hundred and ninety-five members and 34 guests had attended this meeting in Chicago. Dr. Jack Robbins was named incoming President, Dr. William R. McGee, President-elect, Dr. Wayne O. Kester continued as Executive Secretary and Dr. Frank Milne as Proceedings Book Editor.

1963—LEXINGTON CONVENTION

The 1963 meeting (December 9-11) in Lexington, Kentucky established several firsts. One was a pre-convention day tour of horse farms in the Lexington area—a custom that was to be continued. Another was the use of closed-circuit television to demonstrate surgical and other useful techniques. A third feature was a Panel of horsemen representing various breeds and equine interests invited, in an off-the-record session, to voice their opinions as to what veterinary medicine could and should do for their particular portion of the industry. A novel and productive session resulted.

One accomplishment was the adoption of the following Resolution by AAEP which pointed up the urgency of equine research and AAEP's position thereon:



1963 President—Dr. Jack K. Robbins (U.P. 1945). Ninth President. Original Chairman of the Equine Practice (later termed Racing Committee), he served for 22 years. Career equine practitioner—race track and farm owner, breeder, trainer in California.

WHEREAS a group of key representatives of the equine industry did in panel session at the 9th Annual Meeting of the American Association of Equine Practitioners in Lexington, Kentucky state that one of the major problems confronting horsemen, veterinarians and all others concerned with the production, management and maintenance of a sound healthy equine industry is the lack of factual information upon which to base sound equine disease control and nutritional programs.

BE IT RESOLVED that this organization go on record as reaffirming the foregoing facts

AND BE IT FURTHER RESOLVED that researchers, administrators and all others involved in the equine industry and particularly horsemen themselves as organized groups be urged to explore any and all opportunities for promoting and supporting equine research and that such efforts give particular attention to the need for and the development of a standardized purified diet which may be used as an essential laboratory tool by all workers engaged in equine nutrition research.

AND BE IT FURTHER RESOLVED and known that the American Association of Equine Practitioners will, through its Equine Research Committee, freely and gladly give professional guidance and assistance to any and all organizations and individuals interested in the furthering of equine research.

The most significant report of the meeting was that of the Equine Practice Committee. It had met several times during the year with NASRC committees and the Official Racing Chemists. Dr. L. Meyer Jones, top veterinary pharmacologist from the AVMA staff, joined as a technical consultant in these meetings. Members of the committee had met with several other groups and also had made contact with most of the regulatory veterinarians in the racing world.

By year's end they were convinced that the AAEP policy and position on medication was correct and that it was time for AAEP again to publicly restate its views. As previously indicated, this was done at Lexington with full AVMA support and perhaps marked the turning point towards an improved atmosphere for veterinary practice in the racing industry.

At the Lexington meeting, steps were taken for a cooperative effort with The Jockey Club for a survey to further determine circumstances and possible causes involved in leg fractures among horses in training.

Arrangements were also made with the University of Pennsylvania for the production of a long-playing recording of normal and abnormal equine heart sounds. This novel teaching aid was to be distributed to each AAEP member and others on request.

The 1963 meeting broke all previous records by far, with 443 members and 87 guests in attendance. Speculation was that this would be AAEP's high mark. But the record was to tumble again twelve months later just as it had in each of the nine preceding years.

Dr. William R. McGee who managed the outstanding program was elevated to the presidency. Dr. O. R. Adams was named President-elect, Dr. Wayne O. Kester continued as Executive Secretary, Dr. Frank Milne as Proceedings Book Editor and Denver, Colorado was selected as the 10th Convention city.

TENTH ANNIVERSARY CONVENTION DENVER 1964

1964 was a year of steady growth and consolidation in scope for AAEP. The Denver meeting topped all previous records with an attendance of 458 members, 63 veterinary students and 67 other guests.

More than fifty speakers took part in the three day scientific program including AVMA President, Dr. M. L. Clarkson, distinguished professors from Germany and Canada and France's leading equine practitioner. Total active membership at meeting's end was announced as 902, including 12 women members.

Administrative machinery and an adequate budget had been provided for competent management of this amazing expansion. Three publications, the Proceedings Book, the AAEP Directory and three issues of the AAEP Newsletter magazine were being published annually and a fourth, the AAEP "Equine Research Reference Bulletin" was in the making.

In addition to the Board of Governors and the Executive Board, there were twelve well-organized standing committees actively functioning, providing surveillance and competent guidance in their assigned areas as follows: Equine Practice Committee, Membership and Ethics Committee, Orthopedic Research Committee, Teeth-Age Chart Committee, Nominating Committee, Horse Show Committee, Abstracts Committee, Equine Insurance Committee, Retirement Plans for Racetrack Officials Committee, Liaison Representative—American College of Animal Reproduction, Liaison Representative—AVMA Advisory Committee, Plans and Operations Advisory Committee.

All committees, in addition to submitting written reports to the Executive Board, made personal reports at the membership meeting so that all were informed on committee work and opinion. Also, as was customary, President McGee made a full report to the membership business meeting on all Executive Board activities for the year.

Of interest was the fact that the United States Department of Agriculture had established an office for equine disease control on a par with other species and that USDA officials concerned were AAEP members. Also, the United States Livestock Sanitary Association had established a committee on equine infectious diseases so that the horse would now receive consideration by this organization, along with other species. Seven of the ten committee members were also AAEP members. While the work load in these two progressive developments might remain somewhat on the same shoulders, the responsibility was passing to new and proper hands.

Worthy of note also was the planned expansion of AAEP's midyear meeting from an evening session to a full afternoon professional program put on by AAEP for the benefit of AVMA members as well as its own, at the coming July Annual AVMA Convention in Portland, Oregon.

Another move was the appointment of a Plans and Operations Committee, consisting of all AAEP past presidents. The purpose of this committee was to make a continuing study of long range plans and operations and to make recommendations to the Executive Board. Past presidents served as Executive Board members but without vote. It was believed that formation of this new committee would consolidate and channel the valuable talent,



1964 President—Dr. William R. McGee (WSU 1940). Tenth President. Career equine practitioner largely on Thoroughbred breeding farms in Kentucky. A consulting practice that reaches three continents; also a Thoroughbred breeding farm owner-manager.

energy and thinking of this experienced group into an area of great need where it could be most profitably used.

In other action, it was agreed that AAEP should not establish a separate Code of Ethics as such. It was resolved that AAEP concurred in and encompassed the Code of Ethics of the American Veterinary Medical Association and its constituent Associations and that AAEP members were expected to comply with and adhere to the AVMA Code of Ethics as well as the Code of Ethics of the constituent Associations in the States where they practice.

The Equine Practice Committee held a lengthy session at the Denver meeting and reported that its administration and investigative system had, for the first time, been fully operational during the year. It had, in fact, investigated situations where unethical practices were implied on the part of five AAEP members—two of whom were dropped from the membership roll by the Executive Board.

This committee also reported that understanding and relationships with various State Racing Commissions continued to be good and that the long-standing policy and position of AAEP on medication was slowly but surely penetrating and influencing the thinking of more and more regulatory officials.

The following which subsequently appeared January 15, 1965 in the "Daily Racing Form" signifies the changes in attitude:

"The position of the California Horse Racing Board on the medication rule, as outlined last Monday by member Neil J. Curry, has triggered a veritable avalanche of astonished but 100 percent favorable comment from all segments of the industry. It took a deal of moral courage for the Board to disengage itself from emotional aspects of medication and strip the problem of all issues except basic facts. The rule, as envisioned by the Board, is one that the California industry can live with and moreover, it will be fair to all concerned. The observation is inescapable that the chemists and veterinarians in America are more clearly understanding one another's point of view and problems and in this happy state of affairs a lot of credit goes to NASRC president Bill Miller of Illinois, who long has been quietly, but nevertheless effectively, working for an equitable solution for all concerned, including the public, as to the definition of where sensible, competent medical care ends and 'help' beings.

"Dr. Jack Robbins pinpointed the situation quite accurately when he noted 'in modern day racing there is a tendency toward longer meetings and more races (the 9th and sometimes even the 10th) with a consequent pressure upon horsemen to race more often and keep their horses in training longer than was the case years ago. This being the case, it is inevitable that the services of a veterinarian to treat horses well within legal and commonsense limits have become more and more in demand. Speaking for myself, I see a ray of hopeful light dawning from a hitherto confused situation and I believe the racing board is about to make the most significant advance in technical racing in modern times in the West.' Incidentally, the racing board in its proposal would take all responsibility off the shoulders of the veterinarians and make the trainer alone responsible. Curry noting 'presently, the veterinarians are given the dual

responsibility of treating and training, which is not proper.'

"Curry warned that under this proposed rules, the trainer would be entirely responsible and that in the event of positives, rulings would be 'severe.' He noted, 'it seems to me that present rules put a lot of responsibility on the veterinarian that rightfully belongs to the trainer. After all, the trainer not the veterinarian, is the man who enters the horse and knows that he is entered'."

Of even greater significance were the following quotations pertaining to the California Racing Board action which appeared in *THE BLOOD-HORSE*, February 20, 1965. These were indeed indicative of the effectiveness of AAEP's long-standing push and position.

"Concerning California's rule change, deleting the 48-hour provision against medication and adopting a prohibition list which would not include many analgesic type medicants, Dr. Jack Robbins of the American Association of Equine Practitioners hailed the California Racing Board's action as the adoption of a new philosophy of medication rather than a new rule.

'It appears to be fair to all concerned. Five years ago there seemed to be a problem distinguishing medication from doping. The AAEP has been trying to explain therapeutic medication as an effort to maintain the general, normal condition of a horse. I think this rule is a good one.'

"Dr. Murray Teigland, who for several years has worked with Dr. Robbins and other members of the AAEP to get a workable uniform rule on medication passed, said 'I hope people will realize California has a solution to a long-time problem. There is no better way to protect the public than to send a horse to the track properly medicated.'

"As to the trainer's responsibility under the California rule, George Poole said, 'Someone has to be responsible, and I can't think of anyone else. The horse runs for the trainer, the trainer gets his percentage, the trainer should be held responsible.'

"Trainer Noble Threewitt, president of the California HBPA, said California horsemen are very happy with the rule. 'It may not be the answer for all our problems, but it is a great step forward.'

"Neil J. Curry of California who has been a leading figure in obtaining a workable medication rule in California said 'We did away with the time element. We felt the 48-hour rule was useless, invited deception, was a trap for the innocent and a defense for the dishonest. We did not adopt a permissive list of medication, but a prohibited list. We have prohibited narcotics, stimulants, depressants, local anesthetics, and derivatives of phenylbutazone. That's it. If anybody is found using any of these, he is out—suspended, his license revoked, or ruled off for life'."

At meeting's end, Miami, Florida has been chosen for the December 1965 Convention city and Los Angeles, California for 1966. Dr. Joseph Burch was named President-elect and Drs. Wayne O. Kester and Frank Milne were continued in their respective positions of Executive Secretary and Editor of the Proceedings Book.

As the finale of this 10th annual meeting, retiring President Dr. William R. McGee transferred the unique gold pin, symbolic of AAEP and its president, to Dr. O. R. Adams—a pin and tradition established by Dr. Jordan Woodcock when president in earlier years.

Dr. Adams, in accepting the pin, made a plea and a promise of continued hard work and progress and urged all eyes on the future rather than the past—although the past was worth noting.

Excellent relationships existed between AAEP and all facets of the equine industry as well as with other veterinary organizations. While the medication question had not yet been entirely resolved it was vastly improved and with AAEP now the informed master of its own situation. All other problems confronting AAEP during its first ten year span had been resolved and it had indeed accomplished its purpose far better than any of the early planners in 1955 had dared hope.

Standards of equine practice had been vastly elevated. Equine research had been greatly stepped up. Some \$500,000 budgeted nationwide for the ensuing year as against less than \$50,000 average that had pertained for many years. AAEP had equal stature with the other organizations which constitute the horse racing industry and veterinary medicine had been firmly entrenched in its proper perspective. Professional proficiency of members had improved materially and opportunities for both graduate and undergraduate in equine medicine had greatly increased. Equine medicine was now recognized and generally understood to be a highly specialized entity of veterinary medicine rather than veterinary medicine itself and equine practitioners were regarded by many as a sophisticated, elite, highly-specialized group of professional men. And, in spite of its amazing growth, AAEP had remained a close-knit, well-coordinated, hard-working, progressive, dedicated group of professional men with a unique and unswerving singleness of purpose.

ANNUAL MEETINGS OF AAEP

<i>Date</i>	<i>Place</i>	<i>Program Chrm.</i>	<i>Editor Proc. Bk.</i>	<i>Attend.</i>		
				<i>Total</i>	<i>Mbrs.</i>	<i>Guests</i>
1954— Dec. 4-5	Louisville Kentucky	#		11		
1955— Mar. 19-20	Louisville Kentucky	#		18		
1955— Dec. 16-17	Chicago Illinois	Guard	*	74	47	27
1956— Dec. 17-18	Chicago Illinois	Davis	Davis	98	78	20
1957— Dec. 16-17	Chicago Illinois	Churchill	Churchill	150	140	10
1958— Dec. 15-16	Chicago Illinois	Woodcock	Woodcock	160	147	13
1959— Dec. 14-15-16	Chicago Illinois	Woodcock	Woodcock	227	202	25
1960— Dec. 12-13	Phoenix Arizona	Teigland	Milne	286	256	30
1961— Dec. 3-4-5	Fort Worth Texas	Reed	Milne	324	290	34
1962— Dec. 3-4-5	Chicago Illinois	Robbins	Milne	329	295	34
1963— Dec. 9-10-11	Lexington Kentucky	McGee	Milne	530	443	87
1964— Dec. 7-8-9	Denver Colorado	Adams	Milne	588	458	130

#These were business meetings only, with Dr. M. L. Scott presiding.

*Papers from this meeting were published in the June 15, 1965 Journal of the American Veterinary Medical Association. An annual Proceedings Book was initiated the following year.

OFFICERS AND MEMBERS

<i>Year</i>	<i>President</i>	<i>Treasurer Secretary</i>	<i>Secretary Executive</i>	<i>Chairman of Board</i>	<i>Membership Paid</i>
1955	Scott	Solomon			55
1956	Guard	Dunkin			104*
1957	Davis	Solomon	Scott		177
1958	Churchill	Dunkin	Scott		206
1959	Kester	Teigland	Scott		229
1960	Woodcock	Milne	Scott	Kester	277
1961	Teigland	Milne	Scott	Kester	418
1962	Reed	Kester	Kester	Kester	479
1963	Robbins	Kester	Kester		552
1964	McGee	Kester	Kester		711
1965	Adams	Kester	Kester		902#

*81 of the original 104 have maintained continuous membership.

#902 was the listed active membership at this time. The reported active membership always exceeded the final paid-up membership for any given year because a member could not be dropped from the Membership Directory list until dues were one year delinquent.

During the 10 years, members have been lost as follows:
 21 resigned because of retirement or change in practice
 13 deceased
 43 dropped for delinquent dues
 47 listed as members for one meeting only.

CHAPTER II

SECTION I — ASSOCIATION ORGANIZATION AND ADMINISTRATION

AAEP was originally designed as a simple uncomplicated administrative organization—with a constitution, by-laws and a statement of objectives. Business was to be conducted by the membership including the annual election of a president, president-elect and a secretary-treasurer.

The president's job was, with the approval of the Executive Board, to administer the affairs of the Association. The president-elect's job was to organize and conduct an annual professional meeting for members and to publish a proceedings book therefrom. The Executive Secretary (later changed to Executive Director) served as the administrative officer.

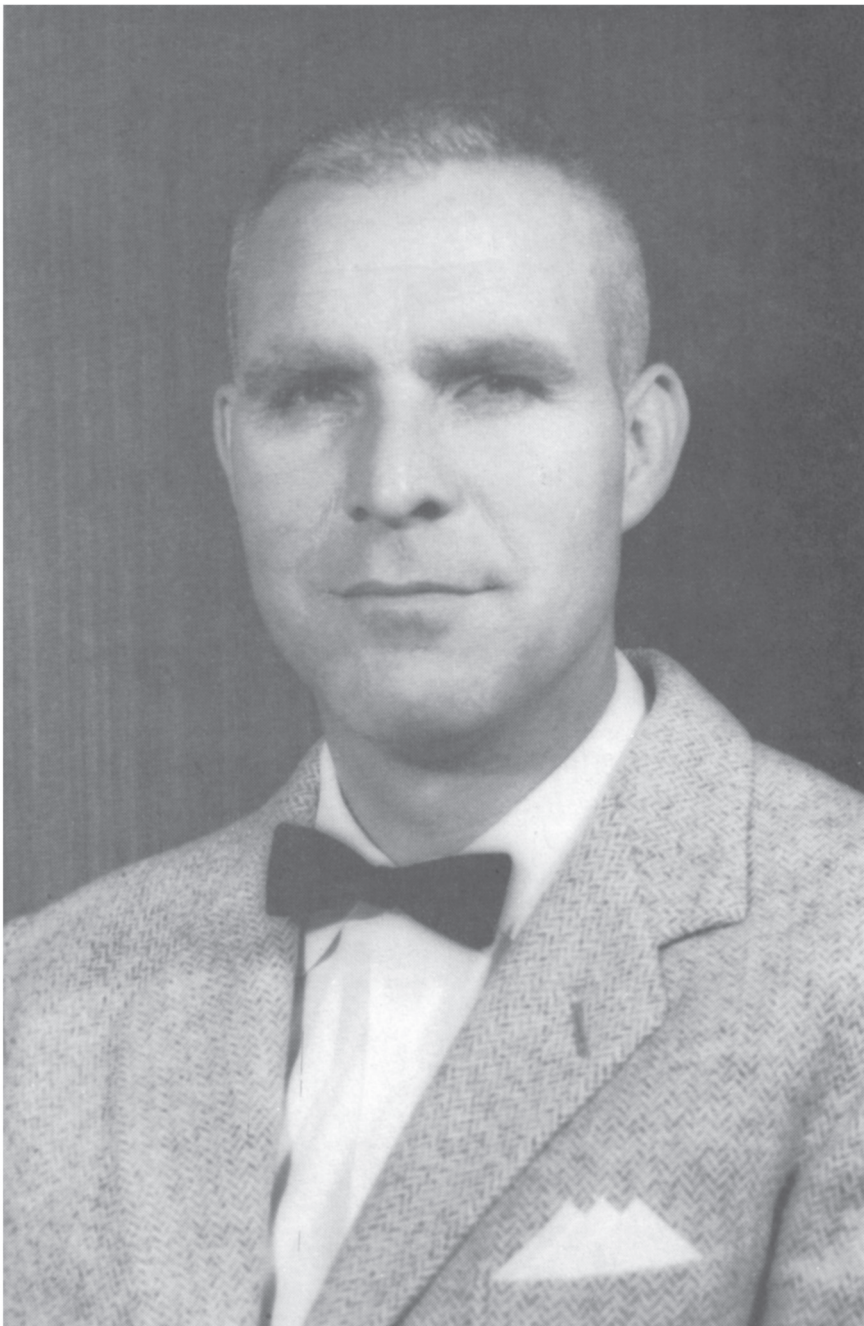
The Executive Board consisted of the elected officers and nine members appointed by the president. The United States was divided into eight districts as equitably as possible according to practitioner population. Canada formed the ninth district. Each district was represented on the Board by a Director and an Alternate. Term of office was for three years and Directors usually did not serve more than two terms. Alternates often replaced Directors. Terms were staggered so that three vacancies occurred each year. In this manner no president could appoint more than three Directors to the Board.

As membership increased, interest in the administrative affairs of the Association decreased. Correspondingly, tremendous responsibility was eventually saddled on the Executive Board. While the makeup and function of the Executive Board did not change, procedures did change and many new administrative aids evolved.

Originally annual conventions opened and closed with a general membership open business session during which time all Association business was transacted. Due to lack of interest and small attendance at these sessions, responsibility for Association business affairs rapidly gravitated to the Executive Board. During the opening session the president, other officers and committee chairmen made brief presentations on the most important items. Distinguished speakers with subjects of common interest were also invited on the program. Election and installation of officers and unfinished business occupied a closing business session on the final afternoon program.

Dr. Marion L. Scott with his office in Akron, Ohio, served as Executive Director and administrative officer from 1955 until 1962 at which time the office was transferred to Dr. W. O. Kester with the headquarters office at 22363 Hillcrest Circle, Golden, Colorado 80401 where it has remained to date (1980).

Annual conventions have traditionally officially opened on the first Monday in December. This time was originally chosen because there was little activity at either the breeding farms or race tracks. Northern tracks had just closed for the season and southern tracks were not yet open. The first few meetings were two-day affairs. Demand for more professional knowledge soon caused an extension to three days of professional programs and in 1971 a fourth day was added.



1965 President—Dr. Ora R. Adams (Colo. 1946). Eleventh President. Career teacher and professor, Director of Veterinary Clinics, Colorado State University, author and specialist in equine surgery and medicine.



1966 President—Dr. Joseph E. Burch (Colo. 1944). Career race track practitioner East Coast, New England to Florida.

By 1968 all Association business except the election of president, president-elect, vice-president and a director-at-large had been passed to the Executive Board. All committee and other reports were made to and handled by the Executive Board in session just prior to and during the annual convention.

The new office of vice-president was added in 1968. Duties were to provide an in-depth seminar program for Sunday prior to the regular Monday-Tuesday-Wednesday professional program and to serve as delegate to the annual AVMA convention.

The Board of Governors, reorganized at that time to consist of the president, president-elect, vice-president and director-at-large, became more active in relieving the Executive Board of many details and in administrative affairs between annual meetings.

Interest and attendance in professional sessions continued to increase rapidly. The opposite was true of business sessions. By 1975 the opening business session consisted of only a brief report by the president. Closing session was on Tuesday afternoon for the sole purpose of election of officers. Officers were installed at the annual Tuesday evening banquet.

One thing that may have contributed to lack of interest in Association business affairs was the fact that all officer and committee reports, all Board actions and all related business affairs were published in the Newsletter immediately following each meeting, thus keeping the total membership informed.

As the Association grew, the work load for the Executive Board increased to where they frequently found themselves in business session during most of the four-day annual meeting. To counter this, the Board scheduled meetings on Saturday and Sunday prior to the annual meeting and, effective 1980, for the Thursday following. Obviously, service on the Board has been a genuine imposition and hardship on Board members. No hint from the membership that the system should be changed seems to indicate that all Board members have served them well over the many years.

MEMBERSHIP

Active membership in AAEP has always been limited to graduate veterinarians residing in the United States, Canada and Mexico. An Associate Membership was soon established to accommodate veterinarians in other countries who wished to join and attend meetings. In 1980 there were 353 Associate Members residing in 40 foreign countries.

A Student Membership was established in 1974 for undergraduate veterinary students. By 1980 Student Members numbered nearly 400. Establishment of AAEP Student Chapters at veterinary schools was authorized in 1977 and by 1980 14 chapters had been formed.

A Distinguished Life Membership was established in 1958 for active members who made outstanding contributions to the Association. The following members have been so honored: Marion L. Scott, Willard F. Guard, John G. Hardenberg, Angel C. Pou, Charles H. Reid, Donald A. Price, Paul J. Meginnis, Floyd C. Sager and Charles E. Hagyard.

While a category for founder members was never established, it is worth noting that five of the original founders were still active members 25 years later—Robert W. Copelan, Thomas E. Dunkin, Marion L. Scott, Joseph

A. Solomon and Jordan G. Woodcock. All are past presidents of the Association.

MEMBERSHIP BY YEAR, 1965-1980

Year	Active US, Canada Mexico	Asso- ciate Foreign	New Active	New Asso- ciate	Total Active and Asso- ciate	Student	Total Including Students	Total at End of Annual Meeting
								902
1965	883	22	144	11	905			1,072
1966	1,001	35	102	11	1,045			1,145
1967	1,151	44	142	20	1,195			1,254
1968	1,184	67	161	20	1,251			1,407
1969	1,243	83	152	19	1,326			1,503
1970	1,352	92	208	23	1,449			1,670
1971	1,508	116	244	16	1,674			1,824
1972	1,681	143	237	38	1,824			2,025
1973	1,790	166	235	29	1,956			2,313
1974	2,063	190	234	51	2,253			2,431
1975	2,233	236	195	48	2,469	22	2,491	2,611
1976	2,261	274	311	39	2,535	78	2,613	2,850
1977	2,467	284	306	39	2,761	116	2,877	2,997
1978	2,553	308	204	33	2,861	223	2,977	3,190
1979	2,638	328	244	30	2,966	324	3,290	3,241
1980	2,748	353	215	42	3,101	401	3,502	

AAEP OFFICERS BY YEAR, 1955-1980

Presidents

1955	Marion L. Scott	1968	Neal D. Lusk
1956	Willard F. Guard	1969	Delano L. Proctor, Jr.
1957	Horace N. Davis	1970	Joseph C. O'Dea
1958	Edwin A. Churchill	1971	Frank J. Milne
1959	W. O. Kester	1972	Thomas E. Dunkin
1960	Jordan Woodcock	1973	Robert W. Copelan
1961	M. B. Teigland	1974	Robert K. Shideler
1962	William O. Reed	1975	G. Marvin Beeman
1963	Jack K. Robbins	1976	James T. O'Connor, Jr.
1964	William R. McGee	1977	Joseph A. Solomon
1965	Ora R. Adams	1978	William D. Roberts
1966	Joseph E. Burch	1979	Bernard F. Brennan
1967	R. Scott Jackson	1980	DeWitt Owen, Jr.

For 1980—John T. Vaughan was President-Elect, Robert L. Boss Vice President and Daniel V. Flynn Director-at-Large.

Dr. Marion L. Scott served as Executive Director 1955-1961. Dr. W. O. Kester served as Executive Director, Treasurer and Editor of the Newsletter and Directory 1962 to date (1980). Inez M. Kester served as Secretary 1962-1965. Elsie Lucile Kester served as Secretary 1969 to date (1980). Dr. Frank J. Milne has been Editor of the Annual Proceedings Book 1960 to date (1980).

Executive Board Members, 1955-1980

Many men gave freely of their time, energy and funds in the bringing of AAEP to life and directing it through its first 25 years. The names of some of these men have certainly been lost. However, most have not. All of the following are recorded as having served one or more terms as an AAEP Executive Board member during its first 25 years of existence.

Ora R. Adams
E. N. Anderson
Robert H. Baker
Gene M. Bierhaus
William R. Brawner
Joseph E. Burch
Edwin A. Churchill
Robert W. Copelan
Arthur H. Davidson
Clarence Dee
Alan H. Edmondson
R. W. Ford
Charles W. Graham
Menendez F. Guillot
Millard E. Hays
Paul E. Hoffman
Weden P. Humphrey
Robert A. Jack
Harry W. Johnson
W. O. Kester
Neal D. Lusk
Paul J. McGinnis
Joe E. Miller
Edward S. Murray
James T. O'Connor, Jr.
DeWitt Owen, Jr.
Harry E. Palmer
J. F. Powers
Fred B. Pulling
Charles W. Raker
William O. Reed
Jack K. Robbins
J. P. Rosborough
Richard Sheehan
A. Martin Simenson
Joseph A. Solomon
Harley A. Sutton
James L. Temple
John T. Vaughan
Jordan Woodcock

Dan Anderson
George F. Badame
G. Marvin Beeman
Robert L. Boss
Bernard F. Brennan
J. B. Chassels
B. M. Cooley
Robert E. Cornell, Jr.
Horace N. Davis
Thomas E. Dunkin
William Bruce Farquharson
Howard Gill
John K. Griggs
Willard F. Guard
Stewart K. Harvey
W. Allan Hughes
M. W. Ickes
R. Scott Jackson
J. Clyde Johnson
Wesley E. Lickfeldt
William R. McGee
Floyd F. Mendenhall
Frank J. Milne
William T. Nagge
Joseph C. O'Dea
George M. Palmer
Thomas N. Phillips
Delano L. Proctor, Jr.
A. E. Raimonde
Alex Rattray
Charles H. Reid
William D. Roberts
Marion L. Scott
Robert K. Shideler
William L. Sippel
Ted A. Sprinkle
M. B. Teigland
Charles D. Vail
Earl R. Walker

ANNUAL MEETINGS OF AAEP, 1965-1979

Date	Place	Program Chairman	ATTENDANCE				Total
			Active Members	Foreign Associate	Student	Guests	
1965 Dec. 6-8	Miami Beach Florida	Joe E. Burch	452	31	18	45	546
1966 Dec. 5-7	Los Angeles California	R. Scott Jackson	511	12	14	200	737
1967 Dec. 4-6	New Orleans Louisiana	Neal D. Lusk	515	14	33	275	837
1968 Dec. 2-4	Philadelphia Pennsylvania	D. L. Proctor, Jr.	587	31	72	210	920
1969 Dec. 1-4	Houston Texas	Joseph C. O'Dea	622	18	110	280	1,030
1970 Nov. 30- Dec. 2	Montreal Quebec Canada	Frank J. Milne	609	22	75	334	1,040
1971 Dec. 6-8	Chicago Illinois	Thomas E. Dunkin	821	18	68	493	1,400
1972 Dec. 10-12	San Francisco California	Robert W. Copelan	972	47	108	523	1,650
1973 Dec. 3-5	Atlanta Georgia	Robert K. Shideler	938	24	121	442	1,525
1974 Dec. 1-3	Las Vegas Nevada	G. Marvin Beeman	1,052	45	77	539	1,713
1975 Nov. 29- Dec. 1	Boston Mass.	James T. O'Connor, Jr.	949	30	104	477	1,560
1976 Nov. 29- Dec. 1	Dallas Texas	Joseph A. Solomon	1,069	51	46	410	1,576
1977 Dec. 3-7	Vancouver B. C., Canada	William D. Roberts	1,010	33	29	416	1,490
1978 Dec. 2-6	St. Louis Missouri	Bernard F. Brennan	1,211	36	106	330	1,683
1979 Dec. 1-5	Miami Beach Florida	DeWitt Owen, Jr.	1,176	81	73	530	1,860

AAEP was international in scope from the beginning, including both Canada and Mexico. Two annual conventions were held in Canada — Montreal, Quebec, in 1970 and Vancouver, B.C., in 1977. Two adjourned meetings have been held in Mexico City. On three occasions AAEP tour groups have attended the annual British Equine Veterinary Association Congress in Ireland and England with adjourned meetings in France and Scotland. A similar group attended annual meetings in New Zealand and Australia in 1972. An average of 33 foreign members and guest veterinarians (not including Canada and Mexico) attended the 15 annual AAEP meetings 1965-1979.

THE COMMITTEE SYSTEM

A system of very active committees made it possible for AAEP to cover the many related problem areas. A committee was appointed to study and monitor each new problem and area of interest as they emerged. Committees reported and made recommendations to the Executive Board for implementation. By 1980 the system consisted of 28 committees. The following titles indicate the committees and areas of interest: (1) Abstracts, (2) Biological and Therapeutic Agents, (3) Continuing Education, (4) Emergency Care Acutely Injured Horse, (5) Environmental Impact of the Horse, (6) Equine Insurance, (7) Ethics, (8) Euthanasia Study, (9) Horse Identification, (10) Horse Show, (11) Hospital Planning and Standards, (12) International Liaison and Protocol, (13) Liaison—American Farrier's Association, (14) Liaison—Society for Theriogenology, (15) Membership, (16) Nominating, (17) Pediatrics, (18) Problems Analysis, (19) Professional Liability Insurance, (20) President's Advisory, (21) Proceedings Book Editorial Board, (22) Public Relations, (23) Racing, (24) Regulatory Veterinarians, (25) Research, (26) Scholarship Fund, (27) Soundness Examination and (28) Trail and Events.

Liaison assignments were another effective way of reaching the horse industry. Selected individuals were appointed to attend annual meetings and represent AAEP interests in numerous national organizations and associations on a continuing basis. By 1980 there were 28 such liaison assignments covering all entities of the equine industry.

LIAISON WITHIN THE EQUINE INDUSTRY

Traditionally the president and/or someone appointed by him attended annual and special meetings of the following: American Horse Council, American Quarter Horse Association, American Veterinary Medical Association, American Paint Horse Association, American Humane Association, Arabian Horse Registry of America, American Farriers Association, National Association of Canadian Race Tracks, Morris Animal Foundation, Grayson Foundation, U.S. Animal Health Association, U.S. Trotting Association, Harness Tracks of America, Horsemen's Benevolent and Protective Association, Harness Horsemen International, The Jockey Club Round Table, International Arabian Horse Association, National Association of State Racing Commissioners, Horse Publications of America, Morgan Horse Association, Thoroughbred Racing Association, Thoroughbred Owners and Breeders and from time to time several others not listed.

All of the foregoing entities of the horse industry had one thing in common. Each was affected or influenced in some manner by the practice of veterinary medicine. It was the role of AAEP to maintain veterinary medicine in its proper perspective before the total industry. AAEP did, in fact, provide the only common meeting ground within the industry and for several years served as national spokesman on many problems of the industry until the American Horse Council was formed in 1969.

PUBLICATIONS PROGRAM

The AAEP program for producing and distributing publications was a major accomplishment in the field of professional education and communi-



Monte Montana cowboy trick rope artist being presented citation and plaque by General Wayne Kester, Executive Secretary of the American Association of Equine Practitioners.

The ceremony took place in the Los Angeles Statler Hilton Hotel ballroom during the Association's 1966 annual meeting. Citation was in recognition of Montie's contributions to the horse industry through his many years of displaying and promoting good horses and good horsemanship before the American public.

More than 500 veterinarians, specialists in equine medicine and surgery attended the three-day meeting which featured 60 selected program speakers, 10 of whom were from foreign countries.

As a policy all AAEP publications were distributed free to all members and to all veterinary school libraries in the United States, Canada, Mexico and several other countries.

All publications were also available to anyone for a nominal fee at the AAEP headquarters office. Editions out of print and no longer available there could, and still can, be obtained in either xerographic book form or on microfilm from University Microfilms Periodicals, Order Entry, 300 North Zeeb Road, Ann Arbor, Michigan 48106. Principal publications are reviewed below.

Publication of the Proceedings Book of each annual meeting has been AAEP's most productive effort. For many years it was the best, in fact ONLY, current publication dealing with equine practice, medicine, and



1967 President—Dr. R. Scott Jackson (Colo. 1946). Professor at CSU, Colorado Racing Commission Veterinarian and later California Thoroughbred farm manager, owner and practitioner.

surgery. It still is the leading and most sought after publication on the subject. Significantly, some 300 veterinarians in foreign countries have long been members primarily for the purpose of obtaining the Proceedings Book and other AAEP publications.

Proceedings of the first (1955) meeting were published in the June 15, 1956, Journal of the American Veterinary Medical Association. Then president, Dr. Horace N. Davis, edited the Proceedings Book for the second (1956) meeting; Dr. Edwin A. Churchill the third; and Dr. Jordan Woodcock the fourth and fifth years. In 1960 Dr. Frank J. Milne accepted the task and still continues (1980) as Editor of the Proceedings Book and is largely responsible for its success and stature.

The AAEP Newsletter published in March, June and September each year as a means of disseminating policies and information pertinent to AAEP members has been indispensable in administering the organization. It was originated in mimeograph letter form by Dr. Marion L. Scott during his term (1955) as first AAEP president and was continued by him until 1962. At that time Dr. Wayne O. Kester was appointed editor and has continued as such to date (1980).

Converted to magazine form in 1962, the first edition contained only 17 pages. In recent years each issue has contained approximately 125 pages. No advertising has ever been carried in the magazine. Due to a very efficient committee, more than 200 abstracts from other professional publications have been published annually since 1965. Timely professional papers have also been included.

The AAEP Directory published in January of each year has grown from a sheet listing of 76 names to a 125-page Directory containing names and addresses of 3,100 members in 40 countries. Annual publication is essential because more than 200 new members are added each year, approximately 100 dropped, and 20% of those who remain have a change of address during the year.

Official Guide for Determining the Age of the Horse first published by AAEP in 1966 soon became and has remained the official document on the subject throughout the United States and Canada. In the form of a 35-page illustrated mimeograph, it was based on the text "The Exterior of the Horse" by Gaubaux and Barrier, originally published in French and translated to English in 1892. The illustrations were accurate and excellent but the descriptive footnotes and dissertations required major revisions and additions to make them understandable in today's spoken language.

The book was published in response to a problem confronting official veterinarians at race tracks in determining the age of horses entered in specific races. It was not uncommon at some Quarter Horse race tracks for a horse that appeared to be a three-year-old to have registration papers indicating he was a two-year-old and to be entered in a race for two-year-olds. Examining veterinarians knew by teeth examination the actual ages but had nothing to support their opinion. Result was many embarrassing situations and even threatened law suits. Since its publication all such problems have been solved by reference to the Guide regardless of age indicated on registration papers.

AAEP first asked the American Quarter Horse Association (AQHA) to sponsor or publish the Guide, feeling this would give it more stature.

Fortunately, AQHA declined and Fort Dodge Laboratories became the publisher for AAEP. It was put together and edited by a special committee of Drs. Robert W. Davis, Joe M. Miller, Wayne O. Kester and William E. Ryan and headed by Ora R. Adams.

First edition of 5,000 copies was published in 1966, another 5,000 copies in 1970, and still another 5,100 copies in 1974 and again in 1977. Nearly 20,000 copies have been distributed by AAEP to its members and others. It is now recognized and used not only in the United States but in many other countries as **the Official Guide**.

Guide for Veterinary Service and Judging of Equestrian Events was far more than the title indicated. First conceived and edited by Dr. Richard B. Barsaleau, it was published in 1971 as a pamphlet, "A Guide for Veterinary Judges of Competitive Trail and Endurance Rides."

This was revised and expanded in 1974 and again in 1976 to include horse shows, pleasure trail rides, pony club activities, three-day events, racing, and a section on AAEP policies and ethics. Additional sections were edited by Barsaleau, Dr. W. O. Kester, Dr. Gene M. Bierhaus, Colorado State Racing Commission, and Dr. John P. Rosborough, Illinois State Racing Board.

Six thousand copies have been distributed to AAEP members, all veterinary colleges, all State Racing Commissions and numerous horse organizations and horsemen.

Proceedings First International Symposium on Equine Hematology, May, 1975. This symposium, held at Michigan State University, was the first such ever held. It was sponsored by the American Association of Equine Practitioners and the College of Veterinary Medicine, Michigan State University. The 575-page Proceedings Book, edited by Drs. Hiram Kitchen and J. D. Krehbiel, was published by AAEP. Six thousand copies have been distributed to AAEP members, veterinary college libraries and others.

Proceedings, Symposium on Equine Pharmacology and Therapeutics, 1969. This symposium, the first ever on the subject, was held at The Ohio State University and sponsored by the American Association of Equine Practitioners and the Bureau of Veterinary Medicine, Food and Drug Administration. The 150-page Proceedings Book was edited by Dr. John H. Helvig and published by AAEP. It contains a concise summary of what was known on the subjects at that time along with recommendations on research needed. Some 4,500 copies were distributed to AAEP members and veterinary libraries.

Equine Pharmacology—Second Symposium, October, 1978. This symposium, a follow-up on the 1969 symposium, was presented by The Ohio State University College of Veterinary Medicine and The American College of Veterinary Pharmacology and Therapeutics. It was sponsored by the American Association of Equine Practitioners, the American Horse Council, the American Veterinary Medical Association, and the Bureau of Veterinary Medicine, FDA. The 275-page Proceedings Book, edited by Drs. J. D. and T. E. Powers, was published by AAEP. Five thousand copies were procured for distribution to AAEP members and veterinary libraries.

The Radiology Panel Proceedings Book, prepared and edited by Dr. Charles F. Reid, is based on presentations made by him at the 1976, 1977



1968 President—Dr. Neal D. Lusk (Ohio 1938). Career equine practitioner in the Chicago area. He served several years representing AAEP on the AVMA Council on Education and the AVMA Professional Liability Insurance Trust.

and 1978 AAEP annual meetings. Compiled in loose-leaf notebook form, it contains extensive questions, answers and radiographs of 99 cases—the most illustrative book ever assembled on the use of radiology in the diagnosis of equine lameness and ailments.

Elements of an Equine Hospital, published in 1979, was the culmination of a long study by the AAEP Hospital Planning and Standards Committee headed by Dr. Charles D. Vail. The 36-page book produced for AAEP by Veterinary Economics Magazine covers equine veterinary hospital construction, diagrams, materials and equipment—the first of its kind ever published.

The Racing Commissioner's Manual published by and for the National Association of State Racing Commissioners in 1966, while not an AAEP publication, was significant to it. The first such book ever published, it contained a 16-page section, written by John P. Rosborough and W. O. Kester representing AAEP, on veterinary service and responsibilities in connection with racing. The 400-page manual covering all aspects of racing pertaining to Racing Commissioners was, and still is, widely used by racing commissions as a handbook.

AAEP Equine Research Reference Bulletin, published in 1964, was an attempt to catalogue all equine research that had been done and was being done. The purpose was to stimulate and coordinate equine research. It was a most productive start. Expanded and republished by the Morris Animal Foundation in 1965 and 1967 and again by USDA in 1975 and 1976, it was of great value in the research world and equine practice.

AAEP has sponsored or assisted with several symposiums or conferences on special problems and recorded the proceedings in various Newsletters. The following were included in this effort:

An in-depth conference on the Status and Needs in Equine Research published in the September, 1979, Newsletter; NASRC Veterinary-Chemists Advisory Committee reports to NASRC published in Newsletters for June, 1979, March and June, 1978 and June and September, 1977; Select Panel on Foal Pneumonia in the June, 1978, Newsletter; Planning Conference for Equine Colic Research, March, 1975, Newsletter; Equine Cardiology Seminar, June, 1975, Newsletter; Seminar on Problem Oriented Physiology, March, 1974, Newsletter; In-Depth Seminar on Equine Ophthalmology, June, 1974, Newsletter; Proceedings Workshop on Equine Viral Respiratory Diseases and Complications held at The Ohio State University and sponsored by AHC and AAEP, published in June, 1980, Newsletter.

COMMERCIAL ADVERTISING AND EXHIBITS

Commercial advertising and exhibits as such have never appeared in connection with any AAEP convention or publication. Educational exhibits, some of them provided by veterinary commercial companies, have been presented at a few meetings.

In the early days of AAEP, equine practice was viewed by veterinary supply houses as insignificant. Consequently, exhibitors were not interested in attending or supporting AAEP conventions. Once the pattern of no exhibits and no advertising was established, it became popular and was

never changed. Staff personnel representing all veterinary supply firms did become members and attend meetings.

RESEARCH

The following presentation made to an Equine Research Conference held by the Morris Animal Foundation September 17-18, 1979, reflects the role of AAEP in equine research and education.

ROLE OF AAEP IN EQUINE RESEARCH

By W. O. Kester, D.V.M.

The American Association of Equine Practitioners was formed 25 years ago because of the general lack of knowledge and interest in equine medicine, surgery, practice, and especially research. A major objective was the promotion of equine research and the dissemination of useful information derived through research.

It was immediately obvious that a major problem was lack of communications between and among the three entities involved—those who do research, those who use it, and those who financially support it. Means were needed whereby (1) researchers could exchange information, (2) equine practitioners could obtain and apply research information and (3) horsemen could be informed on what research was accomplishing for the benefit of the industry.

In 1964 AAEP attempted to improve the situation by publishing the "Equine Research Reference Bulletin." It was an attempt to catalogue all that had been and was being done. All veterinary colleges and institutions engaged in equine research were surveyed. All responded—105 projects were summarized in a 40-page booklet, the first ever published. It was mailed to all equine practitioners and others. This was a start but beyond the scope of AAEP to continue.

In 1965 and again in 1967 the Morris Animal Foundation, financed by the American Quarter Horse Association, carried on by publishing "An Index to Current Equine Research." These were complete updates and were also mailed to all equine practitioners and participating institutions. It again was a splendid effort but continuing was also beyond the scope of Morris Animal Foundation.

In 1975 as a result of a push by the American Horse Council and AAEP, the USDA updated the effort by compiling a current "Index of Equine Research" followed by a supplement in 1976. These were quite complete, including 284 projects, and were also distributed free to all equine practitioners by AAEP.

These publications were of great value in the research world and very helpful to equine practitioners. They were less meaningful to horsemen. However, USDA discontinued the effort four years ago and in spite of all urging by the American Horse Council and other industry interests, USDA shows no inclination to continue.

How Is Information Disseminated?

The Proceedings Book of our four-day annual meeting has for 24 years included clinical applications of practically all newly reported research findings. In addition, we publish approximately 250 abstracts per year in

our Newsletter. We have sponsored and published the proceedings of the "First Symposium on Equine Pharmacology and Therapeutics in 1969," the "First International Symposium on Equine Hematology" in 1975, and the "Second Symposium on Equine Pharmacology" in 1979.

Our publications are distributed free to each AAEP member, now more than 3,000, including many research workers.

Our annual meeting has always been an active medium for information exchange. Starting last year a half-day panel session has been added where reports on current research are made by most of the institutions active in research.

Research Priorities

Very early as new investigators began to enter the field of equine research, it became apparent that research priorities must be established. What were the major problems confronting the industry that might be solved by research and in what order should they be approached?

In 1958 AAEP, through a survey of members and with industry help, developed a program of priorities. These were later re-evaluated and updated by a Morris Animal Foundation study and again in 1970 updated and adopted by the American Horse Council. This served as a basis and was essentially contained in "Recommendations Relative to the Needs of the Horse Industry" published by the USDA National Horse Industry Advisory Committee in 1973.

In spite of strong industry urging, the Advisory Committee was dismissed by the Secretary of Agriculture and there has been no recent re-evaluation of research needs which is one reason for this meeting.

Over the years AAEP, through its Research Committee, has monitored the situation and continues to do so. For 20 years AAEP has financially supported and urged the support of the Grayson Foundation and the Morris Animal Foundation—the two principal foundations engaged in equine research during the period.

The Present Situation

Briefly, that has been, and is, our position in research. We feel that establishing and publishing national research priorities has been a great help to research institutions in both staying on target and in obtaining supporting funds.

We believe that scientific meetings and publications have now developed to where there is good exchange of information within the research world.

We believe that through professional meetings and publications information derived from research promptly reaches the equine practitioner in useable form.

We believe all three of the foregoing areas can and should be made more productive.

We believe that horse owners in general are only vaguely aware of what is going on in research and how accomplishments relate to them. Few, if any, are aware that there have been dozens of major breakthroughs in recent years, each of great benefit to the horse owner and more are in the making. This is another story and a big one that someone should tell and retell.



1969 President—Dr. Delano Proctor, Jr. (Cornell 1942). Life-long horseman and equine practitioner in the Lexington, Kentucky area. He served many offices for AAEP and AVMA including terms on the Executive Board of each organization.

Interest in equine research that led to today's sizeable effort was sparked just 20 years ago by a presentation made to the 1959 American Quarter Horse Association annual meeting in Fort Worth. It was made by W. O. Kester, the then-president of AAEP. The point of the presentation was what needed to be done in research and the fact that very little had ever been done. The Grayson Foundation and the University of Kentucky were the only institutions seriously involved in research at that time.

AQHA promptly formed a Research Committee under the leadership of Ed Honnen and launched a major research program that has expanded and continued at a level of nearly \$100,000.00 a year. Equine research soon became popular. What has been accomplished in those 20 years is amazing and not at all appreciated or understood.

For example then and now:

Parasites—We were not aware of the tremendous damage done by the bloodworm and had no really good treatment or control programs. Phenothiazine was our best medication and just coming into use. Now there are many excellent medications and control measures.

Equine infectious anemia—All we knew was that the disease existed—the extent unknown. Today an accurate diagnostic test and control program exists.

Piroplasmiasis—We did not then realize the disease was a threat. Today we have an accurate test, an effective treatment and a control program.

Influenza—We knew only that it existed. Now we know there are several virus strains and have vaccines—the same with Rhinopneumonitis.

Sleeping Sickness—A new vaccine for Venezuelan Encephalitis and greatly improved vaccine for WEE and EEE, also tetanus.

Colic and laminitis—We have learned that most of the old approaches in treatment were not the best and have seen vast advances in prevention and treatment. Abdominal surgery, not believed possible then, is commonplace now.

Orthopedics—Effective and commonplace now, was little developed then.

Anesthesia—We had effective local anesthetics but no really good general anesthesia or methods. Today many are in wide use; also, tranquilizers and chemical restraints.

Fluid therapy, unappreciated then, is a life saver now. In nutrition—a vast amount of new knowledge.

X-ray, limited use in diagnosing lameness then, is now widely used for both diagnostic and therapeutic purposes.

Artificial Insemination—Techniques have been developed and now are in wide use.

A better understanding in endocrinology and a whole new world in drugs and medicines—in fact, every area and facet of equine practice has been vastly improved as a result of research done the past 20 years. Today well over 30 institutions are involved in equine research as against two or three 20 years ago. Still, there is so much more to learn.

SECTION II — RELATED ORGANIZATIONS AND ACTIVITIES

The broad field of AAEP interests involved close liaison and joint efforts with many organizations in the veterinary profession and the equine industry. Relations with the principal ones are related below.

AMERICAN VETERINARY MEDICAL ASSOCIATION

AAEP from its beginning has been closely associated with and worked with the AVMA on mutual problems. In fact, had AVMA been in a position to take on the problems confronting equine practitioners at race tracks in 1955, AAEP might not have been formed as a separate entity.

The way was cleared in 1969 whereby specialty associations such as AAEP could become constituent associations of AVMA and at the 1970 AVMA annual convention AAEP was officially seated in the AVMA House of Delegates. Dr. Thomas Dunkin was the first delegate and delivered the following acceptance address:

“It is indeed a privilege and an honor to be here and to have the AAEP officially a part of this body.

“We have always felt that we are well-represented here and part of the AVMA even though it was not official.

“Our Association was born of necessity and in a rush due to the exploding horse industry 16 years ago, and also because of bad practices forced upon veterinarians on racetracks at that time. We had two principal objectives—improving our own professional competency and improving the public image of the veterinarian, especially the equine practitioner. We believe we have been successful in both, and we know that we have had a lot of help and assistance from the AVMA in doing so.

“You probably don’t remember when Dr. Marion L. Scott and Dr. Willard F. Guard founded the AAEP in 1954, but it is a fact that six AVMA Executive Board members attended and actively participated in our first annual business meeting in Chicago in 1955. The then President of the AVMA, Dr. Floyd Cross; the amiable Executive Secretary, Dr. John Hardenberg; President-elect General Wayne O. Kester; Past-President, Dr. Abe Quinn; and Drs. Frank Young and Dr. W. G. Brock were the men. Four of these, Hardenberg, Brock, Quinn and Kester, became members at that meeting. As you know, General Kester later became our President and has been our distinguished Executive Director for more than eight years. Another AVMA President, our good friend, Dr. Dan Anderson, has served on our Board as Director-at-Large for many years and another AVMA President, Dr. Sam Scheidy, has long been one of our members. Also, Dr. John Carricaburu, long of your Advisory Committee, has simultaneously been our liaison officer with AVMA. Also, Dr. Don Price of your staff has been a member and a most valuable advisor for many years. We are indeed grateful and appreciative to the AVMA. Therefore, for more than ten years, an AVMA membership has been pre-requisite to joining the AAEP.

“But, even with all of this close, unofficial relationship, we

think it is appropriate to be here officially as a participating organization.”

AAEP and AVMA joined forces in combating many problems including Federal budgets for equine research, the promulgation of control programs for equine infectious anemia, piroplasmosis, Venezuelan equine encephalitis, contagious equine metritis, influenza, and the never-ending battle over biologics and drug availability.

Starting in 1958, AAEP has sponsored or assisted AVMA in presenting a one-day session on equine practice as a part of each AVMA annual convention program. Also, the AVMA President has been a featured speaker at each annual AAEP meeting since 1956. Thirteen AVMA Presidents have been Active Members in AAEP—two of them having served on the Executive Board.

Since 1958 AVMA has provided very effective insurance programs for both personal and professional protection. Most AAEP members took advantage of these programs, making an AAEP program unnecessary.

PROFESSIONAL LIABILITY INSURANCE

This has been a subject of significance on every AAEP program since the AVMA Professional Liability Insurance Trust was formed in 1962. Mr. Eddie Mack, Jr., representing the Trust, provided guidance and counsel for AAEP members and since 1965 has maintained an information and service desk at each annual AAEP meeting.

In his 1967 report is the notation:

“Cost of Professional Liability Extension Endorsement is \$50.00 a year for \$5,000.00 of on-premise protection. Basic policy has a \$1,000.00 limit on animals being transported and \$250.00 limit per animal. Maximum protection currently offered is \$30,000 on-premises, \$6,000 in transit, and \$1,500 limit per animal—annual cost \$300.00.”

The need for higher coverage was soon obvious and by 1970 one-million-one million was available at an additional \$62.50 and by 1980 coverages from three million to five million were in demand by a few practitioners. The original policy of the Trust to defend rather than settle cases—no matter what the cost—has never changed.

UNITED STATES ANIMAL HEALTH ASSOCIATION

The U.S. Animal Health Association, known for nearly a century as the United States Livestock Sanitary Association, was another significant organization. Composed generally of state and federal veterinary regulatory officials and key representatives of livestock industries, it has been largely responsible for formulating policies upon which all livestock disease control programs are based in the United States.

The Association met annually—more often in emergencies—to study current livestock disease problems. Their conclusions and recommendations were transmitted to the USDA Secretary of Agriculture as well as to officials in each state and were generally implemented by government agencies as recommended.

Diseases of the horse were never considered until AAEP made them

agenda subjects. That the horse did indeed need attention comparable to other livestock was promptly recognized.

COMMITTEE ON EQUINE INFECTIOUS DISEASES

In 1964, a U.S. Animal Health Association Committee on Equine Infectious Diseases was formed. It consisted largely of AAEP members and was long co-chaired by Dr. Clarence L. Campbell, Florida State Veterinarian, and Dr. W. O. Kester. Thus, for the first time a national voice on equine disease regulatory matters was established.

CHIEF HEALTH OFFICER USDA FOR EQUINE DISEASES

This action was soon followed by the establishment in USDA of an office for Chief Animal Health Officer for Equine Diseases to monitor disease problems affecting the equine industry—an office developed and long held by Dr. Ralph C. Knowles. Finally, the horse industry was beginning to receive attention at the national level. However, progress was slow until the American Horse Council was formed in 1969 and entered the Washington political scene.

AAEP and USAHA always coordinated efforts and took comparable stands on all equine disease control programs and problems. These in turn were transmitted to and supported by the American Horse Council and pushed for implementation. Thus evolved programs and budgets for the control of Venezuelan equine encephalitis, equine infectious anemia, piroplasmiasis, contagious equine metritis and others.

It is generally erroneously assumed that government agencies generate such programs and lead the action in emergencies. Not true in a democracy. Government agencies react rather than act. They react to political pressures rather than act on their own initiative. Without political pressure and support, budgets and programs would not exist. The equine industry never received its rightful consideration and attention by government agencies until its voice was firmly heard in Washington.

AMERICAN HORSE COUNCIL

The American Horse Council was, and is, vital to the entire horse industry including AAEP. Without it neither could exist as known today. AHC is in effect a trade association representing all entities of the equine industry. Its base and area of operation is the nation's capital. It is the industry spokesman and watch dog in the federal regulatory, legislative and political arena.

It was hurriedly formed in 1969 to combat proposed legislation that would have taxed the horse industry out of business and eliminated the need for most equine practitioners. Thoroughbred, Standardbred and Quarter Horse interests were represented at the formative meeting and put up the seed money to start the action.

AAEP ROLE AND CONTRIBUTION

AAEP joined as an organization member at the next meeting. AAEP's Executive Director, W. O. Kester, was elected to the AHC Executive Committee, a position held to date (1980). Because of AAEP's long contacts with the Washington bureaucracy, he was immediately assigned



Former Senator Thruston B. Morton, center, President of the American Horse Council, presents the AHC Distinguished Service Award to General Wayne O. Kester, D.V.M., right, a member of the AHC Executive Committee and Executive Director of the American Association of Equine Practitioners, in recognition of his outstanding individual effort in unifying the American equine industry and promoting cooperation among all breeds and all types of horse activity. Wayne Van Vleet, left, of Denver, also a member of the AHC Executive Committee and a Vice President of the Arabian Horse Registry of America, was another premier recipient of the award which was presented for the first time at the third AHC annual meeting, held March 27, 1972, in Hialeah, Florida, to those 20 individuals who were instrumental in organizing and guiding the Council during its first three years of operation.

the liaison job with the several offices of action in the U.S. Department of Agriculture, the Department of Interior and the Department of Health, Education and Welfare. He was also designated Chairman of the AHC Land Use Advisory Committee when it was first established in 1974. By 1980 nearly 150 organizations in the horse industry were members of AHC.

AAEP continued to provide counsel and guidance on all matters pertaining to the health and welfare of the horse. This included justification of research budgets, research priorities, disease control regulations and programs, importation rules and quarantine requirements, quarantine stations, laws and regulations pertaining to the medication of race horses and veterinary practice at race tracks, veterinary service for horse shows and rodeos, riding trails and land use, new drugs, drug shortages, horse transportation and many others.

Of special concern had been equine encephalomyelitis, Venezuelan equine encephalitis, equine piroplasmiasis, African horsesickness, contagious equine metritis, equine infectious anemia and equine influenza.

While the foregoing was a chore for AAEP, it was far more effective and easier than going it alone as had been done prior to AHC.

Size of the Industry

The biggest problem from the beginning was to convince the public, and especially legislators and regulators, that the horse industry was a significant factor in the American economy. Neither the number of horses nor value of the industry was known. AHC made repeated attempts to have horses and the industry included in national census figures. All were vetoed in the Congress as not being essential.

An AAEP study in 1959 indicated the U.S. horse population was approximately 4,500,000. This figure was stated at the 1959 TRA annual meeting where it was picked up and published by TIME magazine. With that authority it remained the official count until 1969 and was probably rather accurate.

In 1969 Spindletop Research of Kentucky did an economic study for AHC that concluded the horse population was approximately 7,500,000, the industry was generating \$500,000,000 in taxes annually and was worth some \$12 billion dollars. It also estimated owners spent an average of \$735 per horse annually for feed, medicines, tack and equipment.

AAEP did an economic survey in connection with the 1969 Spindletop study as recorded below.

ECONOMIC VALUES OF EQUINE PRACTICE—1969

“Questionnaires were forwarded to each of the approximate 1,200 active members of the American Association of Equine Practitioners in the United States. Twenty-four percent responded.

“The survey indicated that 47% of the membership is engaged essentially full time in equine practice. Another 20% spend from 50% to 90% of their effort on equine practice and 23% spend less than half time on equine practice. Approximately 10% are engaged in teaching, research, regulatory, industry or other salaried positions related essentially full time to equine medicine and practice.

“Annual gross income from the practice of equine medicine, not

including salaries, is \$44,200,000. The equivalent of 840 full time veterinarians are engaged in equine practice. Annual expenditures by equine practitioners for biologics, drugs and pharmaceuticals is \$13,200,000; \$11,300,000 is paid annually in salaries to the equivalent of 2,200 full time employees.

“The foregoing is based on a survey of AAEP members and pertains to members only. It is estimated that approximately two-thirds of all veterinarians who engage in equine practice are members of AAEP and that about one-third are not members. Consequently, in arriving at the total national picture, the above figures should be increased by 50%, making the following totals: \$66,400,000 gross annual income; \$19,800,000 total paid in for biologics, drugs, pharmaceuticals, etc.; \$16,950,000 paid in salaries to 3,300 full time employees. The equivalent of 1,260 veterinarians engaged full time in equine practice.

“The foregoing pertains to practice by veterinarians and does not include the millions of dollars worth of medical preparations and supplies sold over the counter directly to horsemen.”

THE INDUSTRY IN 1980

By 1980 the equine industry which generated the need for veterinary medical support had expanded far beyond all expectations. While all efforts to obtain a federal census had failed, several private studies were made. The following generally accepted estimates reflect the impact of the industry on the American economy.

The number of horses believed by the American Horse Council to be in the United States in 1980 was 8,132,000—their value in excess of \$7,500,000,000. The value of farms and property supporting them was estimated at \$6,000,000,000. The industry was generating more than \$1,000,000,000 annually in tax revenues and \$15,000,000,000 was being spent annually on feed, services, supplies and equipment in support of the industry.

There were 150 parimutuel race tracks in operation valued at well over \$1,500,000,000. While the foregoing is far from complete, it does cover most of the directly related items. It does not include the several stallions syndicated at a billion or more dollars each which were in a class by themselves.

The demand for horse meat for export to Europe for human consumption had become an economic factor and put a floor in the cheap horse market. Prices paid at auctions for such varied from 50¢ to 65¢ per pound live weight.

Equine practice and AAEP had expanded on a par with the industry—up from 1,503 members in 1969 to near 3,000 in the United States in 1980.

EQUINE INSURANCE INDUSTRY

The equine insurance industry was a baffling maze to AAEP for several years—many companies, many agents, different views and practices, unavoidable conflicts of interest, examination procedures, guidelines and forms, who determines insurability, rates for surgical risks, death certification, definition of what constitutes justification for destruction for



1970 President—Dr. Joseph C. O'Dea (Cornell 1944). New York practitioner, owner, breeder, farm manager, served twenty years as official veterinarian for the U.S. Olympic Equestrian Team, more recently as New York State Racing Commissioner and current third vice president of NASRC.



AAEP group off to attend the 1970 British Equine Veterinary Association International Congress in Cambridge, England and visits to France, Scotland and Ireland. Front row, left to right: Dr. and Mrs. Gordon Layton, Paris, Kentucky; Mrs. Joe O'Dea, Geneseo, New York; Dr. and Mrs. Dick Junk, Washington Court House, Ohio; Dr. and Mrs. R. McMahan, Elida, Ohio; and Dr. and Mrs. E. B. Daugherty, Delmar, Delaware. Back row: Dr. and Mrs. Daniel Durniak, Tucson, Arizona; General and Mrs. Wayne O. Kester, Golden, Colorado; Mrs. Richard O. Miller, Lexington, Kentucky; Dr. and Mrs. M. B. Teigland, Miami, Florida; Richard Miller, Lexington, Kentucky; and Joe O'Dea, Geneseo, New York.

humane reasons, who pays the examination fee and many other questions went unresolved for years. There seemed to be little, if any, communication within the industry, no understanding of veterinary practice and little communication with the profession.

In 1974 a Special Equine Insurance Study Group was appointed by the then AAEP President, Dr. Marvin Beeman, who continued with a followup that eventually resolved most problems. The Group at first was large and included all experts in AAEP and many representatives from the insurance industry. In 1976 the Group was converted to a smaller standing committee of AAEP members and representatives of all the major equine insurance companies. Guidelines and forms for veterinary examination for mortality insurance along with all other related forms were developed, surveys were conducted to justify lower rates on surgical and anesthesia risks and many other problems solved. By 1979 the industry was ready to publish a handbook covering all aspects of veterinary practice in relation to equine insurance.

COMPETITIVE EQUINE ACTIVITIES

During its first ten years AAEP had grown from a beginning of 55 members to a total of 902. In its twenty-fifth year it had reached a total of 3,453. This increase in members brought new areas of interest and less attention to the original compelling problem responsible for the formation of AAEP—the irrational and restrictive rules of racing placed on equine practitioners at race tracks which prevented the practice of sound, logical veterinary medicine in the best interest of the health and welfare of the horse.

Due entirely to AAEP efforts, the situation vastly improved in the 1960s and a solution seemed at hand in the early 70s. However, the problem was to return with a bang in the late 70s and in a manner which AAEP alone could not counter. All entities of racing finally recognized that it was a total industry problem and not an isolated veterinary problem that AAEP could solve.

AAEP was involved and influential in many other problem areas significant to both veterinary medicine and the total horse industry. Each of these and related areas are related and summarized separately for the period 1955-1980.

TRAIL AND ENDURANCE RIDES

It could be said that competitive trail riding began with the formation of the North American Trail Ride Conference (NATRC) in 1961. Among the seven original founders were four veterinarians: Robert Graham, George Cardinet, Murry Fowler and W. O. Kester. The latter three were AAEP members and assisted in writing competition rules for the Conference.

At that time there had been essentially no veterinary control and very little was known about judging and evaluating a horse under extreme stress—except by a few old-time horsemen. Consequently, it was not unusual for horses to be unintentionally over-stressed into exhaustion resulting in severe damage or death.

Work done by Drs. Cardinet and Kester on the 1961 California Mt. Diablo Annual Ride established the fact that the pulse-respiration ratio and

recovery rate was a valid method of evaluating state of exhaustion in a horse under competitive ride stress. After further research, Dr. Cardinet reported his findings and recommended procedures for application to the 1962 AAEP annual meeting. The "P-R" procedure as it was termed was soon in use in endurance riding with the result that few horses have been damaged or lost due to over-stressing since that time.

The Western States 100 Miles in One Day Trail Ride (Tevis Cup Ride) was one of the earliest of severe endurance rides. Although a group of competent veterinarians were always in attendance, they had virtually no control over horses and a few each year were over extended and a few lost. At the 1961 AAEP meeting in Fort Worth, a committee of veterinarians who had serviced the ride compiled a set of rules and procedures for veterinary service, control and judging of horses. These were promptly adopted for ride management. It was a timely move because humane associations were moving to prohibit future rides unless adequate safeguards for horses were instituted. These rules served the purpose and were soon adopted and effective in most rides.

HORSE SHOWS

Veterinary service for the horse show world was a major concern for AAEP from the beginning. Although shows were not numerous and not many veterinarians were involved, incipient problems were obvious. The role and responsibility of veterinary medicine in relation to horse shows was little understood or appreciated by show management or equine practitioners. Rules pertaining to veterinary service were meager or nonexistent. In fact, service was nonexistent at many shows.

It was obvious in the 1950s that horse shows, like horse racing and other equestrian events, were due for rapid expansion. No one envisioned the explosion which did occur. An American Horse Council study in 1979 indicated that in that year there were 7,348 major shows sanctioned by national organizations and 29,392 locally sanctioned shows—a total of 36,740 shows. The national impact of these shows, excluding charity donations was \$317.6 million. Expenditures were \$272.1 million, contributions to charity \$27.7 million, paid attendance \$24.5 million, 231,000 people were employed and there were 71,506 days of showing. Obviously, the demand for veterinary service was great.

Fortunately, a Horse Show Committee was among the first committees established by AAEP. It has continued to work closely with the American Horse Shows Association and other show associations in establishing the role of veterinary medicine in horse shows and in writing the rules for the practice thereof.

All was not easy; it took years before management differentiated the roles of the official show veterinarian, the attending veterinarian, the State veterinarian and the USDA veterinary service.

In 1971 the American Horse Shows Association was confronted with the problem of illegal medication of performing horses. After considerable dialogue and a little pressure from AAEP, a program was established with a veterinarian in charge. Dr. Jordan G. Woodcock was the first administrator of the AHSA Drugs and Medications Rule. He established a system using local practitioners for the collection and laboratory testing of urine samples at shows throughout the country. He developed and directed a very

effective program for several years. Other associations established similar programs.

INTERNATIONAL COMPETITIONS

Veterinary service for Olympic equestrian events, the Pan American Games, United States Horse Trials and related events was always of concern. The biggest problem was lack of veterinary supervision and control over horses in competition under severe stress. Horses that should have been eliminated for exhaustion and poor physical condition were sometimes allowed to continue in competition with resulting physical damage and occasionally death.

Guidelines promulgated by AAEP and recommended to all concerned organizations eventually corrected the situation. These and others were published in 1974 in an AAEP book, "Guide for Veterinary Service in Judging of Equestrian Events." Included were endurance rides, competitive trail rides, horse shows, pleasure trail rides, pony club activities, three-day events and racing. This book and later editions have provided valuable guidance.

HORSE RACING

Rules and regulations governing the use of medications on race horses and the practice of veterinary medicine at race tracks have received more study and action than any other problem confronting AAEP. "Chronic" and "disastrous" appropriately described the situation in 1955.

AAEP could address the problem nationally only through the National Association of State Racing Commissioners. This body could make only recommendations on rules to the individual state racing commissions—which might or might not be heeded.

State racing commissioners were political appointees serving at the pleasure of the state governor. They, and they alone, were and are responsible for writing and enforcing the rules of racing in their individual states.

In effect it was necessary to deal with nearly 30 state commissions rather than one national body. This was further complicated by the fact that generally commissioners when appointed had little, if any, knowledge of racing and few remained in office long enough to become effectively competent. A few state racing commissioners did emerge as splendid leaders in NASRC and joined efforts with AAEP to evolve a program of reasonable rules but many years were consumed in doing so.

A presentation by the then president of AAEP, Dr. Bernard F. Brennan, made at the February, 1979, Annual Meeting of the Thoroughbred Racing Association accurately sums up the AAEP role, past and present, in racing, especially in relation to medication rules. His address follows.

"I appreciate this opportunity to speak about veterinary medicine in racing. I understand the theme here is supposed to be what is wrong in racing and what can we do about it, but I would rather emphasize what is good in racing, because there is so much more to talk about. I believe there is much more of the positive in veterinary medicine and in its relationship with racing. After I explain our role and position I hope you will agree.

“I think back to the armament in scientific knowledge, medications, and equipment available to us 25 years ago when AAEP was formed and only a handful of veterinarians served the racing industry. Not organized, they were understandably somewhat out of touch with the rest of the veterinary profession. Oftentimes they were publicly accused of being at the bottom of real and imagined medication rule violations and other evils. One wonders why they stayed on, but, fortunately they did, and AAEP evolved.

“First, what is our position in racing? We, as a profession, serve three groups in racing as advisors on professional matters in the best interests of the horse’s health and well-being: (1) Those who own and operate the race tracks; (2) the state racing commissions and equivalent regulatory officials and (3) those who own the horses.

“Now, what is our role and position on medication problems? Contrary to what many assume, medication and veterinary practice are not synonymous. They are, in fact, two entirely different subjects.

“We do not have control over medication practices, nor do we write or enforce the rules that regulate racing. We are limited to providing professional information to the responsible officials. We do believe that a well-controlled medication program, wherein full professional judgment may be exercised, is in the best interests of the horse’s health and well-being.

“Do we have stated policies? Yes. In 1959, after four years of study, the AAEP unanimously adopted and issued four basic policy statements. These have been updated but little changed in 20 years: (1) Prohibition of the use of a stimulant, depressant, narcotic, tranquilizer, or local anesthetic in a manner that might affect the racing performance of a horse; (2) full use of modern therapeutic measures for the improvement and protection of the health of the horse, with the understanding that such medication may be used on the day of a race by express permission of proper officials; (3) maintenance of personal veterinary records which accurately record all medications—such records to be made available to proper racing officials on request in case of questions regarding an entry; and (4) the administration of all drugs and medications to any horse shall, on a local option basis, be reported to the commission veterinarian. (Every report of veterinary treatment made pursuant to this rule shall be held confidential and protected as an investigative or security file compiled for law enforcement purposes; provided, however, that the commission may disclose such portion of the report as may be required in exercise of its lawful jurisdiction.)

“We believe our policies are correct and in the best interests of the horse’s health and well-being. As a test of time and in a resounding vote of confidence, may it be known that many racing jurisdictions have implemented their own rules to reflect those policies of the AAEP.

“What else have we done? The AAEP has brought stability, continuity, professional competency, judgment, new knowledge and prestige to a segment of veterinary medicine that was practically ignored until the AAEP entered the scene 25 years ago.



1971 Executive Board—Front, left to right: Thomas E. Dunkin, Frank J. Milne, Robert W. Copelan and Wayne O. Kester. Second row: G. Marvin Beeman, Stewart K. Harvey, Charles W. Graham, Joseph A. Solomon, and Charles W. Raker. Back row: Harry E. Palmer, William R. Brawner, John K. Griggs, Bernard F. Brennan and Weden P. Humphrey.



1971 President—Dr. Frank J. Milne (Edinburgh 1941). Twice Secretary-Treasurer and AAEP President for 1971. Editor of the Annual Proceedings Book 1960 to date (1980) and largely responsible for the success and stature of that book. Professor of veterinary surgery and a specialist in equine medicine and surgery, Ontario Veterinary College, Guelph, Ontario, Canada.

“Today, competent veterinary medical service—the world’s best—is readily available to almost every horse in America. In these intervening years, many of our top graduates have turned to equine practice and research efforts have expanded from near zero to numerous splendid programs. It is one place where knowledge, experience and judgment have been pooled for the benefit of all. Everyone involved in equine medicine, whether in academics or in practice, benefits from this organization and wishes to belong, accounting for the membership of 3,190 representing 35 countries, with 2,600 serving the horse industry here in the United States.

“In the context of this discussion is the role that the Association plays in providing guidance for our members. How is the individual veterinarian guided in the ethical practice of veterinary medicine? First, he must be licensed and is subject to regulations in any state in which he practices. Second, any veterinarian practicing at a race track is subject to license and control by the state racing commission. All AAEP members are subject to the Code of Ethics of the American Veterinary Medical Association and of the AAEP.

“I should like to quote one item: ‘We firmly emphasize that we shall continue to be guided by, and will abide by, all legally established rules in all States and Provinces.’”

“I want to emphasize further that we do make the foregoing statement meaningfully. Each veterinarian who is cited for a possible rule violation by any NASRC (or other) jurisdiction is promptly reported to the AAEP. The AAEP Racing Committee consists of 27 senior members who are well oriented in racing and represent all geographic areas and facets of racing. Any member reported in a significant rule violation is asked to appear before this committee to explain his conduct and, if indicated, show cause why his membership in the AAEP should be continued. Over the years, out of over 3,000 members, we have had fewer than a dozen serious violators. They are no longer members.

“Finally, if there is a problem in medication, let us recognize it as a medication problem that involves everyone and not just a veterinary problem. From this point of departure, we can address the problem viewed in proper perspective.

“More research is a part of the answer. If the full effects of all medications used on horses were known and were understood by horsemen, many drugs would be discontinued as worthless. If we knew the ones which should not be used under any circumstances, and if our chemists could detect them by standardized examination, most of our problems would disappear. Representative of the AAEP’s attitude toward advancing the profession’s understanding in such matters is that the Association has sponsored or provided partial support for two conferences on equine pharmacology in the past ten years, most recently in 1978 at The Ohio State University College of Veterinary Medicine in Columbus.

“A serious concern of the AAEP is that due to budget slashing, the United States Department of Agriculture will be forced to discontinue support of equine research programs in the next two years. An awareness of this threat demands that we all support effective

measures for the continuation of equine research.

“You may be assured that the AAEP will continue to grow and serve the best interests of the equine industry. May we share this commitment so that it can be the keystone to progress in preserving the integrity of racing.”

AAEP RACING (PRACTICE) COMMITTEE

Much of the progress related above was due to efforts of the AAEP Practice Committee (later termed Racing Committee) headed by Dr. Jack K. Robbins of California. He was drafted at the first AAEP annual meeting in 1955 to draw up proposed policies and rules on medication and veterinary practice that would be in the best interests of the horse's health in racing. He doggedly and effectively held on for 22 years—the most difficult and unappreciated assignment in all AAEP, and he saw acceptable programs eventually adopted in all racing states.

THE MEDICATION ISSUE

In 1979 horse racing became the target of several humane organizations. Alleged abusive use of medication in race horses was used as an excuse for the attack. It also became the battleground. It was exploited on national television, at many meetings and extensively through the press. Legislation was drafted with the intent of preventing all medication and placing enforcement under federal government control.

The real problem was that essentially no one other than a few experienced veterinarians fully understood the total medication problem. Wild accusations and misinformation beyond comprehension were widely disseminated—and unfortunately believed by many. Rumbles were even beginning to be heard in the two states where near perfect controlled medication programs had been in operation for many years—California under the direction of State Racing Board Veterinarian Alan H. Edmondson and Colorado under direction of State Racing Commission Veterinarian Gene M. Bierhaus. A few still tried to paint the veterinarian as culprit; others hoped the problem would go away or that AAEP would again manage it.

By year's end it was obvious to all that the entire industry was under fire and that the very future of racing was at stake. A tremendous fact-finding and educational program was essential both for the benefit of the public and those in racing, especially the regulators of racing.

The racing industry united under the American Horse Council's Racing Committee and advanced proposed rules and programs that could vastly improve the situation if heeded. Dr. Joseph A. Solomon was the committee member representing AAEP.

Shortly thereafter, NASRC, under pressure from humane groups, attempted to draft a uniform “No Medication Rule” for the guidance of all commissions. Six AAEP members were included on the drafting committee. It was soon evident that a “No Medication Rule” was neither practical nor enforceable. In fact, it could not even be defined. At this date (April, 1980) it appears there will be major and unpredictable changes in medication rules in several states.

One reaction in AAEP was finally the realization among race track

practitioners that they must organize in each of the racing states into bodies capable of communicating with and advising their respective state racing commissioners on matters pertaining to medication and veterinary practice. Rules are written and racing controlled at the state level—beyond the reach of AAEP as a national organization. For this reason such action had long been urged but very few state groups had organized.

It was obvious also that liaison with all national bodies involved in racing must be expanded. Traditionally, the AAEP president or someone representing him attended and usually participated in the annual meetings of all major organizations. While this did maintain contact, continuity was lacking.

AAEP DELEGATE TO RACING

In late 1979 the office of AAEP Delegate to Racing was established with the purpose to attend all meetings of consequence on a continuing basis and to provide continuity for AAEP presence, counsel, and position throughout the racing industry; also, to counsel with and advise local organizations of race track practitioners.

Such an office had long been needed. The hold up had been in locating someone to do the job. Dr. Joseph A. Solomon, founding member and past president of AAEP and a long time race track practitioner, was the man selected. Finally, AAEP seemed to be shaping up in good form to effectively represent equine practice in the racing world of the 1980s.

NASRC VETERINARY-CHEMIST ADVISORY COMMITTEE

A step long urged by AAEP was the establishment of a Veterinary-Chemist Advisory Committee by the National Association of State Racing Commissioners. Such a committee was appointed in 1976 by Mr. Cyrus C. Wells, then NASRC president. It consisted of the president of AAEP, the president of the Association of Official Racing Chemists (AORC), three race track practitioners, one commission regulatory veterinarian and eight chemists engaged in drug testing for state racing commissions. (Four were AORC chemists and four were veterinary pharmacologists as well as chemists.) The committee was chaired by Arizona State Racing Commissioner Mr. Tom Finley and the AAEP Executive Director served as secretary. It was a well balanced and scientifically founded committee and was immediately recognized as the authoritative body in its area of study.

The committee's first effort was to thoroughly evaluate all past research reports on phenylbutazone and furosemide and to do additional research as needed. Their first report, published in the 1977 NASRC Proceedings, AAEP Newsletter #2 for 1977 and several magazines, established that both drugs were safe and effective therapeutic agents when properly used. Suggested rules for their use in racing along with complete physiological effects of both drugs were also presented; thus, for the first time the true picture was authoritatively placed on record.

In subsequent years various medications used on race horses, methods of chemical testing, performance testing in relation to drugs in race horses and other problem areas were evaluated. The committee's reports became the featured item on all NASRC Annual Convention programs and were published in the NASRC Proceedings Book each year, AAEP Newsletters and widely elsewhere.

The factual information on drugs, drug testing and use brought forth by this committee was invaluable to the rule makers and regulators of racing. For the first time there was a voice of authority in the muddled medication picture.

SECTION III— EQUINE DISEASES OF NATIONAL SIGNIFICANCE

Equine diseases are discussed herein only in view of the significant role played by AAEP in protecting the country's horse industry—a burden which AAEP alone shouldered until creation of the American Horse Council (AHC) in 1969. Since that time AAEP has continued to provide professional guidance for the AHC on all equine disease research and regulatory matters affecting the industry.

EQUINE ENCEPHALOMYELITIS

Existence of this disease as a periodic threat in the United States has been recognized for a hundred years but it was not until the early 1930s that the cause and epidemiology of both Eastern and Western Equine Encephalomyelitis were understood and a vaccine developed. The vaccine developed by the U.S. Army Veterinary Corps was the first instance and a breakthrough in the chick embryo technique for producing vaccines. Safety and effectiveness were soon proven in Army horses followed by commercial production and distribution.

This seemed to solve the problem because little was heard of the disease until 1956 when a severe outbreak occurred in New Jersey affecting both horses and a few humans. Under the erroneous belief, shared by some public health officials, that the horse was a threat to human health the public panicked. Attendance at race tracks, horse shows and all other horse related activities drastically fell off creating severe economic problems for the industry.

To counter this erroneous and damaging publicity, AAEP urged and cooperated in holding a public symposium on the disease at the University of Pennsylvania. A Public Health authority on the disease was also scheduled on the annual convention program.

The thrust was to hammer home to health officials, the public and even some in the veterinary profession that the infective virus reservoir existed in wild birds and that horses, like man, are terminal hosts in the infection chain and that in no way could infected horses pose a threat to human health.

Based on these two meetings of national interest, AAEP generated a two-year educational program to accurately inform the public and to allay fear of the horse as a source for the disease. The effort was apparently successful because little has been heard of the disease and no one has voiced the horse as a suspect since 1957.

AAEP has continued periodically to publicly recommend equine vaccinations in infected areas and to emphasize the negative role of the horse in human disease.



1972 President—Dr. Thomas E. Dunkin (Michigan 1952). Founder and Charter Member, twice Secretary-Treasurer and six times Convention Arrangements Committee Chairman for meetings in Chicago. A career horseman and equine practitioner mostly at Standardbred tracks in the Midwest and Florida. He served as AAEP representative in many areas of the horse industry.



1972 San Francisco Annual Meeting banquet—President Tom Dunkin at head table presiding. More than 700 attended including some 50 members from eleven overseas countries.



Executive Board for 1972—Seated, left to right: Stewart K. Harvey, W. O. Kester, Robert W. Copelan, Thomas E. Dunkin, Robert K. Shideler, Frank J. Milne, Joseph A. Solomon and Bernard F. Brennan. Standing: Robert H. Baker, B. M. Cooley, Alan H. Edmondson, Paul E. Hoffman, John K. Griggs, George F. Badame and G. Marvin Beeman.

VENEZUELAN EQUINE ENCEPHALITIS

The battle to prevent and then control Venezuelan Equine Encephalitis (VEE) in 1971 was as much a battle against bureaucratic inertia as it was against the disease itself. In spite of repeated warnings for nearly two years that VEE, if unchecked, would enter the United States, USDA had done essentially nothing to prevent or cope with the disease.

The reason, aside from normal bureaucratic inertia, was the fact that the Secretary of Agriculture and many of his advisers, especially those controlling budgets, assumed that the horse industry was of no significance and could be ignored. This was not true of USDA veterinary personnel in disease control positions; however, their warnings and plans went unheeded until July, 1971, when VEE entered the United States.

VEE was recognized as a threat to both human and equine health by U.S. Army veterinary officers stationed in South and Central America during World War II. It was also recognized as a possible biological warfare agent and as a precautionary measure the Army promptly produced and placed in reserve several million doses of vaccine for human use. Fortunately, this was available for use in horses during the 1971 outbreak.

The significance and status of VEE was brought to the attention of AAEP at its 1964 annual meeting in a report by Dr. H. C. King, USDA staff officer, and published in the 1964 Proceedings Book.

First warning that VEE would reach the United States was sounded by AAEP President Dr. D. L. Proctor at the 1969 annual meeting and published in the March, 1970, Newsletter as follows:

“Venezuelan encephalomyelitis (VEE) is a matter of great concern. There have been severe outbreaks in South America and Latin America and recently well up into Southern Mexico. Thousands of horses have actually died. As you know, this disease infects man. So it is a public health problem as well as an industry problem. Epidemiologists are confident the disease will appear in the United States. Upon quizzing them, they say not **if** it comes to the United States, that is not the question; it is **when** it will come to the United States. AAEP submitted a resolution and drafted a contingency plan for control; both were adopted by the U.S. Animal Health Association. We, along with the AHC, are now pushing for prompt implementation by the USDA and U.S. Public Health Service. In effect, we are urging a three-fold plan: first, prompt stockpiling of 10 million doses of currently used vaccine. Second, we are urging further study, development and production of vaccines, and, third, prompt formation and implementation of a joint USDA-U.S. Public Health Service national control plan.

“Our resolutions have been made to the important federal agencies and to other facets of the industry. Last night, this Association and a number of our members sent wires to the appropriate committees within the Legislature and we are hoping to have proper implementation and quick action on this plan because time is of the essence.

“We must realize that if we do have an outbreak, as seems certain, and we do not have these plans in effect, it could mean an interstate embargo on horses in the United States. If this happened

in January or February, it would mean the northern states would have to forget about racing because most of our horses are in the south. There would not be enough horses to maintain racing in the north. Losses to the industry would be crushing. Even if they did have horses, you must realize that this being infective to humans, there would probably be such a hysteria involved that attendance at racetracks would be affected. It is not just a matter of loss on our part but the total picture of the industry would be black. So, action is necessary.

“We are going to push, and we hope each one will push in your own area, for the implementation of VEE prevention.”

Proctor's apprehensions and warnings were justified. States did embargo one against another. Quarantines were instituted. Horse shows and race meets were curtailed or cancelled. Other countries placed embargos against United States horses. The Olympic games and international racing were disrupted and nearly \$20,000,000.00 was eventually expended in coping with the disease.

The role of AAEP in ending this unbelievable controversy and bringing VEE under control is best illustrated by the following reports in the March, 1972, Newsletter:

**VEE SITUATION REPORT, DECEMBER 1, 1971, BY
WAYNE O. KESTER, EXECUTIVE DIRECTOR, AAEP.**

“By now, everyone knows that the VEE threat on the horizon for more than two years has culminated in a successful massive control program. It must be stated that AAEP played a major role in that program. The record has been published and following the special panel report at this Annual Meeting (1971), the characteristics, problems, methods of treatment and control measures involved in the recent outbreak will be recorded in the Proceedings Book for future guidance.

“AAEP action was facilitated and coordination simplified by the unique position of your Executive Director who wears two additional hats: one as co-chairman of the U.S. Animal Health Association Committee on Equine Infectious Diseases and the other as American Horse Council Executive Committee member and Chairman of the Committee for Liaison with Federal Agencies. Thus, the three major organizations involved in program formulation were tied together.

“The first sharp warning sounded by AAEP on the VEE threat was in December 1969, during the Annual Meeting in Houston. The situation and warning was again reported in the March, 1970, Newsletter.

“By August 1970 it was obvious that VEE would reach Texas within nine months. Consequently, we started a series of telephone conferences which culminated in our drafting a resolution and an accompanying national contingency control plan. These were adopted by both the U.S. Animal Health Association and the American Horse Council in October 1970, and promptly transmitted to the Secretary of Agriculture by both agencies, as well as AAEP. Basically, these called for (1) USDA testing and stockpiling available Army experimental vaccine; (2) establishment by vaccina-

tion an immune barrier north of the outbreak in Mexico to prevent spread to the United States; and (3) prompt formation of a joint USDA, USPHS, DOD force to finalize plans for controlling any outbreak in the United States. All the foregoing, along with a situation report, was published in the March, 1971, Newsletter.

“On November 5, 1970, we stated our position and recommendations to the AVMA Council on Public Health and Regulatory Medicine. AVMA concurred and in turn urged the Secretary of Agriculture to promptly implement the recommended actions.

“As late as mid-April 1971 there was no public evidence of protective measures or plans to safeguard horses in the U.S. In the meantime, the disease had been steadily approaching—now only 250 miles from the border.

“On April 15 we submitted to “Western Horseman” an editorial intended to alert and stir horse owners into action. Published in the June issue, it reached the horse owning public in late May. ‘Western Horseman’ was selected because it had the largest circulation and would supply reprints in advance so that the American Horse Council could promptly widely disseminate thousands of copies. It was soon evident through Congressional mail that horsemen had indeed begun to stir.

“On June 8, 1971, the Secretary of Agriculture called a meeting of representatives of the horse industry. At that time, the disease was within 100 miles of the Texas border. It was apparent that the protective plans submitted to the Secretary in October were only now—seven months later—being implemented. Although the vaccine had been used successfully on more than 2,000,000 horses in South and Central America and both U.S. Army and Public Health officials believed it to be safe and effective, it was still classified as experimental by USDA and not authorized for use in the United States.

“This alarming situation was pointed out to the Secretary of Agriculture by AAEP in a letter dated June 8. Another warning urging prompt action was submitted June 18. All the foregoing, along with a current situation report, was published in the July, 1971, Newsletter.

“On June 25, a late news bulletin was mailed along with the Newsletter to all AAEP members. It pointed out that the disease was now in the Rio Grande Valley and that USDA would provide vaccine for southern Texas.

“On July 20, at the AVMA meeting in Detroit, we met with the U.S. Animal Health Association. From this meeting, the Secretary of Agriculture was urged (1) to step up the vaccination program and to include all of Texas and neighboring states, and (2) to increase the amount of ready reserve vaccine and to encourage commercial production.

“On July 21 we assisted AVMA in writing an extensive news release report on VEE which was mailed to all AVMA members, all horse and veterinary magazines, as well as numerous other papers.

“By early August it appeared that there had been over-reaction and that inconsistent quarantines and restrictions were unnecessarily handicapping the horse industry. Following telephone conferences, a letter was sent August 10 to USAHA, USDA and the American Horse Council urging action to (1) authorize use of commercial vaccine in all states, (2) discontinue restriction of movement of vaccinated horses and (3) lift most embargos and standardize any state and federal embargos still necessary. This and a report of subsequent action taken by the Secretary of Agriculture was published in the October, 1971, Newsletter.

“It is a matter of record now that the vaccine was effective and that the disease was contained and restricted to the southern part of Texas. It is evident also that all recommended protective measures were appropriate and most of them eventually implemented. One can only speculate as to what might have happened had these measures been more promptly implemented. However, Federal agencies are more apt to react to pressures rather than strike out boldly in meeting problems. This is to be expected and such was the case in this instance—the Secretary of Agriculture did react to industry pressure. Unfortunately, in our bureaucratic form of government, it was apparently impossible for him to move faster than he did. It is questionable also that the horse-owning public would have effectively participated in a mass protective vaccination program until the disease was in our midst. To date, approximately 15 million dollars have been expended in controlling the disease in the United States. Whether or not it could have been contained in Mexico for a fraction of this amount will never be known, because it was not tried.

“It should not be assumed that veterinarians in the USDA were unaware of the problem because they were fully aware and each of the involved Divisions had plans. All will agree that once the Secretary set the wheels in motion, veterinarians in the Department, along with the hundreds of Equine Practitioners who assisted them, promptly took on an unprecedented task and followed through with a magnificent performance in accomplishing the control program’s objectives.

“On October 14, 1971, USDA called a meeting in Washington, D.C., to discuss future VEE protective plans. All scientists—USPH, Army, Texas A&M and USDA—who had been closely observing the situation the past three years, also involved State veterinarians, were in attendance.

“From information disclosed at that meeting, it was obvious that the threat was still with us and that it was time to promptly and definitely formulate protective plans for 1972. Isolated deaths in unvaccinated horses gave reason to believe the virus was still rather widely present in Texas. Also, confirmed VEE deaths in unvaccinated horses near the Mexican border in west Texas were reported in October.

“At the annual meeting of the U.S. Animal Health Association in Oklahoma City, October 25-29, 1971, the following plan in the form of a resolution was adopted and forwarded to the Secretary of

Agriculture. The Association of State Departments of Agriculture and AAEP also adopted and forwarded a similar resolution to the Secretary of Agriculture:

‘ 1. USDA, effective 1 January 1972, requires that all horses, mules and donkeys moving interstate be accompanied by a certificate of vaccination signed by an approved veterinarian for VEE during 1971 or 1972.

‘ 2. USDA, as soon as possible, determine the interval at which vaccinated horses should be re-vaccinated.

‘ 3. USDA and all States establish all VEE cases and suspect cases as a required reportable disease.

‘ 4. USDA and the States re-evaluate, expand and improve the system to expedite disease reporting.

‘ 5. USDA establish or assure an adequate VEE laboratory diagnostic capability and maintain work priorities to insure that diagnoses are promptly made and reported on all suspect cases.

‘ 6. USDA take steps to insure that an adequate reserve stockpile of vaccine is maintained and be in a position to again implement State by State compulsory vaccination programs should a situation develop where such action should be taken.

‘ 7. USDA expedite and supplement where necessary the “Continuing Studies Related to Efficacy and Safety of the Vaccine in Equines” currently agreed upon between USDA and the licensed producer of commercial VEE vaccine.

‘ 8. The States of Texas, Louisiana, Arkansas, California, Arizona, Oklahoma and New Mexico, effective 1 January 1972, require that all horses, mules and donkeys being transported within the respective states be accompanied by a certificate signed by an approved veterinarian of VEE vaccination during 1971 or 1972.

‘ 9. The management of all race tracks, horse shows, rodeos and other activities where horses are concentrated require that all entries have a certificate signed by an approved veterinarian of VEE vaccination during 1971 or 1972.

‘10. USDA publicize to the horse owner and the veterinary profession the advisability of vaccinating as many horses for VEE as possible.

‘11. Veterinary practitioners be apprised of the foregoing and make every effort to promptly report all suspect cases so that any new outbreak will be quickly diagnosed and recognized.

‘12. USDA give priority to the development of a practical individual animal identification system’.”

VEE REPORT AS OF FEBRUARY 20, 1972

“Many sobering thoughts for horsemen to ponder have emerged on Venezuelan Encephalomyelitis: (1) The disease did move more than 1000 miles in one season across Mexico and into Texas; (2) all experts who have studied the disease fully expect it to appear this coming season in some unpredictable area of the United States; (3)

unvaccinated horses near the southern border have recently died with the disease and (4) to date the only known reservoir of significance is the non-immune horse with the mosquito the virus carrier and (5) it was recognized that the horse trailer and the resultant mobile horse population was without doubt the most effective natural spreader of equine diseases known to man.

“In view of the foregoing, a nationwide vaccination program, or at least requiring that all horses involved in inter-state movement be vaccinated, would seem to be a simple solution to the problem and was so recommended by the U.S. Animal Health Association in October 1971. AAEP concurred in this recommendation pending analysis of USDA research data expected to be available in March 1972.

“It appears now that there will be no mass protective vaccination program and that a major portion of the horse population will remain unprotected until another outbreak occurs. There are three reasons for this: (1) the obvious threat in Texas has subsided—at least temporarily—and horse owners now think of it as something remote that cannot affect them; (2) emergency Federal funds are no longer available to finance vaccination programs and will not be until another emergency is declared and (3) recent inconclusive reports that adverse effects may result from vaccination has caused many horsemen to prefer gambling with being confronted by the disease rather than vaccinate. However, the USDA research scheduled for completion in March should remove all questions regarding the vaccine.

“It was noted that the vaccine had been successfully used on three million horses in this country in a mass protective program during the past season and that it had stopped a serious outbreak in Texas. Regulatory Veterinarians responsible for administering the program considered vaccine reactions to be negligible. Some stated that, while there were reported instances of periods of colic, off feed, temperature elevation and some urticaria, they did not question the safety and efficacy of the product. One reported experiencing more problems with Eastern and Western Encephalomyelitis vaccine usage than the Venezuelan strain.

“It was estimated also that losses due to Eastern and Western Encephalomyelitis were greater for the year than those due to VEE which indicates horse owners may also be apathetic about protecting from these diseases.

“It was again emphasized that there are now three unrelated diseases producing strains of encephalomyelitis virus in this country— **Eastern, Western and Venezuelan**—and that **vaccination against one strain in no way protects against the others.**

“Only time will tell what problems will be created by VEE in the future. However, it appears now that the industry, as well as the veterinary profession, is well prepared to cope with any foreseeable problem. Nevertheless, it seems most appropriate for AAEP to continue in its watch dog role.”



1973 President—Dr. Robert W. Copelan (Ohio 1953). Founder and Charter Member of AAEP. Specialized orthopedic surgical hospital and practice in Kentucky. Consultant, horseman and race track practitioner.

EQUINE PIROPLASMOSIS

Equine Piroplasmosis (EP) has been recognized for more than a century generally as a disease of semitropical countries and not a threat in the United States. It was reported for the first time in this country in Florida in August, 1961. It obviously had been there for some time unsuspected because its clinical picture so closely resembled EIA which was prevalent. No practical diagnostic test for either disease existed at that time.

Pressure immediately generated by AAEP soon resulted in a cooperative USDA-Florida control program led by Florida State Veterinary Clarence L. Campbell. By means of a vigorous tick eradication program and use of the Complement-Fixation (CF) test which was soon developed and made official in 1969 by USDA, the disease was isolated and contained in southern Florida.

That it could be costly was borne out by the fact that 50% of all exposed horses became infected and showed clinical signs of disease and 20% died. USDA, following approval of the CF test in 1969, required that all imported horses must have a negative CF test for EP. This measure, plus the Florida effort, were effective and little was heard of the disease for ten years.

In 1979 USDA, under unusual pressure from a few dealers desirous of importing horses that could not pass a negative CF test, reevaluated the situation and proposed discontinuing the negative test requirement. This promptly led to a major confrontation between USDA and the horse industry represented by the AHC and at this time (April, 1980) the issue is not settled.

The following reflects the AAEP role in confronting the EP problem. The veterinary profession was first alerted to the world wide picture and specific threat to the United States in a presentation made by Dr. Fred D. Maurer at the 1962 AAEP annual meeting. This, along with a descriptive report on the disease and the Florida situation, was published in the 1962 Proceedings Book and in many other publications.

At its 1969 meeting, with the knowledge that the CF test had now been ruled official, AAEP issued two strong resolutions to USDA urging the requirement that all imported equidae, except those born in Canada, have a negative CF test and be free of ticks. This also applied to horses moving to mainland United States from Puerto Rico and the Virgin Islands where 89% of the horse population appeared to be carriers. More research on methods of treatment was also urged.

The AAEP position was concurred in by the US Animal Health Association and USDA soon implemented the recommendation.

AAEP members were again alerted by a very detailed report on all aspects of the disease, past and present, by Drs. J. L. Hourrigan and Ralph C. Knowles, published in the March, 1979, Newsletter and other magazines.

The following from the June, 1979, Newsletter reflects the unusual situation existing at that time.

NEWS RELEASE BY AMERICAN HORSE COUNCIL— USDA PROPOSES DROPPING IMPORT TEST

“The American Horse Council, in cooperation with the American Association of Equine Practitioners and a number of breed

associations which import horses, has launched a major effort to oppose a U.S. Department of Agriculture proposal to delete the import test for equine piroplasmosis.

“In a press release issued by the Department of Agriculture, an official of the Animal and Plant Health Inspection Service is quoted as saying that the test for piroplasmosis is unnecessary because the disease is transmitted only by ticks found in the southernmost counties of the U.S., is rarely fatal, and that a drug, Imidocarb, is effective in treating piroplasmosis. However, veterinary authorities dispute all of those allegations.

“USDA’s Agriculture Research branch recently reported it has found that a strain of the winter horse tick widely distributed in the U.S. is a suitable vector for the *B. caballi* type of piroplasmosis. The report adds that ‘This finding emphasizes the potential hazard of *B. caballi* to the American horse population and adds urgency and importance to employing measures for controlling the importation of infected horses into the United States.’

“Experience in Florida during the 1960s indicates the mortality rate in a susceptible horse population may be as high as 20%, and that survival animals will remain carriers. As for the drug Imidocarb, it is only 50% effective in treatment of one of the two types of piroplasmosis, and probably will not be licensed for use in this country unless there is a significant increase in the number of infected horses.

“All AHC members are urged to contact the Deputy Administrator, USDA-APHIS-VS, Room 815 Federal Building, Hyattsville, MD 20782. USDA will consider public comments on the proposal until June 19, 1979. All comments should refer to the date the proposal was issued, April 27, 1979, and the Federal Register, page 24864.

“While the AHC understands USDA efforts to reduce spending, it cannot agree with the USDA proposal which jeopardizes the horse industry through the introduction of a preventable disease. For further information contact: Michael J. Nolan, American Horse Council, (202) 296-4031.

“Equine Piroplasmosis—Old Disease—New Threat

“The following by AAEP Executive Director W. O. Kester was mailed to 248 horse publications on April 16, 1979:

“USDA, under budget slashing and other pressures, is requesting no funds to continue the requirement that all horses imported into the United States be tested and found free of piroplasmosis—which in effect scuttles the program and ends all semblance of control or protection from the disease. What does this mean to the individual horse owner and the horse industry? Past performance assures that disaster is ahead.

“Equine piroplasmosis has been known for a century or more. It was the bane of army horses in tropical climates for years. Its counter part in the cattle industry (long ago eliminated from this country) was Texas cattle fever or tick fever.

“It is caused by a tiny blood parasite—smaller than a red blood cell. There are two strains, *B. Caballi* and *B. equi*. Their method of attack is to enter and destroy red blood cells—millions of them—resulting in anemia and clinical signs almost identical with equine infectious anemia. Many respond to treatment and do recover—but remain carriers of the disease.

“It is transmitted from a carrier horse to a susceptible horse by means of a tick. It was long believed that the tropical horse tick was the principle if not only vector. We have learned in very recent years that it can be spread by other varieties of ticks, hypodermic needles and probably other means.

“Piroplasmosis was first reported in the United States in Florida in 1961. It apparently was introduced by horses imported from the Caribbean area. At that time it was still believed to be transmitted only by the tropical horse tick (which lives only in tropical and semi-tropical climates). Hence it was assumed to be a disease of the tropics confined to such areas and argued that except for southern Florida it could never be a problem in the United States. However, this was before importers had started to procure and move horses out of tropical areas in numbers.

“Fortunately, under pressure from the horse industry, funds were appropriated and USDA developed diagnostic and control measures to keep carrier horses out of this country and at the same time assisted Florida in a control program whereby the disease is contained and confined in southern Florida. Random samples taken over the country confirmed that the disease had not spread and did not exist elsewhere in the United States.

“Other countries have not fared so well. We now know the disease has spread well across Europe and into Russia. Since 1970 approximately one third of all horses offered for importation from Central and South American and the Caribbean Islands have been found to be reactors to the test. In 1976 USDA tested 5500 horses intended for import into the United States—many from Canada where the disease does not exist. 900 were found to be carriers—16%. If these 900 and a comparable number for each of the past several years had been admitted without testing, obviously a large reservoir of carrier horses would not exist in this country and outbreaks in our totally susceptible horse population would be occurring.

“The Florida experience gives an indication of what to expect. There, 50% of all exposed horses became infected and showed visible clinical signs of the disease, 20% died. Those that recovered remained carriers. Carriers often remain normal in appearance and performance—until stressed such as in racing or endurance competition. Relapses then occur.

“The argument goes—why not live with the disease—other countries do. Fact is those ‘other countries’ have no choice. The disease was spread among them before practical diagnostic and control measures were developed and now for both economic and political reasons it is not possible to eliminate the disease.



1974 President—Robert K. Shideler (Colo. 1948). For many years a practitioner in Mississippi. Later professor at Colorado State University. He held many posts in both AAEP and AVMA including the AVMA Council on Education and Program Chairman.



AAEP Executive Board for 1974—Seated, left to right: George F. Badame, DeWitt Owen, W. O. Kester, Robert K. Shideler, G. Marvin Beeman, James T. O'Connor, William D. Roberts and Frank J. Milne. Standing: Joseph A. Solomon, Paul E. Hoffman, Richard J. Sheehan, B. M. Cooley, Charles D. Vail, Alan H. Edmondson and B. F. Brennan.

“A better question is why in the world would American horsemen want to import a problem we do not now have. Another argument is that a new drug, “imidocarb” (by Burroughs Wellcome Co.), has now been found that will cure the disease or at least eliminate the ‘carrier’ state—well hardly! The track record for imidocarb is about 100% for the *B. caballi* type but only about 50% for the *B. equi* type. It is a costly and not always safe treatment. Also due to economics Burroughs Wellcome has recently stated it will not distribute the drug for use in horses in the United States.

“For several years USDA made a courtesy test (complement-fixation) available to importers whereby they could have a blood sample drawn and tested in a USDA laboratory prior to importing. This was discontinued several months ago. Now importers often find their horse is positive at port of importation and must be returned to point of origin or some other country because a positive horse will not be admitted to the United States.

“To avoid this hardship importers have sent samples to laboratories in foreign countries. This has helped but also leads to confusion because other laboratories do not always agree with the USDA laboratory (where the test was first perfected and declared official in 1969). In fact, USDA laboratory reports are not always consistent (which is not unusual in any such biological testing program). An occasional horse reported as positive has subsequently been found to be negative.

“The fact is that while the test requirement has been a financial hardship on a few importers it has kept the disease out of this country and the economic burden of living with the disease off the back of the individual horse owner and the horse industry.

“During the past 15 years USDA and the State of Florida have expended four million dollars in protecting the horse industry and keeping this country free of piroplasmiasis. Are we going to stand by now and watch all this go down the drain. If not, you should write your opinion at once to where the decision is being made. The Honorable Robert Bergland, Secretary of Agriculture, USDA, Washington, D.C. 20250 with copies to Senator Thomas F. Eagleton, U.S. Senate, Washington, D.C. 20512 and Congressman Jamie L. Whitten, U.S. House of Representatives, Washington, D.C. 20515.

“We doubt very much that those responsible in USDA wish in any way to curtail the program. However, an expression of opinion and support from horsemen may be in order if not essential in view of budget and other pressures at this time.”

“A.A.E.P. Position.

May 22, 1979
Deputy Administrator
USDA, APHIS, VS, Room 821
Federal Building
6505 Belcrest Road
Hyattsville, Maryland 20782

“My Dear Sir:

“Reference Federal Register Vol. 44, No. 83, Friday, April 27,

1979, page 24863—Proposed Rules—Animal and Plant Health Inspection Service—subject:

“Proposal to delete requirement for a negative equine piroplasmis test on horses imported into the United States.

“The American Association of Equine Practitioners—a 3,000 member group of veterinarians who provide professional services and support for the equine industry in all fifty States—is totally opposed to any action that relaxes the present requirement for a negative equine piroplasmis test on horses imported into the United States or any action that weakens present piroplasmis control programs.

“From what is known of the disease we believe the following to be statements of fact:

“1. If the assumption is true that equine piroplasmis is not a serious problem in the United States it is true because—and only because—USDA has done a superb job of developing and enforcing a testing system that has prevented several thousand equine piroplasmis carriers from entering the United States (a USDA responsibility) and the States have done an effective job (with USDA help when needed) of handling the few equine piroplasmis outbreaks found in this country to date.

“2. Some but not all vectors of equine piroplasmis are known. There is sound reason to believe that heretofore unsuspected vectors do exist, including surgical instruments and the hypodermic needle.

“3. The disease has spread across most if not all of Europe because the effective prevention and control measures practiced by the United States were not practiced by European countries.

“4. Development of the drug imidocarb does not justify relaxing control or prevention measures. The drug is not 100% effective, is not entirely safe, is costly and is not expected to be available in the United States for the treatment of horses. Further it is axiomatic that prevention of disease is better than treatment.

“5. If a negative equine piroplasmis test prior to import had not been required for the past several years there would now be many hundreds of carrier horses scattered over the United States and many States would now be involved in costly equine piroplasmis control programs.

“6. If equine piroplasmis is allowed to gain a foothold in the United States the horse industry in the next several years will be confronted with another economic and disease burden as big and not only as confusing as EIA but because of similarity confused with EIA thus compounding problems posed by both diseases. It is a burden that can be avoided and it is a Federal Government responsibility to see that it is avoided.

“We urge that the requirement for a negative equine piroplasmis test on horses imported into the United States be continued and that no prevention or control measures be relaxed.

“Sincerely,
“Wayne O. Kester, D.V.M.
Brigadier General, USAF(VC) Ret.
Executive Director”

Recommendations made by an expert panel called in March 1980 resulted in continuing the negative test requirement.

CONTAGIOUS EQUINE METRITIS

All aspects of Contagious Equine Metritis (CEM) have been amply covered in the literature except the role played by AAEP in bringing it under control. That aspect is related herein.

Early in the Spring of 1977, Dr. Chris Cahill, an AAEP member, on returning from a horse inspection trip in Europe verbally reported to a USDA official that he had observed what he believed to be a serious outbreak of a genital-type infection in horses in England and Ireland. He felt his report would produce no action—which was true because USDA had no means or basis for action at that time.

He then promptly relayed the total picture as he saw it to AAEP headquarters. It contained ample grounds for AAEP to start determined pressure on USDA for action—specifically a fact-finding effort and ban on imports if necessary.

USDA of necessity was slow in action. The disease was new and its significance not yet realized. No government required that it be reported if diagnosed and its extent was not officially known. Normal diplomatic channels yielded no information. Veterinarians in USDA unofficially were fully aware of the situation and what should be done but were not free to act until considerable pressure had been placed on the Department by AAEP and AHC. This was no surprise because it was a normal expected situation and the way the government system works.

It was agreed in August that USDA would send a fact-finding group to England, Ireland and France and that it would include one AAEP practitioner—Dr. William R. McGee was the man in mind. After much delay, it was learned the holdup was that someone in USDA finance was holding up funds because a non-government employee was included in the group. AAEP promptly agreed to fund the cost of including Dr. McGee in the party.

On September 9, 1977, the group including Drs. McGee, Ralph Knowles and J. S. Walker took off for Ireland. The same day USDA placed a ban on importation of all horses, except geldings, from England, Ireland, France and Australia.

These two actions promptly elicited complete information and allowed USDA to follow through with intelligent actions. It was concluded that CEM was a new disease—had probably been in France in 1975, in Ireland and England in 1976 and that it had been spread through breeding practices and transfer of breeding stock. Its real potential had not been realized until the Spring of 1977 when it became necessary to close down the English National Stud.

Following the return of the fact-finding team, a joint meeting of AAEP, USDA and the American Horse Council was held in Washington on



1975 President—Dr. G. Marvin Beeman (Colo. 1937). Career practitioner in the Colorado area. Nationally known consultant and popular speaker and instructor on numerous horse industry programs.



AAEP Executive Board for 1975—Seated, left to right: William D. Roberts, Joseph A. Solomon, James T. O'Connor, Jr., G. Marvin Beeman and Wayne O. Kester. Standing: Alan H. Edmondson, DeWitt Owen, B. F. Brennan, Frank J. Milne, Charles D. Vail, Paul E. Hoffman, Stewart K. Harvey (alternate for Richard J. Sheehan), Thomas N. Phillips, Robert L. Boss (alternate for E. R. Walker) and George F. Badame.

September 22. AAEP President, Dr. Joseph A. Solomon who had also recently visited and reviewed the situation in England, issued the following AAEP position statement at the meeting:

“AAEP Position

“1. Supports the action of USDA in imposing the embargo on importation of horses from affected countries.

“2. Affirms the desirability of exempting certain classes of horses from the embargo at such time as it may be conclusively proven that they cannot be a factor in transmission of the disease.

“3. Believes that the proper place to eradicate the disease is in the countries of origin, and that reports of the amenability of the organism to treatment should not permit us to relax our efforts to prevent its importation.

“4. Urges immediate initiation of intensive research programs in this country in order to: (a) assist in preventing importation of the organism to this country and (b) be better prepared in event of its establishment in the United States.

“5. Urges that USDA establish a mechanism for periodic review of the situation on this disease in the form of a committee composed of representatives of all segments of the horse industry. The purpose of such review should be to: (a) maintain a vigorous and aggressive attitude toward the disease and the problems associated with its prevention, control and eradication; and (b) work toward free and normal movement of horses from country to country at the earliest possible moment.”

This position became that of AHC and the industry and was AAEP's last major action other than continually keeping members informed on the nature, symptoms and extent of the disease and on the alert for outbreaks.

In March of 1978 three imported stallions in Kentucky were reported as infected with CEM. Kentucky horsemen, the State and other veterinarians in Kentucky promptly drew up control guidelines which were approved by USDA and other states. As of April, 1980, these measures appeared to have been effective in eradicating the disease in the United States.

EQUINE INFECTIOUS ANEMIA

Sizeable outbreaks of Equine Infectious Anemia (EIA) at several race tracks in late 1965 brought this long-smoldering disease into sharp focus. An atmosphere of panic emerged in some areas. Disease control measures in two states appeared to be in hands other than those of responsible State Livestock officials; in fact, at times completely out of the hands of the veterinary profession. USDA had no means or authority for control measures and most states were in a similar position.

The Thoroughbred Racing Association (TRA), representing management of most of the country's race tracks, stated that if AAEP did not promptly get a control program in operation that TRA would write and enforce its own program—such was the fear and confusion.

By December 15, 1965, proposed actions on the part of various organizations made it abundantly clear that the industry was greatly lacking

in factual information about EIA. On that date, the following open letter addressed to the President of NASRC was distributed to all State Racing Commissioners and approximately 400 other key individuals in the horse industry. It was subsequently carried in several horse magazines.

Dr. E. L. Dunaway, President
The National Association of State Racing Commissioners
919 Locust Street
Conway, Arkansas 72032

Dear Dr. Dunaway:

We have just received and read the NASRC Bulletin of November 30 relating to Swamp Fever. Your organization is to be commended for publicly recognizing and attempting to do something about this problem. With the hope of being helpful to you in your effort, I should like to recapitulate some of the known facts pertaining to the equine infectious anemia (EIA).

1. An official of the United States Department of Agriculture reports that there were noteworthy outbreaks of EIA at three race tracks this year—Arlington Park and Fairmont in Illinois and Long Acres in Washington State.

2. After conferring with many veterinarians during the American Association of Equine Practitioners (AAEP) annual meeting last week, I am convinced that there were and are many horses infected with EIA at other tracks and that there will be even more next year.

3. Four years ago, with fewer than 300 practitioners present at the annual AAEP meeting, the question was asked, "In your opinion, have you seen cases of EIA in your practice during the past 24 months?" In response, 66 practicing veterinarians representing 22 states stood up and said, "Yes." This fact and a warning article was published in the March, 1962, issue of the QUARTER HORSE JOURNAL. It was also released as a news item at the time of the AAEP meeting.

4. EIA is not new and it is not a disease of the southland. The fact that the mosquito and possibly the horse fly are believed to be the normal vectors explain both the name Swamp Fever and why the disease once appeared to be more prevalent in the coastal areas. It was widespread in most states in the early 1920s.

We saw outbreaks in Army horses at the Fort Robinson, Nebraska, Remount Station, as well as elsewhere. It was beginning to immobilize horse and mule power in the cottonbelt when the farm tractor came to the rescue 40 years ago. It was recognized as a national problem and the USDA did extensive research until 1930. It "faded away" only because the reservoir of infected horses "faded away." When the horse returned as a pleasure animal in recent years and spread out over the country, the disease soon followed.

5. Since the return of this disease, no responsible agency has done anything to cope with the problem. In fact, the horse industry has refused to recognize it as a problem. USDA officials have personally evidenced concern, but have received no encouragement or support from either the Secretary of Agriculture or the United States Congress and, without either funds or authority, their hands are tied.

6. The American Quarter Horse Association (AQHA) has taken the first and, so far, the only constructive step in coping with this disease problem. Four years ago they provided funds and, through the Morris Animal Foundation, launched a research program at Texas A&M aimed at developing a practical diagnostic test for the disease. A fairly reliable test, still in the experimental stage, has been developed and is the one now being referred to as the "Texas Test." As Director of Research for the Morris Animal Foundation and the AQHA, I have been directly responsible to both organizations for this work. Consequently, I am familiar with it and the results.

The test, as developed to date, is not a solution or complete answer to the problem. Dr. Livingston, co-worker with Dr. Moore, in reporting on the test at the AAEP meeting last week, stated that the test was probably 90% accurate. Apparently, a positive test almost always means the horse carries the virus. However, a negative test does not necessarily mean a horse is not infected. The USDA does not recognize the test as official and will not do so until it is further perfected and proven to be completely accurate. This may take years.

The most that can be said for the Texas test is that while not yet perfect, it is a very useful tool and, until something better is available, we had best use it. Certainly, the AQHA and the researchers at Texas A&M are to be commended for their foresight and efforts. Otherwise, we would have nothing to work with except the costly and cumbersome animal inoculation test which, although accurate, is totally impractical as a tool in a control program such as is now needed.

How widely the new test can now be utilized in control measures is not clear. It is a tricky and difficult one to perform. It is currently run only in the research laboratories at Texas A&M, where the sole mission and objective has been to develop and perfect a test or tests for the diagnosis of EIA. This still is, and will continue to be, the target of the AQHA grant which supports the project.

The question as to whether or not Texas A&M is ready to stand behind the test and engage in a wholesale commercial testing program has, to the best of my knowledge, not yet been asked. I am sure you will find the Texas staff both competent and most cooperative. However, their basic mission is research and their capacity for wholesale testing is, in all probability, somewhat limited. Only the USDA can provide the volume of tests required in any extensive control program such as is needed—and USDA is not yet in the business.

7. The obvious question now is, "With the disease so widely spread, why is it not more often diagnosed and reported by veterinarians?" I am sure that you, as a man with a knowledge of the practice of medicine, can fully understand why.

Clinically, the disease resembles and can be mistaken for several other diseases. Frequently, only after a horse fails to respond to routine therapy or has suffered an unanticipated relapse is he suspected of having EIA.

There is no practical test that a veterinarian may request or use to confirm his diagnosis. Only in very recent months has the Texas test mentioned above become available.

EIA is not specifically a required reportable disease in some states.

Further, in states where it is required, a veterinarian is reluctant to report a disease which he cannot positively diagnose and cannot produce laboratory evidence to support his opinion. Further, many practitioners have learned the hard way that diagnosing and reporting the disease is often unwise and seldom constructive. Some have promptly found themselves in disfavor with clients, ostracized by officials and generally regarded and sometimes treated as an unwelcome criminal for having diagnosed and having brought up the ugly problem of Swamp Fever.

Veterinarians have also learned that frequently following a tentative diagnosis of EIA, suspected horses are promptly sold and disappear. Whole herds of infected horses have been dispersed, thus further spreading the disease. There is no enforceable law and no means of preventing such transactions. Even now, with the test available, there is no requirement that it be used, and when it is suggested that a horse be tested, the owner may find it more expedient to sell the animal than to submit to the test.

8. EIA will not be brought under control, or the problem even approached to anyone's satisfaction, until an accurate and practical test is available that will definitely establish whether a horse is or is not infected or a carrier of the disease. Further, this test must be recognized by the USDA as the official test. Then, and only then, will the disease be brought under control.

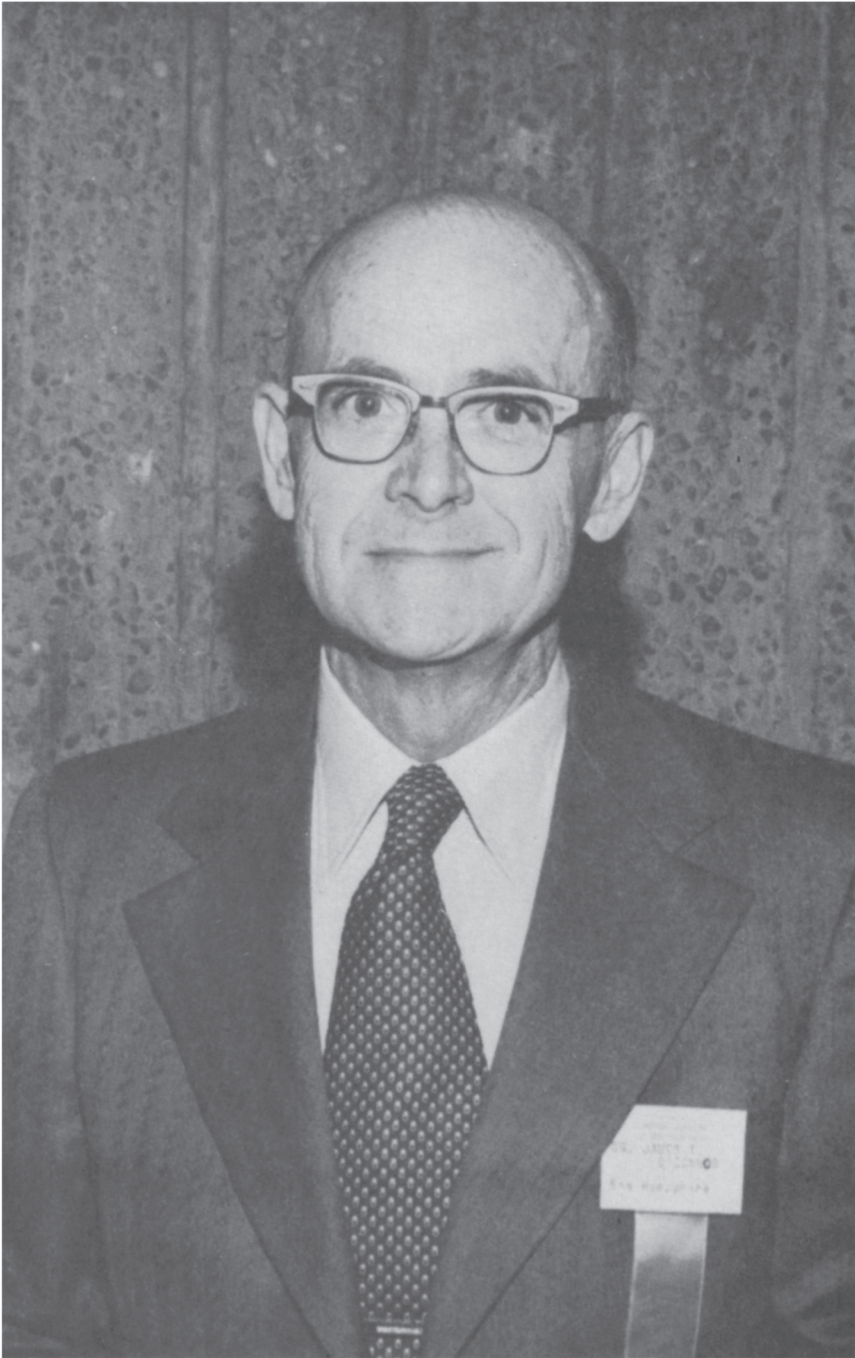
A glance at history is worth noting. Following the Civil War, Glanders in horses was rapidly spreading across the United States. It could be tentatively diagnosed clinically. It was never brought under control until a reliable test was developed and approved as official by the USDA. A federal program was then initiated to test all horses and destroy those found positive. The disease was promptly brought under control and has not been heard of for many years.

Tuberculosis was rampant in dairy cattle in the northeastern states in the early days of our country. Cattle suspected of being infected were shipped west and south, with the result that the disease was scattered throughout the country. Finally, the USDA developed an accurate official test and a national program to test all cattle and slaughter the positive reactors was initiated and, as you know, this disease has practically disappeared. The same situation has pertained to other comparable diseases.

The approach to handling EIA is identical. This disease cannot be controlled until the federal government establishes a recognized test that all may use.

9. It should be recognized that a test and slaughter program with indemnity for positive cases, as was done in the elimination of tuberculosis in cattle, will never be possible in the horse industry. However, if a reliable test is available, each state may then require that a horse have a negative test prior to entering the state. By the same token, a race track could require that a horse have a negative test prior to admission. This, in turn, will eventually eliminate the interstate movement of infected horses. Obviously, the owners of positive horses will suffer sizeable losses. However, the sooner the test is developed and the disease eliminated, the smaller will be these losses.

10. Enclosed are copies of two resolutions adopted by the AAEP last week. It was hoped that these resolutions would expedite two actions: First, that of getting the USDA started in a research and regulatory program and,



1976 President—Dr. James T. O'Connor, Jr. (U.P. 1941). Race track and farm practitioner in the New England area, researcher and instructor at MIT and University of New Hampshire.

second, it was hoped that horse owners, racing commissioners and other responsible officials, along with state and federal animal disease regulatory officials, would quickly promulgate the most practical program for the prevention and control of EIA.

11. It is noted that your Uniform Rules and Practices Committee will be working out the details for a control program during your coming meeting. In this connection, it should be noted that the legal responsibility for the control of EIA (as is the case with other comparable diseases of livestock) rests with the governors of the various states. This responsibility is usually fixed on the State Department of Agriculture and is exercised through the office of the state veterinarian representing that department. The USDA currently exercises no jurisdiction over the interstate shipment of horses insofar as EIA is concerned.

I would urge that NASRC, in formulating its program, take full cognizance of this responsibility and seek the advice and services of both USDA officials and responsible state veterinary officials.

The only man who can speak authoritatively for the USDA at the moment is Secretary Freeman himself and I would urge that you request him to send his top animal disease regulatory official to your meeting.

The man who can speak for the various state veterinarians is Dr. Clarence L. Campbell, President of the United States Livestock Sanitary Association, a national organization representing all state livestock disease regulatory officials. Dr. Campbell has had long experience as veterinarian for the State of Florida. His address is P.O. Box 1509, Tallahassee, Florida, and I would urge that you also seek his guidance and assistance at your meeting. AAEP President, Dr. Joseph E. Burch, has been invited and will attend your coming Rules Committee meeting. He can present the views of this organization which are, in essence, as expressed here.

12. In summary:

(1) There is no cure and no vaccine for this disease and, due to the known peculiar characteristics of the virus, none are likely to be developed.

(2) An official diagnostic test is not available. Work now underway in Florida and Texas indicates that a test fulfilling qualifications for an official test probably can be developed, **if a concerted effort is made.**

(3) The only solution is for the United States Department of Agriculture to develop and officially approve a diagnostic test which all may use.

(4) The biggest and the only productive effort available to horsemen and horse organizations is to exert firm and continued pressure on the United States Congress and the Secretary of Agriculture in an effort to cause the USDA to formulate and implement a research and regulatory program capable of eliminating EIA.

I hope the foregoing may be of value to you. Rest assured that the AAEP is willing and most anxious to assist you or any other organization in coping with this problem. We are as close as the nearest telephone and, if we can be of any assistance, please call.

And now, before closing, I should like to point out that while the foregoing has been addressed entirely to the problem of EIA, the horse industry has another and **equally grave threat in Equine Piroplasmiasis (EP)**, which first appeared in this country four years ago. It closely

resembles and is quite comparable to EIA and, if allowed to go unchecked, will one day take as great a toll.

And may I repeat, the problem of controlling these two diseases will not be solved until the United States Department of Agriculture provides an official diagnostic test for each of them and, further, that the USDA can and will do nothing of consequence until the horse industry, through the United States Congress, provides the impetus.

Respectfully,

Wayne O. Kester, D.V.M.
Brigadier General, USAF (VC) Ret.
Executive Secretary
American Association of Equine Practitioners

**RESOLUTION ADOPTED BY THE AMERICAN ASSOCIATION OF
EQUINE PRACTITIONERS IN ANNUAL SESSION AT MIAMI,
FLORIDA, DECEMBER 6-8, 1965**

Equine Infectious Anemia Control

“WHEREAS Equine Infectious Anemia, ‘swamp fever’—devastating disease of equines—is becoming widespread throughout the United States and is causing serious financial loss to the horse industry;

“WHEREAS outbreaks of the disease have occurred during the past season at race tracks and other horse population centers in the States, from the far north and west to the midwest and south;

“WHEREAS when such outbreaks do occur at race tracks, or comparable institutions, responsible officials find it expedient and necessary to order removal from the premises of all horses suspected of having, or carrying the disease;

“WHEREAS when such suspect horses are ordered from, or leave a race track, or other establishment, they may, and often must, scatter to various farms and stables, thus further enhancing opportunity for spread of the disease;

“THEREFORE BE IT RESOLVED that the Department of Agriculture of the State or States involved, which is the agency ultimately responsible for animal disease regulation and control with the state, be urged to take all effective means of control and designate and provide a suitable isolation stable area, where horses suspected of having the disease may be safely stabled by their owners until adequate, acceptable, diagnostic tests have been performed and the animal declared disease free and released by competent authority, or otherwise safely disposed of.

“AND BE IT FURTHER RESOLVED that the American Association of Equine Practitioners urges responsible officials at all race tracks and other horse population centers to promptly notify appropriate State Animal Disease Regulatory Officials of any suspected disease outbreaks and further assist in formulation and coordination of suitable procedures for isolation and control to the end that further disease spread is prevented and financial losses to owners of involved horses are held to an absolute minimum.”

RESOLUTION ADOPTED BY THE AMERICAN ASSOCIATION OF
EQUINE PRACTITIONERS IN ANNUAL SESSION AT
MIAMI, FLORIDA, DECEMBER 6-8, 1965

“WHEREAS it is recognized by the American Association of Equine Practitioners that the two diseases, Equine Piroplasmosis and Equine Infectious Anemia, obviously impose a health and economic threat of catastrophic magnitude to the total horse industry in America;

“WHEREAS experience has amply proven that diseases with the characteristics of Piroplasmosis and Infectious Anemia can be controlled only on the national level by a nationally directed and coordinated program;

“THEREFORE BE IT RESOLVED that the American Association of Equine Practitioners urges the Secretary of the United States Department of Agriculture to immediately formulate and implement a research and regulatory program adequate in scope to control and eliminate these two devastating diseases from our country.”

By late January, 1966, it was most evident that the situation demanded a prompt fact-finding and planning conference on the national level, representing all facets of the horse industry, veterinary practice, research, also regulatory and control, that might in any way be involved in the EIA problem.

On February 8, such a meeting was called in Washington by AAEP in cooperation with the AVMA. The purpose of the meeting was to: (1) Evaluate diagnostic tests, experience, regulatory laws and rules and other tools available that could be used immediately in controlling the problem; (2) to suggest where and how such tools might be best used in a nationally coordinated uniform control program with minimum disruption and cost to the industry; and (3) to evaluate the current status of research and research areas and objectives to be pursued.

A report on this meeting was compiled by AAEP and transmitted to USLSA President Dr. Clarence L. Campbell, who, in turn, called a meeting of all state veterinarians and other livestock disease regulatory officials in Atlanta, Georgia, February 14. With most of the 50 states represented, the report was evaluated, revised and released as a “Prospectus on Equine Infectious Anemia with Guidelines.”

The following week, on February 22, at Boca Raton, Florida, Dr. Campbell presented and explained the Prospectus to a meeting of the Thoroughbred Owners and Breeders Association and other industry representatives. It promptly became the official basis for all EIA control programs. Opening paragraphs of the Prospectus are recorded below.

“The following prospectus and guidelines for controlling the spread of equine infectious anemia (EIA) particularly at America’s horse racing and training tracks were formulated by representatives of the following national organizations at Washington, D.C., February 8, and Atlanta, Georgia, February 14, 1966:

American Association of Equine Practitioners
American Quarter Horse Association
American Veterinary Medical Association
National Association of State Racing Commissioners

Thoroughbred Owners and Breeders Association
Thoroughbred Racing Association
United States Department of Agriculture
United States Livestock Sanitary Association
United States Trotting Horse Association

Much time and effort has been spent in evaluating the disease itself, diagnostic tests, regulatory laws and rules, current research and other factors in coordinating and developing sound ideas to serve as a basis for a national unified program of immediate control aimed at eventual elimination of EIA.

While it is obvious that the tools at hand are less than perfect and much more needs to be known about the disease, its diagnosis and methods of control—the urgency of the current situation requires the practical application of the best methods now available in order to minimize losses with the least disruption and cost to the horse industry.

“Inasmuch as the majority of the nation’s state veterinarians have thoroughly reviewed, approved and endorsed the material and methods set forth herein, it is hoped that the remaining states will also accept them in order to establish nationwide uniform procedures which will negate the necessity for invoking unduly stringent regulations, particularly in the field of interstate movement, which would prove disastrous to the horse industry.”

The Prospectus did live up to expectations and, with but few modifications, continues to serve as the guide.

The first real breakthrough was the development of the agar gel immunodiffusion diagnostic test (AGID) by Dr. Leroy Coggins in 1970 and its subsequent approval by USDA as the official test. This promptly led to most states instituting regulatory programs requiring that all horses have a negative AGID (Coggins) test within six months prior to entry. Requirements varied from state to state and what to do with the reactor created only more confusion. The situation is well described by the following article released for publication by AAEP in November, 1976:

COGGINS TEST FOR EIA

What is Happening to the Horse Owner

By

Wayne O. Kester, D.V.M.

Executive Director

American Association of Equine Practitioners

“After three years of the Coggins test for Equine Infectious Anemia (EIA) what has been accomplished? Thirty-nine states now require a negative test prior to entry. Whether this was a good or bad move is controversial and not the point here. (Obviously a majority of horse owners in those 39 states believed it was a good move or it would not be a legal requirement in their states.)

“More important is not what the test is doing to the horse owner but what is the horse owner and breeder doing with the test. Does he understand and use it as the valuable tool it is in protecting his own interests?



1977 President—Dr. Joseph A. Solomon (Ohio 1950). Founder and Charter Member, first and third Secretary-Treasurer who meticulously recorded and preserved early records of AAEP thus making a written history possible. A career equine practitioner both race track and breeding farm in the Ohio area. He filled many liaison assignments for AAEP in the horse industry and on retirement from practice took on the assignment of AAEP Delegate-to-Racing in 1979.



Officers at the 1977 Meeting—Executive Director Wayne O. Kester, Past President Joseph A. Solomon, President William D. Roberts, Delegate-at-Large John T. Vaughan, Vice President DeWitt Owen and President-Elect Bernard F. Brennan.

“There is some confusion about what to do with the horse that reacts positively to the Coggins test which shows no clinical signs of the disease because a few spokesmen claim that the Coggins positive horse is not always a potential disease spreader, especially under natural conditions, consequently it need not be isolated and quarantined. This may be true but has not yet been proven and published to the satisfaction of the scientific world. What has been proven is that many inapparent carriers of EIA have been the source of many outbreaks of the disease and no practical way now exists to determine when a positive horse is or is not a potential source of infection for other horses. Obviously, for disease control purposes the only assumption that can be made is that all positive reactors are potential disease spreaders.

“To proclaim publicly in speaking or in editorial writing that a horse which has reacted positively to the Coggins test is not a threat to other horses is one thing because the author is not responsible to anyone who takes his advice.

“For an equine practitioner to advise a client that such horse is not a threat to other horses in his herd is quite another matter because he is responsible. Should the client on such advice subsequently experience an outbreak of EIA, the veterinarian could well be subject to a personal suit for malpractice. The same is true of the animal disease regulatory official because he is responsible to the public for protecting all horses.

The U.S. Animal Health Association which is largely responsible for formulating policies upon which all livestock disease control programs are based in the United States, derives its information for guidance collectively from all disease research scientists working on the disease in question. Six states and federal research institutions have been working extensively on EIA for more than ten years. It was noted that few, if any, representatives from these institutions were among the current public discussants.

In order to update the situation on EIA and obtain a current evaluation report from all research institutions involved, a meeting of research scientists was called in July by the U.S. Animal Health Association. Their report follows:

**REPORT ON EQUINE INFECTIOUS ANEMIA RESEARCH
WORKER'S CONFERENCE HELD IN NEW YORK CITY,
JULY 27, 1976**

By

**Dr. Clarence L. Campbell and Dr. W. O. Kester, Co-Chairmen
Committee on Equine Infectious Diseases,
U.S. Animal Health Association**

“Meeting was called by the U.S. Animal Health Association and chaired by Drs. Clarence L. Campbell and W. O. Kester. Research workers participating were Dr. Charles Issel, Louisiana State University; Dr. Vincent Saurino, Florida Atlantic University; Dr. Leland Grumbles, Texas A&M University; Dr. Leroy Coggins and Dr. Matt Keman, Cornell University; Dr. S. Lynn Kittleson and Dr. Robert Tashjian, New England Institute of Comparative Medicine; Dr. Fred Neal and Dr. Jack Gaskin, University of Florida; Dr.

James Pearson, Veterinary Services Laboratories, USDA, Ames, Iowa. Participating also were Dr. Ralph Knowles, Chief Staff Veterinarian, Equine Diseases, USDA; Dr. J. C. O'Connor, President, American Association of Equine Practitioners; Dr. Charles Dunkin, New York Assistant State Veterinarian; Dave Goodman, USDA; Dr. R. A. Greene, Editor of 'Horse Of Course.'

"The principal purpose of the meeting was to review developed scientific data and to arrive at a consensus on certain aspects of EIA in order to preclude erroneous information being released to the public.

"The majority of institutions in the United States involved in EIA research was represented. Progress reports and research plans were presented by each. The value, accuracy and use of the agar gel immunodiffusion test (AGID), otherwise known as the Coggins test, were reviewed and the opinion of the conference is summarized below.

"It was agreed that the role of the AGID test positive horse which shows no clinical signs of EIA is the number one problem and should receive top research priority. Statements were noted in a few horse periodicals indicating the belief that such horses are not a potential disease spreader under natural conditions and consequently need not be quarantined. It was the consensus that this might be true in a proportion of the horses but data presented at the meeting by antagonists, as well as protagonists, of this concept demonstrated that inapparent carriers have served as sources of virus for transmission under natural and experimental conditions.

"Some of the things the test can and is doing for serious minded horse breeders and owners are:

"(1) By requiring a test prior to purchase a buyer is now reasonably sure he is not running the risk of bringing home an infected horse as a potential spreader of the disease.

"(2) By requiring a test before admitting a visiting mare or any other horse on a breeding farm a breeder is reasonably sure that no spreader of the disease is on his premises.

"(3) By requiring a test prior to acceptance, the operator of a training stable, center or farm is reasonably sure no spreader of the disease is among his stable of horses.

"(4) An auction sales company by requiring a test prior to selling now knows and can reasonably assure their customers that they will buy no positive reactor or potential disease spreader.

"(5) Insurance companies by requiring a test prior to insuring a horse can assume with safety that the policy is issued on a healthy animal not infected with EIA.

"(6) A veterinarian in issuing a health certificate knows that if a Coggins test is allowed and included he has done a more thorough job for his client.

"(7) The show horse owner exhibiting at a show where a test is required prior to entry is reasonably sure that his horse will not be exposed while on the show grounds (even though the requirement is



1978 President—Dr. William “Dan” D. Roberts (Texas 1938). Life-long Texas practitioner. Held many offices for Texas VMA, AAEP and AVMA, including Council on Education.



Executive Board 1978—Alan H. Edmondson, Alex J. Rattray, Ted A. Sprinkle, W. O. Kester, Richard Sheehan, Thomas N. Phillips, Paul E. Hoffman, Frank J. Milne, Charles D. Vail, Bernard F. Brennan, William D. Roberts, Joseph A. Solomon, DeWitt Owen, Stewart K. Harvey, John T. Vaughan and Robert L. Boss.



Association of Latin American Equine Practitioners attending the 1978 AAEP meeting in St. Louis, Missouri.

not fully enforced).

“(8) Race horse owners now know there is essentially no chance of their horse being exposed at a race track because practically all tracks now require a negative test prior to acceptance at the track.

“It was noted that race track management learned years ago that if they were to attract valuable horses, the best possible assurance must be given that EIA was not present. This was done by requiring a negative test on all horses racing at tracks and by educating horsemen on how the disease was spread from horse to horse on hypodermic needles. It is generally accepted that all recorded outbreaks that have occurred at race tracks in the United States have been caused by the transfer of EIA virus primarily from asymptomatic carriers to susceptible horses by means of hypodermic needles or other instruments in common use. Significantly, no new outbreaks have been reported at tracks since use of the Coggins test has been implemented as a protective measure.

“(9) Obviously the Coggins test, whether voluntary or required, has removed a large number of potential disease spreaders from the horse traffic pattern, thus vastly reducing the probability of future outbreaks.”

TEST LIMITATIONS

“The term ‘reasonably sure’ is used in the foregoing because in veterinary medicine there is no sure thing.

“The tight surveillance and quality control system exercised by USDA over the complete laboratory testing program was reviewed and it was agreed that the Coggins test was probably one of the most accurate biological tests yet developed in either human or veterinary medicine. With the exception of some foals with passive antibodies, false positive reactions have not been confirmed. It was observed that in extremely rare instances a very weak positive reactor might be most difficult to read and, that in spite of their intensive training, could be recorded as negative by personnel in one laboratory and not by another; thus, further emphasizing the role and need for the USDA Veterinary Services Laboratory, Ames, Iowa, for reference on questionable cases.

“It was reaffirmed that foals may give a false positive reaction while nursing positive mothers, and that the Coggins test cannot differentiate the infected foal from the foal with passive antibodies until about six months of age. Further, badly diseased horses sometimes give false negative reactions. It was noted that the same pertains to practically all comparable tests in man and animals and, while the individual horse which is the exception might pose a problem, the numbers involved in either category are infinitesimal. Also, the foal with passive antibodies is not a threat and soon corrects itself, and the false negative badly diseased horse being clinically ill will limit its disposition irrespective of test results.

“It was reaffirmed also that the Coggins test may miss horses recently infected and that the same pertains to all other long useful diagnostic tests. No animal can be found positive for any disease

until he has been infected long enough for the body to develop measurable antibodies or other evidence that the disease agent is present. This period may range from a very few to several days and is why followup tests are required in most disease regulatory programs.

“It was recognized that none of the foregoing limitations was reason for doubting or not using the Coggins test because these limitations have long been known in veterinary medicine and understood, managed and eliminated as practical problems in connection with EIA as well as many other diseases.

“Regarding the asymptomatic test positive reactor horse the following was reaffirmed:

“(1) It has been established that some are potential spreaders of EIA. (2) It has not been established that all are potential spreaders. (3) It has not been established that any are not potential spreaders. (4) No practical means exists for differentiating between a potential spreader and a possible non-potential spreader. (5) In light of existing knowledge, for regulatory disease control purposes, all must be regarded as potential spreaders of EIA.

“In discussing other specific problem areas the following was reaffirmed:

“(1) Horses known to have been infected virus carriers remain carriers throughout life.

“(2) Adult horses known to have been positive reactors to the Coggins test remain positive reactors indefinitely.

“(3) Under proper conditions a considerable percent of disease-free foals may be produced and raised from EIA infected stallions and/or mares.

“(4) Instances were reported where an infected stallion was safely used on disease free mares. One mare with a vaginal injury was believed to have become EIA infected through virus carried in semen.

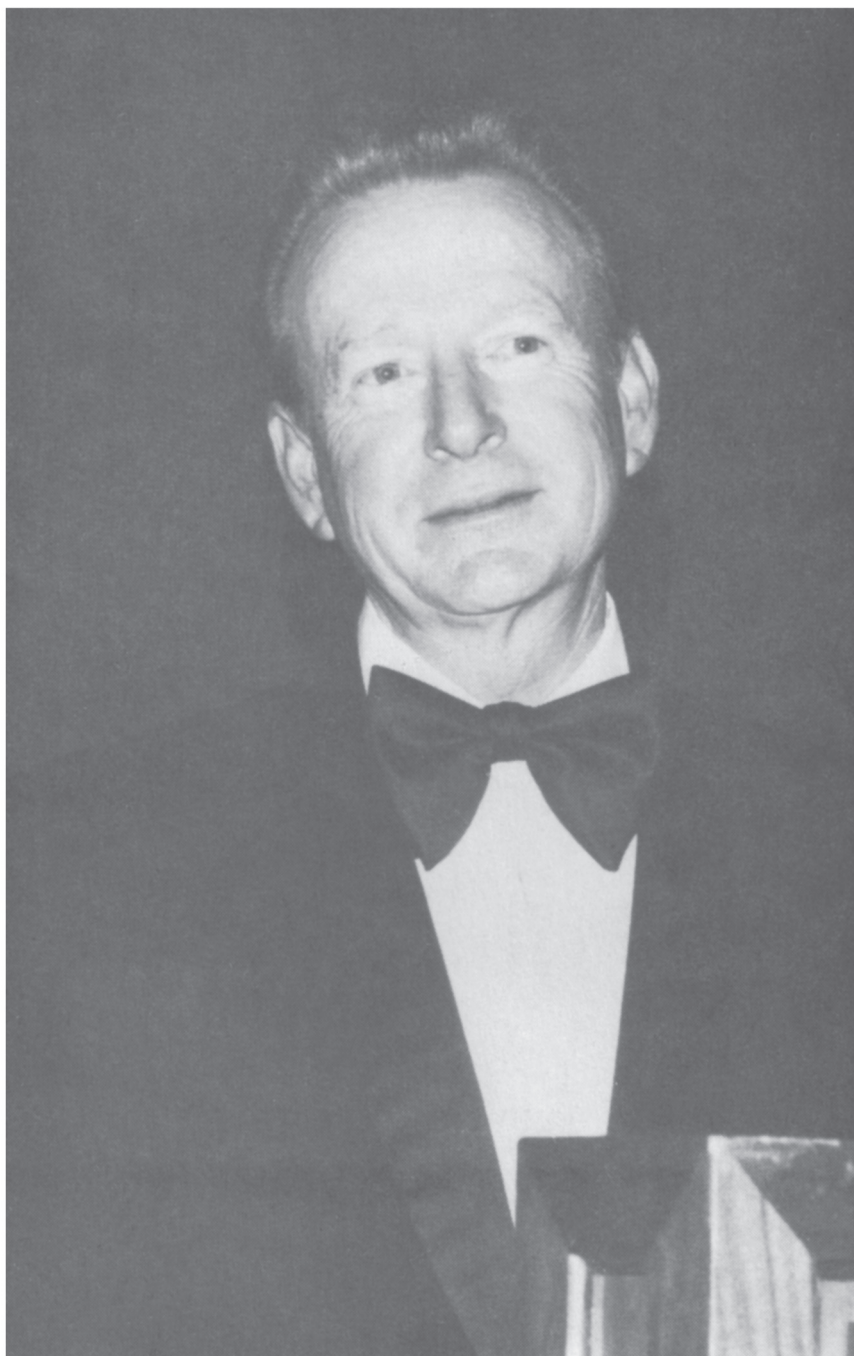
“(5) Virus has been transmitted by horse flies under controlled conditions from asymptomatic carrier horses to susceptible horses but less readily than from acutely infected horses wherein virus transmission has been demonstrated by a single horse fly.

“(6) Species of horse flies are believed to be the principal EIA vectors in nature.

“(7) Studies on fly behavior and practical experience indicate that a two hundred yard buffer zone as practiced in some states is an acceptable barrier for quarantine purposes. Effective quarantine requirements may vary with the time of year and geographical location.

“(8) In view of findings in recent research done with washed leukocytes, work is now underway to further extend the efficacy of the animal inoculation test.

“(9) Research on chemotherapy should be continued; however, success in the near future is not foreseen.



1979 President—Dr. Bernard F. Brennan (U.P. 1946). Career equine practitioner, both Standardbred tracks and farms in the New York area.

“(10) Research on vaccine development should continue. Again, success in the near future is not foreseen.

“It was agreed that existing control programs had problems and did not appear to be popular in some areas. However, no one could advance any plan or ideas that might improve them. One participant recommended that all control programs be discontinued. It was suggested that test positive reactor horses be released from quarantine if they could clear three negative animal inoculation tests. This will be considered but past experience indicates few, if any, would be cleared through such procedures. Further, the procedure would be extremely time consuming and expensive.

“It was reaffirmed that research should be continued and expedited in the following areas:

“(1) Role of the AGID test positive horse that shows no clinical symptoms—is he or is he not always a potential disease spreader under natural conditions and, if not, how does one differentiate between the potential and non-potential spreader horse?

“(2) Vaccine development.

“(3) Chemotherapy treatment.

“(4) Role of insects as vectors.

“(5) Chemical disinfectants.

“(6) Better defining of the mare-foal relationship and the stallion-mare relationship when either or both are infected with EIA.

“The next EIA researchers’ meeting is scheduled for the Spring of 1977 at the USDA National Animal Disease Center, Ames, Iowa. Informal sessions are anticipated in Miami Beach this November in connection with the annual meeting of the United States Animal Health Association.”

As of 1980 there was little change in the situation. Minor unexplainable outbreaks were still occurring. USDA continued to require a negative AGID test on all horses prior to importation and most states still required a negative test prior to entry. The significance of the asymptomatic AGID test positive reactor horse and what to do with it was still the unanswered question and problem.

AFRICAN HORSESICKNESS

The fear that African Horsesickness might be introduced into the United States through the importation of infected horses was ever present. To date strict quarantine measures have prevented such catastrophe. AAEP members have been alerted periodically. Descriptive of the disease and what can happen is illustrated in the following published in Newsletter #1 for 1967.

“African Horsesickness has been reported from Southern Spain in municipal jurisdictions of Los Barros and La Linea de la Concepcion, Province of Cadiz. Thirty-seven horses are reported to have died with 220 destroyed. African Horsesickness is a highly infectious and often fatal virus disease affecting horses, donkeys, mules, and zebras. The highest rate of mortality occurs in horses.

“Approximately 20,000 horses have been vaccinated in the Andalucion region of Spain. Spanish authorities have taken other measures to include: declaration of a state or emergency throughout the Spanish seaboard and in all their international seaports; assignment of mobile veterinary units; installation of stations for disinfecting persons, animals, and vehicles; aerial fumigation for vector control; restriction of all horses within their respective stables; and euthanasia and incineration of affected and suspect animals. This outbreak poses a serious threat to one of the major horse breeding areas in Spain where there are important private and military horse breeding establishments.

“African Horsesickness has not occurred in the United States. USDA’s Agricultural Research Service moved to restrict importation of horses originating in or passing through Spain, Portugal, or Gibraltar following reports that African Horsesickness exists in southern Spain and a **60-day quarantine period will be required for such horses**. In the past, the 60-day quarantine has not been required to bring horses from those areas. Horses from all countries under restriction for African Horsesickness will be accepted for entry only at the Port of New York. They will be held at USDA’s quarantine station in Clifton, New Jersey.

“African Horsesickness was reported from Algeria in the fall of 1965; information from that country on the disease has been limited. In mid-March of this year, the disease was reported in southern Morocco where approximately 10,000 animals have died, and where more than 250,000 of Morocco’s one and a half million donkeys, mules, and horses have been vaccinated. African Horsesickness is reported to be widespread throughout Tunisia. Vaccination is in progress and 108,000 animals have been immunized. Many animals have been destroyed.

“This disease has existed in Africa for several hundred years. In 1959 it spread to most of the countries in Southeast Asia from Turkey to East Pakistan. In the period of 1959-1961, it killed an estimated 300,000 equidae. This is the first time this disease has been reported in Europe.

“Veterinarians, trainers, and others handling horses should be alert for possible appearance of the disease in this country. Cases of suspected African Horsesickness should be reported immediately to state or federal animal health authorities so that a definite diagnosis can be made. The disease can be reliably diagnosed only through laboratory procedures. Signs of African Horsesickness cannot be distinguished from two diseases occurring in the United States—EIA and EP.

“The virus causing this disease is not spread from one animal to another by direct contact, but is transmitted most commonly by biting gnats and other vectors which occur in the United States. The virus can also be spread through the use of instruments and blood transfusions. It is not known to occur in humans.

“A publication, PA-596, ‘African Horsesickness,’ illustrated in color, is available from the Animal Health Division, Agricultural Research Service, U.S. Department of Agriculture, Federal Center Building, Hyattsville, Maryland 20782.”



1980 President—Dr. DeWitt Owen (Mich. 1953). Franklin, Tennessee, equine practitioner and long-time inspecting veterinarian for the Kentucky Keeneland Sale Association.

**SECTION IV—
CONSTITUTION AND BY-LAWS
of the
AMERICAN ASSOCIATION OF EQUINE PRACTITIONERS
as of December, 1979**

CONSTITUTION

ARTICLE I—TITLE

Section 1

This Association shall be known as the American Association of Equine Practitioners. It is incorporated under the laws of the General Not-for-Profit Corporation Act of the State of Illinois.

Section 2

This Association shall forever remain a not-for-profit organization in fact, and its officers shall comply with the laws of the State in which the Association is incorporated.

ARTICLE II—OBJECTS

Section 1

The objectives of this Association shall be to elevate the standards of practice in this branch of the veterinary profession; to further research and knowledge of equine diseases with the purpose of improving the quality of practice; to enlighten various agencies on the need for better methods in horse racing, horse breeding, and the use of horses generally and to assist in formulating them, especially as they pertain to the profession; to improve the relationships of the veterinary profession with racing commissions, racing and other associations, and horsemen; to promote good fellowship among members of the Association.

ARTICLE III—MEMBERSHIP

Section 1

Active membership in the Association shall be open to all veterinarians who are (1) graduates of recognized colleges of veterinary medicine whose practice or professional work includes full or part time work in connection with equine practice, and (2) who are members in good standing of the American Veterinary Medical Association or a member of an equivalent national association of the country of residence. The election of active members shall be described in the By-Laws.

Section 2

Associate membership shall be open to graduate veterinarians and other distinguished scientists or individuals who are interested in this Association and its objectives, but who do not qualify for active membership. The election of associate members shall be described in the By-Laws.

ARTICLE IV—OFFICERS

Section 1

The officers of this Association shall be a president, a president-elect, a vice president and an executive director.

Section 2

The method of election, duties, and tenure of office shall be defined in the By-Laws.

ARTICLE V—EXECUTIVE BOARD

Section 1

There shall be an Executive Board which shall conduct the business of the Association in the intervals between regular or special meetings of the active membership.

Section 2

The membership of the Executive Board, method of selection or appointment, duties and tenure of office shall be defined in the By-Laws.

ARTICLE VI—STANDING AND SPECIAL COMMITTEES

Section 1

There shall be such standing committees of the Association as are prescribed in the By-Laws; their method of appointment, tenure of office and duties shall be defined therein.

ARTICLE VII—MEETINGS

Section 1

Regular or annual meetings of the Association shall be held as described in the By-Laws.

ARTICLE VIII—AMENDMENTS

Section 1

This Constitution can be amended only by a majority vote of the active members present at a regular meeting of the Association, provided the proposed amendment has been submitted in writing and read at the previous regular meeting.

BY-LAWS

ARTICLE I—ELECTION OF OFFICERS

Section 1

Eligibility: Active members only shall have the privilege of voting or holding office.

Section 2

Nominations: The President, with the concurrence of the Executive Board, will appoint a nominating committee of not less than seven and not more than eleven members for each annual meeting who will report their nomination for President, President-Elect, Vice President and an Executive Board Member-at-Large to the membership in session. Additional nominations may be made from the floor. Any nominee named from the floor will, prior to balloting, give assurance that he is basically interested in equine practice, is fully aware of the responsibility and demands of the office and if elected will devote ample time to carry out the duties of the office.

Section 3

Election of Officers: Officers will be elected by majority vote of the membership in session at the annual meeting. If two or more nominations are made for the same office, vote will be by a standing head count and if any candidate does not receive a majority of the votes cast on the first ballot, the names of the two candidates receiving the greatest number of votes shall be balloted upon again.

Section 4

Other Officers: All other officers of the Association shall be elected by the Executive Board.

Section 5

Tenure: Terms of office shall begin at the close of the annual meeting and shall continue until the close of the next annual meeting or until successors to the offices have been duly elected and installed.

ARTICLE II—DUTIES OF OFFICERS

Section 1

The duties of the President shall be:

- (a) To preside at regular and special meetings of the Association.
- (b) To appoint standing and special committees.
- (c) To coordinate and supervise activities of the Association.
- (d) To receive and count the ballots cast at the regular elections.

Section 2

The duties of the President-Elect shall be:

- (a) To preside at regular and special meetings of the Association in the absence of the President.
- (b) To act as a member of the Executive Board, and to preside in the absence of the President.
- (c) To serve as Program Chairman for the Annual Meeting.
- (d) To take over the duties of the office of President in event that officer is incapable of performing his duties or the office is vacated.

Section 3

The duties of the Vice President shall be:

- (a) To assist the President-Elect in all duties as requested.
- (b) To take over the duties of the office of President-Elect in event that officer is incapable of performing his duties or the office is vacated.

Section 4

The duties of the Executive Director shall be:

- (a) To act as executive officer of the Association.
- (b) To act as custodian of the records of the Association including membership records.
- (c) To keep minutes of all regular and special meetings.
- (d) To preside at regular and special meetings of the Association in the absence of the President, President-Elect, and Vice President.
- (e) To conduct the correspondence of the Association, and notify members of all meetings.
- (f) To serve as secretary of the Executive Board.
- (g) To receive and report applications for membership at the annual meeting.

- (h) To be jointly responsible with the President or the President's legally authorized agent for signing all checks.
- (i) To be sole custodian of the funds of the Association.
- (j) To execute the financial policies of the Association, as may be defined by the Executive Board.

ARTICLE III—EXECUTIVE BOARD

Section 1

- (a) The Executive Board shall consist of the President, President-Elect, Vice President, Member-at-Large and one member from each of the nine districts listed hereinafter to be appointed by the President. Past Presidents shall serve ex-officio (without vote).
- (b) The President shall appoint an alternate from each district to represent that district at any meeting of the Board along with the appointed member. In the absence of appointed member, the alternate shall serve in his capacity.

Section 2

Tenure: Members of the Executive Board shall serve for a term of three years or until re-appointments are due in their respective districts. Re-appointments shall be made in districts (1), (2), (3) the first year; (4), (5), and (6) the second year; and (7), (8), and (9) the third year. The Member-at-Large shall serve for a term of one year.

Section 3

Duties:

- (a) The Executive Board shall conduct any business of the Association which requires attention in the interim between regular or special meetings of the membership, or in cases where the need for prompt attention to a business matter precludes holding it for a meeting of the membership.
- (b) The Executive Board shall report to the membership at each regular or special meeting all business upon which it has acted.
- (c) Each Executive Board member shall have the responsibility of representing the Association, or its individual members, at meetings of organizations and agencies within his District where the interests of this Association, or its individual members, are directly concerned. Each board member shall appoint an alternate to represent the Association at any such meetings which he is unable to attend.
- (d) The Executive Board Member-at-Large representing the total membership will serve as special liaison to the Executive Board.
- (e) The Executive Board shall faithfully uphold the Constitution and By-Laws of the Association, and be guided accordingly in all its actions.
- (f) The President, President-Elect, Vice President and Executive Board Member-at-Large shall constitute a Board of Governors who under pressing circumstances may, in the absence of the Executive Board, act for and will be responsible to the Executive Board.

Section 4

Compensation and Liability:

- (a) Executive Board members shall not receive compensation for their services but may be reimbursed for travel and other expenses incurred in transacting Association business.
- (b) The Association may, by resolution of the Executive Board, provide for indemnification by the Association of any and all of its directors or officers or former directors or officers against expenses actually and necessarily incurred by them in connection with the defense of any action, suit, or proceedings in which they or any of them are made parties, or a party, by reason of having been directors or a director or officer of the Association, except in relation to matters as to which

such director or officer or former director or officer shall be adjudged in such action, suit, or proceedings to be liable for negligence, or misconduct in the performance of duty and to such matters as shall be settled by agreement predicated on the existence of such liability.

ARTICLE IV—DIRECTORS

Section 1

For the purpose of grouping areas of similar self-interest as closely as possible, the membership shall be subdivided into the following districts:

District I—New England—Maine, Vermont, New Hampshire, Massachusetts, Connecticut and Rhode Island.

District II—Middle Atlantic—New York, New Jersey, Pennsylvania, Maryland, Delaware, Virginia and West Virginia.

District III—South Atlantic—North Carolina, South Carolina, Georgia, Florida and Puerto Rico.

District IV—South Central—Kentucky, Tennessee, Alabama, Mississippi, Louisiana, Arkansas and Missouri.

District V—Middle Western—Ohio, Indiana, Illinois, Michigan, Wisconsin, Minnesota and Iowa.

District VI—Western—North Dakota, South Dakota, Nebraska, Kansas, Montana, Idaho, Colorado, Wyoming and Utah.

District VII—Southwestern—Arizona, Oklahoma, Texas, New Mexico, Nevada and Mexico.

District VIII—Far Western—California, Oregon, Washington, Alaska, and Hawaii.

District IX—Canada.

ARTICLE V—MEMBERSHIP

Section 1

Election Requirements: Candidates for active or associate membership will present an application to the Executive Director on a form approved by the Executive Board. The form shall state the applicant's name, address, school and year of graduation, state or states in which licensed to practice, and the kind of practice or regulatory work in which engaged. The first year's dues shall accompany the application. Each applicant for active membership who is a resident of the United States shall be a member in good standing in the American Veterinary Medical Association and shall maintain paid-up active membership in that association, during membership in this Association. Applicants not residing in the United States shall hold and maintain similar membership in the equivalent national association of the country of residence.

Section 2

All applications so received by the Executive Director shall be referred to the Membership Committee for investigation. Upon completion of such investigation, the Chairman of the Membership Committee shall refer the application to the Executive Board for action. Applications may be accepted, rejected, returned or tabled at the discretion of the Executive Board.

Section 3

The annual dues shall be \$50.00 for active members and for associate members who are residents of the United States, Canada or Mexico, payable in advance of the

annual regular meeting. The annual dues for all other associate members shall be \$50.00 payable in advance of the annual regular meetings. The Executive Director shall mail a dues notice to each member with the notice of the regular annual meeting. Dues in arrears more than six months following the regular annual meeting shall cause forfeiture of good standing.

Section 4

Applicants residing in countries other than the United States, Canada and Mexico will be classified as candidates for associate membership.

Section 5

Any member shall be dropped from membership for cause and upon a two-thirds majority vote of the Executive Board. However, no member shall be deprived of his membership without first being granted the opportunity to appeal the decision of the board in his own behalf. Failure to appear before the Executive Board at the time and place appointed by the Board will cause forfeiture of the right to appeal.

Section 6

Distinguished Life Members: Senior active members who have made outstanding contributions to the Association may be nominated for this honor by the Executive Board and elected by the membership in session at any regular meeting. Distinguished Life Members shall be exempt from all dues payments and entitled to all voting privileges.

ARTICLE VI—MEETINGS

Section 1

The place, date and duration of the annual meeting shall be decided by Executive Board action.

Section 2

The order of business at annual meetings shall be:

- (a) Call to order.
- (b) Reading of the minutes of the last regular meeting.
- (c) Reports of Officers.
- (d) Reports of Committees.
- (e) Appointment of Special Interim Committees.
- (f) Old Business.
- (g) New Business.
- (h) Professional Program—Entertainment
- (i) Report of Special Interim Committees.
- (j) Unfinished Business.
- (k) Report of Nominating Committee.
- (l) Election of Officers.
- (m) Installation of Officers.
- (n) Announcements.
- (o) Adjournment.

Section 3

Quorum: The membership present at a duly called meeting shall constitute a quorum for the transaction of business.

Section 4

Special meetings of the Association may be called upon a majority vote of the Executive Board, or upon petition of a majority of the active members. Notice of such special meetings and their purpose(s) shall be given to all members at least 10 days

before they are to be held. The business of a special meeting shall be limited to the purpose(s) for which it is called.

ARTICLE VII—COMMITTEES

Section 1

The standing committees of the Association shall be:

- (a) Public Relations Committee.
- (b) Membership Committee.
- (c) Audit, Budget and Finance Committee.
- (d) Racing Committee.
- (e) Abstracts Committee.
- (f) Research Committee.
- (g) Horse Show Committee.
- (h) Nominating Committee.
- (i) Scholarship Fund Committee.
- (j) President's Advisory Committee.
- (k) International Liaison & Protocol Committee.
- (l) Professional Liability Insurance Committee.
- (m) Trail and Events Committee.
- (n) Ethics Committee.
- (o) Problems Analysis Committee.
- (p) Regulatory Veterinarians Committee.
- (q) Hospital Planning & Standards Committee.
- (r) Continuing Education Committee.

With Executive Board approval, new committees may be established at any time and those that have accomplished their purpose may be discontinued.

Section 2

The President shall appoint the members of all committees, shall designate the chairman of them, and shall delineate the duties of each committee. Members shall serve for a term of one year and may be reappointed.

Section 3

- (a) Public Relations Committee: This committee shall consist of three or more members whose first appointment shall be staggered for terms of one, two and three years. Thereafter, one member shall be appointed each year for a term of three years.

Duties: To study the relationship of the Association's members to the equine industry generally, and to the public and press, and to formulate information programs that will be beneficial to the membership in improving said relationships.

- (b) Membership Committee: This committee shall consist of three or more members to be appointed at each annual meeting.

Duties: To examine all applications for membership; to interview applicants for membership, if indicated; and recommend to the Executive Board the acceptance, rejection, tabling or return of any application to the applicant.

- (c) Audit, Budget and Finance Committee: This committee shall consist of the current Board of Governors.

Duties: To audit the books of the Association as maintained by the Executive Director, and to render a report to the Executive Board at each annual meeting concerning the records and accounts of the Association. It shall be responsible for investment policies and management of all Association cash, other revenues and assets.

- (d) Racing Committee: This committee shall consist of any number of members

deemed advisable by the President and Committee Chairman drawn from a cross section of veterinarians practicing on the racetrack, or serving as an official on the racetrack, or possessed of certain knowledge and abilities which will further the work of this committee.

Duties: To maintain surveillance of all aspects of veterinary medicine as prescribed at racetracks, including regulatory activities. It shall maintain close liaison with individual state racing commissions and with the National Association of State Racing Commissioners. It will investigate each instance wherein an AAEP member is reported to have been disciplined by a racing commission and will then report and make appropriate recommendations to the Executive Board. It shall formulate policy statements on medication and other problem areas related to equine practice at race tracks as needed and shall submit such to the Executive Board for action.

- (e) Abstracts Committee: This committee shall consist of any number of members deemed advisable by the President and Committee Chairman.

Duties: To abstract articles appearing in professional journals and other sources of information and to forward those abstracts to the Committee Chairman for publication in the Newsletters. The source, date, page and author of each article abstracted will be included. The Chairman will assign certain periodicals to committee members as their responsibility.

- (f) Research Committee: This committee shall consist of five or more members to be appointed at each annual meeting.

Duties: (1) To select subjects requiring research and then instigate the necessary research effort to conclusion. (2) To locate and evaluate current research of interest and make results available to AAEP members in meaningful form as early as possible through the Newsletter. (3) In the area of surgery and orthopedics to insure that the membership is kept current on the possibilities and limitations of existing and developing surgical and orthopedic techniques. Develop and maintain guidelines for the profession and the industry for reparable fractures and other musculoskeletal injuries and conditions. Maintain liaison with research agencies working in related fields.

- (g) Horse Show Committee: This committee shall consist of any number of practicing veterinarians familiar with and interested in the showing of horses. The committee shall be drawn so as to give broad geographic coverage and include members who in total will be knowledgeable of all the types and classes of horses presently shown in North America.

Duties: To maintain surveillance of all aspects of veterinary medicine as presented in connection with horse shows. To maintain close liaison with the American Horse Shows Association, The American Quarter Horse Association, and other associations involved in administering horse shows and to formulate policy statements and recommendations with respect to equine practices in connection with horse shows.

- (h) Nominating Committee: This committee shall consist of not less than seven and not more than eleven members who are knowledgeable of the administrative functions of the offices for which nominations are to be made.

Duties: To submit a name or names to the membership for consideration and election of offices of President-Elect, Vice President, and others, if required. The persons selected should have a working knowledge of the organization, some experience on committees or the Executive Board, and give evidence of a comprehensive knowledge of the profession and the industry and demonstrate some executive ability. Persons nominated should be among those who devote the greatest share of their professional effort exclusively to the equine.

- (i) Scholarship Fund Committee: This committee shall consist of not less than three nor more than five members representing a cross-section and including at least

one member who is affiliated with a veterinary college.

Duties: To administer the AAEP Scholarship Research Fund in a manner beneficial to equine practice. Eligible candidates for grants are any graduate student or any qualified institution having a graduate student.

- (j) **President's Advisory Committee:** This committee shall consist of all past Presidents of AAEP with the immediate past president serving as Chairman.

Duties: To make continuous study of AAEP long-range plans and operations and all other matters that may affect the future of AAEP or the veterinary profession. To study any specific problems referred to it by the President. At least one committee meeting will be convened annually in conjunction with the regular annual AAEP meeting. This committee shall serve in an advisory capacity only and report directly to the President.

- (k) **International Liaison and Protocol Committee:** This committee shall consist of members and associate members appointed from such geographical areas as will best effectuate the purposes of the committee.

Duties: To promote good international relations and activities in connection with equine practice and the equine industry. To establish and administer appropriate protocol in connection with AAEP annual meetings.

- (l) **Professional Liability Insurance Committee:** This committee shall consist of two or more members.

Duties: To represent equine practice and provide liaison between AAEP and the AVMA Insurance Trust.

- (m) **Trail and Events Committee:** This committee shall consist of any number of members.

Duties: To maintain surveillance of all aspects of veterinary medicine as presented in connection with organized trail rides, three day event competitions, pony club and similar activities. To formulate recommended rules and policies and to maintain close liaison with the North American Trail Ride Conference and other associations involved in administering any of the foregoing activities.

- (n) **Ethics Committee:** This committee shall consist of three or more members to be appointed at each annual meeting.

Duties: To continually review the Association's posture in the area of ethics and recommend any actions indicated to the Executive Board. It shall also review cases wherein unethical or improper conduct of practice by a member or group of members is alleged; and in each instance, forward as promptly as possible recommended corrective or follow-up action to the Executive Director who will implement recommendations directly or through the Executive Board as the case may require. Rules of disciplinary procedures are prescribed in Appendix A of these By-Laws. (Appendix A is not published herein.)

- (o) **Problems Analysis Committee:** This committee shall consist of three or more members to be appointed at each annual meeting.

Duties: To make a continuing search for professional problems confronting equine practitioners; and to conduct such surveys and investigations as may be necessary to define problems and arrive at recommended solutions.

- (p) **Regulatory Veterinarians Committee:** This committee shall consist of three or more members to be appointed at each annual meeting. Members shall be engaged in racing regulatory veterinary medicine as an employed Racing Commission or Racing Association Veterinarian.

Duties: From the standpoint of regulatory veterinary medicine to maintain continuing surveillance on the entire veterinary-racing industry relationship—to identify problem areas and to formulate policies and recommendations as are appropriate for Executive Board consideration in the interest of better service for, and better

relationship with, the industry. The area of interest should be limited to the role of regulatory veterinary medicine in racing and problems related thereto. Committee and special meetings of veterinarians involved in racing regulatory activities should be called whenever indicated in the interest of gathering and disseminating useful information. Close liaison with the AAEP Racing Committee is essential.

- (q) **Hospital Planning and Standards Committee:** This committee shall consist of three or more members to be appointed at each annual meeting.

Duties: To evaluate, develop, assemble and present practical floor plans and construction designs for equine surgical and hospital facilities that will be of assistance to those constructing or remodeling such facilities. Study should include economics, construction material, utilities, zoning, equipment as appropriate, and standards. It shall also develop and up-date standards and procedures for the inspection and accreditation of equine hospitals and surgical facilities and shall outline and up-date minimal standards for open joint surgery and other techniques.

- (r) **Continuing Education Committee:** This committee will consist of five or more members to be appointed at each annual meeting. In the interest of continuity, members should be re-appointed to their special assignment if possible. A qualified member will be appointed and designated to fulfill each of the following obligations:

Program Chairman. This will be the current AAEP President-Elect. His duty is to organize and conduct the scientific program for the annual convention.

Seminar Director. This will be the current AAEP Vice-President. His duty is to organize and conduct all in-depth seminars in conjunction with the annual convention.

Autotutorial Director. His duty is to organize and present all autotutorial programs in connection with the annual convention.

Audio Visual Coordinator. His duty is to coordinate and insure maximum efficiency in the use of all audio-visual equipment during the annual convention.

Exhibits Director. He should be a man familiar with commercial exhibits and problems connected therewith. His duty is to search for, select and invite appropriate exhibitors for each annual convention. In conjunction with the annual convention, he will be the AAEP coordinator with exhibitors and be responsible for the management and performance of all exhibits.

AVMA Program Coordinator. His duty is to evaluate all AVMA programs and activities in the area of continuing education, self assessment and related efforts to insure that AAEP members are aware of and receive maximum benefit therefrom. He will serve as AAEP liaison and attend such AVMA sponsored meetings as are necessary.

Program Evaluator. His duty is, with the assistance of other committee members, to evaluate the presentation of each participant on the annual scientific program. Following each annual meeting he should submit a list of speakers to the Executive Director categorized as follows: (1) outstanding for future programs; (2) satisfactory for future programs; (3) not satisfactory for future programs; (4) potential new speakers who have not appeared on an AAEP program.

Chairman. In so far as practicable, the chairman should be retained on a continuing basis and may or may not have one of the above assignments.

The AAEP Executive Director will provide full administrative and secretarial support for all the foregoing activities.

Section 4

Special Committees: Committees of indeterminate duration and established to

pursue a specific goal will, with the approval of the Executive Board, be appointed by the President. The chairman of special committees will report at frequent intervals to the President, and report their committees' actions and accomplishments to the Executive Board at the annual meeting. Special committees shall consist of members and/or associate members.

ARTICLE VIII—AMENDMENTS

These By-Laws may be amended at any annual meeting of the Association by a majority vote of the members present provided the proposed amendment is presented in writing and has been read to the members present.

AAEP ETHICS AND PROFESSIONAL GUIDELINES

Standards for professional and ethical conduct of members were first published as follows by AAEP in 1961.

“All members are expected to comply with (1) the Code of Ethics of the American Veterinary Medical Association (or its counterpart in other countries), (2) the Code of Ethics of the Veterinary Medical Association of the State or Province in which practicing, (3) all laws and rules of racing applicable at any race track where practicing; and (4) all other laws of the land. Violation of any of the foregoing may be cause for dismissal from AAEP membership.”

It is standing procedure for the Secretary of the National Association of State Racing Commissioners to forward to the AAEP Executive Director information on all disciplinary actions taken in the United States, Canada and Mexico in which any veterinarian is involved. Each case involving an AAEP member is reviewed by the AAEP Racing Ethics Committee and referred to the Executive Board for disciplinary action as indicated.

The need for guidelines for professional conduct in many areas emerged over the years. These were analyzed and policy statements governing the situation issued as needed. The principle ones follow:

(1) OFFICIAL VETERINARY SERVICE FOR HORSE SHOWS

In consideration of the enactment of the Horse Protection Act of 1970, the American Association of Equine Practitioners in annual meeting December 8, 1971, reaffirmed its policy established in 1962 with respect to the role and responsibility of the Official Veterinarian for horse shows and other equestrian events as follows:

- He shall serve as a professional consultant on veterinary matters to the show management, the stewards and the judges.
- He shall in his professional role advise the management and cooperating persons and agencies concerning the care and welfare of the animals present at the show or event and shall administer to the horses present if the need arises.
- He shall endeavor to do everything possible within the scope of his professional training to aid the sport in general and the event in particular.
- Conversely, he shall not in his role as official veterinarian assume nor shall he be expected to assume the role, the responsibilities, or the prerogatives of the management, the judges, the stewards, other officials or regulatory agents or agencies.
- He shall not at any time assume or shall he be expected to assume a dual role in conjunction with his role as official veterinarian.

(2) AAEP POLICY STATEMENT PERTAINING TO THE AMERICAN HORSE SHOWS ASSOCIATION RULE ON MEDICATION ADOPTED AT MONTREAL, DECEMBER 2, 1970

The newly implemented American Horse Shows Association rule on medication received considerable study and attention. Mr. James Blackwell, Executive Director of AHSA, led in a special panel on veterinary service for horse shows. **AAEP affirmed its long-standing position that** ,,it is the right and responsibility of those administering equine sports events to

establish necessary regulatory rules and although there is a continuing need for re-evaluation of rules relative to medication, AAEP and its members shall continue to be guided by and abide by all legally established rules in all states and provinces. Also, as in the past, AAEP stands ready to assist any agency to pursue any course which will help foster uniformity, understanding and workable medication procedures.”

(3) AAEP POSITION ON MEDICATING ENDURANCE HORSES— Adopted at the 1975 Annual Meeting

It is apparent that endurance rides and competitive trail rides present a picture quite different from racing. Horses competing therein are judged primarily on their endurance, physical fitness, and ability to withstand the stress of long sustained hard work on trails. Speed and time are considerations, but not the final determining factor.

AAEP went on record as recommending to Ride Management that the use of any medication in horses participating in Competitive Trail or Endurance Rides be prohibited—medications for this purpose defined as any injectable, oral, or topically administered substance other than orally administered electrolytes and/or vitamins. It was noted that this is a current requirement for most rides.

(4) POLICIES PERTAINING TO MEDICATION OF RACE HORSES

Basic policies governing the medication of race horses were first formulated by AAEP in 1959. These involved four related policy statements. All were unanimously adopted by AAEP and published with the recommendation that they be incorporated into the rules of racing in all jurisdictions in the United States, Canada and Mexico.

These four basic policies have stood the test of time and challenge and have now been incorporated in full or in part into the rules of racing by most jurisdictions. While the statements have been updated to include all types of racing, and to meet new situations, the basic policies have not changed.

In view of changing philosophies within the racing industry, previous statements were again evaluated in 1974. The four basic policy statements in concise form as approved December 5 at the 1974 AAEP annual business meeting are as follows:

1. Prohibition of the use of a stimulant, depressant, narcotic, tranquilizer, or local anesthetic in a manner that might affect the racing performance of a horse.
2. Full use of modern therapeutic measures for the improvement and protection of the health of the horse, with the understanding that such medication may be used on the day of a race by express permission of proper officials.
3. Maintenance of personal veterinary records which accurately record all medications—such records to be made available to proper racing officials on request in case of questions regarding an entry.
4. The administration of all drugs and all medications to any horse shall, on a local option basis, be reported to the Commission Veterinarian. (Every report of veterinary treatment made pursuant to this rule shall be held confidential and protected as an investigative or security file compiled for law enforcement purposes; provided, however, that the Commission

may disclose such portion of the report as may be required in exercise of its lawful jurisdiction.)

It will be noted that in (1) the words 'tranquilizer' and 'narcotic' have been added to further amplify the intended meaning of the words 'stimulant' and 'depressant.'

Wording in (2) has been slightly revised to clarify the original intent that authority for any medication on day of race be determined by and appropriately controlled by the concerned racing jurisdiction.

There were no changes in the wording of (3).

Wording in (4) has been expanded to include all drugs and to delineate the purpose, proper use, and security of veterinary treatment reports.

After studied consideration, we feel that the foregoing policies are correspondingly fair and judicious for the public, the horseman, the owner, the breeder, the various regulatory groups, track management, and equine practitioners.

If rules pertaining to medication could be more clearly defined and standardized, the practice of ethical veterinary medicine would be greatly simplified and facilitated.

We again firmly emphasize that although we feel there is need for re-evaluation of racing rules relative to medication, we shall continue to be guided by, and will abide by, all legally established rules in all States and Provinces. Finally, we willingly continue to offer our services to all parties in any effort to resolve this long-standing problem.

(5) AAEP POLICY STATEMENT REGARDING PRIVATE PRACTICE BY REGULATORY VETERINARIANS AT TRACKS WHERE THEY ARE EMPLOYED

The following policy statement formulated and recommended by the Equine Practice Committee was unanimously approved by the Executive Board at the New Orleans meeting, December 6, 1967.

"The American Association of Equine Practitioners views the participation in private practice by a 'Regulatory Veterinarian' at the track where he serves in an official capacity as a conflict of interest.

"By 'regulatory veterinarian' is meant track veterinarian, examining veterinarian, commission veterinarian, identifier or any other official capacity in the racing department.

"For the purposes of this policy, the associates in private practice of a regulatory veterinarian are similarly excluded from practice at the track where the regulatory veterinarian is employed.

"It is not the wish of the organization to impune the integrity of any of our members who are presently serving in dual capacities, but the record shows that such 'conflicts of interest' have been the source of misunderstanding, of challenge, and of untoward public relations for the profession.

"Many states presently outlaw private practice by regulatory veterinarians. In those states where no regulation exists, our professional ethics dictate that such conflicts of interest be terminated.

“Therefore, on and after January 1, 1969, the American Association of Equine Practitioners will regard participation in private practice by a regulatory veterinarian at the track where he is employed as a serious breach in professional ethics. Breaches in professional ethics may be the cause for termination of membership or other disciplinary action.

“A regulatory veterinarian may administer emergency first-aid treatment in the absence of a practitioner but such emergency treatment will be administered without fee or charge of any sort and the case transferred to the regular private practitioner at the earliest instant.

“All matters pertaining to professional ethics will be referred to the ‘Committee on Ethics’ as provided in Article VII, Sec. 3, Paragraphs 3 and 4.”

(6) POSITION ON ILLICIT MEDICATIONS STATED AT THE 1975 ANNUAL MEETING

It appears that illicit medications of unproven value and effects and with potentially dangerous therapeutic value administered by unknown sources have made their presence felt in the horse industry. AAEP reiterated its position of being unalterably opposed to such practice and in full support of all agencies engaged in efforts to prevent such practices.

(7) CONTINGENT FEES

The following statement was approved and issued at the 1965 Annual Meeting:

“It has come to the attention of the Equine Practice Committee that certain veterinarians have at times, unthinkingly, entered into agreements with their clients which provided that the fee to be charged for certain services was contingent upon a horse’s successful performance on the race track or in the show ring.

“Such an agreement is unethical in that a veterinarian must at all times render the ultimate in assistance to his patient and the fee charged covers the service rendered. His fee is not based on a subsequent event which is only indirectly connected with the service rendered. There are no guarantees in medicine expressed or implied.

“We would also like to point out that such an agreement in addition to being unethical is contrary to the rules of racing in many states. A fee contingent upon the outcome of a race does, in fact, give to the veterinarian a vested interest in the horse and the racing rules in many states preclude practice on the race track by veterinarians who have a vested interest. In those states where the rule does not exist, a vested interest in any one horse will be considered as a ‘conflict of interest’ with the owners of all other horses in the race.

“This does not mean to prevent a veterinarian attempting surgical repair or treatment in a case with a poor prognosis when such attempt might add to veterinary knowledge, and the animal would have been destroyed for economic reasons. In those cases it is ethical for a veterinarian to share his knowledge, time, and equipment on a contingent basis with the client.

(8) GUIDELINES FOR REFERRAL CASES

Definitions

Attending Veterinarians—The veterinarian in charge of the patient prior to referral.

Receiving Veterinarian—The veterinarian to whom a patient is sent either by referral or consultation.

Referral—The transfer of responsibility of diagnosis and treatment from the attending veterinarian to the receiving veterinarian.

Consultation—A deliberation between two or more veterinarians concerning the diagnosis of a patient's disease and the management of the case. Transfer of responsibility does not occur.

Referral Procedure

Communication between veterinarians should be by letter, telephone, or direct contact. The most appropriate method of communication should be determined by the parties involved. By whatever means of communication, the attending veterinarian should make it clear that he is requesting referral, not consultation.

The attending veterinarian should provide the receiving veterinarian with all the appropriate information pertinent to the case. The receiving veterinarian should have such information by the time the patient arrives.

When the receiving veterinarian has examined the patient and made definite findings, he should promptly report his findings to the attending veterinarian.

Immediately upon discharging the patient, the receiving veterinarian should send the attending veterinarian a detailed report (preferably written) and advise him as to continuing care of the patient.

Upon discharging the patient, the receiving veterinarian should advise the client to contact the attending veterinarian regarding continuing care of the patient.

The receiving veterinarian should inform the client that he will not treat the patient for any ailment other than that involved in the referral, except in emergencies or upon consultation with the veterinarian who referred the patient.

Each veterinarian involved will collect his own fee from the client.

(9) X-RAY FILM—CUSTODY AND DISTRIBUTION—STATEMENT ISSUED AT 1970 ANNUAL MEETING

The Board strongly recommends the maintenance in your file, for a period of three years, x-ray films or radiographs. Our Association and the AVMA have considered this matter, and this is for your own protection. X-ray plates have been a source of many lawsuits. When this matter has come up in the court with regard to the ownership of these plates, in most of the decisions we have been able to find the radiographs are the property of the veterinarian who took them. The information portrayed in those plates is the property of the person who pays for the radiograph. It is recommended, if there is an extenuating circumstance where a person has to have an X-ray, that you give them a copy of the X-ray. Certainly, as a professional man, if another veterinarian takes over a case and has reason for those plates, there

should be free exchange between veterinarians.

Radiographs are the property of the attending veterinarian and should remain in his custody until sent to another veterinarian upon proper request. Radiographs should not be distributed indiscriminately.

The above policy was unanimously recommended by the AAEP Executive Board in Annual Meeting December 2, 1970.

(10) DEFINITION OF AN EQUINE PRACTITIONER APPROVED AT THE 1970 ANNUAL MEETING

It is agreed that an equine practitioner is, in fact, a graduate, licensed veterinarian who devotes the greatest portion of his professional endeavor to the equine, whether it be active practice in the field, in research, in regulatory medicine, in veterinary education or other professional pursuit.

(11) GUIDE FOR EUTHANASIA—STATEMENT APPROVED AT 1960 ANNUAL MEETING

As a guide in determining whether or not a horse should be euthanized for humane reasons, judgment should be based on strictly medical and not on economic consideration and further that the same criteria should be applied to all horses regardless of age, sex or potential value.

(12) VETERINARY MANAGEMENT OF BROOD MARES—STATEMENT ISSUED AT THE 1972 ANNUAL MEETING

Because there has developed some concern among the brood mare owners and managers as to the proper use of various gynecological procedures, the AAEP Executive Board, convening December 6, 1972, formulated the following statement:

“Among the practicing and research veterinarians involved with reproductive processes of the equine, it is their unanimous opinion that the commonly-used diagnostic and examining procedures are vitally important to the proper management of brood mares for optimum reproductive efficiency. These procedures include rectal palpation of the internal reproductive organs, visual examination of the observable genitalia, and clinical pathological examinations of these organs (culturing, biopsy, etc.). It was further pointed out that these procedures should only be done with discretion and by those who are knowledgeable of the physiological and disease processes involved. Promiscuous uses of these diagnostic procedures are definitely contraindicated and are especially harmful when done by the non-professional.”

(13) DEFINITIONS RELATING TO “PARROT MOUTH” IN THE HORSE

The following were adopted as official definitions by the American Association of Equine Practitioners in annual business meeting December 2, 1974:

1. Normal Occlusion—Complete contact of the *table surface of the incisor teeth.

*Table Surface—Occlusal Surface

2. Partial Maxillary Prognathism #(overshot) or Partial Mandibular Prognathism (undershot)—10-90% contact of the table surface of the incisor teeth.

3. Total Maxillary Prognathism (parrot mouth) or Total Mandibular Prognathism (monkey mouth)—No contact of the table surface of the incisor teeth and/or gross malignment of any of the incisors.

A letter dated December 3, 1974 advises that the following has been adopted by the British Equine Veterinary Association:

1. That “Parrot Mouth” in horses should be determined by the age of two years with regard to the Stallion Licensing Act.

2. That the definition of “Parrot Mouth” be that condition in which there is no occlusal contact between upper and lower central incisor teeth.

3. That horses should be examined in head collar or halter. The mouth should be closed and the chin elevated as the lips are rolled away from the incisor teeth. In this way the amount of upper incisor overhang can be accurately noted.

#Prognathic—Having projecting jaws

**SECTION V—
DEVELOPMENT OF EQUINE
VETERINARY MEDICINE IN THE UNITED STATES**

*Wayne O. Kester

(The following published in the July 1, 1976, anniversary issue of the Journal of the American Veterinary Medical Association is included herein because it depicts the significance of the historic role played by AAEP in the development of equine practice.)

In studying the development of equine medicine in America, three distinct and quite different periods emerge.

The first era was that century and a half prior to World War I—a period of evolution during which veterinary medicine, like other professions, struggled for position to become a vital entity in this new country. The story of veterinary medicine is the story of equine medicine during this period because veterinary medicine was equine medicine, and it flourished because of the great demand for equine practitioners.

The second era consisted of those years between the two World Wars. World War I was the turning point. Veterinary medicine, due to technology and economic change incident to that war, was no longer restricted to equine medicine and it marched on, leaving equine medicine behind to disintegrate—almost disappear along with the horse—or so it seemed.

The third and current period began in the late 1940s. World War II was the turning point. The affluent society that followed that war and its aftereffects led to the establishment of the horse as a major sports, entertainment, and companion animal—a new role that created a great demand for equine practitioners, and a renaissance that elevated a once-dying professional specialty into a position second to none in modern veterinary medicine.

The first period is vividly described by Merillat and Campbell in their "Veterinary Military History of the United States," published in 1935. They give an excellent account of the development of veterinary medicine in America and the book is a basis for some of the information described herein. Significant is their statement that veterinary medicine in college and clinic was little more than horse medicine, for comparatively little else was taught or practiced until after World War I. Interesting too is the title they chose because of their belief that the basic veterinary history of the supposedly tranquil United States was more military than civilian, as shown by their document.

The Army Veterinary Service played a decisive role in the development of equine medicine, but during the entire first period it was totally negative and a disaster. During the second period, proficiency in equine practice and management in the United States Army was exemplary and second to none.

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The influence of the Army Veterinary Service was dominant in the third period because so many of the early leaders in the renaissance had learned and benefited from equine practice in the Army.

Pre-World War I

That veterinary medicine was equine medicine is not surprising in a country that was literally built by horse power. Essentially all transportation and farm power, and seemingly everything that moved, depended upon the horse. The demand was enormous for road horses, livery horses, street-car horses, light and fast harness horses, truck horses, and millions in 4- and 6-horse teams to move the settlers and freight wagons west. Typical was the vast Standard Oil Company delivery wagon fleet. Largest private user in history, Standard Oil's demand for horses and mules was second only to that of the US Army.

Little wonder that the world's largest horse industry evolved, culminating in a population of near 27 million horses and mules before technology and changes wrought by World War I reversed the trend.

America had been a land of plenty. Food was plentiful, and food-producing animals had little individual economic value. Consequently, the major emphasis and demand on veterinary medicine was on equine medicine.

The opposite was true in European countries. Food animals had always been important and had economic value as such. Veterinary medicine in Europe was based on all species of animals, including pets. It was well established with several schools long before the first veterinary school was established in America.

Fortunately, brilliant European graduates came to America (as was true of all professions) to establish and build a veterinary profession in this new land of opportunity. The largest and only opportunity lay in equine medicine and its demand for equine practitioners.

Within a few years an educational system and many schools had evolved to meet this demand. The first graduates were a class of two at the New York College of Veterinary Surgeons in 1867. Within 50 years, 46 veterinary schools opened and were operational in North America. By 1920 there were nearly 20,000 graduates, but the demand for future equine practitioners had died, and all but nine veterinary schools in the United States had closed. Graduates during the 1920s hit an all-time low—far fewer in a decade than now graduate each year.

The coming of railroads, the passing of the street-car horse, and later the coming of the automobile and truck cleared the cities and highways of horses, and at the time were considered the death blows of the veterinary profession.

As World War I approached, the status and future of veterinary medicine was already in doubt. However, the sudden demand for horses and mules by European armies as well as our own created an unrealistic situation that resulted in a reprieve, although temporary, for the horse and the equine practitioner. The final result was inevitable—the era of the “horse doctor” ended. Schools were forced to change. Equine practice was written off as a lost cause and the horse was eliminated from teaching and research.

The Army Veterinary Service, or more accurately stated, the lack thereof, had a major impact on the development of equine medicine, in fact on organized veterinary medicine. Drs. Merillat and Campbell pointed out that in the third year of the Civil War (1863) there were only six contract veterinarians in the US Army. That same year at the founding meeting of the United States Veterinary Medical Association, the lack of a military professional veterinary service and the concurrent tremendous losses of horses and mules in the armies of the North was cited as a pressing reason for forming the Association as spokesman for the nation's veterinarians.

During the first two years of the Civil War, 284,000 horses were issued to Union cavalry, although there were never more than 60,000 cavalymen in the field. Historians record the amazing fact that the average life service for a cavalry mount was less than five months, due entirely to poor management and lack of disease control. The use and management of animals by the US Army in all other wars (except World War II) was no better. Although never acknowledged, the veterinary care provided then could be termed a national disgrace. However, the Army was not entirely to blame because war-time armies, like legislative bodies, are composed of civilians temporarily serving their country, and they are and can be no better than the society from whence they came.

The need for equine medicine in the US Army was recognized by its first commander when it was only one year old. In a letter dated December 16, 1776, General George Washington directed the establishment of "farrier-veterinary" services in the artillery. This was accomplished by hiring partially skilled civilians—a practice that was to continue for well over a century. The Army general staff and most commanders never recognized or admitted the need for veterinary service—General Phil Sheridan being the one brilliant exception. For more than a century, the Army managed to get along with an unorganized patch-work service, possibly because replacement horses were cheap and plentiful.

It was not until 140 years later when General John J. Pershing found his troops immobilized in western Europe on the battlefields of World War I that an organized equine medical service for the Army became an actuality.

The Army Veterinary Corps had been established in 1916 and was functioning well in the United States, but only after a battlefield disaster did it become functional in support of combat armies in the field.

Thousands of animals had been lost due to disease and bad management. Replacements were neither cheap nor available. Vital segments of the mounted Army were on foot—artillerymen without horses—striving to manhandle their own guns.

Records show that a total of 234,000 animals were issued to our troops in western Europe. Of these, in less than one year's time, 42,000 were lost and untold thousands more were rendered unfit for service due to disease and poor management.

Once in action, the Veterinary Corps quickly demonstrated its role and worth, and by war's end was providing a professional equine medical service second to none in the world. It continued to be a focus and a model for the practice of equine medicine until horses were phased out of the Army following World War II.

End of an Era

By the end of this 150-year era in 1920, hundreds of remedies, medications, and equine cure-alls had emerged and were on the market under numerous names. Many of them were used both externally and internally and for a variety of conditions—each for its specific effect on that condition. The diagnosis determined the drug, dosage, and method of use. An Army veterinary bulletin published in 1926 indicates the basic drugs then available to equine practitioners: acetanilid, boric acid, salicylic acid, tannic acid, alcohol, aloes, alum, aromatic spirits of ammonia, ammonium carbonate, ammonium chloride, ammonia water, atropine, arecoline, arsenic, balsam Peru, benzoin, bismuth subnitrate camphor, cannabis, belladonna, caffeine citrate, cantharides, chalk, charcoal, chloral hydrate, chloroform, copper sulfate, creosote, digitalis, ether, ferrous sulfate, formalin, gentian, ginger, glycerin, hydrogen peroxide, iodine, iodoform, lead acetate, mercuric chloride, red iodide of mercury, calomel, nux vomica, cottonseed oil, linseed oil, oil of tartar, turpentine, “vaseline,” phenol, pine tar, pilocarpine, potassium iodide, potassium nitrate, potassium permanganate, methylene blue, quinine, green soap, silver nitrate, sodium bicarbonate, borax, sodium chloride, sodium sulfate, strychnine, sulfur, wool fat, zinc chloride, zinc oxide, and zinc sulfate. Procaine was the only local anesthetic listed, oil of chenopodium, carbon disulfide, and turpentine, the anthelmintics.

To this list should be added heat, cold, and moisture. Their use now is a lost art, but in those days the therapeutic effects and value of heat, cold and moisture were well understood and widely and effectively used.

Vaccines and other biologics were unavailable. All diseases were treated symptomatically. Those listed in Army manuals as problems or possible threats were glanders, dourine, surra, piroplasmiasis, epizootic lymphangitis, mange, stomatitis, strangles, dermatitis gangrenosa, forage poisoning, tetanus and influenza. Influenza included all respiratory diseases.

Principal ingredients that contributed much to the remarkable success of the old-time equine practitioner were hard work, keen observation, and continued study. His work was hard, time consuming and frequently dangerous; “horse psychology” was his only life insurance and without it he seldom lasted long. Clinically, capability was paramount and accurate diagnosis essential. A complete knowledge of equine physiology, pathology and anatomy was indispensable and a thorough understanding of the physiologic effects of all medicines used imperative. No branch of medicine was more demanding or more difficult to cope with.

Between the Two World Wars

The period between World War I and World War II was a disaster for the horse industry and the equine practitioners who supported it. Tractors, trucks and automobiles replaced the horse in farm power and transport. The work horse was no longer an essential entity in our agriculture or economy. Within 25 years, the record horse and mule population of 27 million had dwindled to less than four million.

In the US Department of Agriculture, in fact all government agencies, state and federal (except the Army), the horse had been written off as though it no longer existed. Seemingly everyone, even veterinarians,

believed that equine medicine was dead and many felt that veterinary medicine was a dying profession. Equine practitioners turned to other species of animals and new areas in veterinary medicine—or to selling automobiles. Within a few short years, the horse was practically lost from sight in research, teaching and clinical practice.

Only in the Army and in a few Thoroughbred and Standardbred horse breeding centers, notably Kentucky, did equine practice continue to thrive. There were two reasons—one to support a struggling racing industry, the other to support the Army. Motors and mechanization were not yet sufficiently sophisticated or plentiful to replace the military horse.

World War I demonstrated that among the country's 20 million horses there were not enough good ones of military type to mount our own Army. Thus was born the Army Remount Service program whereby some 800 stallions (mostly Thoroughbred) were distributed generally for use in the western ranch and light horse country. On native mares, they produced vast numbers of good quality cavalry-type horses. About 230,000 foals were recorded as the get of these stallions, and untold thousands of today's pleasure riding horses in many breeds trace to them.

Three large Army Remount Service breeding stations were established also for research, teaching, and demonstration, as well as production. In practice, the entire breeding program was managed by Army veterinarians and much of the practical veterinary knowledge used today was observed, learned, and documented by them.

In the laboratory a vaccine for eastern and western equine encephalomyelitis was developed for use in Army horses. This development proved to be a breakthrough for all future virus vaccine production. New and better diagnostic tests were developed, and work on new vaccines continued, including development of tetanus toxoid.

With World War II looming, the Army Surgeon General was confronted with the problem of providing an adequate supply of tetanus antitoxin for troops. Commercial production was limited. To meet the demand of a wartime army would require special maintenance of large numbers of horses and nearly a year to get them assembled, hyperimmunized, and in full production. As a backstop, many horses permanently assigned to Army breeding stations were immunized and maintained in condition whereby they could be hyperimmunized and brought into full antitoxin production in two to four months if needed.

In the meantime, the new tetanus toxoid was being tried on horses in both the US and French armies. By the time of World War II, sufficient data had been accumulated to convince the Surgeon General that tetanus toxoid should be used to immunize troops as well as horses. The rest is history. Only three or four cases of tetanus were recorded among US troops in World War II, whereas serious losses had been experienced in World War I when antitoxin was the only protective agent.

By war's end, equine practice in the Army was finally dead. Many veterinary officers had provided essential service to Allied Forces, but very few animals were ever used by American forces in combat. Suddenly "horse" became an unacceptable entity in the Army. The overreaction was as amazing as it was amusing. All animals and related supplies, equipment, publications, and services (including the Veterinary Service) were ordered

disposed of at once. "Horse" was deleted from all publications, supplies and equipment were destroyed, and the last of our animals (mostly pack mules), along with 40,000 other horses and the three remaining US Army veterinary hospitals, were all shipped to the Greek and Turkish armies.

It took more than a little persuasion to convince the Army that the Veterinary Corps should not go with the horse. Little realized was the fact that in World War I, with essentially a horse-drawn Army and 2,500 veterinarians on duty, fewer than half were assigned to horse units. In World War II, with 2,500 veterinarians again on duty, fewer than 5% ever saw a horse.

In contrast, it was becoming apparent that the horse was returning to the domestic scene. The horse-racing industry was not only expanding, it was exploding. Several new horse registries were formed, including the American Quarter Horse which promptly became the world's largest.

By the early 1950s, it was obvious to those who were involved that the entire horse industry was due for an explosive expansion—a fact the veterinary profession failed to recognize and prepare for. The horse was still missing from teaching, literature and research, although he was beginning to be pushed back into college clinics by referrals from general practitioners who felt incompetent or preferred not to handle equine cases. The era of the new light horse as a companion animal was here and we were no better prepared to handle it than was the infant industry itself.

More emphasis had been placed on human than veterinary medicine during this era. Human diseases were better understood, a few biologics for human diseases were available, and human surgery, especially orthopedic surgery, had outpaced equine surgery—one reason, available anesthetics that were quite effective in man were not so effective or safe in the horse. Another reason was economics. Then, as now, when a horse broke a leg or was seriously injured, most owners deemed it financially prudent to put the horse to death at once and buy a replacement rather than invest in costly repair procedures or long recuperation period. Consequently, there was little opportunity for advancement in equine orthopedics.

In any overall comparison, however, it appears that the quality of veterinary medical service available to most horse owners then was pretty much on a par with the medical service generally available to most citizens. Common diseases were as big a problem in the general population and among men in military camps as they were among horses, and the great human influenza epidemic of World War I far exceeded any disaster ever seen in the horse.

Post World War II

The era following World War II commenced with the formation of the American Association of Equine Practitioners (AAEP) in 1955. The history of equine practice in this country and in several others since that time has been the history of AAEP.

Why was the AAEP born? This is a good question and one that should not be forgotten. Equine medicine was beset with many problems in 1955. The plight of veterinary practice at racetracks was only one of them. However, it was the major problem not only for equine medicine but for the entire veterinary profession in the United States and Canada because it was adversely affecting the public's regard for veterinarians in both countries.

Veterinarians practicing at racetracks, through no fault of their own, were making front-page headlines—none of them good. In fact, shortly before the first regular annual meeting of the AAEP in 1955, a Los Angeles daily newspaper carried the rather startling headline, “Cops Ride with Vets,” presumably to prevent the “doping” of race horses. It was startling, at least to veterinarians and certainly a blow to veterinary prestige.

Two parties appear to be to blame for this sorry situation—the veterinary profession and the state racing commissioners, the former because of neglect and the latter perhaps basically because of the political system through which they were selected.

Commissioners were not alone in not understanding the problems involved in medication. The same could be said of most racing officials, and it was particularly true of the veterinary profession, which as a group had ignored the problem and its professional responsibilities in the world of horse racing. This lack of interest in racetrack problems on the part of organized veterinary medicine (until 1955) created a vacuum in professional knowledge for the commissioners—a vacuum that had to be filled and was filled by persons who were not veterinarians.

Unfortunately, out of this foggy atmosphere evolved a philosophy on medication which seemed to say that if a horse requires medication he should not be racing. Some states attempted to write and implement rules in line with this philosophy—one that was both impractical and impossible, not only in horse racing but also in football, baseball and in all sports.

Perhaps the real source of the problem was that no one (other than a few veterinarians) understood the difference or differentiated between honest, ethical, conscientious medication and treatment of an ailing horse and the deliberate, dishonest use of narcotics, stimulants, or depressants to “dope” a horse in a race. In fact, all medication, even vitamins, was commonly referred to as “dope” for many years.

Consequently, one of the first tasks confronting AAEP was that of educating all those involved in the regulation of horse racing, members of the press, and the racing public in general. The AAEP set out to demonstrate that there was such a thing as honest, ethical medication and that it had a place in racing—further, that it was totally unrelated to “doping,” “race fixing,” or dishonest racing which all agreed could not be tolerated. Into this vacuum and turmoil the AAEP was born of necessity to place equine medicine and veterinary medicine in its rightful and proper perspective.

Filling the Vacuum

There was a sound, logical reason for the existence of this vacuum in equine medicine. During the long years of inattention and neglect of the horse on the part of the public, veterinary colleges and veterinarians had directed their energies toward the support of food-producing animals, public health, pet animals, and research. The veterinary profession, like other professions, fitted itself to do what the public demanded and was willing to pay for. This had not included equine practice for nearly 40 years.

The third business meeting and the first professional meeting of the AAEP was held on Dec. 16-17, 1955, in Chicago, IL. Total attendance was 74.

Dr. Floyd Cross, president of the American Veterinary Medical Association, addressed the meeting and, recognizing the problems confronting the profession in equine practice, commended the new Association for its initiative in rising to meet the challenge.

It was at this meeting that the true plight of equine medicine in general and the critical relationship problem between the veterinary profession, the racing industry, and the public was first recognized by more than the handful of veterinarians who were attempting to honorably fulfill the obligation of the profession at the tracks.

Obviously, the adverse publicity being generated from racetracks was a severe blow to the AVMA's new and expanding public relations program. It was obvious also to those present that this was a problem that really confronted the entire profession and one that the entire profession should join in solving. However, to expect the profession as a whole to understand the situation and react was totally unrealistic. It remained for the AAEP alone to shoulder the total responsibility and burden.

Racing Commission Survey

Another constructive step taken at this first annual meeting of AAEP was a report by Dr. Willard Guard of a survey of state racing commissions, in an effort to learn how well these racing commissions understood and used the veterinary profession in carrying out their racing regulatory responsibilities. The survey promptly alerted each racing jurisdiction in the United States and Canada to the fact that AAEP had been born, did represent organized veterinary medicine, and was seriously concerned with veterinary affairs and veterinarians involved in the horse and racing industries.

Considerable enlightened information was also gained from the survey, some of which was a bit surprising. The 18 reporting commissions employed a total of 72 veterinarians. Three commissions employed none. All others reported using at least one veterinarian at each operating track. Only the Canadian, Maryland, New York, New Jersey and Puerto Rico commissions were using two veterinarians at any one track.

Surprisingly, only six commissions believed there was a shortage of properly trained veterinarians to fill the three required categories: (1) equine practitioners taking care of racehorses at tracks; (2) official track veterinarians employed by track operators; and (3) state or commission veterinarians employed by state racing commissions for regulatory work. This observation is all the more amazing in view of the fact that the number of veterinarians engaged in these areas quadrupled within ten years.

The survey and other information available at the time rather clearly indicated that (1) state racing commissions as regulatory bodies had the authority to completely control and regulate veterinary medicine as practiced at racetracks; (2) racing commissioners in general had little concept of the capability, value and role of veterinary medicine in racing; (3) funds available for compensation were not adequate to attract competent and dedicated men to serve as commission veterinarians and professional advisors to the commissioners; and (4) a vast educational job lay ahead for AAEP, not only in the racing community but within the veterinary profession itself.

20 Years of AAEP

By its 20th year, AAEP had reached a membership of 2,620. Of these, 2,260 were active members—2,255 residing in the United States, 185 in Canada, and 20 in Mexico. Included also were 270 associate members residing in 36 foreign countries and 90 veterinary student members.

The original 1½-day annual professional meeting had grown to four full days with nearly 1,100 veterinarians in attendance and total attendance topping 1,700. The Association had become truly international. It had counterparts in four other countries. Foreign speakers usually appeared on AAEP programs and 30 to 50 veterinarians representing many foreign countries attended meetings.

In 20 years, AAEP had accomplished all of its original long-time objectives and had moved from oblivion to one of the world's larger veterinary organizations. This accomplishment reflected a response to a booming horse industry and public demand for top quality veterinary service for horses. This new demand led to the evolution of a new elite in veterinary medicine in the public eye. With individual patients valued at many thousands of dollars—some at millions—and many of them of world renown, the term "horse doctor" now carried a different connotation than it did in the 1950s.

The horse as a companion animal and pet had created a vast demand for veterinary services, but probably fewer than 20% of all equine practitioners were directly involved in racing. However, racing, because of its vast influence and impact in the total horse industry and the public image of veterinary medicine created through racing, continued to be the principal problem area for AAEP.

As its original and most important objective, AAEP strived to improve the professional proficiency of its members and to make specialized continuing education available to equine practitioners. These objectives were attained by making the annual meetings the best professional short courses on equine medicine and surgery in the world and by encouraging others to develop teaching courses. Where once there were none, there are now numerous specialized courses available at many colleges.

More current information on equine medicine needed to be published and in the hands of veterinarians. This dissemination of information was accomplished by making the annual AAEP *Proceedings Book* the best equine practitioner reference book available, by publishing other AAEP publications, and by assisting other publishers. Where there were no current texts 20 years ago, now there are numerous excellent ones.

More technical information, obtainable only through extensive equine research, was needed. This was accomplished by establishing before the horse-owning public and government agencies an awareness of the needs for equine research, also by formulating research programs, sponsoring research symposiums, and assisting with financial support and professional talent. The AAEP continuously pointed out the need for research in specific areas and pushed for and assisted with research efforts sponsored by government as well as private interests. These efforts have been successful, much money has been wisely expended, and a vast amount of much needed new knowledge has been obtained in recent years.

Members of AAEP believed that veterinary medicine should play a more professional and useful role in the horse racing industry. This was accomplished by stating in 1960 the basic AAEP philosophy and recommendations on formulating rules pertaining to veterinary practice at racetracks and by close, continuous observation, study and corrective action when indicated. Rules on medication recommended by AAEP have now been adopted by most racing jurisdictions.

All of these AAEP actions have made it possible for the American horseman to receive the best possible medical attention in the world for his horses. However, there were several other objectives to be accomplished before the horse industry and the equine practitioner could attain their rightful position in the American economy and society.

Government recognition of the horse and assistance with his disease problems on a par with cattle, swine, sheep and other livestock were essential. The first step in 1965 was establishing the Committee on Infectious Diseases of Horses in the US Animal Health Association, manned mostly by AAEP members, thus establishing a national voice in disease regulatory matters.

This development was soon followed by establishment in the USDA for the first time a chief animal health officer for equine diseases. This office has expanded and continues to give excellent guidance for equine disease control from the federal level.

AAERA

The need for a unifying organization that could authoritatively represent and speak for the total horse industry was long obvious. First opportunity came in 1964 when the chief executive officers of the major breed and some other organizations met in Lexington, KY, and formed the American Allied Equine Research Association (AAERA). The AAEP had been the catalyst, and Dr. Wayne O. Kester, executive director of AAEP, was made president.

Due to the threat of a widespread disastrous epizootic of equine infectious anemia, this organization rapidly expanded. In 1965, officers of this body, representing 32 major national horse organizations, appeared at Congressional hearings which resulted for the first time in history in some \$400,000 being budgeted annually in USDA to be used for research and control measures on equine infectious anemia and other equine diseases. Equine infectious anemia as a serious threat to racing soon disappeared, and with it AAERA.

American Horse Council

It appeared that the many facets of the horse industry could be unified in action only under threat of extinction. That threat came two years later in the form of discriminating tax legislation. This was one area where AAEP could not provide guidance; however, it did join with many of the former members of the AAERA in forming and strongly supporting the American Horse Council. Formation of this Council in 1969 is without a doubt the most significant and most important development in the history of the horse industry in America. Headquartered in Washington, it represents and speaks for the total industry on the national level. Its continuation in strong force is essential to the survival of the industry (and equine practice).

A long-standing and major objective has been the establishment of a National USDA Horse Industry Advisory Committee. The AAEP made many attempts in the past, but help from the industry through the American Horse Council finally resulted in 1972 in the Secretary of Agriculture naming a 34-member committee which included four AAEP members.

There had long been need for an all-inclusive coordinated national equine research plan. The AAEP drafted such a plan in 1970. It was submitted to and adopted by the American Horse Council and, in turn, adopted by the newly formed Horse Industry Advisory Committee, thus enhancing coordinated research planning.

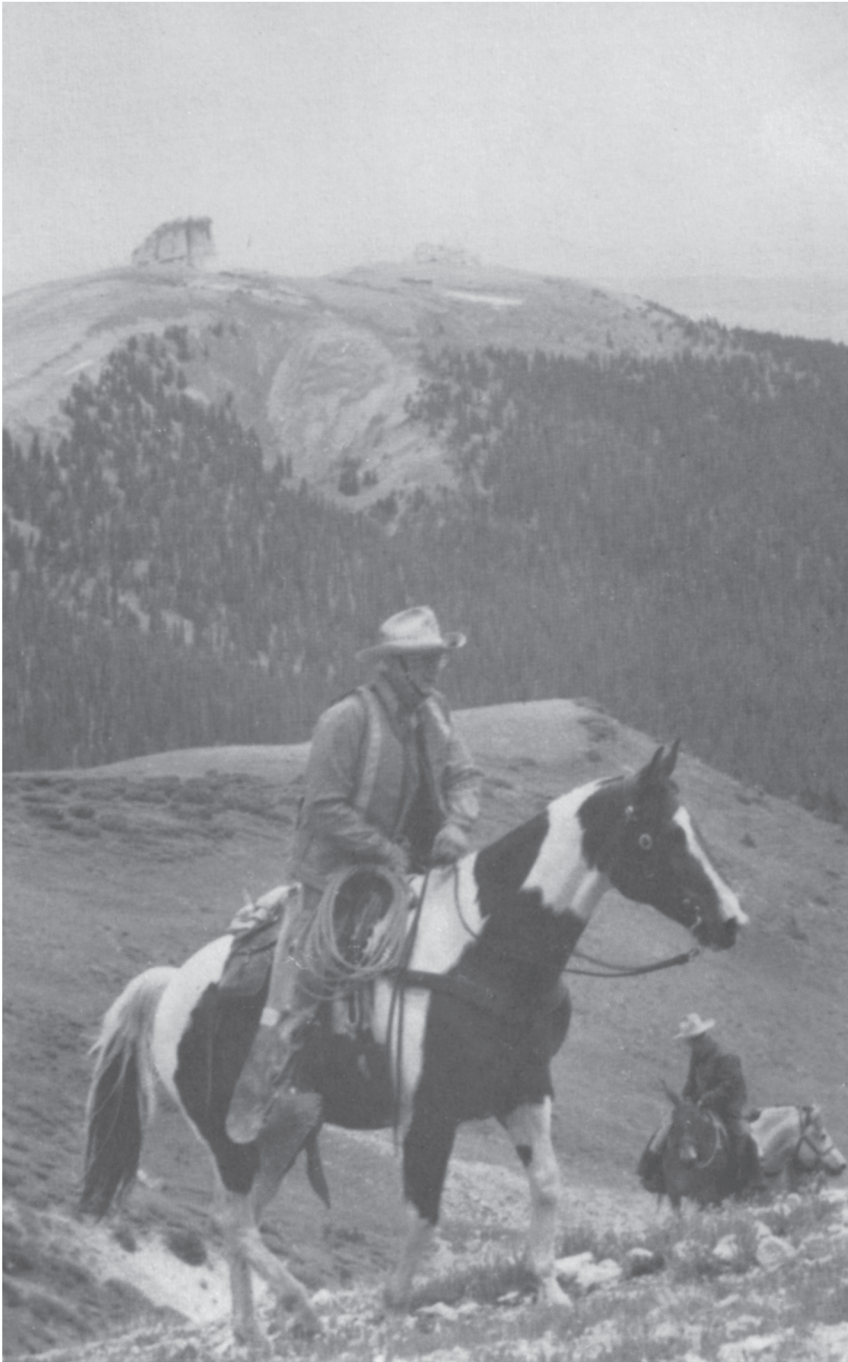
Work Unfinished

While AAEP has well accomplished most of its major goals, many problems are still recognized. Research is a never-ending requirement, as is the continued improvement of professional proficiency. Many disease problems are still unsolved—equine infectious anemia, piroplasmiasis, African Horsesickness, digestive and respiratory diseases, and reproductive disorders. All constitute a severe economic drain. So, many mutual problems remain and will always remain for the equine practitioner and the horse industry.

The future of the industry is tied closely with our national economy. So long as the public has money and time for recreational pursuits, the horse industry will continue to thrive and with it the equine veterinary service that supports it.



The "Convention Crew"—Familiar faces for many years around the AAEP Convention headquarters desk: General W. O. "Sage" Kester, 20 years; Mrs. W. O. "Lucy" Kester, 11 years; Dr. & Mrs. Eugene Carroll, 8 years; and Dr. & Mrs. Stanley Teeter, 15 years.



“Mont,” age 28, and the author leading the Roundup Riders on The Continental Trail, 1979.