

Thursday, 21<sup>st</sup> April, 2016

The Agriculture and Environment Committee Hendra Vaccine Inquiry  
Parliament House  
Brisbane  
Queensland 4000  
By email: [aec@parliament.qld.gov.au](mailto:aec@parliament.qld.gov.au)

Dear AEC Committee Members,

**RE: Submission to the Qld Parliament's Hendra virus Vaccine Inquiry**

## **“Science versus The Politics of Fear”**

### Submitters' Credentials

Private Equine Veterinary Practitioner and Managing Partner of Pastoral & Veterinary Services – a horse only practice that is based in the highest human Hendra virus mortality area per population (Central Queensland) in a town built around one of Qld's larger bat colonies - Yeppoon

Attended the original Hendra outbreak 1994 – 14 cases

Personal Involvement in seven Hendra cases since the initial incident

Equine Veterinarian contracted to Biosecurity Queensland (BQ) managing the Hot Zone during the Cawarral Outbreak 2009

Subjected to 2 WHSQ audits and an attempted prosecution. 2009 & 2010

Watched a colleague's wife and children watch him die , RIP, that had attended the same horse. 2009.

Written submission to the Qld Ombudsman Audit re the 2009 Cawarral Outbreak

Member of the Equine Veterinarians Ass. and Australian Veterinarian Ass.

### Abbreviations

WHSQ = work place health and safety Qld, BQ = Biosecurity Qld- part of DAF = Department of Agriculture and Fisheries, PVP = Private Veterinary Practitioner, EVA = the Equine Veterinary Association, AVA = Australian Veterinary Association. QH = Queensland Health AAHL – Australian Animal Health Laboratories

## How this all came about

1994 there was some wonderful work done to diagnose something that we didn't know existed – not an easy thing to do.

From 1995 till about 2007 Hendra was an emerging and rare disease with no further human deaths. DAF (or DPIF as it then was) and BQ scientists did what they do well - researching with the limited resources they had dedicated to it. With significant staff turnover and no permanent response team the occasional outbreak was bumbled through and the lessons learned formed a fairly basic response.

With the large outbreaks and deaths of Dr Ben Cuneen at Redlands in 2008 and Dr Alistair Rogers at Cawarral the following year (2009) things got serious. Biosecurity Queensland (BQ) came to two realisations.

1. That horses weren't safe, particularly in the period from the start of becoming sick until diagnosed with Hendra. Although after diagnosis the horses continued to excrete increasing amounts of virus up until death, once you knew the horse had Hendra it was really a matter of a strong fence and avoiding them. All infections of humans had (and still have) occurred before Hendra was diagnosed. **BQ stopped attending sick horses until a Hendra exclusion test was performed.** They realised that once they knew a horse had or didn't have Hendra the situation was manageable. They realised that the period from notification of a sick horse to the return of a Hendra exclusion test was the danger period (all human infections have occurred in this period). If the horse is positive for Hendra you do the full infectious disease response if negative you just follow normal precautions.
2. They realised they were liable for what subsequently transpired after their involvement began. After several external reviews openly criticising them for failing to be able to write any procedures for responding to sick horses. BQ tried using a private veterinary practitioner to perform all the work. Their problem of wanting authority but not responsibility remained as PVP's don't have the insurance to cover liability and also tended to think PVPs shouldn't be liable for BQ's decisions. Stock Inspectors, that were the grunt in responses, starting asking questions like "Are you telling me to go in there (the Hot zone) or not?" and "what exactly are we to do and not do when we're in there?". I think this was when BQ worked out that it wasn't possible to write procedures that would cover whatever subsequently transpired and that without written procedures they were considered negligent by WHSQ.

The problem was sick horses before a result was obtained. I regularly rang BQ with these horses when I was stretched and believed an owner needed help and watched BQ change its policy to no attendance until a positive result is returned. I also watched as more and more vet practices in the area stopped seeing horses

**BQ realised they were liable and hand balled the danger period and the associated liability to private Veterinary Practitioners.**

Vets took some years to work this out or gave horses away or just put up with it until in 2015 WHSQ got aggressive with prosecuting vets - either for failing to write the procedures that BQ are still unable to write or for failing to follow them.

WHSQ had been involved in all Hendra cases with BQ and QH. For some reason despite regular breaches of WH & S from BQ, WHSQ to my knowledge never prosecuted BQ. Anyway the vets with increasing screams of negligence from the anti-vet / anti – vaccination movement and aggressive WHSQ prosecutions (increasing from 2010-2015) and owner litigation, handballed the sick unvaccinated horses and associated liability onto the only stakeholder left. The owners. Now they are left holding the baby and aren't at all happy.

**If things continue this way the next human Hendra deaths will most likely be owners.**

To date WHSQ have not prosecuted owners regardless of whether they are running a business / workplace or not.

## My Position (as explained to horse owners)

Ok here goes. I have always attended sick horses regardless of their vaccination status up until I closed my practice some months ago (mainly because of this crap). It's not a matter of wearing PPE. There's a lot in those "Guidelines for Veterinarians" a lot, like - a really big mob and they really weren't written by someone that had any intention of actually doing them. They're actually based mainly on Biosecurity Queensland's policy of not attending any sick horses until a Hendra exclusion test result is back and even then they can't quite work out how to cover their arses against false negatives.

Try reading them again and work out how to comply with every sentence. What staff you need, what training they require to be put in what situations, what conditions you can perform them in, how do you write the procedures that conform to the guidelines?

BQ has been unable to write any procedures for their own staff and have been severely admonished in nearly all external reports / audits for it.

How much is all this going to cost you and your client? Will anyone actually do this given you are not allowed to do pretty much anything apart from the equivalent of a pannadol to help the horse till the exclusion results are back (2-5 days). The horse is usually dead or better by then. Remember you have no insurance cover and are personally liable for everything that subsequently transpires. This has bankrupted vets.

There's also a mob of pissed off people out there screaming negligence and itching to sue.

We need 5 things to continue operating. 1. WHSQ prosecutions to be based on noncompliance to procedures not guidelines. 2. A client waiver form. 3. A high sensitivity CRUSHSIDE TEST VERY IMPORTANT (this got axed - god knows why) 4. Insurance that doesn't exclude Hendra cases & 5. A significant proportion of horses vaccinated in the really endemic areas.

The vaccines a really good one - as in it works (not like bloody stranglers) unless your horse has a serious reaction in which case it really sucks. The majority of vets and owners believe the good outweighs the bad - although probably not the bad and the cost.

It's quite possible if we ever get insurance that covers Hendra the higher premiums will only cover vaccinated horses or differentiate between vaccinated and unvaccinated horses. We have a real problem that needs fixing!

No one thinks Hendra is common. It just can't be ruled out based on symptoms. Can't bring on the Inquiry soon enough and yeah the vaccine is the best solution we have to date. Thanks Deborah Middleton, AAHL, a PHD vet student, September 11 and god for it.

While Hendra is rare, if you were a horse vet you would be exposed to it - not something you will have to seriously contemplate with your family.

There are 14 vet practices in our area and 12 no longer see any horses at all and certainly don't vaccinate them. So I'm pretty sure none of them are making any money out of the vaccine. Must be dumb bastards these vets. Horses are dying because vets cannot satisfy QWHS guidelines and avoid prosecution. It needs fixing. Bring it on. Unlike you I stand to lose absolutely nothing...zero. Lot of horses round here may have benefitted from the Inquiry a bit earlier!!

Summary: **I don't want to be a horse vet if I can't diagnose and treat sick horses!**

My Business is closed and I'm off to the Territory to go contract mustering. ☺

Given that

“BQ has been unable to produce standard operating procedures for personnel in the hot zone managing the outbreak despite regular independent audits identifying these deficiencies.”

- Does BQ consider it unreasonable for WHSQ to retrospectively audit PVPs and prosecute them - on their procedures?

Given WHSQ's first action in their – retrospective, “benefit of hindsight” auditing for prosecution of “vets attempting to diagnose and treat sick horses and protect their owners”, is to obtain a copy of the PVP's written procedures

and given that - subsequent prosecution is based on inadequacy of the procedures or failure to follow them

and given that - no government department is able to write such a procedure and has adopted a policy of not attending sick horses so as not to risk being at fault,

- is it unreasonable for WHSQ to prosecute “vets attempting to diagnose and treat sick horses and protect their owners” on the very thing BQ are unable to do.

**- Is the end result of unreasonable prosecution for noncompliance to unworkable guidelines resulting in the abandonment of professional assistance to horse owners during the only time humans are infected with Hendra virus?**

What's BQ's annual expenditure budget? What is an equine practitioner's annual biosecurity expenditure budget?

Excerpt from Qld Ombudsmen report

QPIF has failed to prepare, finalise and approve the necessary policies and procedures prescribing the department's response to Hendra virus incidents, despite:

(a) there being a number of such incidents since 1994, in particular, the 2008 Redlands and 2009 Cawarral incidents which required significant responses from QPIF

(b) Dr Perkins recommending in his 2008 Perkins Report that policies and procedures be given further attention

(c) the absence of policies and procedures being noted in the 2008 AAR Report which was circulated to a number of senior QPIF officers in early 2009

(d) the issue of policies and procedures being repeatedly raised with QPIF at the start of my investigation and throughout late 2009 and 2010.

This failure constituted administrative action which was unreasonable within the meaning of s.49(2)(b) of the Ombudsman Act.

## My Concern (written to a friend in Government).

Hi Mate

These are the "guidelines" we are being prosecuted for not following under section 28

[https://www.daf.qld.gov.au/.../2913\\_-Guidelines-for-veterinar...](https://www.daf.qld.gov.au/.../2913_-Guidelines-for-veterinar...)

WHSQ have stated openly and have written in here that all sick horses are to be treated as suspect Hendra cases until returning a negative test.

It is also written that as the virus has been shown to be excreted 48 hrs (and up to five days) before the development of any clinical signs. All normal horses should also be treated following these guidelines!!

They made some differentiation between asymptomatic and pre-symptomatic demonstrating their lack of medical training and no understanding of actually doing this.

Any wounds involving bodily fluids such as blood (all wounds) should also be treated according to these guidelines. That accounts for 100% of my workload.

None of the prosecutions involve human contamination with Hendra.

One prosecution is for leaving injectable medication for a client to administer.

This is what we are required by law to do with every single horse we see. The best result for a client and horse at the end of this is the horse got better by itself. Nothing is done to try to diagnose or treat the sick horses.

I would estimate the incidence of Hendra among sick horses at 1 in 1,000 – 10,000 but BQ refuses to release the extensive data collected to date.

Horses are now dying at least weekly from treatable diseases.

Would you pay \$500 - \$1000 for a full biosecurity response with no chance of an improved outcome for your horse because of a 1 in 5000 chance it may be a disease that has killed 4 people in the last 20 years? Good on the owners that will do it for a little longer. Obviously if you're a vet that treats horses all day these odds are **VERY** different for you.

BQ cannot do this response nor write a procedure for it. And consequently have a policy of not attending horses until the result of a Hendra exclusion is returned. **They have established the precedent.**

I have seen a single mother with 3 small heavily contaminated kids and a dangerous, profusely discharging horse with the gravest of prognosis at 1100 at night. Owners refused euthanasia. Rang BQ and got told they won't attend until it has returned a positive PCR test in 2- 5days.

Like many equine vets I work alone. This shit is impossible. Equine vets awaiting lynch mobs. Horses are dying with no medical help or euthanasia. Owners are being exposed to Hendra with no professional assistance.

**I would propose that WHSQ, BQ and the EVA actually do just one of these responses with a real, sick horse with an independent (eg Queensland Ombudsman) observation and audit, with an estimation of time, staff requirements, cost and a compliance failure report. If, at the end of one case the parties are unable to work out why no one is diagnosing and treating sick horses we sell the country to China.**

**54 pages of everything that has ever gone wrong and not one solitary Procedure in the Guidelines. There are no SOP's in these "Guidelines".**

Best Regards, 

Does WHSQ acknowledge that horses are still getting sick? Does WHSQ acknowledge that horses are still getting sick at pretty much the same rates they always have? Does WHSQ acknowledge that horses are still getting sick and dying from illnesses including Hendra virus? Does WHSQ acknowledge that horse owners are still dealing with these death scenes? Does WHSQ acknowledge that horse owners are still trying to physically assist their dying horses in these situations? Does BQ, WHSQ acknowledge that by prioritising the minimisation of liability always over and above client and patient welfare, their policies and prosecutions have resulted in a marked decrease in professional assistance to horse owners in their time of greatest need? Will BQ and WHSQ prepare a written statement acknowledging they have been notified that the next Hendra deaths are now likely to be owners? Given that horse owners will continue to try and help their dying horses does the EVA, BQ and WHSQ believe that the fact they are not physically there nor actually doing anything to help, absolves them of all duty of care to the owners, horses and dedicated lay persons left to assist them?

**Make no mistake, the unworkable WHSQ “guidelines” for Veterinarians are the deal breaker. There are a lot of other issues of varying importance but the “guidelines” and associated liability is responsible for the breakdown of the vet – client relationship.**

## Questions I have asked myself. (Apologies to those I have wronged)

Does EVA BQ WHSQ believe we have a moral and ethical obligation to attend sick and dying horses and actively pursue diagnosis and treatment?

What is BQ's written procedure for responding to a sick horse?

Are BQ and WHSQ aware that liability insurance does not cover veterinarians against Hendra virus events nor against government prosecution?

Does the EVA BQ and WHSQ acknowledge that their "zero risk tolerance always over and above patient and client welfare" is resulting in lay persons becoming a horse owners most trusted equine medical help in their biggest time of need and increasingly so at other times?

Does the EVA BQ and WHSQ acknowledge that these trends are resulting in a decreasing relevance and respect of authorities in these situations and an increasing self-reliance and reliance on lay persons?

Do a majority of EVA members believe that diagnosing and treating sick horses is and will always be our priority?

Given that the second principle of the Australian Intergovernmental Agreement on Biosecurity is "In practical terms zero biosecurity risk is unattainable" Does the EVA BQ and WHSQ acknowledge that the only way to remove all risk from a procedure is to not to do it?

Does the EVA BQ and WHSQ support a science based objective analysis of risk?

Does the EVA BQ and WHSQ acknowledge the relevance and importance of a science based estimate of the probability of an event occurring in the risk assessment?

Has decision tree analysis been performed on the advantages and disadvantages of enforced PPE? Has the probability of an event occurring been factored into this analysis?

Has decision tree analysis been performed on the advantages and disadvantages of prosecuting equine veterinarians for attending sick horses? Has the probability of an event occurring been factored into this analysis?

Why has BQ refused and actively discouraged the testing of stored Qld sera for HeV a/b and the objective quantification of the prevalence of HeV infection in Qld and perhaps even, in more specific localities within Northern Australia?

Why has BQ withheld the data on sensitivity and specificity of PCR, ELISA and SNT HeV tests from PVP's in the hot zone??

Why have PVP's requests for development of crush side testing for Hendra been ignored?

Given no person has ever contracted Hendra after a diagnosis has been made how does BQ justify their decision to not become involved until after the diagnosis has been made?

Does WHSQ believe it is justified in initiating legal proceedings against veterinarians whilst the vet is waiting out the incubation period following potential exposure of themselves and or their family, friends, colleagues or clients? Is WHSQ aware that the immune system is the major if only defence against the virus? Is WHSQ aware that stress is the major negative influence on the immune system response? Does WHSQ even acknowledge these science based facts or that initiating legal proceeding during the highly stressful time of awaiting test results is detrimental to the attending veterinarian's health? Does anyone believe this is morally inexcusable?

Does the EVA BQ and WHSQ acknowledge that persisting with blaming each other's contributions to the abandonment of the sick, dying and at risk absolves them of their own responsibilities?

Does the EVA acknowledge that although HeV vaccination should be actively promoted in endemic areas it is not, nor ever will be, a solution in itself to preventing human exposure to HeV?

Does the EVA BQ and WHSQ acknowledge there will never be 100% uptake of vaccination? Does the EVA BQ and WHSQ acknowledge that no vaccination protocol nor subsequent a/b assay results will ensure 100% against infection or subsequent excretion and transmission of virus in any individual horse?

Does the EVA acknowledge that efforts to mandate vaccination, emphasise liability of event organisers and owners, circulation of waivers absolving vets and authorities of liabilities and refusal to attend or treat sick horses has resulted in alienation of a significant proportion of the horse community?

Has anyone from WHSQ ever worked outside in PPE in the tropics?

Do WHSQ accept responsibility for the negative effects of enforcing PPE?

Are WHSQ aware that facemasks direct exhaled, water vapour laden breath under the glasses condensing and forming rivulets on the inside of glasses? Are WHSQ aware that glasses do not have windscreen wipers on the inside of them?

Does WHSQ not think a potential Hendra response examination in a charged situation is difficult enough without mandating visual impairment, manual dexterity impairment and performance reducing PPE? Does WHSQ even acknowledge these limitations exist? If not, on what factual evidence are they basing their disregard of the blindingly obvious?

Are WHSQ aware of the probability of rainfall in the tropics? Does WHSQ prescribe the wearing of PPE in the rain?

Are latex gloves considered adequate for hanging onto a lead rope with 500kg of distressed muscle on the end of it?

Do the EVA BQ and WHSQ acknowledge that wearing spacesuits contributes to the stresses placed on the animals and humans and has significant negative effects on WH & S?

Does the EVA BQ and WHSQ acknowledge latex gloves reduce manual dexterity, contribute to needle stick injuries and are dangerous in the rain? Does the EVA BQ and WHSQ acknowledge intact skin is an effective barrier to virus? Are WHSQ advocating venipuncture for Hendra exclusion testing with < 20 % visibility?

Does EVA BQ WHSQ believe there is an over reliance on PPE as a prevention of human infection and a deficit of emphasis on procedure?

Do EVA BQ WHSQ believe an objective list of the advantages and limitations of PPE including the compulsory supply and possession of it together with an emphasis on procedure might result in the increase of professional assistance at the time of potential human infection?

Does WHSQ acknowledge that their reluctance to acknowledge the limitations of PPE has resulted in impractical and unworkable Hendra response guidelines that in turn have led to the abandonment of sick and dying horses and abandonment of the protection of their carers by BQ the EVA and PVPs?

Do EVA members and leadership acknowledge their prioritising of minimising liability over horse and client care has led to the abandonment of sick and dying horses and the protection of their carers?

Does BQ acknowledge that in the past a long established culture of prioritising minimising liability always over and above patient and public welfare and revenue raising fearmongering have in turn led to the abandonment of sick and dying horses and the protection of their carers by BQ the EVA and PVPs?



Do the neurotic anti vaccinators and vet haters acknowledge their continued campaign of allegations of professional negligence has in turn led to an increased awareness of litigation and the abandonment of sick and dying horses and the protection of their carers by BQ the EVA and PVPs?

Do any of the above parties acknowledge their role in this state of affairs? Do any of the parties considering fixing their failures more likely to improve the care of sick and dying horses and the protection of their carers than continuing to blame the other parties?

Foal medicine? Given foals aren't vaccinated till 4 months of age what is a workable policy that empowers vets to assist them with real medicine? Prompt treatment is more critical, more often with foals.

Do anti-vaxers acknowledge that every day in Australia thousands of horses get sick and a percentage of these have lifetime problems and / or die?

Do antivaxers acknowledge that no one thinks the Hendra vaccine prevents any disease occurring apart from Hendra?

Do antivaxers acknowledge that the same number of horses that get sick everyday will still get sick at roughly the same rate on the days following vaccination regardless of whether they are vaccinated or not?

Do anti-vaxers acknowledge that there are people that cannot see further than the fact they had a perfectly normal horse, vaccinated it and it got sick or slow or lame or grumpy.

As vets and owners we are interested in whether there is an increase in the rate of ailments associated with the vaccination.

## PPE

1. There is a lot more chance of getting a serious disease from a human than a horse - a lot more.
2. When you go and see the doctor do they turn up in a space suit?? The receptionist? Nurses? There's no "Lost in Space" theme at our local Medical Centre!
3. Vets, like Doctors, also wear PPE when performing surgery – it's called "maintaining a sterile surgical field". Doctors don't wear PPE when examining the vast majority of patients (same as vets funnily enough).
4. We do all try to wash after potential contamination, be mindful of procedure, and wear PPE when deemed necessary (hence the case based risk assessment).
5. Steps need to be taken to address the deficit of emphasis on procedure in attending sick horses and over reliance on supplying / wearing PPE at the expense of suitable work practices.
6. The antivaxers' argument is - if we wore PPE around horses (always) they wouldn't have to vaccinate. No one that I know who has worn PPE in the tropics or in the rain while actually trying to perform procedures to diagnose and treat sick horses is going to do that all day. Do WHSQ have a "guideline" regarding the risk to all workers in the equine industries in contact with horses? Note that I have worked in full PPE for four weeks during an outbreak. It's dangerous.

## Vaccine Reactions

Have done around 2000 vaccinations and have two horses that we now give bute to before vaccinating as they get a large painful lump at the injection site.



My son and one of our vaccinated horses.

## Solutions (areas worthy of attention)

In order to get back on the paddock Equine Veterinarians need

1. Unjust prosecutions based on unworkable guidelines to cease. If necessary by basing prosecutions on procedures not guidelines but preferably by WHSQ going through the existing regulator - the Queensland Vet Surgeons Board. Identified potential breaches of procedures should be judged by a majority of persons that actually attempt to diagnose and treat horses in endemic areas where Hendra cannot be ruled out of a list of differentials.
2. Cease WHS Policies intended to minimise risk in the workplace that are in reality resulting in (a) the abandonment of horse owners at the very time they are at risk of infection with Hendra virus (b) the abandonment of sick and dying horses.
3. Proactive development and funding for a crush side test with DAF support via AAHL. Horses are dead or better and humans contaminated before a result comes back with BQ's PCR test. No one has contracted Hendra after a diagnosis has been made. The sensitivity may even be higher with a crush side than with the current BQ qPCR test. Two beliefs that resulted in the abandonment of the crush side test is that it may reduce the uptake of the vaccine and that BQ loses control over reporting. The upside will be sick horses getting diagnosis and treatment and clients and vets getting less Hendra. Joanne Macdonald at Molecular Engineering Research Laboratory is developing a cLAMP Hendra exclusion test that needs serious evaluation by expertise motivated by the need for a crush side test and subsequent assistance and funding to production.
4. BQ return to seeing sick horses in the period from notification of a suspect case to the return of a Hendra exclusion test.
5. The AVA support the diagnosis and treatment of unvaccinated sick and dying horses and the protection of their owners.
6. That horse groups endorse the vaccination of horses.
7. That a "Client Waiver Form" (for clients that understand the risks but wish to help the horse anyway) be sought from suitable legal expertise that protects the attending vets rights and in which owners offer to accept full responsibility for their own personal safety, the health and welfare of their own unvaccinated horses and for the consequences that transpire from their informed decision to proceed with diagnosis and treatment of their unvaccinated horse.
8. That insurance against Hendra virus be ongoingly costed and sought from Guild or failing that any other Insurance Company. That objective risk analysis and decision tree analysis from an independent professional be sought.
9. That steps be taken to address the deficit of emphasis on procedure in attending sick horses and over reliance on supplying / wearing PPE at the expense of suitable work practises.
10. Continue efforts to maximise vaccine uptake in endemic areas.
11. Consultation with field veterinarians to ensure the preparation of a resource for PVPS objectively listing and pros and cons of various PPE, and support be given for the discretion of the attending vet in choosing their options, procedures and PPE, and that they seek the endorsements or otherwise of BQ and WHSQ. That facemasks and safety glasses are not enforced on vets working outside in the tropics by indirect or direct pressures or "benefit of hindsight" litigation. That suitable positive pressure powered respirators be endorsed for attending vets consideration while working outside in the tropics so they can see what they are doing.

All will result in improved client / vet relations, increased vaccine uptake and empowerment of equine vets in endemic areas.

## Something that really needs Changing (the sooner the better).

Vet: "How come you lot don't wait till the end of the incubation period? You might save the department a lot of money!!!!"

QWHS Investigators' response. Say nothing and avoid eye contact for a couple of minutes then continue on as if nothing had been said.

Does WHSQ believe it is justified in initiating legal proceedings and / or auditing with the threat of prosecution, potentially infected veterinarians whilst the vet is waiting out the incubation period following potential exposure of themselves and or their family, friends, colleagues or clients?

Is WHSQ aware that the immune system is the major if only defense against the virus? Is WHSQ aware that stress is the major negative influence on the immune system response? Does WHSQ even acknowledge these widely accepted science based facts or that initiating legal proceedings during the highly stressful time awaiting test results and / or seroconversion is detrimental to the attending veterinarian's health?

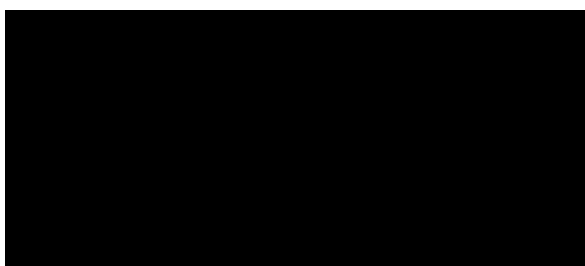
Does anyone believe this is morally inexcusable?

Given that some 80-150 vets have taken their lives from mainly work related depression at a rate four times the national average over the same period as the 4 equally tragic Hendra deaths, how can WHSQ justify prosecuting veterinarians under section 28 on the basis of saving vets lives?

Does WHSQ believe disempowering equine veterinarians from performing their chosen and often passionate care of horses contributes to their physical and mental ill health?

Does WHSQ even acknowledge that prosecuting equine veterinarians is detrimental to their physical and mental wellbeing?

Yours Sincerely,



Dr Jim Kerr B.V.Sc.  
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