

Vet sues due to over vaccination of dogs and cats



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Office of the Attorney General
Consumer Protection Division
Box 12548
Austin, Texas 78711-2548

Dear Sirs,

I hereby file a complaint against all licensed Veterinarians engaged in companion animal practice in the State of Texas for violation of the Rules of Professional Conduct, rule 573.26 which states; Licensed veterinarians shall conduct their practice with honesty, integrity, and fair dealing to clients in time and services rendered, and in the amount charged for services, facilities, appliances and drugs.

I assert that the present practice of marketing of vaccinations for companion animals constitutes fraud by misrepresentation, fraud by silence, theft by deception, and undue influence by all Veterinarians engaged in companion animal practice in this state.

Recommending, administering, and charging for Canine Corona vaccinations for adult dogs is fraud by misrepresentation, fraud by silence, theft by deception, and undue influence given the literature that states:

1. Dogs over eight weeks of age are not susceptible to canine corona virus disease. Disease produced by canine corona virus has never been demonstrated in adult dogs. Dogs over eight weeks of age that are immunized against canine parvovirus will not develop symptoms of canine corona virus disease. Addition of an unnecessary antigen to the vaccination protocol will result in a lesser immunity to the important diseases like parvovirus and distemper, and increase the risk of adverse reactions.

2. Immunologists doubt that Canine corona virus vaccine works, as it would require secretory mucosal IgA antibodies to protect against corona virus and a parenteral vaccine does not accomplish this very well. Twenty-two Schools of Veterinary Medicine including Texas A&M University do not recommend canine corona virus vaccine.

3. Gastroenterologists at Schools of Veterinary Medicine including Dr Michael Willard at Texas A&M University have stated that they have only seen one case of corona virus disease in a dog in ten years.

On several occasions large numbers of dogs have died from adverse reactions to corona virus vaccine.

A reasonable client would not elect corona virus vaccination for an adult dog if presented this information.

Recommending, administering, and charging for re-administration of modified live vaccines like Canine Distemper, Canine Parvovirus, Feline Panleukopenia, injectable Feline Rhinotracheitis, and injectable Feline Calicivirus on a semi-annual, annual, bi-annual or tri-annual basis is theft by deception, fraud by misrepresentation, misrepresentation by silence, and undue influence given the literature that states:

1. The USDA Center for Biologic and Therapeutic Agents asserts that there is no scientific data to support label claims for annual re-administration of modified live vaccines, and label claims must be backed by scientific data.

2. It is the consensus of immunologist that a modified live virus vaccine must replicate in order to stimulate the immune system, and antibodies from a previous vaccination will block the replication of the new vaccinate virus. The immune status of the patient is not enhanced in any way. There is no benefit to the patient. The client is paying for something with insignificant or no effect, except that the patient is being exposed to unnecessary risk of an adverse reaction.

3. A temporal association has been demonstrated between vaccinations and the development of Immune Mediated Hemolytic Anemia.

4. It has been demonstrated that the duration of immunity for Canine Distemper virus is 7 years by challenge, and 15 years by serology; for Canine Parvovirus is 7 years by challenge, for Feline Panleukopenia, Rhinotracheitis, and Feline Calicivirus is 7.5 years by challenge.

A reasonable client would not elect re-administration of any of the above stated vaccinations for a previously immunized pet if provided with the above information.

The recommendation for administration of Leptospirosis vaccination in Texas is theft by deception, fraud by misrepresentation, misrepresentation by silence and undue influence given the fact that:

1. Although Leptospirosis is re-emerging as an endemic disease for dogs in some areas of the country, Leptospirosis in dogs in Texas is a very rare disease. According to the Texas Veterinary Medical Diagnostic Lab there are only an average of twelve cases of Leptospirosis documented in dogs in Texas per year. Factors to identify those dogs

that are at risk have not been identified. Given that there are over 6 million dogs in Texas, the risk of leptospirosis disease to a dog is less than 2 in a million.

2. The commonly used vaccine only contains serovars *Lepto. canicola*, and *Lepto icterohaemorrhagiae*, and no cross protection is provided against the other three serovars diagnosed in Texas. Newer vaccines containing *Lepto pomona*, and *Lepto rippotyphosa* are available but the duration of immunity is less than one year. To provide protection for a dog against Leptospirosis would require two vaccines with four serovars twice per year.

3. Although humans can develop Leptospirosis, the spread of *Lepto.* from a dog to a human has never been documented and is thought to be a very low risk. Given that the risk of an adverse reaction, a reasonable client would not elect Vaccination of their pet if provided with the above information.

The recommendation of Lyme disease vaccine for dogs residing in Texas is fraud by misrepresentation, misrepresentation by silence and undue influence given the literature that states:

1. The Texas Department of Health only reports an average of 70 cases of Human Lyme disease per year in Texas, all of which were likely acquired when people were traveling out of the state.

2. Julie Rawlings reported in her research on the incidence of the lyme disease organism in ticks in Texas State Parks for the Texas Department of Health that the *Borrelia burgdorferi* organism is not present in sufficient numbers or in the suitable tick vector for dogs for Lyme disease to be endemic in Texas.

3. Eighty per cent of Lyme disease cases in the U.S. are found in the nine New England States and Wisconsin.

4. Texas A&M College of Veterinary Medicine has not documented one case of Lyme disease in a dog acquired in Texas. Testing on shelter dogs has not revealed a single case.

5. Dr Jacobson, Cornell University has documented a temporal relationship in over 327 cases of dogs, which acquired polyarthritis after the Lyme disease vaccine.

A reasonable client would not elect Lyme disease vaccine for their pet if given this information on the risks vs. the benefit.

The recommendation for vaccination of cats with an adjuvanted vaccine without offering a safer alternative vaccine is fraud by misrepresentation, misrepresentation by silence, and undue influence given the literature that states:

1. Adjuvanted vaccines have been incriminated as a cause of Injection Site Fibrosarcoma in cats.

2. 1:1000 cats vaccinated develop this type of cancer, which is 100% fatal.
3. Safer alternative non-adjuvanted vaccines are available.

A reasonable client would not elect adjuvanted vaccines for their cat if given this information.

The recommendation for vaccination of cats with Feline Infectious Peritonitis vaccine is fraud by misrepresentation, misrepresentation by silence, and undue influence given the literature that states:

1. Feline Infectious peritonitis is a rare disease.
2. Eight percent of adult cats carry the normal flora avirulent Feline Corona Virus. On rare occasions this Corona Virus mutates to become a virulent feline Infectious Peritonitis Virus. Every mutation is a different variant and there is no cross protection. This vaccine does not and cannot work.
3. Independent studies have not confirmed the manufacturers claims for efficacy.
4. Twenty-two Schools of Veterinary Medicine and the American Association of Feline Practitioners does not recommend this vaccine.

A reasonable client would not elect this vaccine if given this information.

The recommendation of annual Feline Leukemia Vaccine for adult cats, and cats that are not at risk is theft by deception, fraud by misrepresentation, misrepresentation by silence, and undue influence given the literature that states:

1. Cats over one year of age, if not previously infected, are immune to Feline Leukemia virus infection whether they are vaccinated or not.
2. Adjuvanted Feline leukemia vaccine can cause Injection Site Fibrosarcomas, a fatal type of cancer. This type of cancer is thought to occur in 1:10,000 cats vaccinated.
3. Only cats less than one year of age and at risk cats should be vaccinated against Feline Leukemia virus.

A reasonable client would not elect this vaccine for their cat if given this information.

The recommendation of annual rabies vaccination for dogs and cats with three-year duration of immunity vaccine is theft by deception, fraud by misrepresentation, misrepresentation by silence, and undue influence given that:

1. The vaccines has been licensed by the USDA and proven to have duration of immunity of three years by the USDA and seven years by serology by Dr Ron Schultz, therefore annual re-administration the client is paying for something with no benefit.

2. Beyond the second vaccination, no data exist to demonstrate that the immune status of the pet is enhanced.

3. The National Association of State Public Health Veterinarians recommendation is for vaccination of dogs and cats for rabies at four months, one year later, and then every three years subsequently. This recommendation has been proven effective in 33 States in the United States.

The recommendation of blood tests for antibody titers on dogs and cats in order to determine if re-administration of vaccine is indicated is fraud by misrepresentation, misrepresentation by silence, and undue influence given the literature that states:

1. The duration of immunity to infectious disease agents is controlled by memory cells, B & T lymphocytes. Once programmed, memory cells persist for life. The presence of memory cells is not taken into effect when testing for antibody titers.

2. Even in the absence of an antibody titer, memory cells are capable of mounting an adequate immune response in an immunized patient. A negative titer does not indicate lack of immunity, or the ability of a vaccine to significantly enhance the immune status of a patient.

3. A positive titer has not been demonstrated by challenge studies to indicate immunity.

4. The client is paying for a test when a Veterinarian can make no claims about the test results.

5. It has been proven that the re-administration of modified live vaccines has no effect, and that duration of immunity is 7 years or more.

A reasonable client would not elect this test if given this information.

I have brought these deceptive trade practices to the attention of this Board by writing six letters to the board, and appearing before the Board at three Board meetings. The Board members have demonstrated, by the questions that they have asked me, that they are unformed on these issues, that they have not read the literature that I have sent to support my assertions, and that they have not read the letters I have written. On every occasion the Board members have refused to take any action on these matters.

The Board has also ignored my request to deny approval of Continuing Education credit for seminars on Vaccination of Companion Animals provided by Pfizer Animal

Health drug company which are fraudulent by omission of material facts, a conflict of interest, and thereby influence Veterinarians to continue deceptive trade practice in the marketing of vaccines.

The people of the State of Texas have paid over \$360 million dollars per year for vaccinations that are unnecessary and potentially harmful to their pets. Over 600,000 pets suffer every year from adverse reactions to unnecessary vaccinations. Many of them die.

A survey by the American Animal Hospital Association shows that less than 7% of Veterinarians have updated their vaccination recommendations, in spite of the fact that these new recommendations have been published twice in every major Veterinary Medical Journal since 1995.

Given that it is the compact of this Board with the State of Texas to protect the people of Texas, and whereby it is provided in the Texas Administrative Code Title 22, Part 24, Chapter 577, Subchapter B, Rule 577.16: Responsibilities of the Board (a) The Texas Board of Veterinary Medical Examiners is responsible for establishing policies and promulgating rules to establish and maintain a high standard of integrity, skills, and practice in the profession of Veterinary medicine in accordance with the Veterinary Licensing Act, I hereby assert that the Texas State Board of Veterinary Medical Examiners must take demonstrated and thorough action to stop the deceptive trade practices and fraud in the marketing of vaccinations for companion animals.

A reasonable solution would be for the Texas State Board of Veterinary Medical Examiners to request an opinion from the Attorney General on these issues, and for the Texas State Board to issue a policy statement in the Board Notes indicating a Board policy prohibiting each of the practices I have outlined above.

An alternative solution would be to notify every Veterinarian engaged in companion animal practice in this state of the complaint that has been filed against them and prosecute each and every complaint.

If demonstrated and thorough action to stop the deceptive trade practices has not been taken by this Board within ninety days of receipt of this letter I will file a class action suit against the Texas State Board of Veterinary Medical Examiners on behalf of the people of Texas, for negligence in the execution of their responsibilities, and I will request a Court order to instruct the Board to perform their duties.

Sincerely,

Dr Robert L Rogers