

May 26, 2015

Good afternoon, Chair Gelser and members of the committee,

My name is Laura Cochrane, and I am a veterinarian in Portland. I'm also the Oregon Director for The Paw Project, the world's largest organization devoted solely to ending declawing.

I'm here today to urge you to **oppose** HB 3494A. The exceptions for "last resort" and "protection of human health" are loopholes that will only allow declawing and devocalization to continue as usual. As written, it's an unenforceable "ban". The same excuses used by pet owners and veterinarians to perform these procedures are given legitimacy in the exceptions. These are invasive convenience surgeries with NO medical benefit to the animal. I ask that you only accept legislation, as presented in the A-5 amendment, that prohibits these surgeries **except** to treat a physical ailment of the animal. Nothing else. If we know that declawing and devocalization are wrong, why are we allowing this bill to legitimize it?

You're going to hear those in favor of the current language of this bill argue that we must keep declawing as an option to "keep cats in homes". If it were true that declawing keeps cats from being relinquished, then no declawed cats would end up in shelters. A search on PetFinder.com just yesterday showed that 33 declawed cats are available for adoption within 100 miles of Salem. The number is probably higher because not all municipal shelters list their animals on this site. So, why aren't these 33 declawed cats still in their homes?

The Humane Society of the United States, the Humane Society Veterinary Medical Association, and Alley Cat Allies, are all national organizations that support complete bans on declawing. They also want to keep cats in their homes. If these groups really thought that declawing would keep cats in their homes, as veterinary medical associations like the OVMA claim it does, then why would they support a complete ban on the procedure?

You'll hear that destructive scratching will lead owners to relinquish their cats to the shelter. According to the National Council on Pet Population Study and Policy's Shelter Survey in 2000, destruction of household objects does not even make the top 10 list of reasons why cats are relinquished to shelters. Then what does make the list? What's the #1 behavioral reason for giving up a cat? House soiling. Why am I bringing this up? Because after declawing, up to 15% of cats will develop house soiling from litter box aversion. (Yeon, et al., 2001) So, you're starting with a behavior issue that is correctable and that doesn't even make the top reason for relinquishment and setting the cat up for a chance to have the #1 behavior reason for being relinquished to a shelter. How is this okay?

And regarding those veterinarians who want you to believe that owners will start dropping cats off at the shelter if they don't offer declawing...or that people will relinquish their dog to the shelter if debarking isn't an option--How many of those vets are even counseling their clients on why cats scratch and how to direct that scratching to a preferred object, ie a scratching post. How many discuss nail trims or nail caps or discuss the types of scratching posts and how some cats prefer horizontal vs vertical? How many mention double-sided sticky tape or positive reinforcement training? How many vets take the time to discuss that excessive barking can stem from separation anxiety? How many refer the owner to a reputable trainer for help?

Given that most vets receive little to no behavior education or training, my guess is that number is pretty low. In fact, a published study in JAVMA revealed that only 11.1% of vets strongly agreed that it was the veterinarian's responsibility, rather than the clients, to initiate discussion about behavior problems. Less than 1/3 of vets felt routinely confident of their ability to treat common behavioral problems. (Scarlett, et al., 2002)

So, with this "last resort" exception, how are you going to know if, in fact, the veterinarian has "tried everything"? How will it be documented? How many attempts? What sort of proof? Behavior changes are not an overnight fix. Taking a proper history of the issue, counseling the owner about the time involved in successful behavior modification--this is how we change behaviors. Given that over 150 veterinary clinics in Oregon currently offer declawing (and over 30 clinics offer debarking) according to the OVMA's website, do you really think that "trying everything" will suddenly become the preferred route?

The exact exemptions you propose are already clearly stated in the American Veterinary Medical Association's policy on declawing, yet approximately 25% of cats in the United States are declawed. (Patronek, 2001) Sadly, there are many vets who routinely "supersize" kitten spay/neuter surgeries to include declawing. How can you tell me that "all attempts have failed"? In most of these kittens being declawed, this "problem behavior" the vet is supposedly correcting hasn't even had a chance to develop! These vets are going against the AVMA's policy, and there is absolutely no way to police this. Just as there will be no way to regulate an Oregon law with the same exceptions.

And it's also interesting that just a few days ago, the website of the largest humane organization in Oregon stated that although it opposed declawing, "if you decide to have your cat declawed, we suggest that you have the surgery done at the time she's spayed or neutered". So, before you even give these kittens a chance to succeed at using scratching posts or trying nail caps, go ahead and declaw them anyway while they're already under anesthesia? Really? A humane organization is saying this?

You'll also hear the tired argument that veterinarians need to have the option to declaw because "there could be potential health concerns to the owner if they were to be scratched". Honestly, it seems like the only people making this argument are the veterinarians who make money doing this procedure.

The CDC, NIH, Infectious Diseases Society of America, and the U.S. Public Health Service have published statements that declawing cats IS NOT recommended to prevent transmission of disease from cats to people--even to the most immunocompromised of people, those living with HIV. (Kaplan, et al., 2009)

There is no evidence that declawing is significantly effective in protecting human health. In fact, nearly all feline diseases that may be spread from cats to immunocompromised people are NOT spread by scratching. They are spread by biting. And guess what? Declawed cats are more likely to bite and pose a greater health risk. So, why are veterinarians grasping onto the false claim that declawing is needed to protect human health? I'm going to have to side with the human health organizations that are the true experts on this issue. Isn't it inappropriate for veterinarians to make recommendations on human health affairs when it goes against organizations like the CDC and NIH?

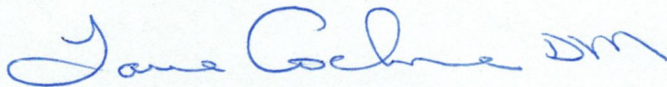
HB 3494A is not a "first step" to helping animals. It is not a "first step" to future legislation to increase protection of animals in Oregon. There would be no will by lawmakers to pass stronger legislation in the near future. If there were, why not just do it now? Unless it's amended to remove the loopholes, it is only a "first step" to wider public acceptance of two inhumane convenience surgeries.

In order for this bill to actually protect animals, the exceptions need to be removed. The exemptions are not based in fact. I respectfully ask that you please reject HB 3494A in its current unamended form and either withdraw it or amend it so that it accomplishes a meaningful regulation of declawing and devocalization in Oregon. The only ethical reason to surgically alter paws or vocal cords is to treat a physical ailment of the animal.

All eyes are on Oregon to be a leader and a champion for animals.

Thank you for the opportunity to speak today.

Sincerely,



Laura Cochrane DVM
Director, The Paw Project-Oregon