

# RURAL AREA VETERINARY SERVICES

BY: LORI ROHLFING, DVM

There have been huge strides made over the last several years to bring medical care to people in rural areas, many of whom do not have access to specialists or hospitals without traveling great distances. I recently had the pleasure of working with an operation that exists to bring the same standard of care to animals in those same communities. Rural Area Veterinary Services (RAVS) is a non-profit program that provides free veterinary services to underserved rural communities. These are areas where poverty or geographic isolation makes regular veterinary care inaccessible to companion animals. RAVS founder Eric Davis, DVM, DACVIM, DACVS, developed the program in 1995. In addition to bringing care to pets in rural areas, he also wanted to provide valuable training and experience for hundreds of veterinary students. Dr. Davis' aim was to allow them to gain confidence in their medical and surgery skills while serving communities and their pets.

In 2007, the program's seven staff members joined more than 700 volunteers to provide veterinary care for animals on Native American reservations throughout the United States, as well as in rural Appalachian counties, Mexico and island nations in the Caribbean and Pacific.

I recently traveled with RAVS for a "teaching" clinic held in Manzanillo, Colima, Mexico. Veterinarians and veterinary technicians from New York, Michigan and Colorado, as well as veterinary students from the University of Pennsylvania and Cornell University, joined Dr. Susan Monger and myself for this adventure. Dr. Monger, who organizes clinics like this throughout Latin America, guided our efforts to provide medical care and perform spay and neuter procedures for dogs and cats. These efforts, as well as the training of several Mexican veterinarians and veterinary students, were performed in conjunction with Manzanillo's local animal welfare group, Personas Ayudando a Todo los Animales, or PATA.



*Dr. Lori Rohlfing (center) with Luis and Marcia*



We set up our clinic in a three-sided shed behind an old community theater. We had two electrical outlets, a garden hose that provided water, and tarps to pull over the open end when the sun shone in with too much force. It was a touch chilly when our day started at seven in the morning. By Noon, our hands dripped sweat when we pulled off our surgery gloves. And by two in the afternoon, we were too dehydrated to sweat. Those from Manzanillo constantly reminded me that “This isn’t even the hot time of the year.” Not only was there no climate control, the 50 roosters confined in their hutches next door provided constant background noise. When we entered the old theater to select the next patient, bats swooped over our heads. Many of the owners waited patiently in the theater for their pet’s turn. I quickly learned that the note “sillas roto” placed on many of the theater seats meant “chair broken”.

We started each morning with informal lectures covering how to perform physical exams and emergency lifesaving procedures, as well as anesthesia protocols, surgery techniques and pain management methods. Some of the students understood English, but many relied on the rapid translation provided by our fluent Spanish-speaking members. We tried to gear our talks to their practical experience by using the medical and surgery equipment, anesthesia drugs and pain medication most familiar to them and readily available in their clinics. We quickly discovered that our new friends from Mexico do not enjoy the wide range of diagnostic equipment, anesthesia drugs or pain medication we have easy access to in the United States. We were frequently told that the owners of the animals they’re treating do not have the money to pay for care. Several of the veterinarians were actually employed in another field during the day to earn a living, and practiced veterinary medicine at night and on the weekends. Most of the dogs and cats I saw as we walked through Manzanillo were “street” dogs and cats or “community” animals. They scrounged around for food and water, lucky if someone gave them an occasional meal. We dealt with some of the worst cases of mange I have ever seen. All of the female dogs were thin and struggling to survive, yet most were in heat or pregnant at the time they were spayed. It was quite a difference from my practice in America, where I am sad to say one of the biggest challenges is dealing with the health issues that arise in overweight and obese patients.

My week with RAVS was tremendously rewarding. I guided several U.S. and Mexican veterinary students through their first spays. I assured them that the first 100 would be the hardest. I encouraged several Mexican veterinarians to be a little gentler with tissue handling and to make smaller spay incisions. The veterinary students from the U.S. challenged me to learn how to place a “Miller’s Knot”, something that I was not taught in veterinary school many years ago. I, in turn, challenged them to do it with less than one pack of suture material. I learned that I am not nearly as proficient in setting IV catheters in sick dehydrated cats as I used to be. That task is now easily accomplished by my practice’s incredibly talented RVTs.

The experience was also rewarding on a personal level. We tasted authentic Mexican food each night at out-of-the-way local restaurants. We replayed the day’s events as we drank beer and ate chips and salsa. I learned to like guacamole. I came home with an even greater appreciation for my digital x-ray system, in-house blood machines and vast array of anesthetic and pain management protocols. I was reminded how important it is to put your hands on your patient during that initial physical exam and listen closely with your stethoscope to give yourself a good start.

As I’m sure you can imagine, our work was very challenging. But at the same time, it was very fulfilling. Besides learning more about a culture different from my own, I know our team helped the veterinarians and residents in the Manzanillo community. And I left Mexico with a greater understanding of how fortunate we as veterinarians are to have almost unlimited access to technology and medicine to treat the animals of the United States.