

# Rabies Clinic at Mesquakie Settlement

By  
Kelly J. Donham\*

Last summer while finishing some work for a degree at the University of Iowa, I met a sophomore medical student named Ron Terrill. In talking with him I found that he was spending his summer on the Mesquakie Indian Settlement at Tama, Iowa, working to improve the community health on the settlement. His position at the settlement was provided for through the Indian Health Service, who had entered into a contract with the University of Iowa to subsidize a medical student for the summer months. In further discussion, Mr. Terrill described a very large population of dogs on the settlement. He indicated that most families had several dogs and that the dogs were not confined. He noted that the whites living in the surrounding area help to maintain the dense canine population by dumping off unwanted dogs on the settlement. In discussing the public health significance of this situation, he noted that many of the dogs had a mange-like dermatitis and many had open draining skin lesions. He also indicated that there was quite a high incidence of impetigo in the Indian children. We discussed the possibility of the dogs being a reservoir for the pyoderma of the children. The settlement is situated in a wooded area along the bottom land of the Iowa River. There is great opportunity for contact between wildlife and canine populations. Upon visiting with the Indians and local veterinarians in Tama and Toledo Mr. Terrill found no evidence that any of the dogs had been vaccinated for rabies. In summary, the following factors were apparent in the area: 1) There is a heavy population of dogs on the settlement. 2) These dogs are not con-

fined. 3) The canine population is apparently susceptible to rabies. 4) Rabies has been found in the area; several cases of animal rabies were reported in Tama county last year. Although to our knowledge there have been no cases of human rabies in the area, the opportunity for transmission of rabies from wildlife to dog to man is certainly great.

It was apparent that this public health hazard could be reduced if the canine population were immunized for rabies. Thus, the possibility of establishing a clinic to vaccinate dogs and cats for rabies was studied. First, the local veterinarians were contacted to learn their reaction to a low-cost rabies vaccination clinic organized and manned by veterinary students under the supervision of faculty members. The veterinarians who responded gave their support to the project. Next, Mr. Newman Groves, the representative from the Bureau of Indian Affairs for the Tama Settlement was contacted. He felt that a rabies clinic was needed and offered his support for the project. Next, Bob Stout, a senior veterinary student, contacted Fort Dodge Laboratories and explained the proposed project to them. They offered to supply all of the vaccine we might need for the project. Mr. Stout and I attended a meeting of the tribal council on October 9 to explain the need for rabies immunization and the possibility of setting up a low-cost clinic. All members of the tribal council were quite receptive to the idea. We then arranged for the rabies immunization clinic to be held on Saturday, October 24. On the Wednesday evening before the clinic, we held a meeting in the settlement school during which we showed a film concerning rabies and its prevention and answered questions asked by the people from the

\*Mr. Donham is a senior student in veterinary medicine, Iowa State University, Ames, Iowa.

settlement. Communications regarding the clinic were carried through a newsletter distributed to residents of the settlement by Mr. Groves' office.

On the morning of October 24 Ralph Snodgrass and Paul Wade (sophomore students), Dennis Crow and Dennis Downs (junior students), and Bob Stout and I (senior students) with faculty members Dr. George Baker and Dr. Renee Himes set out for the Mesquakie Settlement to set up the clinic in the garage of the settlement school house. Mr. Groves provided transportation for those Indians who could not bring in their dogs themselves. The dogs were given physical examinations before being vaccinated with Fort Dodge Lab's Bar-Rab rabies vaccine. A fee of 25¢ per dog was charged. The movie on rabies was shown periodically as groups came through the clinic. Literature concerning the significance of rabies was also distributed. Forty-five dogs were vaccinated.

The question of motivation for this may be raised by some individuals. I believe (and hope) that we are in a period of increased social awareness. I think it is unfortunate that this had to be forced on us by increased boistrousness of minority groups. The point is that there is a public health hazard and we, as part of the health professions, should seek out such problems and use our professional training to attempt rectification. Applause is not warranted for such activities because this is (or ought to be) part of our professional duty. Arguments may be raised that these people are subsidized by the government and should be able to afford to seek professional services on their own accord. Thus, it might be reasoned, the Indian on his settlement should not receive treatment preferential over the underprivileged white or black who lives just down the street in your own community. It is true that many of the Indians receive a good deal of free food via food stamp and high risk food programs. Also, usually all medical care is provided by the Indian Health Service, and education is provided by the Bureau of Indian Affairs. In the original treaties signed with the Indians, our government promised health care and edu-

cation in exchange for their land. Thus, we have a special commitment here. Also, the Indian culture, including the relationship of dogs, is entirely different from white culture. We cannot expect the Indians to conform to our values and understandings. At present few Indians seek veterinary services off the settlement, and under the present conditions there will probably be no change in this trend. However, they can appreciate the public health hazard and they will accept veterinary service if it is compatible to their value system.

It was mentioned previously that 45 dogs were vaccinated. At best estimate this was about 20 to 25% of the total dog population. The actual value of producing an immune population was probably not great. Also, little was done to help improve the total public health picture of the potential transmittance of disease between the dogs and the people. However, we felt the rabies clinic was a success because many of the people were exposed to the potential public health hazard and the value of veterinary services.

To be of value some provisions must be made to achieve continued and regular veterinary service at the settlement. Mr. Terrill is presently contacting the Indian Health Service in an attempt to establish interest in subsidizing veterinary services at the settlement. He will suggest that Indian Health Service establish a contract for veterinary service with a local veterinarian, the local veterinary association, or possibly with the veterinary college.

I would like to thank Fort Dodge Labs for their assistance in this project. I would also like to thank the faculty of the veterinary college, the local practitioners and Mr. Newman Groves for their cooperation. I encourage students as future veterinarians as well as present veterinarians to take time from their busy schedules to identify public health problems which may exist in their locality. From our experience it is not difficult to obtain support from governmental or private organizations for worthy projects.