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Kelly Hovde at home in Half Moon Bay, CA

Hi Everyone,

I survived my RAVS (Rural Area Veterinary Services) trip to South Dakota and lived to tell about it... [The Cheyenne River Indian Reservation](#). The 4th largest Indian reservation in the US and home to the Sioux Indians)

As can be the case, our initial hope and excitement about the future can be unfulfilled, quashed or proven inaccurate. Because the past is not always a predictor of the future - or maybe it is....

I'm a bit embarrassed to report that my trip was a disappointment and painful at times. I push myself now to remember what was positive in the hope that it will outweigh the negative (and it will).

The words of warning given to us on the web site description proved completely accurate. We were to expect long days, no guarantee of showers, basic food and little sleep. We would rise at 5-5:30 in the morning and return to eat dinner around 8pm. Then usually some sort of orientation and to bed around 10-11 pm. I slept in a dorm room with a mattress that seemed a real treat at the time. The shower was adequate when I had time and energy to use it. Hopefully there was no moldy stuff on the floor or bed bugs in the bed.

The rolling green hills of South Dakota were really quite beautiful. The climate was very nice - 70s + in the day and hi 50's at night. The community seemed not particularly big (many people live 1 hour away in the hills). I saw fewer trailers than I expected. The Indians appear more like cowboys than our (my) romantic view of them. But they still have cool names like "Randall Runs Away".

It was tiring (as I had to help) and amazing to witness the transformation of a school bus depot into a functioning field clinic. Setting it up and tearing it down - all within one 24 hours period (we would do this 3 different times in different locations during a 5 day clinic). It was a lot of standing - when we had a moment to eat a sandwich brought by the Indians, we might sit on a cooler or a box. By the third day, it was not my back as I had been a bit worried about, but rather my legs/ankles and feet that were killing me. Thursday was actually considered to be mistake day due to the exhaustion of the volunteers and staff.

The local people would begin lining up before we arrived and often have to wait for hours (2-4) to have their pets examined by the students and admitted for surgery that day. Everyday, people were turned away. The first couple of days we were a bit slower and in poorer communities. This wasn't bad, because many students were just past 1st year with no surgery experience, etc. I was on receiving twice and in recovery twice. I did not perform surgery.

The dogs (particularly the first couple of days in the poorer areas) were SO different than the dogs we are used to in our society in general. Many had body condition scores of 2-3/9 (you could not just palpate, but see their ribs). Their coats were matted. Their past history would typically include AT LEAST one hit by car. Probably 50% had signs of sarcoptic mange (almost never seen outside very poor areas). Despite this, they tended to be very socialized. Rest assured they received great medical and surgical care. IV catheters and fluids were given to all patients undergoing surgery. Surgery students were instructed in proper gowning and gloving and all had their very own veterinarian on the other side of the table giving personal instruction. They were monitored closely (almost never seen in real practice) during recovery. They were all de-wormed and vaccinated. When required, they received additional fluids, removal of porcupine quills (quite a procedure), removal of mammary tumors, enucleation (removal of an eye), amputation and hernia repair. The client-owners were definitely culturally different. Dogs were almost always outdoors and un-neutered. It was difficult to get them to follow basic post -op instructions (keeping animals ideally indoors, and inactive following surgery). Digesting this and understanding without judging wasn't necessarily easy. It would have been nice to have had more opportunity to discuss these cultural differences as a group.

I really enjoyed many of the students when I was able to connect with them. Along with this, however, came my biggest source of distress. I have never considered myself a good teacher. This stems, I believe, from a significant lack of self-confidence and problems with remembering (storing and retrieving) information. Then, of course, adding the anxiety of whether I can retrieve this information when needed - like when a student asks, "Is it butorphenol or buprenorphine that is a partial mu antagonist?" To which I will answer, "Yes." LOL.

In practice, important things I tend to know, and look them up when necessary. And, I've been pretty successful with this. However, these moments of doubt tend to weigh and multiply. At one point, I seemed to be doubting EVERYTHING I did/heard (or didn't hear - as in heart murmurs). So, one of my last experiences with a student pair was them not listening to me (preferring to teach each other). And finally, when they wanted a second opinion on a heart murmur, she asked a technician 6ft away to listen instead of me - standing in front of her holding the dog! My background in emergency medicine could have been useful in trying to get them to prioritize. And it probably would have helped them if they had cared or respected me enough to listen.

Other vets who had been on these trips before felt that this trip was missing something important present in others trips. One thought going around was the availability of dorm rooms made it unnecessary for us all to bed down (in sleeping bags) in our work area with all the students etc. It was at these times that students, staff and vets would have the opportunity to get to know each other and talk about our experiences. This likely added to a bit of the disconnectness that we felt.

I was unfortunate enough to receive some serious/critical patients at the end of the day both with animals (one cat and one dog) that had bite wounds that penetrated the abdomen. And it was critical that they undergo exploratory surgery and abdominal hernia repair. Since it was the end of the day and we were finishing up (and the lead vet and staff are understandably exhausted), the decision was made not to offer these clients/patients the needed surgical procedures with us. The dog was euthanized and the cat was sent away with antibiotics and pain meds with the hopes that the owners would go directly to the veterinarian in a town 50 miles away for surgery. Otherwise, the cat was likely to suffer and die of its wounds. I understand why these decisions were made and I can't particularly argue with them. It's just hard to swallow when other patients with non-critical surgical needs were accepted -solely because they presented earlier in the day. And it seemed that the only cases denied were "mine". UGH. I do believe it was just bad timing... But still. I became lower each time things like this happened. It is so much easier for me to pile negative sh-t on my fragile ego than to be resilient in times such as this.

So, I was happy to return home (however, still depressed). I was fortunate to met by Juan at the airport with roses and a hug. A man that believes in me - and thinks I am "una gran doctora." After a couple of days of reflection, I believe I will do volunteer veterinary work again. It is unlikely to be a

RAVS trip, maybe something with less or no student involvement - more doing and less teaching. I'm not giving up. Just taking a break.....

Love,

Kelly



Setting up



Bus Depot



A.J. was asking for it.



Fido



Indian boys watching surgery



Student with recovering patient



Removing porcupine quills