

The Army's role in delivery of dog health services: 2002 – Dampier Peninsula and Pandanus Park

Rod Salter

ABSTRACT

In my role as an Army Veterinarian assisting the AACAP program I have now had 3 deployments (to Oak Valley, Docker River and Jumbun) over the last 2 years.

The Army continues to undertake these tasks – this year in Western Australia.

WHAT IS THE AACAP PROGRAM?

In 1997 the chief of Army, Lt-Gen Sanderson, signed a Memorandum of Understanding which committed the Army to the ATSIC Army Community Assistance Program, designed to aid remote Aboriginal and Torres Strait Islander communities across Australia. The stimulus for this development was a request from Minister Herron that assistance be provided in seeking ways to achieve the best possible water and health infrastructure in these communities, using the unique resources of the Army. The first community to benefit was Oombulgurri in Western Australia, where the Engineers repaired damage to the airstrip and barge landing after severe flooding in February 1998. Since that time further communities have participated in AACAP, with varying combinations of Engineer and Health service support. This has been a major commitment with many months spent in the field by the soldiers concerned.

The health program has included delivery of primary care in community health centres, dental services and environmental health, with dog health and population control programs being delivered as part of the latter. In every case there has been a strong emphasis on training members of the community, including an ability to continue dog programs set up by AACAP veterinarians.

PREPARATION FOR DEPLOYMENT

- An initial briefing
- Cultural awareness training
- Review previous exercises
- Liase with the community, environmental health officers and local vets and other vets to be deployed if applicable

THE PROJECT FOR 2002

The Army ATSIC Community Aid Project in 2002 veterinary activity was conducted at Dampier Peninsula and Pandanus Park by MAJ Harris, LT Reid (Dampier Peninsula from 03 to 22 Jun 02), and CAPT Peach, LT Beckett (Pandanus Park from 1 to 14 Sep 02).

TASKING

Treat community dogs by broad spectrum anti-parasitic treatment, surgical desexing and euthanasia, in accordance with owner's requests and community directions.

The veterinary public health approach towards dog populations in remote communities is consistent with these tasks, as a variety of animal borne infections can be an important source of human infections, including roundworm, hydatid tapeworm, fungal diseases (ringworm), and various bacterial infections.

PREVIOUS DOG HEALTH PROGRAMS

A pre-existing dog health program has been in place. This is coordinated by the public health officer for the Kimberley region from Broome and undertaken in the communities by the local public health community workers.

The program consists of 3 monthly Ivermec (antiparasitic) injections, 3 monthly Covinan (contraceptive) injections for bitches, and euthanasia of strays.

Beagle Bay and Djarridjin/Lombardina communities in Dampier Peninsula did not have evident stray dog problems. Both places had cleaned up stray dogs during the period leading up the AACAP activities there. In Beagle Bay 30 stray dogs were euthanased during the preceding month. The general dog presences in Beagle Bay and Lombardina were not large, but dogs were somewhat more numerous in Djarridjin. The public health worker there estimated about 50 dogs in the community but this may have been conservative.

The fact that a dog health program is in place is an important consideration, as it ensures that there will be some level of ongoing follow-up action, and the AACAP veterinary activity is not an isolated and relatively useless one-off process.

DAMPIER PENINSULA ACTIVITIES

From arrival in Beagle Bay on 4 June, the period through to 6 June, was spent on orientation there and at Lombardina/Djarridjin, meeting community leaders, and locating a suitable venue in each place.

Minimum requirements for conducting desexing surgery (relatively major abdominal surgery) were: dust free environment, power, good lighting, running water, and an enclosed recovery area. Difficulties in this respect were encountered at both Beagle Bay and Lombardina/Djarridjin. No prior consideration to providing a suitable venue had been given at the community level, although both places were aware of the veterinary activity commencement.

A satisfactory venue was located at Beagle Bay (the old bishop's residence, courtesy of the church), but a satisfactory venue at Djarridjin/Lombardina was not determined at this time.

Posters advertising the activity were then distributed to notice boards and outlying communities, and the information promulgated through the community offices.

A clinic was then conducted at Beagle Bay from 7 - 12 June (with a rest day on Sunday 9 June). During this period 24 dogs were surgically desexed, 3 dogs were given contraceptive injections, and a total of 51 dogs were wormed with Ivermec injections and Praziquantal tablets. Interest had waned by the end of this period and it appeared community requirement and interest had been satisfied.

The team moved to Lombardina/Djarridjin on the afternoon of 12 June. A satisfactory venue had not been determined, a decision was made to work out of an 11x11 tent erected in the yard of the community office. This had lighting, power, running water nearby, but was a dusty environment. Fortunately the first three days were not windy and dust was not a significant problem. The last two days were windy but there were no requests for surgical desexing on these days.

A clinic was conducted from 13-18 June (with a rest day on Sunday 16 June). During this period, seven dogs were surgically desexed, one given the contraceptive injection, one euthanased, and 46 wormed. Again, interest appeared to have been satisfied by the completion of the clinic.

The team moved back to Beagle Bay on the afternoon of 18 June. On 19 June, plans had been put in place to worm by Ivermec injection the forty or so cattle at the Bobieding Outstation. On arrival in the morning the cattle had not been yarded and were not in sight. The owners apologised and said they might be able to get them yarded after lunch.

The team returned in the afternoon but still no cattle. It appeared evident from the state of the yards and associated fencing that the owners were probably unable to get the cattle yarded even if they had tried. It did not look as though they had tried.

On 20 June, a return clinic for stitch removal was conducted at Beagle Bay in the morning, and the team moved to Broome in the afternoon. The team returned to Brisbane over the period 21-22 June.

RECOMMENDATIONS

- It needs to be remembered for future planning purposes that the minimum size veterinary team, if surgical desexing is to be undertaken, is two persons, ie. a veterinarian and dedicated assistant.
- The dedicated assistant could conceivably be supplied from other deployed elements for the period of the veterinary activity if a suitable person with animal handling experience could be made available for the period.
- The major difficulty encountered at Dampier Peninsula was locating suitable clinic venues. Mobility assets for the veterinary team need to be planned and included. The clinic venue is distant from the accommodation. Drugs and equipment cannot be left unless very secure, and therefore may also need transporting backwards and forwards each day.
- It is undesirable for desexing surgery to be performed during the last three or four days at a location, as it would be considered professionally negligent to not be present in case of any post surgical complications during this period. This significantly limits the operating period on a short deployment of 2-3 weeks and complicates moving between remote venues.

- Veterinarians must be registered with the Veterinary Surgeon's Board of the state involved.
- Appointment of a local vet
- Maintenance of a scabies program until the incidence is low enough to euthanase refractory animals.
- Appoint and license a Veterinary Nurse to be responsible for the ongoing implementation of the program under guidance of the appointed vet.

CONCLUSION

These are large exercises involving integration of Engineering and Health, Regular Army and Reserve.

Success of the program requires prior preparation, cultural awareness training, early deployment of support personnel into the community (prior to the arrival of the vet) and the ability to spend a prolonged period of time on site.

These are remote communities and resupply takes time to occur. Prior preparation and allowance for contingencies is essential to ensure that the mission is achieved.

A significant degree of interpersonal skills were required to achieve the objectives in these communities.

Appoint an going veterinary service provider.

Each community differs - one must be extremely flexible.

The army has limited regular Vets – utilising the Army thus often means utilising the services of a Reservist member – from a private practitioner's point of view, 3 weeks is an expensive exercise although it is often the minimum time required to achieve the mission in a large community.

ABOUT THE AUTHOR

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Rod Salter is a 1972 graduate from Melbourne Uni Vet school. He worked in country practice for 5 years before returning to Melbourne. He worked as an assistant 5 years before opening a general practice at Ormond 18 years ago. Rod also provides the Veterinary Dental service to the Melbourne Veterinary Referral centre.

Rod and his partner Ursula have 4 kids – 3 live interstate / overseas. His footy team is St Kilda. His hobbies are upholstery and sport.

Rod enlisted in the Army Reserve in 1980 and was commissioned as a Veterinarian in 1981. He commanded 3 Preventive Medicine Company for 3 years and was promoted to Lt Col in 1995. His current posting is as Staff Officer Class one at Victoria Barracks Melbourne where he manages the careers for all Scientific and Health Officers in Victoria. He commenced with AACAP in 1998 and has deployed to Oak Valley (SA), Docker River (NT), and Jumbun (FNQ).