From collection and shooting to spay/neuter and education, the Rosebud Sioux Tribe program is a model for addressing the overpopulation of dogs through compassion and common sense.

The transition has had remarkable outcomes in an area facing daunting poverty and joblessness.
The Sicangu Oyate Spay/ Neuter Project

In late 2002, the leadership of a Rosebud Sioux Tribe health office became determined to change the model of animal control from stray dog round-ups and shootings to a program based on high volume spay/ neuter clinics and taking unwanted animals to adoption facilities in other areas of the country.

Within two years the change was visible, and many of the worst tragedies were moving into the past. This is the story of how it happened.

Above- Four boys in the He Dog housing area bring a dog that was already spayed to the transport vehicle to have her ears seen. She received antibiotics.

Facilitating Change…Empowering Compassion
Helping Animals on the Rosebud Sioux Indian Reservation

We’ve learned that meaningful change is not the result of an event, or of a casual effort. Change is the result of putting communication, compassion and resources into action. Incredible generosity of funders made this possible.

Creating change requires planning, input from local entities and the ability to respond to feedback to make the program as effective as possible. Our goal is to create humane, cost effective solutions in places where animals suffer in chronic poverty and where a lack of infrastructure and more pressing “people issues,” often places animal welfare on the “back burner.” We won’t draw converts to spay/ neuter without incorporating input from the communities we serve and providing services which meet their needs and which create change. Improving things a bit is not good enough. We know we can do better.

We are deeply honored to have been welcomed by the Rosebud Sioux Tribe and to be a part of this effort.

Since start-up in 2002, as of April, 2010, 5,150 spays or neuters have been provided by this program at the Rosebud Sioux Indian Reservation. Additionally, over 1,500 unwanted dogs and cats have been removed from the reservation to be placed in reputable adoption facilities.

This totals nearly 7,000 animals which have been removed from reproductive circulation.

Cruelty calls and bites have been reduced, though there is still work to do. As the number of dogs on the reservation declined, sightings of dogs which are in obvious distress have been reduced significantly; one can now drive from one area of the reservation to another without seeing an emaciated dog scavenging for food, or even eating the carcass of another dog that was killed on the highway. Many pets now come in wearing collars, with owners who are eager to give them as good a life as possible.

This is how we did it…
History:

In late 2002, following a fall collection and shooting of stray dogs, the leadership of the Rosebud Sioux Tribe Community Health Representative (CHR) program determined that the tribe needed a humane solution to an ongoing, heartbreaking and costly crisis, namely pet overpopulation. The Rosebud Sioux Indian Reservation includes five counties; the most populated is Todd County, SD, which is 85% Sicangu Lakota; according to Census 2000, Todd is the fourth to the poorest county in the US. The reservation is home to nearly 25,000 Sicangu Lakota tribal members.

In 2002 no animal control or protection program existed on the reservation. A low-volume spay/neuter program visited the reservation one time per year, resulting in little to no measureable impact. Homeless dogs, often seriously affected by mange and parasites, froze and starved to death each year, and packs of stray dogs sometimes survived by cannibalism. The number of dog bites was over 20 times the national average. The tragedies traumatized animals and people throughout the reservation, including those who hired the people to shoot the dogs.

When the Rosebud Sioux Tribe CHR office contacted a high volume rural spay/neuter program in Oklahoma in 2002, the tribe was ready to address these issues through a humane program which included high volume spay/neuter services, educational outreach and accepting unwanted animals during the clinics to be transported to adoption facilities or euthanized under certain circumstances. Tribal offices were ready to define the problems and develop solutions; this program brought a new vision into reach.

A December 2002 tribal council resolution declared respect for animals to be a traditional part of Lakota culture. Without this resolution the program would have remained a visitor on the reservation; the resolution was vital and became the basis of the tribe’s own program. A collection and shooting was never deemed necessary after 2002.

In July 2003, the tribe held the first Sicangu Oyate Pet Care Celebration. This included the first high volume spay/neuter clinic on the reservation. 649 animals were sterilized in the course of five days.

This was the first “responsible pet care event” on the reservation. It was heavily publicized and was accompanied by an extensive educational component which included poster-making by school kids. Throughout the event, tribal staff workers, staff from the Indian Health Service (IHS) and 71 local volunteers signed in to help.

Although the problems were visually evident, we started out with very little hard data on the numbers of unwanted animals. We used Indian Health Service information on dog bites,
anecdotal information about problems, regular sightings of unwanted animals, packs and estimated damage from packs (including incidents of dog on dog cannibalism).

Each year we have gained ground; statistics uphold that our efforts are working.

We take data collection seriously and are as creative as possible in finding out how we’re doing.

For example, we wanted to know if the improvement in the condition of many local animals was due to a decrease in competition for food, (a passive outcome), or improved care of the animals, (a pro-active process). In 2005 we contacted local grocery retailers to see if they noted any change in the sales of dog food. We were thrilled to learn the outcome…Management at both stores confirmed that there had been a significant increase in dog food sales as the number of dogs on the reservation declined (2004-05).

The Program Includes:

- **High volume spay/ neuter clinics with:**
  a) **Sufficient veterinary capacity** so that every animal brought to clinic is altered
  b) **Targeted timing**- 3 clinics per year, with a first clinic in April to prevent the first litters of spring.
  c) **Transportation to the clinic** from outlying reservation communities to make sure that every animal can get to the clinic for sterilization.
  d) **Publicity and outreach throughout the reservation**.

- **Transfers to out-of-state shelters for adoption**

  Pets are accepted for transfer to off-reservation adoption facilities.

**High Volume Spay/ Neuter Clinics With Sufficient Capacity**

Our licensed veterinarians use **high volume/ high quality techniques** that are recognized for their speed and reduced incidence of post-operative complications; results which we are indeed getting. Volunteers are used in check-in, recovery, and in helping to move the animals to and from the surgery table.

Surgical preparation is performed by a veterinary technician or veterinary assistant; volunteers are not used for surgical preparation. Our techniques for sterilization of instruments and handling the materials used in the surgery process meet or exceed recognized standards.

Each animal is sterilized, treated for internal parasites and mange, vaccinated for rabies and is tattooed so it is easy to determine that it is already altered if it strays from home or is rehomed.
In addition to the veterinary technician, we need three or four “helpers” per veterinarian. As a creative way to increase the level of general labor, in 2006 the tribe allowed trustees from the tribal jail to receive time off of their sentences for working at the clinic; this has worked very well.

While providing consistent staffing for the clinics, the trustees learned some job skills that may be helpful in gaining entry-level work at an animal shelter or clinic. The trustee receives a certificate thanking them for being a volunteer.

Inclusion of trustees requires some management by tribal health care workers, however it’s great overall.

**Transporting Pets to the Clinics**

Community pick-ups are vital to getting the pets from outlying areas to the clinic and then home after sterilization despite being somewhat costly and time consuming.

**Outreach**

The response to the transports was directly related to the level of outreach that was done before a clinic. The outreach informed people when we would be at the pick-up location. It’s helpful to have a Lakota speaker to assist with outreach, especially for approaching many elders.

The best way to do this was to have a tribal health worker go door to door in the evenings in the targeted housing areas and communities for a week or so before clinic. The ability of the CHR office to do this has varied, based on time constraints. They cover an enormous service area on very limited staffing; the added time commitment can be difficult.
In 2006, we tried a “bounty” or “incentive” system, which worked best when we located a key person in the community who wanted to address community issues, and they received the bounty for each female animal that was signed in.

Offering the bounty directly to owners did not help bring in people who were not motivated to act without it. The reason may be that homes still not participating include primary adults who have special difficulties and cannot get the pet to the transport vehicle.

Pet food is sent home to ensure that the animals are fed properly during the first few days of recovery. Many pets have diets of scrap and commodities, including powdered milk and scraps over macaroni, etc. This diet works reasonably for most; however, the clinic sends home appropriate nutrition following surgery.

In addition to sterilization, dogs are dewormed and treated for mange (ivomec), and ticks (permethrin) which can also become zoonotic issues (transmission to humans). All animals are vaccinated for rabies, a service provided by Indian Health Service. The IHS staff remains on site, administers the vaccines, and helps to facilitate the check in services.

Once sterilized, the pet can return for deworming, tick prevention, mange treatment, etc.

**Finding Ways to Make it Even Better**

**Targeted Timing:** During the first two years we determined that it would be more effective to provide three clinics over the course of five months instead of one large clinic in the summer. We introduced an “early” clinic which is held each year before female dogs go into estrus (“heat cycles”), thereby preventing the first litters of spring. Our, “targeted timing,” prevents hundreds of first litters from hitting the ground each year. This maximized the effect of our visits, improved cost efficiency and actually reduced our staffing needs.

It is reasonable to speculate that had the model of three shorter clinics been used the first year, success may have occurred earlier. This does not necessarily mean that less surgery days would have been needed, but the days could have been provided in less time (two years instead of three). “Targeted timing” may have prevented animal suffering during the 03-05 winters.

Effective timing (shorter, more frequent clinics) enabled the clinics to prevent and terminate more pregnancies, making the timing more prevention based (and therefore more cost effective). In 2003, one clinic with “20 veterinary working days,” (meaning five days with four veterinarians), which was not filled to capacity, averaged 32 animals per day/ per veterinarian. In 2005, with
fewer veterinarians, the clinics averaged 54 animals per day/ per veterinarian. We plan 45 surgeries per veterinarian per day.

The clinics start at the end of April. At that time, very few dogs have entered estrus or are pregnant. The chain of unwanted animals that begins each spring is prevented for hundreds of dogs. Unfortunately, some cats are already pregnant by this time; some had had litters. However, weather concerns in the Great Plains prevent the clinics from being held earlier.

Measuring the Outcomes

- Although the number of dog bites remains significantly higher than the national average, it has been lowered by around 50 percent. Increased bite education is needed.
- In 2008, the Community Health Rep program and the tribal police chief noted that cruelty complaints had declined by around 75 percent.
- Letters of support written after 2005 reveal that the number of stray animals was dramatically reduced. Three letters originate from school officials. Prior to this program, packs of dogs searching for food in school dumpsters terrorized schoolyards.

What We’ve Learned

Goal oriented assessment, along with ongoing evaluation in cooperation with the lead community agency, create a program that is set up to be effective.

Some parameters for start-up assessment include:

- Overall population size, noting areas with greater density (housing areas)
- General income, resource level
- General pet care habits (scraps vs. dog food, chaining, etc.)
- Animal related complaints (cruelty and packs)
- The size of the geographic area being served.
- Are cats kept as pets?

Some measurements we’ve used to assess our effectiveness include:

- Change in animal complaints, including reported bites or cruelty or neglect complaints
- Sighting of strays (both anecdotal and by those who care for the strays),
- Increase in cats as pets.
- Sales of pet food and pet care supplies,
- Whether or not there is a general change in the condition of companion animals.
- A willingness to seek services and/ or bringing already altered animals back for wellness exams (which are not a part of our program, but which we encourage)
- Increased usage of local veterinary clinics, contact with local rescues, etc.
Established to provide comprehensive solutions, the program has included a transfer relationship so that adoptable puppies and dogs could be humanely moved from the reservation to adoption facilities. Transfer relationships with Denver, Boulder and other smaller facilities have continued. Roughly 1,500 animals have been transferred since 2003. Unwanted dogs are received at the clinics, and we are prepared for euthanasias. However, due to the help of humane organizations willing to receive animals following the clinics, euthanasia has not been needed as a population control method.

**Unintended Outcomes**

Despite the strong objections of the former CHR Director, a local individual collected street dogs, had them spayed or neutered and returned them to the streets. Subsequently several were brought into our clinics both as “turn-ins” which roamed communities begging for food and were severely malnourished or as actual cruelty victims (after having them in the clinic we discovered they were already altered and tattooed). One was a stabbing victim and others had allegedly been used as dog fighting bait (as an intentional victim) and were not seen again. Although the number turned in was under ten
dogs, considering that the number which were sterilized and placed back onto the streets was less than 40 altogether, we feel strongly that unless there is a dedicated care-giver, socialized animals should not be returned to the street to fend for themselves, even if the alternative is euthanasia.

**An early outcome surprised us.** Initially, when there were an excessive number of homeless dogs there were virtually no free-roaming cats as the dogs were predatory. As the number of street dogs that relied on themselves for food declined, feral cats appeared in two locations. It is vital when starting this type of effort to have a strategy for cats, since dogs were only the animals which were apparently (visibly) suffering, they were the single focus of our original strategic plan.

**People Ask Us…**

*We are often asked why we do not generally seek veterinarians who will volunteer.* We love volunteers, but our success has been based on the ability to make a commitment to the tribe to provide a level of service which would be almost impossible to achieve through volunteerism. We require veterinarians who are fully comfortable with a M*A*S*H service and who are almost “specialists” in techniques which include small incisions, relatively high speed and who are comfortable with a high volume system; we’re less likely to be effective as a sporadic event with unknown staffing that may be uncomfortable with our procedures. Maintaining tribal involvement means maintaining our commitment to volume, quality and timing. Our schedule of 12 work days in five months requires a commitment that few veterinarians can make without compensation.

*Why we do not allow on-site adoptions at clinics…* Placing animals back into chronic poverty can be counterproductive and undermining to the goals of our hosts, specifically the goal of reducing the number of free-roaming animals on the reservation. Parameters for success include a reduction of complaints, cruelty incidents and nuisance issues, which will not occur when recycling excessive numbers of animals. Additionally, there is no way to screen the homes; using volunteer labor for screening would take away from our focus. We would choose to use “extra volunteers” to increase our services by providing extra parasite control products, etc. Lastly, outside of one dog, literally each onsite adoption we have done has had a negative outcome. One puppy intended for transport to an off-reservation shelter was adopted at the clinic; we spayed her and that evening the new family abandoned her on the side of a road after she had an accident. She was found by a member of the family that relinquished her, who made a complaint against our clinic to the tribal council. When we violated our own rule against onsite-adoptions this year, a kitten we released was retrieved the following day; he had been thrown against a wall and had a broken shoulder which had to be pinned. We are experts in providing high volume spay neuter services. Homeless animals belong in shelters that can provide an equal quality of service through their adoption program and most importantly are there to accept them back if things do not work out. We are not able to give them that commitment.

**Cost analysis:**

The greatest costs in this model are per diem costs. The travel expenses are per person, the staff is paid per diem, etc. The surgical supplies (suture, Isoflourine, etc.) are minimal compared to the travel, etc. Consequently, the smaller clinics filled close to capacity increase the cost efficiency. The timing and the ability to fill the clinics are the keys to efficiency and cost-effectiveness. The average cost per surgery for staff, travel, and disposable surgical supplies (suture material, Isoflourine, etc.), is $23 to $28 per surgery, or approximately $5000 per clinic (175 to
225 animals). The cost varies according to the ratio of dogs to cats as well as the number of animals that come to the clinic. These costs do not reflect housing or project management expenses. The project coordinator has volunteered her time and expertise for the past eight years and has logged over forty thousand miles.

The Rosebud Sioux Tribe has provided food and lodging for the visiting team since start up.

From 2004 through 2009, the tribe used housing available through Indian health Service and the cost of housing, feeding the visiting team averaged $3 per surgery. In 2009, a staffing change occurred and Verlyn Walking Eagle, one of the original team that invited us to the reservation, became the director of the CHR program. We deeply appreciate the generosity and compassion of Mr. Walking Eagle and his entire staff toward our team, as well as toward the animals, in providing our lodging at the tribal casino hotel.

**Funding History:**

The 2003 clinic was funded by Summerlee Foundation, International Fund for Animal Welfare (IFAW), and the ASPCA.

The 2004 program was funded by Two Mauds Foundation and ASPCA.

In 2004 PETsMART Charities, Inc., provided funds for anesthesia and surgical equipment and a sterilizer. Other equipment and supplies were donated as well.

PETCO Foundation has provided cages and other supplies since start-up.

In 2005, 2006, 2007 and 2008 Friends of Animals generously funded the program in full.

In 2006 Friends of Animals, PetSmart Charities, Inc., and the Hansel Foundation provided funding for additional equipment and animal control training for the animal control officer.

In 2008, PETCO Foundation donated 40 large collapsible cages for dogs, and 20 for cats for clinic use and PetSmart Charities, Inc, donated an additional 17 carriers for community transfers.

In 2009 the program was funded in full by PetSmart Charities, Inc.

The April 2010 clinic was funded in full by Marian’s Dream, Philanthropy for Animal Advocates.

The dog food, treats and other animal care items are collected by Oklahoma volunteers Mary Dickey and Susan Stromberg, SPAY OK has managed all funding and payments associated with this program since 2006.

**Veterinary Services Summary**

2003, 649 animals 5 days total, 1 clinic for 5 days, 4 veterinarians, (20 veterinary working days) = 32 animals per veterinarian per day

2004, 459 animals 4 days total, 1 clinic for 4 days, 3 veterinarians, (12 veterinary working days) = 30 animals per veterinarian per day

2005, 1,313 animals 12 days total, 3 clinics for 4 days each, 8 weeks apart, 2 vets, (24 veterinary working days) = 54.7 animals per veterinary per day

2006, 897 animals 14 days total, 3 clinics, 8 weeks apart, 2 veterinarians for one clinic and one vet for 5 days the last 2 clinics, (18 veterinary working days) = 50 animals per vet per day

2007, 533 surgeries 12 days total, 3 clinics, 8 weeks apart, 1 veterinarian for all three clinics for a total of (12 veterinary working days) = 44 animals per veterinary day

2008, 561 surgeries 12 days total, 3 clinics, 8 weeks apart, 1 veterinarian for all three clinics for a total of (12 veterinary working days) = 43 animals per veterinary day

2009, 543 surgeries 12 days total, 3 clinics, 8 weeks apart, 1 veterinarian for all three clinics for a total of (12 veterinary working days) = 41 animals per veterinary day

2010-April clinic 195 animals, 1 veterinarian for 4 days= 48 animals per veterinary day

Total clinic days (5, 4, 12, 14, 12, 12, 2010 anticipated 12) Total of 71 clinic days since start up

Total veterinary working days have averaged 45 animals per veterinarian per day.
**Clinic summary:**

In 2003, the program started with one high volume clinic. 649 pets were spayed or neutered. Roughly three quarters of pets were females. In addition to Oklahoma staffing, Arkansans for Animals and Montana Spay/Neuter Task Force provided staffing and coordination. In 2004, a four-day clinic provided 459 surgeries. In 2005, three clinics, the first timed before female animals go into estrus, with two veterinarians lasting four days each, provided 1,313 surgeries or 52% of the total since program start up. In 2006, again three clinics with two veterinarians for the first clinic, and then one veterinarian for five days for the second two clinics, provided a total of 897 surgeries. In 2007, three clinics for four days, with one veterinarian per clinic, for a total of 12 days provided a total of 533 surgeries. In 2008, three clinics for four days each, with one veterinarian per clinic, for a total of 12 clinic days provided 561 surgeries. In 2009, three clinics for four days each, with one veterinarian per clinic, for a total of 12 clinic days provided 543 surgeries. In 2010, three clinics for four days each, with one veterinarian per clinic will be held. April, 2010 clinic provided 195 surgeries.

To date our clinics have performed 5,150 surgeries on the reservation, there have been 63 veterinary working days, with an average of 45 animals per day per veterinarian.

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**Between the second and the third clinics of 2005 (following 17 clinic working days), the change in the appearance and population density of the dogs became evident and we knew we were on track.** This was after around the first 1400 surgeries and immediately followed the first early spring clinic in 2005. Many animals in packs do not survive the winter. Packs decreased significantly once the source of the packs, namely unwanted litters, were reduced.

**The changes in pet care habits, (dog food, leashes, etc.) tend to support that most people do not want to watch litters of puppies or kittens starve or simply even become nuisances.**

We have learned a lot about how a community can find creative solutions to a tragic problem. Through teamwork and the very generous support of the funders who have made this success possible, people on the Rosebud Sioux Reservation enjoy a healthier relationship with the animals who share their homes.

**Our goal is to continue the services and share data with others who are looking for a model for similar areas, both in the US and elsewhere.** It would be impossible to thank every foundation and funder and each individual who has donated their time, pet food and gas money, but it is possible to say that this has been a huge team effort on behalf of animals.

Please let us know if we can provide any other information which would help your community move forward in halting animal suffering through prevention.

Sincerely,

DuWayne Whirlwind Soldier, Animal Control Officer and animal program onsite coordinator, 605-828-1382

Ruth Steinberger, spay/neuter project coordinator, 918-367-8999