Testimony of the Native America Humane Society
Submitted by Interim Executive Director Brandy Tomhave, JD
to the Senate Committee on Indian Affairs on July 23, 2024
for the Record of the July 10, 2024 Hearing on
S. 4365 Veterinary Services to Improve Public Health in Rural Communities Act

#### Introduction

As the only organization in the United States dedicated to helping families in Indian Country live healthfully and harmoniously with domestic animals, the Native America Humane Society (NAHS) appreciates this opportunity to submit testimony for the record of the congressional hearing about the urgent need to expand the authority of the Indian Health Service to include veterinary health care. For too long, the federal government has failed to fulfill its trust responsibility to provide the basic animal welfare services that are integral to protecting human health and safety. Congressional action is needed for tribal communities to access veterinary services.

### Background

People and dogs should be able to remain healthy and live safely with each other, but that is nearly impossible on most of the 326 federal Indian reservations where populations of stray and free roaming dogs present a public health challenge beyond the imagination of most Americans. For example, an estimated 250,000+ dogs roam free on the Navajo Nation which has only one veterinarian, yet Navajo is considered lucky because most tribes have no veterinarian at all. The inability of Indian Health Service to provide veterinary care is why American Indians are at greater risk of dog bites and exposure to zoonotic diseases than all other Americans.

### **Dog Bites**

Between 1991 and 1998 Indian Health Service (IHS) studied dog bite related injuries on the Rosebud Reservation in South Dakota.¹ Hospital emergency room logs identified 396 total animal bite cases, of which 346 were dog bites. IHS calculated that rate of dog bite injury as being 431 per 100,000, which is nearly three times the national average of dog bites (129.3 per 100,000) that the Centers for Disease Control (CDC) reported in 2001.

Relatedly, researchers at CDC conducted a study to examine dog bites among American Indian and Alaska Native (AI/AN) children visiting IHS and tribal health facilities between 2001 and 2008.<sup>2</sup> CDC found that the average annual dog bite

<sup>&</sup>lt;sup>1</sup> Tina Russell, "Man's Best Friend: Dog Bite Related Injuries on the Rosebud Reservation 1991 – 1998," *The IHS Care Provider*, Volume 26, Number 3, March 2001:33-41, <a href="https://www.ihs.gov/sites/provider/themes/responsive2017/display\_objects/documents/2000\_2009/PROV0301.pdf">https://www.ihs.gov/sites/provider/themes/responsive2017/display\_objects/documents/2000\_2009/PROV0301.pdf</a>.

<sup>&</sup>lt;sup>2</sup> Bjork A; Holman RC; Callinan LC; Hennessy TW; Cheek, JE; McQuiston JH, "Dog Bite Injuries among American Indian and Alaska Native Children," *The Journal of Pediatrics*, Volume 162,Issue 6 (2013): 1270-1275, <a href="https://www.jpeds.com/article/S0022-3476(12)01421-7/abstract">https://www.jpeds.com/article/S0022-3476(12)01421-7/abstract</a>.

hospitalization rate among Native children in Alaska and the Southwest was about double the rate for other children in the United States.

The CDC concluded, "Dog bites represent a significant public health threat in Al/AN children in the Alaska, the Southwest, and Northern Plains West regions of the U.S. Enhanced animal management and education efforts should reduce dog bite injuries and associated problems with pets and stray dogs, such as emerging infectious diseases."3

Unfortunately, there are no studies of the total number of dog bite cases annually treated by facilities within the IHS system but some snapshots from a couple of tribes provide clues about the scope of the problem:

- San Carlos Apache Tribe: The San Carlos Bylas Community Health Center treats on average 50 dog bite injuries per year.
- Navajo Nation: According to Navajo Nation Animal Management, there are over 3,000 individuals treated each year at hospitals and clinics for animal attacks and bites.
- · Northern Arapahoe and Eastern Shoshone Tribes: Over 250 dog bite cases on the Wind River Reservation are seen each year at tribal health care facilities, where just one dose of anti-rabies vaccination costs about \$2,400. Five doses are required, costing the IHS service area for the Eastern Shoshone and Northern Arapahoe \$600,000 annually.4

#### **Zoonotic Diseases**

The interconnectedness of humans and animals includes the transmission of illnesses called zoonotic diseases. Dogs can carry and transmit several viral and bacterial diseases to humans through infected saliva and breath, contaminated urine or feces and direct contact. Though the risks of such infection are generally low (especially among pet dogs) feral dogs are at particular risk of becoming vectors for diseases. Feral dogs on Indian reservations pose public health risks that IHS must be able to address to save human lives.

Health and Human Services has understood this for at least the past two decades. From 2002 to 2004, an eastern Arizona tribal community was hit hard by Rocky Mountain Spotted Fever (RMSF), a zoonotic disease spread by feral dogs infested by the common brown dog tick. In just two years RMSF caused 15 hospitalizations and 2 deaths in that one tribal community alone. A decade later, CDC reported that "More

<sup>3</sup> Ibid.

<sup>&</sup>lt;sup>4</sup> Clair McFarland, "Death Of Ethete Woman Revives Effort To Pass Loose & Vicious Dog Ordinance On Reservation," April 22, 2022, Cowboy State Daily, https://cowboystatedaily.com/2022/04/22/death-ofethete-woman-revives-effort-to-pass-loose-vicious-dog-ordinance-on-reservation/ #:~:text=and%20vicious%20dogs.-,The%20death%20of%20a%20woman%20in%20Ethete%20on%20 April%2010,supervisor%20of%20Northern%20Arapaho%20Housing.

than 300 cases of RMSF and 20 deaths have occurred on Arizona Indian reservations between 2002 and 2014, illustrating the severity of the epidemic."5

Unfortunately, rabies is another zoonotic disease for which tribal communities are especially at risk, particularly Alaska Native Villages where rabies is endemic in certain wildlife that are threats to domesticated dogs who have limited, if any, access to veterinary care. In Northern and Southwest Alaska, between 2002 and 2011, the dog bite rate was 8.5 and 7.0 respectively, compared to 3.1 per 100,000 nationally. Untreated exposure to the rabies virus is nearly always deadly.6

# **Cost of Congress Doing Nothing**

Dog bite costs within the IHS system are well known and significant. In 2001, IHS reported that between 1991 and 1998 there were 346 dog bite cases identified on the Rosebud Reservation at a cost of about \$21,000 each, or \$7,266,000 total.<sup>7</sup> Inflation alone has roughly doubled the cost of medical care since then. In 2024 those same 346 dog bite cases would cost the IHS Rosebud Service Unit about \$43,000 each or \$15 million total. Dog bite treatment diverts limited IHS funding from much needed primary care

# **Dividend of Congress Doing Something**

Native Americans currently comprise only 0.3% of veterinarians in the United States. This is in part due to Native children's lack of exposure to veterinarians. As the kids say, "You have to see it to be it."

Dr. Mienna Ludka, DVM, a member of the Sault Ste. Marie Tribe of Chippewa Indians and the 2023 graduating class of the Michigan State University College of Veterinary Medicine says, "I think a major barrier for Native Americans joining our profession is the lack of exposure to the veterinary profession in their communities. Most native communities are in under-served rural areas, where poverty and geographic isolation make regular veterinary care inaccessible. Due to this, the younger generations growing up in our Native communities have limited opportunities to interact with veterinarians who could potentially serve as a role model for them to one day join the profession."8

<sup>&</sup>lt;sup>5</sup> Harvard Health Publishing, Harvard Medical School, <a href="https://www.health.harvard.edu/promotions/harvard-health-publications/get-healthy-get-a-dog-the-health-benefits-of-canine-companionship">https://www.health.harvard.edu/promotions/harvard-health-publications/get-healthy-get-a-dog-the-health-benefits-of-canine-companionship</a>.

<sup>&</sup>lt;sup>6</sup> Bjork A et al, Supra.

<sup>&</sup>lt;sup>7</sup> Tina Russell, "Man's Best Friend: Dog Bite Related Injuries on the Rosebud Reservation 1991 – 1998," *The IHS Care Provider*, Volume 26, Number 3, March 2001:33-41, <a href="https://www.ihs.gov/sites/provider/themes/responsive2017/display\_objects/documents/2000\_2009/PROV0301.pdf">https://www.ihs.gov/sites/provider/themes/responsive2017/display\_objects/documents/2000\_2009/PROV0301.pdf</a>.

<sup>&</sup>lt;sup>8</sup> Michigan State University, College of Veterinary Medicine, Vet School Tails, November 12, 2021, <a href="https://cvm.msu.edu/vetschool-tails/community-voices-native-american-heritage-month">https://cvm.msu.edu/vetschool-tails/community-voices-native-american-heritage-month</a>.

Veterinary medicine at IHS facilities could forge pathways from tribal schools to veterinary schools. Such pathways to other graduate schools are already turning out tribal doctors, lawyers, nurses, social workers and engineers whose impact on their tribal communities is transformative.

#### Conclusion

The United States has long embraced its trust responsibility to provide for the health and welfare of American Indian tribes and Alaska Native Villages but has not yet addressed the dynamic relationship between the health and safety and of people and dogs. The incidence of dogs spreading fatal zoonotic diseases and mauling to death tribal members should prompt Congress and the Executive Branch to recognize that this is a public health emergency in Indian Country.