

# compassion

a newsletter of american fondouk



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From the desk of *Dr. Gigi Kay...*

One thing I've long noticed and appreciated about American Fondouk supporters is that they seem to have a special and personal level of commitment to helping animals. Whatever sparked your love and dedication to the amazing equines we serve, please know how much everyone on the Fondouk team appreciates your support!

Unlike other wonderful animal organizations you may support, the pictures we share aren't often of the "warm and fuzzy" variety and our work is done half a world away. Which makes me believe that helping working animals in Fez is about so much more for our donors. You understand the big picture and know how important the free veterinary care we provide to working equines is to the families who depend on them. Thank you for that and for ensuring with your donations that the lives of the animals and people we help will only get better and better.

As you read this issue of *Compassion*, I hope you'll see the true impact working here is having on visiting veterinarians and interns. Excerpts from Dr. Jay Merriam's journal of his nine-day annual visit and Jordan Sinclair's month-long stay as a visiting veterinarian from Glasgow University both offer great insight into the daily happenings at the Fondouk.

I've also included a little bit of American Fondouk trivia you can share with friends and family. While these nuggets of information may not be something you use often, I hope they will remind you that countless "little things" over the years at American Fondouk have added up to great changes and improvements in animal care ... *and, saved so many lives!*

— Dr. Gigi Kay



# *A Taste of Daily Life* at **American Fondouk ...**

*By Jay Merriam DVM, MS, Fondouk Board Member*

**W**e arrived on Saturday afternoon and our Director and dear friend, Dr. Gigi Kay, a seeming force of nature who oversees this wonderful place with a firm hand and exceptional medical skill (all done in at least three languages), met us at the airport. She started talking cases on the drive to the hospital. With a clinic full of acute colics and 32 other inpatients needing bandages on their limbs or massive hernias, my wife Shelly and I jumped right in.

## *Day 1*

We headed to the Souk, a huge weekly animal market, to acquire two animals. They will be used as “loaners” while an owner’s animal is being treated at the hospital. We can’t afford a big, strong, young one, but find several prospects well into their 20’s. They live and

work well into their 30’s here. We settle on an older mule costing 1,200 DR (about \$100) and a young donkey costing twice that.

## *Day 3*

Students are here for a month at a time, five from Glasgow (including an American and 2 Canadians) and one from Cornell. They are working in rotation as treatment teams and technicians and getting the clinical experience of a lifetime. There are few equine hospitals in the world with such a varied and intense caseload. And, each animal can be valued in more worth than mere dollars. They are often the sole support of a working family, the difference between life and death.

## *Day 5*

An emergency tendon laceration on a hind leg was presented and surgery performed in the new suite. We tabled him and began the laborious debridement that was required. One and a half hours later he was up and headed for his stall.

## *Day 7*

Each animal is seen by at least one doctor, a tech or student or two and usually some sort of lab done. There are teeth to float, tumors to examine, feet to be trimmed and diets to discuss. Then, a medium mule hobbled in with a







week never stopped! We have spent a considerable amount of our precious funds in the last three years to bring our hospital facilities and standards of care up to the level expected in any equine hospital. I am happy to report that we have far exceeded these standards in patient care, facilities and equipment, consulting, staffing and teaching. The final touches on renovations of the hospital, the Director's house and student dormitory are in place and the whole thing "works." And, we came in way under budget! We have a "world class" hospital and

program here, one that is a model for any other program. It's one of the few NGOs (Non-government organizations) that adequately addresses the problems of working equids and will continue to do so as long as we support it!



deep abdominal wound. A quick exam revealed a good view of some intestine and the liver. He went right to the top of the list as Ahmed and Suhail, our two Moroccan staff veterinarians jumped into action. The little mule had been gored by the family cow and then walked 5 miles to see us!

We did the surgery with the patient standing, using the CRI technique (Continuous Rate Infusion) where a steady drip (4 per second) of several sedatives and pain killers were given, plus a local. This saves the animal from a potential rough recovery, gives the surgeons better access in this case and allows us to monitor and treat his vitals as we go.

*Day 9*

And so it went, this amazing



# American Fondouk Trivia True or False?

1. It's okay to put a giant mule and a large horse in the same stall.
2. An equine suffering from tetanus will benefit from ear plugs.
3. Two male donkeys can share a stall, but not two male horses.
4. It is impossible to operate on an equine standing up.

## Musings on a Month in Morocco

*By Jordan Sinclair*

The University of Glasgow offers numerous opportunities to go abroad, with a variety of options based on species or type of practice. So, halfway through my final year, I found myself with five classmates on a plane to Morocco and a month at the American Fondouk.

Every morning the gates opened at 8 a.m. and a stream of mules, donkeys and horses came in with various ailments. My French is minimal and Arabic non-existent, so history taking usually involved the owner pointing at the affected body part and translation with the help of a multilingual staff member. Even so, the histories were usually little more than “he fell over” or “it’s been like this for a week.” Clinical exams

were also not without challenges and mules kick – in every direction!

A full hospital with multiple high-maintenance inpatients certainly kept us on our toes for the month. However, after a couple of weeks, we’d gotten used to a lack of sleep, the protocols for treating certain conditions and the general craziness our daily lives had become. I felt competent with a number of practical skills I’d never tried before I came to the clinic and could diagnose a tetanus case before it was even off the box. Wound care and bandaging were daily requirements. It was astonishing to see how well some seemingly horrific wounds would heal and the animals recover. To the owners, these animals are



often their only source of income – their livelihood – and the economics of replacing a mule are heartbreaking.

On the whole, we were able to do our best for our patients and provide the optimum care. I had a great, albeit exhausting, month. Working in a busy environment with somewhat limited resources pushes you to think outside the box and embrace different approaches to problems. I learned a lot, gained confidence and even managed to discharge a patient in stilted Arabic by the end!

**ANSWER KEY:** 1. False. A giant mule in with a large horse will cause a fight for food, but it's okay for a mule and a donkey. 2. True. Equines with tetanus should be in a single, quiet box, ears plugged with cotton and wrapped and lights off as any outside noise might cause a seizure, which could cause injury. 3. True. Two male donkeys in a single box is fine, but not so with male horses. 4. False. Read the excerpts from our visiting veterinarian, Dr. Jay Merriam, to find out why this leading-edge approach is being used at the Fondouk.



Providing Charitable Veterinary Care  
in Morocco Since 1927™

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The working animals in Fez, Medina will always need our help. We've been helping them, with the support of friends like you, since 1927. If you would like more information about including the American Fondouk in your estate plan, please contact Raffaella Torchia at 617-541-5011.