



VOLUNTEERING WITH REMOTE AREA MEDICAL

By Bruce P. Langlois, DVM

Dr. Langlois describes himself as “a typical small animal practitioner” who set up practice in Lowell, Michigan. For 15 years, he practiced mixed-animal medicine, but when the suburbs began spreading toward his practice and he grew tired of the long hours, he turned to a primarily small animal practice. Soon, however, he missed being involved in the large animal work that had previously been a solid part of his practice. That’s when Remote Area Medical (RAM) came into the picture. Here’s Dr. Langlois’ first-hand account:

In spring 2000, I was contacted by Stan Brock, DVM, Director of RAM, who needed help with a foot-and-mouth disease project the organization was planning in Guyana, South America. He explained that the working conditions would be harsh, the food horrible, and the insects unbearable. I thought to myself, “This is just what I am looking for,” and agreed to help with the 2-week project in Rupinuni, home of the Makushi and Wapashani Amerindians in South America.

The project involved stops at more than 20 villages and catching over 650 head of cattle for blood testing. But the trip was very rewarding, and the conditions, food, and insect population were not as bad as I had expected.

Since that trip, I ventured on several others to Guyana and made friends with many of the local people. I also led projects in Mexico and the Appalachian Mountains of Tennessee. As I became more involved in RAM, I was asked to serve as Veterinary Director of all RAM projects. Currently, I am organizing projects in Mexico, the Yukon, and Tennessee.

Community Animal Health Care

In addition to projects involving livestock, RAM offers spay/neuter clinics in remote areas worldwide. However, I also made a point of treating and deworming as many animals as possible when the assignment was

otherwise (e.g., spay/neuter clinic) because this work significantly impacts not only the health and survival of local livestock but also the economic outlook of the community. I soon realized that the impact could be multiplied if additional trained personnel were at my disposal.

With that in mind, in fall 2003 Sandra Chapman, DVM, of Montreal, Canada, joined RAM, and together we started the Community Animal Health Care Program. We held our first workshop in Guyana. The workshop started with 3 days of classroom instruction. Dr. Chapman and I then traveled with the group to six different villages, where local people brought their sick animals for treatment.

The program was very well received by the Makushi and Wapashani Amerindians of South America, and Dr. Chapman and I knew we had to expand our course. In addition, we wrote a textbook covering everything from anatomy, physiology, and nutrition to infectious diseases known worldwide.



Classroom instruction during the 4-week course covered anatomy, physiology, nutrition, pharmacology, common disease conditions in area livestock, and a host of other curricula on performing physical examinations and handling livestock humanely.



Many of the trips to a crush involved carrying 80 lb of drugs and supplies through bushwhacking country, often as far as 15 km.

Animal Care Healthcare Worker Course

Shortly after our return from Guyana in 2003, I was approached by a Maasai pastor from Kenya who requested that we conduct our new Animal Care Healthcare Worker Course for the Maasai people. In October 2004, after nearly a year of preparation, Dr. Chapman and I traveled to Kenya to train the Maasai.

Thirty-two Maasai warriors became our students and learned anatomy, physiology, nutrition, pharmacology, humane livestock handling, how to perform a physical examination, and common disease conditions in area cattle, sheep, and goats. The 4-week course consisted of both classroom teaching and hands-on practical training.

Dr. Chapman and I visited many areas in Kenya where the Maasai live (locally referred to as Maasailand) and experienced total immersion into the

Living with the Maasai

While living with the Maasai, Drs. Chapman and Langlois became increasingly involved with tribal culture and tradition, as shown in a photo (A) taken after a wedding ceremony. The area chief is kneeling, and the women and child with okra (red clay) on their heads and face were part of the wedding party.

As an honored guest in the chief's home, Dr. Langlois serves milk from a calabash (B), a hollowed-out gourd that is often decorated. Because the milk curdles over time, the honored guest must shake it in a ritualistic fashion to re-liquefy the contents.

During the wrap-up meeting, the chief councilor (who is equivalent to a governor) presented a ceremonial rugo to Dr. Langlois (C). Rugos are hand-carved wooden clubs carried by all warriors for protection against man and beast. When a rugo is decorated, it becomes a symbol of great respect.

The chief councilor also honored Dr. Chapman during the wrap-up meeting by presenting her with a traditional "decoration" (necklace; D) as a gift of the Maasai's appreciation.



culture (see sidebar *Living with the Maasai*). We ate the same food they did, spent our nights camping in their villages, devoted our days to working with the students and treating livestock, and participated in celebrations and other honored traditions.

A Typical Day

On a typical day, we got up at daybreak, about 6 AM, ate a breakfast of chapata, which is fried bread made of either wheat or maize flour, and drank some tea that,

since the Maasai also consume a lot of milk, was actually mostly milk—typically offered with a generous amount of sugar.

After breakfast, we traveled to the designated "crush," a corral or enclosure that confines cattle and is constructed of very thorny brush that is also used to surround the villages to keep out lions and other predators. Depending on how far the crush was, we either hiked while carrying all our supplies or rode a mini-pickup truck with the supplies piled in the back.

When we arrived at a crush, we would hold a group meeting. Since most spoke Maa and no English, one of the students had to serve as translator. I explained the purpose of the visit carefully and found the farmers and herdsman to be very receptive.

The students then obtained a history of each animal, performed an examination, and compiled a list of problems along with likely differentials and therapeutic measures. Either Dr. Chapman or I would review each case with the students and herdsman and determine the proper treatment or control measure.

Over the course of a day, we would examine and treat between 10 and 20 herds. A break for lunch usually involved bread and tea, but other than that we worked most of the day. If we did return to the base camp before dark, in keeping with the British tradition common in the region, we would again drink some tea.

Because leopards frequent the area where the camp was located, it was not safe to wander outside the camp perimeter after dark, so instead our "relaxation" on return from a day's work was to wash clothes in a bucket. Supper most often consisted of boiled potatoes and rice. After supper, we filtered drinking water for the next day and repacked our cases with supplies. The last order of business each night was recording the day's events in our journals. If it was not too late, we sometimes played cards before going to sleep.

We found the Maasai to be very open and appreciative of our work, and I know this program will have an incredible impact on the health care of area livestock as well as the Maasai economy.

Assessing Veterinary Conditions

Along with training Maasai students, we had to constantly assess numerous veterinary problems and herd conditions. My background in dairy science became very useful in developing plans to minimize disease. For example, tick infestation was a major problem, so we instituted a plan to control ticks and thereby reduce the incidence of many of the common diseases they cause.

Another goal was to increase livestock production and agricultural economics. We started an artificial insemination program to introduce new genes in what had been a very limited gene pool. We also worked with the government to determine what vaccination protocols might be useful. The Maasai are extremely dependent on their livestock, including cattle, sheep, and goats. The traditional

About Remote Area Medical

Remote Area Medical (RAM), a nonprofit organization founded by Stan Brock, DVM, is based in Knoxville, Tennessee. In addition to veterinary projects, RAM provides free human health care, including dental and optical, in remote areas of the world. More information about RAM is available at the organization's website, www.ramusa.org.


Currently, veterinary projects are being planned for New Orleans (in February), Baja California in Mexico, the Arctic Circle, and Guyana, South America. There are opportunities involving both small and large animal medicine. Volunteer technicians, assistants, veterinary students, and veterinarians are invited to join in these adventures.

Volunteers typically pay such expenses as travel, personal medications and supplies, and clothing. Once they arrive at the designated location, internal transportation, food, sleeping quarters, and storage for gear and supplies are usually provided.

Maasai live on diets consisting primarily of milk, blood, and occasionally meat. Less traditional Maasai raise some crops of maize and wheat.

Dr. Chapman and I also were exposed to many tropical animal diseases that are completely foreign to North America, such as foot-and-mouth disease, heartwater, East Coast fever, anaplasmosis, and African sleeping sickness. Fortunately, these diseases are thoroughly covered in the textbook we developed, so we were comfortable in diagnosing and treating them.

Summing It All Up

The veterinary work practiced during RAM projects is fascinating, and in the case of our trip to the Maasai, the culture can be steeped in tradition. Although it took some time for us to be accepted by the Maasai warriors, once we broke that barrier, they became very good students. We have plans in place that ensure they can continue their learning process and send periodic newsletters with vital information. In addition, we are working with the Kenyan government to have the students officially recognized for their knowledge and educational contribution to the Maasai culture. 

Dr. Langlois is a graduate of the Michigan State University College of Veterinary Medicine and owner of Animal Hospital of Lowell (located east of Grand Rapids, Michigan), where he continues to practice. He takes three to four RAM assignments a year that last from 4 days to 4 weeks. His employees are very supportive, and he plans to take several of them on future expeditions. He can be reached at 616-897-8484.